

# Knowledge Capture Template:

## Share to innovate and improve

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### Your department /Job Role

Lead Learning Disability (IDD) Specialist Nurse  
Sepsis Nurse Specialist

### Empowering the Delivery of Holistic Care for People with Learning Disabilities

This project was inspired by two nurses who came together to support and improve sepsis rates in people with learning disabilities (PwLD). There was a realisation that infection rates in PwLD were high and that sepsis is also one of the top causes of death according to the recent mortality reviews. With only having one LD specialist nurse until recently and one sepsis nurse, more needed to be done to help provide a safety netting for this group.

We explored how we can empower PwLD, their carers and families and other professionals both external and internal, around how best to look out for the signs of sepsis. We looked at options for who else can support PwLD within the Trust should the LD nurse and Sepsis nurse not be available.

The project co-ordinated the writing of accessible patient information, a targeted education campaign, a role reversal experience to improve the knowledge of Sherwood Forest Hospital staff and a specific surveillance process to monitor and learn from the care of PwLD with infections or sepsis.

Our patients have reported the service has improved and their carers feel more confident. The community staff have more knowledge and have asked for extended training.

We reviewed the current initiatives in place for PwLD around infections and sepsis. It was established that there was little accessible information readily available to support PwLD, to understand self-care with an infection and how to recognise the onset of sepsis.

Our research showed that PwLD were unaware of basic human anatomy, how infections are spread, how to prevent infection and how to spot the signs of sepsis. On World Sepsis Day we decided to take to the road and visit our local day centres to deliver accessible infection and



sepsis awareness roadshows to both PwLD and their carers. This highlighted people's concerns of how hospital staff would be able to support PwLD should they come into hospital, if Paula or I were not around. Hence the creation of Learning Disability Champions, whose training would be inclusive of a role reversal experience with PwLD.

The Trust has a robust governance system in place for sepsis. Given that PwLD are a high risk, vulnerable group, our aim was to adapt our processes to ensure the care they received was subject to rigorous review and learning shared.

Accessible information was produced for PwLD that had an infection and included safety netting for sepsis. All 30 of the PwLD that attended the roadshows had varying degrees of cognition from mild through to profound. All were able to participate in the events. All were able to recall at least one aspect of the training and the majority recalled most of the 1-hour session. All 10 of the paid staff reported new learning and requested further in-depth training. All LD champions were tested to their limits with the role reversal training and could relate to their own practices. A Twitter page was created to acknowledge the champions and relevant support initiatives. The LD intranet site is also accessible to support all levels of user. This means that all internal staff are able to provide an equitable service even outside of the hours of the LD and Sepsis specialists.

A surveillance system highlights admissions of PwLD to the 2 specialist nurses to enable additional expertise for the care of infections or sepsis. Governance processes ensure discussion, review and learning from cases is shared across the multidisciplinary teams.

### **What worked well?**

The accessible patient information has been adopted locally by the CCGs and disseminated across the East Midlands. It is available to be used nationally if required.

During the roadshows Tweets and blogs were published by NHS England on our behalf. We could demonstrate that it is possible to empower one of our most vulnerable groups in society to take care of themselves. We were asked to create a series of videos to support patients, families, paid and unpaid care givers. These were created with the very PwLD that we taught on the roadshows. These videos were discussed on NHS England's sepsis webinar and have been distributed across the country.

The champion training was videoed and shown across the Trust. This has seen a rise in the amount of internal staff wishing to become champions who are motivated and inspired to do more in their own clinical areas. This has resulted in specialised display boards and improved rooms.

The surveillance and governance processes have linked into Primary Care & the CCG Quality team to ensure that all aspects of the patient pathway are included and learning is shared across healthcare boundaries.

## What did not work well?

## Who else did you involve

Stuart Corden  
Day Service Support Worker  
Ashfield Day Services  
Sutton In Ashfield

The PwLD and staff at the Day Centres have been enthusiastic with the collaboration and want to do further work with us. They told us they feel included and that they were making a difference.

The Quality Team at the CCG have been readily engaged and actively participate with us in enabling case reviews and sharing learning. The increased awareness of this project has led to requests for training and help across the wider areas in community care.

The LD champions have and continue to drive their own clinical areas with various other initiatives and quality improvement projects, with requests for further education in areas that they feel will improve the quality and safety of patient care and treatment for PwLD.

Our communications department in particular, have enabled us to produce some outstanding videos that with the support of NHS England will be nationally utilised. Our managers and exec team are fully supportive of our initiatives and regularly provide input into our initiatives.

## Lessons learned – key learning points

Our patients report that the service is far better now giving a more qualitative than quantitative review of our initiatives, although we hope to establish a reduced attendance rate with a quicker response rate to the onset of sepsis.

PwLD have told us how much they enjoyed participating in the roadshows and that they have more knowledge. The carers have told us that they feel more confident in looking after their relatives when they have infections and also about preventing infections. The paid staff have requested extended training.

The increased surveillance and governance reviews have highlighted cases that have required joint reviews with primary care colleagues. These have included subjects such as antibiotic prescribing, recognition of a deteriorating patient and reasons for non-compliance with treatment. Internal learning has included availability of medications and over shadowing of symptoms. We have received positive feedback from staff with many departments proactively asking for additional input and support.

These projects were produced within our own work remits and with innovative thinking; therefore no costs were incurred and therefore easily replicated elsewhere. The kindness and participation of others were rewarded in confectionary.



## Links to further resources

<https://youtu.be/zXuSyGbiv4A> - LD Champion role reversal

<https://youtu.be/6XM6wLe8u6Q> - Sepsis awareness for people with learning disabilities

<https://youtu.be/bGOploDrZPM> - Sepsis awareness for in paid carers/families



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