









Children's Ambulatory Care Experience (ACE) Care Newsletter

Issue 3 - October 2017

This is the third of a regular newsletter which will provide updates on developments in the Children's Ambulatory Care 'Step Up' project.

In the last issue we highlighted why there was a need to move to this model of care and how the service will be delivered.

This issue will focus on the new team and their training. It will also highlight engagement events at the BTHFT and in Primary Care. A timeline until go live is also included for your diaries.

Our 'Go Live' date is 4 December

The Team

We would like to welcome into Children's Services the three children's community nurses who have been appointed to deliver the 'Step Up' project – Lesley Hannah, Claire Moore and Eve Malam. Claire Smith, Cathryn Lansdell and Samantha Barrett are also part of this innovative team. The team will be called

the ACE team (Ambulatory Care Experience).

We would also like to welcome Attia Gilani. Attia has been appointed into the ACE team administrative support role.

We wish them every success with this new and exciting venture.

Progress to date

Training

Laura Deery and Tamlin Walker, from the Practice Development Team, along with Dawn Hare ANP and Emma Wilkinson, Children's Community Matron have been overseeing the training of our ACE nurses. Each ACE nurse has clinical supervision from a named supervisor to help them get all the training and practice in before their final competency assessments in mid-November. In early November, 3 of our ACE nurses will be attending the RCN accredited 'CAKES' course run by Luton and Dunstable Hospital to further consolidate their training. The remaining 3 nurses will be attending the course in February 2018.

Edition 3 final draft

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The ACE nurses will be coming to the end of their formal training on the 20 November. From then on until 'Go Live' the ACE team will be stepping down children from the ward with wheeze to make sure that all procedures and policies are fit for purpose.

The ACE nurses will also be spending some time in GP practices. This will be to get a feel for the types of patients seen there. It will also help build links and allow the team to see at first hand the particular pressures and demands GPs face at this time.

Key dates

8 November

Divisional Clinical Governance (Paediatrics) Teaching Room 2 Field House 1500-1540. The project governance will be discussed at this meeting

15 November

Clinical Governance ED Steve Jones Resource Room, ED 0900-0930 The project governance will be discussed at this meeting as it relates to ED

20 November

Step Down care for wheezy children (identified by clinical team)

4 December

Go live! 0900

Documents and policies

A Number of documents are reaching their final draft. They should all be ready by November 10th

These documents include

- 1) clinical wheeze pathway for 2 to 5 year olds and for those 5 years and over
- 2) clinical escalation policy
- 3) full capacity policy
- 4) unable to contact family policy
- 5) parent/ carer information leaflet
- 6) parent/ carer/ child questionnaire
- 7) communication templates
- 8) systmone and EPR templates

The Trust Patient Experience Team, the Bradford Institute for Health Research (BIHR) and the Connected Cities Project are working with us on service evaluation and parent/carer CYP engagement and feedback.

GP engagement

We are undertaking a number of clinical engagement sessions over the next few weeks with individual GP practices and the City and District CCG. We are fortunate to have Dr Emily Cooper; Clinical Leadership Fellow (BIHR) and GP ST2 to help mobilise colleagues in primary care. Emily will be working with the ACE team to build links with individual practices.

Service Evaluation

The service will be evaluated during the pilot according to 5 key performance indicators. The 12 month pilot will be independently evaluated by York University and funded by the Connected Cities Project.

Next steps

Telemedicine

BHCC have funded half the money towards our telemedicine bid. We are awaiting the BTHFT Charity decision on our bid to secure all the equipment we require.

Telemedicine will be used by ACE nurses in the community to discuss cases with Paediatricians based in the hospital and also provide a way of seeing the child when the ACE nurse has left the home. The technology is able to incorporate interpreting services and can therefore be used by families who don't speak English as their first language. The use of telemedicine is new in this area and we will be at the forefront of developing this for urgent care in the region.