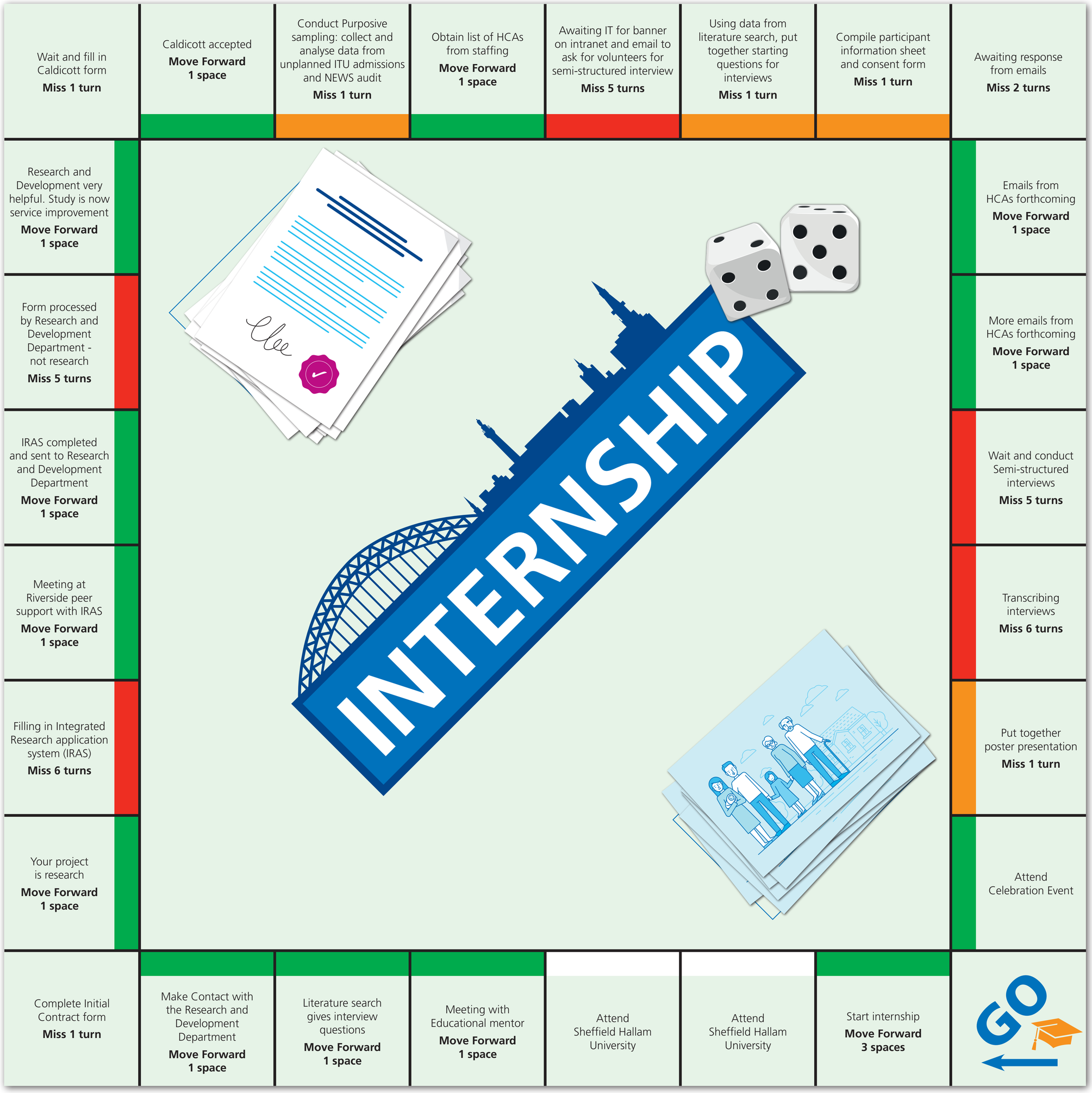
Journey Board

The Newcastle upon Tyne Hospitals
NHS Foundation Trust



Evaluate the knowledge and skills of Health Care Assistants (HCA) in relation to carrying out nursing observations and completing National Early Warning Scores (NEWS) charts: enabling effective identification of a deteriorating patient

BACKGROUND
To inform how to manage the deteriorating patient more effectively from a HCA perspective.

AIMS
To gain a better understanding of HCA knowledge of NEWS charts and nursing observations.

METHODS
Semi-structured interviews with 4 HCA's from different specialities at Freeman Hospital.

First analysis – Emerging Themes

Understanding the NEWS chart -The interviewees gave a very broad outline and understanding of the NEWS chart. Some areas were not understood for example:

- Urine output - only one person related urine output to blood pressure.
- Some observations such as urine output were copied from previous chart entry.
- Conscious level Alert, Voice, Pain Unresponsive (AVPU) was not understood.

Inaccuracies in Respiratory Rate:

Previous audits have identified inaccuracies in calculating respiratory rate. This was supported in the findings by:

- Comments that on occasions it was calculated very quickly. Reportedly staff will either count for 15 seconds and multiply by 4, 30 seconds and double or for 1 full minute.
- Reportedly sometimes staff, 'just write down the previous number from the sheet.' 'People will put down anything in the 12 – 20 range'.

Variances:

Staff reported problems with variance from several perspectives for example:

- Medical staff not transferring variances to new sheets or promptly recording variances in a timely fashion.
- Staff were not always told that a variance had been removed (resulting in a deteriorating patient not given a NEWS score).
- Some staff did not fully understand variances and needed explanation.

Inconsistencies in approaches to training:

Following initial Health Care Academy training all the Health Care assistant interviewees were buddied but there was inconsistency in the duration of this support (2-6 weeks). Generally no further training was reported as being offered and in one case additional training was reportedly actively discouraged due to their banding. There was an indication that more training on sepsis was needed.

Value of time spent with patients:

Visual signs of deterioration such as shivering, change of colour to waxy or grey were identified. Health Care Assistants stated they felt they got to know the patients due to personal care and spending time with them (doing the "obs"). If they felt there was deterioration they would re-check the patients' observations. An interesting comment was given in relation to patterns of observations. It was noticed that a patient was deteriorating but not actually scoring and this was attributed to their holistic knowledge of the patient gained by spending time with them.

Implications for Bank staff were reported:

One member of staff went to another ward and the charts were different which caused a lot of confusion.

Conclusions

- Further research is required to establish if the findings are representative of the Trust.
- Further training on Sepsis and Variances needed for Health Care Assistants.
- Bank Staff training to be explored further.

DENTAL HEALTH: WHAT MATTERS.

Carrie Langham: Health Visitor, Research Intern NIHR/HEE Sheffield Hallam University.

Mentor: Professor Jo Cooke Deputy Director and Capacity Lead NIHR, CLAHRC, Yorkshire and Humber

Sheffield Children's NHS
NHS Foundation Trust

BACKGROUND

Tooth decay is 90% preventable through reducing sugar consumption, regular brushing, frequent exposure to fluoride and routine visits to the dentist ([PHE] 2017a).

Despite this information and NICE guidance on yearly visits to the dentist on average 36% of children under-five-years old did not see a dentist in 2014-15 (Royal College of Surgeons 2017) this figure varied depending on location. For example, 85% in London compared to 42% in Derbyshire.

These results indicate that there is still a gap in disseminating the oral health messages to families in the 0-19 service.

DENTAL HEALTH SERVICE EVALUATION

The evaluation is being conducted using Three anonymous staff questionnaires.

Methodology:

Three mixed method questionnaires using qualitative and quantitative questions.

Target Population:

Convenience sample

A representative sample will include all Health Visitors, School Nurses and Nursery Nurses who attend the Oral Health training

Inclusion Criteria:

All Health Visitors, School Nurses and Nursery Nurses who attended the Oral Health training.

Sheffield Children's NHS Foundation Trust R&D approval gained for the questionnaires.

FINDINGS

The evaluation is ongoing, preliminary results

Dental health training has been ad hoc for staff.

Many have not had training for two to four years. Some staff have not had training for over 10 years.

Staff update their knowledge on dental health through journal/e-learning, team meetings, emails and training.

Many staff do not discuss Dental health at every Contact.

Most staff scored their confidence 2 out of 5 when discussing dental health.

Many staff find that families are having problems registering at dentist in Sheffield.

Nearly all staff knew the correct level of fluoride in toothpaste to advise on.

Aims

The aim is to identify staff knowledge, beliefs, attitudes and implementation of oral health messages for parents and carers in the 0-19 service, via the questionnaires.

To develop an oral health toolkit for Health Visitors, Nursery Nurses and School nurses to use with families to reinforce the oral health messages

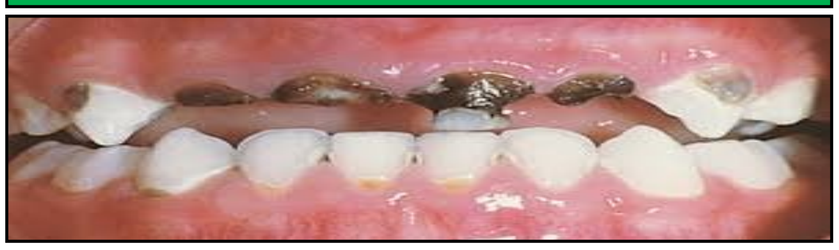
To contribute to the new oral health 0-19 service pathway.

Objectives

Evidence Sheffield 0-19 services support in delivering PHE's Children's Oral Health Improvement Programme Objectives

Identify inconsistencies/gaps in practice where further training is required, to improve better health outcomes.

TOOTH DECAY CAUSED BY BOTTLE USE



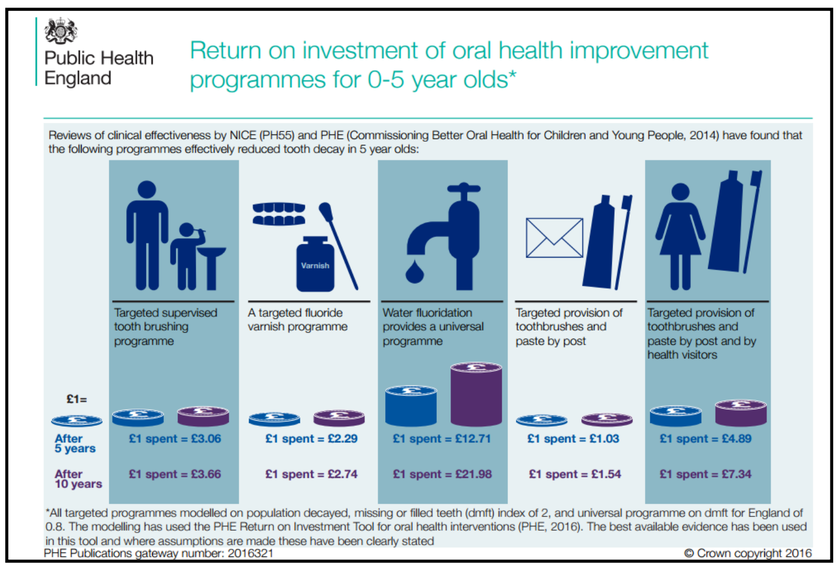
Improving the dental health of children and young people will have a positive impact throughout the life course (Fisher-Owens, 2007).

After brief discussions with some of my colleagues on how and when they deliver the dental health messages, it became apparent that stark variations existed between the amount of oral health messages given and the timings of these messages.

PHE (2016c) suggest that **Making Every Contact Count** (MECC) can help to tackle health inequalities through supporting behavior change.

The use of **Very Basic Questions** (VBQ) and **Very Brief Advice** (VBA) has been successful in smoking cessation, this could also be applied to dental health.

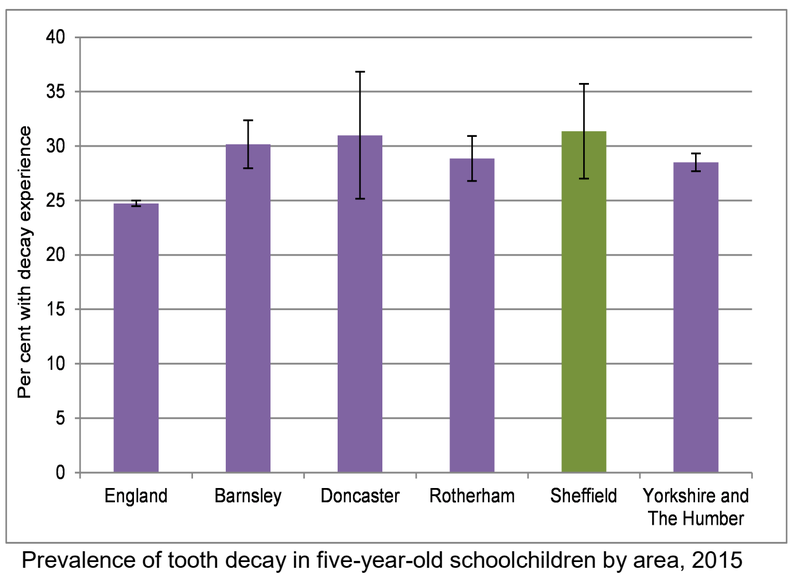
In current times of cutbacks and redesigns in the National Health Service (NHS), it is every employee's responsibility to be mindful in ways to save money. Considering that Dental caries was the top cause of child admissions to hospital for 5 - 9 year old's in 2014/2015, resulting in 26,000 hospital admissions. Linked with the facts that the English NHS spends £3.4 billion per year on dental care, with an estimated additional £2.3 billion on private dental care (Public Health England [PHE], 2014). The average cost of extractions for under five-year-old's is £836 per child. Looking at local levels of dental decay, Sheffield has above national average levels of dental decay, resulting in costs of £42 million a year (PHE 2016a)



Oral health inequalities exist for some of the most vulnerable, socially excluded and disadvantaged children facing significant oral health problems.

Alongside deprivation, tooth decay is also linked with safeguarding, childhood obesity, poor nutrition (Not breastfeeding is known to increase a child's risk of tooth decay), inequalities and parenting.

According to the Children's Dental Health Survey, 2013, nearly a third of 5-year-old children in the United Kingdom (UK) had obvious dental caries experience in their primary teeth. Further evidence suggests that tooth decay happens from a very young age, 12% of children have visible decay in an average of three teeth by the age of 3 years (PHE 2016b). Health visitors are ideally positioned to address oral health problems in children due to working with families from the antenatal period and from birth up to the ages of 5 years old.



Prevalence of tooth decay in five-year-old schoolchildren by area, 2015

DENTAL HEALTH TOOLKIT : 50 kits for Health Visitors and Nursery Nurses

Examples of healthy snack and portion sizes.

Change for life reducing sugar and dental health campaigns.

Dental Check by one year old campaign (DCby1).

Public Health Dental Health infographics.

Sheffield Dental health profile and National oral health policies.

Infographic on how to brush teeth.

Reward stickers / leaflets to give to families

Toothbrush diaries / food diaries

Slovakian translated toothbrushing leaflet .

Daily Activity chart.

Toothpaste / oversized mouth and toothbrush model.

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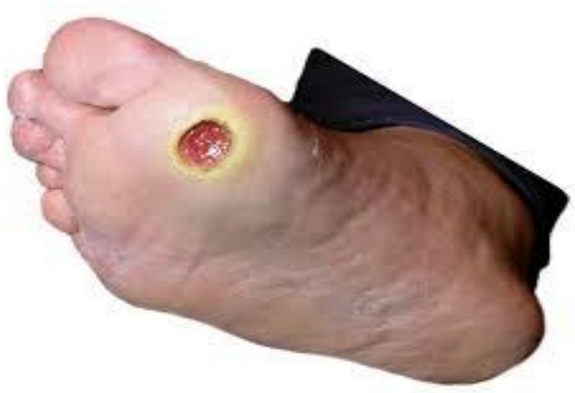
Exploring the views of diabetic patients with neuropathy on the current NHS podiatry service for foot health and how to prevent foot ulcerations

BACKGROUND

- Diabetes mellitus is a chronic condition that occurs when there are raised levels of glucose in the blood because the body can not produce enough of the hormone insulin or use insulin effectively.
- Neuropathies or nerve damage may affect up to 50 percent of patients with diabetes. Peripheral neuropathy is the most common form of diabetic neuropathy which affects the distal nerves of the limbs, particularly those of the feet.
- Podiatry is a community based service treating both diabetic and non-diabetic patients; approximately 60% of those have a diagnosis of diabetes. 10% of those patients presenting with a current foot ulceration.
- Research has demonstrated that foot care knowledge and better self management of diabetes seem to be positively influenced by the education in the short term.
- NICE guidelines state the education delivered should provide clear explanations to people with diabetes and/or their family members or carers (as appropriate) when diabetes is diagnosed, during assessments, and if problems arise.

AIMS

- To explore what patient's views are of the current foot health provided at Newcastle Upon Tyne Hospitals podiatry appointments
- To identify specific techniques that would help diabetic patients engage in their own foot care to prevent the development of a foot ulcer



The cost of care for diabetic patients with a foot ulcer is 5.4 times higher in the year of the first episode and 2.6 times higher in the year of the second episode, compared to those without foot ulcers.

METHOD

- Eleven patients were recruited for the two focus groups.
- Focus groups were conducted, digitally recorded and transcribed verbatim for analysis.
- The data were analysed using Thematic Analysis

INCLUSION CRITERIA

- Newcastle Upon Tyne Hospital patients accessing the podiatry service
- Diabetic patients with neuropathy who have had a foot ulcer
- Diabetic patients with neuropathy who have not had a foot ulcer
- Adults aged 18 and over

EXCLUSION CRITERIA

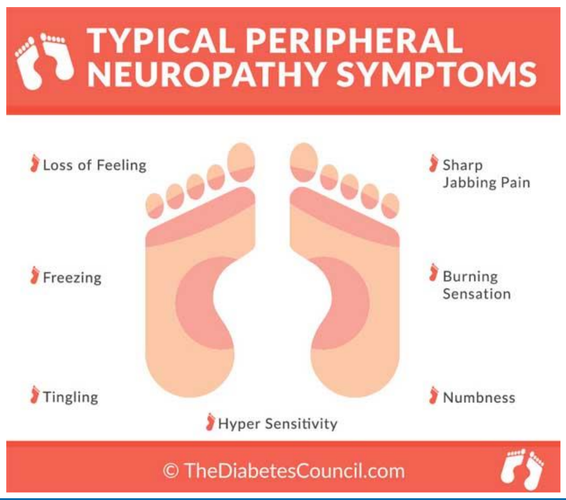
- Non diabetic patients
- Diabetic patients with normal sensation
- Children

FOCUS GROUP GUIDE

A semi structured interview guide was designed by the research team to gather narrative from patients accessing the podiatry service beliefs to the strengths and weaknesses of the service and how they believe it could be improved. The guide consisted of 10 open ended questions in order to generate data on what their understanding of neuropathy and a foot ulcer were. Along with identifying if there were any gaps within their care or anything they could have done differently to prevent the development of a foot ulcer.

FOCUS GROUP QUESTIONS

- Do you know what neuropathy is?
- Have you had am experience where neuropathy has caused you any problems?
- Can you get rid of neuropathy?
- Do you know what a foot ulcer is? Or know of anyone that has had a foot ulcer?
- There are a lot of things in day to day life which can increase your risk of developing a foot ulcer such as footwear; do you know of any others?
- What would you consider is a problem?
- What would you do about it?
- Is there anything you would like the podiatry department to provide within the appointment / do differently?
- Would you like anything explained differently to help you understand neuropathy better?



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Healthcare at its very best - with a personal touch

Evaluation of patient outcomes in the Ekso GT™ exoskeleton service.

Wong S.[1,2], Hammerton Dr J.[3], Jones N[2].

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Introduction

From November 2014 - September 2017, the Princess Royal Spinal Cord Injuries Centre delivered an exoskeleton service utilising the Ekso GT™ manufactured by Ekso Bionics. The aim of the evaluation was to review the service from a patient related outcome perspective and a patient experience perspective from using the Ekso GT™.

Over the three years, the service has developed and changed; taking into account patient feedback and experiential learning by the therapist. This includes the development of an outpatient service from June 2015 – September 2017.

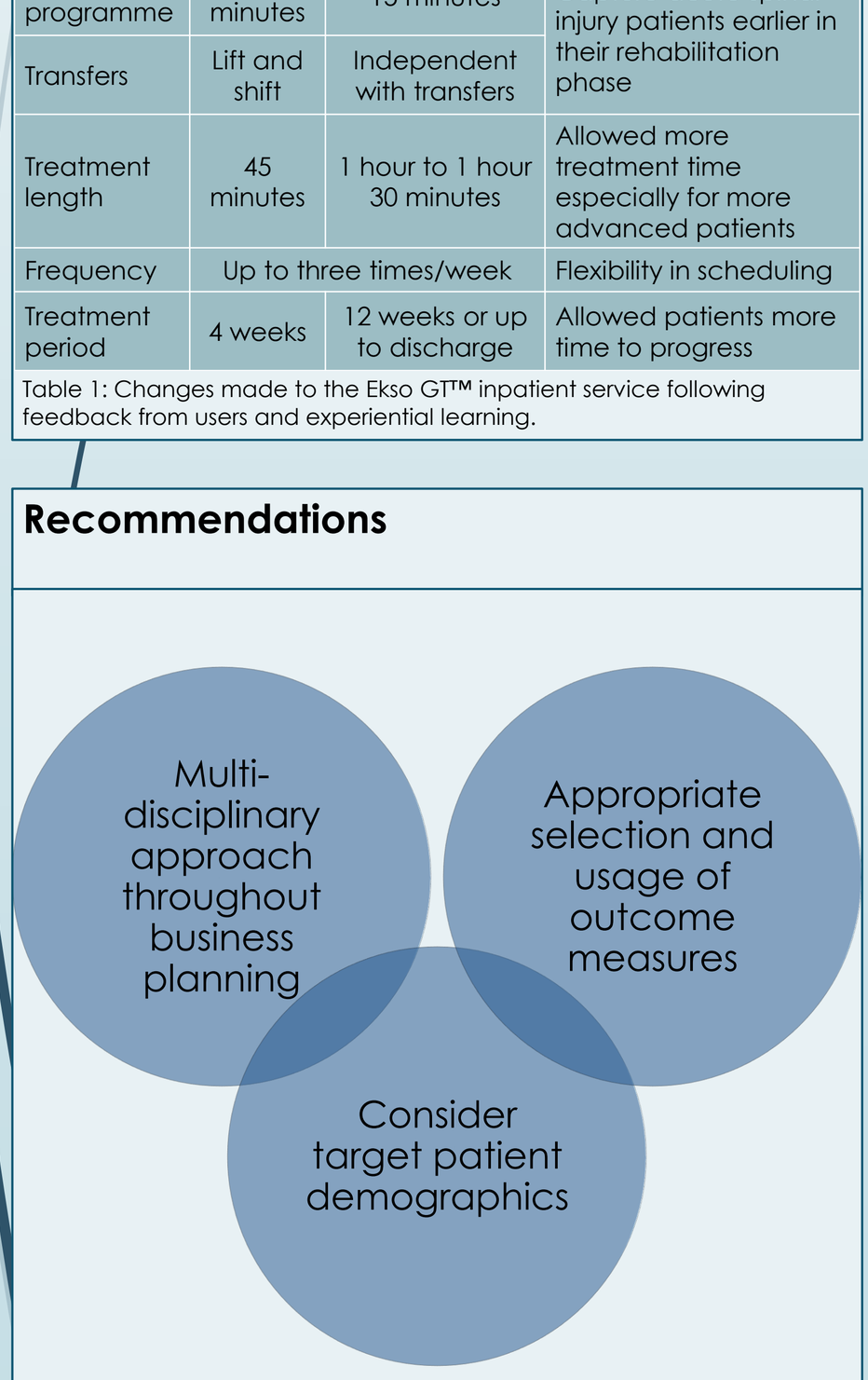
Method

This project was a mixed method service evaluation, collecting routine quantitative data from the service and qualitative data from patient feedback form routinely completed at the end of the programme.

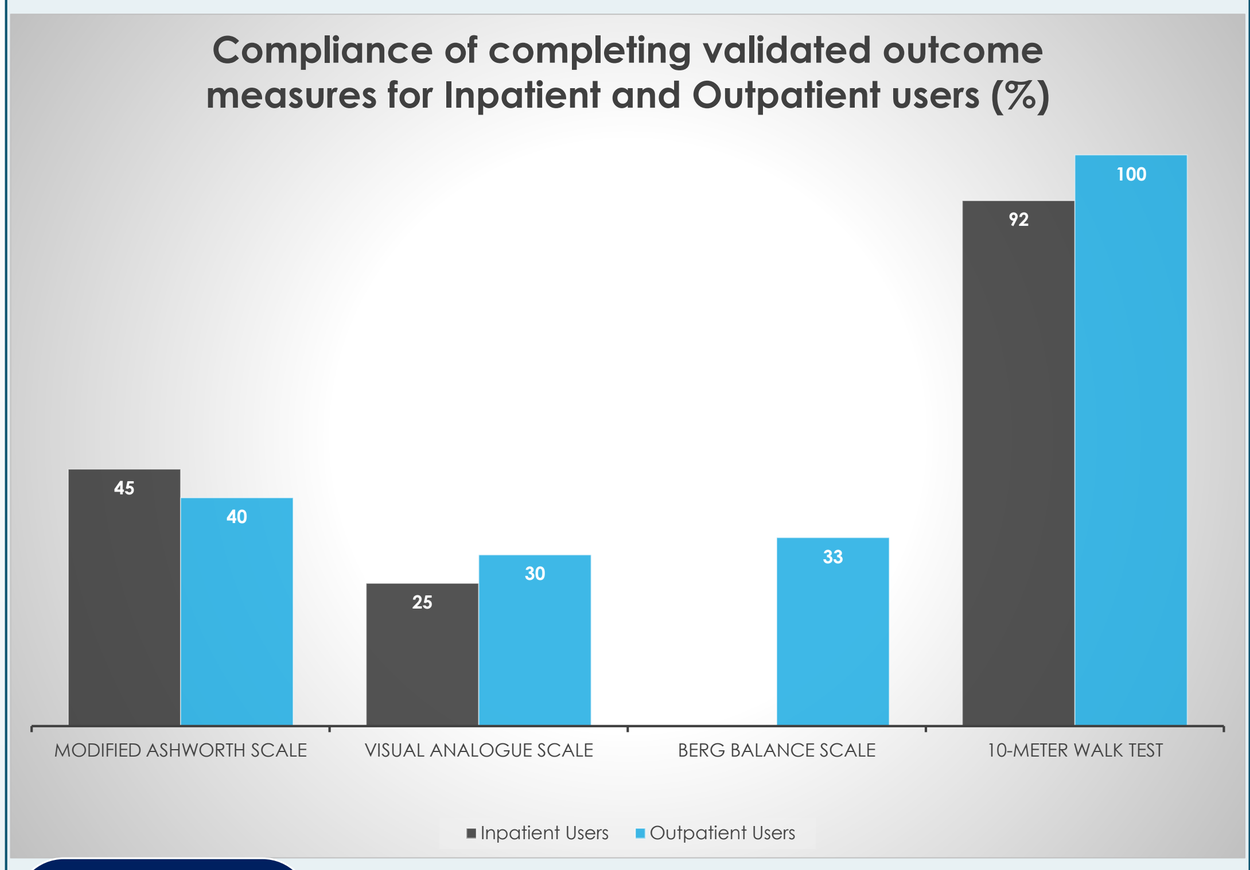
Parameters	Previous	Current	Rationale
Standing programme	30 minutes	15 minutes	Capture acute spinal injury patients earlier in their rehabilitation phase
Transfers	Lift and shift	Independent with transfers	
Treatment length	45 minutes	1 hour to 1 hour 30 minutes	Allowed more treatment time especially for more advanced patients
Frequency	Up to three times/week		Flexibility in scheduling
Treatment period	4 weeks	12 weeks or up to discharge	Allowed patients more time to progress

Table 1: Changes made to the Ekso GT™ inpatient service following feedback from users and experiential learning.

Recommendations



Results



Emotion/ Psychological	➢ Very interesting ➢ Enjoyed it ➢ Confidence ➢ Happy	X Strange X Weird X Awkward X Scary to start
Physical	➢ Balance ➢ Used my legs properly ➢ Stretch ➢ Circulation ➢ My legs felt as though they had done some exercise	
Experience	➢ Felt like a passenger being carried ➢ Great for the mind being upright again ➢ Motivation to exercise more between sessions ➢ A sense of achievement ➢ Looking forward to future generations of equipment	

Table 2: Keywords and quotes categorized into themes using Framework Analysis from patient feedback forms.

Conclusion

The Ekso GT™ service at the Princess Royal Spinal Cord Injury Centre was generally well received by both user groups. However, it has been difficult to demonstrate significant physiological improvements from completing the programme.

Further well-designed research is required to determine the long-term impact of using assistive technology from a physical and psychosocial perspective; and if it has the potential to reduce secondary long-term complications from having a long term neurological condition.

Image obtained from Ekso Bionics

Birth and Beyond : An Integrated Antenatal education approach.

Fran Shiel : Health Visitor, Antenatal Lead Research Intern NIHR/HEE Sheffield Hallam University

Mentor: Professor Hora Soltani SHU

Sheffield Children's NHS NHS Foundation Trust

The course includes:

- Labour and meeting your baby
- Feeding, bathing and caring for your baby
- Understanding your baby's needs
- Your health and wellbeing
- A chance to meet other local parents

Service Development

Scoping of systematic reviews

Utilized a research methodology, which did not require NHS Research Ethics Committee approval or Trust R&D 'approval'. Semi-structured qualitative questionnaire

Letter of assurance which enabled registration with the trusts involved.

Sample: South Yorkshire maternity Units.

To utilize: Thematic Analysis (Clarke & Braun 2013)

Antenatal education has been viewed as a "Cinderella service," which is not given enough consideration or value. A dichotomy is therefore created, in relation to the identified wealth of research highlighting the need, for early intervention and investment , to support an infant's early experiences, and that includes pregnancy (Healthy Child Programme 2015) (Best Start in Life) (1001 critical Days 2013) Wave Trust)

Early experiences for infants could be influenced greatly by this intervention, particularly in relation to Baby Brain development, reducing subthreshold anxiety and depression in Mothers (Alderice et al 2013), and increasing breast feeding (Barlow et al 2009) (Nice 2008). Including fathers is essential. The duration of pregnancy is of greater anxiety for fathers (fatherInstitute.org (2007)

The number of sessions attended has a direct link to an increase in social contact and therefore some potential impact on social capital at one year (Fabian 2005).

Sheffield has Developed an Integrated approach to the provision of Antenatal classes. It primarily utilizes a "Health Promotion approach". Early years, midwives and Health Visitors all contributing in a collaborative way, providing their specialist skills.

It was identified that there needed to be some work, around developing some "collective Measures" and tools, to explore outcomes and ensure we were meeting the needs of pregnant women and their families.

Aims and objectives:

For an integrated stakeholder approach to provide a more local, more readily accessible Antenatal program of education/participation, with a long term aim of reaching more vulnerable families and reduce isolation.

To develop a *"Collective evaluation tool"* which aligns and contributes to the outcomes from commissioning, addresses high Impact areas and local health targets.

Follow the recommendations for service planning that are identified within the key documents (Best start (2016) (1001 critical days 2013)

To use an evaluation tool that is researched Based and will support the Health Visitor service delivery, in identifying an effective package of care, that is proven to be beneficial in terms of positive outcomes for infants and parents/carers

To get a clearer picture on how outcomes were measured against activities /interventions and why were certain outcomes measured, and what informed that decision.

Enable a deeper understanding of research in relation to health promotion and measuring outcomes. How to identify an intervention with parents-to -be has been effective.

Ensuring "Every child has the best start in life", is identified by Public Health England as one of the seven priorities in their document "From Evidence into Action" (2014) The "Transition to parenting" early years document (Public Health England 2016) highlights, aged 0-2 as a unique opportunity for professional involvement, as it is the time when parents are the most receptive to behavior change interventions, and where the evidence suggests, it is most effective. Outcomes are improved if parenting programs start in pregnancy, and parents can be supported to understand and communicate their feelings about the emotional transition to parenthood before it begins .

The systematic review by Barlow (2009), to explore the provision, quality of antenatal education, including stakeholder views, was pivotal in contributing to the Preparation for Birth & beyond agenda. It provided a wealth of evidence that was the "backbone" of a Toolkit to be used by all practitioners. This toolkit, provides a unique guide to planning and delivering antenatal classes. It has been utilized by the Integrated working party/steering Group in Sheffield, which includes early years, midwives and Health Visitors.

The Future!

Research champion
Focus groups
Evaluation in practice
Action on evaluation findings/engagement of vulnerable groups
Models of working
Steering group development
Collaborative work

It was identified within the small data collection that outcomes are not currently measured , but have been measured in the past when , trying to attain commissioned services, that may come with financial support. However, priority has been given to obtaining the experiences and feedback from parents. Maternity now operates within a "tariff" system (2014), which means that pregnancies are allocated a paid tariff that follows them through pregnancy, dependent on needs. Service evaluation data identified that, measuring outcomes was very labour intensive and felt futile, as they had already been paid for the services. Some could only keep sessions going by proving they had cut them down.

Drawing conclusions and recommendations is limited, in relation to small sample size, and a lack of data saturation, therefore further extension to the evaluation is recommended. Health promotion is very difficult to quantify and it could be argued, does not lend itself to an RCT approach, which is seen as a gold standard in research. (Bowden 2017). The World Health organization (1998) in its recommendation to policy makers, advised that the use of randomised controlled trials to evaluate health promotion initiatives is, in most cases, inappropriate, misleading and unnecessarily expensive.

.Early years have shared their expertise around evaluation, in relation to "tracking" a client/service user. Client experience is recorded electronically through their journey, and outcomes collated. A steering group evaluation has been developed, in order that evaluation results and expertise is shared. The process of evaluation will develop and evolve, and findings can be later embedded after appropriate and full analysis is completed.

This project has opened up many avenues for integrated ,collaborative work, and may be likened to a model of ACOs (Accountable care organizations) (NHE 2017).

It has given participatory antenatal education, a firm place in the identified High Impact area of "Transition to parenting". It identifies Health Visitors as a valuable contributor, to this important time in a parent's life, including a contribution to the Public Health agenda, and fundamentally to a child's long-term development outcomes.

Our Developing baby
Changes for me and us
Our health and wellbeing
Giving birth and meeting our baby
People who are there for us
Caring for our baby

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What do District Nurse Team Leaders see as the organisational barriers to providing higher quality patient care in their locality? A research proposal

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Aim and Objectives

Aim: To explore and identify the organisational barriers which District Nurse team leaders feel prevent them from providing higher quality patient care in their locality.

Objectives:

- To define the concept of 'organisational barriers' within District Nursing.
- To clarify what is meant by 'higher quality patient care' in the context of District Nursing.
- To engage with District Nurse team leaders and gather their thoughts, feelings and experiences of organisational barriers to providing higher quality patient care.

Figure 1: Community health services within the wider health and care system (Charles et al., 2018)

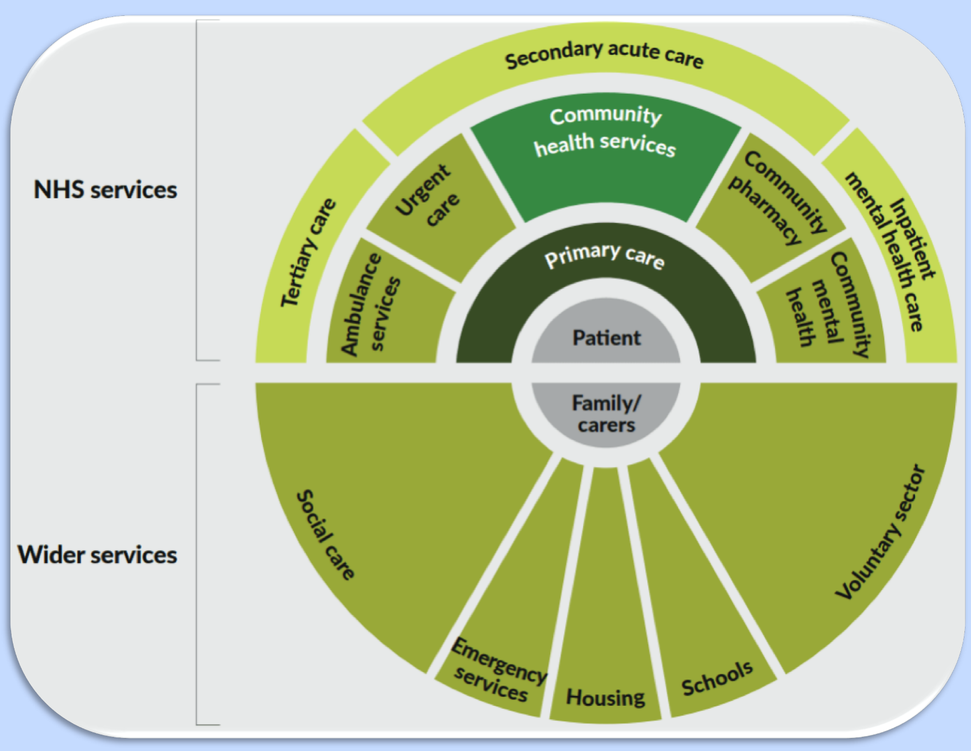

Figure 2: Nine characteristics of good quality care in District Nursing (Maybin et al., 2016)

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Background

This research proposal was born out of the researcher's interest in the effect of staffing levels on care quality in the District Nursing service. Background reading revealed numerous obstacles to separating the examination of staffing levels from models of care, service structure and the unpredictable nature of the community environment. The research question was developed to encompass this and explore it further, and a literature review of the three emergent key concepts undertaken. The question also links closely to several findings of the Priority Setting Partnership for Patient Safety in Primary Care (James Lind Alliance, 2017), a key aspect of the study's Public and Patient Involvement.

Key Concepts

District Nurse team leaders occupy a unique and insightful position within UK's health and social care system. The Department of Health (2013) define them as "*qualified nurses with a graduate level education and specialist practitioner qualification recordable with the Nursing and Midwifery Council*". The Queen's Nursing Institute have previously highlighted the value of the Specialist Practitioner Qualification in District Nursing (QNI, 2015) and the various ways in which it can benefit patients, staff and the DN service as a whole.

Organisational barriers which can impede the delivery and improvement of care are understood to exist within the health and social care system. This is reflected in both expert commentary and government policy (NHS England, 2014) and yet specific details and issues are generally under-examined and poorly understood. **Figure 1** illustrates the position of community health services within the wider health and care system. The involvement of a multitude of different services in the same person's care, and the potential barriers this could create, is just one example of a theme which might emerge as a result of this study.

Higher quality patient care in District Nursing can be difficult to define, and is likely to mean different things to different people. There is however an emerging consensus around certain aspects of District Nursing work which are fundamental to good quality care. These are outlined in **Figure 2.**

Methods

A phenomenological approach consistent with exploring and qualifying the feelings and experiences of District Nurses, applying bracketing and the principles of reflexivity to the researcher's previous experience of working as a Community Staff Nurse within the District nursing service.

Semi-structured interviews exploring the three key concepts above will be transcribed following audio recording.

Stratified random sampling will be used to select two District Nurse participants from each of the service's three localities, reducing the risk of disproportionate emphasis on ultra-local issues.

Ethical approval will be sought from the University Ethics Committee and trust R&D department via IRAS. Information sheets will be provided to participants prior to obtaining consent, and they will be reminded of their right to pause the interview or withdraw from the study at any time, without having to provide a reason. Should the interview topics become distressing, signposting to the trust's confidential Occupational Health counselling service will be provided.

Data analysis will be undertaken using a Husserlian descriptive phenomenological approach, subjecting the data to first and second readings, division into meaningful units, and free imaginative variation (Kleiman, 2004).

Cow's milk protein allergy

A study to explore current practice and knowledge among primary healthcare professionals working within Doncaster and Bassetlaw regions

Sheffield Hallam University

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Emma Cribb
Paediatric Dietitian

Introduction

Over the last 2 decades, there has been a significant rise in the numbers of children suffering from food allergy and cow's milk allergy (CMA) is one of the most common food allergies in the first year of life.[1]

Current literature suggests a lack of knowledge among primary healthcare professionals regarding management of infants with CMA and ability to distinguish CMA from other common infantile conditions.[2, 3, 4, 5]

This frequently leads to poor recognition and delay in diagnosis which is associated with an increased financial burden through frequent GP, out of hours and A&E visits accompanied with a significant negative impact on quality of life. [2, 4]

Primary healthcare professionals play a crucial role in the early recognition, treatment, and referral of a child with CMA.[6]

Aim

To assess current knowledge and practice of primary healthcare professionals in Doncaster and Bassetlaw with regards to identification, symptoms, treatment and management of CMA in infants.

Hypothesis

Previous training on CMA leads to better identification and increased knowledge of CMA.

Methodology

A mixed method questionnaire was constructed consisting of three sections collecting data on profession and previous CMA training, knowledge of CMA and distinction among other common infantile conditions and the need for further training.[7]

The knowledge section of the questionnaire was scored based on correct responses and a total of 31 marks were available.

A total population purposive sampling technique was used and the questionnaire was distributed via email to all primary healthcare professionals.

Independent T tests were conducted to test the hypothesis and to identify other factors affecting test scores such as profession.

Correlation tests were carried out to determine a relationship between questionnaire score and other factors such as use of CMA guidelines and years qualified.

Results

Baseline Data:

30 respondents: 8 GPs, 22 health visitors and 0 practice nurses.

Mean number of years qualified is 11 years (range of 0.5 to 29 years).

No significant difference between numbers of years qualified and profession.

Mean test score percentage of 39% (range of 0% to 84%).

2 GPs and 6 health visitors had previous CMA training.

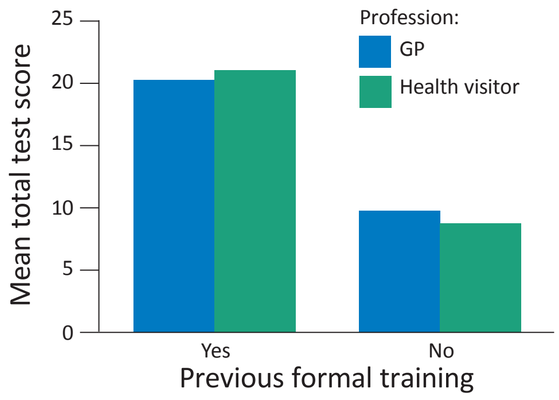
Data Analysis:

No significant difference between mean test scores and profession (GP and health visitors).

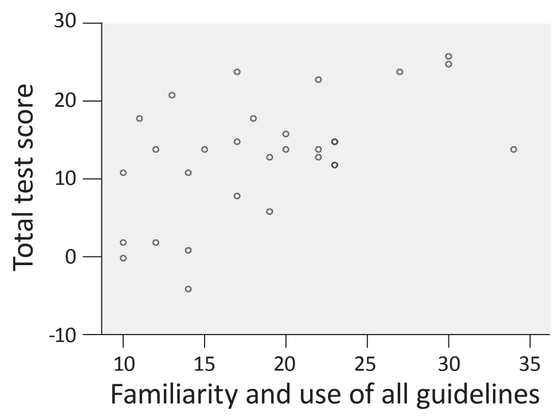
No significant difference between mean test scores and number of years qualified.

Mean test scores were significantly higher among GPs and health visitors who had previous CMA training (p=0.01). Thus the hypothesis can be accepted.

Mean test score of professionals with and without previous formal CMA training



Total test score with familiarity and use of CMA guidelines



Test scores were significantly higher in those with increased familiarity and use of CMA guidelines (p=0.01).

Spearman's correlation coefficient value of 0.5 indicating strong positive correlation.

Qualitative Analysis

100% of respondents specified they would like further training on CMA and other common infantile conditions.

Comments regarding how training could be delivered and the topics that could be covered:

"Definitely would benefit from further training and information – this could be in the form of a study day but any way of improving knowledge would be great."

"There has been no training for such a long time. Small bite size sessions covering a different area at each session. Refresher sessions for update"

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"I would like the training to be conducted by someone who does 10 minute primary care consultations so we can get the key gist of symptoms and a practical pathway of treatment that fits with CCG cost requirements. What can parents do themselves? Would it reduce if breastfeeding was promoted and done more/ for longer?"

Conclusion

- Test scores were low with a mean percentage of 39%.
- Test scores were significantly higher in respondents who had received previous CMA training.
- Profession and years qualified had no effect on test scores.
- Increased familiarity and use of CMA guidelines significantly increased test scores.
- The questionnaire highlights the need and demand for further and continued training on CMA among primary healthcare professionals.

Limitations

Low response rate and response bias.

References

1. Fiocchi, A., Brozek, J., Schünemann, H., Bahna, S. L., von Berg, A., Beyer, K., . . . Vieths, S. (2010). World allergy organization (WAO) diagnosis and rationale for action against cow's milk allergy (DRACMA) guidelines. The World Allergy Organization Journal, 3(4), 57-161. doi:10.1097/WOX.0b013e3181defeb9

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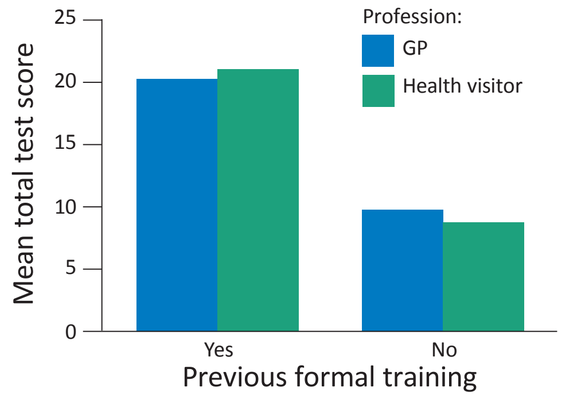

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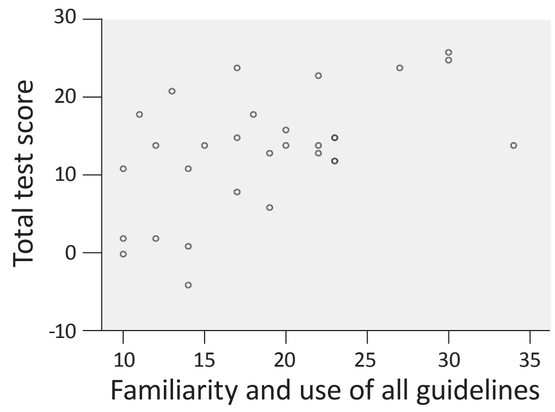

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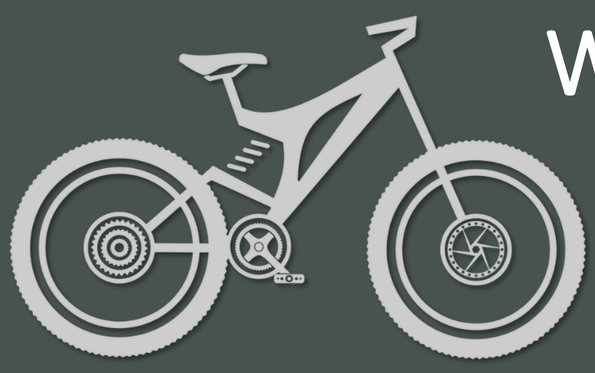


Why do you ride? Mountain bikers, their engagement, and perceived links to psychological wellbeing.

Roberts, L. Jones, G. & Brooks, R. (2018) *Frontiers in Psychology,* (manuscript submitted for publication).

Aim:

To describe the characteristics of mountain biking participants, their engagement methods, and perceived benefits to mental health and wellbeing.

THE CONTEXT:

- **1 in 3** people live with mental health problems. Depression is the leading cause of worldwide disability (WHO, 2018).
- The evidence supporting positive psychosocial health outcomes in relation to **nature-based activities** and experiences is growing (e.g. Yeh et al., 2016).

MOUNTAIN BIKING & ADVENTURE ACTIVITES

- Mountain biking is an increasingly popular outdoor adventurous activity on the extreme sport continuum. It remains under-researched.
- Historically, psychological research into extreme and adventure sports has concentrated on sensation-seeking and risk-taking behaviours (Brymer & Schweitzer, 2017).
- More recent studies have highlighted the therapeutic potential of these types of activities (e.g. Lawton et al, 2017).

METHODOLOGY

- A cross-sectional survey, specific to the domain of mountain biking, was developed and disseminated online.
- **N=1,484** international mountain bikers participated.
- **Descriptive analysis** of the full sample and of three sub-samples was conducted: males and females; younger and older riders; and those who have recently engaged in downhill mountain biking and those who have not.

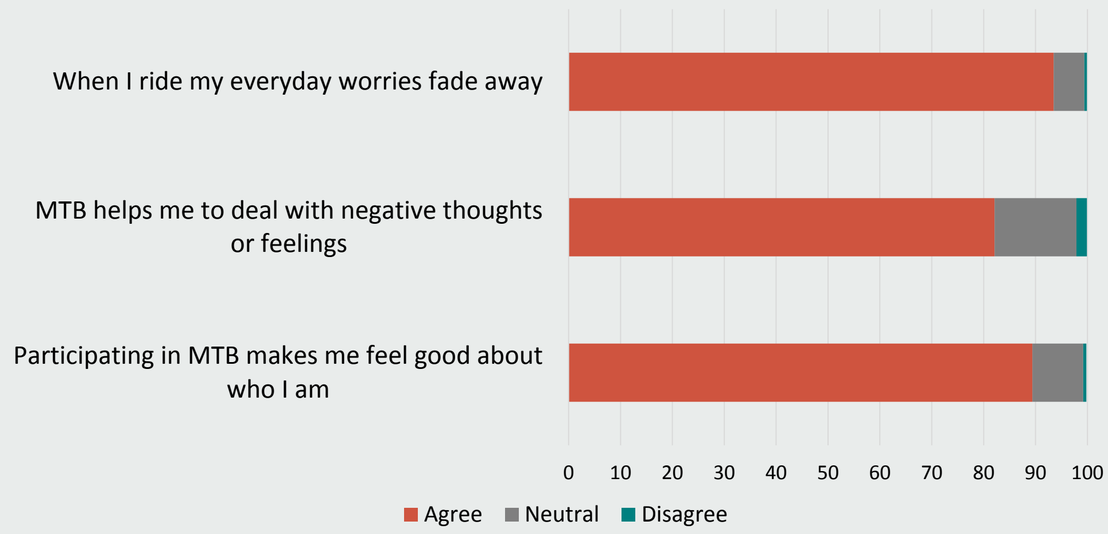
KEY DEMOGRAPHIC FINDINGS

- Participants were predominantly **36-45year old males**.
- **36%** prefer group rides, **15%** prefer riding alone, **49%** have no preference.
- **55%** of men and **80%** of women had not ridden as a child.

KEY WELLBEING FINDINGS

- **1 in 3** participants indicated that they suffer from a common mental health problem and use mountain biking as a coping strategy.
- **90%** of the participants claim that mountain biking helps them to deal with stress; and **99%** claim that being outdoors is therapeutic.

Perceived wellbeing related to mountain biking



KEY CONCLUSIONS

- The outdoor environment acts as a significant motivator for regular, sustained participation in this activity.
- Participants feel that mountain biking plays a part in maintaining their mental health.
- The results suggest younger, male, riders, and those who participate in downhill riding, were more likely to find pleasure in higher risk engagement.
- These insights could aid the development of outdoor activities as complementary mental health interventions.

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LEEDS BECKETT UNIVERSITY

Hearing loss and assessment of auditory comprehension skills in aphasia following stroke.

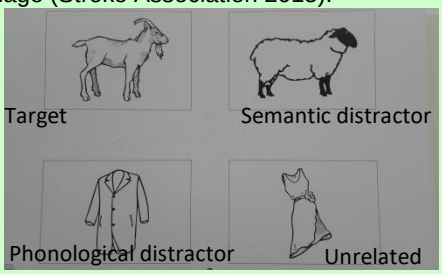
Philip Mumberson - Bridgewater Community Healthcare NHS Foundation Trust,
Dr Paul Conroy - University of Manchester.

Background:

- Hearing loss affects over 70% of people aged over 70 in the UK (Action on Hearing Loss, 2017).
- Stroke is most prevalent at >55 years - prevalence increases with age (Stroke Association, 2017; Lee et al., 2011).
- Following stroke, a third of people have difficulty with expressive/receptive language (Stroke Association 2015).
- Severe communication difficulties following stroke have a major adverse effect on quality of life (Hilari et al., 2009).
- Language can be assessed using the Comprehensive Aphasia Test (CAT) (Swinburn et al., 2004)

Aim:

To examine how hearing loss may impact on completion of an aphasia language assessment for auditory comprehension and to test the hypothesis that assessment following stroke may be confounded by age-related hearing loss.

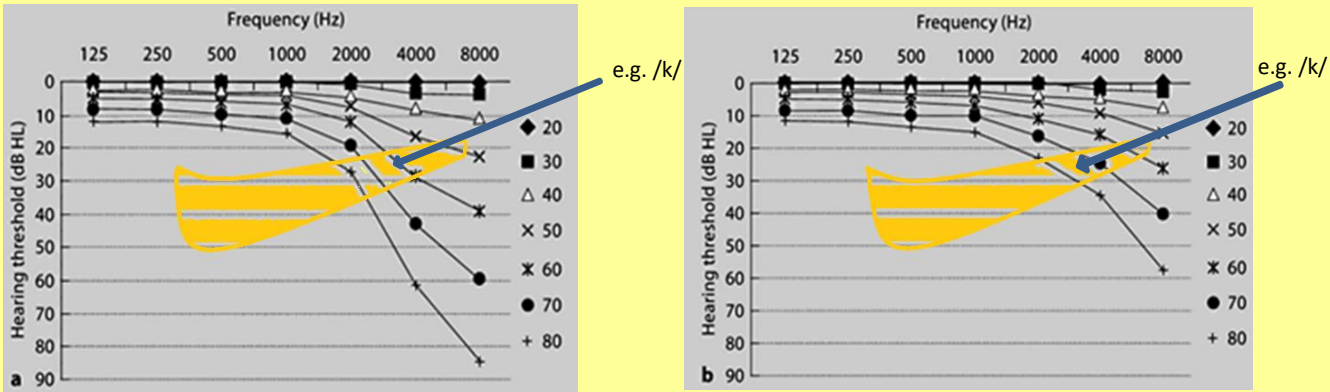


CAT Example question – asked to point to the 'goat'

Method:

- Section 7 of the CAT (comprehension of single spoken words) requires people to hear the distinctions between speech sounds in pairs (e.g. cat-bat).
- The approximate location of relevant speech sounds taken from typical speech bananas (for example Northern and Downs, 2002) was combined with the typical median hearing thresholds for older adults (Van Eyken et al 2007).

Graphs of typical male (left) and female (right) hearing loss by age (Van Eyken et al., 2007, p346): added yellow banana indicates approx. location of speech sounds.



Key results:	**Median hearing minus approx. 10 dB**			
	Men age 60	Men age 80	Women age 60	Women age 80
Questions where **either phonological target or distractor** is at risk of not being within hearing threshold (%)	50%	88%	25%	88%

Conclusion:

Typical age-related hearing loss is very likely to impact aphasia language assessment of auditory comprehension following stroke. Discrimination of particular speech sounds (single phonemes) may be particularly at risk, if the impact of hearing loss is not considered when assessing language. Future research should address the collaboration of SLT and audiology services in the assessment and management of auditory comprehension deficits in aphasia after stroke.

Project completed for NIHR/HEE Integrated Clinical Academic Internship (North) 2017-18.

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Support for safe and sustainable stay at home in children with complex health needs: A rapid evidence synthesis.

Authors: Patricia Doyle, Jennifer McAnuff, Niina Kolehmainen

Aim

The aim of this study was to identify and synthesis evidence about community healthcare interventions and practices to support safe and sustainable stay at home for children with complex health needs. This was to inform future community nursing and allied health practice, improve child health outcomes, and optimise healthcare resource use.

Background

Infants and children with early life complications and severe illness are increasingly likely to survive but often with complex health needs and technical dependency e.g. long term ventilation, dialysis, parenteral feeding, complex drug regime and other life sustaining technologies (Elias ER & Murphy A 2012). These have a major impact on the child and families quality of life, and meeting these needs is very resource intensive for both family and the NHS. Modern NHS care seeks to enable children to stay at home, as opposed to spending long stressful times in hospital. Children with complex health needs are now primarily supported by community children's nursing and allied health services (DOH 2011). However service provision across the country is varied and no gold standard used to measure the effectiveness of these services. There is a need to develop and test interventions that will support safe and sustainable stay at home.

Design

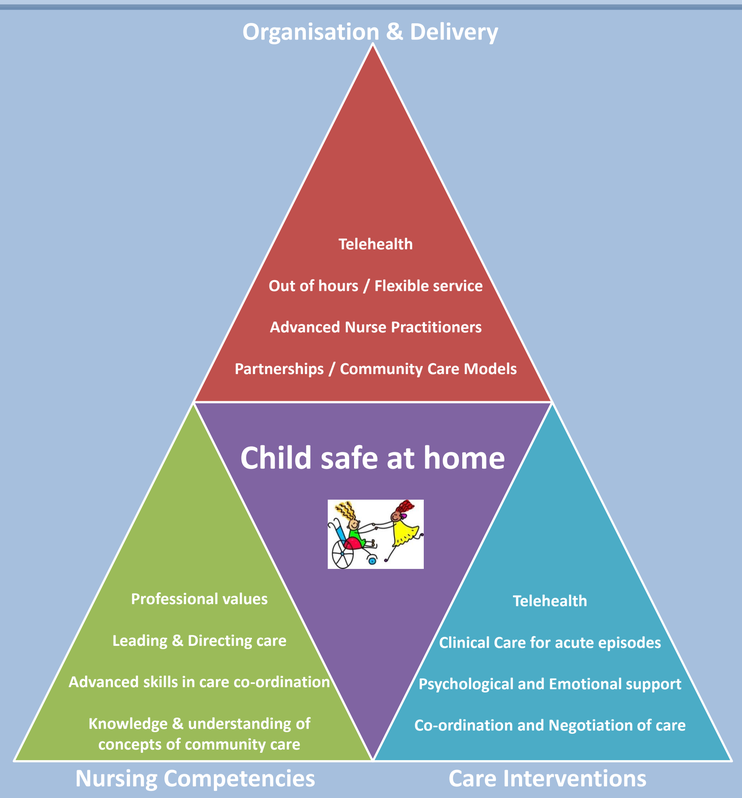
A rapid evidence synthesis

Data Sources

Four databases were searched: CINHAL, BNI, MEDLINE, and HMIC. Non-published grey literature was searched: Cochrane library, Clinical trials. Gov, and WHO.Int/trial.

Review Methods

Study selection was undertaken using predefined PICOT inclusion criteria. Data on key characteristics from included papers were entered onto a Windows Excel Database. Then key words and any underpinning practice themes that provided information about the nature of the evidence where then charted and grouped according to emerging perspectives and content .



PICOT

Population: children 0-18 years with complex health needs, including children with technical dependency (e.g. home ventilation, home dialysis, parenteral feeding or other life sustaining technology) or complex drug regime.

Intervention: any form of care at home or intervention that offers support and/or continuing care for children at home.

Context/perspective: any healthcare context viewed from family, healthcare professionals, healthcare provider, healthcare decision maker, or policy perspective.

Outcome: Child's safe and sustainable stay at home.

Time: Jan 07 – May 17

Results

Of the 5960 potential titles 2714 titles and abstracts were screened. From these, 160 were taken forward for full-text screening, and a final 24 were included in the review. The extracted data from these 24 papers centered on 3 broad practice perspectives: Organisation and delivery of services, care interventions and nursing competencies. Within these, a range of themes or specific interventions were found and listed according to the most reoccurring theme across all papers. The top 4 reoccurring themes within each concept were used as the key evidence for synthesis.(Illustrated)

Conclusion/Recommendations for Future Practice

- The 3 perspectives; Organisation of care and service delivery, care interventions and nursing competencies could be developed further to form a national model of care for children's community nursing services.
- The evidence is overwhelming in respect of the complexity of the learning involved to gain nursing competence in this field. High level education and preceptorship for CCN s should be standardized nationally.
- There is emerging evidence that using telehealth to provide clinical advice, emotional support and care coordination is effective in reducing hospital admissions and in improving overall outcomes for children with complex health needs. Further research would be needed to establish the actual content of this and the strategies to implement them.

References:

Elias ER & Murphy A (2012) Home Care of Children and Youth with Complex Health Care Needs and Technology Dependencies. *Pediatrics* May 2012 Volume 29/Issue 5

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Patterns of early Speech and Language Therapy Service delivery for children born with Cleft Palate in the first year of life.

Authors:
Hannah Lane and Yvonne Wren
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and Bristol Speech and Language Therapy Research Unit/University of Bristol.

Introduction

The aim of this project was to explore the evidence-base and provision of early interventions for children with Cleft Palate in the first year of life.

A literature review was carried out to explore the current evidence surrounding early interventions for children born with Cleft Palate under the age of 2. Semi-structured interviews were also carried out with 10 lead SLTs representing Cleft Centres across UK and Ireland in order to map provision of SLT interventions provided in the first year of life.

What is the evidence for early speech and language interventions for children born with cleft palate?

Studies of intervention for children born with Cleft Palate discuss a naturalistic approach and parent-implemented interventions for promoting both speech and language development in children born with Cleft Palate (Scherer, 1999; Scherer and McGahey, 2004; Kaiser et al, 2017; Scherer and Brothers, 2002; Hardin-Jones and Chapman, 2008; Ha, 2015; Scherer, D'Antonio and McGahey, 2008).

However, evidence is limited regarding the benefits of early intervention for children born with Cleft Palate with studies focusing on children aged two and over (Bessell et al, 2013).

What are the speech and language interventions currently being offered for children with Cleft Palate under the age of 13months in UK?

Lead SLTs representing regional Cleft Centres answered the following question:

	Yes	No	No response
Does your service provide SLT intervention for children born with Cleft Palate in the first year of life?	14	4	1

Intervention' was defined as anything more than basic advice in a multidisciplinary clinic.

Results

Aims of early intervention - Even though the delivery of the early intervention differed between Cleft Centres in terms of timing, location and facilitation; the primary aims were consistent: Empowering parents to carry out the interventions in the child's everyday environments and preventing deviant speech patterns developing.

Service provision and logistics - 'Interviewees felt that there were difficulties justifying the need for specialist therapist time to facilitate early interventions due to the limited evidence base and current funding restraints. Some centres felt that training others to facilitate the one-to-one and group sessions can be productive and successful (SLT Assistants and/or Community Link Therapists).

Decision-making - The decision-making surrounding early intervention is dependent on the therapist's judgement of the individual child and their needs. Being flexible to the child and family's situation is crucial in order to provide the most effective care.

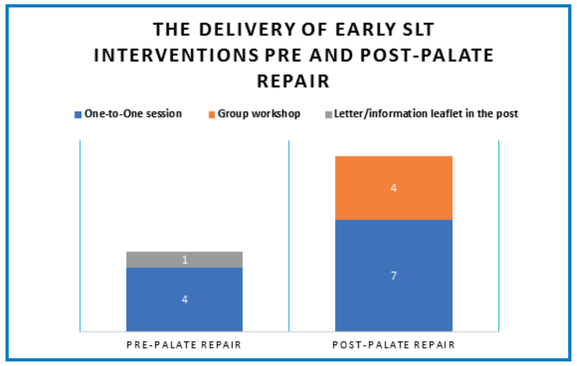
Outcome measures - No specific outcome measures are currently being collected in terms of the impact of early intervention on speech development. However, many Cleft Centres informally report that children are coming to their 12 month assessment with more oral pressure consonants.

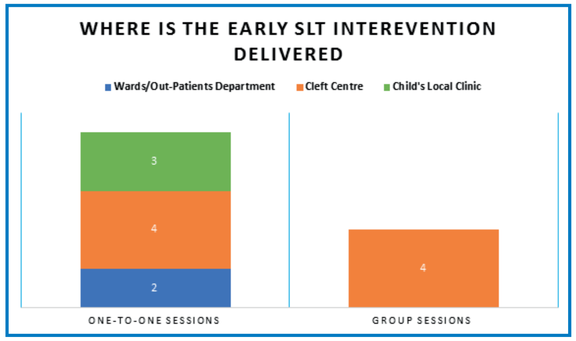
Discussion

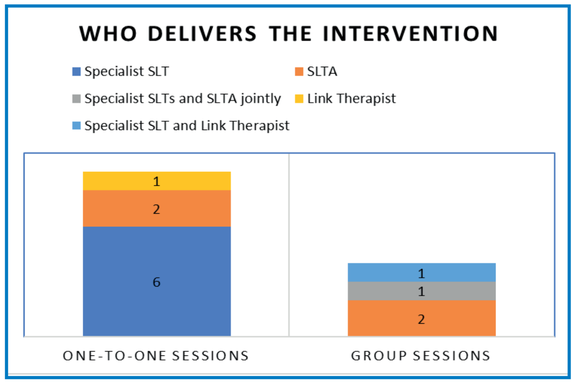
Clinical services would benefit from knowing whether early intervention is effective for children born with Cleft Palate and whether it leads to fewer children needing ongoing therapy in later life. A reliable and valid outcome measure for speech production in children with Cleft Palate under 13 months of age would assist this.

'I am proud that we are as responsive to patient needs as is possible with the time and funding restraints' - Lead SLT

'We are aiming to train the parents to be the therapist, to empower them and take it forward' - Lead SLT







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The Impact of Authentic Leadership on Newly Qualified Nurses:

A Review of the Literature by Tracey Long

Introduction

"For the first time there are more nurses and midwives leaving the register than joining it" (NMC, 2017).

- NHS England - Five Year Forward Plan - Next Steps (2017) aims at transforming the health and care system.
- By increasing the numbers of trained nurses, introducing the nurse associate role, nursing apprentices and fast tracked routes to become a registered nurse.
- Plans to improve nursing retention.
- Needs of these newly qualified nurses must be considered.
- It is imperative that they are all supported in order that they are retained in nursing practice and not become another statistic of another nurse leaving.
- Newly qualified nurses require a culture whereby they can safely and positively make the transition from student to qualified nurse.
- Nursing leaders are ideally placed to support nurses to meet individual challenges from practice areas, maintaining safety and delivering quality care.
- Ensuring the necessary leadership behaviours, strategies and qualities are developed is fundamental.
- One way that nursing leaders can achieve this is by being authentic in their practice.

Authenticity:
Real – Genuine – Reliable

"Fundamental to authenticity is the notion of the individual remaining true to his/her core values and the more individuals remain true to their core values, identities, preferences and emotions, the more authentic these individuals are thought to become"(Avolio et al, 2004).

The Authentic Leader:
"Stay their course and convey to others, often times through their action, not just words, what they represent in terms of principles, values and ethics" and in doing so "lead by example demonstrating transparent decision making, confidence, optimism, hope and resilience". (Avolio and Gardner, 2005).

Authentic Leadership:
- The "glue that holds together a healthy work environment" (McCauley, 2005) .
- Preferred style of leadership for creating and sustaining healthy work environments (Shirley, 2006).

Newly Qualified Nurses:
Key to the sustainability of the nursing workforce as a whole it is important to acknowledge that new registrant nurses require further development as it is estimated that more than half of the nursing workforce is newly qualified (The Willis Commission, 2012).

Methods

Literature Review:
According to Polit and Beck (2010) a literature review is "a critical summary of research on a topic of interest, often prepared to put a research problem in context" and suggest that literature reviews "offer an orientation to what is known or not known about an area of inquiry".

Aim:
To critically appraise the published findings related to authentic leadership and newly qualified nurses and identify potential areas for further development.

Framing the Research Question (RQ) and Using the PEO Framework

PEO Framework		
P	Population	Newly qualified nurses
E	Exposure	To authentic leadership
O	Outcome	Impact of the role of authentic leadership on the newly registered nurse

RQ: What is the impact of authentic leadership on newly qualified nurse?

Search Strategy:
- Scoping search
- CINAHL
- Medline
- Google Scholar
- Reference Search

Search Terms:
authentic leader*
environment* OR experience* OR factor and
new nurse OR graduate nurs* OR precept* OR novice nurs*

Limiters:
Peer reviewed articles and English language

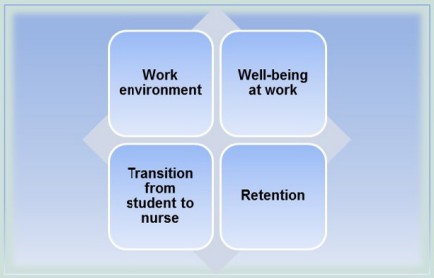
11 articles are included in the literature review

Thematic Analysis:
In order to interpret and understand the published findings a thematic analysis was undertaken.

Referred to as the "careful reading and re-reading of the data" (Rice & Ezzy, 1999).

Conclusions

Themes:



Study Limitations:
- English language.
- Only papers available at the time of the study.
- Peer reviewed articles.

Conclusion:
An investment in authentic leadership could be a strategy to improve the well-being of nurses at work, facilitate healthy work environments, support the development of nurses and improve upon retention – fundamental for the nursing profession and the delivery of high quality patient care.

Further Research:
- Qualitative research to explore the experiences of the newly qualified nurses alongside authentic leaders to gain feelings of the practitioners perspectives.
- Research exploring authentic leadership as a superior leadership model and it's potential for use to support nursing retention.
- Research in the United Kingdom.

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