# NHS Greater Glasgow and Clyde

# Daily update (6 August 2021, 12.10pm)

Topics in this Core Brief:

- Visiting arrangements for all hospitals
- Realistic Medicine in action Safer Use of Medicines
- Message from Health and Safety Statutory Mandatory Training
- Finally... Ward 3B RHC needs your support voting closes at midnight!

# Visiting arrangements for all hospitals

From Monday 9 August 2021 the following changes will take place in all NHSGGC hospitals:

- There will no longer be a requirement for visitors to be 'named' or limited to the same two visitors per patient over the course of the stay. The maximum occupancy of a room or ward should be used to guide how many people visiting can be present at any one time.
- Conversations with the patient and family should take place on admission and throughout the hospital stay to advise of visiting arrangements and expectations to embed this as part of routine care conversations.
- Inclusion of family support at times when patients wish the presence, help and support of the people who matter to them i.e. mealtimes, rehabilitation sessions, discharge planning and MDT conversations etc.

As was the case before the COVID-19 pandemic, a full person-centred approach to family support does not mean an unmanaged approach. It will be necessary to work with patients and families to develop processes and a culture that maximises the full benefits of family support and recognises the vital role this plays in high quality safe, effective, person-centred care. The main difference is that this needs to be balanced with the risks that COVID-19 still presents and needs to be cognisant of the safety measures which still need to be in place.

For all high risk patients a consultant led multi-disciplinary team (MDT, individual risk assessment is advised to aid the decision making to determine whether visits can be safely supported or not. Patients advised against receiving a visitor must be provided with an explanation and this should be reviewed as the patient's condition changes. The decision and rationale should be documented in the patients' record.

Public messaging will continue to re-enforce the **FACTS guidance** to request people visiting to comply with wearing face coverings/masks, avoid congregating in public areas, cleaning hands with hand gel provided, maintaining social distancing measures and the need to self-isolate and not visit if they have any COVID-19 symptoms.

The **Trace and Protect** template should be completed with visitor details at each visit to assist Test and Protect Colleagues should there be a need to contact them. Discussions are ongoing to find a solution to reduce this administrative burden.

When family members arrange to visit, **voluntary Lateral Flow Testing** should continue be strongly recommended as a valuable way to promote safety. Information on how to order Lateral Flow Tests is on the <u>Scottish Government's website</u> or tests can be collected from COVID testing centres in the afternoon or early evening or the <u>asymptomatic test facilities</u> across NHSGGC.

It is important to note that Lateral Flow Testing for visitors is **not** mandatory and wards are not able to insist that visitors undergo a test before visiting. Not wishing or not being able to test will not be an obstacle to a visit. This forms part of a suite of measures to mitigate the risk of COVID 19 transmission.

The Hospital Visiting Webpage will be updated to reflect these changes and include current guidance.

## **Realistic Medicine in action: Safer Use of Medicines**

Realistic Medicine can be applied to many different areas of healthcare, not least in avoiding prescribing errors.

By applying Realistic Medicine principles and involving patients more in these discussions as soon as possible after hospital admission, the Medicines Reconciliation process can be improved.

Andrew Carruthers, senior pharmacist at QEUH said: "By allowing more time and opportunity to consistently involve patients in the construction of their "Medication History" and empowering earlier, meaningful contribution to discussions about their own medicines – we can reduce preventable prescribing errors and improve medicine safety. This is an example of Realistic Medicine in action."

Andrew's team has shown that patients can participate in, improve and add value to the verification process. Their approach provides an opportunity to "sense check" with patients which medicines that are actually being taken at home, and discuss how they are managing with medicines (in general), along with their key concerns / hopes are with respects to medication. In this way, they ensure that medicines are prescribed in hospital as closely as possible to the way as they are being taken at home, reducing the risk of preventable harm.

He added: "It is important that we continue develop processes to involve patients in discussion about their medicines, and give them adequate time for meaningful contributions."

Click here to find out more about the "Patient Self-verification of Medicines" project.

For more information on Realistic Medicine, click here.

## Core Statutory and Mandatory Training for all staff

We each have a personal responsibility to maintain our compliance with the nine core NHSGGC Statutory and Mandatory modules applicable for **all staff**. These are:

Renewal every 12 months GGC:001 Fire Safety

Renewal every 3 yearsGGC:002 Health and Safety, An Introduction<br/>GGC:003 Reducing Risks of Violence & Aggression<br/>GGC:004 Equality, Diversity and Human Rights<br/>GGC: 005 Manual Handling Theory<br/>GGC:006 Public Protection (Adult &Child)<br/>GGC:007 Standard Infection Control Precautions<br/>GGC:008 Security & Threat<br/>GGC:009 Safe Information Handling

### Produced by NHS Greater Glasgow and Clyde Communications

To keep your learning compliance up to date you can access individual module assessments from **three months** prior to the expiry date of each module. This allows you time to plan for completing the module and associated assessment before the module expiry date is due, ensuring you remain compliant with current knowledge on these topics.

The learning identified across the modules is designed to provide all staff with key messages for essential practice in these areas.

All nine modules are available online on <u>LearnPro</u>. If you experience any difficulties in accessing these modules or your personal LearnPro account, please contact the Learning and Education Support Team at <u>LE.support@ggc.scot.nhs.uk</u>

## And finally...

Have you voted for Ward 3B in The Sun's Who Cares Wins Awards?

Ward 3B at the Royal Hospital for Children in Glasgow have cared for Aria Gowran her entire life. Aria, who is now 18 months old, was born four weeks early and has bilary atresia.

Aged seven months, Aria needed an emergency liver transplant, which saved her life. Her Mum, Dad, and brother Edan are very grateful, and want Ward 3B to win.

The winners will be presented with their award by Davina McCall on Channel 4 next month, but you have until **11.59pm tonight, Friday 6th August,** to vote.

Share, tell your friends, and show your appreciation for our amazing team by voting here: <u>https://www.thesun.co.uk/news/15781470/who-cares-wins-teams/</u>



Please keep up-to-date with the latest guidance on our dedicated web pages at: <u>www.nhsggc.org.uk/covid19</u>. If you have any questions about the current situation please check the <u>FAQs</u> first. If you have any further questions, please email: <u>staff.covid19@ggc.scot.nhs.uk</u>

\*\*\*Staff are reminded to make sure their personal contact details are up to date on eESS.\*\*\*

Produced by NHS Greater Glasgow and Clyde Communications