

Supporting Sustainability in Community Nursing





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‘The community is where 90% of all clinical contacts take place and is where approximately half of the registered nursing workforce work, in health and social care settings.’



Introduction

The community is where 90% of all clinical contacts take place and is where approximately half of the registered nursing workforce work, in health and social care settings.

It is therefore imperative that a greater understanding is built of community nurses’ perspectives, understanding, motivations and experiences of sustainable nursing practice.

This report describes some of the work being undertaken to develop that understanding and the following recommendations for action are provided in summary here:

1. Education to build nurses’ knowledge

Nurses have limited understanding of the ways that they might change practice to be more sustainable, beyond the most commonly practised actions such as recycling.

However, they are keen for a greater understanding and would welcome more depth and breadth of learning about sustainability and planetary health, how it relates directly to their everyday practice and the changes that they can make. This would create a culture of learning and development around sustainability that becomes embedded in all areas of nurse education and practice, in both pre-registration and post-registration programmes.

2. An enabling infrastructure

Changes in nursing practice work best when enabled through an infrastructure that supports sustainable practice. This includes leadership for sustainable practice, enabling ideas and innovations to be actioned and sustainable practice to become a part of everyone’s roles in the organisations in which nurses work. Recognising the public health potential of primary and community care nursing, it’s crucial to maximise this expertise to reduce our carbon footprint. These professionals play a vital role in promoting wellness, preventing disease, and managing long-term conditions within communities. By leveraging their skills, we can tackle health inequalities, enhance overall health outcomes, and contribute to a more sustainable healthcare system.

This is part of a cultural shift needed within nursing, so that sustainability is seen and supported as part of the nurse’s everyday role, in the same way that Infection Prevention and Control (IPC) is seen as every clinician’s professional responsibility.

3. Shared programmes of innovations

There are many individual initiatives and innovations which focus on sustainability. The majority are based on individual or small team initiatives and are reported locally, but there is no central process for sharing with the wider nursing community. This is not uncommon across other areas of innovation within the NHS.

It is therefore recommended that a process is created for sharing successful innovations and the enabling factors, which will accelerate learning, scaling, spread and adoption. Equally, it is important to share learning on unsuccessful innovations, to prevent replication and waste of resources.

There are many ways in which this could be enabled, and it is recommended that the various options are explored, with nurses (NHS and wider) who will engage with sharing, adoption, scale and spread, as the focus for this development.

4. A partnership approach

There is often discontinuity in our efforts to establish a new innovation that will reduce the carbon footprint. Too often a successful initiative in one part of the health and social care system can be ‘undone’ in another part of the system, creating discontinuity of sustainable ways of working. For example, in the sustainability of the products used and provided for the same condition among the people we serve within a system of care. Integrating practice and paying attention to pathway interfaces is crucial for enhancing the professional expertise of nursing in delivering climate-smart care. Nurses are pivotal in addressing the carbon footprint of care across various healthcare settings, including primary



care, acute and specialist services, the community, and social care settings. By connecting these systems, nurses can ensure more cohesive and effective care, promoting sustainability and resilience in healthcare.

It is recommended that sustainability is considered as a person centred and person-based approach, rather than a unitary siloed system-based approach. In this way, the approach to sustainable nursing practice and the products used follow a patient pathway wherever the nursing care and the nursing service is delivered. While straightforward in concept, this is not easy to assure in practice, and will involve collective engagement with procurement practices across a range of different organisations.

5. Products

Decisions about the healthcare products used are often made without nursing expertise and yet nurses are the clinical professionals who will be using the products in their everyday practice. They are the experts in assessing the sustainability, usability and acceptability of products with the individuals, families and communities they serve.

It is recommended that nurses are invited in every organisation to be active participants in the organisation’s procurement processes.

6. Empowering our people

The report highlights the necessity for strategic, professional, and clinical nurse leadership throughout the system. Such leadership is crucial for engaging, empowering and mobilising the profession, as well as signalling the importance of planetary health and sustainability for nurses working in primary, community, and social care settings. This will involve creating capacity for nursing staff to lead quality improvement and sustainability initiatives.

Therefore, we recommend establishing a tailored community nursing sustainability programme that harnesses, connects, scales, and spreads sustainable innovations.

'Participants in the Executive Nurse Leadership Programme, The Regional Leads for Queen's Nurses networks, and members of the Care Home Nurses Network, and the Infection Prevention and Control (IPC) Champions Network were consulted on the themes identified are reported on here.'



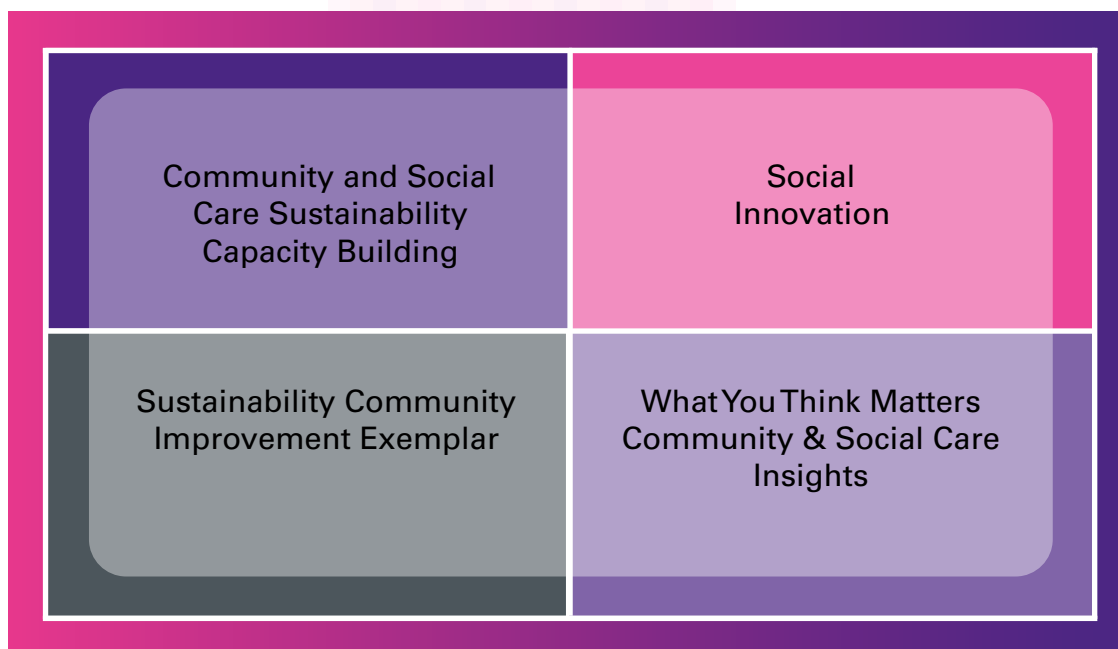
The QNI

The QNI is uniquely positioned to undertake exploratory work regarding sustainability and social innovation and to understand in more detail the perspectives on these matters of nurses who are working in a range of community settings.

Our reach into nurses delivering, leading and managing care in every community setting throughout the life course is unrivalled. Our networks are extensive and include many thousands of nurses who engage with us regularly through network meetings. This includes nurses from all fields of practice working in community services, social care, primary care and the voluntary and independent sectors.

This basis provided an excellent opportunity to gather data and intelligence to develop an understanding of the current issues, solutions and innovations and to explore and identify future actions needed to meet the aims of the CNO England Strategy with regard to sustainability.

Diagram 1. Elements explored



Supporting Sustainability in Community Nursing

1. Insight: What matters to community nurses working in health and social care contexts

In exploring community nurses' views of sustainability and sustainable practice, the QNI approached a number of our networks. These included participants in the Executive Nurse Leadership (12), Infection Prevention and Control (IPC) Nurses (64) and Regional Queen's Nurses (QN) leads (8). Overall a total of 100 community nurses contributed their views and experiences in the workplace.

In the meetings, the nurses were asked, through the use of Menti, whether their workplace has a sustainability lead and how important sustainability is to them as a nurse.



The answers to these questions are given in the table below and it is clear that nurses are interested in the sustainability agenda and want to know more about how to get involved.

		Care Home Nurses Network	Executive Nurses	Infection Prevention and Control (IPC) Network	Regional QN Leads
1. Does your workplace or organisation have a sustainability lead	Yes	43%	43%	39%	37.5%
	No	14%	36%	41%	25%
	Don't know	43%	18%	20%	37.5%
2. Is sustainability important to you in your work	Yes. I am involved in making improvements	54%	55%	47%	25%
	Yes. I think it is	0%	36%	23%	12.5%
	Yes. But do not know how to get involved	46%	9%	25%	62.5%
	No	0%	0%	0%	0%
	I need more information	0%	0%	6%	0%

2. What happens in your current work that contributes to the sustainability agenda?

Of the nurses who responded to this question, recycling was the most common factor that linked to the sustainability agenda. This includes, having recycling bins for recyclable waste, as well as some organisations looking into how waste can be better managed. Some are using recycled products such as paper and one was recycling uniforms. Some organisations are looking at reducing single use plastics and trying to choose non plastic products.

Many nurses highlighted the reduction in face-to-face meetings, with more digital interactions, reducing the need for travel, with many organisations going paperless, increasing digitalisation. There were some sustainability groups within organisations raising the profile of the agenda as well as linking to quality standards. Using washable containment products and drinking tap water instead of water machines was another example. The 'gloves off' campaign was also mentioned by some nurses, who were also reusing equipment where clinically safe and where possible. Some nurses were cycling to visits and electric pool cars were also being used in some areas, with electric charging points on site. It was also mentioned that buildings were being insulated and lighting was being changed to reduce energy use. Only one nurse mentioned that the organisation was measuring the carbon footprint of tier 3 projects.

3. What ideas and suggestions do you have to improve sustainability in your current practice?

There were many suggestions to improve sustainability within community nursing practice, but the predominant theme was one of education and training on what sustainability, how nurses can get involved and how to contribute to the sustainability agenda. This links with the theme of having systems for sharing good practice, sharing resources and better partnership working, as well as having role models within organisations.

Unsurprisingly, community nurses could really see the benefit of introducing better ways of working to reduce travel and maximise sustainable transport options, such as electric/hybrid cars and bikes. Digitising care records helps not

'Wound dressing in the community was identified as a particular area of concern regarding waste; having better systems for ordering in place would improve practice.'



only to reduce paper wastage but also having digital care options can reduce the number of client visits needed. In some areas of the community, recycling options are still limited with suggestions that this needs to improve, as well as investigating alternatives to single use plastic equipment. Many nurses highlighted procurement as being the central issue: ordering more sustainable products and equipment with less packaging in bigger amounts, helped to reduce the number of separate deliveries.

Wound dressing in the community was identified as a particular area of concern regarding waste; having better systems for ordering in place would improve practice.

Reducing glove use and better use of Personal Protective Equipment (PPE) was also highlighted by many as a suggestion for reducing the impact of plastic on the environment. One area mentioned relating to recycling was the wastage involved with not recycling uniforms, with a question raised about what will happen to all the existing uniforms in organisations where the new national uniform is implemented.

4. What supportive measures would assist you in your workplace and your organisation to practice in a more sustainable way? (not just recycling)

The overwhelming response to this question was more guidance, training and education for community nurses within all care settings. Nurses wanted this information to be evidence based and accessible, to support sharing ideas that work. Suggestions for supportive measures included having sustainability champions, role models and effective leadership, as well as the possibility of sustainability awards.

It was also clear that community nurses want appropriate policies in place to support staff to deliver a more sustainable service, as well as providing an organisational structure for them to work within. Community nurses know that having better electronic systems that linked together would improve patient care, but it can also be beneficial for reducing duplicated visits, reducing travel and enabling nurses to work from home, all of which reduce carbon emissions. Better digitalisation and IT systems can also contribute to implementing a paperless service, which saves the environmental impact and cost of using paper. Working better with NHS estates to identify practice areas which required lighting or heating adjustments would reduce energy usage and costs.

Community nurses would also find it supportive to have national input to procurement, which would help reduce plastic usage as well as being able to purchase more environmentally friendly products in bulk, to reduce cost. More innovative supportive measures included a request for better tax breaks for community nurses to convert to using electric cars, while ensuring there are charging points available. A central laundry for employers was suggested as a way to support staff, alongside the recycling of uniforms, to also reduce waste.

5. Capacity Building

The QNI worked with the [Centre for Sustainable Healthcare](#) to deliver three sustainability webinars, which were well attended by community nurses.

Links to both the summaries of the webinars and the recordings are below and they remain as resources which can be accessed by all nurses via the QNI website.

Webinar 1. Climate Change and Healthcare, 2 February 2024

- For the recording, [click here](#)
- For the summary [click here](#).

Webinar 2. Sustainability in Quality Improvement, 27 February 2024

- For the recording, [click here](#)
- For the summary [click here](#).

Webinar 3. Sustainable Healthcare in Practice, 21 March 2024

- For the recording, [click here](#)
- For the summary [click here](#).



6. Community Sustainability Improvement Exemplars

The QNI worked with the nurses in our networks, including Queen's Nurses, to bring together a collection of innovations focused on sustainability in community nursing practice.

The Exemplars given below focus on decarbonising nursing practices.

It is anticipated that these examples will contribute to the development of a QNI draft model of sustainable practice for all nurses working in the community.

Simone Harvey, Specialist Infection Prevention and Control Nurse, Gateshead Health NHS Foundation Trust



Simone has a background of working in Critical Care and then moved into Infection Prevention and Control, and has been carrying out outreach work to care homes with funding from the chief nurse of the ICB to address the 'gloves off' campaign. She works alongside her colleague Judith Robson providing an advice and support service to the Gateshead community that involves community teams, care homes and GP practices. This campaign aimed to reduce inappropriate use of non-sterile gloves to: reduce healthcare associated infections, reduce clinical waste, improve hand hygiene and align with Gateshead NHS Foundation Trust Green Plan.

Simone was able to set up information stands with information for staff in 22 care homes and general practices in the locality with a total of 911 contacts. The stands were successful with pens and keyrings advertising the 'gloves off' campaign and as a result of these, Simone and her team were invited back in

the care homes to provide further education to colleagues. They devised a questionnaire to establish a baseline of knowledge prior to a session.

The team had not realised what a mammoth task they had taken on, when 72% of the 413 staff involved said that gloves were not overused at the beginning. The campaign ran over 7 weeks and of the 423 staff who completed the questionnaire afterwards, 89% said that gloves were overused. The 'gloves off' campaign is regularly mentioned in training, visits, and newsletters by the team and they are hoping to collect more data in the future.

The work in General Practice was also successful in providing those waiting in waiting rooms information on glove wearing and the importance of hand washing. Additional learning has been identified by the team in the need for some baseline data on glove usage and costs prior to a campaign and afterwards. Working in the hospital trust has made this information difficult to break down for the community business unit, and the team is giving this further consideration.

Patchwork Project, Amy Barnes, Infection Control Nurse, Gloucestershire Health and Care NHS Foundation Trust

Amy identified that a lot of equipment, for example mattresses, was being thrown away due to small tears and splits in the vinyl covering. She decided to set up a Quality Improvement project to address this, and her main objectives were to:

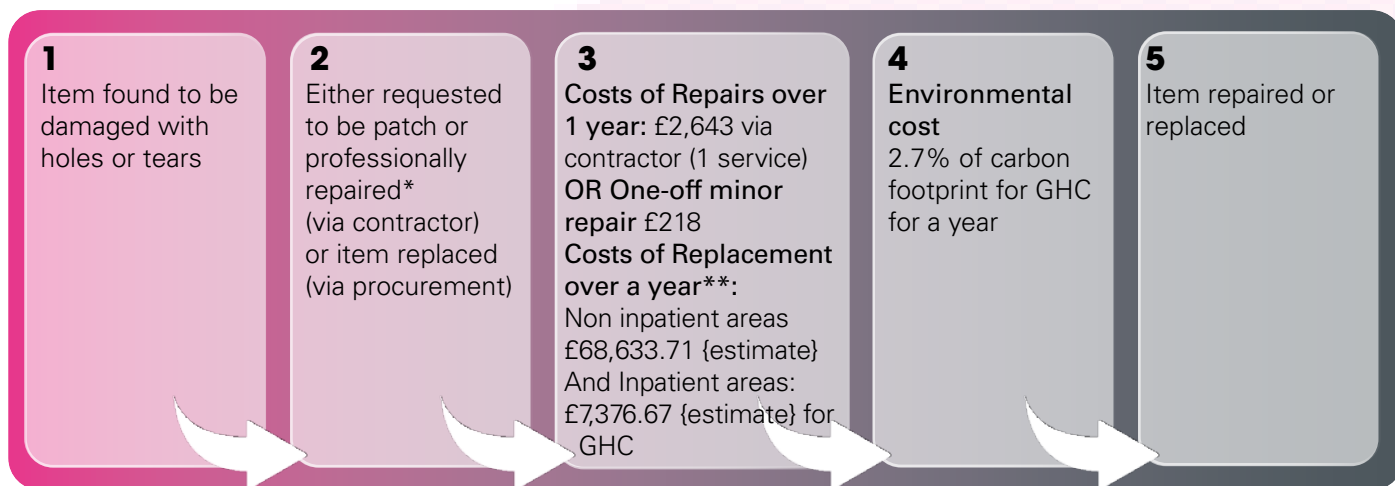
- Improve sustainability in Infection Prevention and Control by reducing waste
- Save money for the Trust
- Reduce the Carbon Footprint within Gloucestershire
- Accelerate the process of repairing couches/plinths etc. to increase utilisation of these within patient areas

‘Amy had not realised how many stakeholders would need to be closely involved with what seemed to be a simple idea, including estates, fire safety office, health and safety, sustainability hub, matrons, procurement, decontamination lead, patients and carers, communications, other clinicians and fellow infection control nurses.’



Amy had not realised how many stakeholders would need to be closely involved with what seemed to be a simple idea, including estates, fire safety office, health and safety, sustainability hub, matrons, procurement, decontamination lead, patients and carers, communications, other clinicians and fellow infection control nurses.

Before the project, the process:

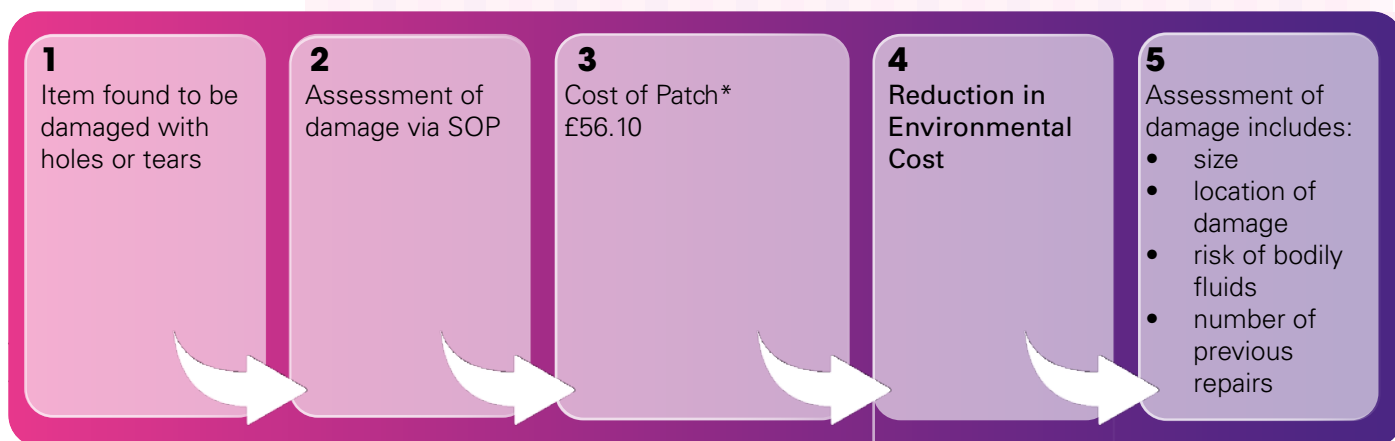


*No clear SOP or training for the patches which were in use

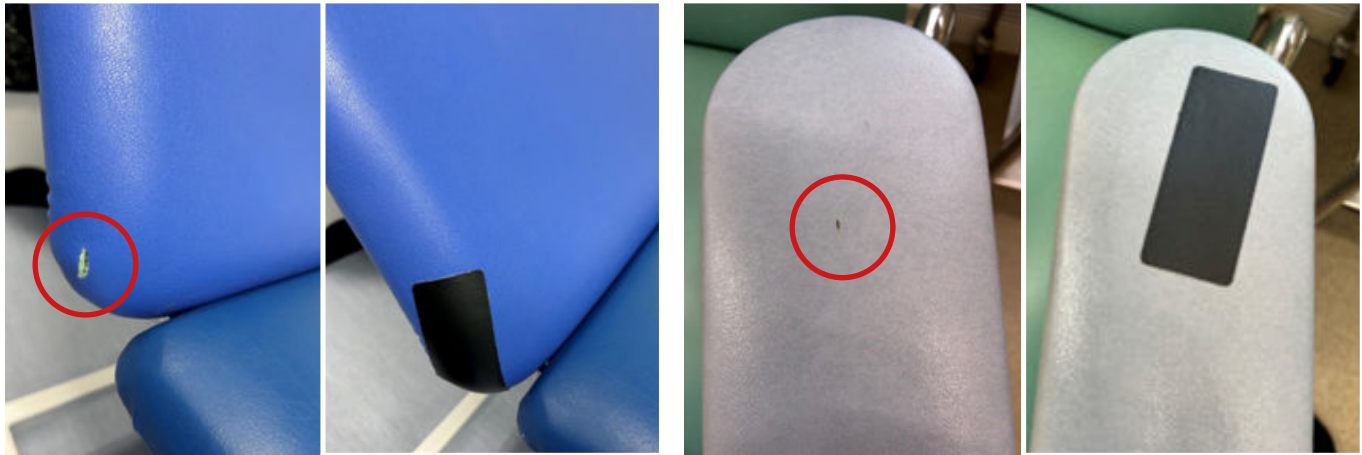
**Costs estimated based on evidence from podiatry plinths in 2020

Amy investigated to find out if repair patches were available and found that CleanPatch by Henley’s Medical Supplies was recommended by hospitals for mattress and theatre trolleys, is available in vinyl and complies with health and safety and fire regulations.

Through this QI project Amy has the developed the following process:



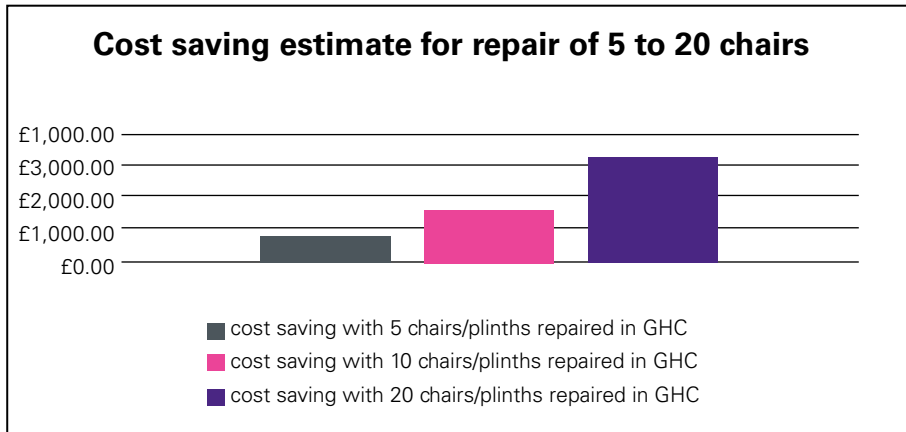
*Based on largest size available



Above: Repaired examples of equipment that would either have been disposed of or sent to a contractor for repair. These options involve storing the equipment until it is removed, and decommission a vital piece of equipment either temporarily or permanently, which impacts negatively on finite resources.

Amy asked patients and staff what they thought of the repair; everyone said how good it was to recycle. Both groups agreed that black was not a very good colour match but the company do not currently supply patches in a different colour. Both patients and staff said that communicating why departments had patched furniture and explaining the importance of sustainability and cost saving, would be a useful measure.

A cost analysis of the project, based on one repair with the contractor, saves £162.



These are estimated cost savings; calculations for carbon emissions are currently being carried out, showing this simple innovative idea has the potential to have great cost savings but more importantly could reduce carbon emissions and waste. Amy has written a proposed standard operating procedure (SOP) which she is happy to share.

Mark Cubitt, Enfield Community Division Matron, Queen’s Nurse. North Middlesex in the Community (Previously worked for Barnet, Enfield and Haringey integrated Mental Health Trust - Enfield Community Services) Mark has been passionate about sustainability for many years and has been a volunteer for Trees for Cities and the Woodland Trust, planting trees in neighbourhoods to improve green spaces.

Following a staff welfare survey, Mark embarked on a Quality Improvement project to improve staff wellbeing. During this review the staff identified that a lack of green spaces, especially outdoor spaces, was a priority for their welfare at work.

As he was a volunteer with Trees for Cities and the Woodland Trust, both charities kindly supplied hundreds of saplings when Mark was able to gain his employer’s permission to plant trees and hedges in the grounds of a community

‘When the ‘Gloves Off’ project team looked at some staff’s excessive glove use, it was the dialogue and the psychology behind why staff have these concerns that helped move this conversation and practice forward.’



hospital, its satellite physiotherapy unit, and the children’s outpatient departments. He also began getting staff involved with the tree and hedge planting.

The hedge planting programme led by Mark has also worked with the Community Therapies team who have an office on the community hospital site. This developed after the staff started to plant flowers into a small lawn, adding biodiversity to an otherwise fairly sterile environment. Working collaboratively, they have now started to use this space as a memorial garden after the death of a colleague during Covid. This mirrors the tree planting for the inpatients’ garden after three members of staff died just prior to, and as a result of Covid.

Mark has also worked with a senior Occupational Therapist colleague on a gardening project for people with long term mental health problems, to aid their rehabilitation. Following a successful application to Kew Gardens and a Mayor of London grant, staff and service users worked together to improve their green spaces.

These collective projects gained recognition and were published in the Trust magazine and the work with services users featured in a BBC Gardeners’ World Podcast.

Following this, Mark recognised the lack of investment in the outdoor spaces and the estate. Consequently, this led him to speak to the Director of Estates and subsequently joined the Trust’s sustainability group, at this time as the only Nurse in the group. It was after joining this group and recognising the Trust’s commitment to decrease its carbon footprint that led to community staff being able to access an electric bike as a trial for local patient visits.

This has now been taken further, with a substantial proposal leading to a different approach to travel arrangements for the District Nursing teams. A fleet of 20 electric cars will soon be available for patient home visits. This is accompanied with the redesign of the car parking area to include improved disabled car parking with associated electric charging points being built in the hospital grounds. This will send a clear message to visitors to the site of the Trust’s commitment to sustainability.

More recently a specialist nurse has joined the sustainability group and collectively having Nurses in this group has helped to change the narrative in the organisation, including a Quality Improvement programme. It amplifies the voice and the importance of Nursing to reduce the organisation’s carbon footprint.

Mark has contributed the following examples

1 Food miles

The sustainability group is now looking beyond food waste, to reduce food miles (i.e. the distance between where food is produced to where it is eaten) and to remove the need for single use plastic utensils in the restaurant.

2 Energy usage

A simple change to using energy saving light bulbs requires dialogue with the clinical staff as to the luminosity (power) of the bulb, particularly when reduced lighting may impact on visiting or inpatients who may have reduced cognitive function or visual impairment. Energy usage is balanced with safety and comfort.

3 NHS Suppliers

Having hands on experience of receipt of goods from NHS Suppliers has assisted the conversation with NHS Suppliers as to their packaging and to support cost benefits.

4 Psychology

While ‘sustainability’ features in the national ‘Gloves Off’ campaign, it was the sustainability message that captures staff motivation. For this, Mark needed to explore how this works in the community, and as a result has introduced this into a physiotherapy outpatients department. Apart from improving hand hygiene practice, Mark is also considering what environment impact there is with unnecessary PPE. Although this project is still at an early stage, the most noticeable change is that staff are questioning traditional practice such as: why we use rolls of paper to cover a clean examination bench and why we need gloves for non-invasive procedures. When the ‘Gloves Off’ project team looked at some staff’s excessive glove use, it was the dialogue and the psychology behind why staff have these concerns that helped move this conversation and practice forward.



Mark continues to work with the Trust to further extend more sustainability and recycling opportunities in clinical areas. He advocates that as nurses there is a duty of care to the environment and this also impacts on people's health. Having a voice in the decision-making process, no matter how small, all contributes to the welfare and the experience for patients and staff, and this helps with the overall goals for sustainability.

Mark describes himself as one person who is passionate about seeking out opportunities. He does not take 'no' as an answer. He involves and takes staff with him to improve their well being and the wellbeing of those in receipt of services.

Heather Kirton, Clinical Governance Lead at the St Monica Trust

Heather is the Clinical Governance Lead for a Bristol-based charity, the St Monica Trust, and is passionate about sustainability in social care settings and at home. [Heather has written a blog](#) on sustainability in care homes, and a further discussion took place after a health and social care webinar she participated in about reducing the usage of continence containment products.

Tissue Viability

1 Training

Heather and her close colleague Deirdre Brunton (Clinical Audit / End of Life Lead) have recognised that training is essential for care teams to understand the importance of pressure area care and appropriate skin care, which in turn promotes skin health and reduces the risk of skin damage. The charity identified a group of colleagues to participate in the Society of Tissue Viability's Skin Care Champion programme to support the implementation of national best practice in this key area. Heather and Deirdre believe that prevention is better than cure, and in this instance the promotion of healthy skin will not only improve residents' health but will reduce the risk of waste relating to wound dressings.

2 Triple win

Care staff highlighted that the disposable wipes being used for personal hygiene were too small and thin and therefore a lot were necessary to complete the care delivery effectively and efficiently. Various types and sizes of wipes were supplied for carers to trial, and the carers were able to select a more effective wipe (thicker and larger), which although was more expensive per wipe, fewer of them were needed for care delivery and therefore waste was reduced. This was a triple win – an improved personal care experience for residents, improved colleague satisfaction with the product, and reduced volume of waste produced. Unopened cases of the initial product were replaced by the supplier. Washable flannels were also encouraged where appropriate, resulting in improving familiarity of products used which is especially helpful for residents living with dementia, and also contributing to a reduction in waste production.

3 PH Neutral skin cleansing products

Following the learnings from the Skin Care Champion training, the service is now promoting the use of pH neutral skin cleansing products that protect the skin's acid mantle, therefore promoting skin health and the maintenance of a healthy microbiome. This results in a reduction in skin irritation that can increase the likelihood of skin damage and result in urinary tract infections. This is another example of where following best practice not only improves residents' care but also prevents waste, such as avoidable use of products such as creams, dressings and antibiotics.

Heather has worked closely with the Trust's main product supplier (Acticare) to review the products in use on an annual basis and identify areas for development. Acticare has been working with the St Monica Trust to streamline and standardise the cleaning products in use across the Trust's care homes, and in doing so the Trust was also able to select less harmful products and to reduce the use of single use plastic packaging. Acticare understood that sustainability was on the Trust's agenda and knew that Abena, a continence aid company, have excellent sustainability credentials that would fit well with the Trust's goals.

'Education on the use of 'just in case' pads will reinforce the adverse impacts and show that washable pants are a much more sustainable way of supporting residents.'



Continence

Following this partnership working, Acticare proposed a transition over to Abena for continence aids. Abena have their own continence nurse advisors who can support care homes with resident assessment and product selection, as well as with staff education. Heather and Deirdre believe that training in product selection is essential to ensure that colleagues have knowledge about the current range of products available to ensure that individualised care needs are met, hence enhancing the quality of care experienced by residents through compliance with national guidance:

1 Education

Education for carers and residents regarding the adverse impact of using continence aids with more absorbative capacity than required may also support correct products for use and simultaneously reduce the volume of waste as well as reducing the adverse impact of super-absorbent products on the skin.

2 Products for men

Provision of pouch-style pads for males with urinary incontinence may improve comfort, containment and hence improve dignity for the resident whilst also reducing the volume of waste compared with larger slip pads.

3 No more 'just in case'

Education on the use of 'just in case' pads will reinforce the adverse impacts and show that washable pants are a much more sustainable way of supporting residents. The Trust is looking at some of Abena's washable absorbative underwear products as a viable alternative to 'just in case' containment aids that may enhance the resident experience, reduce potential harm to skin caused by unnecessary exposure to super-absorbent cores contained in disposable containment aids, and reduce waste.

4 Fixation pants

Education will ensure that colleagues know that fixation pants can be washed and do not need to be thrown away after one wear. Heather seeks to encourage colleagues to proactively identify residents that would benefit from fixation pants and get them labelled ready for use so they can go for laundering and then be reused, instead of taking them from the stock cupboard when they need to be used without them being labelled. Providing information such as cost per item on storeroom shelving may also prove useful in encouraging reuse.

5 Launderable aids

Education will explore the use of launderable bed containment aids instead of disposable ones, busting the myth that launderable aids increase pressure injury risk more than disposable aids. Heather observed that some residents are highly mobile in their beds, and hence any risk relating to the addition of an extra layer to their mattress is likely to be offset by their frequent and independent changes in position overnight. Effective individualised risk assessment will help identify where using more launderable bed containment mats instead of disposable ones could help reduce night-time disturbances for residents that result from full bed changes as well as reducing laundry costs and waste, without adverse impact on tissue viability. An improved resident experience and better nights' sleep will contribute to improved quality of care. Heather observed that such night-time disturbance can result in episodes of distressed behaviour in those residents living with dementia.

6 Hydration

Education for carers and residents in the importance of hydration and the possibility of having more decaffeinated drinks, to improve the resident experience by reducing the urgency and diuretic effects of caffeine. This may in turn lead to a reduction in quantity or size of containment aids needed, with subsequent improvement in resident comfort and dignity. Other benefits anticipated include a reduction in urgency-related falls, improved sleep etc. Work is underway to feature the impacts of caffeine in the Trust for Hydration Day (23rd June 2024).

7 Laxatives

A review of bowel chart data can identify residents (especially those living with cognitive impairment) who would benefit from a review/reduction of their laxative use, and thus reduce faecal incontinence, therefore improving the resident experience and simultaneously reducing the need for containment products and disposable wipe usage.

8 Catheter valves

Increased use of valves for catheters instead of catheter bags where appropriate would improve resident dignity and comfort and reduce the use of plastic. In some instances, Heather wonders if this might also retrain some residents' bladders and enable catheter removal.



9 Spend-to-save review

The completion of a spend-to-save review would identify how quickly such an investment in launderable aids (such as launderable continence pants and bed containment aids) might start to realise cost savings as well as waste reduction. A key factor to consider is number of items necessary to accommodate for the turnaround time for such items sent for laundering.

Heather and Deirdre at the St Monica Trust are enthusiastic about the opportunities they have identified to improve the care experience for residents whilst simultaneously improving sustainability. They understand that introducing changes gradually using improvement methodology to engage colleagues and to embed them into practice is key to making them a success. Being able to demonstrate the difference that these changes make to the resident experience and to carers will be important to the success of the project, as well as being able to demonstrate the potential for more efficient and sustainable use of the Trust’s resources.

The QNI is continuing to seek out examples of quality improvement projects which are focussed on sustainable nursing practices to add to the exemplars

7. Social Innovation

The QNI have hosted and supported some excellent and successful innovation projects in health and social care. We have worked with the leaders of the most recent projects that have evaluated well and have clear outcome measures, to explore the potential for scale and spread within their own organisation and wider in the nursing community.

This has built on the work we have recently completed to evaluate the last five years of innovation project cohorts and the identification of the innovations being adopted into mainstream nursing practice and service delivery.

Grahame Hardy, Dementia nurse specialist, and Sarah Agyemang, chef, at Hawkhurst Community Hospital Kent Community Health Foundation Trust. A National Garden Scheme funded community innovation project from 2022.



The aim of the project was to promote and improve nutrition and increase sustainability for elderly patients, patients living with dementia, staff and visitors within Kent Community Health Foundation Trust (KCHFT) Community Hospitals

1. To improve healing and recovery times for patients, using fruit and vegetables grown, harvested and cooked on site by Catering Team
2. To improve a sensory garden environment for

patients and staff to use as a place of calm serenity, providing an area for reminiscence and reflection for patients living with dementia and a garden that encourages patients and staff to be out in nature

3. To increase and improve sustainability within KCHFT and improve staff and patient awareness around sustainability the role we play in it.

Fruit and vegetables were grown in the garden, and records of harvests were recorded. Patients were involved in harvesting and preparation of produce prior to eating them. The patients really enjoyed being involved and this helped with their rehabilitation. The reminiscence area and sensory garden were well used throughout the summer and patients said that being outside had a positive effect on how they were feeling.

'Heather and Deirdre are enthusiastic about the opportunities they have identified to improve the care experience for residents whilst simultaneously improving sustainability. They understand that introducing changes gradually to engage colleagues and to embed them into practice is key to making them a success.'



The project has attracted a lot of interest and the Trust was gifted 20 trees from the 'Plant a Tree' scheme, and Sarah won the Trust's health and wellbeing award, stating that *'she is a positive ambassador for wellbeing and mental health, and promotes and provides nutritional individual choices for choices for patient. She is respected and popular for her tireless dedication, excellence and commitment to her profession.'*

Measured outputs so far

The sustainability lead in the organisation was able to utilise the data from the harvested produce to calculate the total harvest and how this had impacted on the carbon footprint of the organisation.

Between March and November 2022, 27 different crops were grown providing a total of 90.94kg of fresh, hyper-locally sourced fruit and vegetables to the hospital kitchen.

It was determined that the Hawkhurst Farm produced enough food to offset £386.57 in procuring costs. Herbs such as chives and parsley had the largest impact due to their weight-to-value ratio.

By growing this food on site, this is estimated to have prevented the emissions of 30.54kg of carbon dioxide equivalent (CO2e). This is approximately the same as a KCHFT fleet vehicle travelling 219 miles.

Nutritional value of food produced in the Food for Thought and Reminiscence Garden between March and November 2022.

Metric	Value
Season harvest weight (kg)	90.94
Season protein provision (g)	1,237.81
Season fat provision (g)	245.01
Season carbohydrate provision (g)	3,940.07
Season energy provision (kcal)	22,003.17
Season energy provision (kj)	93,643.75
Total sodium (mg)	13,429.92
Total Iron (mg)	363.86
Total vitamin E (mg)	428.41

Together with quantifiable benefit of interaction with the garden, qualitative elements of the surveys highlighted additional perceived benefits:

'[I] loved the fresh air and the flowers. [I] loved the sun and it felt wonderful on my skin' (Participant 6)

'[I] toured the vegetable garden and picked a strawberry – With permission!' (Participant 9)

Space was also provided for the Therapeutic Worker to add their reflections:

'[Participant 2] enjoyed naming all the plants, what to do with them and loved letting us know the colours some plants would be.'

'[Participant 6] loved being outside, she was well wrapped up and she did lots of deep breathing and enjoyed the flower smells. I wish I had more time to spend outside with her.'

'Taking a patient outside is always a high priority when you can. They need the fresh air as much as I do. [The patient was] a keen gardener herself so she was happy to go outside and see all the new plants and in particular all the daffodils. The colours are pretty amazing and all the sizes it's intriguing to see all sizes and colours and lovely to take 5 minutes out to think of something outside the hospital.'



'Seeing her outside is wonderful as a HCA, it's uplifting to watch and aid her walk around taking it all in, showing me what plants she also has and see the signs of spring is a welcoming distraction from being in a hospital all day. I was happy to see her interacting and showing her what we grow and where. Seeing all the spring colours and getting some fresh air is a joy and makes you generally feel so much better, clears all the cobwebs from my and the patient's head.'

'Managing to get outside to get the air and to see someone enjoy what you also enjoy as part of your job really does make you feel enriched in your role. When it gets warmer and longer days I look forward to taking more people out and hopefully getting my hands dirty.'

Mike Brennan, Clinical Education Facilitator, 'Love to Learn' project, Leeds Community Healthcare Trust

To create an accessible and inclusive online platform to meet the training and development needs of the users of the Clinical Education Team in Leeds Community Healthcare Trust (LCHCT), Mike undertook a QNI Community Nursing Innovation Project funded by LCHCT in 2023.

The Aims:

1. To increase the capacity Clinical Education Team to provide more quality practical based learning
2. To reduce the barriers to access training
3. Identify key training provision that can be integrated onto the online platform

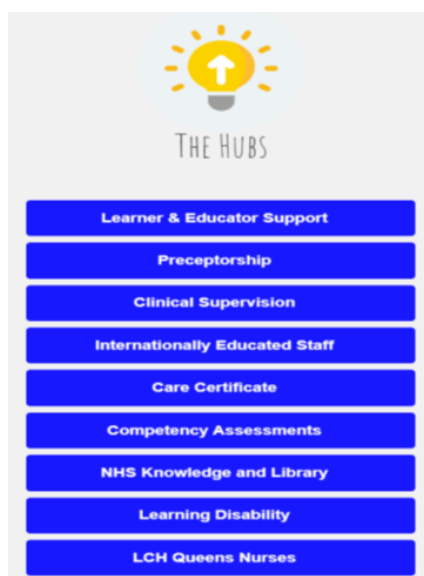
The Objectives:

- To create a repository for resources and competency assessments
- To create specific training videos and tools to enhance current provision of training/ support

'Love to Learn' was a single-handed project for most of the initial year and having seen how innovative the platform can be, more people have offered to help to take Love to Learn to the next stage. First, staff members would ask for Mike to upload items to the platform to help reach a wider audience as news articles, offering limited information. Mike would create a dynamic news article style posts with pictures and interactive links.

The platform has brought a lot of teams together to collaborate and showcase training content, this has gone further from a key aim of hosting online training content. The main key outcomes were to have a hybrid phlebotomy training offer for the Trust, and this has been achieved and implemented successfully since the start of this project. Love to Learn also covers key aspects of the Clinical Education Team's offer for the Trust and this has also been achieved with the creation of the 'Hubs' designed specifically with the bespoke offers the team provides.

The provision of quality online learning reduces the need for travel to training, freeing up practitioner time for delivery and reducing the emissions needed for travel.



The biggest unintended outcome of the project was the collaboration that has come from across the Trust and how much the platform has grown since this has occurred. This has really helped the platform grow and improve into what will hopefully become 'A Community of Learning'. During the final meeting with the other community Innovation Project leads I found out that the ethos of Love to Learn had been adopted by Sutton, Surrey Downs, and Epsom & St. Hellier NHS Trust launching their own 'Learning Academy' in the Love to Learn style set up. It is really rewarding to know that this project has inspired others to replicate it in such a way.

Involving and liaising with staff enabled a quick fix to enable 'Microsoft Office training,' which is provided for free, and was easily linked to the Love to Learn Platform to give new staff a good introduction to features across the suite in a quick and easy to find location.

'The biggest unintended outcome of the project was the collaboration that has come from across the Trust and how much the platform has grown since this has occurred. This has really helped the platform grow and improve into what will hopefully become 'A Community of Learning'.'



Mike learnt a great deal about digital applications and utilising them in a beneficial way for work and to improve sustainability. Since commencing this project, Mike has kept printing of training materials down to a point where there is no need to print anything for any sessions delivered in person or online. Emails are sent to staff who attend training with useful materials and PDF certificates. This helps keep waste of pre-printed materials to a minimum if, for example, a venue change is required for a particular training session, all the registers and feedback forms are created on Microsoft Forms and an iPad is then used for all staff to fill in from there as well as a QR Code on the screen for ease of access.

'Page Analytics', which show not only the number of views a particular page has received but also which teams have been viewing pages, are regularly checked. This data indicates how far the page has reached across the Trust, what specific areas people have an interest in, and also shows where the page is not reaching, to identify which areas bespoke content can be made for to help bridge the gap

The project has now been embedded into the education and training of LCHCT and has been presented at conferences.

[Rebecca Shearer, Advance Nurse Practitioner, West Road Medical Centre, Newcastle Upon Tyne](#)

Rebecca is a practice nurse working in a very deprived area on the outskirts of Newcastle, with 10,000 patients, 21% whose first language is not English, and who have many other issues to contend with as well as their health. Rebecca was successful in being awarded funding from NHSE to run a QNI Community Innovation Project focused on personalised care in 2022. The aim was to reduce inequalities by devising an accessible health assessment tool that could help engage people in their own health in a format that was meaningful. Rebecca was focused on prevention and wanting to improve the health of the practice population.

This simple idea of having accessible information for people on the chronic disease register, using a traffic light system to highlight areas which could be addressed to improve health outcomes, was instrumental in Rebecca working with the primary care network in partnership to reduce health inequalities in the wider community. The PCN funded a project to provide outreach to some of the most vulnerable members of the community who utilise a local foodbank.

Access to primary care services are challenging due to the demands on the services, but those who are arguably in more need of help have less access due to health literacy, awareness of the health system and where they can get help from other health care professionals. The outreach clinics were able to signpost people to services who could address their problems, the health screening undertaken identified some health problems and although the date collected was from only 60 contacts, the ability to prevent inappropriate use of services and save GP appointments is significant.

These were the initial results:

1 Ethnicity of clients accessing healthcare advice

63% White British, 32% BAME and 5% other ethnicities

2 GP appointments

- There were 43 GP appointments saved
- 60 people stated they had tried and failed to get an appointment at their surgery.
- 60 people thought it was only a GP could help.
- Only 1 person knew about e-consults (the main way that people access primary care support)
- 15% of users identified mental health issues as the primary need to see a GP.

3 Signposting

TIMs (physio) was the service most signposted to, but I also signposted to VITA (NHS talking therapy) pharmacists, dentists and practice nurses.

4 Health Prevention

There were 10 new patients with hypertension identified.



5 Outcomes included:

- **Patient outcomes:** Identification of new chronic disease, management of existing chronic disease, better understanding of the health system.
- **Staff outcomes:** job satisfaction.
- **Organisational outcomes:** increase screening uptake, increase immunisation uptake, increase QOF register and meet targets.
- **Community outcomes:** more health education, potentially improved health outcomes and breakdown of some of the language barriers.
- **Other outcomes:** reduced health inequalities, early identification of disease, improved practice/patient relationships, partnership working is promoted, and national work is supported.

This was not intended to be a sustainability project, but as prevention is one of the biggest areas to improve sustainability in the health service, services like this should be mainstream.

Unfortunately, due to funding arrangements and the fact that the foodbank was a central hub with clients from many different GP practices outside of the funding PCN, the funding was withdrawn from this project. However, because of this project and the highlighting of a lack of dentistry and mental health services, a dental bus has been commissioned and Rebecca was able to give input into how people would access the service and what barriers they might come across. The information from Rebecca’s project informed the decision for the Primary Care Network to fund a 2 hour weekly mental health drop in at a surgery near to the foodbank. The foodbank has now become a wellbeing hub including health visitors 0-19 services, Age UK, Cancer services and safeguarding support.

Rebecca volunteers 4 hours once a month to continue to support the clients of the foodbank as well as arranging a Saturday clinic with a GP for West Road patients who use the foodbank, where all bookings were made by Rebecca instead of people having to go through the standard routes to get appointments.

This type of partnership working with primary, community, social and third sector care providers demonstrates how working together can help to prevent ill health by identifying pre-disposing factors to illness, and reduces the need for GP appointments which can then be used by those who do need them and potentially reduces the need for secondary care. Taking the provision of health care to the community can reduce the amount of travel needed to attend appointments, and increases engagement and job satisfaction for those involved.

[Deborah O’Nyons, Clinical Lead for Supported Self Management Health Coaching Clinical Lead, NHS Cornwall and Isles of Scilly Integrated Care Board.](#)

Deborah was a Community Innovation Project Lead funded by NHSE personalised care funding in 2022 with an aim to improve chronic pain management in Cornwall.

Deborah’s latest report is an appendix to this report and is submitted as a PDF.



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