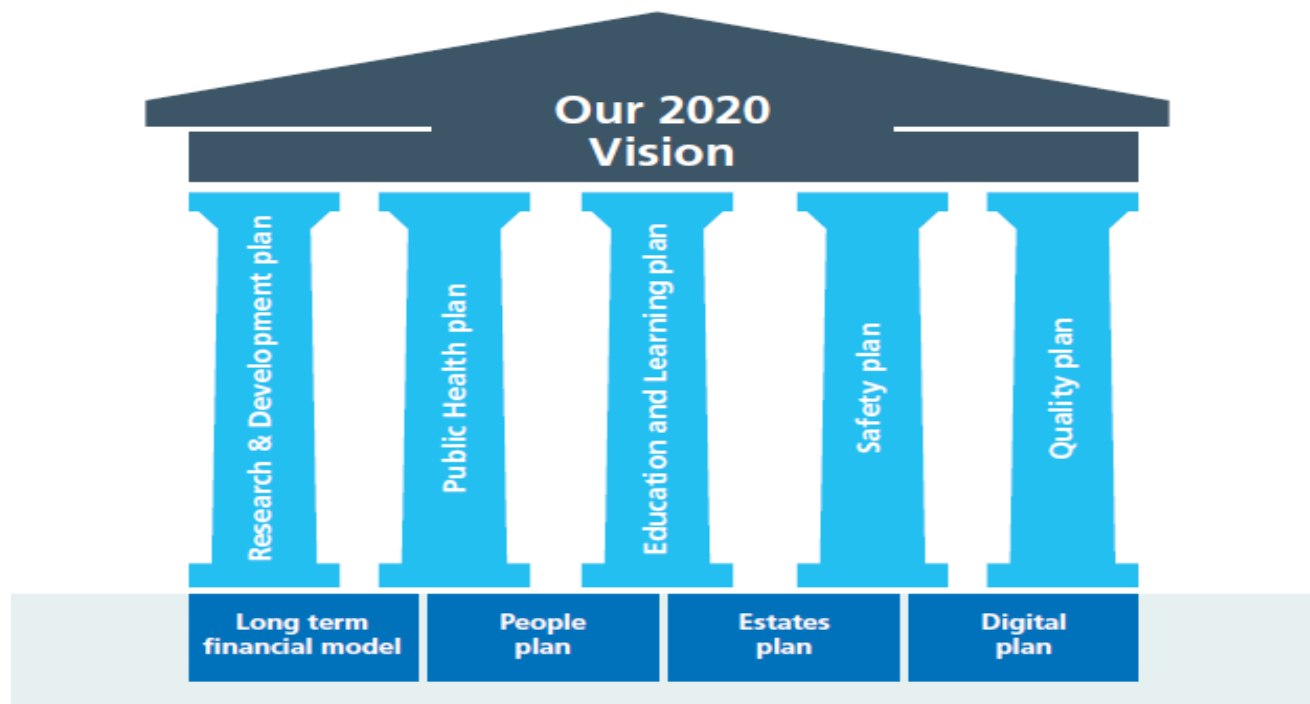


Welcome to SWB TeamTalk

Becoming renowned as the best integrated care system in the NHS...



January 2019

TeamTalk Agenda

**1.00pm: Tune In: Local and national news –
and TeamTalk topic feedback**

**1.10pm: Learning from Excellence:
Rate my day**

1.25pm: What's on your mind?

1.35pm: Things you need to know

**1.50pm: This month's topic: Your flexible
working suggestions**

*The Chief Executive's video monthly post will be issued this
week and will reflect TeamTalk feedback.*

NHS Long Term Plan launched

Earlier this month the NHS England Chief Executive, Simon Stevens, launched the ten year plan. It is great to see SWB's 2020 vision, and the work we have done on public health, integrated care, and long term conditions reflected in the plan. We are working ever more closely with the primary care networks within our patch, and looking to build on strong partnerships with both local mental health Trusts. Read more about the NHS Long Term Plan

<https://www.longtermplan.nhs.uk/>

Antimicrobial resistance: 5-year action plan and 20-year vision launched

The government has published a 20-year vision and 5-year national action plan for how the UK will contribute to containing and controlling antimicrobial resistance AMR by 2040. The plans include targets, such as:

- Cutting the number of drug-resistant infections by 10% (5,000 infections) by 2025
- Reducing the use of antibiotics in humans by 15%
- Preventing at least 15,000 patients from contracting infections as a result of their healthcare each year by 2024

Find out more <https://bit.ly/1NwTSGj>

Tune in – Local and national news

Mandatory training

- Colleagues who receive paper payslips will have their mandatory training record attached to the January payslips. If training has been completed in the last few weeks, it may not be updated on the report received.
- Colleagues who do not receive paper payslips will have received communication via email if training has expired or can check their record [here](#)

Basic life support

- 365 colleagues are not compliant. Colleagues must ensure they [undertake their training](#) as a matter of priority.
- Remember after 1 April anyone (with an agenda for change contract) who is not compliant with their mandatory training may not receive their annual increment. Colleagues must ensure mandatory training is up to date at the point of increment and that they have had a PDR in the cycle to qualify for their increment.
- Individuals who are not compliant with BLS during the next six weeks will be subject to formal conduct processes, given the reasonable management instruction some months ago to achieve compliance

January 2019

Tune in – Local and national news

National Staff Survey reveals upward trend in motivation

- 89% know what their responsibilities are
- 93% feel trusted to do their jobs

Colleagues feel they are able to raise concerns. 67 per cent say they have reported an error or near miss, up by 4 per cent in 2017.

Scores about how *involved* colleagues are at work are slightly down on the previous survey.

- 49 per cent feel involved in local changes compared to 53 per cent in 2017
- 49 per cent feel there are opportunities for flexible working compared to 52 per cent on the previous survey
- Only 44 per cent feel communication between senior management and staff is effective.

The full report will be published in February.

Meanwhile our Quarterly WeConnect surveys continue, with the next one issued in February

January 2019

Tune in – Local and national news

Unity full dress rehearsal

- We are full steam ahead with the full dress rehearsal (FDR) starting on Monday 11 February
- Thank you to all the teams who are supporting this important activity
- If you are asked to take part in FDR briefings please ensure you attend
- If you are taking part in FDR you are encouraged to keep your knowledge of Unity fresh by using the [Play System](#)
- Brush up on your workflows and check out the [quick reference guides](#)
- Keep up to date by visiting [Connect](#)

Unity training

- A number of people have not yet booked onto training or responded to communications. Additional training places are available and can be booked via [Connect](#) or by emailing swbh.informaticsbookings@nhs.net.
- Anyone who has not attended or booked training and has therefore missed the deadline of 31 January must book onto the newly released February dates as soon as possible.
- Managers and HR business partners will meet with all colleagues who have not booked onto the training by 8 February. If you do not attend your training or cancel at short notice so the place cannot be reallocated, your department may be fined £100.


Learning from excellence:

Rate My Day

The Department of Foot Health

Thomas Calderbank/Russell Stanton

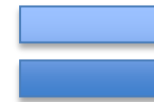
Rate my day



R.A.G rating
methodology

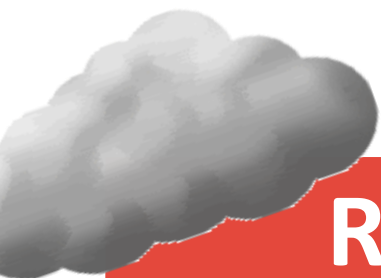


“Everyone wants
to have a good
day”



Rate my
day

How it works



RED

Bad day,
Patient care has
been affected

are followed up the
next working day to
ensure patient care is
not affected.

AMBER

Bad day,
Patient care not
affected

once a month the
data is collated to
identify recurrent
themes.

GREEN

Good day!

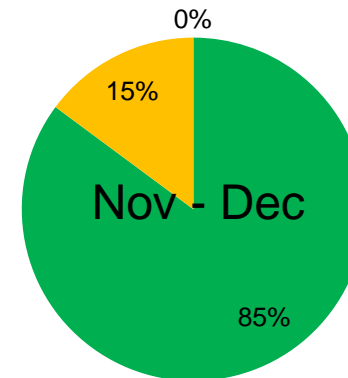
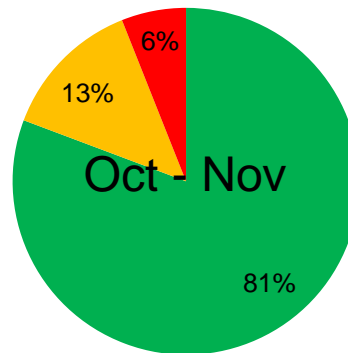
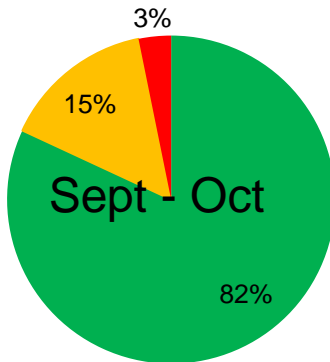
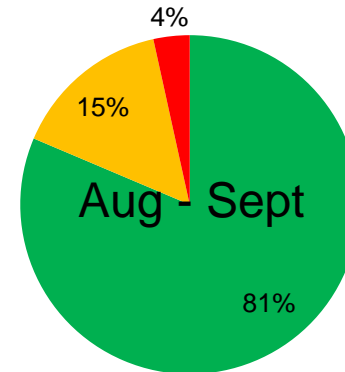
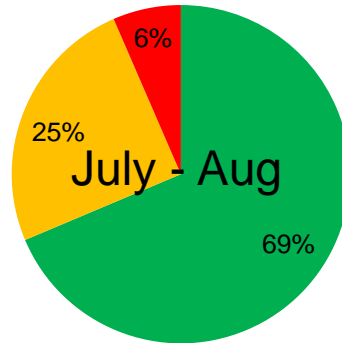
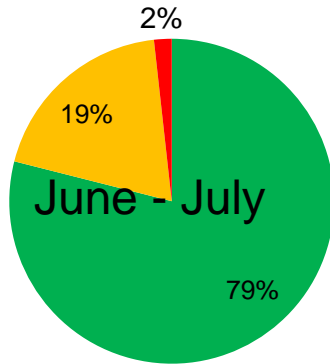
no action required—
Happy team!

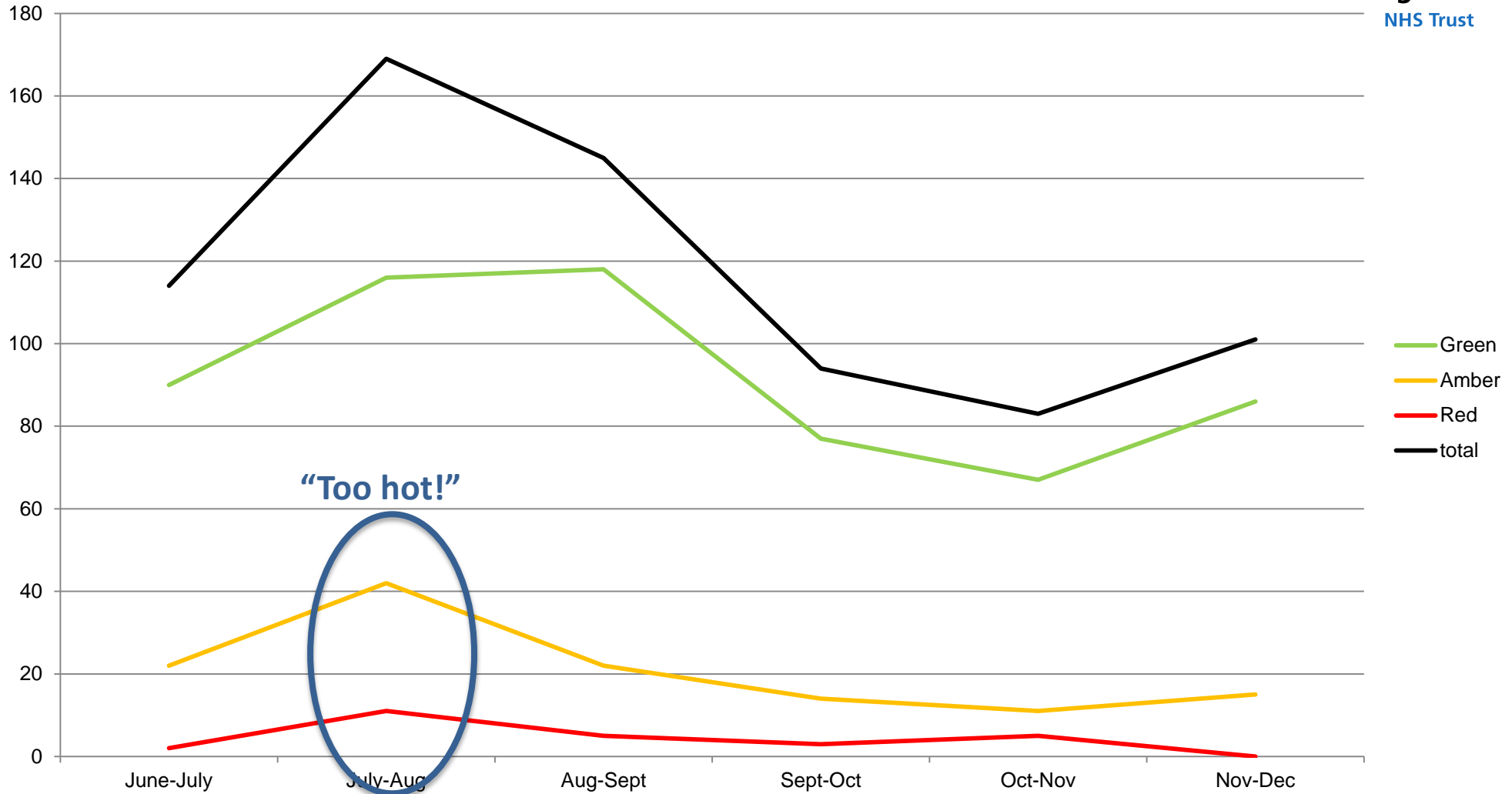
Rate my day does not replace the current process for addressing problems!

How it works

- It's really simple to complete, taking no more than 2 minutes
- Currently works through our EPR system; Systmone
- Big data is easy to collect, but collating themes takes some time.
- Reviewed at QIHD sessions (currently 3 monthly)

Our first 6 months





Example review data

AMBER

Causes have been grouped into themes. Where there are recurrent themes we have tried to address these.







- Systmone crash/slow (4)
- **RRH rm3 no printer (3)**
- **RRH rm3 no phone (2)**
- Difficult podiatric patients (2)
- IT issue (2)
- VHC computer broken (2)
- Not enough time for lunch (2)

RED

Actioned ASAP following the event, where this is something which can be addressed/fixed it has been.

- Lift out-of-service WMC (3)
- IT failure (2)
- DA in 20min slot (1)
- **RRH rm3 no phone (1)**
- Not enough instruments (1)
- Pt's appt canc, no notification (1)

How has it gone so far?

- Some quick wins 
- Identified some previously unknown issues 
- The team like it 
- It works because it's quick and easy to do 
- Not enough data for a quick turn around 
- Thematic work is currently time consuming 

The future

- We will continue to run
- A more automated system for collating themes might be useful
- Big, long-term data may be interesting
- Individual data
 - big brother vs looking after our team.

What's on your mind?

Your opportunity to raise any issues or
ask a question.

January 2019

Feedback from December's Q&A sessions

weLearn posters – are they going to move around the organisation to ensure as many colleagues as possible get to see them?

Yes, they are currently displayed at Sandwell Education Centre and Hallam Restaurant after which they'll tour our Trust. You can see the posters on Connect [Welearn Poster Gallery](#)

Comment about improving face to face communications

It's always advisable to organise meetings at times when most colleagues are in and there aren't too many demands on the team's time. Some teams have found holding meetings at 7am to be very useful in getting most of the team involved.

Comment on going smokefree

This is a good idea but colleagues will need support in knowing how to deal with patients and visitors who refuse to stop smoking on the premises.

January 2019

Things you need to know – from our Clinical Leadership Executive

The Trust's **finances are on track** to deliver to plan at the end of March. That has allowed us to decide to invest in expanding critical care capability, in further devices to support our IT and patient interface, and in repairing the fabric of our estate.

The final CQC report on the Trust from six months ago will be published in March. It will show some more services achieving an outstanding rating, and the success of our work to make sure **no service is rated inadequate for safety** unlike in 2014 and 2017. But we have more work to go to achieve a Trust rating of Good.

721 colleagues are not yet trained in **Unity: Please get yourself trained**. In March we will launch the 28-day Unity challenge, a month of activities to make sure our organisation is ready to work with a new Electronic Patient Record. By mid-April we will have a new N3 connection in place and have completed departmental IT Healthchecks to ensure we have the hardware, including printers to work smarter not harder.

Emergency care waits dominate a great deal of time, on both acute sites. Thank you to everyone in BMEC for sustaining short waits, and to everyone across our site teams, wards, community teams, assessment units and A&E for your hard work. **100 patients a day are waiting longer than they should. If we discharge 10 patients on each site by 10am each day that will reduce waits times.** From March our medical staffing in our A&Es is much improved, and in February our focus is on embedding recent successful changes: Bedside Handover, SMART in ED, all empty site beds at 9pm being in assessment units, and making sure triage and minors care happens in a timely and safe way.

TeamTalk Topic

During February, the Trust will introduce our Flexible Working pledge as part of the weconnect campaign. It will include:

- Central data collection on reasonable adjustments to support fairness
- Almost all jobs being offered on a job share/part time basis to help recruitment and retention
- A menu of flexible working options to make working life better

We would value your feedback on three questions by February 21st.

- 1. What do you and your teams mean by flexible working?**
- 2. What could the Trust offer to teams to increase opportunities for working more flexibly, to help manage work life balance. Consider both patient facing and non patient facing teams**
- 3. Are there initiatives in other organisations (NHS or other sectors) that you would like to see SWBH adopt? What impact would it have?**