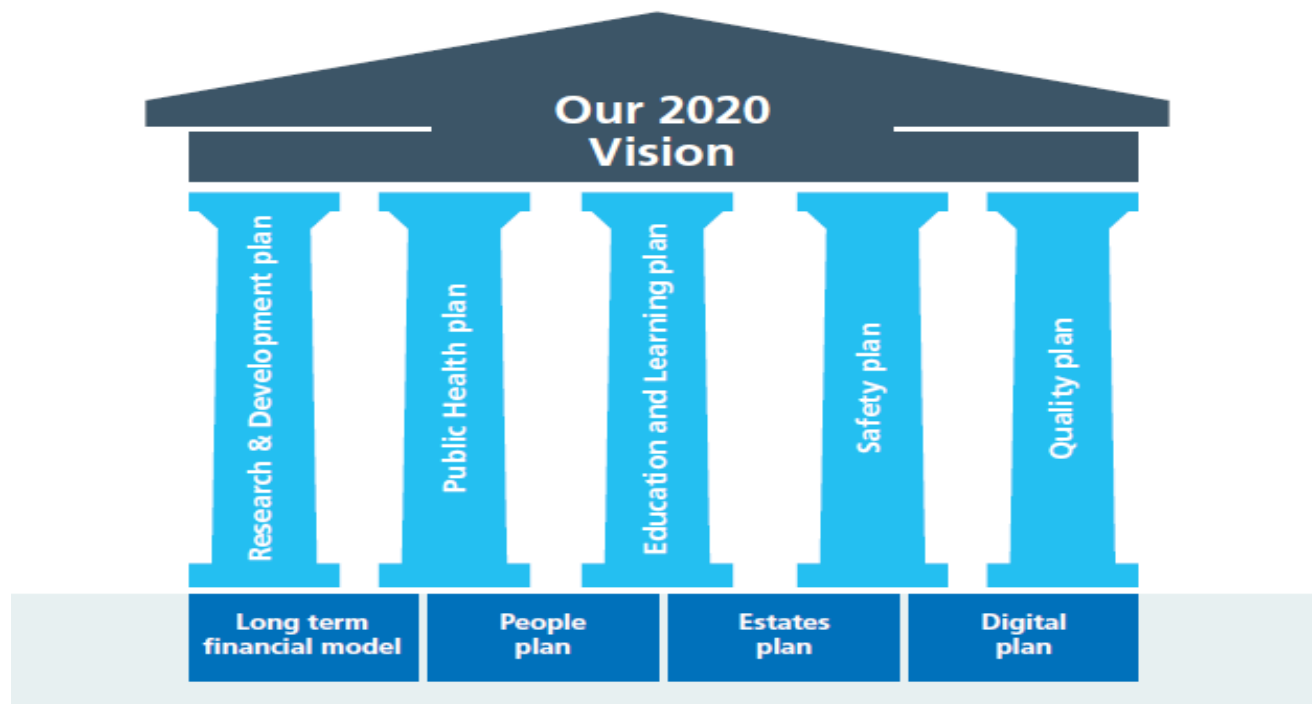


Welcome to SWB TeamTalk

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



TeamTalk Agenda

1.00pm: Tune In: Feedback, Local and national news

1.10pm: Learning from Excellence:

Creating a child friendly phlebotomy service

1.25pm: What's on your mind?

1.35pm: Things you need to know (CLE feedback..)

1.50pm: This month's topic: **Going digital**

Toby's monthly video post will be issued this week and will reflect your TeamTalk feedback.

April 2019

Your questions answered from last time

Car parking is going to become very scarce once work starts on the new car parks. What can colleagues do about people who park inconsiderately?

Security very often issues warning tickets for cars parked inconsiderately. If you do see someone double parked make a note of their registration number and contact security.

Smokefree – who will be responsible for policing the sites to ensure no one is smoking?

We are going to employ smoking wardens, however it will be everyone's responsibility ensure we keep our sites smokefree. Please do raise awareness, and use your judgement to walk away if you think someone might become aggressive.

PDRs – for managers with large teams it is very challenging to conduct PDRs within a three month period.

If you are finding it challenging to conduct all your PDRs please contact the learning and development team who be able to provide further support. It is important that you raise this as an issue sooner rather later so you can get the support you need. Email swbh.pdr@nhs.net

TeamTalk Topic: Feedback from February

Last month we asked you to discuss within your team what your team objectives for 2019/20 would. You were asked to consider:

1. What are the Trust's key priorities for the next twelve months? (the next slide gives you a clue..)
2. What do you want to achieve as a local team by March 2020?
3. How can other members of your team help you to deliver your goals in the next twelve months?

Your feedback showed that the implementation of Unity played a significant role in your team objectives and plans for the coming year. Alongside Unity, the developments to services in the lead up to Midland Met and the development of Sandwell Hospital and community services were high on your agenda.

Teams also focussed on the need to improve their own department with a push to improve recruitment and reduce reliance on bank and agency staff.

Feedback also showed that departments were keen to ensure colleagues are included and engaged in their service development and delivery through participation in quality improvement initiatives.

Tune in – Local and national news

Learning disability and autism training for health and care staff

The Department for Health and Social are calling for your views on proposals to introduce mandatory learning disability and autism training for health and care staff.

The government wants to know how we can make sure that health and social care staff have the right training to understand the needs of people with a learning disability and autistic people, and make reasonable adjustments to support them. Visit the website to have your say <https://bit.ly/2DzD7ND>

Being ready for Brexit

Weekly comms have now been launched. The weekly project group is coordinating our response to:

- Command and control over the exit weekend
- Ensuring service continuity after EU exit
- Risk mitigation at six and twelve months.

The expectation is that we will have eight weeks secured supply for medicines, devices and equipment, with six weeks supply held nationally and distributed. This will carry us through any interruption of distribution routes.

Tune in – Local and national news

Black Country and West Birmingham Clinical Strategy

- Our local health and care system continues to face significant challenges including changes in population need; changes in how we organise and provide services; usage of estates and recruitment and retention of our workforce
- The Black Country and West Birmingham Partnership have now developed a clinical strategy .
- The strategy has 12 priority areas: Cancer; Mental Health; Learning Disability Services; Maternity and Neonates; Children and Young People; Urgent and Emergency Care, Cardiovascular Disease, Clinical Support Services, Pathology, Musculoskeletal conditions; Respiratory Disorders and Frailty.
- The next few months will see engagement with local clinicians and communication with patients and the public alongside the NHS long term plan.

Tune in – Local and national news

You have until 31 March to book your 2019 PDR review dates

- Over **3,000 (50%)** PDR review meetings have been scheduled.
- 2,000 booked dates have been entered using the new process on Connect.
- Dates entered on ESR are still accepted - using either ESR or Connect is ok.

How to enter booked dates

You can book PDR reviews on Connect by selecting the '**Book PDR date**' button on the homepage. You will be directed to a form to complete and submit. If you have already entered your 2019 booked date(s) in the qualifications section on ESR you do not need to repeat the process using Connect.



Booked dates need to be submitted by the **31st March.**

Aspiring to Excellence

 Book PDR Date

Scroll down the homepage on Connect and you will find the '**Book PDR Date**' button.

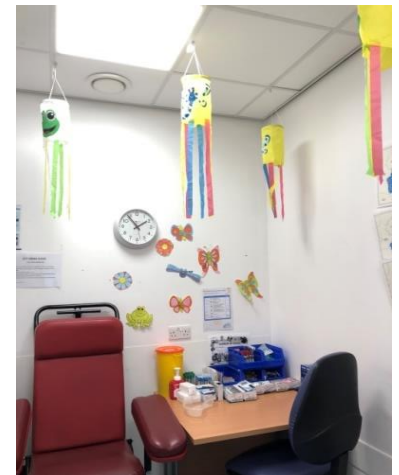
If you are unable to schedule a review meeting for a team member you manage during the cycle, or you need further assistance booking PDR dates email swbh.pdr@nhs.net

Learning from excellence:

A Child Friendly Phlebotomy Service

Why?

- We like to ensure that every patient experience is a positive one, especially for children whose early exposure to the procedure, the environment and staff are instrumental in shaping their experience for the future.
- Our aim is to make a child's first experience as smooth and as comfortable as possible so that future trips to the department are easier for them, the parents and staff.
- Recommendations made by parents & children for a separate child friendly clinic room
- This provides more privacy
- Preparation for the UKAS Inspection



Quality improvements and their Impact

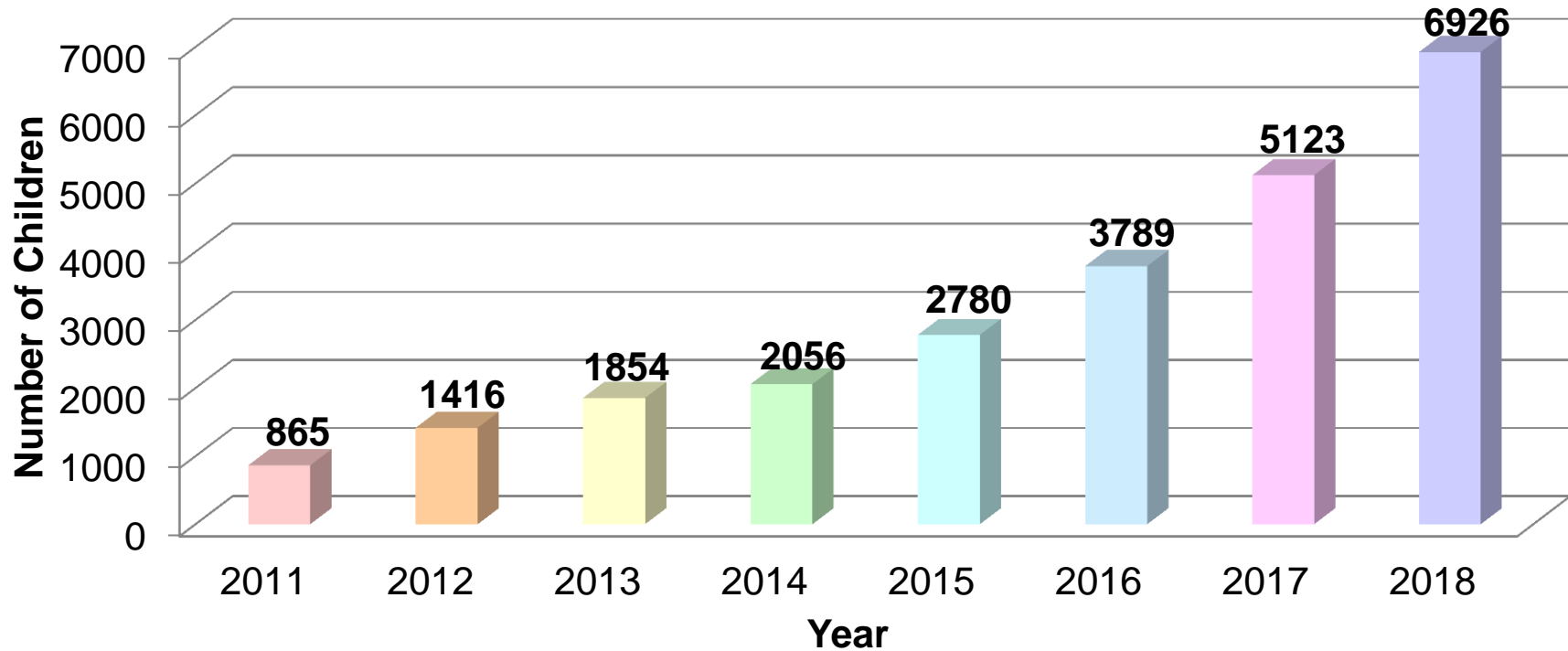
The following changes have been made to the service we provide for children up to the age of 16. Making these changes did not cost a great amount, what we did was listen to patients, their parents and colleagues who had these brilliant ideas.

Improvements include:

- **Seeing children as a priority**
- **Advising parents to have the EMLA (numbing) cream applied to their child's arm**
- **Conducting venepuncture in a child friendly environment**
- **Informing and involving the parents/guardian**
- **Using specialised paediatric equipment**
- **Having a variety of distraction methods**
- **Adapting communication for children of different ages and abilities**
- **Rewarding the child**
- **Allowing patients to provide feedback**

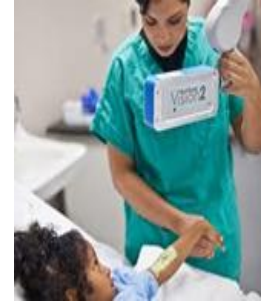
It has been our and our patients interest to uphold the **9 Trust Promises** while doing so

**A Graph to Show the Gradual Increase of Children
Seen in the department
(City)**



For **SWBH Phlebotomy** Department to provide a **Gold Star** Paediatric Phlebotomy Service our recommendations are:

- A separate unique **Paediatric Phlebotomy Clinic**
- A separate **child friendly Paediatric waiting area**
- **Appointment based** Paediatric Phlebotomy Clinic
- **2 phlebotomists in Clinic** to manage the increased work load
- **2 large Child Friendly clinic rooms** to accommodate pushchairs and wheelchairs.
- **Paediatric phlebotomy chairs**, which would allow for a more comfortable experience.
- **Smaller child friendly tourniquets** that are softer on the skin
- A more advanced **Vein Viewer** would ensure a more effective use of time and would be a benefit with difficult to bleed patients.
- **GP's** to prescribe **numbing cream**
- Finally, we would like to explore the use of different **anaesthetics**:
- **Buzzy Bee** – A colourful toy that can be attached to the upper arm providing both a distraction for the child and a vibrating cooling sensation which prevents the child from feeling any pain.
- **Cryogenic spray** – A vapour-coolant spray providing topical analgesia. The effect is almost instant and only lasts for about 30-45seconds. This will dramatically cut down the current one hour wait time necessary for other topical creams to be effective, in addition to reducing the discomfort children feel when removing the sticky patches of cream. We would need training in order to use the spray.



What's on your mind?

Your opportunity to raise any issues or
ask a question.

Things you need to know – from our Clinical Leadership Executive

- **2019-20 plans:** We are expecting to submit a balanced annual and financial plan for the year ahead. This includes major investments in projects like slashing waits for imaging reports, improving quality by supporting ward nurses to insert mid lines, improving informatics and data management in our organisation and supporting cross Trust learning from excellence and error. Directorates will have new freedoms to recruit to existing numbered posts. Restrictions on purchasing goods and supplies off catalogue will grow. Expectations around the volume of care we provide will grow too, as will expectations of pace.
- **Focus on safety, quality and care experience:** The work done in 2017-18 around our Safety Plan and in 2018-19 on Sepsis care remains a priority for the Board, alongside current initiatives to ensure that we get Friends and Family responses and make use of that feedback. We are exploring work to focus time and energy on a good night's sleep for our inpatients by changing how we approach 'flow' after 9pm. It is really important, as we treat more patients, that quantity does not come at the expense of quality.
- **2018 CQC Report launch:** In early April, last year's CQC report will be published, and will show we will still have work to do in making sure that acute and emergency patients, both children and adults, get the standard of service that we can prove we offer most people that we care for. The report will also challenge whether we have got sufficient connection between the risks and realities faced by frontline staff and the wider, longer term ambitions of the Trust. A renewed approach to both risk management and health and safety will follow from that concern.
- **Aspiring to Excellence:** The first step is to get your PDR booked. But the big leap is to make sure that this year's cycle focuses on the objectives you agreed in 2018 and those you plan for 2019. Translating your ambitions, and the organisation's plans, into specific behaviours and intentions is what the PDR process is all about. Please do not leave your PDR uncertain what you are being asked to do more of or do differently. The conversation is vital to our future success.

TeamTalk Topic: Going digital

We will go live with Unity in the next few months. That moves us decisively to becoming a digital organisation. We are not just putting paper processes onto computers. We want to use the year to improve processes and reduce the time it can take to do simple things, releasing time for patient care. This month we would like you to discuss within your teams the ideas that you have to improve digital working:

Vision:

- What examples of digital working have you seen in other industries that works well and could be adapted for our organisation?
- How will you use the QIHD 28 day challenge after Easter to make a reality of Unity where you work?

Practicalities:

- Electronic pay slips are coming – what support do you need to ensure your teams are able to access their payslips online?
- Facsimile retirement is coming – has someone in your team taken responsibility for this and is there a plan?
- What issues do you have for our IT health check team who are out and about in April and May?

Give your feedback about IT services <https://www.surveymonkey.co.uk/r/VF6BRC8>