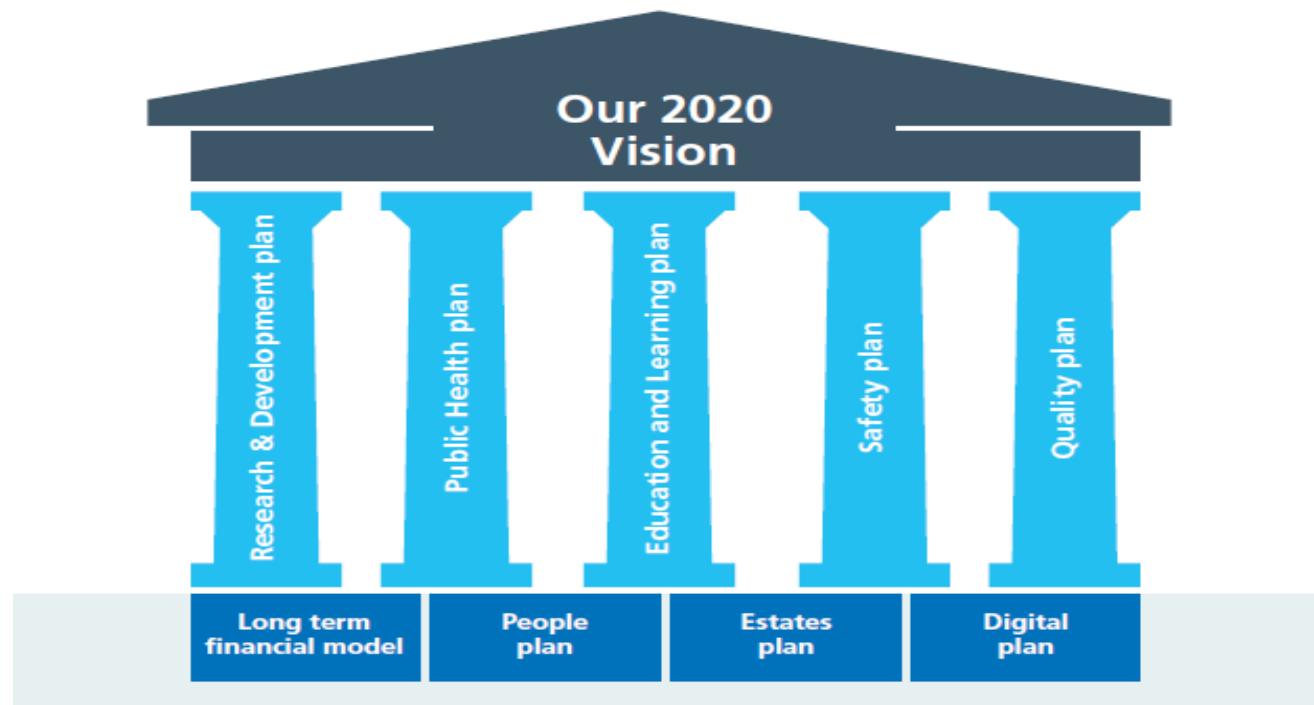


## Welcome to SWB TeamTalk

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



## TeamTalk Agenda

1.00pm: Tune In: “Single use plastics plan” & news

1.10pm: Learning from Excellence:

**Hoist assessment and prescription**

1.25pm: What’s on your mind?

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

1.50pm: This month’s topic: **Give your ideas for the new manager’s code of conduct**

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

## 1. Reducing our reliance on single use plastics – feedback from last time

We are committed to reducing our usage of single use plastics. Last month we asked you to discuss in your departments how you take our Trust pledge and reduce plastic use in your department, as well as think of ideas beyond your team or service. We asked you to:

1. Review the use of plastic in your department. Look at how your stock arrives and what you send out
2. What can we change, are there any alternatives?
3. What support do you need to make this change happen?
4. What other ideas do you have for how the Trust can reduce single use plastic?

Your feedback showed:

- All departments are committed to sustainability and recycling and are actively working to improve processes to reduce reliance on single use plastics.
- Where there is a clinical need, departments have started to look at eco friendly alternatives to plastic. E.g. Nuclear medicine looking to use biopac cups for patients who are required to drink plenty of water before tests.
- There is some confusion surrounding recycling and our Trust's 'zero to landfill' commitment. All general waste is sorted and recycled by our current waste contractor.

## 2. Your questions answered from last time

**Do we have plans to digitise our personnel files? Currently colleagues print and store paper records so that there remains a physical log should a manager leave.**

New guidance on file storage will be issued with TeamTalk next month. No personnel files should be held without password protection on open drives.

**Why is it that x-rays are being reported only when reporting is explicitly requested?**

This should not be the case. Anyone having issues should contact Fiona Rotherham [fiona.rotherham@nhs.net](mailto:fiona.rotherham@nhs.net)

**What is the process for vacancy approvals?**

The process has been fundamentally changed. All current vacancies must be advertised in May. The new process is outlined on the [Vacancy approval process information sheet](#). The People and OD function will monitor and intervene in any approvals that are delayed beyond the timescales set out in this briefing.

## 3. Get your awards nominations in

### Nominations for this year's Star Awards now open

- Please take time to nominate your teams and colleagues for the things they do that go above and beyond what is expected.
- Last year we received over 500 nominations and this year we are shooting for even more.
- A new award this year is our green award that recognises individual or team commitments to looking after our planet. Some of you have taken part in our Green Impact challenge so you should have a few real achievements that would be worthy of an award nomination.

**See Connect for details on how you can nominate. Nominations are open until 28 June.**

### Star of the Week

- The new recognition scheme has now launched. It will replace the current compassion in care monthly award.
- Anyone can nominate a colleague for contributing towards the delivery of high quality services.

See Connect for further information.

## 4. Key events in June

### Opening of Clinical Research Facility – 22 May

- The opening of a new £1 million research hub takes place today (Wednesday 22 May).
- Based in the outpatients department, at Sandwell Hospital, the Clinical Research Facility provides a suite of consulting, treatment and interview rooms dedicated for research participants while recognising that the majority of research happens in the wards, clinics, offices and laboratories throughout our organisation. Everyone is welcome to attend between 10am and 4pm.

### Leadership conference – 4 June

This year's conference returns to the Bethel Convention Centre.

- The focus this year will be our plans for cross organisational learning – also now known as weLearn.
- The launch of Unity gives us a chance to think about how to share knowledge, alert risk and optimise how we deliver care.

### Annual General Meeting

- The AGM will be held at Sandwell Hospital, Education Centre on 20 June from 6pm – 8pm. Please join us as we launch our annual report and quality accounts. There will be an opportunity to meet our patients and to discuss the delivery of our 2020 Vision.

## Learning from excellence:

**Hoist assessment and prescription**

**Joanna Byrne**

**Macmillan Occupational Therapist**

## Who/why do we hoist?



Designed to transfer patients quickly, safely and easily from one surface to another



## What's the problem?

### Local level:

- Lack of guidance to help with assessment and discharge planning of patients requiring hoist provision at SWB

### Professional level:

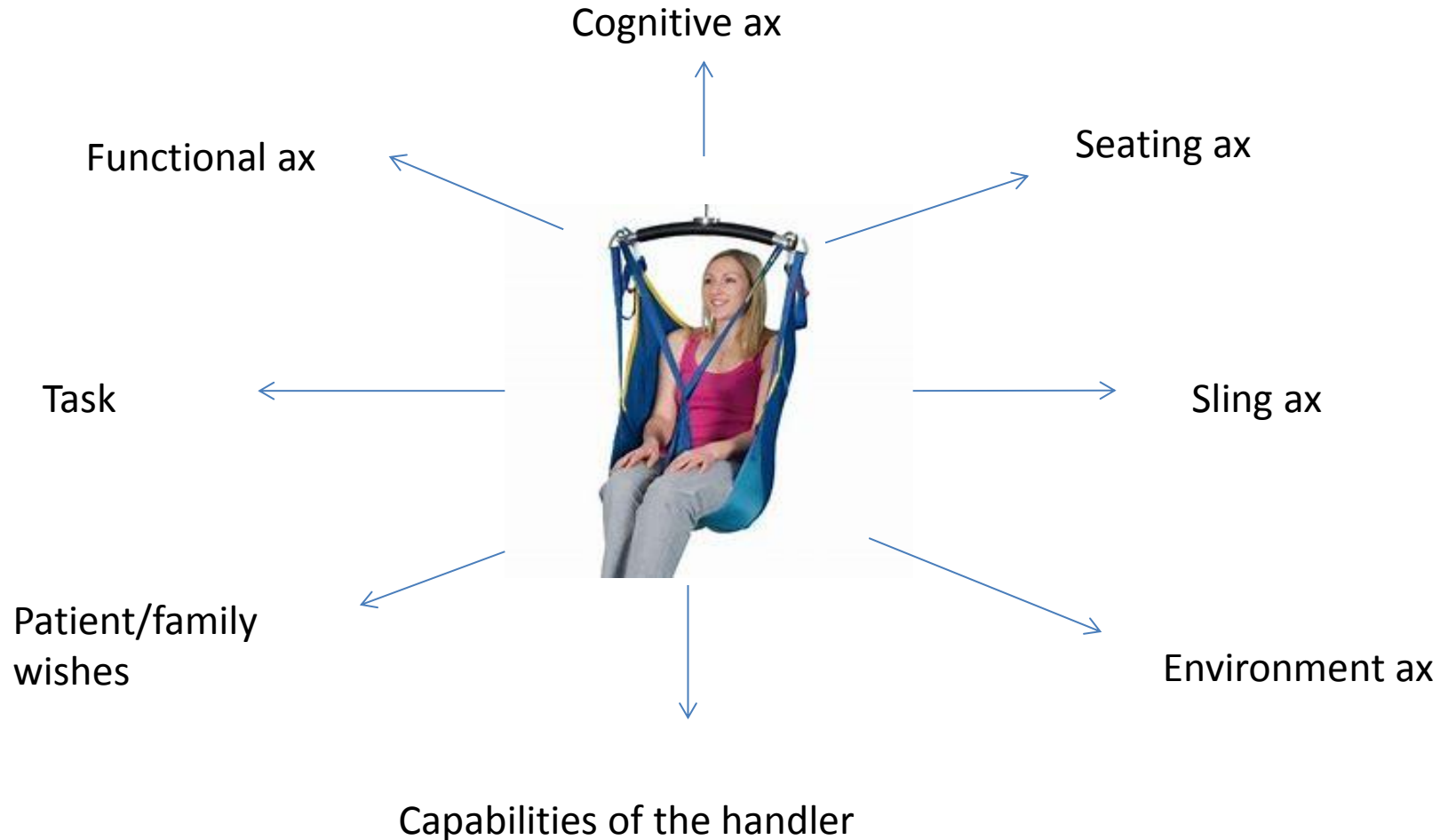
- Poor multidisciplinary practices evident in discharge planning of patients requiring hoist (Benten & Ellis, 2008)

### National level :

- 163 hoist related incidents reported to HSE between 2001 and 2007 (HSE,2011)
- fall from a hoist, equipment failure, incorrect equipment use, left unattended, hoist overturn, others: bath and pool hoists

- Duty under MHSWR(1992, 1999) for a competent person to conduct risk assessment
- Assumption that these skills are an inherent part of professional qualification
- Assessment for hoist requires advanced skills and more specialised training (do not confuse with manual handling training)

## Hoist assessment



## Documentation of hoist assessment

- Name of the person being assessed (DOB, NHS no)
- Date of assessment
- Address/ward the assessment took place
- Name of the assessor /contact details
- Presenting issue/reason for starting assessment
- Weight of the person
- Built of the person
- Physical abilities and disabilities using plain English
- Person's ability to communicate and how this occurs
- Person's wishes and concerns and how they are expressed
- The task and risks identified
- Issues relating to the environment
- The number of staff required
- The method to be used
- The equipment required
- Any residual issues that will need ongoing monitoring
- A review process

(Evidence: HSE, 2011; Johnson, C., 2011)

**Manual Handling Assessment- Document B:**

<b>Title/ Name:</b>		<b>DOB:</b>	
<b>Address:</b>		<b>Hospital/ GP</b>	
		<b>Ward/ Team:</b>	
		<b>Consent:</b>	
<b>Hospital Number/LAS/ NHS Number:</b>		<b>Diagnosis/ reason for assessment:</b>	

<b>The Individual :</b>	
<b>Weight</b>	
<b>Height</b>	
<b>Build/body shape</b>	
<b>Concerns/ wishes</b>	

<b>Comprehension / Communication</b>	<b>Yes</b>	<b>No</b>	<b>Comments / any risks identified</b>
Speech / Language Problems (alternative means of communication)			
Visual / hearing impairment			
Cognitive problems/learning disability			
Behaviour issues			
Ability to co-operate with instruction			
Is the individual anxious?			
Other			



<b>Physical factors</b>	<b>Yes</b>	<b>No</b>	<b>Comments / any risks identified</b>
Likelihood of deterioration			
Pain			
Skin/ pressure problems			
Involuntary movements (spasm, tremor)			
Altered tone / contracture			
Postural problems			
Head control			
Altered sensation (state site)			
Altered level of consciousness			
Fluctuating ability			
Use of Prosthesis / Orthosis			
Catheter/ IV line/ PEG			

**Manual Handling Assessment- Document B:**

NAME: .....

NHS/LAS No. ....

Function: Is the individual able to....	Yes	No	Comments / any risks identified
Move in bed, eg rolling / bridging?			
Move from lying to sitting in bed?			
Move to edge of bed?			
Maintain supported sitting?			
Maintain unsupported sitting?			
Take weight through arms?			
Take weight through legs?			
Move from sitting to standing?			
Take a few steps?			
Transfer on / off chair?			
Transfer on / off toilet / commode?			
Transfer in / out of the bath / shower?			

**Summary of risk of injury to the individual without hoist provision:**

High (likely)    Medium (Probable)    Low (possible)    No risk (remote)    (circle)



Environment:			
Risk factors- environment	Yes	No	Comments/ any risks identified
Access / egress issues			
Limited space			
Stairs/ slopes/ steps			
Poor lighting			
Clutter			
Excessive furniture			
Hazardous flooring			
Electrical hazards			
Working surface issues			
Heating/ ventilation issues			
Noise issues			
Suitability of existing equipment (bed, chair, wheelchair, commode)			
Other (e.g. outdoors / uncontrolled pets )			

**Summary of risk of injury due to the environment without hoist provision:**

High (likely)    Medium (probable)    Low (possible)    No injury (remote)    (circle)



## The handling plan

- Specific equipment needed (type of hoist, spreader bar, sling type and size)
- Techniques to be used
- Number of handlers required
- Sling attachment loops configuration and where applicable leg configuration (HSE,2011)
- Use of photographs in handling plan for people with complex handling needs
- (Evidence: Love, J., Boulton, R. , 2011; HSE, 2011)



**Handling Plan for Use of Hoist – Document C  
(Please read prior to manual handling the individual)**

<b>Title/Name:</b>		<b>DOB:</b>	
<b>Address:</b>		<b>Hospital / GP Ward / Team:</b>	
		<b>Consent:</b>	
<b>Hospital Number/ LAS/ NHS Number:</b>		<b>Diagnosis / Reason for Assessment:</b>	

THE EQUIPMENT AND TECHNIQUES DESCRIBED BELOW HAVE BEEN ASSESSED AND RECOMMENDED AS THE SAFEST AND MOST APPROPRIATE METHODS OF HANDLING THE ABOVE INDIVIDUAL. THESE TECHNIQUES MUST BE USED WHEN CARRYING OUT THESE TASKS, WITHIN THE ASSESSED ENVIRONMENT, BY TRAINED CARER/S. IF AT ANY TIME ANY ASPECT OF THE HANDLING SITUATION CHANGES, CONTACT SHOULD BE MADE WITH THE APPROPRIATE TEAM

**Equipment required**

<b>Hoist Model:</b>		<b>Sling model/ Size:</b>	
<b>Hoist Ref Number or order number:</b>		<b>Sling ID Number or order number :</b>	

**General Advice**

Always make a visual check of the sling for wear / damage prior to use.

Reassure and observe the individual during all procedures.

Always work closely to the individual when manual handling and never leave unattended.

Bend your knees and hips, keep your back as straight as possible.

When hoisting, double check the straps are securely attached to the spreader bar.

Do not use the sling handles to 'lift' the individual into position.

When lowering, make sure the spreader bar does not get close to the individual's head.

specifically assessed to do so).

Remind care providers to regularly check equipment for valid service date, and signs of wear and tear or defects and report to

- If Sandwell resident - Sandwell Stores on 0121 569 3670
- If Birmingham resident - [Medequip 08453404430](tel:08453404430)

See (copy of) sling user literature attached for further information (where provided).

See (copy of) photographs attached for further information (where provided).



#### Individual handling plan

**Number of carers required:**

**Sling Adjustment:**

- **Straps should be fitted symmetrically unless specifically indicated.**
- **Shoulder Loop –**
- **Hip Strap Loop –**
- **Leg Loop –**
- **Options, eg: Head Support**

**Summary of transfers to be undertaken with hoist provided (include number of carers):**

**Additional Comments:**

**If any changes in the patient's physical or cognitive function, medical condition or their weight please request urgent reassessment from:**

## Rationale for the forms

- Documentation in line with the legal standards and evidence
- Standardised assessment process across therapy teams
- Prompt sheet
- Improved communication between acute and community teams
- Improved patients care
- Involvement of patients/carers/family throughout hoisting ax
- Clear manual handling plan

## What's next?

- Encouragement of colleagues to use the forms
- Review process
- Audit

## What's on your mind?

Your opportunity to raise any issues or  
ask a question.

June 2019

## Things you need to know: from our Clinical Leadership Executive - 1

### Our Quality Plan: focus for 2019/20

Last year our Quality Plan delivery focused on the first objective – to reduce avoidable mortality with our top priority being to tackle sepsis. Work is continuing on this objective and this year we will identify the improvements needed in the remaining nine objectives to be in the top 20% of regional or national Trusts for:

- Outcomes for cancer patients
- Care coordination for patients who are discharged home
- Outcomes to save people's eyesight
- Increased rates of screening services
- Rates of perinatal mortality
- The choice of place of death for end of life patients
- Transitional arrangements for patients from children's care to adults as well as reducing school days lost
- Patient reported health outcomes
- Mental health care with our specialist partners

**At our Board meeting on June 6<sup>th</sup> we will agree the specific improvement goals. We will then build our action plans to deliver.**

June 2019

## Things you need to know: from our Clinical Leadership Executive - 2

### Password Change

Our informatics team are working hard to make it simpler for us to access the systems we need by reducing the need for complex passwords, multiple logins and frequent password changes. They are looking into:

- Removal of additional logins to systems where the login details are the same – ie you may be logged onto your computer but you need to use the same logon to access a system.
- Reducing the frequency of required password changes but still allowing you to change your own at any time
- Introducing cards / codes for some systems
- Exploring the best option for a single sign on for multiple systems

### Serious incidents – focus on solutions

The CLE reviewed serious incidents that occurred during the 2018/19 year and a range of changes have been made as a result to improve the safety of care including bedside handover, secure rooms when certain procedures are taking place with signs to ensure procedures are not disrupted, and more effective communications.

- This year SI investigations will focus more on solutions to the root cause or issues that have taken place.
- Our welearn programme will enable us to better share learning across our organisation in a sustained way.

## TeamTalk Topic: Give us your feedback on the proposed manager's code of conduct

In the latest edition Myths and Rumours circulated to all managers last week, Toby talked about the introduction of a new manager's code of conduct.

All of us want to do a good job and most of the time, that's what we do. But sometimes as leaders we get it wrong.

The Code of Conduct is about two things

- Defining what we do support and making clear what cannot happen, even if it has happened wrongly in the past.
- Giving everyone something to fall back on in challenging behaviours.

Please use your team time to discuss the code of conduct and share your view. You can also add individual responses to our survey at: <https://www.surveymonkey.com/r/FWGM9W5>