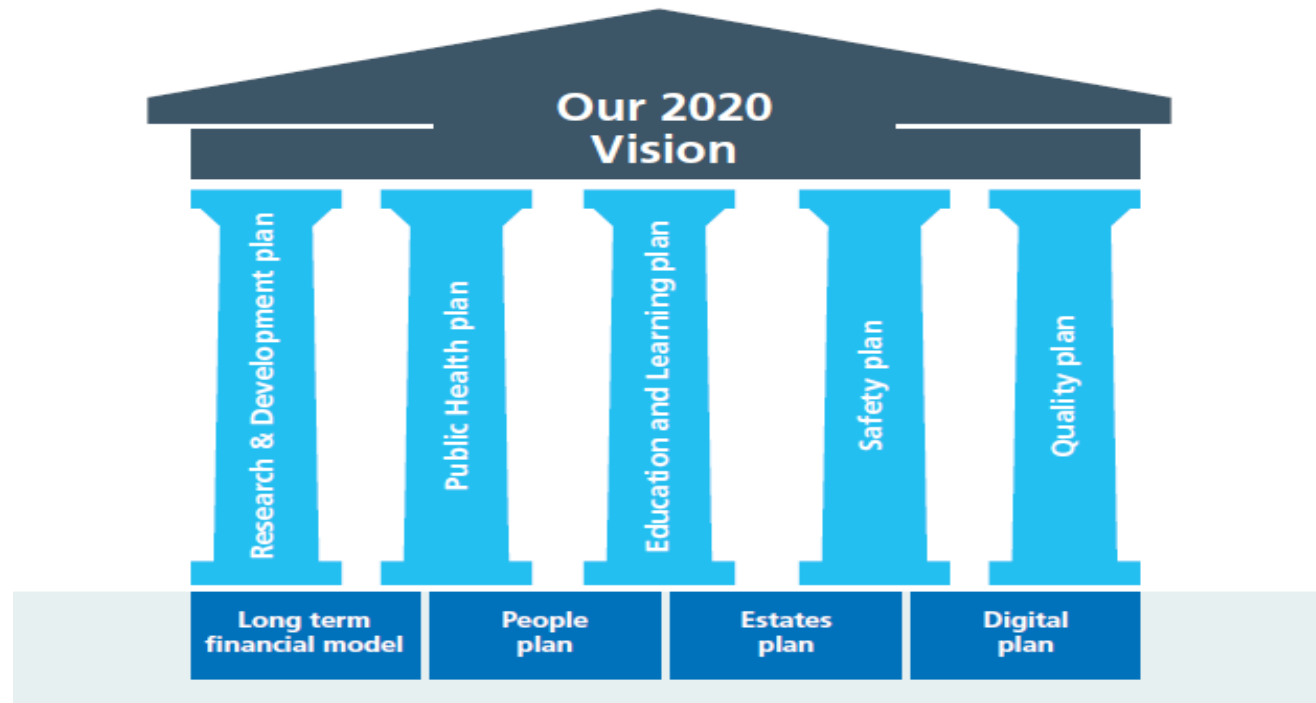


Welcome to SWB TeamTalk

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



TeamTalk Agenda

1.00pm: Tune In: News from across our Trust and further afield

1.10pm: Learning from Excellence:
Unlocking patient potential through the use of cognitive rehabilitation

1.25pm: What's on your mind?

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

1.50pm: This month's topic: UniTeam competencies

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

August 2019

We are now smokefree: The rest of the NHS will be from March 2020

- Please make sure you that you and your teams continue to challenge smokers on our site.
- Thank you to everyone who has helped make the implementation of our smoking ban a success so far. Over 70 people have taken part in smoking warden patrols and there remains an opportunity to take part in an ongoing rota so please contact ruth.wilkin@nhs.net to get involved
- Additional signage and clean-up operations are in place so that our sites remain free from cigarette ends and any additional litter
- We have heard lots of stories from people who have quit or cut down. We want to help people as much as possible to access stop smoking support – even during work time. Contact occupational health for more details.
- There is a dedicated smokefree resource on Connect with guidance and more information - <https://connect2.swbh.nhs.uk/smokefree/>
- Quitter of the month will launch as a competition from September in support of our programme
- Estate work continues to tackle places where smokers gather on our sites or where rain may create the temptation to do so



TeamTalk Topic feedback: Tackling obesity

Last month we asked for your feedback on how we should as a Trust respond to the obesity crisis for our patients, colleagues, families and all those within our community. Over 17 pages of ideas came forward and these will be considered in the month ahead.

Your feedback told us

- **We have work to do to explain the consequences of obesity in direct terms**
- **We need to tackle food choices, portion size and cooking skills too**
- **We need to address physical exercise**
- **We need to consider wellbeing, recognising that food that sometimes be a comfort for wider issues**
- **We need to make it ok to talk about this openly**

In early October we will launch our Obesity plans, designed to address this key Public Health issue. All of us need to consider how we address the topic, and our Making Every Contact Count programme will go live within Unity at the same time.

Learning from excellence:

Unlocking patient potential through the use of cognitive
rehabilitation

Aimee Turner, Advanced Occupational Therapist

Overview

- Setting the scene
- Identifying the gap
- Unlocking potential
- Learning outcomes
- The wider benefits
- Current practice
- Future practice
- Questions

Setting the scene

- Occupational therapists help stroke survivors to engage in meaningful occupations such as self care, productivity and leisure
- Occupational therapists undertake cognitive assessment and rehabilitation of identified deficits such as attention, processing, memory and executive functioning
- This process includes re-attainment of specific skills through direct retraining (process training), use of compensatory strategies and use of external aids (strategy training), education and use of every day activities (functional activities training)
- The National Clinical Guidelines for stroke (2016) state that whenever cognitive problems interfere with the rehabilitation process they should be dealt with through a specialist service

Identifying the gap

- Whilst there was a robust pathway for cognitive assessment embedded within the team often the rehabilitation of these impairments was inconsistent
- Feedback from the wider MDT was also received indicating that cognitive impairment often impacted engagement and therefore progress within the rehabilitation process
- As a result it was agreed that a more systematic approach to cognitive rehabilitation, that utilised the 4 treatment approaches, would be trialled

What we did

To facilitate the implementation of the four approaches we developed the following resources:

- A menu of SMART goals
- Education sheets – stroke, lobes of the brain, cognitive skills
- A list of process training materials
- A menu of strategies for each cognitive skill
- Therapy planning sheets (3/5 day programmes)
- Functional assessment proformas that could be scored to measure progress

- SMART goal setting focused intervention and enabled objective review of progress made within the rehabilitation process
- A regular and consistent approach to cognitive rehabilitation improved cognitive skills and therefore, engagement in rehabilitation process
- A combination of the 4 treatment approaches, according to individual need, provided the most therapeutic effect and was fundamental to the successfully completion of daily living activities
- Insight into cognitive impairment improved as the result of cognitive rehabilitation enabling the person to utilise appropriate strategies to facilitate independence

The wider benefits

- Improvement in quality of life for the patient and their families
- The ability to engage in society in a meaningful way
- Reduction in the amount of long term care support

Current practice

- The OT team utilises SMART goal setting and cognitive rehabilitation plans on a daily basis with all patients requiring intervention following completion of a standardised assessment
- A combination of education, strategy training, process training and functional activities training are used according to individual need
- Members of the MDT flag patients that may be struggling to engage in the rehabilitation process due to cognitive impairments so that a therapy plan can be devised
- Therapy plans are included when referring patients to ESD or other community rehabilitation services to ensure a seamless transfer
- New staff receive training in this approach and are supported to develop their clinical reasoning skills

In order to build on the learning from this project it is hoped that:

- Cognitive assessment and rehabilitation pathways can be introduced within other areas of the service
- A training package can be developed to enable staff to increase their knowledge and skills relating to the rehabilitation of cognitive impairments

Thank you for listening

Any Questions?

What's on your mind?

Your opportunity to raise any issues or
ask a question.

Your questions answered from last time

During the dress rehearsal of Unity the feedback was that it was not possible to see dietary requirements of patients or to order catering through CapMan. Has anything been done to ensure this will be available when Unity goes live?

We have changed the Capman product.

What support will be provided for patients who can't afford to buy the kit for vaping?

We have purchased a number of starter kits for people who would like to trial vaping via the stop smoking service. We are providing free NRT and free inhalators.

Things you need to know: from our Clinical Leadership Executive

Unity Go Live remains scheduled for September 23rd but this is dependent on progress with training and simulation by August 16th

- Only a few days remain to not only complete the 'Unity – it's all about U' checklist, but to do so demonstrating 100 per cent compliance with the requirements for your role. You can do this through [Connect](#). *The deadline is 31 July.*
- On August 1st we will launch Capman e-training for over 2,000 employees. This system is the one which will be used for lots of key clinical administration tasks.
- Uni-team competencies are this month's TeamTalk topic and more details are being issued today in an all-employee email from Toby Lewis
- Later in August all staff who access Unity will need to have their ID badge adjusted to give you 'tap on-tap off' access to the system. In 2020 this access will give you single sign across other IT systems.

Things you need to know: from our Clinical Leadership Executive

Reducing overcrowding by hitting the four hour emergency standard

- Our emergency care performance remains below the 95% standard. Based on current performance in July we need to reduce 30 breaches a day to meet our first improvement goal of 85%.
- Our improvement plan includes:
 - Reducing breaches that occur between four and five hours of a patient arriving
 - Focus on reducing waits for patients within minor injuries and illnesses
- Typically clinical assessment after an admitting decision will not take place in A&E but in units like the EGAU, SAU, PAU etc. The medical director has launched clear guidance on which specialties see which patients.
- Creating beds for the most unwell patients requires strong, and consistent, discharge planning which discharges at least 20 patients across the acute sites before midday
- If you unsure of the “ask” please talk to your Group Director, Director of Nursing or of Operations

Things you need to know: from our Clinical Leadership Executive

Welearn is part of our programme of improvement for 2019-20

- Most QIHD sessions now have their accreditation. A handful remain to submit for evaluation in August. QIHD restarts in September!
- Congratulations to Childrens' Community Therapies who are our first Gold Accredited QIHD session. Many others are now rated silver.
- QIHD Poster entries need to be prepared now for November's 2019 contest, for which the first prize remains £5,000 to the winning entry.
- Work continues to finalise both our GEMs and our Learning From Excellence projects for launch in Q3 2019-20.
- In August our Clinical Leadership Executive will agree a final 18 month audit programme for the Trust, disbursing our clinical effectiveness resource, and supporting teams to undertake quantified QI activities. Talk to your Group Management team if you have ideas for audits.
- The Trust has had 3 Never Events since April – and we need to consider again how best to ensure that we implement good practice consistently across our Trust.

Things you need to know: from our Clinical Leadership Executive

Continuing our work to cut sickness absence

- The number of colleagues on Long Term sick absence has reduced sharply, especially in medicine and surgery. We need to keep up that momentum and success.
- In order to support colleagues to be healthy and at work we have a plan to reduce sickness absence over the next six weeks. This includes:
 - Reducing absence due to mental health problems with a proactive approach to work-related stress, implementing a mandated mental health assessment in high risk areas and creating an attendance coach role
 - A new approach to reducing MSK related absence – better coordination with our occupational health service, HR and the staff physiotherapy service
 - Focusing on support to ward areas with high sickness absence levels
- All managers and team leaders must ensure that:
 - Return to work interviews always take place and are recorded
 - All absences are reported and closed on ESR when the employee returns to work
 - They keep in touch with colleagues who are absent due to sickness to ensure they are receiving the right support and help to recover and return to work

Things you need to know: from our Clinical Leadership Executive

Launching our manager's Code of Conduct

- The Code was developed in May and June in response to concerns about behaviours and to a concern that managers needed support to undertake their roles. The document was consulted upon in Team Talk and elsewhere and received very strong endorsement.
- The Code will launch on Friday August 9th in the Chief Executive's weekly message
- The code retains a focus on behaviours we are promoting and those we are prohibiting
- At the same time, we will reissue the all-employee charter which is included in everyone's job role and contract
- Guidance, and short videos, to support the launch will be issued, as well as information about how to raise concerns and challenge behaviours that worry you.

August 2019

TeamTalk Topic: UniTeam competencies – a focus for August

UniTeam competencies involve working together to replicate your everyday practice in Unity. They will support clinical teams to progress from an awareness of Unity to an understanding of how it will work in reality. There are 10 core competencies. Some teams may need all 10 but most are likely to require a selection that reflects the work they are required to do in their areas.

- Board Round
- Ward Round
- Handover
- Emergency Medical Response Team (EMRT)
- Outpatients
- Deceased patients
- Safeguarding
- Business continuity plan
- Consent
- Shift to shift handover

Independent competency assessments and site visits will take place during August. Gold teams will need to reach 95% competence with 80% competence for silver teams.

Supporting videos and checklists are now available on [Connect](#)

Please use your team time this month to work on your team competency readiness and discuss how you will ensure you practice the competencies at least five times. Also think about how you will ensure the number of practices are captured and entered onto Connect. **You are not required to submit feedback this month.**