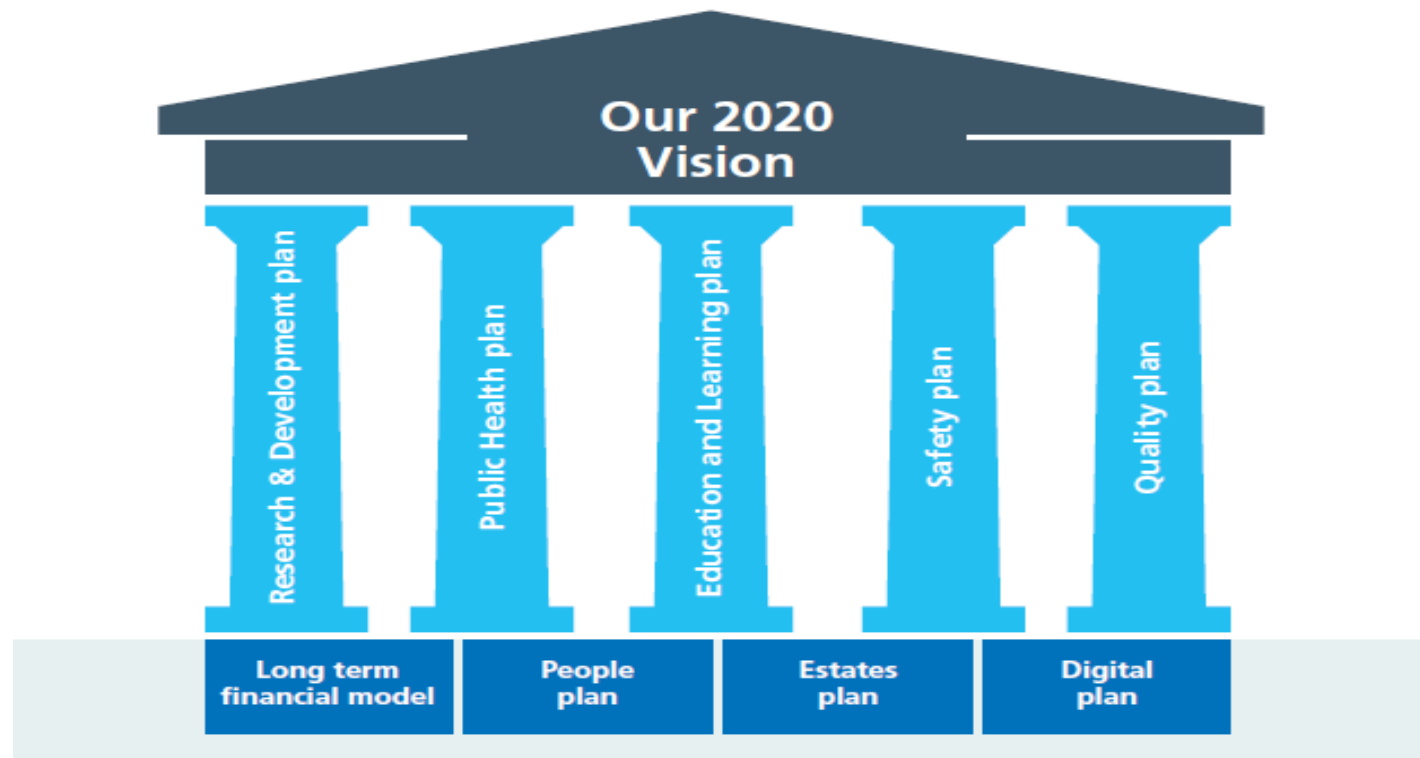


Welcome to SWB TeamTalk

Annex A

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: **Medical Infusion Suite – Integrated care in practice**

1.25pm: What's on your mind?

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

1.50pm: This month's topic: **Changes made due to patient feedback**

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

Feedback from last month's topic: Confidentiality circles

Last month we asked you to discuss with your teams how you will ensure confidentiality is maintained with colleagues. We asked you to consider some scenarios and how you would respond.

Your feedback told us:

- Colleagues understand that consent must be sought from an individual when their information is going to be shared.
- There are occasions when there is a legal obligation to share information about an individual but there will be a proper documented process and procedures to do so.
- Colleagues understand that there are professionals in HR and in Governance with expert knowledge on data sharing, consent and data protection who can give advice and guidance.
- Referrals for services such as occupational health must only be done with the consent of the individual.

National and regional news – NHS funding Bill enters Parliament

Last week, Secretary of State for Health and Social Care, Matt Hancock, introduced the NHS Long Term Plan Funding Bill to Parliament. The bill will enshrine in law an extra £33.9 billion every year by 2024 for the NHS to transform care.

- The bill will include a ‘double-lock’ commitment that places a legal duty on both the Secretary of State and the Treasury to uphold this minimum level of NHS revenue funding over the next 4 years.
- The bill will not seek to limit the NHS in deciding how funding is spent and where – a decision that is made by local clinicians for their local populations.

For further information visit

<https://www.gov.uk/government/news/nhs-funding-bill-enters-parliament>

National and regional news – paper payslips due to end in January

Did you know that you can access your payslips and electronic staff record online from the comfort of your desk or your mobile phone wherever you are?

Simply login to ESR <https://my.esr.nhs.uk/> and you are a couple of clicks away from having access to all of your staff records stored online.

What can you do with ESR

- View and amend your personal information: home address, bank details, phone numbers, emergency contacts
- View payslips and P60s
- View your Total Reward Statements (TRS) – pension information
- Complete mandatory eLearning
- Enrol on to mandatory practical training.

Further information on how to access your payslip online can be found on Connect or you can refer to the guide attached to this month's payslip.

National and regional news – International Year of the Nurse and Midwife

2020 has been designated as the year of the nurse and midwife, a campaign by the World Health Organisation in honour of the 200th birth anniversary of Florence Nightingale.

To support this campaign our theme will be: Celebrating the changing role of nursing and midwifery.

- We plan to profile a nurse/midwife from our Trust every month to highlight different career paths.

Watch out for a celebration event on 12 May (annual Day of the Nurse and Midwife) and on 5 July (the NHS's birthday) and a special Year of the Nurse and Midwife Award at this year's Star Awards.

If you know of a colleague/team that deserves to be highlighted or you would like a particular role to be highlighted please contact the communications team swb-tr.SWBH-GM-Staff-Communications@nhs.net

February 2020

National and regional news – new associate non-executive director

We would like to welcome Lesley Writtle as an associate non-executive director who joins the Board on 1 March.

- Lesley has recently retired as CEO of Black Country Partnership NHS FT which has merged with Walsall and Dudley to create one mental health organisation providing most of our STPs' mental health services.
- A nurse by background (started at Sandwell Hospital) Lesley has had 40 years NHS experience and has been involved with mental health services since 2006. Since then she has had operational roles including deputy CEO and two years as CEO.
- Her earlier career involved children's intensive care and oncology services – also a spell in commissioning in Wolverhampton and trustee of Age UK. Lesley knows our local patch well and has been a key factor in helping establishing our place based partnerships in Sandwell.
- Lesley's experience will add to our NED bandwidth and help us demonstrate our commitment to supporting mental health with partners – both in our patient community, service delivery and staff.

Learning from excellence:

Jacqueline Slater, Senior Sister
**Medical Infusion Suite – Integrated care
in practice**

SWB TeamTalk

February 2020

NHS

Sandwell and
West Birmingham

NHS Trust



What we do



- Administer intravenous infusions, Sub-cut and IM injections to patients from a variety of specialities, these infusions consist of regular treatments given in order to treat long-term inflammatory conditions, as well urgent, or adhoc treatments, such as iron infusion, blood transfusions and IVABXs.
- Carry out medical day case procedures following individual plan of care, ranging from venesections, PICC line removal, to bone marrow biopsies, pleural aspirations and ascitic drainage.



The work the team does fits in effortlessly with the quality plan.

- Patients to receive their treatments as an outpatient rather than staying in hospital or be admitted to hospital.
- This is done by working collaboratively with many specialities.
- As well as providing a service which enables patients to receive their treatment in a way that works for them and their families it also helps with patient flow, length of stay and reducing readmissions

SWB quality plan 2017-2020

Our Vision for 2020 is to provide care with patient measurable outcomes that are equal to or exceed the best in the NHS, across all the services we provide.

We will do this by doing the right things, in the right way, by facilitating innovation and ensuring our teams base their practice on the best available evidence in a learning environment committed to continuous improvement.

Objective 3

**‘We will coordinate care well across different services,
so that patients who are discharged are cared for safely at
home,
and don’t need to come back for an unplanned further
hospital stay.’**

Benefits of good practice

- Admission avoidance
- Prevent readmission
- Reduced length of hospital stay
- Reduction in risk of health care associated infections
- Improves patient choice, satisfaction and journey
- Significant cost saving compared with inpatient stay

Benefits for patients and colleagues

- Expanded IV services into the community inpatient wards (MFFD, IMC)
- OPAT clinic option at City and Rowley site
- Pre-op pathway for anaemia
- Working with SPA to take direct GP referrals to avoid A&E or ambulatory care where possible.

Outpatient Parenteral Antimicrobial Therapy - OPAT

- Treating patients with intravenous antibiotics in a day case clinic, or in their own home by district nurses
- SWBH have 3 OPAT pathways: cellulitis, urinary tract infections, bronchiectasis
- Other infections requiring IVABX long term need to be discussed with the duty microbiologist

February 2020

13 approved OPAT drugs

CEFTRIAXONE

TEICOPLANIN

CEFTAZIDIME

ERTAPENEM

DAPTOMYCIN – prior micro approval

FLUCOXACILLIN (elastomeric pump) prior micro approval

PIPERACILLIN TAZOBACTAM (elastomeric pump) prior micro approval

BENZYPENICILLIN (elastomeric pump) -

MEROPENEM - prior micro approval

TEMACILLIN - prior micro approval

MICAFUNGIN - prior micro approval

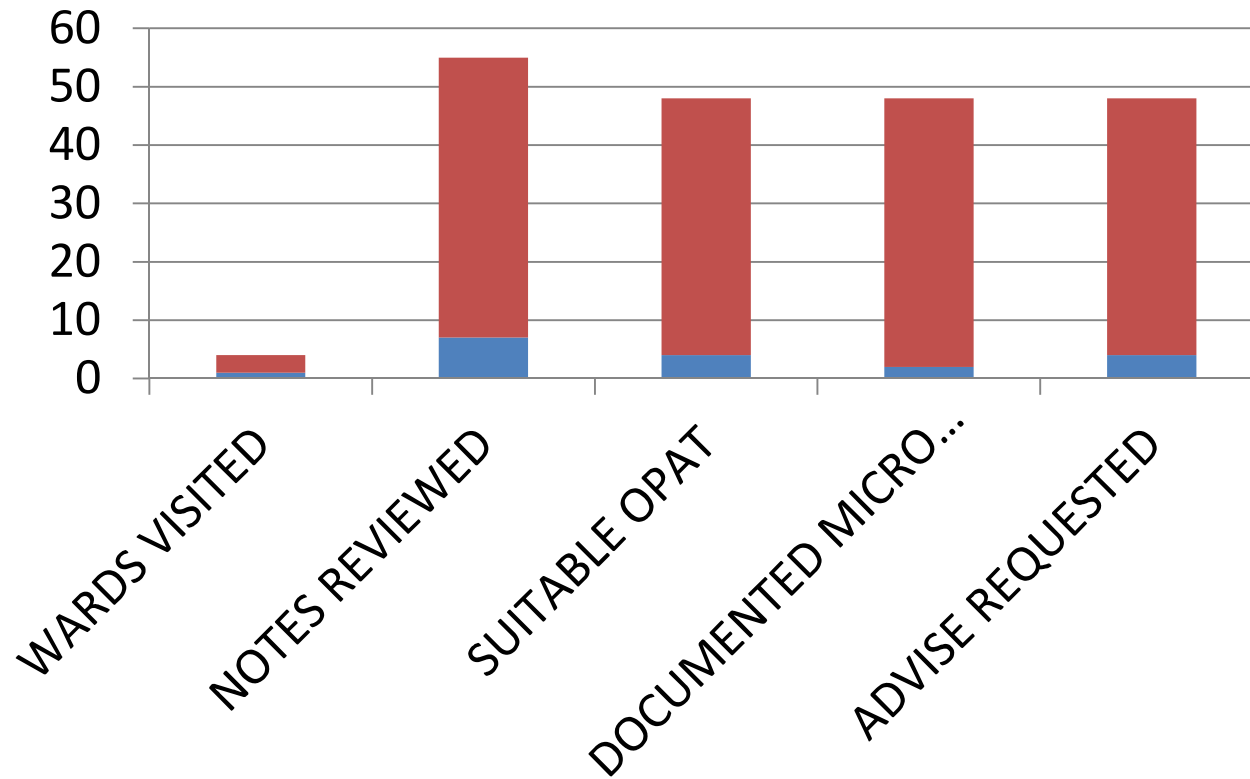
CAPREAMYCIN - prior micro approval

AMIKACIN - prior micro approval

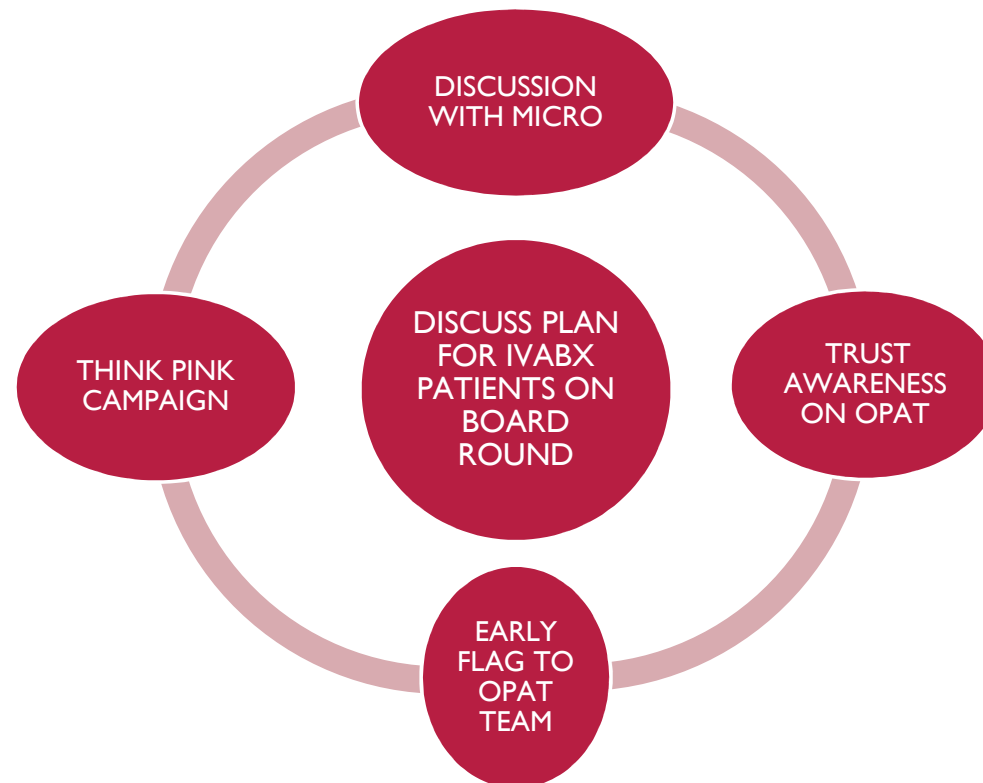
Snap shot audit

Findings: 2 City wards, 1 Sandwell ward

- 55 patients identified on IVABX by ward staff
- 7 were not on IVABXs on checking charts
- 4 of 48 PATIENTS on IVABXs were suitable for OPAT
- 2 patients had received prior micro advise
- Micro advised sort for further 4 patients



Promoting collaborative working inpatient wards



Number of bed days that could have been saved

- **Patient one** – 2 bed days could have been saved if followed micro advise
- **Patient two** (Bronchiectasis) – 5 bed days could have been saved, ward consultant refused micro advise to switch IVABX
- **Patient three** – 1 bed day could have been saved if referred to micro by ward
- **Patient four** (Bronchiectasis) – 4 bed days could have been saved if followed original micro advise

**12 BED DAYS COULD HAVE BEEN SAVED ON 1 WARD
OVER A 2 WEEK PERIOD**

Patient journey

Patient 1

“I just want to be at home with my husband who has dementia and come back for my treatment”

Patient 2

“I have 8 children to care for, travelling twice a day for my treatment is unrealistic”

Patient 3

“You girls are amazing, the work you do changes our lives and keeps me out of hospital”

February 2020

Contact us



- 4808 Reception
- 4378 Nurses station
- Email referrals swbh.medical-infusion-suite@nhs.net

What's on your mind?

From our Clinical Leadership Executive:

Flu: We are current at 82% of patient-facing staff who have had their flu vaccination. We have around 170 colleagues still to vaccinate until we reach our 85% herd immunity target for our 2019/20 flu season. Regardless of how healthy you believe yourself to be, the single best defence against flu on offer is to get the flu vaccination. Look out for colleagues offering flu jabs or contact occupational health on ext. 3306 if you still need to have your jab.

Public Health England are conducting a survey around the flu vaccination and are encouraging all health care workers to share their views. The survey results will be used to help them to improve the 2020/21 flu campaign.

Colleagues who didn't have the jab this year are encouraged to share their reasons against having it. You can complete the survey by [clicking here](#). **The survey closes on Friday 31 January.**

From our Clinical Leadership Executive:

Brexit:

- The UK is set to leave the EU on 31 January.
- The government has agreed a position to go forward with the Withdrawal Bill and there is now a very small risk now of no deal.
- No deal preparations such as Yellowhammer have been stepped down.
- The UK will continue to follow rules and legislation as if it is a member state during the transition period which will end 31 December 2020, by when, a comprehensive and ambitious trade agreement is expected to have been negotiated
- If negotiations don't work out as planned, we are required to retain memory of all elements of the themes we previously looked at to prepare for a no deal e.g. data, staff, procurement, operational preparation etc.

From our Clinical Leadership Executive:

Local induction plans: A few months ago we asked you for feedback to improve local induction for new starters. Your feedback revealed two main themes to help new colleagues feel welcome:

- Allocation of a buddy/mentor during the early induction period
- Asking our new starters about what is going well and not so well (with induction)

Groups have submitted their arrangements for local induction including lots of good schemes such as named leads to go to for support on different things such as local policies.

CLE has agreed:

- To update the Local Induction Checklist to include in the assign buddy section to “add name of buddy”.
- All areas should have a local information pack detailing contact details and local information.
- Groups will have processes to ensure directorates have in place good local induction processes.

From our Clinical Leadership Executive:

Face to face communications audit: In 2018 the communications team completed an audit of face to face communication following a line manager survey that assessed whether every team member had the opportunity for a face to face meeting/briefing with their team or line manager conversation on a monthly basis.

In February the audit will be repeated with teams who, during the previous audit, were identified as having inconsistent opportunities in place for regular face to face conversations.

In many of these teams we should expect to see some improvement since the previous audit due to:

- Implementation of directorate action plans that were developed in response to the
- **weconnect** quarterly survey results
- Our wave 1 pioneer teams programmes
- Accredited manager training; and
- The use of the rapid improvement communications framework for shift-based
- teams.

Results will be shared in March.

From our Clinical Leadership Executive:

Infection control:

There are key things we must do to reduce our risk of passing on infections:

- Hand hygiene: Using the five moments of handwashing
- Bare below the elbows: Applies to everyone!
- Patient risk assessments
- Appropriate screening of patients
- Correct decontamination practice
- Good outbreak management

Challenging colleagues on infection control compliance is essential and “what we do round here”.
A clinical area is **any area that involves patient care**.

The infection control team are working with community colleagues on addressing risk of delivering care in peoples’ homes.

For more information please contact ext. 5900 or email swb-tr.SWBH-Team-InfectionControl@nhs.net or refer to guidance on [Connect](#)

This month's topic is changes made due to patient feedback

Across our Trust we have a strong track record at making improvements that are based on patient feedback. This month we want to develop a list of 100 of these changes. Attached to the Team Talk slides is a list of 50 changes we believe have been brought about because of patient or relative feedback or in response to reviews of patient experience.

To get to (and hopefully exceed...) our 100 changes we need to hear what you have done in your teams. You are welcome to review the list of 50 changes and then please send in your feedback of what has changed within your team / service as a result of patient feedback.