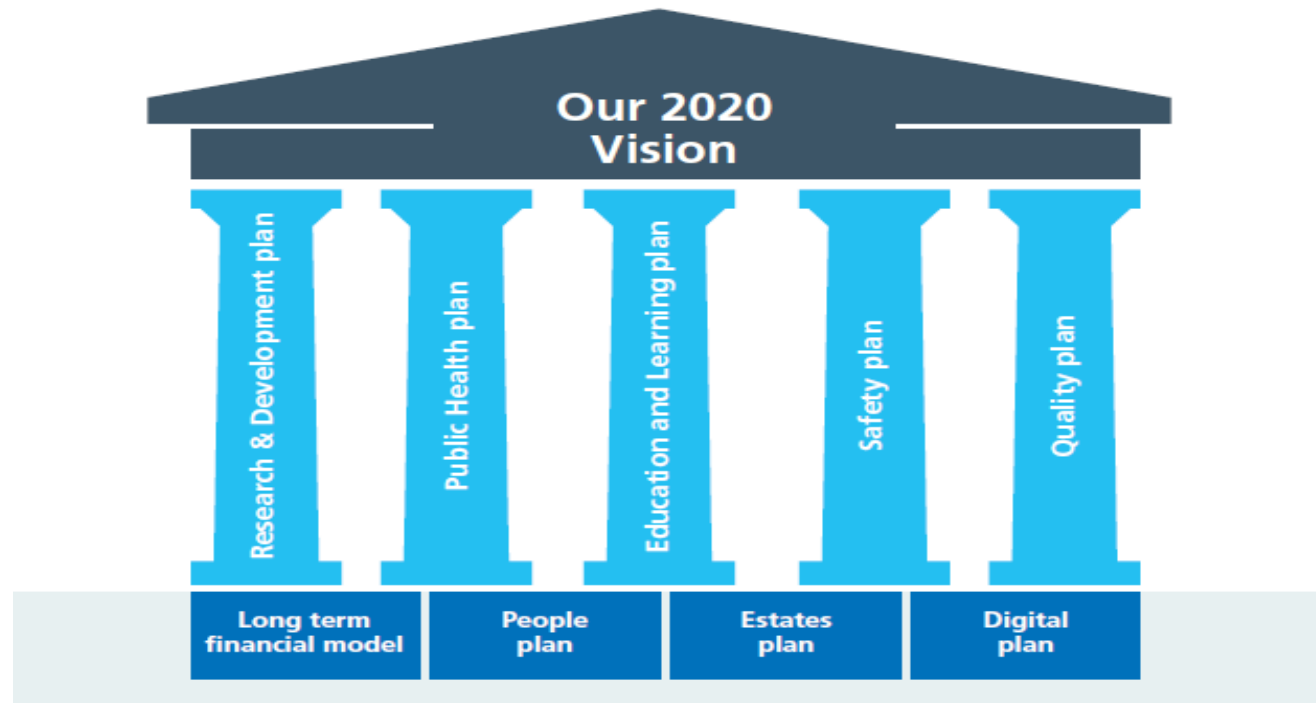


## Welcome to SWB TeamTalk

**WHILST MANAGING A PANDEMIC, KINDLY**

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



## TeamTalk Agenda

1.00pm: “Not about Covid-19” briefing

1.10pm: Learning from Excellence:

**Using PDSA to improve sepsis screening**

1.25pm: COVID-19: Guidance and future plans

1.45PM: Questions answered

## Feedback from last month's topic: digital ambitions

Last month we asked you to discuss with your teams the digital ambitions you have to support your patient, their carers, your team, and the health and social care partners with which you work.

Your feedback showed colleagues are keen to use technology to improve communication and patient care. Suggestions included:

- i. Better use of Unity and it's functionalities
- ii. Making better use of the technology we already have
- iii. Increased use of video/teleconferencing or webex and webinars for meetings including MDTs and clinics
- iv. Appointment notifications via text or email
- v. Patients being able to view their records and schedule appointments.

## Trust news: Learning GEMS

GEMS are part of the **welearn** programme and are valuable pieces of learning that have taken place. They can be identified by any colleague, and can come from a variety of sources: for example, audits, incidents, learning from excellence, complaints and observation.

- We know that an awful lot of learning happens across the Trust every day. We learn from our knowledge and experience and often make positive changes as a result. GEMS will let us share this knowledge, across the whole Trust. We want to be an organisation that is curious.
- Colleagues from different services and groups will be able to see what others are doing as a result of their learning. Many similar issues in different areas, and accessing the GEMS store will let other colleagues see what has been introduced with success elsewhere.
- By creating a culture where we share learning, we open ourselves up to being open to change. Doing this will bring benefits to patients, particularly around improving their experience of services.
- Anyone can identify GEMS. Discuss these with your line manager, or at team or directorate meetings. Your group will need to agree that learning has happened before a GEMS submission can be made.
- The application is available on Connect. Once complete, email to [swbh.welearngems@nhs.net](mailto:swbh.welearngems@nhs.net)

## Trust news: Mandatory training:

As of 15 March, 76% of colleagues were 100% up-to-date with all of their mandatory training.

Throughout the year our target has been for 95% of colleagues to be 100% up-to-date with all of their mandatory training by Tuesday 31 March. This will be the basis for 2019-20 PDR evaluations. If your only non-compliance was a face to face course taking place between March 19<sup>th</sup> and March 31<sup>st</sup> and you were booked onto it, that will be considered with your line manager.

- Basic Life Support are still currently undertaking adapted practical assessments.
- Some face to face training has been cancelled this week and e-enabled format is being created in the next few days to replicate that training
- Most training remains on-line and 8% of our non compliance is completable via this format.

The majority of training can be completed via e-learning, however, if staff have difficulty accessing e-learning during this time, the tests can be emailed to them for completion.

Requests for tests need to be made via emailing: [swbh.landd@nhs.net](mailto:swbh.landd@nhs.net)

Remember Covid-19 may give rise to new urgent mandatory training, so keep your eyes peeled!

## Trust news: Safety Plan compliance

Before Unity we were consistently achieving over 98% compliance with our safety plan inpatient checks.

Since Unity, data flows have been difficult and compliance has varied.

- We now have a very clear data feed across all items, which is visible at ward, directorate, group and Trust level.
- Our absolute focus is on 48 hour compliance at 100%.
- Most of our wards are above 50% and we want to make sure, as new staff work in new areas, our habits around safety are those we would want for ourselves.

So, alongside everything else, we are working to support teams to deliver these checks and ensure that they are recorded on Unity.

## Learning from excellence: Using PDSA to improve sepsis screening

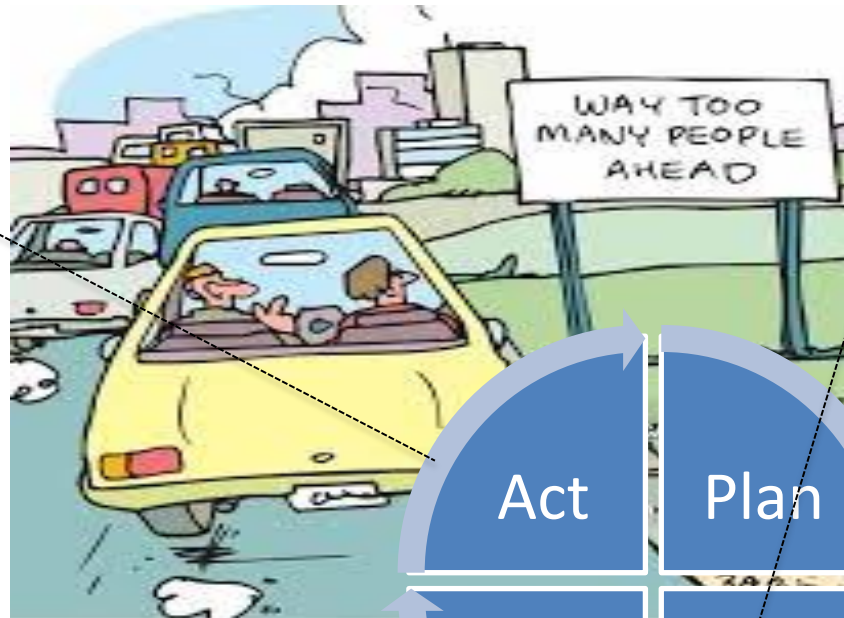
Martin Chadderton, Acting Head of  
Improvement

April 2020

## Example of PDSA Cycles travelling to work by Car and avoiding traffic jam due to roadworks.

### ACT:

Did it work?  
Adopt – if better than current plan.  
Adapt – If partially better.  
Avoid – if worse.



**STUDY** : How long it took to get to work.

**PLAN1** : Park car and walk  
Prediction: Get to work but takes 5x as long.

**PLAN2** : Trial and Error - Randomly drive around to find traffic free road  
Prediction: unpredictable as based on luck.

**PLAN3** : Listen to traffic report/re-programme sat nav to find alternative route.  
Prediction: Slightly longer than usual but quickest method today.

**DO** : Plan3 and measure success by time taken to get to work.

# What did we Do?

**We Used PDSA cycles to improve The Screening and Treatment of Sepsis**

## Step 4: **ACT**

- Make a Decision:
- Adopt plan
- Adapt Plan
- Abandon Plan.

**Act**

**Plan**

## Step 1: **PLAN**

What change will be made and how we will test it.

- What change is to be made?
- Who will make the change?
- When will change be made?
- Where will change be made?
- Record prediction of results.

Scientific Method used to  
Rapidly Learn and take  
action

**Study**

**DO**

## Step 3: **STUDY**

- Analyse results against predictions made.
- Did it work?

## Step 2: **DO**

- Test the change on a small scale.
- Record Results

# What Have we done it?

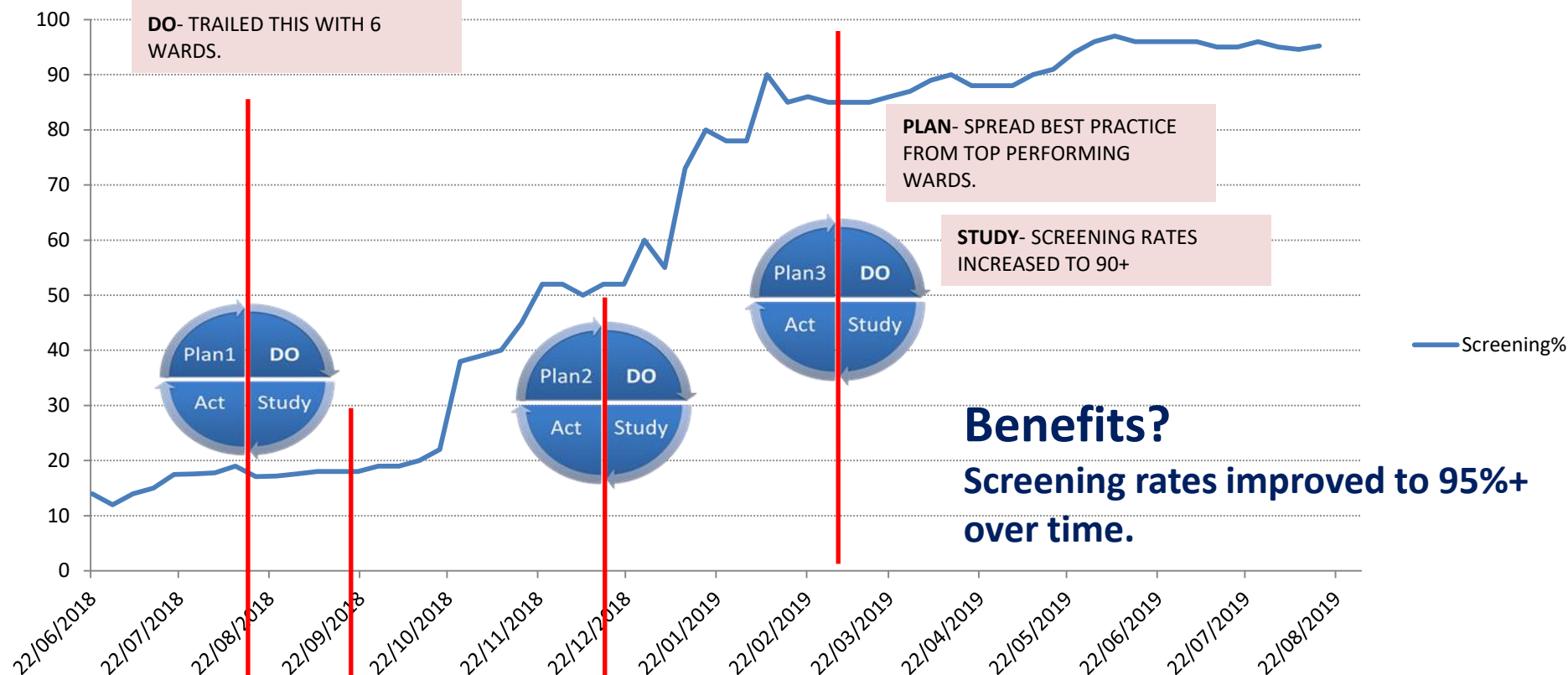
Our Sepsis screening rates were around 1 in 11 (that were proveable by data).



Sandwell and  
West Birmingham

NHS Trust

## Sepsis Screening%



**PLAN-** FOR EXPEDIENCY, USE THE EXISTING SAFETY PLAN REPORTING AT WARD LEVEL.

**DO-** TRAILED THIS WITH 6 WARDS.

**PLAN-** SPREAD BEST PRACTICE FROM TOP PERFORMING WARDS.

**STUDY-** SCREENING RATES INCREASED TO 90+

**STUDY-** WE HAD TO TRAWL THROUGH PAPER NOTES TO GET PATIENT LEVEL DETAILS.

**ACT-** REWORK EBMS (WHICH IS AT PATIENT LEVEL TO RECORD SEPSIS DATA).

**PLAN-** CHANGE PLAN FROM 6 WARDS AT A TIME TO ALL WARDS TO COINCIDE WITH SEPSIS MONTH.

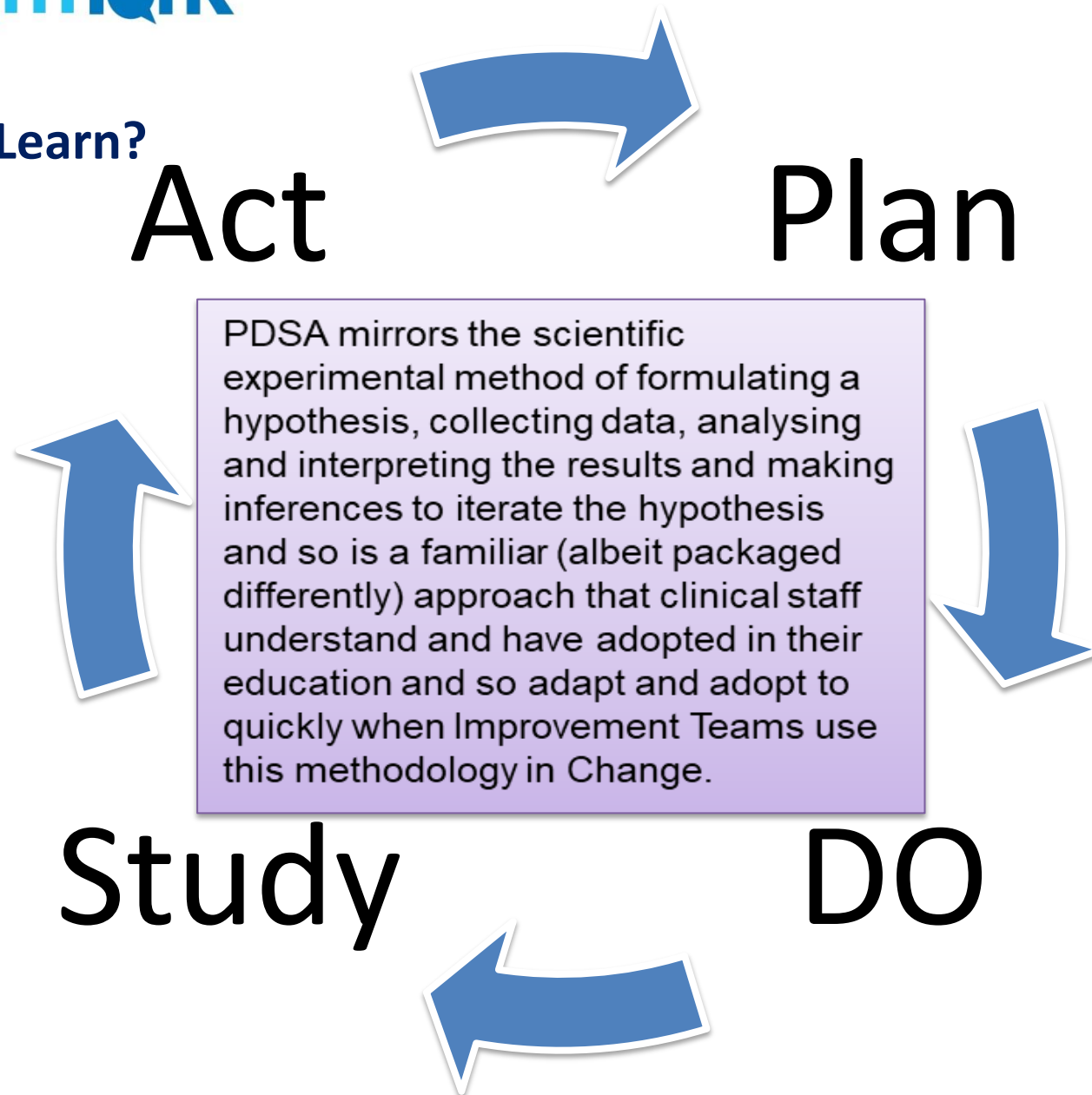
**DO-** REMAINING WARDS WERE IMPLEMENTED CONCURRENTLY OVER A WEEK.

**STUDY-** SCREENING UP TO 50-60%.

## Benefits?

Screening rates improved to 95%+ over time.

## What Did we Learn?



## COVID-19

Toby Lewis, Chief Executive

## COVID-19: You on a page

Working from home	Hotel accommodation	7 / 14 day self-isolation	Getting tested
<p>You must</p> <ol style="list-style-type: none"> <li>1. Agree with your manager</li> <li>2. Email <a href="mailto:swbh.wfh@nhs.net">swbh.wfh@nhs.net</a></li> <li>3. Register with MyConnect</li> <li>4. Change your email / phone message</li> </ol> <p>You may be recalled</p>	<p>Patient-facing staff should take up offers of hotel accommodation to enable them to be at work and not impacted by household members with symptoms.</p> <p>Contact <a href="mailto:swbh.hotel-booking@nhs.net">swbh.hotel-booking@nhs.net</a></p>	<p>In a household with someone who has symptoms you should self-isolate for 14 days.</p> <p>On day 8 if your symptoms have improved (no fever) you can return to work.</p> <p>HCWs in contact with +COVID patients do not need to self-isolate unless symptomatic.</p>	<p>Our programme is suspended until April 3rd.</p> <p>All testing capacity across BCWB is focused on symptomatic inpatients.</p>

## COVID-19: Staying safe and well at work

PPE	Training/redeployment	Wellbeing	Leave of absence
<p>4 'categories'</p> <p>Critical care facilities</p> <p>Aerosol close contact with Covid patients</p> <p>Contact with Covid or unassessed patients</p> <p>Other clinical work</p>	<p>A training programme for next week and the week after will be launched by the end of this week to support re-deployment.</p> <p>On-line packages are available through professional associations now.</p> <p>Anyone with critical care relevant skills please contact Rebecca O'Dwyer.</p>	<p>Maintain as much as possible of our wellbeing services, including small scale gym and yoga.</p> <p>Mental wellbeing and physical support available is on Connect plus self-care guidance.</p> <p>You can access free counselling by calling occupational health on ext. 3306. A counsellor will telephone you.</p> <p>You can also access 24/7 counselling through Health Assured Counselling call them on 0800 783 2808.</p>	<p>No study leave or conference leave should be taken.</p> <p>Any carry over of 19-20 leave must be agreed with your line manager and documented <u>before</u> 31/3.</p> <p>Annual leave for Q1 rules will be issued early next week.</p>

## COVID-19: Headline changes

### **Expansion plans**

- Many of our medical wards are now ?Covid wards.
- ITU will expand to include D16
- Rowley Regis is being maintained as a non-Covid site
- D43/47 will operate at step down ?Covid wards
- Leasowes is our End of Life Care hub.

### **Less urgent appointments and procedures**

- Outpatient and community appointments via phone or video link
- Less-urgent surgery postponed
- Less-urgent diagnostics postponed
- Maintain urgent & 2ww pathways.

Visiting is via video phone or telephone with certain very specified exceptions.

## COVID-19: Patients and colleagues

### **?COVID patients – what should they do?**

- Stay at home and self-isolate
- If require GP appointment, GP referral to Aston Pride and Parsonage Street health centres
- Emergency care – streamed to ?COVID or non-COVID areas.

### **Do you need help and advice?**

- HR advice: Call 0121 507 3116 or email [swbh.hr-advice-for-covid-19@nhs.net](mailto:swbh.hr-advice-for-covid-19@nhs.net)
- Clinical query: Email [swbh.covid-queries@nhs.net](mailto:swbh.covid-queries@nhs.net)
- Look at Connect and MyConnect for latest information and guidance
- More staff webinars - 8 April.

## Answering your questions