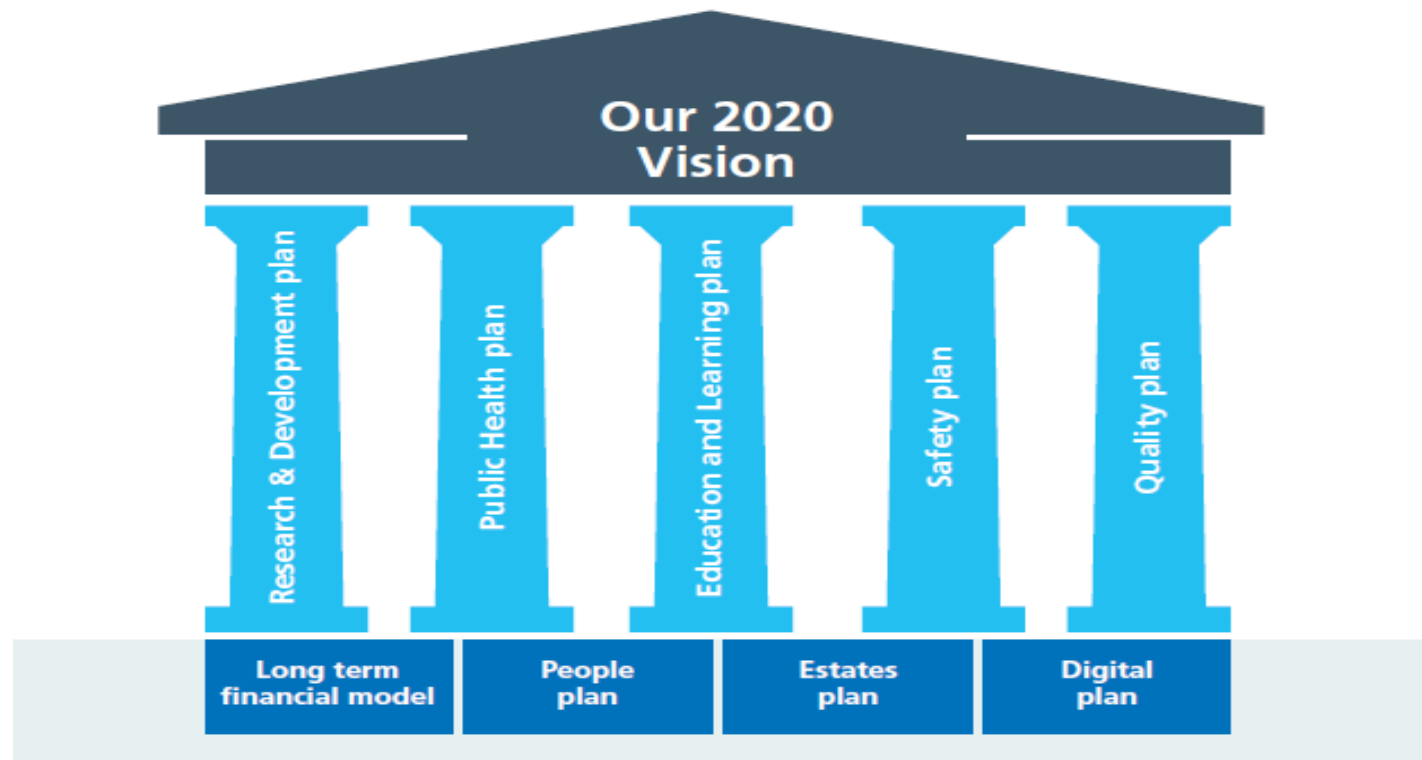


Welcome to SWB TeamTalk

WHILST MANAGING A PANDEMIC, KINDLY

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



TeamTalk Agenda

1.00pm: “Not just COVID-19” briefing

1.10pm: **w**elearn from Excellence

“A team approach to individual rehab ”

1.25pm: COVID-19: Restoration and recovery

1.40pm: Your questions answered

August priorities: weConnect engagement programme

weConnect quarterly survey

The next weConnect quarterly survey will be out in August. Due to the COVID-19 pandemic, this will be the first survey of the financial year. Directorates to be included in this first quarter are system transformation, nursing services, community medicine, paediatrics, ophthalmology, admitted care and imaging.

The weConnect programme includes a survey of a quarter of the organisation every quarter. Larger directorates will have a sample of their colleagues polled in more than one quarter of the year.

Colleagues in the communications team will be in touch with directorate leads to verify team lists and method of survey (online or paper).

Pioneer teams

During the pandemic, we paused wave 2 of the pioneer teams programme as many of the teams were dispersed due to temporary redeployment. We are now able to restart the programme with kick off meetings happening in August. The aim is to complete the programme before Christmas.

August priorities: Wellbeing and obesity campaign

An ambition within our Trust's public health plan, primary care plan, and featuring in both integrated care partnership (ICP) plans, is to tackle the rising incidence of obesity. We are implementing a strategy to support improved wellbeing among our own workforce, patients and communities, with a focus on children.

There will be a WebEx on 14 August from 12.30 - 1.30pm, where we will run a live session to launch the healthy weight element of our wellbeing programme for colleagues. A recording will also be made available on Connect. Our programme will include an exciting menu of options that will support our: mental wellbeing, physical health (activity and exercise) and Nutrition (food and drink). Look out for details of the WebEx in the daily communications bulletin.

In the meantime, we would love to hear your views through our online survey monkey for feedback on our proposed menu of options. Please do complete the survey and encourage your team members to do so - the survey closes on 7 August:

<https://connect2.swbh.nhs.uk/news/wellbeing-programme-8-week-countdown-survey/>

We are also running virtual focus groups in the coming weeks to get further staff views and feedback.

August priorities: Launch of Attendance at Work (Sickness Absence) Policy

Following extensive consultation the Attendance at Work (Sickness Absence) Policy has been finalised and becomes effective from 1 August.

- The revised policy has been developed in partnership with trade unions and aims to ensure greater support for colleagues during times of ill health and more robust processes to effectively manage and reduce absence levels.
- It includes a number of significant changes compared to the previous policy e.g. a revised procedure for frequent/intermittent absence and revised trigger points for action. It is therefore essential that all colleagues familiarise themselves with the policy to fully understand the revised principles and responsibilities.
- To support this, a briefing regarding the key changes and frequently asked questions (FAQs) will be available on Connect from 1 August, along with the policy itself and a toolkit of supporting documents, such as information briefs and template letters.

Keep an eye on the daily communication bulletin for further information.

August priorities: Personal Development Reviews by 31 July 2020

It remains a requirement to have completed your Personal Development Reviews with your team members by the end of July. Thank you to those of you who have already met with your manager/colleagues for the discussion on performance during 2019/20.

Your PDR can be completed via webex – it does not have to be an “in person” conversation.

It is vital that **all objectives for 2020/21 are SMART** so that they can be evidenced and measured during and at the end of the year. As we move towards financial reward for high performance, this becomes even more important. This year we are centrally collating all objectives. **When you submit your PDR score and date on Connect you can now input the objectives.**

It is important every year, but particularly this year, to make sure that your PDR conversations include a discussion about employee wellbeing, with consideration to employee’s wellbeing goals and the support that might be needed during the next 12 months.

Please remember that you cannot achieve more than a score of “2” if your mandatory training is not 100% compliant.

August priorities: The acute care model for MMUH

The move to MMUH is not just a logistical 'move in' of existing services. The new hospital build was based on a clinical design to improve the experience and care for our patients. The new acute care model is about 'moving on' and improving the experience and outcomes for our patients.

Rachel Barlow and the team are working with the group directors to set up engagement activities over the summer to re-orientate teams to the MMUH lay out and explore how care is provided in the new facility.

- The scale of some areas will require new ways of zonal working, for example in ED and the range of assessment and ambulatory care units.
- The frailty and older people's model for the future needs definition and escalation through levels of critical care is a chance to review pathways in a single acute site, including pandemics.
- Likewise surgical, paediatric and maternity pathways will all need to adapt to optimise in the new environment.

We have reviewed how other new hospitals have been working, what went well and what lessons we can learn. We've seen great innovation at this Trust, huge changes to ways of working with Unity, standardisation of pathways through COVID-19. We have all the right ingredients here to succeed.

August priorities: The acute care model for MMUH

Key milestones	
July – October 2020	Engagement with clinical teams on clinical model and equipment
October 2020	Finalise clinical model
December 2020	Identify service leads for Midland Met who will be supported to get their teams ready for 2022. Complete equipment and IT requirements.
April 2021	Begin changing services and getting ready
Sept – Dec 2021	Prioritised access to install radiology equipment via MES
Jan 2022	Virtual tours on offer
March – June 2022	Hospital handover and move completed

August priorities: Unity upgrade – 26 August

In August Unity will be going through one of its biggest updates since we took it on, but don't worry, everything that is changing is to the back end system. None of the processes or practices you have learnt will be changing - the system itself at first glance will look almost identical.

- However, much of the underlying code that manages Unity will be updated to take advantage of improved processes delivering a much slicker, stable and most importantly safer experience for patients and staff.
- The upgrade will take place on 26 August and will be one of the few updates that require elements of Unity to be taken offline for a short period. This will mean a short period of business continuity for certain processes.

Details of the affected systems and date of the upgrade will be shared through the daily communications bulletin.

August priorities: Phase X – progressing our digitalised patient record

Phase X is a collection of new Cerner products/functionalities and upgrades of other applications which will enhance Unity and introduce new workflows that currently sit outside of Unity.

SurgiNet - will be replacing our ORMIS theatre system (expected Summer 2021)

Processes (i.e. routine / emergency scheduling and cancellations) have been signed off for the main generalised theatres. Tweaks may need to be made for specialist areas like BMEC and W&C. Data collection exercises to determine how the system will be built are in progress for surgery and anaesthesia.

Multum Flip (expected Summer 2021)

This upgrade allows us to update Unity with latest drug and drug allergy interaction. Our medical decision support system will be up to date. Discussions have taken place to couple this work with SurgiNet.

Patient Portal

The Cerner Healthlife Portal is a secure system accessed through a web browser that allows patients to view parts of their hospital record and receive test results and messages from their hospital care team. The specialities to go live first at the end of September will be diabetes and pre-op surgery.

We are currently working through patient enrolment and verification options to determine way forward.

August priorities: Phase X - progressing our digitalised patient record

PAS Upgrade

Work on this will commence in August.

Go Paperless

An amnesty of documents has been launched.

Total number of documents we are currently aware of are circa 402 outpatient and 1,242 inpatient

These documents are going through a cycle of review document to establish:

- Are they still used?
- Are they already in Unity/other application?
- Do we need to build the documents in Unity/other application?

For further information email essie.li@nhs.net

August priorities: welearn update

Annual QI Poster Contest

The annual QI Poster Contest is now officially **OPEN!**

- There has been a positive response so far with a number of teams having already made contact to talk through ideas.
- Pop into the Sandwell Medical Education Centre or outside the dining room at Post Grad, if you need inspiration from last year's entries.

If you would like support, please email swbh.welearnposters@nhs.net

weLearn from excellence

- Thank you to all colleagues who have positively reported through **welearn** from excellence link on Connect.
- Lots of appreciation has been shown to **Dr Rashid Abuelhassan** who developed a departmental webpage, accessible to all the ED team and with all the latest guidelines and information during COVID-19.
- We were told by a number of the team that 'not a day goes past that I don't access this resource'.

August priorities: welearn update

A Million Decisions

- Every day across the healthcare sector in England more than a million decisions are made that have a profound and lasting impact on people's lives and which influence the quality of healthcare and the cost of services.
- **#amilliondecisions** is a campaign from Health Education England calling for decisions in the healthcare sector to be fully evidence based.
- Become part of this campaign and pledge your support by making use of the skills of SWB Library services to ensure your clinical/non-clinical/management decisions are evidence based. Email swbh.library@nhs.net for more information.

Grand Rounds

These new virtual multi- professional events will be commencing twice monthly from September. Email swbh.welearngrandrounds@nhs.net for more info.

Using evidence

Following on from last month's QIHD, the next 'Introduction to Critical Appraisal' session is for all colleagues and takes place via WebEx on 29 July 9:30am to 11:30am. Contact the library swbh.library@nhs.net to secure a place.

Rainbow of kindness – please get your reflections in to Claire Hubbard by the end of July. This can be by email claire.hubbard2@nhs.net or send to Trust HQ.

A team approach to individual rehab

Physiotherapy delivery on critical care during the COVID-19 Surge

**Critical Care Physiotherapy
Team**

- Critical illness, of whatever cause, leads to long periods of rehabilitation and recovery.
- Almost 50% of patients experience physical, psychological and cognitive compromise (Intensive Care Society).
- 9347 patients admitted to critical care with confirmed COVID-19 (as of 28/5/20 – Intensive Care Society).
- 113 patients with confirmed COVID-19 were treated on SWBH critical care units.

Creating our COVID ICU physio team

- Early anticipation and planning.
- Information gathering.
- Re-deployment of staff.
- Comprehensive induction.
- Education package / Practical teaching / Working with a “buddy”.
- Competence assurance

Encouraging team cohesion and development

- Shared our clinical experiences and useful resources on a “Learning Log” and Whatsapp group.
- Created a “Positivity log” and celebrated successes.
- Encouraged open discussions about concerns.
- De-briefed informally at the end of each shift.

August 2020

The COVID ICU Physio team were able to:

- Meet the needs of a large caseload of patients with complex needs.
- Deliver multiple shorter rehab sessions through the day to compensate for greater patient fatigue experienced with COVID-19.
- Use the principles of “What matters to you?” to deliver individualised rehabilitation.
- Incorporated video calls to family at pivotal moments of rehabilitation to compensate for the current visitor policy.
- Work closely with the MDT to optimise weaning of ventilation, tracheostomies and overall patient management.
- Support nursing colleagues with personal care and position changes including proning, whilst assessing patients.

Benefits to patients

- Progress rehab rapidly optimised patient outcome.
- Cases of patients being discharged to the ward mobile, talking, eating and drinking despite having critical care admissions of over 30 days – each including ventilation, tracheostomy and profound weakness when rehab was commenced.
- Short length of stay on ward.

Benefits to staff

- High staff satisfaction during the surge.
- Minimal staff sickness.
- Positive feedback from the Critical Care MDT.
- Positive feedback from re-deployed staff via anonymous Survey Monkey questionnaire.
- Contributed to patient flow through critical care during the surge.

- It is normal that for many, rehabilitation in critical care is only the first step. Rehab continues on the wards, in intermediate care and the community for those who require it.
- It is unknown what long term effects there will be from COVID-19, however this will provide a challenge to rehabilitation services as they stand – the CCS rehabilitation working group will continue to develop the service we offer patients.
- Questionnaire for re-deployed staff – gave us the opportunity to learn what we did well and what we can do better to look after staff should they be re-deployed again in the future.

Any questions?

August 2020

COVID-19: Operation Mary Seacole – Risk assessments for colleagues

Thank you to the 4,200 colleagues who have already completed their COVID-19 risk assessments. **This needs to be completed by 31 July.**

It only takes a few seconds to complete by using the [online form](#) or the [risk assessment calculator](#) and sending it to swbh.riskassessmentoh@nhs.net. The occupational health team will then respond to you with actions required.

This is an important assessment which takes into account your individual risk of COVID-19, in light of underlying health conditions, age, gender and ethnicity.

The occupational health team are continuing to carry out these risk assessments for people who request them which can be booked by calling 0121 507 3306 or emailing swbh.riskassessmentoh@nhs.net.

For more information [click here](#).

August 2020

COVID-19: Operation Mary Seacole – Home working guidance extended

Despite new government guidance being issued around working from home, our current policy will remain in place until the end of August. You are able to read our policy [here](#).

- We will continue to evaluate what is best for you and the services we provide. With that in mind, our safe office space review is continuing.
- There will also be engagement over long-term work from home arrangements during the summer. This longer-term strategy will reflect learnings from over the last three months and look to put arrangements on a firmer and more contractual footing that will carry the Trust through the period to 2023.
- This ensures fairness for existing and new employees and clarity about eligibility and decision making. We expect this longer-term guidance to see more home working than prior to COVID-19, mindful of social distancing and the open plan nature of office accommodation in particular in the Trust's estate from 2022.

Make sure your tech is working

If you are WFH you may have received a laptop or desktop to take home. You must log onto this computer whilst still on Trust premises to ensure you can connect to the SWB network. Your computer will not work at home unless you do this. This cannot be resolved remotely so you need to return to site to sort it. Contact the IT Helpdesk 24/7 on extension 4050.

COVID-19: Operation Mary Seacole – Wearing the right PPE for procedures

Colleagues are reminded that it is safe to carry out procedures on patients as long as the correct PPE is worn.

Fluid resistant surgical masks (FRSMs) must be worn at all times in our clinical buildings and when treating patients.

- Strict hand hygiene, social distancing (where possible) and surface cleaning should occur as normal.
- If you are within one metre of a patient then a face visor should be also worn.
- When treating suspected COVID patients, the appropriate risk assessed masks should be worn. This includes within ED when assessing patients.
- Full PPE should be worn when aerosol generating procedures (AGP) are undertaken including an FFP3 face mask.

For more detail on the type of masks to use click [here](#).

COVID-19: Operation Mary Seacole – SIREN sounding out new R&D study

Our research and development team have launched an exciting new study called SIREN. The principal investigator for the study is Dr Masood Aga, Consultant and Specialty Lead in Occupational Medicine.

- The overall aim of this study is to determine if previous COVID-19 infection in healthcare workers confers future immunity from having the infection again.
- It will also look at any new infection and therefore will involve both repeat swab and the antibody blood test every two weeks on average (variable from 1 to 4 weekly sampling), for one year.
- The study is not blinded and participants will know their results after each test.
- The study is open to healthcare workers in a clinical setting where patients are present.
- If you are currently participating in any other research, the team would need to discuss this with you individually.
- As part of recruitment, the team will be offering consent conversations on a one-one basis or as groups via WebEx or face to face, if you would prefer. Appointments will be made at a time that is convenient to participants and recruitment will be taking place at City & Sandwell Hospitals.

More information and to participate visit the page [on Connect](#).

COVID-19: Operation Mary Seacole – NHS staff convalescent plasma donation

Colleagues who have recovered from COVID-19 are being prioritised for convalescent plasma donation.

Convalescent plasma is the antibody-rich plasma of people who have recovered from COVID-19, which can be transfused into people who are still ill.

NHS colleagues should call 0300 123 23 23, say they want to donate convalescent plasma and explain they work for the NHS. They will then be given priority. They can also provide their details by going to www.nhsbt.nhs.uk

Many early convalescent plasma donors have been GPs, hospital doctors, nurses, pharmacists, and allied health and clerical professionals.

Answering your questions