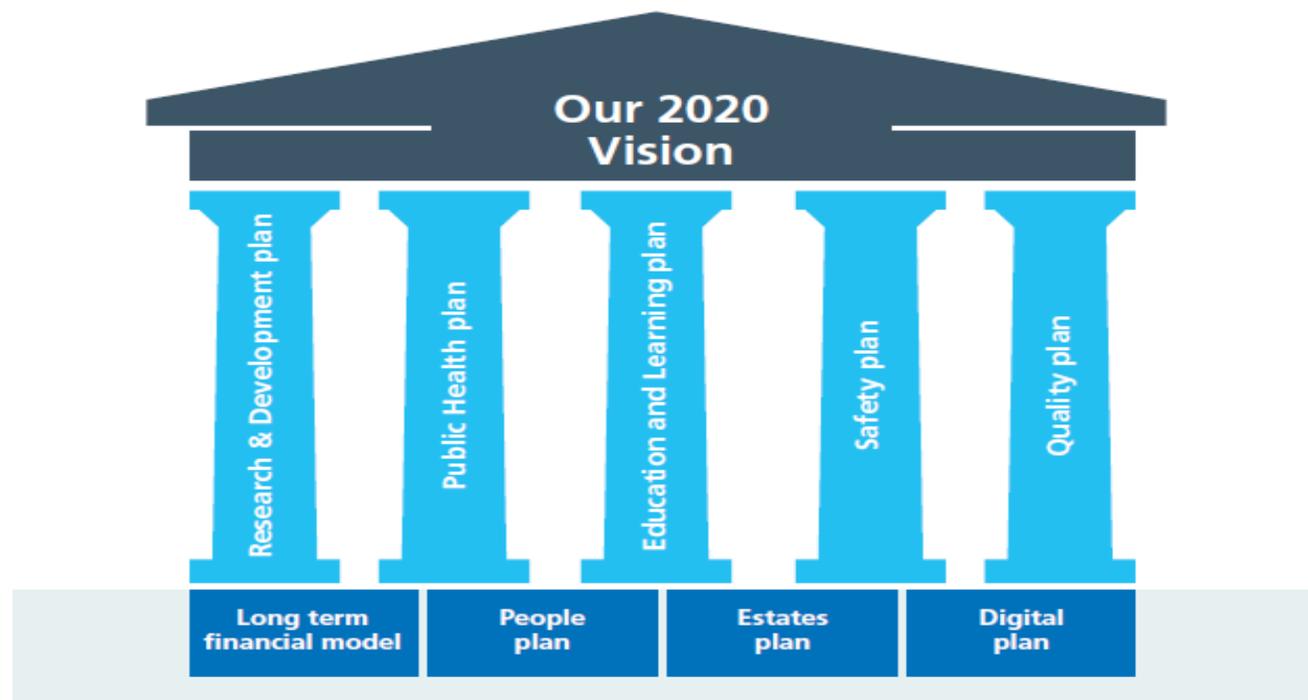


Welcome to SWB TeamTalk

WHILST MANAGING A PANDEMIC, KINDLY

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



TeamTalk Agenda

1.00pm: This month's priorities

1.15pm: Implementing patient safety huddles in surgical services

1:30pm: COVID-19: Latest update

1:35pm: TeamTalk feedback

1:40pm: Your questions answered

April 2021

April priorities: Developing the Black Country and West Birmingham Integrated Care System (ICS)

- Partners within the Black Country and West Birmingham continue to work together as a STP (Sustainability and Transformation Partnership).
- In February the Government published proposals for legislation to formalise these partnerships and create statutory Integrated Care Systems (ICSs)
- Part of the partnership working approach includes mandating health care provider organisations to collaborate to improve population health outcomes – competition in the NHS will end
- This includes integrating clinical services to make them sustainable and to either retain or bring specialist services back to the Black Country and West Birmingham
- Our Trust will engage positively and equally on BCWB acute hospital collaboration
- The ICS legislative proposals suggest that ICS boundaries should be co-terminus with local authority borders. Our Trust's local partnership arrangements (Sandwell and West Birmingham) sits across two local authority areas so the Trust Board is considering the implications of these proposals and how best our local systems should respond.

April 2021



April priorities: Better value, quality care programme

As the Trust aims to continually improve the service it provides to patients and families, this month we are launching our Better Value, Quality Care programme to identify ways that contribute to better outcomes for our patients and the health and wellbeing of colleagues while reducing the amount of money the Trust currently uses to provide these services. More efficient processes and reducing unnecessary waste can occur while maintaining or improving the high standards of care we currently provide.

- We should celebrate achieving £10m of savings this year despite impact of COVID-19
- We have a productivity and efficiency target of £13.2m savings for 2021- 22
- We aim to focus on ideas that maintain or improve quality and performance outcomes for patients and colleague wellbeing while reducing the amount of money we spend
- 22 work streams that span all areas of the organisation are now established – a real team effort
- We want to hear your good ideas about how we can improve and reduce cost by email swbh.my-good-idea@nhs.net
- We will share progress and good news stories from colleagues in Heartbeat and our other communications channels every month.

April 2021

April priorities: weAssure Programme inspection preparedness update



Self Assessment Programme

As part of our CQC inspection preparedness work and our continuous monitoring of safety and quality improvement, one of our approaches under the weAssure programme has been to develop a self-assessment toolkit for all wards and clinical teams.

- The toolkit enables clinical teams to identify what they are good at, and also identify areas that require focus to improve. Completion of the toolkit will enable the clinical teams and Groups to rate their own services in line with CQC ratings.
- So far, feedback from the teams and services who have undertaken the self-assessment has been extremely positive, with colleagues reporting back that they have found the process really useful and intuitive and have been able to use the tool to easily identify specific areas that they wish to focus on in order to drive their improvements, and also areas of good practice that they are proud of and will want to share with the organisation and with the CQC when they visit.

All clinical teams are asked to return their completed self-assessment documents to Ruth Spencer by the 31 March deadline.

In-house unannounced inspection visits

- We are planning to resume our in-house unannounced inspection visits from May.
- Dates of the visits will be circulated shortly.
- If you are interested in being part of our inspection team, please contact Ruth Spencer.
- Visits last for approximately 3 hours and training will be provided on the day. If you were involved previously, do get in touch to confirm that we can count you in again.

If you require any further information on any of the above, please contact Ruth Spencer on 07970 993948 or email ruth.spencer10@nhs.net

April priorities: Work in theatres and anaesthesia? SurgiNet is coming



Nearly two years ago we launched Unity, our electronic patient record and many of us cannot imagine working with paper records again. Our teams are now gearing up to launch the final part of the jigsaw – SurgiNet to be launched in August.

- SurgiNet is part of Unity and will replace the current IT theatres system ORMIS.
- Future State Validation events took place in February, which gave colleagues the opportunity to review what has been built unique to our organisation and how the future system will operate. Recordings and questions answers will be made available on Connect.

Work is underway to ensure we are operationally ready for the change and will look at:

- Testing
- Changes to workflows
- Changes in practice and standardisation
- eDTA changes to align with SurgiNet to minimise errors
- Activities that will change for you and what will remain the same
- Training provision

April priorities: Work in theatres and anaesthesia? SurgiNet is coming



Benefits of SurgiNet

- BMDI (Bedside Medical Device Integration) which will support the monitoring of patient vitals and ventilation parameters, electronic anaesthetic record and also the tracking of patients in real time
- Multi-clinician access
- One unified system
- More accurate electronic health record
- Information will be captured in real time
- Patient vitals are recorded electronically and updated at bedside
- Patients are able to be monitored virtually
- Patient status can be tracked in terms of pre, in theatre, recovery
- Wards are able to track theatres in real-time, as are relatives in the waiting room
- Live tracking of capacity (e.g. other theatres, sites etc.)
- Auditing of safety huddles.

April 2021

April priorities: Shaping the future of our estate with Engie

- From 5 April, Engie will take over the management of our estates. It will mean new response and rectification times across all areas.
- A new intranet page is now available where you'll find lots of useful information such as FAQs, contact details, a user handbook and staff profiles.
- Best of all, the phone number and the people you deal with will remain the same. To log an issue, all you need to do is call 0121 507 4444.

The first virtual user group with Engie and Trust colleagues was held in February.

We covered:

- An overview of the structure of the contract and what Engie will be responsible for
- Governance structure
- Helpdesk and the response and rectification times
- The Trust team going forward.

We got feedback on items including:

- Health and safety matters e.g. who will attend call outs and incident reporting
- Ways of working moving forward e.g. on waste space and weekly PLACE inspections.

We responded by:

- Setting up meetings with Trust contacts and Engie to discuss further
- Introducing Trust colleagues to Engie staff for future information
- Creating a questions log and updating it for the user group.

To get involved in the next user group, please email Suzie at suzanne.gray9@nhs.net.

April priorities: Midland Met – our future built by us

The building of Midland Met will provide a catalyst for growth in the immediate surrounding areas.

- For colleagues, it will offer a new and advanced way of working. It will see the consolidation of acute emergency and inpatient services and bring together our two emergency departments to operate as one.
- Our state of the art healthcare facility will help to breathe life into the heart of what was once the industrial West Midlands. Birmingham City Council and Sandwell Council are working with West Midlands Combined Authority, Homes England, the Canal & River Trust and our organisation to regenerate the Smethwick to Birmingham corridor.
- The new hospital provides a major opportunity to revive the area, supporting a healthy community for those who already live in the area and those who will choose to live, work and visit.
- Plus, we have recently secured over £12 million to invest in our learning campus at Midland Met. Plans about the latest developments will be shared soon, so watch this space.

Acute care model design workshops have taken place and had some impressive engagement.

- Feedback from workshops includes stroke services focusing on rehabilitation pathways as the service decouples in 2022.
- Cardiology explored a reduction of OP attendance to place emphasis on the front door and primary care pathway links.

To ensure we are ready to move to Midland Met at a group level, clinical leads for projects will be confirmed in March. As well as this, groups will have all launched MMUH Programme Boards to oversee group level transformation and readiness. **This is #morethanahospital #WeAreMidlandMet**

April 2021

April priorities: Incorporating patient safety huddles as part of everyday care

Safety huddles are short multidisciplinary meetings, held at a predictable time and place, and focused on reducing harm. They are designed to increase safety awareness among front-line colleagues, empowering frontline multidisciplinary teams to develop action plans to address identified safety issues.

How?

- Daily - Monday to Friday as a minimum
- Brief - 5 to no more than 10 minutes
- Agreed time and venue to suit individual clinical areas
- Focused meeting about one or more agreed patient harm and agreed actions
- Set team/individual actions aimed to reduce the risk of patient harm
- Multidisciplinary frontline team invited to attend, including non-clinical
- Weekly meeting to review harm(s) and actions jointly e.g. per specialty and to share learning

Progress so far

- Go live of first draft of Safety Huddles dashboard
- Go live of daily and/or weekly huddles on paediatrics, community and surgery wards, with support from pharmacy and therapy.
- Daily regional huddles on delivery suite are well established, focusing on regional capacity to ensure patient safety.
- Group rollout plan for medicine and emergency care is under development.

Implementing patient safety huddles in surgical services

Siten Roy, Orthopaedic Consultant, Group Director - Surgical Services

Dr Chizo Agwu, Deputy Medical Director

The journey so far...

- Initial engagement and consultation at QIHD November 2020
- Trial sessions in February 2021
- Rollout in March 2021
 - Daily huddles and weekly huddles
 - Lyndon 3 Trauma and orthopaedic
 - Priory 2 General surgery

Why we are doing the safety huddles...

- National initiative focused on patient safety
 - Integrated approach – MDT
 - Prevent harm proactively
 - Promote learning
 - Develop and share good practice at all levels
 - Local
 - Regional
 - National; active online forums

We have learned...

Staggered rollout in elective areas

- Trauma & orthopaedic and general surgery
- Capacity and staff health & wellbeing
- Consistency and quality
- Least impact from the pandemic; Optimising outcome
- Tried and tested exemplar for broader rollout

Medicine management

Escalation process

Benefits for staff and patients...

- Empowering Staff
- Open learning culture
- From reactive patient safety management to proactive patient safety management
- Continuous development in MDT approach leading to continuous improvement in quality and safety

Next steps for the Patient Safety Huddles

Continue trust wide rollout

Review identified harms; devise mitigation plans

Further developments of Safety Huddles dashboard

Further developments of Safety Huddles on Connect

(Connect > Programmes > Safety Huddles)

- Sections to be added: List of active safety huddles; FAQ
- Response to questions received:
 - i. How do we do safety huddles and maintain social distancing?
 - ii. How do we factor in time to travel to a safety huddle?

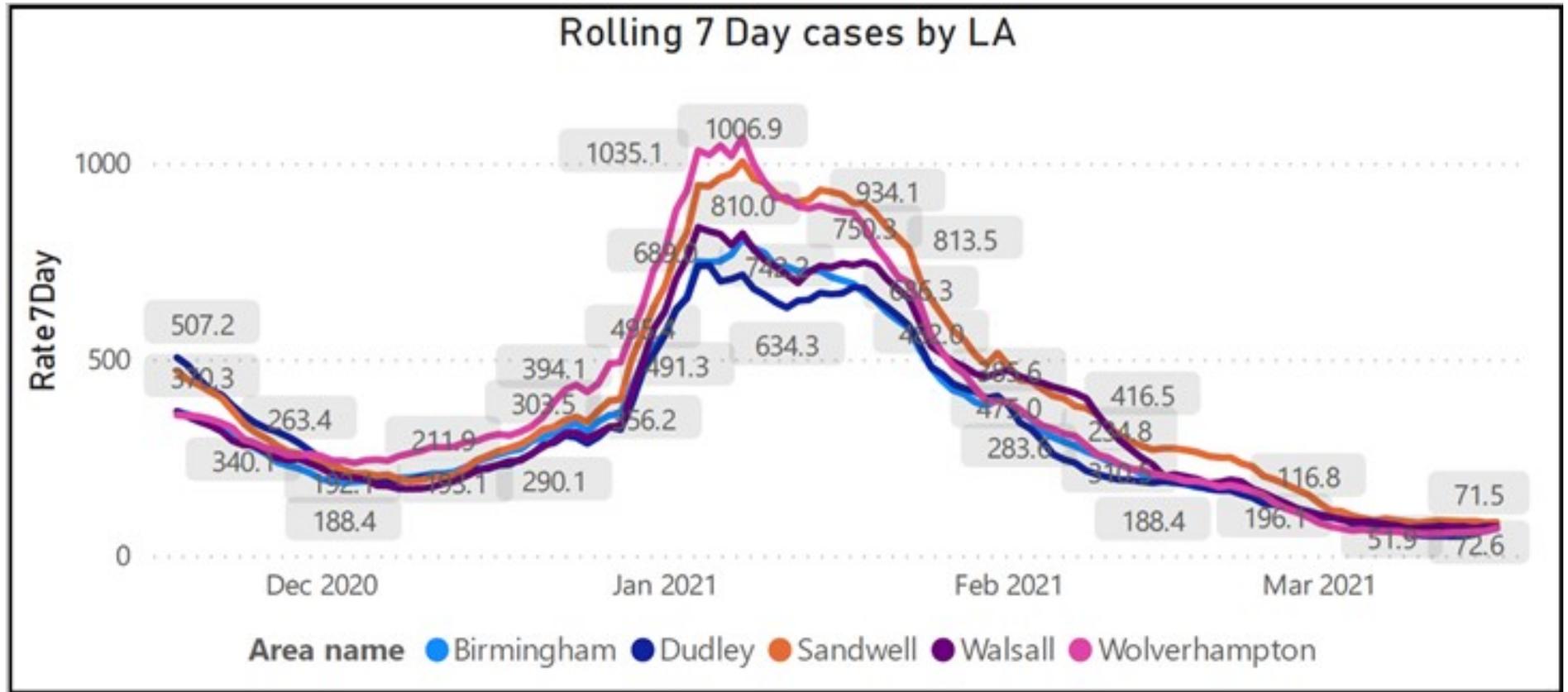


Questions

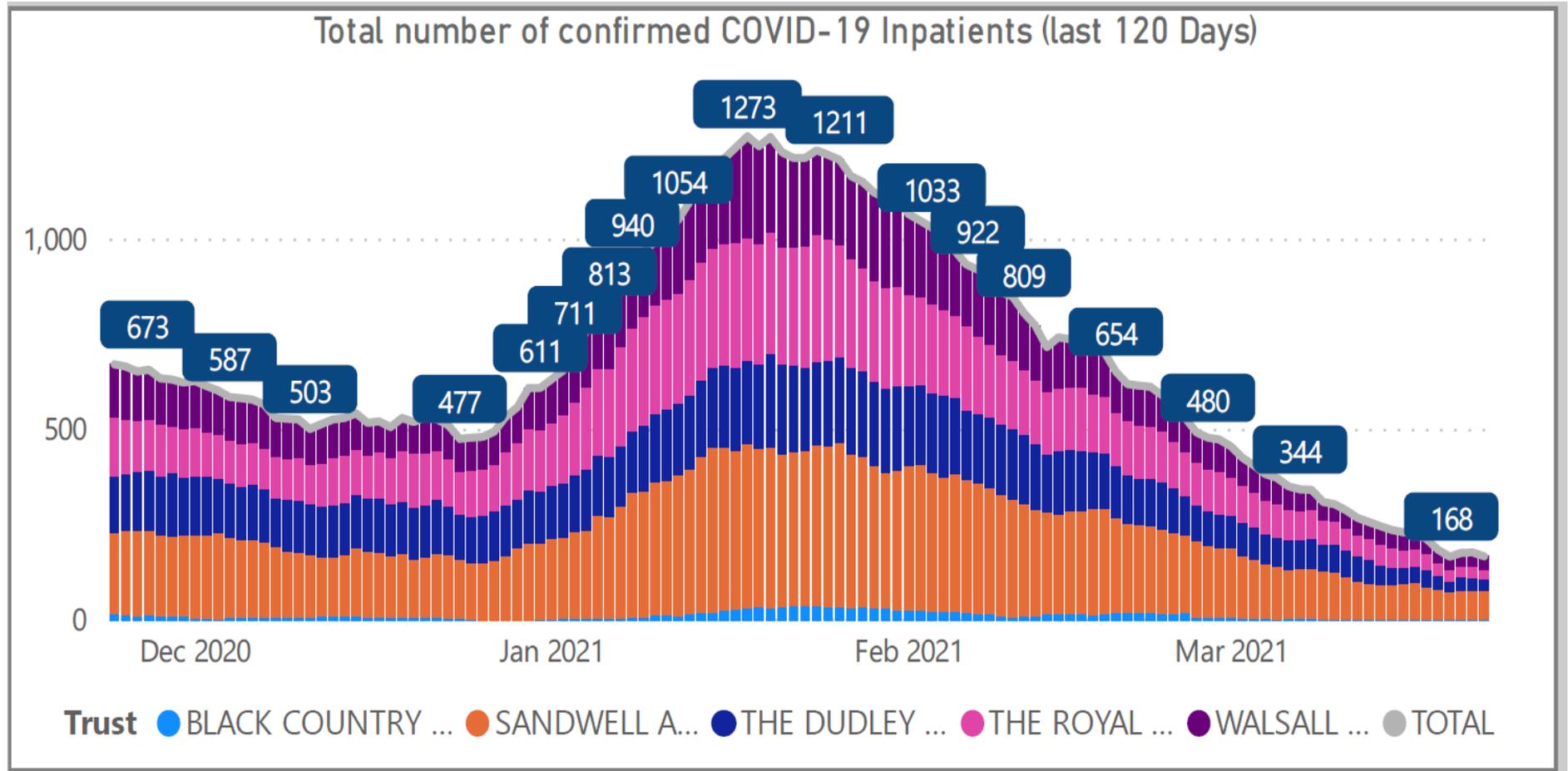
Thank you for listening!

COVID-19: Latest updates

COVID-19: Latest Dashboards

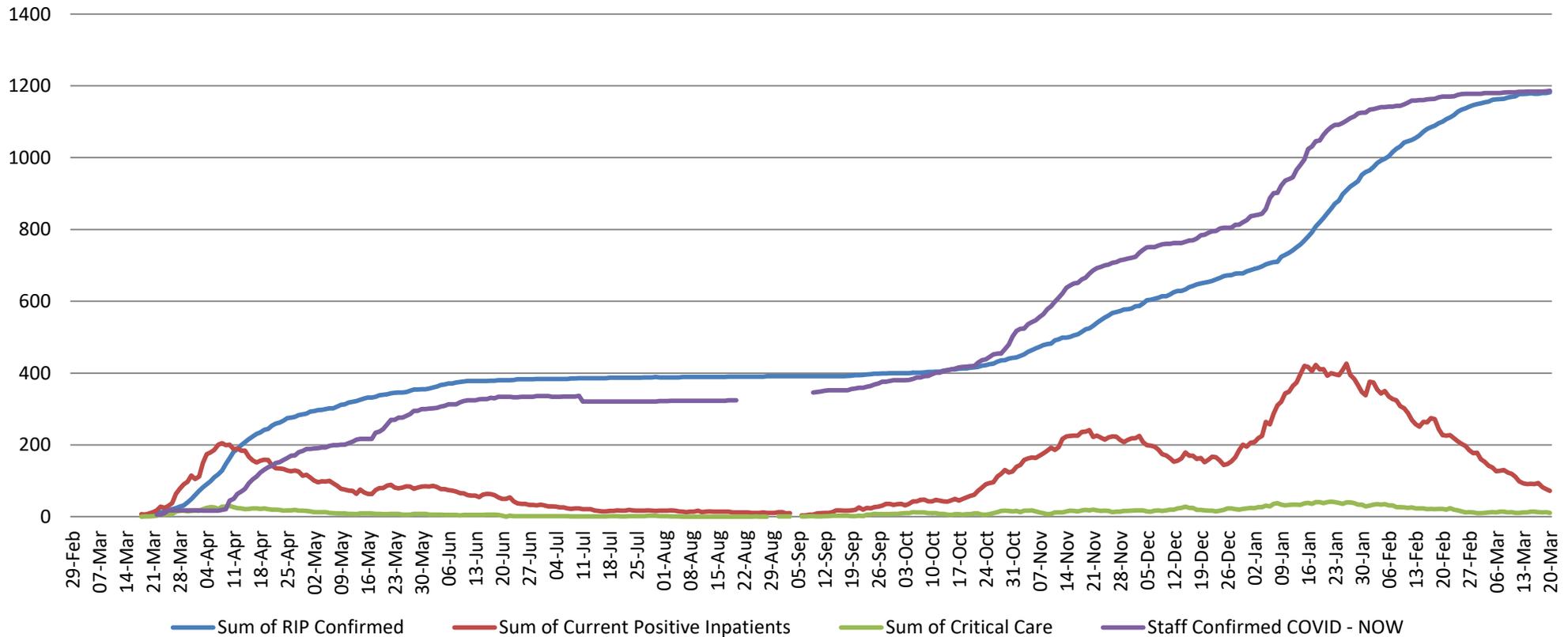


COVID-19: Latest Dashboards



COVID-19: Latest Dashboards

Trust Covid status



April 2021

COVID-19: Change to PPE guidance – Amber stream

Due to the reduction of community rates of COVID-19 and continued reduction of COVID positive inpatients being admitted, we are revising our PPE guidance in-line with national PHE guidelines, so that colleagues working on Amber wards are no longer required to wear FFP3 masks when providing direct care for patients.

Starting from **Monday 22 March** when working on an Amber ward the PPE required when in direct contact with a patient will be a fluid resistant mask, eye protection (sessional use), disposable apron and disposable gloves. Posters on entrances are being updated this week to reflect this change.

For Red wards or for Aerosol Generating Procedures in Red and Amber areas, continue to wear enhanced PPE (FFP3 mask/silicon mask/respiratory hood).

In addition to the required PPE in your area, you are encouraged to follow your individual risk assessment for PPE. If you have not yet completed your COVID risk assessments [you can do so on Connect](#). This may mean that, due to these individual risk assessments, different levels of PPE are being worn on the same ward.

You can read the full updated PPE guidance on [Connect](#).



April 2021

COVID-19: Sandwell vaccination hub re-opened on 23 March

For six weeks only, the Sandwell vaccination hub is open once again to see colleagues and administer jabs – in this case our second doses of the Pfizer vaccine, bringing not just additional protection but no doubt a great peace of mind to a great many of us.

Colleagues will already have an appointment for when to attend. You are encouraged to keep your original appointment or rearrange via the vaccination call centre (on 0121 507 4112), but you are advised not to go beyond 12 weeks after your first jab. It is essential that you attend as there will be no further appointments beyond 26 April for you to receive your Pfizer second dose. The Sandwell vaccination hub will also be open on Bank Holidays so please attend if you are booked on those days.

Second doses at the PCN City Hospital hub

If you had your first dose at City Hospital's hub, based in the Cardiac Rehab Gym, at Sheldon Block, please complete the following form to ensure you secure an appointment for your second jab: <https://forms.office.com/r/i9HgiAvGgN>.

The team at the vaccination hub will contact you nearer the time to confirm the date of the appointment.



COVID-19: It's not too late to have your first jab

If you are yet to get the first dose of the COVID-19 vaccination, you can still book in to get your jab at either Walsall Hospital or at the newly opened at Tipton Sports Academy vaccination centre. Alternatively colleagues can also book their jab through the Your Health Partnership Primary Care Network at Whiteheath Medical Centre in Oldbury.

To book your jab online use one of the following links:

[Walsall Hospital](#)

[Whiteheath Medical Centre, Oldbury](#)

[NHS COVID-19 Vaccination booking](#) – you can also use this link to book at the Tipton Sports Academy vaccination centre.



Until the end of March, Primary Care Network vaccine hub at City Hospital, Sheldon Block are able to offer limited vaccines to colleagues dependant on supply (priority is given to GP practice patients).

BME staff network hosted event: COVID vaccine your questions answered – Monday 29 March 1pm -2pm

The BME Staff Network are hosting a Q and A event aimed at answering the questions and concerns you may have about receiving the COVID vaccine. They will be joined by a panel of senior leaders within the organisation including:

- Dr Masood Aga, Consultant and Specialty Lead in Occupational Medicine
- Puneet Sharma, Chief Pharmacist
- Dr David Carruthers, Medical Director

There will also be an opportunity hear from Steven Shanu, Lead Pharmacist who will talk about his own experiences of being part of the clinical trials for the Astra Zeneca vaccine. Everyone is welcome. Info on how to join has been shared in the comms bulletin.

COVID-19: Regular testing with LAMP

Even if you have had your vaccine (first and second dose) we still need you to continue with the regular testing which has switched from lateral flow to LAMP. It remains really important that we pick up on asymptomatic cases so that we can best protect ourselves, our colleagues and our families.

LAMP testing is a weekly test where you collect a saliva sample first thing in the morning (before you brush your teeth or have your breakfast). You collect your sample at home and as you come into work, you deposit your sample in to one of the collection boxes which is then sent off to the lab to be tested. LAMP test results are processed quicker than the usual PCR swab tests and notifications of both positive and negative results sent back to you via text message.

Instructions on how to perform the test have been shared in comms and are available on [Connect](#).

If the result comes back positive you and your household will need to immediately isolate for 10 days and you **will not** require a PCR swab test to confirm the result.

You can read the Frequently Asked Questions by [clicking here](#)

Details of how to collect your kit and where to deposit samples have been shared in comms and can be found by [clicking here](#).

COVID-19: Visiting arrangements

We are planning a phased approach to open visiting for some patients.

- Stage 1 (12 April –17 May) Pilot for 1 month PCCT Amber wards plus maternity and paediatrics
- Stage 2 (17 May onwards) – Introduce visiting to all Amber adult inpatient wards and departments (excluding critical care areas).

Visitors will be required to wear a face mask when on site. They will be able to book 30 min slots via a booking system.

It is proposed that visiting will not be introduced to Red wards other than what we currently offer for visiting. We are still having discussions with clinical teams regarding the opening up of visiting on Green wards. We need to consider the clinical vulnerability of some patients undergoing elective surgery (cancer and colorectal being the two main concerns).

As a reminder, visiting inpatients is only permitted for [one person at a time](#) for patients who are at end of life and those with limited mental capacity, one parent/guardian of a child and birthing partners in maternity, as well as other exceptional circumstances. Please make a reasonable local judgement regarding the time you allow for each visit.

Please continue to encourage the use of mobile devices/tablets for families to keep in touch with their loved ones.

April 2021

COVID-19: Keeping you safe – shielding, isolating and working from home

Keeping colleagues safe throughout the pandemic has been a key Trust priority over the past 12 months. We continue to review guidance around those who are shielding and we have now updated our policy for these colleagues. Shielding colleagues are defined as people who are clinically extremely vulnerable and at very high risk of severe illness from COVID-19.

There are three ways colleagues may be identified as clinically extremely vulnerable:

You have one or more of the conditions listed [here](#)

- Your hospital clinician or GP has added you to the Shielded Patients List because based on their clinical judgement they deem you to be at higher risk of serious illness if you catch the virus
- You have been identified through the COVID-19 population risk assessment as potentially being at high risk of serious illness if they catch the virus.

Colleagues in these categories will have received a shielding letter, from your GP, hospital clinician or from the NHS nationally. Those with a shielding letter are strongly advised to work from home because the risk of exposure to the virus in their area may currently be higher.

If you cannot work from home, then you should **still not** attend work. The Trust will support you to stay well and continue to contribute to work, where adjustments can be made to enable you to work from home. If it is not possible to work remotely then the absence will need to be recorded as shielding and not working in any capacity in accordance with guidance from E-Rostering and ESR.

April 2021

COVID-19: Keeping you safe – shielding, isolating and working from home

These new formal shielding measures will apply until at least 31 March 2021.

We recognise that there may be some cases where an employee believes that they have been issued a shielding letter on the basis of a previous condition that is no longer relevant or you do not want to shield. If this is the case your manager must:

- Make arrangements for you to work remotely until advice is received from Occupational Health (OH) - If not possible to work remotely then your absence will need to be recorded as shielding and not working in any capacity.
- Email swbh.occyhealthcovid19@nhs.net explaining that a shielding letter has been received and to request advice on working arrangements/adjustments required. This will require you to complete a further risk assessment.
- Make the arrangements for taking appropriate action on receipt of the OH advice and ensure this is documented in your personal file. **If it has been agreed that you can return to work your manager must review this on a regular basis to ensure that you are continuing to work in a safe way and adhering to all infection control rules.**

As lockdown restrictions change in coming weeks it is likely that the shielding guidance will also change. If you are informed that you no longer need to shield you must complete the Trust's risk assessment before returning to work so that we can be sure that the appropriate precautions are put in place for you. These arrangements must be documented in your personal file.

The guidance can be read [here](#).

COVID-19: PDRs will be different this year

Many colleagues have been re-deployed into other areas or taken on other duties, and that they may not have been able to focus on the objectives or personal development discussed in their PDR last year. It has therefore been decided to change the focus from traditional scoring against objectives, to the development of a personalised discussion and plan for each individual. The process for 2021 will include:

Part 1

- A meaningful conversation between line manager and team member which focuses on recognising the impact of COVID and people's contributions and learning during this time.
- There will not be a requirement to score on overall job performance, achievement of objectives and behaviours from the year, however, managers and team members are welcome to discuss options for scoring if deemed suitable.

Part 2

- Agreeing and recording SMART work objectives for the coming year.
- To discuss future aspirations to link into retention and talent management plans. There should be a sensitive conversation aimed at helping to support the improvement of colleague retention by e.g. identifying a colleague's development aspirations and identifying where colleagues may be considering leaving the organisation and exploring support options.

Recording

There will need to be some recording of completion of the above process for organisational assurance. Moderation will not need to occur in the same way as in previous years, however, directorate leads will still meet to review reasons for any non-completion of the discussions in order to offer support, and to review the objectives set for the forthcoming year to support alignment to directorate, group and Trust goals.

PDR discussions must be completed between April and July. Managers will receive further guidance shortly.

All colleagues are reminded they are to be compliant with their mandatory training.

April 2021

TeamTalk Feedback – NHS Staff Survey results

The NHS Staff survey results were released this month. It's important we review the areas we could do better, and to do this we are asking managers to review the staff survey reports and discuss with their teams what we can do to improve:

- The wellbeing support offered to all staff
- Equality, diversity and inclusion
- Team communication
- Line manager development

The staff survey reports along with the directorate reports are [available on Connect](#). Please share these with your teams and jointly develop action plans to make improvements. In addition to the four themes identified above, you are encouraged to identify at least three themes in your own areas and put together an action plan to make improvements.

Please send your feedback by 17 May to subtan.mahmood@nhs.net

March 2021

Your questions answered