

EARLY INTERVENTION MATTERS

OCTOBER 2020

○ EICT TEAMS GIVEN VIP STATUS!



All five Early Intervention Community Teams (EICT), including redeployed staff, have been recognised for their outstanding work and tireless commitment as part of Birmingham Community Healthcare's (BCHC) Values in Practice (ViP) Awards. Read more on page 2. Left to right EICT Central, South, East, West & North teams.

○ STAFF UPDATES

Last month, Chris Holt, BCHC's Chief Operating Officer, provided an [update to staff](#) on the Early Intervention Programme. He set out its three priorities for the next few months.

1. Agree an interim commissioning framework with commissioners
2. Embed the operational changes within each component
3. Build operational resilience within each component

Answers to the questions raised by staff during the event are on pages 6-7. The next staff update will be held on 26 October and again Chris will take questions at the end of his presentations but you can also email them in ahead of time to Jennifer.chatham@uhb.nhs.uk. Joining instructions have been sent out to staff. Contact your line manager if you have not received them. The event will be recorded to enable staff who are not able to attend the event, to listen to when they can.

Date for your Diary

EI Staff Update
26 October
1.30-2.30pm

Join October's event [here](#)

○ EICT TEAMS GIVEN VIP STATUS!

The bi-annual Awards recognise teams and individuals for their commitment to the BCHC Values (Caring, Open, Responsible, Respectful, Inclusive).

In addition to the five EICT localities, two individuals, **Gail Landucci** and **Geen George**, as well as the clinical team leads at EICT South were also recognised separately for the work they have done to keep patients safe and well during the challenges the NHS has faced during 2020.

Gail is a senior occupational therapist at EICT Central and Geen is a rehabilitation assistant at EICT South. Both were nominated under the category of 'Responsible'.

Bobby Chal, EICT operational lead and head of community nursing at BCHC said: "I am proud of every staff member working in the EICT and delighted that they have been acknowledged by the awards. It's important to recognise that this was a newly formed integrated health and social care service of circa 300 staff. They came together across five different locations to work with new team members, new practices, welcome redeployed staff and adapt to significant change - all in the midst of the pandemic."

This year the Awards will be presented in a 'COVID-safe' way – with face-to-face (socially distant) presentations to teams and individuals at their base. Divisional leaders and the executive team will be presenting teams with a team trophy and individual winners with a glass paperweight, in addition to their VIP certificate and 'values' pin badge.

Liza Walsh, EICT project lead and divisional director- Adult Community Services at BCHC added: "This is well deserved recognition of the EICT that has made such a contribution to the EI programme and its help in the city's response to the pandemic. The teams came together very quickly to help the early discharge of patients from the acute setting. Even though it was a very anxious time everyone acted in a professional way, giving their full commitment."

Excerpts from the EICT nominations

"The EICT rolled out at the start of the Covid Pandemic, which also saw many staff redeployed to the teams. Starting a new service is always difficult, to do it during Covid and with other organisations is even harder, but the resilience and determination to succeed that my colleagues and manager have shown, makes me very proud to be part of this team."

"We have pulled together with such positivity in a very difficult and unsettling time for many of us. Every day I come into work I feel proud to be part of such an energetic, skilled, motivated team which has pulled together so well in such a short space of time."

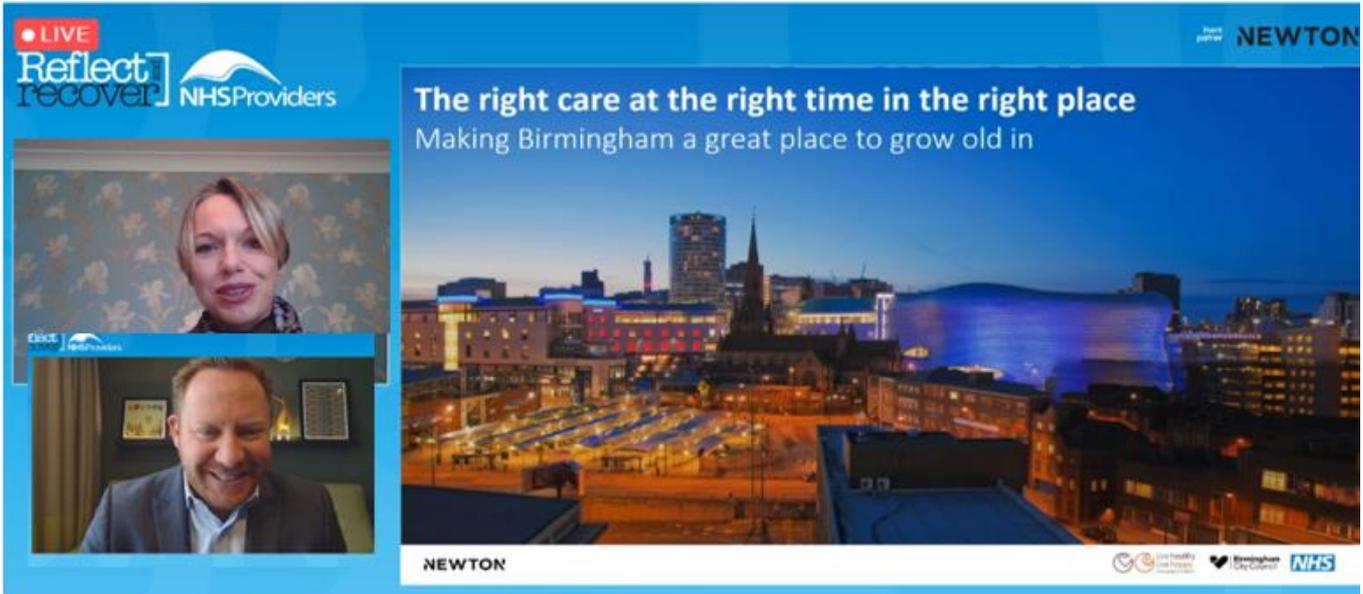
"The team deserves recognition for all their hard work and commitment over the last few months, true heroes keeping our community safe."

"Gail (Landucci) has stood out throughout this time as a highly organised, dedicated professional, co-ordinating the existing team and all the redeployed staff."

"As a redeployed mental health nurse I was feeling a little discombobulated upon arrival at the South EICT to commence my redeployment. The team has cared for me, included me in their team whilst I have worked closely with them. I have gained some additional valuable skills and it has reignited my passion for nursing, reminding me why I came into the profession. They are a credit to nursing - passionate, caring, professional and supportive."

"Geen (George) was at work with the EICT team and in his car on his way to a home visit. He saw a man wandering in the road and he stopped to help. The man was distressed and clutching a piece of paper with an address on that he was trying to get to. The man had a heart condition, he had not taken his medication and Geen felt he looked unwell. Geen called an ambulance and waited until help arrived."

○ EI SHINES ON NATIONAL PLATFORM



Birmingham’s new Early Intervention Programme (EI) and its role in helping to transform front door services at the city’s hospitals fell under the national spotlight earlier this month at the annual NHS Providers conference.

The theme for the NHS conference, held virtually from 6-8 October, was 'reflect and recover' and explored the challenges of confronting the coronavirus pandemic and the impact it has had on the healthcare sector.

Under the heading of '**Making Birmingham a great place to grow old in – right care at the right time in the right place**', Professor Zoe Wyrko, consultant geriatrician and medical director of Out of Hospital Services at University Hospitals Birmingham (UHB), updated delegates on the success of Birmingham’s new integrated EI health and social care approach and the critical role it is playing in the city’s response to the global pandemic.

During her 30-minute presentation, Professor Wyrko also focussed on the positive results of the Older Person’s Assessment and Liaison team (OPAL), one of the five workstreams of the EI programme. Headed by Professor Wyrko, OPAL is a geriatrician-led, multi-disciplinary team that ensures that individuals presenting at the hospital front door receive the most appropriate onward care

Andy Lumb, director at Newton, chaired the session which ended with several questions being asked around lessons learnt in developing the programme and best practice being adopted as a result to which Professor Wyrko and Andy Lumb responded.

Watch the session [here](#)



○ HUB PARTNERSHIPS KEEP PATIENT FLOW HIGH

Patient flow through the four complex discharge hubs (CDH) at University Hospitals Birmingham (UHB) has reached an all-time decade high thanks to new operational measures introduced by the Early Intervention (EI) team in response to Covid-19.

Key to this success has been the opening in March 2020 of a new central Integrated Hub (IH). The IH is liaising with the CDH to co-ordinate the transfer of patients from hospitals to their ongoing health and social care pathways. **Sue Gilbert, Integrated Discharge Lead**, explains the role of the IH, based at Moseley Hall Hospital, its development and how it is supporting staff across all areas of EI to help patients receive the right care at the right time and in the right place.

Integrated Hub role

- Help improve and support patient flow across the system
- Open 7 days/week
- One stop shop for everything related to the discharge process
- Offer practical and specialist support with discharge planning

We comprise of teams including Birmingham City Council Social Care, CCG Clinical support, Bed Management and EAB, plus via our daily MDT system-calls, there is often representation from the brokerage teams, and mental health colleagues too.

The majority of our work is tracking and supporting those inpatients at BCHC sites, where we collate, record and report information against each patient, ensuring where we can, they are progressing towards their expected discharge date.

We also receive patient referrals from the CDH at the Queen Elizabeth, Heartlands, Good Hope and Solihull hospital sites, and from the sites within Sandwell and West Birmingham Hospital NHS Trust too. They usually relate to supporting patient discharges into Pathway 2 but we also help with Pathway 3 and End of Life placements, either in a patient's own home or in a hospice. We can do same day discharge, for example, if a patient is deteriorating rapidly and wants to return home to be in their own surroundings.

“Most staff are aware that we exist and that we are here to help! They know that we can do all the things that they don't always have time to do which releases their clinical time to focus on patient care elsewhere.”

What we are finding really helpful is that staff are letting us know as much about the patient as possible—even as early as on arrival – if there is something that could impact on their discharge plans. In terms of how the CDH relate to the IH – this is an evolving picture. The IH is playing an increasing role in coordination and reporting across all discharge pathways and in time, as some of the functions of the CDH move to the Integrated Hub, it will be the IH multi-disciplinary team that supports admissions and discharges across all pathways.

We are here to help in any aspect of patient discharge so please talk to us. We are apparently developing a reputation as a team of trouble shooters too; we will take that as a compliment - thank you!



○ THANK YOU

This month we share a thank you letter received by the Early Intervention Community Team (Central), praising many members of the team for their care and compassion.



I would like to express my deep gratitude to all the rehabilitation support teams that visited and cared for my father over the last six weeks. Without exception the professionalism and kindness of each and every one was excellent and incredible to witness.

The NHS can be truly proud of its Early Intervention Programme and all staff should be very proud of themselves as they make real difference to people's lives. My father is going through a very difficult time and as a family we were all under a tremendous strain, but this was greatly alleviated by those invaluable daily visits.

I felt that all those involved in his care gave their best at all times and their cheerful presence always made my Father seem a little brighter. **Andy, Sharon, Bushra, Nicky,**(whom I remember spending time talking to my Father about his time on the buses) **John and Neelam**, are to be highly commended and there were others too, but I cannot recall their names as I did not see them as often.

Two members of staff were outstanding and they were **George and Tina**. They shone because of their exceptional ability to encourage and reassure my Father. They both have lovely natures and caring seems to come right from the heart. George even sang while working!

I would also like to mention my first point of contact. I believe she is a nurse called **Mary**, and without her initiative and intervention my Father would not have been provided with such wonderful care and as a family we would have struggled.

Thank you all for easing my Father's suffering. You improved his quality of life and treated him with dignity and respect. For this we will be eternally grateful. You were all greatly missed when the visits ceased.

Kind regards

Geraldine Duignan

SEPTEMBER STAFF UPDATE - Q&A'S

1. What is the plan around staffing?

Getting a stable staffing model is critical. This relates to work we are doing with the Commissioners. We need to make sure that we have an EI model that is sustainable for the outcomes we are trying to deliver. A lot of work is going on to ensure that the staffing is right to do that. There is work going on in individual teams to do that. Over the next few months what we are doing is to identify where some of those pressures points are and see how best we can support them whilst we work with commissioners on what we believe is a proper EI staffing model that, going forward, is fit for purpose. Getting the right staffing in the right place is critical and we will ensure this is fully communicated to you as soon as we have something to share.

2. Can we have permanent staff, not temps?

Where the staffing model and funding allows, we will recruit to vacancies permanently.

3. Will we be going through a consultation and when?

Consultation does take time to prepare and we are committed to spend the necessary time to consider what the final model of EICT should look like, with your support, but there is no timeline when this will be ready to share with you right now. The priority at the moment is to deal with winter pressures and the impact of COVID. There is a commitment for full consultation to be undertaken at the appropriate time, any changes that would impact on terms and conditions would require formal consultation. We do commit to keep you updated regularly with any developments.

4. What is the time line to finalising commissioning and obtain team shape and staffing model

The next three to six months we are committed to sorting the commissioning arrangements out. By the end of October we will have sight of what the interim commissioning arrangements are. This together with what is going on with COVID and the uncertainty around the whole financial framework across the NHS, not just our organisations. We do commit to keep you updated regularly with any developments.

5. How many phases are there?

The priority is to stabilise the teams, we are using the phase one and phase two terminology to recognise that phase one had a lot of support from Newton, it was about mobilising the team into the five localities following consultation with staff. With the departure of Newton we are imbedding the locality teams to create stability with new ways of working with the system to improve the outcomes for patients. This also includes a shift in the Senior Responsible Office role from Andrew McKirgan to me. As we move into next year, depending on the status of the pandemic, we will start to carefully consider the further alignment of teams and organisations.

6. Printers, we still not have a printer in hubs

Some of the issues you are experiencing range from certainty about roles down to the printers not working. I am committed to sorting these things out for you; we have not let these things drop off our list and they still have our focus. I know our digital team is working hard to achieve this and they update the implementation team weekly with progress. The issues are more complex than they seem as we try to connect different organisations, if we don't have line of sight in the short term we will have to come up with an alternative.

Response from Digital Team during event: Printers - IG are undertaking a DPIA of the cloud-based print/scan option and Procurement is ready to go following IG signoff

7. Is EICT part of the customer journey?

EICT and Customer Journey, for BCC employees, formed part of two separate consultation exercises and Business Cases. The EICT consultation with TUs and staff was clear that this was a lift and shift of staff into the five locality multi-disciplinary teams and that there would be no impact on Terms and Conditions. However, it was made clear to EICT staff that under Customer Journey there would be a change to JD/PS and therefore staff were involved with consultation for Customer Journey specifically in relation to changes to JD/PS. Any affected staff were invited to group consultation sessions, 1-1's and JD/PS workshops.

- 8. Office space is limited**
We have obviously not been helped with COVID, however, pre-Covid things were looking positive. We spent money upgrading the facilities in refurbishing offices and investing in new kit. COVID is challenging and social distancing is something that is a feature in a number of teams. This week there have been discussions across the system and particularly with BCC about releasing more space. I know we have to address space at Mosely Hall Hospital too. Trying to keep teams together and work in a Covid way has been one of the biggest challenges so far but we are working to resolve that.
- 8. What is happening regarding access to Rio? We are currently running on locums and agency who do not have access**
Response from Digital Team during meeting - Locums and Agency staff can access RiO training, any issues to sort training please contact itt@bhamcommunity.nhs.uk
- 9. Nurses had extra pay for bank during Covid, therapists did not and we did as much initial assessments/admission avoidance. Can this be supported now to apply to therapists and social work staff who have no bank options?**
BCC - social work staff and AHPs were given the opportunity to work additional hours in line with BCC policy/procedure. Therapy staff can join BCHC Bank and we are aware that many have already and work regularly to support the service which is a great help. The uplift for nurses working on the bank is a service led decision based on critical need; this can be applied to any profession where the critical need is present.
- 10. Knowing we are preparing for a tough winter, can we offer benefits/perks/extra AL/pay on Bank as a thank you? I feel the teams have been disheartened that they were not nominated for a VIP award other than from a LOM Manager which has reduced morale.**
This is riddled with challenges should an organisation choose to do this - what we do for one group, we have to do for all groups. But we are committed to health and well-being and how we keep people motivated, I know people are tired. There are things that we do to recognise team success such as thank you cards, chocolates, cakes, water bottles etc. We are aware that some of the mechanisms have been used in different ways across different teams. We are making sure that there is parity amongst the teams. Sometimes it is not just about money, it is about how we can continue to support work life balance, health & wellbeing and supporting staff who have caring responsibilities etc. Each of the organisations has supported employees with access to COVID swab testing, antibody testing, working from home, alternative duties to support health or caring responsibilities. EICT was nominated for VIP Award under the caring category by the Head of Service as well as one of the Locality Operational Managers, each Locality has a plaque which are being presented to each team. There were also individual nominations made by colleagues which have been acknowledged.
- 12. Why is there a need for so much data for such a short period of care and mass duplication?**
The data is collected to monitor and improve the quality of care. It helps inform the future direction/model of the service in order to improve the patient outcome, reduce the need for hospital admission as well as reduce the length of stay in hospital and inpatient beds. As per your feedback we have been reducing duplication, with many of you being involved with this piece of work. Communications will be shared over the next few weeks.
- 13. Would the department consider staff having home printers - own or departments?**
From a BCHC point of view we are committed to helping people to work from home and I will be talking to partner colleagues to talk about how we commit to this together, however at the same time there are various sites across the City that can be accessed for printing needs.
- 14. Social distancing is poor at the hubs**
The sites have been COVID risk assessed and we are committed to protecting our staff and practice social distancing. Any concerns should be addressed immediately and can be escalated to a manager – the Infection Control Team can support with any educational or practice requirements. We are all responsible for practicing social distancing and infection control for the safety of ourselves, colleagues, patients and your families.

KEEPING YOU SAFE



✓ Lone Working

Working alone is a daily reality for the Early Intervention Community Team and we recognise that our staff may face risks to their safety and security. As our service ramps up it is important that you are fully aware of the Lone Working policy which helps manage the safety and security of lone workers. Under no circumstances, should staff compromise their own personal safety. If they feel unsafe at any point, while in a lone working situation, they should remove themselves from the situation immediately and report their concerns to their manager. If they cannot remove themselves, they should adopt the **Red Folder Process**.

The **Red Folder Process** is a commonly used term throughout BCHC. If a staff member requires assistance and is unable to freely communicate then they can call the office and ask for the 'Red Folder'. All staff who receive this call must be familiar with the phrase and answer a set of predefined questions. The process is detailed in Appendix 6 of the BCHC Lone Working Policy. If staff are in immediate danger they must call – wherever possible 999.

Please refresh/familiarise yourself with the policy as soon as possible? Speak to your line manager if you can't find it.

✓ Social Distancing

Social distancing is something that we must maintain. I know that work space is sometimes difficult to find to help adhere to this. Please speak to your Line Manager if you have any problems with identifying workspace.

- Maintain the 2m rule at all times
- When walking around the sites please remember the 2m distances
- MDT meetings please sit re 2m distance
- When looking at a PC or laptop please be mindful of the distance
- Please use the extra space in the activity rooms that has been identified

GOT A QUESTION OR A STORY IDEA?

Every month we bring you stories about our Early Intervention team and programme. We want to hear from you too. If you have any story ideas or stories and photos that you would like to share, or questions that you would like to ask, please email Jennifer.chatham@uhb.nhs.uk.