

**TRUST BOARD
SUBMISSION TEMPLATE**

MEETING	Trust Board	Ref No. 4.2
DIRECTOR	Non Executive	Date: 3 March 2022
<ul style="list-style-type: none"> Safety and Quality Visits – Non Executive Director Feedback 		
Purpose	<ul style="list-style-type: none"> Belfast Trust has committed to placing safety, quality and compassion at the heart of all that we do. By focussing on this, we believe that we will be one of the top performing UK Trusts by 2020. To help achieve this we wish to hear how staff who deliver services to patients/clients embed quality improvement as part of your everyday job. These visits are a unique way that we can learn from each other and share the learning across the organisation. These visits allow all staff to talk freely about safety, quality and experience and how you have improved this or discuss the challenges that remain. 	
Corporate Objective	<ul style="list-style-type: none"> A Culture of Safety and Excellence Continuous Improvement Partnerships Our People Resources 	
Key areas for consideration	See Reports	
Recommendations	<ul style="list-style-type: none"> <i>For Noting</i> 	

**Safety Quality Visits
Non Executive Director Feedback**

Department/Area: Weavershill Supported Living Accommodation	Date – 17/11/2022
<p>In attendance – Nuala McKeagney, NED, Aine McMahon - Interim Assistant Service Manager; Katie Armstrong – Interim Manager Mary O’Brien – Divisional Social Worker Mental Health and CAMHS</p> <p>Context: Weavershill is a supported living facility for people with mental illness, containing a Care Unit/Rehab & Assessment Unit with 10 beds and 7 self-contained flats. It provides 24:7 support for a period of up to 2 years, based on support plans developed to meet a continuum of individual needs.</p>	
What matters to patients/service users?	
<p>The following issues matter to service users: developing independence; having a detailed care plan and being involved in its development; a care plan that understands individual boundaries; good structure and routine; having good trusting relationships with staff members; having their own space; being treated with respect and feeling their opinions are taken into account; good communication.</p>	
What matters to staff?	
<p>Good teamwork; support and understanding from management and colleagues; regular supervision; good work life balance; providing safe quality care; providing a safe space for service users that encourages growth and redevelopment; learning and growing from mistakes; establishing good, therapeutic relationships with service users; learning, development and training opportunities.</p> <p>Some of the day care facility staff were redeployed to Weavershill during the covid pandemic, Katie Armstrong who was redeployed, enjoyed the work so much that she applied for the Interim Managers post.</p>	
Areas of good practice	
<p>Weavershill is based on a social care model, providing bespoke person-centred care and intensive support for up to two years to a range of service users of varying ages 18-65 years. The staff of 13 work hard to ensure that service users are fully engaged in the design of their care, meeting regularly to review the care and support and its outcomes (weekly with service users and monthly with MDT). The overall aim is to reduce level of harm, reducing risky behaviours and helping service users achieve key milestones.</p> <p>During the covid pandemic, service users did not have regular contact with their families, staff worked hard to manage anxieties and keep service users occupied given that there was no access to external day activities during this time.</p> <p>Staff worked with service users to co-design and develop the garden, buying materials, and undertaking the work. Staff and residents are very proud of the end result and the process involved in engaging the whole team. Weavershill hosted a Big Lunch for Service Users and families in the garden at the end of the first lockdown, food and entertainment was provided for all.</p> <p>The staff highlight the good working relationship they have developed with RQIA, pointing out that in 11 years of unannounced inspections they have only had one recommendation from a RQIA visit.</p>	

There is good communication with MDT and community professionals in managing risks and promoting positive outcomes, likewise the team provided evidence of good supervision and support to staff and managing potential concerns.

All staff have completed Towards Zero Suicide awareness training, ligature training and Infection Prevention and Control training. All staff are aware of service users individualised support plans.

Areas for Improvement

There is a need for the development of an additional/similar facility to Weavershill as there is growing need for step down facilities in supported living units, particularly for people with a forensic history. The new facility would also use a social care model to support service users' recovery journey, and it should be supported by a properly funded community infrastructure. The team is currently developing a business case for an additional facility and are seeking support from the Executive team and Trust Board.

What would make this visit even better?

I think the visit would have been much improved had it been a face-to-face visit, where I could have viewed the services, facilities and perhaps had an opportunity to meet with some service users.

**Safety Quality Visits
Non-Executive Director Feedback**

Department/Area: Mater Infirmorum Hospital - Ward D	Date 1st February 2022.
In attendance: Ward Manager, Kerry Coogan. Consultant, Paul Turkington. Senior Social Worker, Colm Heery. Pharmacist, Mark Walsh. ASM, Bernie Care, Non-Executive Director, Martin Bradley	
What matters to patients/service users?	
<ul style="list-style-type: none"> ➤ Enough staff to provide personalised care and time to have relaxed meal times and supervision and support for those who struggle with the activities of daily living. ➤ Contact with family and Care Partners. ➤ Timely admission to the ward from A&E & timely discharge. ➤ Good communication with patients & relatives. ➤ The hospital/ward is clean and risk of healthcare associated infections is low. ➤ Safety when moving about – falls prevention. ➤ Discharge delays due to lack of community domiciliary care. <p>This is a 32 bedded ward acute medical ward primarily for elderly patients a proportion of whom are confused or suffering from dementia (50%). It was originally 24 beds, very busy with a turnover of 4/5 discharges each day (122 per month). It has two Consultants Dr. Turkington, (Care of the Elderly) and Dr. Michelle Craig, (Acute Medicine). Patients often remain in ED on trolleys for 24 + hours prior to getting a ward bed.</p> <p>The ward has had to respond to the COVID Pandemic and has provide care for Covid patients. Medical teams from the BCH (Older People) and MIH (Acute Medicine) have joined forces, including an advanced Nurse Practitioner. This has helped to provide better continuity of care.</p>	
What matters to staff?	
<ul style="list-style-type: none"> ➤ Maintaining safe staffing – medical, nursing and AHP due to illness, exhaustion and increased patient numbers. ➤ Staff unable to provide the standard of care that they would like. Currently 5 members of staff in the nursing team are waiting to leave. ➤ In relation to workload it was said “...it’s not a wave – the sea has risen,,,,,” ➤ Less firefighting and time to do a good job. ➤ Patients being discharged in a safe and timely fashion. ➤ No patients in ED awaiting a bed. ➤ Staff respectful of each other and their job roles. ➤ Good multi-disciplinary team working. ➤ Teaching and professional development. Nursing staff have upskilled in the use of NIV/CPAP and in the care of the respiratory patient. Dealing with more acutely unwell patients. Evidence of MDT teaching. ➤ Positive patient & relative feedback – evidence of excellent scores in patient survey Dec21/Jan22. 	

A very cohesive MTD who have been under constant pressure with changes in location, staffing and managing COVID patients. They have developed new skill sets in the use of NIV/CPAP and in the care of the respiratory patients and the acutely unwell.

Areas of good practice

- Excellent team work – truly multidisciplinary, involving medical, nursing, pharmacist and AHPs. Daily MTD meetings, weekly Governance Meetings and M&M reviews. Learning shared and incorporated into teaching.
- Excellent collaboration on the medical side between Care of Older People and Acute Medicine.
- Medical review of patients who remain in ED overnight.
- Emphasis on the care of those who are terminally ill. This has been difficult during COVID particularly for relatives. They have been supported and the relatives and Bereavement Team have given the ward very positive feedback.
- Good medicines governance, timely & safe prescribing, regular input from Ward Pharmacist and good medicines reconciliation.
- Pharmacist and Advanced Nurse Practitioner undertaking Prescriber Course with input from Consultants.
- Adherence to antibiotic prescribing policy.
- Good Social Work input with focus on engagement with patients, relatives and external care organisations leading to good discharge planning.
- Innovative Social Work “information hub” developed which can be accessed on the ward but also by phone. Plans to locate this in the MIH Atrium post COVID.
- Professional & accessible support on Mental Capacity Act from Social Worker.

Areas for Improvement

- Slips/Trips/Falls are the most frequent reported incidents. Patients who are confused and those who are suffering from dementia appear to be most at risk. In discussion, the challenge is the number of these patients, the number of staff to provide good supervision and falls at night. They are introducing sonar pads to alert staff to patient movements but again the level of staffing will be key in timely response to these.
- The second most common incident are pressure ulcers. These are patients who have been admitted with pressure ulcers.
- Meal times are challenging with the number of patients requiring help with feeding and the number of staff available to help with this (staff do not take their breaks during meal times).
- Prior to COVID relatives would have helped and been encouraged. They staff would now like to explore the development of Dementia Companions.
- Risk assessment for venous thromboembolism (VTE) has been difficult during the COVID pressures and the assessments have fallen behind.
- Pharmacist working on better compliance with the documentation of patient allergies and increasing the visibility of these.

Summary.

- ✓ Agreed there will be a renewed focus on **falls prevention** including the introduction of sensor falls prevention mats and more risk assessment and re-establish link nurses. (3 months).
- ✓ **Meal times** and aspects of personal care – investigate the development of Dementia Companions. (6 months).
- ✓ Improve **VTE compliance** (3 months).
- ✓ Improve **medicine safety** with documentation of allergies and medicine reconciliation. (3 months).

What would make this visit even better?

The opportunity to visit the Ward and meet with staff and patients.

Martin Bradley.

SAFETY QUALITY VISITS
NON EXECUTIVE DIRECTOR FEEDBACK

Department/Area: Knockbracken Day Centre.	Date 14th February 2022
In attendance: Manager, Ester Brimage. Assistant Service Manager, Breige Connery. Assistant Manager, Susan Curry. Care Assistant, Irene McMurray. Care Assistant, Andrea Dawson. Care Assistant, Alison McKee. Non-Executive Director, Martin Bradley.	
What matters to patients/service users?	
<ul style="list-style-type: none"> ➤ Person centred care, with respect for each person and patience in supporting with activities of daily living. Support with personal hygiene. Relaxed meal times, understanding dietary requirements and assessment for choking hazards. ➤ High standards of care, strengthened by positive staff morale. ➤ A clean, safe,(Covid safe), well lit, friendly environment. ➤ Understanding of both physical and emotional needs and the management of these. ➤ Regular and good communication with families and carers. ➤ Knowing when families are under stress and offering support. ➤ Stimulating environment and enjoyable activities. <p>This is a Day Centre for older people. Prior to COVID it catered for up to 40 clients. It was closed during the early stages of the Pandemic. During that time staff offered an outreach service to clients in their own homes but as lockdown became more stringent this had to cease. Following the initial closure the staff were redeployed to 24 hour residential and supported housing facilities. From August 2020 they have gradually reopened, now with 12 clients and moving to 20. The clients suffer primarily from Dementia and there are 3 Groups:</p> <ul style="list-style-type: none"> • Mild (20) • Moderate (12) • Sever (8) 	
What matters to staff?	
<ul style="list-style-type: none"> ➤ Meeting service user and carer needs and having the resources to do so. ➤ Being adequately staffed to provide a safe service. ➤ Good clear communication within the organisation and positive interpersonal relationships within the team. ➤ Fostering mutual respect and feeling recognised within our roles through positive leadership. ➤ Good IPC practice- staff and users have continued to stay safe, focused and responsive to the possibility of further Covid surges. To date there have been no cases of Covid transmissions ➤ A sense of achievement when they witness service users achieving personal goals through a range of varied individual and group activities that they have worked hard to implement and facilitate. 	
Areas of good practice	
<ul style="list-style-type: none"> ➤ See all of the above. In addition they have engaged with all service users and carers over the last two years, to complete a survey based on their experiences through Covid 19. This is being used to inform service planning and delivery during the rebuilding of services in line with changing demands and challenges of the Pandemic. Feedback has been overwhelmingly positive with users and carers understanding and grateful for the lengths taken by staff to keep them safe. ➤ Following admission, a Key Worker system is in place to ensure that each person has a dedicated worker to assess and plan an individual programme of care. ➤ Acknowledging the valuable contribution that individual staff have made. ➤ All staff attend Medication Training/Updating every two years. 	

- Regular IPC training. Covid Folder accessible with all the latest guidance.
- Access to supply of PPE & robust process to monitor use and restock.
- Incidents within the service and wider Trust are discussed at staff meetings for shared learning and to minimise the risk of the same within day care.
- Sharing good practice with a particular emphasis on the individual care plans and medication requirements.
- Daily huddles for all staff at the start of each day.

Summary.

I noted that they were able to identify individual members of staff for particular mention.

One who manages the severely - “her empathy and simple loving kindness towards these clients and carers is an inspiration to us all”.

Another “is incredibly versatile and creative and continuously provides a wonderful and varied programme of activities for service users”.

Another “she supports and mentors new staff and is always happy to take on additional areas of responsibility

Another “she supports me daily in decision making and in practical ways each day – she demonstrates the core values of the Trust through her support for us all....”

My overall impression was of a Day Centre run by very professional and caring staff, experienced in caring for those with dementia who are focused not solely on the condition but more so on the quality of life. A group who are themselves “thinking outside the box” have other artistic skills and a sense of humour. They are kind.

I came away feeling we are very lucky to having such good people working for the Trust.

Areas for Improvement

- The toilet and washing facilities need to be updated. Delays with the estates process can generate unnecessary time and work to follow up on job requests.
- The facility faces onto the main road running through the Knockbracken estate, they need a safe space where the elderly can enjoy the weather and move around. There is a space behind the building which could be further developed into a garden but needs new pavements and perhaps a better and more secure perimeter. I did suggest they look at the Trust’s Charitable Funds.
- They would benefit from more O.T & Physio support and in particular Podiatry/Chiropodist.
- More detail on the social history of clients.

What would make this visit even better?

Yet again – the opportunity to visit the Centre.

Martin Bradley.