



**TRUST BOARD  
SUBMISSION TEMPLATE**

<b>MEETING</b>	<b>Trust Board</b>	<b>Ref No. 4.2</b>
<b>DIRECTOR</b>	<b>Non Executive</b>	<b>Date: 4 Nov 2021</b>
<ul style="list-style-type: none"><li><b>Safety and Quality Visits – Non Executive Director Feedback</b></li></ul>		
<b>Purpose</b>	<ul style="list-style-type: none"><li>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.</li><li>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.</li></ul>	
<b>Corporate Objective</b>	<ul style="list-style-type: none"><li>A Culture of Safety and Excellence</li><li>Continuous Improvement</li><li>Partnerships</li><li>Our People</li><li>Resources</li></ul>	
<b>Key areas for consideration</b>	<i>See reports</i>	
<b>Recommendations</b>	<ul style="list-style-type: none"><li><i>For Noting</i></li></ul>	





**SAFETY QUALITY VISITS**  
**NON EXECUTIVE DIRECTOR FEEDBACK**

<b>Department/Area:</b> ED and General X Ray Dept, RVH Imaging Centre	<b>Date</b> 02/09/2021
<b>In attendance:</b> Miriam Karp NED, Peter Frizzell, Imaging Site Lead, Anton Collins, David Crawford, Sean O'Conaire, Sarah Stewart.	
<b>What matters to patients/service users?</b>	
That the service is delivered in a timely matter with minimal waiting times in a comfortable and clean environment. Friendly staff who fully explain and involve the patient in their imaging i.e. speak to them and put them at ease/keep them informed of the process for gaining results etc. High quality imaging to prevent recalls or other delays with regards to patient diagnosis/treatment.	
<b>What matters to staff?</b>	
Providing patients with accurate, timely and effective care. Knowing that they have the correct staffing & resources to get the job done. Support from senior colleagues and Radiologists with regards to justification/rejection of requests.	
<b>Areas of good practice</b>	
<p><b>Safety and Quality</b> The commitment to openness and learning stood out for me with this team. The integration of live governance, learning from Datix, Charles Vincent model was evident and the evidence/data to show real improvement, the daily safety brief, the hot debriefs for critical incidents. The open reporting of incidents culture, the development of a sophisticated, user friendly communication hub for staff, to encourage and share information on safe and effective care, for learning from complaints and compliments and current issues.</p> <p><b>Workforce Development</b> I was particularly interested in and impressed by the commitment to and enthusiasm for the development of new roles, the professional development and career opportunities and the ongoing work in relation to staff retention, in the context of the acute workforce difficulties across the Trust. The training of graduate recruits and promotion across the different roles eg MRI and CT. The career pathway for HCA's, the development of the Band 3 role into a more clinical role, the training and upskilling staff into Band 4 roles, the Band 7 Specialist Radiographer roles, mainly trained on site alongside the academic university course. In the past 6 years 7 Specialist Radiographers have been trained up and are now carrying out work that was originally radiologists' work. I heard how the professional development of radiographers had led to 98/99% reporting within 24 hours.</p> <p><b>Covid Response and Developments</b> The response by the whole team to the pandemic, RVH General X-ray team has faced many challenges throughout the COVID Pandemic, notably the rapid changing clinical pressures: in-patients, outpatients, ED workload, realignment of services and Covid regulations. The Team prioritised patient care at every opportunity and faced these challenges head on, quickly adapting to ensure safe and effective service provision for patients and staff, and to further developing some of the changes, e.g. the emphasis on providing immediate support for staff with patient deterioration and crash, equipment breakdown and the new Image Quality Teams.</p>	



**Areas for Improvement**

There was particular concern among the team with the recruitment delays, particularly with band 5's, the whole recruitment process is slow and there are ongoing extensive delays with start dates.

**What would make this visit even better?**

What would make this visit even better? A face to face visit would be preferable but in the circumstances I benefited from an imaginative virtual tour of the department.

**SAFETY QUALITY VISITS**  
**NON EXECUTIVE DIRECTOR FEEDBACK**

<b>Department/Area: MPH Pharmacy Dept.</b>	<b>Date 20/10/2021</b>
<p><b>In attendance: Orla Cassidy</b>, MPH Clinical Pharmacy lead &amp; Site lead. <b>Louise Brown</b>, Professional Manager Pharmacy Services. <b>Stephen Flanagan</b>, Lead Pharmacist, Theatres &amp; Orthopaedics. <b>Eileen Mulholland</b>, Lead Technician. <b>Leeanne Stewart</b>, Lead Pharmacist Rheumatology. <b>Martin Bradley</b>, Non-Executive Director.</p>	
<b>What matters to patients/service users?</b>	
<ul style="list-style-type: none"> <li>➤ Having a sense of safety, good communication and positive staff.</li> <li>➤ Good engagement between the clinical pharmacists and patients to improve understanding of the treatment regimens and adherence to the treatment plans.</li> <li>➤ Timely availability of stock, medicines and alternatives.</li> <li>➤ Evidence of seamless coordination between the multi-disciplinary team.</li> </ul>	
<b>What matters to staff?</b>	
<ul style="list-style-type: none"> <li>➤ Patient, Staff and Service Safety.</li> <li>➤ Opportunities for learning and development and opportunities to implement that learning.</li> <li>➤ Positivity – working in a friendly &amp; supportive team.</li> <li>➤ Safe and good pharmacy staffing levels and ratios that support the development and coverage of clinical pharmacy.</li> <li>➤ Staff often go the extra mile – “let us ensure staff are thanked for their contribution and we acknowledge the work they do and the challenges they face”</li> </ul> <p>They have responded well to COVID but found that some staff had become demoralised through the downturn in work in traditional areas e.g. increase in elderly patients in place of elective surgery cases.</p>	
<b>Areas of good practice</b>	
<ul style="list-style-type: none"> <li>➤ Controlled drug delivery services for wards – saving nursing time &amp; promoting links with portering services.</li> <li>➤ Clear and open team safety briefs and daily huddles.</li> <li>➤ Medication errors monitored and reported and escalated as required to the broader Trust and learning disseminated.</li> <li>➤ They acknowledge their role in supporting staff who are off sick and promote Bwell and staff care.</li> <li>➤ (Orthopaedics) Improving patient care through pre-admission phone calls, increased levels of ward cover, moving to Patient Centred Electronic Discharge system &amp; improved communication with primary care.</li> <li>➤ (Rheumatology) Success of Biosimilar switch program, implementation of Salto lockers and clinical pharmacy technician.</li> <li>➤ Good use of “just in case” boxes for palliative patients.</li> <li>➤ Omnicell support for wards and planned Omnicell implementation to MPH pharmacy. (An innovative automated supplies &amp; management solutions using advanced robotics to support error-free medication management and free time for higher-value clinical work.</li> <li>➤ Given the concerns over supplies of certain medicines due to international issues as well as Brexit forward planning has been taken forward to where possible build up stock while it is still available.</li> </ul>	
<b>Areas for Improvement</b>	
<ul style="list-style-type: none"> <li>➤ Cover for annual leave &amp; sick leave. This more of an issue with Clinical Pharmacists who have specialist knowledge relating to specific patient groups.</li> <li>➤ Recruitment challenges – in competition with the commercial market and slowness of the BDS recruitment processes.</li> <li>➤ Better IT availability at ward level. Currently only two computers on each ward and usually a “queue” to use them.</li> </ul>	

- They were supportive of the Registration of Pharmacy Technicians and felt it was time that N.Ireland came into line with the rest of the UK. This would be a morale boost for technicians and would enhance career and educational opportunities.

**Summary.** This is a very cohesive and well lead team of up to 40 pharmacists, technicians and support staff. They cover not only MPH but also the relevant community clinics and work closely with primary care. I was particularly impressed with the development of the Clinical Pharmacist Role and the substitution with various aspects of medical and nursing care. In the wider context it would be useful to look at this across the Trust to evaluate how this has released medical and nursing time to focus and enhance other areas of care.

Have taken full advantage of the use of Teams to communicate with other areas of the Trust and have used it for learning seminars/events. They would wish to make more use this going forward.

Once again the frustration with the recruitment process for new staff and the BDS process was apparent. Particularly in an environment where they are in competition with the commercial market. Given the ongoing concerns over obtaining and maintaining supplies of relevant drugs, they continue to "horizon scan" particularly in areas where certain drugs can be life changing.

A really informative and engaging visit.

#### **What would make this visit even better?**

- As always a personal face to face visit would be preferable.
- Would like to hear more from medical and nursing colleagues on the impact of the Clinical Pharmacists.

**Martin Bradley.**