



**TRUST BOARD
SUBMISSION TEMPLATE**

MEETING	Trust Board	Ref No. 4.2
DIRECTOR	Non Executive	Date: 5 Sept 2019
<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> 	

9 North BCH	Date – 10/6/21
In attendance Luise Rice, Deputy Sister, Elizabeth Moore, Sister, Juanita Collins, Lead Nurse Cardiology, Katy Rennick Manager. Miriam Karp NED.	
What matters to patients/service users?	
Kind, caring competent staff. All staff encouraged to be proactive in sorting out any patient concerns, not allowing small things to escalate, encourage staff to talk to families, to spend time with them to aid good communication.	
What matters to staff?	
Some stability after all the challenge, change and stress of Covid crisis. Being well supported, good communication, maintaining skills as currently treating less acutely sick patients now not running 24\7 Ward.	
Areas of good practice	
The positive team response to change during Covid, building a new team during Covid when they set up a post ICU Covid ward. How as a ward they respond to the deteriorating patient, sharing learning from datixes, an open transparent learning culture, the excellent staff relationships.	
Areas for Improvement	
To standardisation of practices across Royal and BCH cardiac wards.	
What would make this visit even better?	
To be physically present on Ward for visit.	

Audiology Safety and Quality Visit	Date – 27/7/21
In attendance Ruth Jenkins, Service Manager, Rosemary Boyce, Snr Audiologist, Lorainne Fentie, Siobhan Sawey Snr Audiologist, Miriam Karp NED.	
What matters to patients/service users? Waiting times potential impact on hearing loss, education impact for children, quality of service, feeling safe and in control of own destiny by making informed choices, allowing time for families to talk, for their concerns issues to be understood by staff.	
What matters to staff? Turning around the service, becoming a modern, outcome focussed service under difficult conditions. Future planning, older and very small workforce, no Audiology training any longer in NI, training up Band 3's. Very good working relationships, multi-disciplinary team working. Major challenge is the need for proper sound proofed areas, unlikely to be resolved in the new Children's Hospital layout.	
Areas of good practice Keeping the service going through the Covid pandemic, the flexibility shown by the staff, maintaining diagnostic testing, dealing with the upsurge in referrals. Upskilling staff	
Areas for Improvement Use of staff time and skills on queries re batteries /supplies in excess of 2000 calls per month.	
What would make this visit even better? To be physically present in the department for visit.	

SAFETY QUALITY VISITS
NON-EXECUTIVE DIRECTOR FEEDBACK

Department/Area: Acute Mental Health Inpatient Centre. Ward 3 Belfast City Hospital.	Date – 9 th June 2021
In attendance: Jonathan Killough, ASM. Orla Tierney, Divisional Nurse. Irene Somerville, Lead OT. Stephen Keenan, Ward Manager. Dr. Catherine Harpur, Consultant Psychiatrist. Angela Myler, Carer Advocate – Cause. Martin Bradley, Non-Executive Director.	
What matters to patients/service users?	
>Having time with staff and feeling involved in decisions by being listened to and having their views heard.*Ward Environment – activities to do, food being good, comfortable beds, *Ward feeling safe.*Family contact/freedom/own space/pass to go out.	
What matters to staff?	
>Feeling safe & maintaining a safe environment >Enough nurses to cover the acuity of patients & Junior Doctor present.>Reduce Bed pressures.>Time to talk as a team.>Therapeutic time with patients.>Regular and stimulating activities for patients. >Staff feeling appreciated, respected and supported.>Providing quality care, having the time and resources to be able to do a good job.>Knowing that if a patient deteriorates they can be transferred to the right treatment location e.g. PICU.> Staff have appreciated free lunches and free parking which has made working easier in a high pressure environment and they want this to continue.>Establishment of a staff room.	
Areas of good practice	
>Managing Covid – no deaths, no onward transmission, Supporting patients and relatives when no visits possible.>Upholding standards of good practice despite constant pressure on beds, Covid, staffing issues & maintaining good morale.> Upskilling in managing ASD&LD.>Upskilling in NG feeding. >Consistently good patient experience surveys.>Medication thermometer safety-good.> Reduction in Fires through patient smoking – risk management and lighters external to ward areas. >Regular information sharing at daily huddles and Consultant now attending.>Weekly Junior Doctor meetings with Consultants to explore their experience of working on the Unit and making changes e.g. better handovers and clearer information. > All staff made aware of and provided with Whistleblowing Policy. > Staff Members who were highlighted – Chanda Tun (House Keeper), Martin Young (Groundsman) Nicola Dickson (Patient Client Support Services) very much part of the team and valued.	
Areas for Improvement	
>On the day of the visit there were 85 patients on the unit with 80 beds. The extra five patients were sleeping on sofas. An extra 7 patients were being treated in other trusts and still patients waiting to be admitted.> Duplications of care plans with treatment plans in MDT notes. > Trying to get the computer technology to work. > Chasing up referrals made to community teams and lack of communication. > Patients with LD who are unsuitably placed on the ward.>More AHP support – bid for more funding.	
What would make this visit even better?	
Being able to visit the Unit and meet patients and staff face to face.	

SAFETY QUALITY VISITS
NON EXECUTIVE DIRECTOR FEEDBACK

Department/Area: Children's Ward 2B. Musgrave Park Hospital.	Date – 7th July 2021.
Professor Martin Bradley In attendance: Ward Sister, Linda Williamson. Assistant Services Manager, Michelle Powney.	
What matters to patients/service users?	
<ul style="list-style-type: none"> ➤ Getting to know and trust the Medics, Nurses, AHP's and support staff. ➤ Being listened to and sorting out issues as they arise. ➤ Feeling safe and able to maintain contact for those with long term conditions. ➤ The expertise and professionalism for those who are compromised – Biological Treatments. ➤ Staff who are well versed in managing complications including anaphylaxis. ➤ Well organised and few delays on the busiest of days. ➤ Frequent surveys of the patient/parent experience and results published on the Ward Notice Board. ➤ This is a 15 bedded ward looking after children & young people from 6 months – 18 yrs. In addition to the orthopaedic conditions there are children with a wide range of disabilities. The ward also provides the base for day patient and outpatient care. 	
What matters to staff?	
<ul style="list-style-type: none"> ➤ Ensuring there is a safe patient journey and a safe environment. ➤ Maintaining a good relationship with children and parents. ➤ Good patient staff ratios. ➤ Planning for the smooth running of the ward and good communication with other departments. Good organisation. Identify issues early and rectify. ➤ Good team work and communication. ➤ Flexibility and mutual help as and when required. 	
Areas of good practice	
<ul style="list-style-type: none"> ➤ Daily safety briefs at handover and Red Flag drug calculations. The procedure is that the medications required for an individual are calculated on admission and are visible and in an emergency prevent drug errors. Anaphylaxis trays prepared. Mandatory training of staff. ➤ Staff have many years of practice and are able to make decisions regarding patient discharge. ➤ A very flexible team who willing cover for each other on the rotas as required. A team who know each other and are supportive. Will change off duty to meet the needs of patients. ➤ Cross infection control appears good with a culture that cleaning and maintain standards is everyone's business. Spot checks to ensure compliance. <p>COVID</p> <ul style="list-style-type: none"> ➤ A proportion of staff were redeployed to RBHSC. Those who remained covered extra shifts. Those who left to work in RBHSC enjoyed the experience and were able to use their expertise to good effect in that environment. 	
Areas for Improvement	
<p>*This is a well-run ward with strong leadership from the Sister Williamson. She is an excellent Role Model who sets the standards and practices. She is visible and engaged. She is however due to retire in October. Succession planning is important.</p> <p>* There is a need for Paediatric Cover on site between 6pm – 9pm. Outside of that there is Paediatric and Anaesthetic overnight cover.</p>	
What would make this visit even better?	
<p>Being able to meet the staff, patients and parents in person.</p>	

SAFETY QUALITY VISITS
NON-EXECUTIVE DIRECTOR FEEDBACK

Department/Area: Ward 7D RVH – Endocrinology & Gastroenterology.	Date – 11 Aug. 2021
Professor Martin Bradley In attendance: Ward Sister, Karen Roberts. Lead Nurse, Mandy Dougan.	
What matters to patients/service users?	
<ul style="list-style-type: none"> ➤ Being clear who is medically in charge of your treatment plan particularly if you are a “boarder” on the ward. ➤ Good communication and being involved in decisions about your plan of care. ➤ Accessing investigations in a timely manner and facilitating timely discharge. ➤ Experienced staff in the specialities of Endocrinology & Gastroenterology. ➤ Ensuring that clinical concerns are escalated in a timely manner. ➤ Timely administration of IV treatment regimes. ➤ Good & timely discharge planning. ➤ Staff having time to care. <p>This is a busy 26 bedded Ward. It has a nursing team who range from HCA’s and nurses new to the role and those who are experienced in the speciality. The ward has consistent good feedback from patients and has contributed to staff movement in support of COVID. The ward also takes the overflow from A&E and this causes a range of logistical problems in finding beds and some patients have to be cared for on chairs until a ward bed becomes available or given the time delay some can be discharged from the chair once medically reviewed.</p>	
What matters to staff?	
<ul style="list-style-type: none"> ➤ Feeling valued, having time to care and a full complement of staff with appropriate skill mix. ➤ Good communication of plan of care, early discharge planning and timely discharge letters. ➤ Being able to organise good patient throughput and creating capacity for red flag patients. ➤ Good roster management to facilitate requested days off & annual leave. ➤ Time for ongoing education and staff development within the shifts. A culture of positive learning and on blame culture. ➤ Ability for staff to access the computers in a timely fashion and reduce stress levels. <p>They work extremely hard to facilitate flow and discharge and speed up repatriation of patients to Ward 7D. They ensure that patients get access to the correct speciality team and maintain contact with relatives.</p>	
Areas of good practice	
<ul style="list-style-type: none"> ➤ Safety briefs at shift changes and 1:1 nursing of the critically ill. Will make use of the outreach nursing team as required. ➤ Sister, works with both medical teams to deliver in house teaching sessions. Mentorship & preceptorship provide to promote a culture of learning & development. ➤ Emphasis on the use of the Early Warning Scores and are a pilot area for a new version. ➤ Evidence of good patient care planning and preparation for discharge. ➤ Two nurses trained to give IV medications & Ward Pharmacist to review medications and advice. ➤ Close working with the cross infection teams and careful monitoring of practice. ➤ Have responded well to COVID and have managed in spite of considerable demands on staff and resources. Innovative use of staff family support with their children making posters for display in the ward. A real sense of a close knit team. ➤ Very strong leadership on this ward and the Sister highlighted the support and contribution of her Deputy Sister, Curley along with Mandy Dougan 8A. 	
Areas for Improvement	
<ul style="list-style-type: none"> ➤ The mid-week changeover of Consultant of the week is working well for GI patients and provides better continuity over weekends. If the Endocrine Team would consider the same practice it would improve care. ➤ Delays in decision making in particular in relation to discharges. Nurse lead discharge has been discussed but not agreed. ➤ Patients being “boarded” from A&E sometimes have to be accommodated on chairs and in some cases are discharged from these. Not a good patient experience. 	

Chairman's Report of visit – Ward 5A RVH

15 July 2021

I virtually visited Ward 5A, RVH, Cardio-thoracic on 15 July 2021 for 1½ hours. I met Maura Quinn, the Band 8 Service Manager, Noirin Kearney, the Ward Sister and Mark Jones one of the cardio-thoracic consultants.

The team reflected on a challenging last 18 months responding to the pandemic and from a consultant's point of view handling the fallout of the RCS Review.

In terms of the pandemic, the nurses were pleased they had been able to stay together as a team, even though the ward at one stage had become a ward for all surgical specialities and at other times had large numbers of elderly/care of elderly patients.

The ward and its team had reacted very well to the challenges.

In terms of the RCS Review, things are still being discussed but the sense is that things are being managed and worked through.

The consultant present was a cardio and thoracic surgeon who believed there is still room for joint specialists and also believes that thoracic only could not provide 24 hour cover without back up from cardio.

Concern was expressed about the fact that the current cardiac/thoracic theatres were not fit for purpose and there was anxiety that the move to the new theatres would not happen as expeditiously as it needed to. Concern was also expressed about the need to protect cardio/thoracic beds for urgent cardio/thoracic patients and not have unscheduled work bump all urgent elective work down the priority list.

The nurses expressed the view that they were constantly being reactive dealing with numerous pressures and didn't have enough time to be reflective of their practice. They expressed satisfaction with current staffing levels and that it was a speciality which was attractive to newly qualified nurses.

The consultant commended the work of the nursing team and expressed the view that nursing and AHP staff could take on more specialist tasks. He was very complimentary about the nurse led chest drain clinic.

He did express concern about the current situation relating to medical trainees and the restriction currently in place and hoped that the situation could be urgently resolved.

All in all, I was very impressed by the commitment and dedication of the staff I met and their total concern for the wellbeing and safety of their patients.

It is a testament to their skill and diligence that they have not suffered a covid outbreak on the ward over the last 18 months and have continued to provide high standards of care to very ill patients.