

TRUST BOARD SUBMISSION TEMPLATE

MEETING	Trust Board	Ref No. 4.2
DIRECTOR	Non Executive	Date: 26 April
<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: Ward 4B RVH Trauma & Orthopaedics.	Date: 7th March 2022.
In attendance: ASM - Roisin Kelly. Ward Sister - Anne Marie Cushley. Non – Executive Director – Martin Bradley.	
What matters to patients/service users?	
<ul style="list-style-type: none"> ➤ Delivering safe & compassionate care. ➤ Safe staffing levels and the correct number of 1:1 for delirious and confused patients. ➤ Ensuring good pain control and successful outcomes. ➤ Patients and relatives feeling emotionally supported at a vulnerable time. ➤ Being open with patients and relatives re – COVID outbreaks. ➤ Mobility post-surgery with the help of Physiotherapy, OT and Nursing. ➤ Ensuring patients are well enough to leave on their next stage of recovery. ➤ Clear management of the expectations of treatment and the road to recovery. <p>This is a 23 bedded acute surgical trauma & orthopaedic ward. Currently it is operating with 27 beds. The majority of patients are elderly with a proportion who are confused or suffering from Dementia in addition to their fracture(s). The ward has had to manage several outbreaks of COVID and there has been a heavy reliance on the use of side rooms to contain the spread of infection. Staff have also helped colleagues across the service with staffing during the Pandemic.</p>	
What matters to staff?	
<p>In addition to the above:</p> <ul style="list-style-type: none"> ➤ Positive patient experience reports – showcasing the compassionate care given by the multi-disciplinary team. ➤ Ensuring complaints are responded to and lessons learnt. ➤ Training and educational opportunities for staff. ➤ Ensuring new staff are supported and are aware of the needs of orthopaedic patients. ➤ Good moving and handling of patients. ➤ Good team work and communication. ➤ Recognising the deteriorating patient and initiating early intervention. ➤ Acknowledgement of the work of staff – heightened awareness of this following the events of the last two years. 	
Areas of good practice	
<p>The ward have successfully recruited 7 new RGNs within 2021. Two from NI and five international. This has involved a high level of orientation, support and mentoring by the ward staff to both the Trust and in particular to Orthopaedics.</p> <ul style="list-style-type: none"> ➤ Training & educational opportunities for existing staff. ➤ Specialist fractures training for the new starts. ➤ Ward Sister and her Deputy Sisters – Alma Iran & Irene Magno support colleagues and invest their time ensuring the ward is a welcoming place for new starts. ➤ Recognition of the personal and professional efforts that staff make on a daily basis. ➤ Good medicines governance with a joint QI project with Pharmacy Colleagues to reduce the incidence of omitted critical medications. ➤ Up to date completion of 3 yearly Administration of Medicines training. ➤ Ward Sister has been proactive in engaging Occupational Health and Psychologist in support of staff during this difficult period. ➤ Post Covid the ward would like to maintain visiting to two family members twice a week unless patient circumstances dictate otherwise. They have found this to be more manageable particularly with the restricted space in the ward. 	

Areas for Improvement

- Difficulty in the repatriation of patients back to local hospitals once in the recovery phase.
- Patients often admitted through ED to other wards and not coming to Ward 4B until after surgery. Given the elderly age group, this is not ideal.
- Poor ventilation in the Ward now exacerbated by staff having to wear PPE. Windows have been sealed due to the risk of Aspergillus. The ward is already quite hot particularly on sunny days. Consider some form of ventilation.
- Repeating nursing referral forms to Rehab services every 2 days because the receiving has no beds and referrals are considered out of date after 2 days.
- Issues with patients leaving the ward to smoke in other places and some patients who have other addiction problems disappearing for periods of time. Hosp. Security involved. Time consuming and anxious for staff. No easy answers to this.

Actions:

- Consider the engagement of a clinical teacher – on this busy ward, to help with on ward training.
- Explore how the ward ventilation problems might be addressed.
- Trust needs to address a staff recognition strategy.

What would make this visit even better?

As always a face to face visit and engagement with staff and patients.

Martin Bradley.