

## SAFETY QUALITY VISITS NON EXECUTIVE DIRECTOR FEEDBACK

<b>Department/Area: Knockbreda Wellbeing Centre Community AHP</b>	<b>Date – 24 February 2022</b>
<p><b>In attendance</b> - Suzanne Doyle, Podiatry, Ingrid Traynor Physiotherapy, Janine Hegarty Physiotherapy, Rachel Catherwood Physiotherapy, Ciaran O'Connor Speech &amp; Language, Sharon Howe Occupational Therapy, Colleen Powell Physiotherapy, Monique Kritzinger.</p> <p>Context:</p>	
<b>What matters to patients/service users?</b>	
<p>We first discussed physiotherapy. Jenny Hegarty spoke about the face to face restriction on appointments which occurred during Covid. Telephone appointments had been offered and patients triaged as urgent were still seen face to face. When face to face appointments were allowed back in May 2020 physios worked hard to catch up on people who hadn't been seen. They worked through a recall list telephoning patients then offering them video appointments or bringing them in. A waiting list validation letter on whether people still required treatment or not was sent out. During this period telephone rehab video classes were also offered. Going forward the physios believed they would offer a range of blended services on phone, video and in person. Everyone paid tribute to Colleen Powell who had set up a standard of practice and competency proforma for the team which was still in use. In terms of telephone rehab Knockbreda site is at the forefront. It was important to have a good standard of governance and Colleen's work has allowed that. Staff expressed their pride at how AHPs at Knockbreda had coped with the crisis. They also said that during the pandemic people had embraced virtual visits and there were still about 25% who didn't want face to face appointments for a first consultation. In relation to waiting lists for MSK there are presently 4,600 waiting for appointments. When they transitioned from Covid the waiting list had been up to 8,000. The referral rate across MSK is 1,300 a month whilst their capacity is only 1,200. There is a shortfall and a problem with recruitment. If they had the staff in post they would be able to meet the demand.</p> <p>Before Covid they had had a MSK drop in clinic. In trying to catch up they had run a couple of clinics where they invited the longest MSK waiters to come at any time during specific days when they had a whole number of physios on duty. They had about 70 attendees a day. For a lot of long waits it's about self management, use of classes such as pilates.</p> <p>In terms of patient feedback many patients who have attended MSK pilates and recovery classes liked the fact that they are virtual because that makes them very accessible.</p> <p>I was impressed by how the physios were very patient centred and prepared to change their way of working to accommodate patients in a blended approach going forward.</p> <p>However they admitted there was no structured patient feedback it was mainly anecdotal and gathered in relation to specific exercises. In terms of the waiting list validation exercise 30% of patients were redirected.</p> <p>They have lots of plans for the future and hope to get their triage classes running soon.</p> <p>They have just started referring people back to leisure centres for leisure classes.</p> <p>In terms of their frustrations they were frustrated at how hard it was to get vacancies filled. At Knockbreda there are currently 2 fulltime vacancies out of 6 staff. Colleen also</p>	

commented that not having a physio admin assistant meant that physios themselves were spending a lot of time on admin activities. In terms of what makes a good day all of them agreed that happy patients made a good day. They were all anxious to have availability of appointments and they got pretty good feedback through their feedback box which is outside the door of the physio office treatment rooms.

They all agreed that they worked in a supportive team in a safe environment. In terms of what was working well they agreed that the move to a Teams environment had allowed much more collaborative training across sites and it had also made meetings easier with less time expended on travel.

In terms of podiatry, Suzanne Doyle stated that they worked as one big team across the city. They were all interconnected and worked together to try and meet workforce pressures. They didn't have individual caseloads, each of them collectively owned every single patient. They have flexibility that really helps. During lockdown they conducted a lot of video/virtual appointments however if there was a patient they were concerned about with a wound particularly diabetic patients they would bring them in for a face to face appointment very quickly. She believes that skills were enhanced during the Covid pandemic. Teams had to become more innovative and in relation for instance to diabetic footcare they made up packages and instructions for patients and regularly asked for photos of their wounds. Diabetic feet can go from okay to disastrous within 24 hours.

They also have good access to the vascular team and work in a multi-disciplinary environment and are able to refer people very quickly for treatment if urgent.

There is no waiting list for urgent patients at the moment. 50% of their clinical time is spent with wound care.

They also worked closely with care homes using the same techniques of receiving photographs for assessment providing packs to the home and nurses instructing people how to apply them.

They are very proud that during the Covid period there was no transmission of Covid in their clinical areas.

A good day is when you get to leave at leaving time. The staff are very dedicated and will always see patients whenever the need arises.

In relation to Speech and Language Therapy, Ciaran O'Connor stated that he had only started with the Trust in August 2020 so he couldn't reflect on what practice had been before then. Obviously they prioritise patients with swallowing difficulties and their main task is to keep them out of hospital. Waiting lists went up during Covid but have been reducing steadily since normal working has been resumed.

In relation to Occupational Therapy, Sharon Howe spoke about their work which essentially involved going out to clients' homes to assess them for appliances such as stair lifts. Covid has impacted on waiting lists but they are now trying to clawback these lists. Covid had changed how they deliver the service and the holding of virtual meetings through Teams for staff and for clients has been very time efficient cutting out waiting and travelling time and reducing stress levels as they travel across the city trying to attend appointments on time. During the time when they weren't able to see as many patients staff occupied themselves on things that had been on their to do list which they hadn't time to do. Senior staff developed best practice files and resources files for more junior

staff to refer to when they were carrying out work such as the prescription for lifts, toilets, grab handles etc.

In terms of issues that concern her, she was very concerned they didn't have a wash hand basin in the OT clinical room in Knockbreda. They had recently completed a business case and hopefully it will be approved.

She also expressed great dissatisfaction in terms of the use of BSO/Trust HR in terms of the length of time it took to recruit staff.

Monique from Dietetics advised me that all community staff were based in the Knockbreda centre. They had cut a lot of services during Covid but had done a lot of work to continue nutrition services to nursing homes and vulnerable people. They had been allowed to introduce a weighing service when the Trust had taken over the MOT centres. In April last year they moved to a hybrid virtual review model, they had done virtual ward rounds in nursing home during the first round of Covid.

They have sent communication to patients to ask them how they would like to receive the service in the future face to face, virtual/hybrid.

When I asked the AHPs together what were their main concerns all of the unequivocally agreed that the length of time it took to recruit staff normally between 6 months to a year was by far the most frustrating element. They commented that there seem to be so many layers that issues had to be signed off and agreed that often there wasn't one person pushing a recruitment exercise and it just came to a complete standstill. They said they experienced problems both with the elements within the Belfast Trust and elements within BSO. They complained that the computer systems in the Belfast Trust and BSO don't talk to each other and can lead to many problems. They noted that work was going on between AHP leads and HR finance trying to look at the system and put a master spreadsheet that they could keep track and push and she mentioned Eileen McConnell who was working on this.

Monique said that she would send me an email setting out the issues that she had experienced in her last recruitment exercise. Anne Doyle referred to how they had lost people who were going to take up posts.

Finally they all commented that they were sad that they supported café in Knockbreda had closed because the providers had moved to another venue.

They missed the opportunity to have somewhere to meet up and have a coffee and a scone.

I enquired whether or not the Trust had a mobile coffee contract which could visit sites at regularly weekly intervals so that there would be at some stage in the week that people could take to have a chat and a get together.

#### **What matters to staff?**

Patients being happy

- Providing a good service
- Working as a team
- Ability to go home on time

**Areas of good practice**

- Move to a hybrid approach of seeing patients
- Verification of waiting lists
- Standard of practice and competency proforma

**Areas for Improvement**

- More structured patient feedback
- Washhand basin in OT room
- Length of time to recruit staff
- Availability of somewhere to socialise/coffee shop contract

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

- Better if visit could happen in person