

**TRUST BOARD
SUBMISSION TEMPLATE**

MEETING	Trust Board	Ref No. 4.2
DIRECTOR	Non Executive	Date: 6 Oct 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: Ward 31 RVH – ENT	Date – 8 June 2022
<p>In attendance - Mr Keith Trimble, Paediatric ENT Clinical Lead & Consultant; Mr Conor Jackson, Paediatric ENT Consultant; Sharon Hannigan, Deputy Sister W31; Cathy McCrory, Paediatric Nurse Practitioner; Dr Catherine Diver, ENT Governance Lead; Sarah Wilson, Assistant Service Manager, ENT. Non-Executive Director – Gordon Smyth</p>	
What matters to patients/service users?	
<ul style="list-style-type: none"> • Seamless Service → To be seen at Outpatients as soon as possible → Pre - Assessment at ward where staff get to know patients and the children become familiar with their surroundings → Smooth Admission → Successful Theatre outcome → Satisfactory Discharge. • Effective communication with staff who provide compassionate and safe care. • They want to understand the surgery process and have the opportunity to address any concerns they may have. 	
What matters to staff?	
<ul style="list-style-type: none"> • First and foremost, their patients. • Unfortunately, the vast majority of staff in Ward 31 were redeployed to the Children’s Hospital during the Covid-19 pandemic. This severely restricted the services normally provided by the team in Ward 31 pre-Covid, which caused distress with some paediatric cancer patients. Some of the side effects were difficult for parents to explain to their children. It must have been very difficult to explain to a child why they could not be seen immediately. In addition, some children experienced a severe impact on their education as a consequence of delayed treatment, while parents often have to take time off work to care for their children. • The team are very dedicated, but they need immediate help. Two staff are currently on long-term sick leave, while a senior sister with seventeen years’ experience, recently retired. The current Ward Sister is very capable but is frustrated with the volume of e-mails she has to deal with which have no bearing on her job. This must be an opportunity to examine why the number of e-mails received are needed. Such a senior member of staff should be freed to concentrate on her staff and patients. • More theatre time is needed, and two extra nursing staff would make a massive difference to their ability to reduce waiting lists. 	
Areas of good practice	
<ul style="list-style-type: none"> • Strong effective team who are flexible and patient focused. Willing to work on Saturdays to reduce waiting lists. • The team are clearly innovative, for example, Conor Jackson developed a triage programme to address the number of children coming into the system. The team receive a huge number of GP referrals each day. The system developed by Conor ensures that referrals are actioned within 48 hrs by way of a letter sent to the GP with a suggested solution. It has been demonstrated that this approach has reduced approximately 45% of patients who would otherwise have been assessed at outpatients, resulting in a considerable saving. The team would welcome the opportunity for this initiative to be shared at a regional level but are unsure as to how this could be done. They have the Data and presentation ready and waiting to go. • The team were very complimentary and keen to highlight the excellent work being done by their Nurse Practitioner, Cathy McCrory, who has been in post for approximately three years. Her role has made a real difference to the team and as a consequence it is no longer necessary for every patient to see a consultant. 	

Areas for Improvement
<ul style="list-style-type: none">• Ward 31 in the RVH has been operating for approximately 13 years and while very progressive in its day, facilities are in need of an update. The team know that they will be relocated to the new children's hospital in 2027. However, that is five years away and they would very much appreciate more theatre opportunities to enable them to reduce waiting lists in the interim.
Personal Observations.
<ul style="list-style-type: none">• This was an incredibly positive visit, and it was clear that there is a strong bond between the team members. They are enthusiastic about reducing waiting lists and are conscious that delays are having an adverse effect on patients' education while parents are having to take time off work to look after their sick children.• They are a small team but need two new nursing appointments as a matter of urgency. These appointments will enable the team to increase the number of theatre lists which will have a positive impact on waiting lists. I do hope we can provide the support they need.• The two consultants, Keith and Conor, would like to share their ideas with a regional audience but are unsure how or who this can be enabled. They have the data available to back up their ideas and a presentation ready and willing to be shared.
What would make this visit even better?
<ul style="list-style-type: none">• It would have been nice to have had the meeting on a face-to-face basis and have seen at first hand ward 31.

SAFETY QUALITY VISITS
NON EXECUTIVE DIRECTOR FEEDBACK

Department/Area: Ward 2A CC	Date September 13th 2022
In attendance: Debbie Gray (Ward Manager), Helen Poots, Samantha Ross and Gemma Laverty Carmel Hughes (Non-Executive Director)	
What matters to patients/service users?	
<p>This visit was undertaken remotely (via Teams), so it was not possible to meet/engage with patients directly. However, staff reported that in their view, the following were important to patients/service users:</p> <ul style="list-style-type: none"> - Being treated with respect & dignity - Staff conveying a good attitude - Knowledgeable staff who helped to reassure patients, making them feel more secure - Securing a bed for a planned admission, avoiding unnecessary delays and reducing stress for patients - Having a welcoming, clean and safe environment 	
What matters to staff?	
<p>This ward has experienced a number of challenges due to the amalgamation of two wards and hence two teams with differing skills sets, the ongoing pandemic, staffing and space issues (see Areas for Improvement specifically). What matters most to staff are:</p> <ul style="list-style-type: none"> -Having appropriate staffing levels -Ensuring that staff are functioning well within teams -Good staff morale -Staff feeling valued in their roles -Staff having protected time to complete training needs to ensure that they can develop skills to provide safe, effective care that is person centred -Having competent staff on each shift for special requirements of chemotherapy administration and the running of the Oncology Helpline. <p>The staff reported that there had been a major emphasis on team-building and ensuring that staff acquire new skills to allow them to perform at the highest level.</p>	
Areas of good practice	
<ul style="list-style-type: none"> -Continuing to achieve and maintain a high standard of care for service users as demonstrated in the ward's 100% patient experience survey results. -Managing and adapting through a period of extensive change as a result of the ward amalgamation and the pandemic -Recognition of the quality of care delivered through the Celebrate Great award 	
Areas for Improvement	
<p>The two issues that dominated discussion with staff were <u>staffing issues</u> and <u>space</u>.</p> <p>In relation to staff, it was highlighted that there were extensive delays in recruiting to posts. One member of staff who was present reported that she had started her post nine months after her initial application. This is a recurrent problem and there are concerns that vacancies were not being filled in a timely manner. This was compounded by staff resignation/transfer to other units, although this was improving.</p> <p>In relation to space, due to the amalgamation of two wards, less space was now available, despite providing care for more patients. Concerns were expressed about the size of the available clinical room. This could become very busy and noisy, potentially leading to distractions for staff who were dealing with medications. This could be a potential safety risk. There was also insufficient storage space. Cupboards were not large enough to accommodate the overstock of medicines, and there was no available space for additional cupboards to be installed. Further available space has been identified, an assessment has taken place, and a quote and request for this work to be undertaken has been submitted for consideration. Staff are waiting on a response.</p>	

What would make this visit even better?

An in-person (face-to-face) visit would have been better as this would have allowed me to see the physical environment in which staff are working, and experience the team dynamic. I would like to thank the staff who participated in this visit for taking the time to meet with me, and for their openness in discussions which I found very useful and interesting.

SAFETY QUALITY VISITS
NON EXECUTIVE DIRECTOR FEEDBACK

Department/Area: 342 Ormeau Road, Supported Housing for People With Mental Illness.	Date 22/09/2022
In attendance: Aoine McMahon (Service Manager), Pdraig Fenton (Manager), Jonathan Stuart (Deputy Manager) Miriam Karp (NED)	
What matters to patients/service users?	
<p>In feedback residents comment on staff really caring about them, how staff listen to them and the group meetings where anything can be talked about.</p> <p>The residents I spoke with commented on being able to make their own meals and choose the communal menus. I observed residents using their own kitchen and a resident told me what he was planning for his dinner.</p>	
What matters to staff?	
<p>What I found so assuring about this visit was that it was such a positive example of a Team living out the Trust's Values. The absolute commitment, respect and dedication shown and exemplified by the senior staff team to ensuring that their residents enjoy and get the most out of the therapeutic environment and communal living experience that their rehabilitative programmes and caring environment provides.</p> <p>Ongoing training and staff development is crucial as the staff team are managing huge levels of risk. For example dual diagnosis training, suicide, ligatures, substance misuse, recognising deterioration, how quickly residents can progress from being stable to acutely unwell and suicidal.</p> <p>The regular staff meetings, discussions, learning form incidents, learning to see patterns of behaviour, relapse indicators.</p> <p>That the heavy responsibilities of managing the group of residents with complex mental health needs in a community setting is shared between the staff, the residents themselves, Belfast Trust services. Detailed examples were shared that illustrated how the team feel well supported, in good time, when residents become quickly acutely unwell and when volatile situations occur, where outside assistance is needed quickly. Numerous positive recent examples were given of how the risks are shared and managed in a clear and transparent way.</p>	
Areas of good practice	
<p>How the staff manage to create, sustain, and support a warm, supportive community environment for the 22 residents.</p> <p>I was particularly struck by the way the team manage to keep the residents safe and content, notwithstanding the complexity of the mental health issues they deal with, the potentially volatile group of residents at any time, some of whom have previously spent long periods for example secure hospitals in the Shannon Clinic. Many of these residents a few years ago would have remained in hospital, as they are still acutely unwell. However, in recent years due to service pressures, people are being supported in the community with the most complex needs. I was impressed by the open discussions about risk, safety, independence, that are part of the everyday pressures and normality at 342, inherent in supporting independent living and autonomous decision making.</p> <p>The way residents are well integrated into the local community and use local facilities on a daily basis. The residents are going to college, training centres, using local shops etc. I briefly talked to a number of residents who all appeared content and relaxed. There was a relaxed homely atmosphere.</p> <p>The stable staff group who appear to have good relationships and support each other through the stressed of working in this area. Very little use of agency staff and when necessary they use the same regular agency staff for continuity and safety.</p>	

The level of skills, experience, and specialist knowledge required to manage the huge everyday risk of this client group who are being supported to live in the community.

The care, experience, and expertise that goes into planning for admissions, the fair and equitable admissions panel process. Group Meetings, discussions, goal setting, ongoing active person centred care planning, open and transparent discussions to resolve communal living issues and complaints early, alongside the use of independent activities.

Areas for Improvement

More supported housing places for this client group, there are currently only 2 facilities this one on the Ormeau Road with only 22 places and Weavershill in North Belfast.

Training Flats to support the progression for supported living to independence.

What would make this visit even better?

It would have been helpful to meet some of the other staff, I met with the senior staff but I understand it was just the way the rota worked on that particular day.