Belfast Health and Social Care Trust
caring supporting improving together

TRUST BOARD
SUBMISSION TEMPLATE

MEETING	**Trust Board**	**Ref No. 4.2**
DIRECTOR	**Non Executive**	**Date: 7 July 2022**
• **Safety and Quality Visits – Non Executive Director Feedback**		
Purpose	• 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	• A Culture of Safety and Excellence • Continuous Improvement • Partnerships • Our People • Resources	
Key areas for consideration	See Reports	
Recommendations	• *For Noting*	

Safety Quality Visits
Non Executive Director Feedback

Department/Area: Donegore Ward Muckamore Abbey Hospital.	**Date – 10th May 2022**

In attendance: Ward Sister **- Catherine Meenan.** Clinical Director & Consultant Psychiatrist **– Dr. Ken Yeow.** Divisional Nurse **– Billie Hughes.** ASM **– Rhonda Scott**. HSW **– Nicola Moag.** Social Worker **– Andrea Bell**. OT **- Sarah Hewitt**. Speech & Language Therapist **– Carol Hunter.** SHO **- Dr. Catherine Reid.**
Non-Executive Director **– Martin Bradley.**

What matters to patients/service users?

- A good quality of life and access to a variety of daily activities.
- Having choice and autonomy – to feel empowered.
- Access to personal living space.
- Supportive lasting relationships – feeling valued, cared for and respected.
- Staff who provide safe, compassionate care and understand their patient/client.
- Continuity of staff.

This is an eight bedded unit currently with five female patients. Currently the staff ratio is 30% trust staff and 70% agency. The staff operate as a multidisciplinary team (MDT) with input from Nursing, Support Staff, Medicine, Psychology, Occupational Therapy, Speech and Language Therapy and Social Work. The ethos is to develop supportive and therapeutic relationships between the staff and patients with the aim of resettlement back into the community.
The aim is to reduce the level of aggression and harm posed by patients towards themselves and to others. The programme of care is primarily a multidisciplinary team approach endeavouring to maximise potential for therapeutic intervention in every interaction and following a range of behaviour modification techniques with support from the psychologist(s).

What matters to staff?

- Feeling valued, heard and supported.
- Working directly with patients.
- Delivering a range of therapeutic activities with patients, where there are opportunities for the MDT to meaningfully engage, collaborate and work together.
- Ensuring to work in a compassionate way with each other recognising and responding to signs of stress.
- Being able to see progress for individual patients and progress towards discharge or resettlement.
- Familiar staff and safe staffing levels to ensure continuity and consistency in patient care.
- Overall staff morale and feeling valued and appreciated within the team.

Areas of good practice

As outlined above the Ward operates within a MTD approach, supported by the Psychologist and the development of individual care plans including behavioural techniques aimed at encouraging more socialised behaviour and reducing the level of aggressive behaviour. The team endeavour to maximise the potential for therapeutic intervention in every interaction with the women in their care.

- I had the opportunity to visit the ward and spoke to some patients. Some of the formal feedback included:

"Staff informing me in advance of activities or the cancellation of activities"
"I like going shopping, getting meals I like, listening to music"
"Staff joining in dances and making me laugh"

"Staff assisting me with washing"
"Staff listening to what I have to say"
"Staff that are familiar to me"

- Building supportive therapeutic relationships where patients and service users to feel able to raise any concerns they may have or difficulties they are experiencing.
- The use of Purposeful Inpatient Admission (PIPA) to plan the person's hospital stay and reducing the time spent in hospital.
- Virtual platforms for the delivery of training – maximising delivery and access for attendees, some from home and not reducing the numbers on the ward.
- The healthcare assistant team got a special mention. They have striven to provide safe, compassionate care and know their patients' needs and plans.

Areas for Improvement

- Multiple daily meetings which takes away from patient care.
- While the use of virtual platforms for training has been effective but it is still important that individuals can meet and interact with each other, still an important part of the learning process.
- Challenges exist in communication within a busy ward environment and the incorporation of night staff into the MDT ethos.
- Having protected time factored into shifts for staff to familiarise themselves with a patient's positive behaviour support plan.

Personal Observations.

The input from the Medical Consultant, Psychology, Social Work, OT and Speech and Language Therapy is essential and it is questionable whether there is enough time given over to this and of course the staffing levels to sustain it.

Morale: This appears to be good but it was clear that staff are weary of the Historical Inquiry and the length of time this has been in progress.

Safeguarding: This is sapping morale - with the number of staff subject to the safeguarding procedure and the perceived lack of review and feedback. It is having consequences for some individual's health. It was suggested that the thresholds for referral were too low.

Behavioural Approaches: These are developed in a therapeutic environment supported by the MDT and appear to be successful. However it is difficult to see how energy and enthusiasm can be maintained when individuals reach a point of discharge but no community placement can be found.
This is dispiriting for both the patient and the staff.

Summary.

The work in Donegore is difficult. I saw an exceptional MDT who are supportive of each other and patients who are well cared for. I would regard this as more of a vocation than purely a job. That said we need to pay particular attention to the resilience of these staff and as part of appraisal explore the need for refreshment and exposure to new experiences if we are to keep them performing at a high level.

The use of more personalised Schwartz Rounds encouraging staff to reflect on the emotional and social aspects of their work – independently facilitated would go some way to sustaining compassionate care and a good demonstration that staff are also appreciated and cared for.

What would make this visit even better?

This was a face to face visit – observing social distancing. It worked well in getting a deeper understanding of the nature of the work and the environment.