

## TRUST BOARD PART I – JULY 2012

 Agenda Item Number: 119/12  
 Enclosure Number: (13)

<b>Subject:</b>	<b>Patient Safety Walkabout (June 2012 position)</b>
<b>Prepared by:</b>	Fiona McNeight, Head of Governance and Patient Safety Tracey Stenning, Governance Compliance Manager
<b>Sponsored by:</b> <b>Presented by:</b>	Julie Dawes, Director of Nursing Julie Dawes, Director of Nursing
<b>Purpose of paper</b> <i>Why is this paper going to the Trust Board?</i>	Regular Reporting For Information / Awareness
<b>Key points for Trust Board members</b> <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	The Board are asked to note the key findings of the visit to the Emergency Department and Medical Assessment Unit.
<b>Options and decisions required</b> <i>Clearly identify options that are to be considered and any decisions required</i>	Nil decisions required.
<b>Next steps / future actions:</b> <i>Clearly identify what will follow the Trust Board's discussion</i>	Ongoing reporting of safety walkabouts
<b>Consideration of legal issues</b> (including Equality Impact Assessment)?	Considered – None.
<b>Consideration of Public and Patient Involvement and Communications Implications?</b>	Considered – None.

One patient safety walkabout was undertaken in June 2012 within the Emergency Department (ED) and Medical Assessment Unit (MAU). The walkabout highlighted the following:

### **Emergency Department**

- Staff are very committed and appeared to be coping with the increasing work load. Staff had ideas on how patient flow could be improved.
- The route for patients from the ambulance entrance to the assessment area is long. There is a corridor where patients may wait on trolleys which can restrict access for others and could compromise privacy and dignity. If trolleys are held in the corridor, this can affect female MAU patients accessing the lavatories.
- The waiting area for X-rays is isolated from staff which identifies a risk if patients are left unattended. Work has been underway to address this risk. This includes patients having access to a call bell and a radiology assistant identified to provide supervision and support to patients. The future plan is to introduce a new method of risk assessment for patients prior to transfer to x-ray.
- There is no screen in the minors area to update patients of waiting times. This is being looked into.

The issues identified predominantly relate to a structural issue with the layout of the current emergency department.

### **Medical Assessment Unit**

- Excellent development of the operational room for MAU to integrate the GP and ED admissions.
- Only 4 isolation rooms in MAU which can impact on the prompt isolation of patients.
- MAU is a long way from the ED.
- 100% occupancy of the 58 beds.
- Difficulties with single sex compliance in 6 bed ambulatory department. This is addressed on a day by day basis.

The good work in managing the patient flow was acknowledged. As with ED, the findings link to the structural limitations with the existing bed numbers and layout.