

Subject:	Patient Safety Walkabout (September 2012 position)
Prepared by:	Fiona McNeight, Head of Governance Lorna Wilkinson, Deputy Director of Nursing/Head of Patient Safety
Sponsored by: Presented by:	Julie Dawes, Director of Nursing Julie Dawes, Director of Nursing
Purpose of paper <i>Why is this paper going to the Trust Board?</i>	Regular Reporting For Information / Awareness
Key points for Trust Board members <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 MSK Clinical Service Centre.
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	Nil decisions required.
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	Ongoing reporting of safety walkabouts
Consideration of legal issues (including Equality Impact Assessment)?	Considered – None.
Consideration of Public and Patient Involvement and Communications Implications?	Considered – None.

One patient safety walkabout was undertaken in September 2012 within the MSK Clinical Service Centre. The walkabout highlighted the following:

General observations

- Review of ward based staffing has resulted in a change in skill mix to meet the needs of patients.
- D3 ward is a busy orthopaedic trauma ward that focusses on elderly, patients with a fractured neck of femur. The safety walkabout found the ward very calm and organised despite being busy. There has been much investment in equipment to care for these patients appropriately, such as, beds that can be adjusted to a very low position to reduce the risk to patients who have been assessed as high risk of falling.
- The ward is supported by an ortho-geriatric specialist team which includes a Consultant, Registrar and Specialist nurses.
- There is a plan to increase nurse training in the care of the elderly.

Wards D2 and D3

- Noted issue of temporary sets of notes not always being reconciled with main notes. This is being addressed as part of a Trust wide programme.
- Work on reducing medication errors has resulted in re-design of a clinical room to enable pharmacy presence for the wards to support medicines management, in particular, improving the discharge process and reducing medication errors.

Ward D4

- The unit has its own plaster room located on D4 for the change of plasters and this reduces the need for patients to have to go down to the fracture clinic.
- The exit from the ward was noted to be cluttered. This has been raised with Carillion.