

TRUST BOARD PART I – MAY 2012

Agenda Item Number: 77/12
Enclosure Number: (9)

Subject:	Patient Safety Walkabout (April 2012 position)
Prepared by:	Fiona McNeight, Head of Governance and Patient Safety Tracey Stenning, Governance Compliance Manager
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 the Women and Children 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 April 2012 within the Women and Children Clinical Service Centre. The walkabout highlighted the following:

- Medication to take out (TTO) upon discharge: Need to confirm the average wait time for discharge medication.
- Delivery room: The room facing into the building requires privacy window coating or alternative. Carillon to be contacted.
- Delivery beds: A further 2 beds are required. CSC to advise if these are on the CSC equipment planned costing.
- Induction suite: Aim to have 24/7 cover. 10 posts and 60 applicants received. Need to measure outcomes and review the patient pathway.
- Paediatrics: Work is required to repair the wall damage caused by Z-beds. Need to obtain date for works from Carillion.
- Parking: It was noted that the loss of staff parking is impacting on staff moral. It was recognised that this is a problem that will not be resolved in the short term.

The Non-Executive Directors are to arrange a visit to the Unit at St Mary's Hospital with the Director of Midwifery.

Where actions are identified above, the Director of Midwifery will be responsible for ensuring they are completed.