



## Sefton Suite (AUH) Well Led Inspection Report Thu 27th May 2021, 7:27pm



Alexandra Stansfield  
Quality Matron  
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100.0%

The DWM can clearly demonstrate her knowledge of the ward in the absence of the WM. She is aware of the challenges of the ward and how her team are working to improve patient safety on the ward. They are in the process of making improvements with regards to shared learning on the ward with the revision of notice boards. There is clear leadership on the ward and a clear vision of how the ward strives for excellence in providing high levels of evidence based care. There is also clear support from the senior team on Sefton suite with their entire team. Excellence leadership can be seen.

### Key findings

 **1**  
Resolved

 **0**  
New

 **0**  
Repeat



Previous issues now resolved

**Since 08-10-20**

Is there evidence that actions assigned in the previous meeting have some oversight and progress is being monitored?

Nurse in Charge	N\A
Nurse in charge?	Natalie Lockett
Well Led - Culture and Leadership	100.0%
Staff name badges are worn and are visible?	Yes
Were staff respectful towards each other?	Yes
The team could be seen communicating well and working closely together	
20 Well Led - Culture and Leadership Ask Staff	100.0%

Do staff feel comfortable in raising issues/concerns?  
(Speak to minimum of 3)

100.0%

1	Yes
2	Yes
3	Yes
4	N\A
5	N\A
6	N\A
7	N\A
8	N\A
9	N\A
10	N\A
11	N\A
12	N\A
13	N\A
14	N\A
15	N\A
16	N\A
17	N\A
18	N\A
19	N\A
20	N\A

Did staff feel there is a culture of openness/honesty?  
(Speak to a minimum of 3)

100.0%

1	Yes
2	Yes
3	Yes
4	N\A
5	N\A
6	N\A
7	N\A
8	N\A
9	N\A
10	N\A
11	N\A
12	N\A
13	N\A
14	N\A
15	N\A
16	N\A
17	N\A
18	N\A
19	N\A
20	N\A

Are staff aware of the role of the freedom to speak up guardian and advocates? (Speak to a minimum of 3)

100.0%

1	Yes
2	Yes
3	Yes
4	N\A
5	N\A
6	N\A
7	N\A
8	N\A
9	N\A
10	N\A
11	N\A
12	N\A
13	N\A
14	N\A
15	N\A
16	N\A
17	N\A
18	N\A
19	N\A
20	N\A

Well Led - Culture and Leadership 2

100.0%

The Ward Manager can demonstrate the ward performance in relation to safety, including number of falls, pressure ulcers or infections

Yes

The DWM could demonstrate what issues Sefton ward face. She could demonstrate the ward has a variety of surgical specialities and what the staffing establishments should be. She could articulate the ward have had no HAPU or falls with harm in the past three months. She discussed that the ward have had x 2 falls in the last week and a possible newly acquired pressure. The environment posed another challenge regarding the visibility of patients who are a falls risk however she could demonstrate all preventative measures the ward would use

Are leaders knowledgeable about what they are performing well/not so well and what plans they have to improve performance?

Yes

The DWM could demonstrate the wards performance. The team on Sefton suite work hard together and morale is good. They have focused on topics of the week to increase compliance. They have also focused on team nursing which is led by the band 6/7 team so they can develop in their roles. Vacancies on the ward has posed a challenge and is on the risk register however there is a plan in place and Sefton suite are currently awaiting 5.0 WTE band 5 RGNs to start over the the next few months

Does the manager/deputy attend patient safety/clinical governance meetings for their area?

Yes

The ward manager attends weekly safety and governance meetings with matron Nadine giverns and Jane Williams

Is the Ward Manager aware of what is on the Risk Register and what steps are being taken to minimise those risks?

Yes

The DWM could demonstrate that RN vacancies is on their risk register

Is there evidence of regular meetings with Matron and Ward Manager to disseminate information, escalate appropriately and discuss key performance indicators of the ward?

**Yes**

No evidence available on the day of LQA regarding 1:1s with WM and matron. The DWM could evidence that she has regular 1:1s with her line manager ( WM of Sefton suite).

Is staff sickness managed in line with Trust policy

**Yes**

The DWM could articulate the wards position in relation to sickness and absence . She was aware of who was absent from work. The ward has a plan in place so communication within the senior nursing team occurs. They have a sickness book which demonstrate who has completed which process of recording absences, completing return to works etc

**20** Well Led - Evidence Based Care and Treatment /  
Health Promotion

**100.0%**

Do staff know how to access Trust policies/SOPs on the system?

100.0%

1	Yes
2	Yes
3	Yes
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
9	N/A
10	N/A
11	N/A
12	N/A
13	N/A
14	N/A
15	N/A
16	N/A
17	N/A
18	N/A
19	N/A
20	N/A

Well Led - Incidents and Continuous Improvement

100.0%

Are ward/department meeting minutes thorough, clear and detailed with relevant ward specific and trust-wide information?

Yes

Ward meeting minutes are clear, detailed and regular. They include all aspects required from a detailed and informative meeting to ensure all issues are logged, discussed and actions taken to address the issues raised. They are regular and are often MDT based.

MINUTES			
Meeting Title and/or Objective		Safety & Governance Meeting	
Meeting Location		Suite 6000 Staff Room	
Date of Meeting	14 <sup>th</sup> May 2021	Start Time	12:30
		End Time	13:00
Attendees Natalie Lockhart, Nicola Nelson, Kate Robinson, Joanne Tomkins, Annee Ramesh, Jackie Walker, Olivia Fitzsimmons, Sarah Naze, Liam Stevenson, Nadia Price, Danielle			
Minutes prepared by Marie Bennett			
Notes / Minutes / Actions - including timescales			Action Status (New, Ongoing or Complete)
<p><b>Completed since last Meeting</b></p> <ul style="list-style-type: none"> <li>All staff now have their own Lamp Test Kits. Complete once weekly</li> <li>Paperlite training, now gone live</li> </ul> <p><b>Mandatory Training</b></p> <ul style="list-style-type: none"> <li>NEWS Training - HCA's - need to be reassessed in NEWS Competency. NEWS has now changed. News of 1, 2, 4 can be done 6 hourly or at Nurses discretion. RNLS to complete via ESR and a competency assessment completed.</li> </ul> <p><b>Good This Week</b></p> <ul style="list-style-type: none"> <li>IPC Audit - 98%. Pre-Covid IPC guidelines now back in place, only wear gloves and apron if coming into contact with bodily fluids etc.</li> <li>Matrons Audit 98% - failed due to lying standing BP. Provide patients with falls leaflets. Ensure patients who are red tray are marked red tray and patients are encouraged to sit out at meal times.</li> <li>Arrest Trolley - 100%</li> <li>Monit Audit 100%</li> <li>Paperlite - all staff have been supporting each other.</li> </ul> <p><b>This Weeks We Will/Actions</b></p> <ul style="list-style-type: none"> <li>Visitors are being introduced - 1 visitor 1 hour per day. Time slots are pre booked. Reception staff will book in for weekends were possible.</li> <li>Paperlite - when admitting patients to the ward we must be using Nursing Admission and Risk Assessment Pathway. Be mindful of what you would usually complete i.e. manual handling risk assessment. Mental Capacity - don't start if not required.</li> <li>PIPC - cannula care plan.</li> <li>Fluid Balance - if bottle given and patient refused document this, patient PU is not good enough.</li> <li>LQA - NL has completed a question &amp; answers document. Please sign to confirm you</li> </ul>			
Suite 6000		Page 1 of 3	
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Do minutes contain an overview of incidents (numbers, types and level of harm) that have occurred since the last meeting?

N/A

The meeting minutes contained no datix Numbers as over the past few / weeks months their have been no datix entered. This could be explained in the ward minutes more clearly

**MINUTES**

- ESR – try to complete in advance of expiry. Staff are reminded they home.
- Paediatric BLS has been removed from staffs mandatory training.

**Appraisal Compliance**

- Please complete your self-assessment - opening up for the new Invites will be sent to staff shortly from your appraiser.

**Datix**

- None

**SI's**

- None

**Risk Register**

- Staffing – although recruited 2 members of staff.
- Paperlite across the Trust.

**Complaints**

- None

**Safety Alerts**

- Madazolam has been changed. Only accept 5mg in 1ml. Mu and is a 2 nurse check.

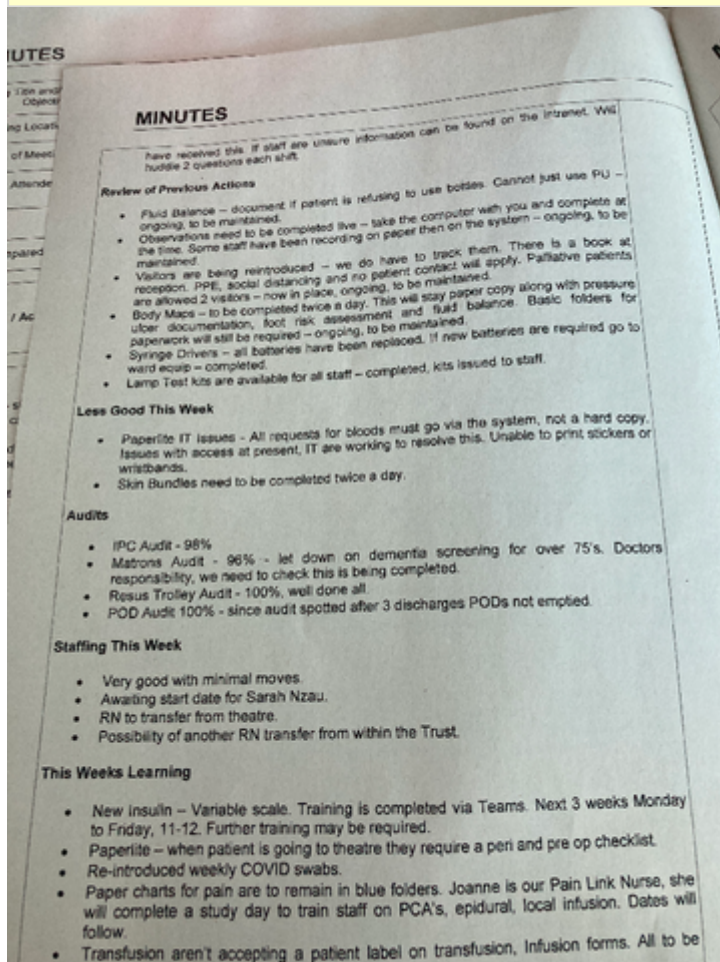
**Date of Next Meeting**

TBC

Do the minutes of meetings demonstrate that there has been an attempt to identify any trends, learning or themes from the incidents that have occurred?

Yes

The ward reviews previous actions to ensure issues raised have been addressed or in the process of being addressed. There have been no RCAs in the past three months to review.



If there have been any RCAs, is there evidence that learning points are covered in meeting minutes and RCAs shared with staff?

N/A

No RCAs in the past three months

Do minutes contain an overview of formal/informal complaints (numbers and types) that have occurred since the last meeting?

N\A

No complaints in the past three months

Do the minutes of meetings demonstrate that there has been an attempt to identify any trends or themes from complaints?

N\A

There have been no complaints in the past three months

If there have been any formal complaints, is there evidence that learning points from investigations are covered in meeting minutes and shared with staff?

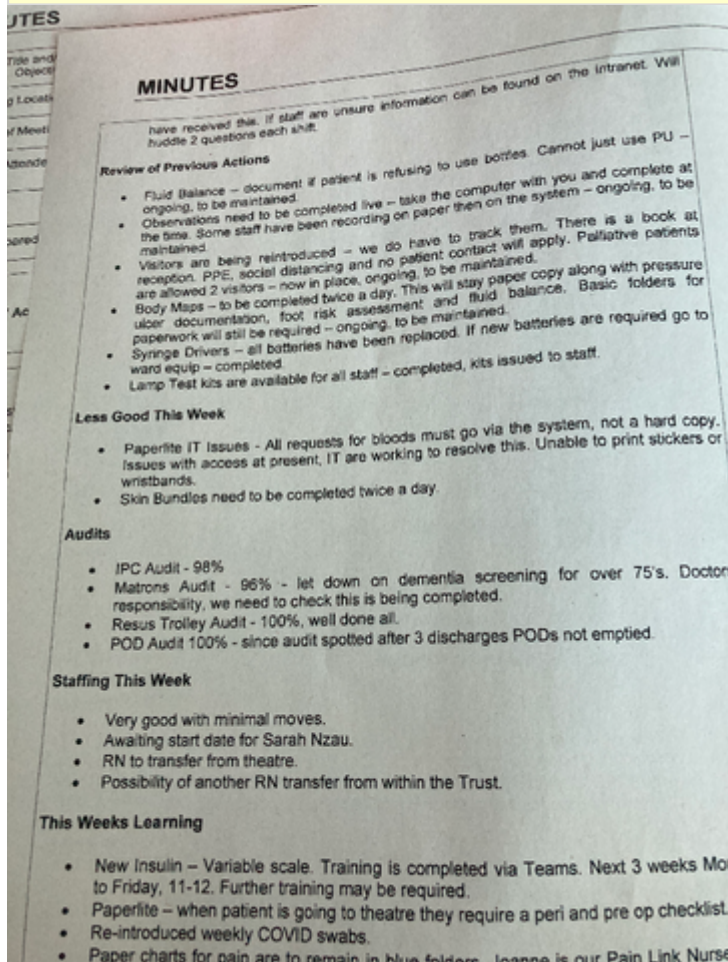
N\A

No complaints in the past three months

Is there evidence that actions assigned in the previous meeting have some oversight and progress is being monitored?

Yes

Review of previous weeks actions are clearly evidenced via ward meeting minutes



Is there any system to make sure staff who can't attend team meetings have read and understand the minutes?

Yes

All minutes are emailed to ward staff and read receipts are in place.

20 Ask staff

100.0%

Are staff aware of any areas the ward/department need to improve on?

100.0%

1

Yes

Link nurse roles and shared learning boards

2

Yes

Medication incidents

3

Yes

Medication safety

4

N/A

5

N/A

6

N/A

7

N/A

8

N/A

9

N/A

10

N/A

11

N/A

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N/A

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N/A

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N/A

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N/A

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N/A

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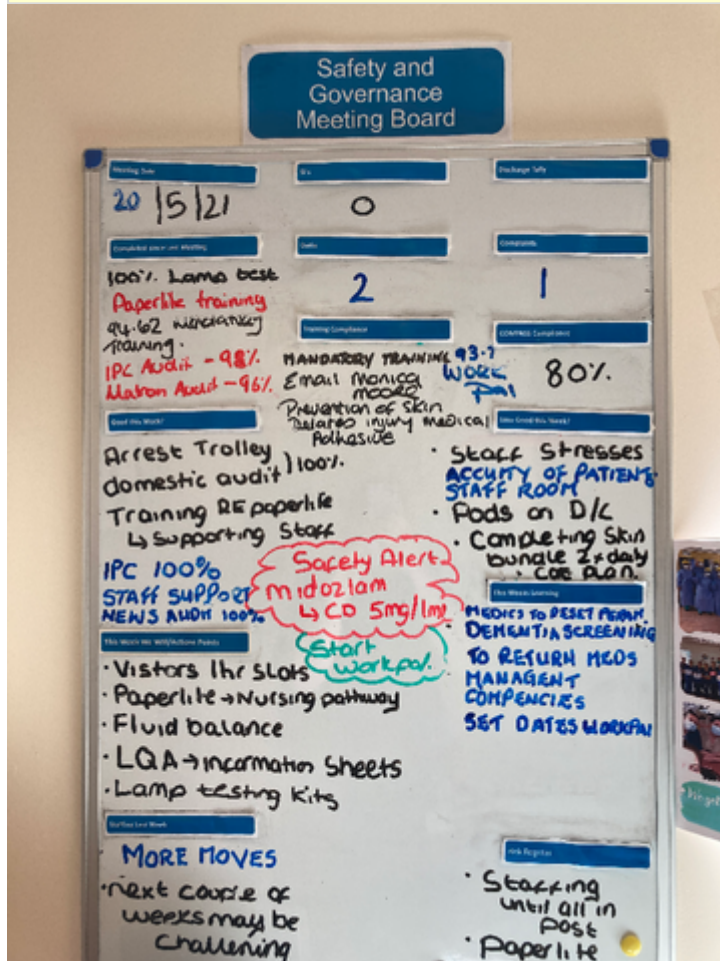
N/A

19

N/A

## Final reflections

## Safety and governance board



## Notice board



## Employee recognition

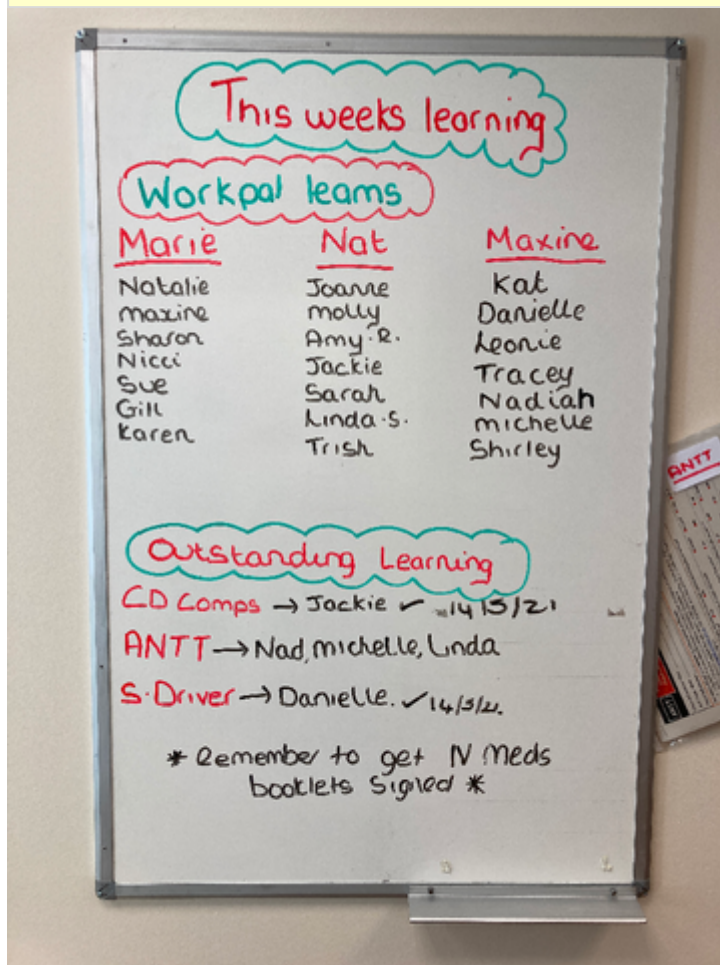


## Charity work completed by Sefton suite staff



## Morale boosters by the senior team





Skill matrix for all bands

KPI information up to date