

## Innovation Agency

### Academic Health Science Network for the North-West Coast

#### MH-SIP work on the PICU Unit (Brooklands ward)

*In the words of the ward matron:*

‘Since I started working with a PICU in our area a year ago, they have not had a permanent manager. It proved difficult to book coaching sessions and to get staff engaged, partly because of the busy nature of the ward but also because until recently, nobody had taken ownership of the MHSIP work. Eventually, a band 6 Clinical Lead put herself forward and having her to link in with, has been instrumental in getting the programme off the ground. Her enthusiasm seems to be contagious, at our most recent coaching session the team were extremely engaged and full of ideas. With no ward manager to speak with about our potential projects, I met with the Modern Matron expecting him to say ‘no’ to some of them, due to budgetary constraints. To my surprise he said ‘yes’ to everything and work is now underway on several of the change ideas. It is yet to be seen how this will affect the rates of restrictive practice but, I am hopeful that we will see positive results. I spoke with patients in one-to-one meetings and took their ideas and suggestions forward.

Issues that are currently being worked on:

- Ward rounds – at present patients are not given any idea about when they will be seen by the consultant. Our safety cross and heat map data shows us that there is often a surge in incidents on ward round days, as patients gather in the small area outside the room and become more agitated and anxious as the day goes on. Our solution is to allocate time slots to each person (with the caveat that these are approximate as meetings will sometimes overrun slightly). The Matron is also speaking with the Doctor about moving the meetings to a room off the ward so that, people cannot congregate outside and look into the room.
- Clinic room – heat map data also shows that, many of the incidents take place in a space outside the clinic room. The clinic room has a stable door but there is also an empty door frame in front of this so, we are installing a door here, to create an ‘air lock’ so that, patients cannot see into the room when staff are preparing medication. The team also specified that this should be a soft closing door as the stable door tends to slam which, is unpleasant for everyone.
- Staff room – the staff room had broken blinds, chipped paint on the walls and a broken microwave. Since I met with the Modern Matron, work has begun to redecorate the area and replace the broken equipment as well as, purchasing a coffee machine. In addition, a larger staff room is being created for staff from all units to share. Hopefully, staff will be more likely to take breaks, giving them the mental space they may need, to return to the ward refreshed.
- Safety pods – the Modern Matron has used these in a previous role and is a big advocate for them. There was initial reluctance from senior management however, the Matron has supported having safety pods, creating a budget for this and the process around changing policy has begun, and introducing the safety pods to the ward.