



Nottingham
University Hospitals
NHS Trust

Introducing our Surgery Division #Team NUH





Divisional Leadership Team



Simon Parsons
Divisional Director

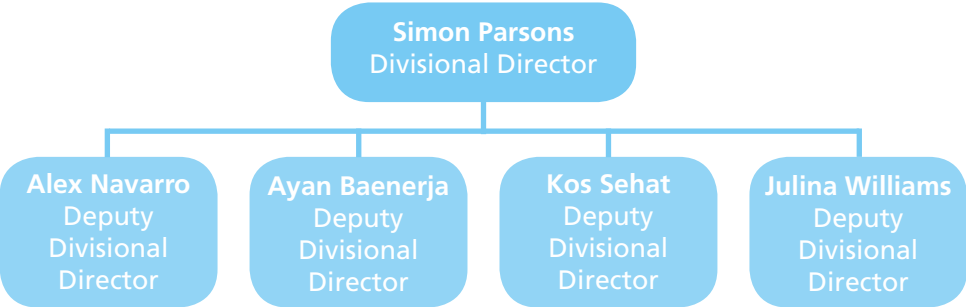


Jo Fort
Divisional General Manager



Tracy Keane
Divisional Nurse

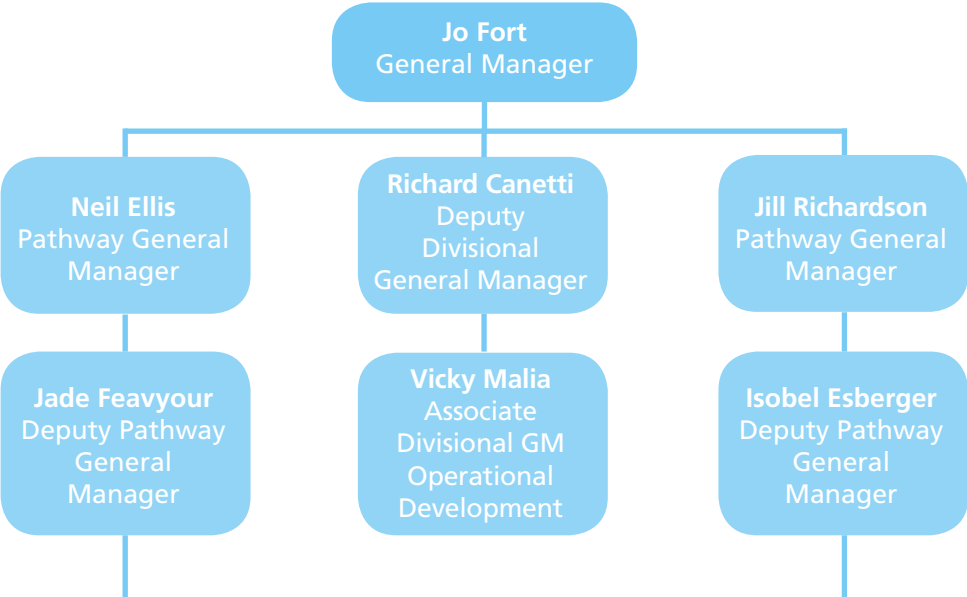
Divisional Director Management Structure



Divisional Heads of Service

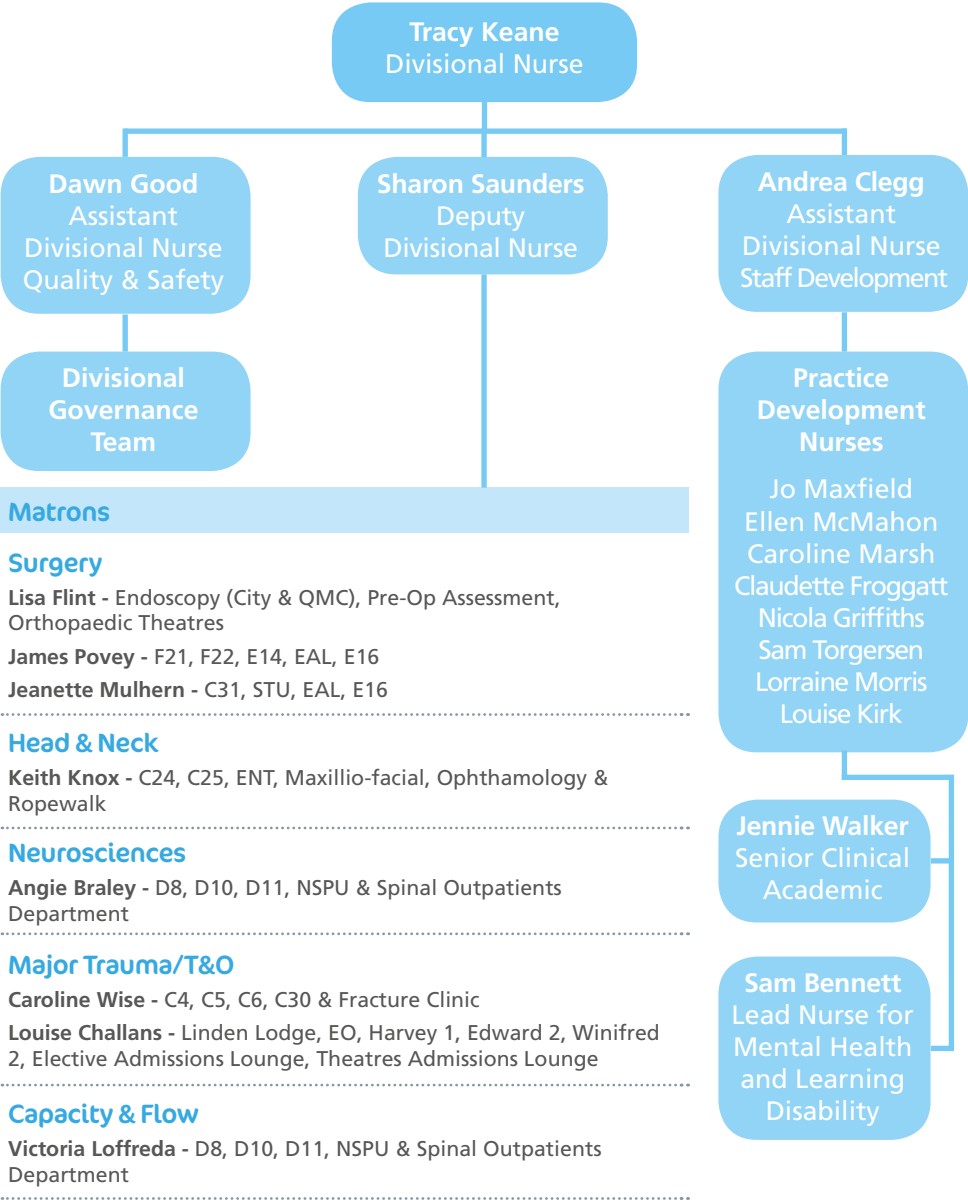
Emilie Wilkes	Gastroenterology
Adolfo Parra Blanco	Endoscopy
Iain Cameron	HPB
Alistair Simpson & David Humes	Colorectal
Kos Sehat	Elective Orthopaedics
Sumaira Khan	Vascular
Ravi Vohra	UGI
David Chadwich	Endocrine
Kos Sehat	Trauma & Orthopaedics
Balamurali Bharathan	NEGS
Harmander Dua & Katya Tambe	Ophthalmology
Yujay Ramakrishan	ENT/Audiology
Adam Brooks	Major Trauma
Surajit Basu	Neurosurgery
Khalid Salem & Michael Grevitt	Spines
Gill Sare	Neurology
Mary Antoun	Neuro-Rehabilitation
Tracey Twomey	NAIP
Mark Batt	Sports & Exercise Medicine
Arletta Starza-Smith	Clinical Psychology

Divisional General Management Structure



Specialty General Managers	Specialty General Managers
Matt Dorrington Elective Orthopaedics, Trauma & Orthopaedics, Sports & Exercise Medicine	Katy Simmons Endoscopy, Gastro, Bowel Screening, Hepatology & UGI
Josh Ferron Spines, Vascular & Major Trauma	Sabrina Ehsan Colorectal, HPB, NEGS
Justine Nicholls Neurosurgery & Neurology	Kate Potter & Clare Eaglesfield Ophthalmology
	David Dalby Max Fax, ENT & Endocrine

Divisional Nursing Management Structure





Surgery Division

The Surgery Division at NUH is at the forefront of development and research in nation-wide surgical care and treatment, providing excellent care for patients who attend from the local community, regional and tertiary referral centres.

Our services are located across QMC, City and Ropewalk House and we offer excellent opportunities for our teams in outpatient, inpatient and theatre settings. We cover all aspects of elective and emergency surgery in a number of specialties.

Table 1. Shows our inpatient wards & the specialties

Ward	Number of beds	Site	Speciality
C31	24	QMC	Emergency Surgery
E14	28	QMC	Colorectal Surgery
E15	28	QMC	Hepatobiliary Surgery
F21	28	QMC	Gastro Medicine
F22	21	QMC	Gastro Medicine
Winifred 2	22	City	Upper GI Surgery
Endoscopy	N/A	QMC & City	
D8	29	QMC	Spinal
NSPU	12	QMC	Neuro-spinal
D10	28	QMC	Neurosciences
D11	28	QMC	Neurosciences
C4	28	QMC	Orthopaedic Trauma
C5	28	QMC	Orthopaedic Trauma
C6	18	QMC	Orthopaedic Trauma
C30	18	QMC	Major Trauma
E16	22	QMC	Vascular
C25	34	QMC	ENT & Ophthalmology
C24	24	QMC	ENT & Ophthalmology
Harvey	26	City	Elective Orthopaedics
Edward	26	City	Elective Orthopaedics

A guide to our specialties

This diverse speciality consists of a wide range of services for both emergency and elective patients across both NUH sites.

Surgical Triage Unit (STU)

Description

Surgical Triage Unit (STU, QMC) is a 24-hour emergency assessment unit which takes patients directly from GPs, our Emergency Department and other external emergency services. Patients receive both Nursing and Medical assessment and if they require admission they are transferred to Ward C31 (QMC) for continued short-term treatment or are transferred to one of the specialty wards.

Patient pathway

For elective surgery, our patients are admitted via our Elective Admission Lounge (EAL) and transferred post-operatively to one of our surgical speciality wards.

Key skills

- Nursing assessments
- Extended roles
- Assessing acutely-ill and deteriorating patients
- Pain management

Endoscopy

Description

Endoscopy (QMC & City) – Endoscopy services are provided at both sites. The units undertake high volumes of elective cases as well as providing emergency care and out-of-hours cover.

Patient group

The endoscopy units perform a wide range of therapeutic endoscopic procedures for both inpatients and outpatient, with City Hospital specialising in Respiratory procedures, Upper GI surgery and Bowel Cancer Screening and QMC specialising in Hepatobiliary, Radiofrequency ablation and emergency gastrointestinal bleeds. The endoscopy units are tertiary referral centres and perform innovative procedures such as brachytherapy and colangioscopy Spyglass.

Key skills

- Pre and post endoscopy care
- Extended roles
- Emergency care and care of acutely-ill and deteriorating patients

Short Stay Emergency Surgical Admission Ward (C31)

Description

C31 (QMC) is a 24-bedded admissions ward caring for short-stay emergency surgical admissions.

Patient group

Admissions are for a variety of differing speciality surgical patients including: general, hepatobiliary, colorectal and vascular.

Patient pathway

Patients are admitted via GP referrals, admission wards and ED. We have a nationally-recognised Surgical Triage Unit, where patients are referred and assessed, that has won awards for excellence and innovation.

Key skills

- Admission process
- Pre and post-operative care
- Care of acutely-ill and deteriorating patients
- Care of surgical drains
- Care of epidurals
- Enteral feeding
- Pain management
- Basic and more complex wound management
- Extended roles

Gastroenterology (F21)

Description

F21 (QMC) is a 28-bedded medical gastro ward.

Patient group

The ward cares for patients with liver conditions including liver transplants and recovery as well as gastro conditions such as gastric ulcers, ulcerative colitis and Crohn's disease.

Patient pathway

The patients are admitted electively from home and surrounding counties, ED and from HDU/AICU.

Key skills

- Care of acutely-ill and deteriorating patients
- Enteral and parenteral feeding
- Pain management
- Basic and more complex wound management
- Extended roles
- Pre and post liver transplant care

Colorectal surgical ward (E14)

Description

E15 (QMC) is a 28-bedded mixed sex hepatobiliary surgical ward.

Patient group

Patients under the hepatobiliary specialty are undergoing elective or emergency surgery for diseases involving the biliary tract, such as gallstone removal, liver and pancreatic resections. The team work closely with hepatologists (liver specialists), gastroenterologists, radiologists (imaging specialists), oncologists (cancer treatment specialists), pathologists and palliative care specialists to provide the best treatments for patients. The ward also works closely with hepatobiliary nurse specialists, the Acute Pain Service and the Critical Care Outreach Team.

Patient pathway

Most of our patients are admitted through the Surgical Triage Unit or admissions ward, for emergencies or planned elective admissions from home. The elective admissions are admitted in the Elective Admissions Lounge and come to the ward post-operatively. We also take step down patients from critical care areas.

Key skills

- Pre and post-operative care
- Care of acutely-ill and deteriorating patients
- Care of surgical drains
- Care of epidurals
- Enteral feeding
- Complex pain management including patient controlled analgesia care
- Tracheostomy care
- Basic and more complex wound management
- Extended roles
- Provide physical and psychological support to patients who have undergone procedures resulting in stoma formation.

Hepatobiliary surgical ward (E15)

Description

E15 (QMC) is a 28-bedded mixed sex hepatobiliary surgical ward.

Patient group

Patients under the hepatobiliary specialty are undergoing elective or emergency surgery for diseases involving the biliary tract, such as gallstone removal, liver and pancreatic resections. The team work closely with hepatologists (liver specialists), gastroenterologists, radiologists (imaging specialists), oncologists (cancer treatment specialists), pathologists and palliative care specialists to provide the best treatments for patients. The ward also works closely with hepatobiliary nurse specialists, the Acute Pain Service and the Critical Care Outreach Team.

Patient pathway

Most of our patients are admitted through the Surgical Triage Unit or admissions ward for emergencies or planned elective admissions from home. The elective admissions are via the Elective Admission Lounge and are admitted to the ward post-operatively. We also take step down patients from critical care areas.

Key skills

- Admission process
- Pre and post-operative care
- Care of acutely-ill and deteriorating patients
- Care of surgical drains
- Care of epidurals
- Enteral feeding
- Complex pain management including patient controlled analgesia care
- Tracheostomy care
- Basic and more complex wound management
- Extended roles

Upper GI Surgery

(Winifred 2 ward)

Description

Winifred 2 (City Campus) is a 22-bedded regional Upper Gastrointestinal and General Surgical ward

Patient group

The ward serves both the Nottingham and Lincoln area for Upper GI. Our speciality covers disorders of the stomach and oesophagus, often malignancy. Patients require Oesophagectomy or Gastrectomy which requires admission to A&E initially for close observation. The ward also cares for patients undergoing anti-reflux surgery, hernia repairs, cholecystectomies, thyroid surgery and take live donors who have donated a kidney. This range of procedures means we have a mix of patient requiring acute care and patients having simple short stay surgery, offering a variety of patient needs.

Patient pathway

The majority of our patients are on an elective pathway and are admitted via the Elective Admissions Lounge, arriving with us post operatively. The ward regularly takes Critical Care step downs. Patients are admitted directly from home, clinic or post endoscopy if required, often for nutritional support.

Key skills

- Pre and post-operative care
- Care of acutely-ill and deteriorating patients
- Care of surgical drains
- Care of epidurals
- Enteral and Parenteral feeding
- Complex pain management including patient controlled analgesia care
- Tracheostomy care
- Basic and more complex wound management
- Extended roles

Nutrition Unit

(F22)

Description

F22 (QMC) is a 21-bedded unit specialising in the care of patients requiring longer term nutritional support such as Total Parenteral Nutrition (TPN).

Patient group and pathway

The ward takes both medical and surgical patients with a variety of conditions and post-operative needs. Often, these patients have complex care needs and the ward works closely with exterior Parenteral Nutrition providers to facilitate a supportive discharge into the community.

Key skills

- Care of acutely-ill and deteriorating patients
- Enteral and Parenteral feeding
- Pain management
- Basic and more complex wound management
- Extended roles
- Care of central lines

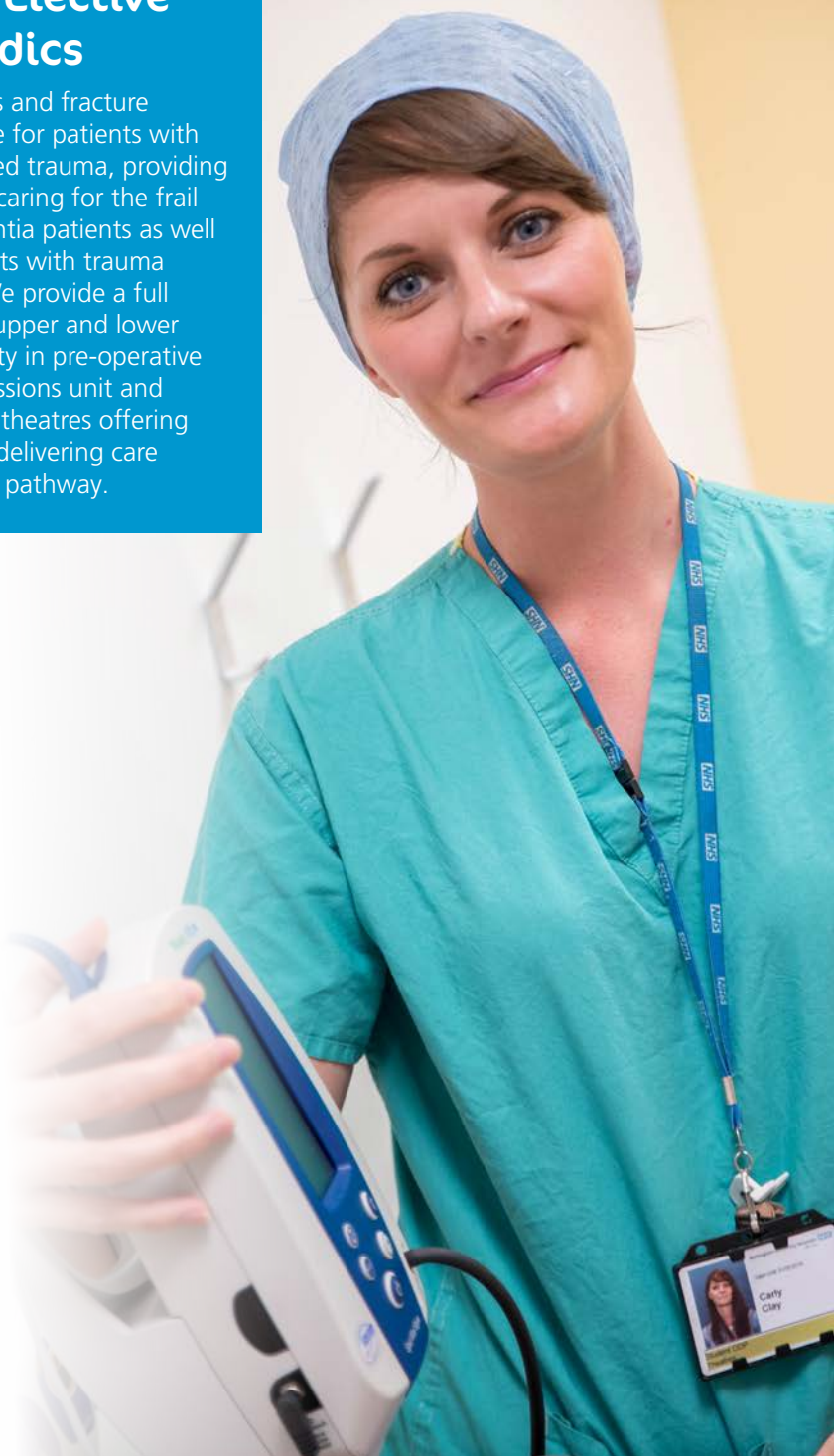


Shuttleworth
Specialist Furniture

ATTENTION
MAXIMUM LOAD
25 KG

Trauma & Elective Orthopaedics

Our trauma wards and fracture clinic at QMC care for patients with orthopaedic-related trauma, providing opportunities for caring for the frail elderly and dementia patients as well as younger patients with trauma related injuries. We provide a full range of elective upper and lower limb surgery at City in pre-operative assessment, admissions unit and five purpose built theatres offering opportunities for delivering care across the patient pathway.



Orthopaedic Trauma

Description

Orthopaedic Trauma comprises three inpatient wards (C4, C5 and C6) and an outpatient department (Fracture Clinic), (QMC). C4 is a 28-bedded female unit. C5 is a 28-bedded male and female unit. C6 is a 18-bedded male unit. Fracture clinic is an outpatient department located next to the Emergency department which includes a plaster room.

Patient group

The trauma wards and fracture clinic at QMC care for patients with musculoskeletal-related trauma. Caring for a wide range of patients including the elderly frail patients, patients with Dementia as well as younger patients with trauma related injuries. Many of these patients require complex surgeries, some of which requiring the use of external fixation devices and traction.

Patient pathway

Patients are admitted through ED, Fracture Clinic or other hospitals following a traumatic injury often causing a fracture. Some patients are admitted directly to the wards for emergency surgery whilst others are sent home whilst they await their surgery if safe to do so. Once the patients have had their surgery they will be assessed on the unit regarding their rehabilitation needs.

Many of these patients will be sent directly home from the ward with Fracture Clinic follow up whilst others will need rehabilitation in an intermediate care facility.

Key skills

- Admission process
- Pre and post-operative care
- Care of acutely-ill and deteriorating patients
- Pain management
- Wound management including care of external fixation and traction
- Care of surgical drains
- Dementia care
- Nutritional care
- Extended roles

Vascular

Description

Vascular patients are spread out across wards E14, E15 and C31 (QMC) and care for this patient group from across the East Midlands Region. The speciality is a key component to the East Midlands Major Trauma pathway.

Patient group

Vascular patients have many complex medical issues including diabetes, renal impairment or dialysis and cardiac problems. The wards care for patients requiring Aneurysm repairs, carotid surgery, bypasses and amputations. The nursing team work closely with the multidisciplinary team to support amputees to get home and live as independently as possible.

Patient pathway

Patients are admitted directly from the emergency department, elective admissions lounge and via the surgical triage unit. The wards have a lot of hospital transfers from other tertiary centres that require specialist vascular input. The wards length of stay is variable as we have our elective fast turnaround surgical patients as well as our very medically complex patients and amputees which require a longer period on the ward. Many of our patients are discharged home following complex discharge planning, repatriated to other hospitals or will need rehabilitation in a suitable facility.

Key skills

- Admission process
- Pre and post-operative care
- Care of acutely-ill and deteriorating patients
- Care of surgical drains
- Care of epidurals
- Enteral feeding
- Complex pain management including patient controlled analgesia care
- Tracheostomy care
- Basic and more complex wound management including vacuum therapy and larvae treatment
- Extended roles
- Provide physical and psychological support to patients who have undergone amputations
- Diabetes management
- Extended roles
- Basic and complex pain management including epidurals
- Surgical drain management

Major Trauma Unit

Description

The Major Trauma Unit (QMC) is a fast-paced 18-bedded unit with a high patient turnover. QMC is the East Midlands regional Major Trauma Centre and admits patients from all over the region. C30 is a key area in the East Midlands Major Trauma pathway.

Patient group

Major Trauma care for level one patient's that are admitted having sustained traumatic injuries to more than one system. Major Trauma span a variety of surgical specialties such as orthopaedics, general surgery (rib fractures, emergency laparotomy), spinal surgery, neurosurgery and maxillofacial.

Patient pathway

Patients are admitted either directly from the Emergency Department or as step downs from Critical Care. The average length of stay on C30 is five days. Once ready, these patients go to other units for rehabilitation or are discharged.

Key skills

- Pre and post-operative care
- Care of acutely-ill and deteriorating patients
- Care of chest drains
- Care of central lines
- Invasive monitoring
- Care of epidurals, paravertebral analgesia, patient controlled analgesia
- Enteral and Total Parenteral Nutrition (TPN) feeding
- Tracheostomy care
- Complex wound management
- Extended roles
- Complex pain management including epidurals and paravertebral infusions,
- Care of external fixation for fractures
- Traction
- Care of aspen collars
- Log rolling

Neurosciences

Our wards at QMC provide both emergency and routine neurological and neurosurgical services to almost 3.5 million people across the East Midlands and comprises two adult wards. D10 has 28 female beds and D11 has 28 male beds. Neuroscience is renowned for its centre of excellence and care.

Neuro-spinal Post-operative Unit (QMC):

- 12 Beds
- For Level 1A & 1B post-operative patients up to the first 48 hours after surgery
- High Nurse to patient ratio: one registered nurse to four patients
- Works in partnership with all wards and Surgical High Dependency Unit



Neuro Spines Post op Unit (NSPU)

Description

NSPU (QMC) is a 12-bedded Neuroscience and Spinal post-operative unit for Level one A & one B post-operative patients up to the first 48-hours after surgery.

Patient group

The NSPU unit cares for many neurological patients requiring surgery for brain tumours or trauma.

Patient pathway

Patients are admitted via Theatre, the wards, ED as well as directly transferred for specialist care from other hospitals. Patients are also stepped down from acute care areas such as HDU/ AICU.

Key skills

- Post-operative care
- Care of acutely-ill and deteriorating patients
- Care of surgical drains
- Care of external ventricular drain's
- Enteral feeding
- Complex pain management
- Care of aspen collars and braces
- Log rolling
- Tracheostomy care
- Glasgow Coma Scale
- Basic and more complex wound management
- Extended roles

Neurosciences

(D10 & D11)

Description

Wards D10 and D11 (QMC) are both regional 28-bedded neurosciences wards caring for emergency and electives patients from all over the East Midlands. D10 has 28 female beds and D11 has 28 male beds.

Patient group

The unit cares for many neurological patients requiring surgery for brain tumours or trauma as well as those with Motor Neurone Disease, Multiple Sclerosis and Epilepsy requiring admission for symptom control such as uncontrolled seizure activity.

Patient pathway

Patients are admitted via admission wards, NSPU, ED as well as directly transferred for specialist care from other hospitals. Many patients are also stepped down from acute care areas such as HDU/AICU.

Key skills

- Pre and post-operative care
- Care of acutely-ill and deteriorating patients
- Care of surgical drains
- Care of external ventricular drain's
- Enteral feeding
- Complex pain management
- Tracheostomy care
- Glasgow Coma Scale
- Basic and more complex wound management
- Extended roles

Spinal Unit (D8)

Description

Ward D8 (QMC) is a specialist 29-bedded regional Spinal unit serving both female and male patients across the East Midlands Region. The ward has a highly renowned professional multi-disciplinary team MDT team who work closely together to ensure patients receive the best possible care and recover as quickly as possible to enhance the patient's quality of life.

Patient group

The ward cares for elective and trauma patients who have suffered spinal trauma or have pre-existing spinal conditions. Most patients are admitted for surgical procedures. Many of the spinal patients form part of the regional major trauma pathway.

Patient pathway

Patients are admitted via the day case unit, ED as well as directly transferred for specialist care from other hospitals. Many patients are also stepped down from acute care areas such as HDU/ AICU.

Key skills

- Pre and post-operative care
- Basic and more complex wound management
- Care of acutely-ill and deteriorating patients
- Spinal observations
- Log rolling
- Halo traction and devices
- Care of surgical drains
- Enteral feeding
- Pain management
- Extended roles

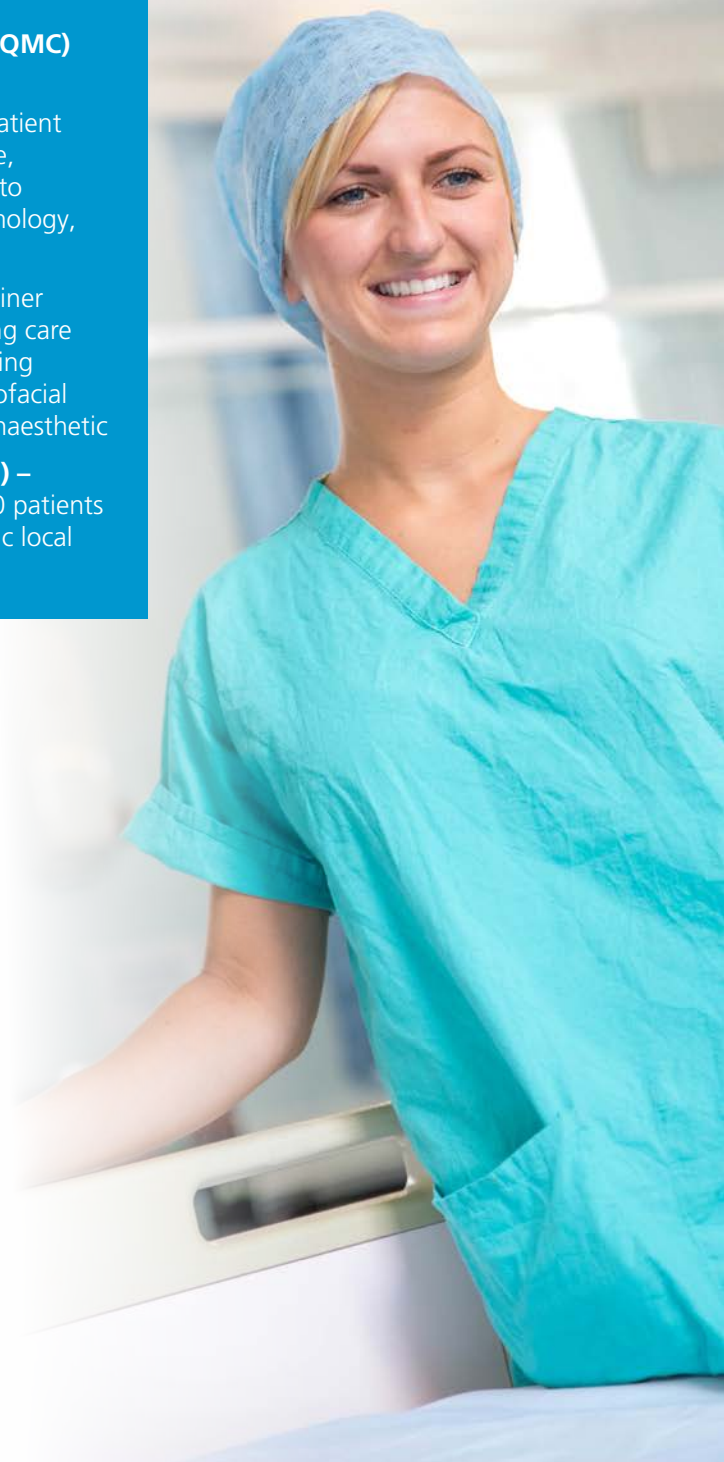
Head & Neck

The Head and Neck Unit (QMC) consists of:

Ward C25 – 34-bedded inpatient ward which provides elective, emergency and cancer care to patients with ENT, Ophthalmology, Maxillofacial conditions

Ward C24 – 28-bedded/recliner chair day case ward providing care to elective patients undergoing ENT, Ophthalmic and Maxillofacial procedures under general anaesthetic

East Day Case Unit (EDCU) – provides care to for up to 30 patients per day requiring Ophthalmic local anaesthetic procedures



Head and Neck

Patient group

The Head and Neck service cares for adult patients over the age of 16. Our patient group consists of elective surgical patients, emergency admissions 24 hours per day as well as trauma, cancer and palliative care patients.

Patient pathway

The elective patients are listed for surgery once they have been seen in the outpatient area and reviewed by a pre assessment nurse and undergone any necessary pre-operative checks.

Emergency admissions attend the relevant outpatient clinic or eye casualty. Out of hours patients are sent directly to Ward C25 where they are reviewed and treated and either discharged or admitted as an inpatient.

Eye Casualty patients are seen on Ward C25 from 10pm to 7am daily and triaged by an Ophthalmic nurse who will contact the on call doctor for advice, treatment plan or a review.

Key skills

- Acute airway management and competencies in tracheostomy and laryngectomy care
- Caring for cancer and end of life patients
- Caring for trauma patients who require emergency surgery for repair of fractured facial bones
- Completion of a variety of local agreements in order to dispense TTOs at ward level and administer dilating eye drops pre operatively
- Skills in triaging and assessing eye casualty patients
- Wound management
- Care of patients receiving enteral nutrition

A healthcare professional with dark curly hair, wearing a blue uniform, is leaning over a hospital bed. The bed has white linens and a grey frame. In the background, there are medical monitors and equipment on a stand. The scene is set in a clinical environment.

Major Trauma

Neurological & Spinal Rehabilitation Unit (Linden Lodge)

Description

Linden Lodge (City) is a 25-bedded specialist Neurological and Spinal rehabilitation unit for patients of varying ability and age.

Patient group

Its team provides comprehensive specialist assessment and treatment for patients with a wide range of neurological conditions including: major trauma, traumatic brain injury, acquired brain injury, spinal cord injury or disease, multiple sclerosis, Guillain Barre Syndrome, Cerebral palsy and complex disabilities.

Patient pathway

Patients are admitted via a referral system, primarily from Major Trauma and Neuro wards, if they have appropriate rehabilitation goals.

Key skills

- Neuro-rehabilitation nurses play an active role in helping patients achieve their goals which might include independence with activities of daily living, self-medication, and independence with continence.

Elective Orthopaedics

(Harvey 1, Edward 2 and SSU)

Description

Elective Orthopaedics comprises of three inpatient wards Harvey 1, Edward 2 and SSU, (City). Harvey 1 and Edward 2 ward have six bays of four patients and two single side rooms. The Surgical Short Stay Unit is a ten-bedded area in a purpose built unit of single and double rooms.

Patient group

The Elective Orthopaedic wards care for patients from 18 years of age upwards undergoing elective carpal tunnel surgery and joint replacements and surgery such as shoulder, foot, ankle hip and knee surgery.

In elective orthopaedics you get both the opportunity to specialise but also develop and maintain your general nursing skills, because of the age range of our patients they often have general health conditions and comorbidities. It would not be unusual to find patients with diabetes, Parkinson's, learning disabilities or cardiac problems for example.

Patient pathway

Patients that access our areas are usually for planned orthopaedic surgery. They are referred from the community and access our pre-operative assessment service for preparation for their forthcoming surgery. The patient then attends our theatre admission lounge on the day of surgery prior to transfer to theatre. Following their surgery patients are admitted to our inpatient areas where their recovery and rehabilitation takes place prior to discharge.

Key skills

- Post-operative care
- Care of surgical drains
- Pain management
- Wound management
- Extended roles
- Rehabilitation skills

Elective Orthopaedics Theatres

Neurological & Spinal Rehabilitation Unit (Linden Lodge)

Description

The Theatre admission lounge is a purpose built admission area where elective orthopaedic patients are admitted and prepared for surgery. Some patients are able to be admitted to the lounge post-operatively and be discharged following injections and arthroscopies.

Patient group

Patients are admitted for elective procedures and as a referral centre for complex joint revision surgery we offer many options for patients. These include: metatarsal phalangeal osteotomies to ankle arthrodesis and full joint replacements. Arthroscopies, anterior cruciate ligament repairs including sporting injuries up to full joint replacements. Total hip replacements, complex revisions and girdlestones. For upper limbs we offer surgery for carpal tunnel, tennis elbow, golfer's elbow, shoulder stabilisation and total replacements.

Key skills

- Assessment Skills
- Pre and post-operative care
- Pain management
- Wound Management
- Interpreting and communicating essential pathway information



Elective Orthopaedic Theatres

Description

Elective Orthopaedic Theatres (City) have five state of the art theatres within our elective orthopaedic speciality and we work closely with the theatre admission lounge and in-patient wards. Theatre Practitioners are well supported with a clinical educator working clinically with staff to enable practical skills and learning in the workplace. New starters are able to have up to six months as a supernumerary period with an allocated mentor and will attend the theatre preceptorship course which enables a sound introduction to the theatre environment.

Patient group

Patients are admitted for elective procedures and as a referral centre for complex joint revision surgery we offer a full range of orthopaedic services for patients. These include: metatarsal phalangeal osteotomies to ankle arthrodesis and full joint replacements. Arthroscopies, anterior cruciate ligament repairs including sporting injuries up to full joint replacements. Total hip replacements, complex revisions and girdlestones. For upper limbs we offer surgery for carpal tunnel, tennis elbow, golfer's elbow, shoulder stabilisation and total replacements.

Patient pathway

Elective orthopaedics means patients who access our areas usually for planned orthopaedic surgery. They are referred from the community and access our pre-operative assessment service for preparation for their forthcoming surgery. The patient then attends the theatre admission lounge on the day of surgery prior to transfer to theatre. Following their surgery patients are admitted to our inpatient areas where their recovery and rehabilitation takes place prior to discharge.

Key skills

- Proficient knowledge of anatomy & physiology and surgical techniques
- Pre op care (anaesthesia trained staff)
- Peri operative care to include scrubbing and circulating in theatre
- Interpreting and communicating essential pathway information
- Surgical First assistant role

Examples of our patient experience

Whats going well

'Always someone around'

– Harvey 2

'Everything has been brilliant, all the staff have been fantastic'

– D11

'Couldn't do anything better, everything was great!'

– E16

'Patients are obviously a priority'

– E15

'The patience and care from the staff has been fantastic'

– C4

'Absolutely top notch, and very caring'

– F21

How we can improve

'Diffiulty parking'

'Answer buzzers promptly'

'Better with pain relief at night'

'Patients notice poor staffing levels, particularly at night'

'I felt a bit left out of the plan'

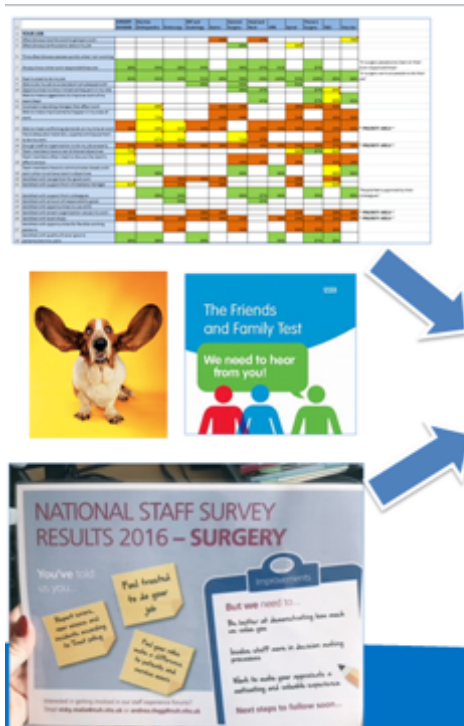
'Staff introducing themselves and telling me what they are going to do'

'Patients shouldn't have to wait as long in our clinics'

Our People Experience Programme

In Team Surgery we take our people experience seriously and have spent the last 18 months developing an inclusive people experience and development programme focussed on building a culture of kindness supported by compassionate leadership.

Below are some examples of how our programme has developed so far:



Surgery Divisional Commitments

to improve staff experience at work

Our commitments are...

1. Continue to build and strengthen the trust in and between teams
2. Our resources will be planned for and used effectively and efficiently to provide high quality of care
3. Individuals, teams and staff groups will have their well-being supported, and their value celebrated
4. Management teams will be visible and accessible, and communications will be open, honest and two way
5. Quality continuous professional development will be encouraged and supported

Look out for future events to discuss our commitments in more detail and how to get involved.

For more information email
vicky.mella@nhs.uk or andrea.clegg@nhs.uk

#BECAUSEOFYOU



Safety success

- Safety Investigation Review Forum (SIRF) – faculty of experienced and dedicated staff, a weekly meeting to discuss moderate and above incidents and escalate to corporate any incidents to investigate as a serious investigation.
- Harm reduction of falls - Enhanced Supervision introduced in Surgery Division and #EndPJPParalysis philosophy.
- Well understood staffing risks – improving picture in nursing; some outstanding challenges for medical staffing, especially out of hours and in Head & Neck cancer and neurosurgery.
- Well-established Structured Judgement Case Review (SJCR) process – trained medical and nursing staff.



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