



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

**Follow up Inspection Report of Unscheduled
Care in the Belfast Health and Social Care
Trust**

12 to 14 May 2014

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA's reviews and inspections are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest.

Our inspections are carried out by a team of inspectors, who have the relevant experience and knowledge. Our reports are submitted to the Minister for Health, Social Services and Public Safety and are available on the RQIA website at www.rqia.org.uk.

RQIA wishes to thank those people, including patients, their families and HSC staff, who facilitated this inspection through participating in interviews or providing relevant information.

Executive Summary

This report outlines the findings of a follow-up inspection to the Royal Victoria Hospital (RVH) to review progress in implementing the recommendations made as a result of the Regulation and Quality Improvement Authority's (RQIA) inspection on 31 January to 3 February 2014. On 12 - 14 May 2014 visits were made to undertake a review of these recommendations. RQIA's review of the care of older people in acute hospital wards was also undertaken on these dates.

Inspectors noted that there has been an improvement in staffing levels in the Emergency Department (ED) and in the Acute Medical Unit (AMU) areas however staff were still experiencing challenges in ensuring the smooth flow of patients across the hospital. Although staffing levels had improved in both areas, the inexperience of new staff and their lack of skills continue to put pressure on experienced staff. Staff felt that this should improve after induction/mentorship and after the bedding in process for these junior staff.

Staff commented that senior staff were more visible, supportive and engaged positively. A student nurse commented to inspectors that although initially apprehensive about coming to the department they have learned a great deal and really benefited from the placement.

Inspectors found that the number of patients who were being cared for outside the locations that were designed to deliver the care and treatment they required had reduced. This, however, continued to have an impact on the experience of some patients, and in ensuring patient safety.

At times the effective operation of critical departments, in particular, the ED, was still being put at risk by the need to care for patients who should have been transferred to other more appropriate environments and care teams. Maintaining the privacy and dignity of patients remains an issue.

Staff in the affected departments, noted an improvement in the organisational culture, and stated that more support was available.

The report highlights that although some progress has been made to address the recommendations, a concerted effort is still required to ensure recommendations are actioned and implemented in full. Following this inspection, RQIA inspectors provided feedback on the inspection to the Belfast Health and Social Care Trust's (Belfast Trust) senior management team and some staff. At this meeting RQIA described the interim findings of the inspection, and provided recommendations for immediate consideration, to ensure patient safety.

This report has been prepared to describe the findings of the follow up inspection and to set out recommendations for improvement. The report includes updated and revised quality improvement plans (QIPs) developed by the Belfast Trust in response to RQIA's recommendations.

RQIA plans to conduct an inspection within the next six months to monitor the trust's continued progress with the recommendations relating to the ED and AMU.

Contents

1.0	Introduction and Background to the Inspection	1
2.0	Methodology and Approach	2
3.0	RQIA Inspection Team	3
4.0	Inspection Team Findings	4
	Emergency Department Overview	4
4.1	Staffing	5
4.2	Safety	21
4.3	Environment	27
4.4	Patient Experience	31
5.0	The Acute Medical Unit	36
5.1	Staffing	37
5.2	Environment	50
5.3	Patient Experience	53
6.0	Wards with Outliers	58
7.0	Next Steps	64
8.0	Updated Quality Improvement Plans (QIPs)	65

1.0 Introduction and Background to the Inspection

On 12 to 14 May 2014, RQIA conducted a follow-up inspection to the Royal Victoria Hospital (RVH). This reviewed progress in implementing the recommendations made as a result of the RQIA's previous inspection on 31 January to 3 February 2014.

On the evening of Wednesday 8 January 2014, a major incident was declared at the RVH, due to the large number of patients within the Emergency Department (ED). The major incident was declared after a period of sustained pressure in the ED.

On 28 January 2014, RQIA received a letter, signed by eight doctors working in the Acute Medicine Unit (AMU) at the RVH, requesting that RQIA investigate an important aspect of the acute medicine service at RVH. The issues raised included the level of medical staffing within the AMU team and the "system's inability to consistently code and track patients correctly as they are moved within and across hospitals within the BHSCT network." The doctors stated: "The situation is worsening and it is our belief that our ability to stand over the quality and safety of many patients under our care is critically compromised through an organisational inability to track and allocate patients to clinical teams in a sustainable and safe manner". The letter was immediately escalated to the chief executives of the Belfast Trust, the Health and Social Care Board and to the Department of Health, Social Services and Public Safety.

On 30 January 2014, RQIA was asked by the Minister for Health, Social Services and Public Safety to carry out an "inspection of the Emergency Department and Acute Medical Unit of the Royal Victoria Hospital at the earliest opportunity". This inspection took place from 31 January to 3 February 2014.

A preliminary report was provided to the Minister on 12 February 2014, and the final report, which was published on the 8 April 2014, is available on RQIA's website. www.rqia.org.uk

This report sets out the findings of the follow up inspection. It has been shared with the Belfast Trust for factual accuracy checking. The updated and revised quality improvement plans (QIPs), are included as appendices to this report.

RQIA plans to conduct a further inspection of the ED and AMU to monitor the trust's progress with the recommendations.

2.0 Methodology and Approach

This follow-up inspection was carried out by the same RQIA team involved in the initial inspection, which included inspectors who have been undertaking an RQIA programme of inspections of the care of older people in adult wards across Northern Ireland. Details of the inspection team can be found in Section 3.0 of this report.

The inspection focused on the recommendations relating to the ED, AMU and other wards or departments in the RVH in relation to outliers (patients who are placed in other specialty wards due to the lack of beds in their designated specialty ward).

For ease of reference achievement of recommendations have been colour coded. The recommendations were judged to be either:

- **addressed**
- **addressed in principle** (this means that a recommendation has been addressed, but the outcomes have yet to be fully realised)
- **partially addressed** (not all areas have had the appropriate action taken)
- **not been addressed**

The inspection approach included:

- talking to staff, either on an individual or group basis
- talking to patients and patients' families
- periods of observation in the departments and wards
- observation of team meetings in relevant departments
- consideration of documentation shared with the inspection team
- review of patient care records

The Royal Victoria Hospital was visited on:

- Monday 12 May 2014
- Tuesday 13 May 2014
- Wednesday 14 May 2014

Visits took place to:

- Emergency Department
- Acute Medical Unit
- Ward 6A (winter pressures)
- Ward 2F
- Discharge lounge and day procedure unit

3.0 RQIA Inspection Team

Inspection Lead	Liz Colgan
Inspector	Linda Thompson
Inspector	Sheelagh O'Connor
Inspector	Lyn Gawley
Inspector	Thomas Hughes
Inspector	Margaret Keating
Inspector	Lyn Buckley

4.0 Inspection Team Findings

For the purpose of this report the findings have been presented in three sections relating to:

- the Emergency Department (ED)
- the Acute Medical Unit (AMU)
- other ward areas visited

Emergency Department Overview

The ED at the Royal Victoria Hospital is a 24-hour, seven day a week comprehensive emergency service. It is the Level 1 Trauma Unit for the greater Belfast area. It is also the Regional Trauma Centre, which accepts trauma transfers from other EDs in Northern Ireland, reflecting the regional specialist services provided on the RVH site.

A team of four RQIA inspectors undertook the inspection of ED. The inspection reviewed the recommendations that had been made in the following four themes in ED:

- staffing issues for nursing and medical staff
- safety
- the environment
- the patient experience

This inspection resulted in 25 recommendations and the inspectors made the following judgements:

- **One recommendation has been addressed**
- **Six recommendations have been addressed in principle** (this means that action has been taken to address the recommendation but has not been fully completed.)
- **16 recommendations have been partially addressed**(not all areas have had the appropriate action taken)
- **Two recommendations have not been addressed**

4.1 Overview of the Emergency Department Recommendations

Staffing Issues: Nursing

Emergency Department: RQIA Recommendation 1

It is recommended that the posts of ED senior sister should have a job evaluation to review if the staffing grade is appropriate for the duties of the posts.

RQIA judgement on achievement: addressed in principle

Belfast Trust Response

“The ED senior sister job description will be forwarded for job evaluation. In the interim, the trust has put in place a dedicated ED clinical coordinator to oversee the management of the RVH ED.”

RQIA Inspectors’ Findings

Inspectors were informed that the clinical coordinator had requested the ED senior sisters’ job description. The senior sisters were also asked to submit a description of their current duties, highlighting any changes in their role from their original job description. This is to be submitted to Human Resources for review.

Emergency Department: RQIA Recommendation 2

It is recommended that a further review of nurse staffing levels is undertaken for ED at RVH to ensure that there are adequate levels of staff to provide all the functions of the department.

RQIA judgement on achievement: partially addressed

Belfast Trust Response

“The ED nursing levels have been reconsidered by the clinical team, supported by central nursing, using BEST methodology. In October 2013 the ED was staffed as follows.

Band 7	8.2
Band 6	8
Band 5	51.19
Band 3	13.78
CE	1
Total	82.17
ENP’s	5.8

A review of nurse staffing at this time indicated an increase to 87.48 whole time equivalent (WTE). Further to this increase, the preliminary RQIA report made some recommendations in relation to staffing levels, and as a consequence this was further increased to 100 WTE staff. Recruitment is currently underway and there has been a good uptake for these posts. On completion of staff recruitment the skill mix will be 87 per cent registered staff to 13 per cent non-registered nursing support staff.”

RQIA Inspectors’ Findings

Inspectors noted that there has been an improvement in staffing levels.

The inspection team was informed that ED currently has 123 nursing staff (100.55 WTE), and in addition 11.92 WTE in the Short Stay Unit. Twenty one new staff have been recruited since the initial RQIA inspection at the end of January 2014. Staff who had requested a transfer out of the ED prior to the inspection had been reallocated.

An agreement is in place to recruit staff on a percentage of the department’s maternity leave, however, this process has yet to commence. On completion of staff recruitment the inspectors were informed that the skill mix will be 87 per cent registered staff to 13 per cent non-registered nursing support staff.

The ED clinical coordinator has been in post from April 2014. It is a six month temporary position. Prior to this post, the clinical coordinator had spent the last 18 months in a commissioning role for the new ED in the critical care building. A senior sister from ED has now taken over this commissioning post.

A further review of staffing levels is to be undertaken in June 2014 using the BEST methodology, which will be conducted in real time to allow for validation.

Inspectors were provided with the ED duty rota for the week prior to the inspection.

Table 1: Staffing Levels

	5/5/14	6/5/14	7/5/14	8/5/14	9/5/14	10/5/15	11/5/14
AM 0745-1300	12RN 3HCA	12RN 2HCA	14RN 2HCA	12RN 3HCA	12RN 3HCA	12RN 2HCA	13RN 2HCA
PM 1 1300- 1630	14 RN 4HCA	15 RN 4HCA	16 RN 4HCA	13 RN 3HCA	14 RN 3HCA	16 RN 4HCA	15 RN 4HCA
PM 2 1630-2045	16 RN 3HCA	16 RN 4HCA	14 RN 3HCA	15 RN 4HCA	14 RN 4HCA	17 RN 5HCA	13 RN 4HCA
ND 2030-0800	11RN 3HCA	11RN 4HCA	11RN 4HCA	11RN 3HCA	11RN 2HCA	13RN 3HCA	16RN 4HCA
	2 ENP* 0745 - 1630		1 ENP 0745 - 1700pm	2 ENPs 0745 – 1300 1 ENP 0745- 2030	2 ENPs 0745 - 1630	2 ENPs 0745 - 1630	2 ENPs 0745 - 1630

* ENP Emergency Nurse Practitioner

* RN- Registered Nurse

* HCA- Health Care Assistant

The duty rota indicates an increase in staffing over all shifts, particularly on night duty.

Staff who spoke with the inspectors stated they can see a change in staffing levels; however, the inexperience of new staff and lack of skills continues to put pressure on them. Staff felt that this should improve after induction/mentorship, and after the bedding in process for junior staff.

It is the intention of the trust to increase the number of sisters on duty at night until 2am. Staffing levels have improved at night, although covering night shifts is problematic. Some staff stated that they still feel that senior staff can be abrupt with junior staff, and that junior staff can still work outside their capability e.g. triage.

Staff commented that senior staff were more visible, supportive and engaged positively. A student nurse commented to inspectors that, although initially apprehensive about coming to the department, they have learned a great deal and really benefited from the placement.

Emergency Department: RQIA Recommendation 3 and 4

It is recommended that nurse staffing in the resuscitation area is reviewed to enable provision at a level of one nurse to one patient.

RQIA judgement on achievement:

This recommendation has been partially addressed

Emergency Department: RQIA Recommendation 4

RQIA judgement on achievement:

This recommendation has been partially addressed

It is recommended that nurse staffing in the focused assessment area is reviewed.

Belfast Trust Response

“Nurse staffing levels in resuscitation area has been reviewed. The increase to 100 WTE will permit an increase of nurse to patient ratio in the resuscitation area of one to one. The clinical coordinator will be responsible for ensuring that staff are roistered and allocated accordingly.

Nurse staffing levels for the focused assessment area has been reviewed. The staffing has been increased from two to four nurses in focused assessment at all times. The clinical coordinator will be responsible for ensuring that staff are roistered and allocated accordingly.”

RQIA Inspectors' Findings

The clinical coordinator commented that they are still having difficulties in meeting the one to one ratio within the resuscitation area as many of the registered nurses (RNs) are currently supernumerary as they are progressing with their induction. Inspectors were informed that this recommendation will be achieved as the new RNs complete the induction, and as knowledge and experience increases. Bank and agency staff continue to be used to cover outstanding shifts.

Inspectors were informed that the ratio of staff within the focused assessment area had increased from two to four RNs. At the time of the inspection there were three RNs in the focused assessment area. However, it was evident that a number of nurses that were supernumerary were present within the focused assessment area throughout the day.

A review of the allocation rotas confirmed that these recommendations were not achieved on most shifts.

Table 2: Allocation in Resuscitation and Focused Assessment Areas

	5/5/ 14		6/5/ 14		7/5/ 14		8/5/ 14		9/5/ 14		10/ 5/1 5		11/ 5/1 4	
	FA	Resu s												
AM	2RN 1 HCA	2 RN	3RN 1 HCA	2 RN	3RN 1 HCA	2 RN	2RN 1 HCA	2 RN	2RN 1 HCA	2 RN	2RN	2 RN	3RN	2 RN
PM 1	3RN 1HCA	2 RN	5RN 2HCA	2 RN	4RN 2HCA	3 RN	3RN 1HCA	2 RN	3RN 1HCA	2 RN	3RN 2HCA	4 RN	3RN 1HCA	3 RN
PM 2	4RN 1HCA	3 RN	4RN 2HCA	3 RN	3RN 2HCA	2 RN	3RN 2HCA	3 RN	3RN 2HCA	2 RN	5RN 1HCA	3 RN	3RN 1HCA	2 RN
ND	4RN 1HCA	2 RN	2RN 1HCA	2 RN	3RN 2HCA	2 RN	3RN 2HCA	3 RN	3RN 1HCA	2 RN	3RN 1HCA	2 RN	3RN 1HCA	2 RN

At the previous inspection, inspectors were told that at times, due to pressures to admit other patients, there can be a need to move patients from the resuscitation area to cubicles 1 or 10. These cubicles are now being fully equipped to resuscitation room standards.

Emergency Department: RQIA Recommendation 5

It is recommended that a review should be undertaken of the provision of support services to ED.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“A review in respect of support services has been undertaken in consultation with the clinical team by the Patient Client Support Services (PCSS) senior team and is now complete:

There is a dedicated portering team based in the ED 24 hours a day, seven days a week.

There are enhanced cleaning services in place, with dedicated cleaning staff for the ED until 10pm, with further services available from the night cleaning team until 7am.

Additional catering provision is now in place. This is overseen by the catering manager/supervisor regularly to ensure adequate food and beverage provision is available. Supplies of water, bread, tea and coffee are available in the department at all times, and emergency stores are readily available for times of surge.

Security is readily available 24 hours a day”.

RQIA Inspectors’ Findings

Inspectors were informed that a review has been undertaken of the provision of support services to ED.

The team of porters based in the ED at night was to be increased on 9 May 2014; however, this was cancelled by management as this change had not been agreed with the union. Nursing staff advised that the overnight service from the porters remains an issue.

In discussion with porters in the ED, they advised that requests from the ED x-ray department, particularly at the weekends to transfer a patient, can deplete their services. There is also a plan to give them a two-way radio for communication.

Enhanced cleaning services are in place; however, discussions with PCSS staff indicated that it can be extremely difficult to carry out cleaning duties when the department is congested.

Inspectors were informed that additional catering provision is available; there is a routine standing order for supplies to ensure adequate provision of food and beverages.

At the previous inspection, inspectors were informed that security within ED was an issue. Representatives from security visited the ED and met with the clinical coordinator. The following actions were agreed:

- reinstating the panic alarms
- explore the possibility of a direct line to the Police Service of Northern Ireland (PSNI)
- continue with frequent security site walks
- provide zero tolerance posters for waiting area
- revise coverage of security cameras

All new staff as part of their induction will have training on the Management of Actual and Potential Aggression (MAPA), and this will be also rolled out for current staff.

Emergency Department: RQIA Recommendation 6

It is recommended that a learning needs analysis is undertaken to facilitate career development for all of the nursing team in ED. Nurse education should also focus on learning from incidents and the principles of safety.

RQIA judgement on achievement:

This recommendation has been addressed in principle

Belfast Trust Response

“A learning needs analysis is undertaken annually to facilitate career development of all the nursing teams and is scheduled to be completed over the coming year. The educational requirements will be commissioned as identified by the practice educator and ED sisters.

Staff have a taught induction for two weeks to support mandatory educational requirements, facilitated by the clinical education centre. They then have a six week supernumerary period in the department which is facilitated by the practice educator.

Nursing staff undertake the Manchester Triage training course within their first three months of appointment. They also have periods of supervised practice in all triage areas, focussed assessments and the resuscitation area. After one year in the department, and once their competence has been assessed by the senior nurse or their preceptor, staff work in the main triage area, where they take decisions to place patients in the waiting area in accordance with the Manchester Triage categorisation.

All newly qualified staff undergo preceptorship for a period of six months, which will be regularly reviewed and tailored to the needs of the individual nurse. They are also required to complete a portfolio of evidence of their learning within one year, and this is overseen by their preceptor and the clinical educator.

The actions relating to learning from incidents are covered in recommendation 8 (see below)”.

RQIA Inspectors’ Findings

Inspectors were informed that a learning needs analysis of the department was completed in March 2014, and will continue to be completed annually. This is facilitated by the practice educator.

Evidence was available through a review of new staff educational records and discussion with two new staff members, that the two-week taught induction and a six-week supernumerary period in the department were provided. The two staff members commented that they were enjoying their induction period; they felt supported, and better equipped to manage ED clinical duties.

The clinical coordinator advised the inspectors that nursing staff working in triage had felt particularly vulnerable when assessing and reprioritising category two and three patients that have been through triage, but have not been assessed by the medical staff within the triage risk category time. The clinical coordinator has implemented a set of standard actions for monitoring category two and category three patients waiting for medical assessment in the ED to address this issue. These include:

- The triage nurse will be responsible for overseeing patients in the waiting room and will be the point of contact for any enquiries from this cohort of patients.
- All category two patients will be brought into the clinical area following triage; none of these patients will be placed in the waiting area.
- If a member of staff is advised that the condition of a patient awaiting medical review has changed, this patient will be reassessed immediately with a set of clinical observations, and, if necessary, reprioritised with medical staff being informed.

Experienced staff stated that they welcome new nurses; however, they felt worried about the number of inexperienced nurses.

Emergency Department: RQIA Recommendation 7

It is recommended that processes are reviewed to improve the retention of staff, and to ensure that staff have appraisal and supervision, in line with the Belfast Trust policy.

RQIA judgement on achievement:

This recommendation has been addressed in principle

Belfast Trust Response

“Improve retention

A learning and development / support programme is in place for all new nursing staff, to ensure that they have appropriate levels of training and induction to support them in their new roles. This is considered key to retention.

Appraisal and Supervision

Numbers of appraisals and supervisions have been reviewed.

Supervision of nurses by end December was as follows: 83 per cent had one session and 60 per cent had two sessions at all grades Bands 5 to 7.

Annual appraisal and meeting supervision standards are clearly assigned responsibilities to the sisters / charge nurses. Clinical coordinator will be responsible to ensure appraisal and supervision for all staff in ED is undertaken”.

RQIA Inspectors' findings

A learning, development and support programme was in place for all new nursing staff, facilitated by the practice educator. Each Band 7 sister has been assigned responsibility for a particular staff team. They will carry out the appraisal of all staff members within that team or will designate some responsibility for these to Band 6 staff within that team.

By 31 March 2014, appraisals within ED and including the Short Stay Unit were at 70 per cent, and there is a push to improve on that over the next six weeks.

By 31 March 2014, supervision for the first session was 100 per cent and 80 per cent for the second session.

Inspectors were informed that staff who had asked for a transfer prior to the previous inspection have now been transferred to other posts.

Emergency Department: RQIA Recommendation 8

It is recommended that systems are put in place to ensure that when staff report an incident which indicate safety issues, feedback should take place, such as an email. Staff should also be provided with an analysis of trends in incidents, relating to their area of work, on a regular basis.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“The Belfast Trust is currently developing and implementing a new standardised ward-based performance scorecard, which will present trend measures in a range of performance areas.

Monthly team meetings are to take place. Agenda items will include feedback to staff from SAIs, IR1s, complaints, patient compliments and staffing developments. Staff at all levels are reminded of the need to have staff meetings and to ensure this information is cascaded to all team members”.

RQIA Inspectors' Findings

The inspection team was informed that SAIs, safety incidents and incident trends are now discussed at the weekly senior nursing strategy group. SAIs and IR1s will be an agenda item during ED staff meetings due to start in June 2014.

One member of staff stated that there has been no feedback from SAIs/incidents, and they continue to complete IR1 forms when they are unable to carry out clinical observations on patients. The senior sister informed inspectors that feedback by email has not been possible; however, efforts have been made to speak with staff who complete incident forms.

Staffing Issues: Medical

Emergency Department: RQIA Recommendation 9

It is recommended that there is an immediate review of emergency medicine consultant numbers for the ED at RVH.

RQIA judgement on achievement:

This recommendation has been partially addressed.

Belfast Trust Response

“A review of ED Consultant numbers has been undertaken. The trust is in continuing discussions with the commissioner about ongoing funding for the consultant workforce and other key staff in assessment and AMU, as part of the ED pressures bid.

Agreement has been reached with ED consultants to progress to annualised job plans with effect from 1 April 2014.

We are currently undertaking a medical workforce productivity modelling in ED in association with the Public Health Agency (PHA) and HSC Board”.

RQIA Inspectors’ Findings

Inspectors met with three ED consultants. They stated that staffing is being reviewed, that three locum consultants have been made permanent and other additional posts to be shared between the Mater and RVH are planned.

The annualised job plans started on 1 April 2014, these have proved to be successful and out of hours work has been recognised.

The consultants stated that middle grade positions remain unfilled. They also stated that the department would benefit from more emergency nurse practitioners and advanced nurse practitioners.

The consultants informed the inspectors they were still concerned about the difficulty in onward movement of patients to wards in the hospital, the lack of space within the department when very busy and somewhere to take patients to be examined in private.

The inspection team was informed that there can still be difficulties and long delays in getting assessments from medical staff in cardiology.

The above recommendation has been judged to be partially addressed as the issue regarding the unfilled middle grade positions and numbers of emergency nurse practitioners and advanced nurse practitioners needs review.

Emergency Department: RQIA Recommendation 10

It is recommended that specialty triage decisions are taken as early as possible to reduce pressure and prompt patient flow.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“Provision has been made to implement real time medical take-in between the hours of 08:00 and 19:00. This means that during these hours an acute medical physician will assess the patients as soon as practically possible after the ED medical team have assessed and judged the patient should be admitted to hospital. This change from a twice daily take to a continual real time take means that specialty triage decisions are being taken as early as possible to reduce pressure and prompt patient flow”.

RQIA Inspectors’ Findings

A pilot had been commenced to improve specialty triage at the time of the inspection. Locum medical staff were in place to provide weekend specialist triage, as part of an extended pilot. Staff also stated that another two-week pilot commenced over the Easter period to implement real time medical take-in between the hours of 08:00 and 19:00. Ambulance patients over 65 years were taken directly to the outcomes area. Two AMU consultants were based in this area to assess patients and admit if required. Discussions with staff highlighted that this system was very successful. Evaluation of this pilot was not yet available.

Emergency Department: RQIA Recommendation 11

It is recommended that regular staff meetings are held for staff working in the ED department.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“This recommendation has been reviewed through staff support clinics and the following actions agreed, effective immediately:

- Team briefings to take place two to three times per day at set times to accommodate shift patterns. The brief will be led initially by manager/sister in charge.
- Monthly team meetings to take place. Agenda items will include feedback to staff from SAIs, IR1s, complaints, patient compliments and staffing developments.
- Staff newsletter to be designed and issued each month by the clinical coordinator”.

RQIA Inspectors’ Findings

The ED senior nurses’ strategy group meeting takes place weekly. Membership of the group includes: nurse consultant, clinical coordinator, senior sister, clinical educator and external/ patient representatives included if and when required.

Staff meetings will be held on a monthly basis, commencing in June 2014. A nominated person from each staff team will attend these meetings on behalf of the group and will report back activities to their designated group. Minutes of these meetings will be stored electronically, and all staff will have access to these. The ED business meeting is held every three weeks, feedback to staff will be included in the new ED newsletter. Staff advised that there is a communication folder where the sisters record written feedback from meetings.

Inspectors noted that safety briefings only occur in the morning. A safety briefing should be held in the evening for night staff to ensure that they are aware of safety issues. The clinical coordinator agreed to review this and take the appropriate action to comply with the recommendation.

A clinical audit newsletter was available for March/April 2014. This included results of recent audits on: clinical documentation; procedural sedation; ST elevation myocardial infarction (STEMI); sepsis, and child protection. The clinical educator informed inspectors that condition specific audits are carried out by a nurse and doctor, in line with guidance from the College of Emergency Medicine e.g. trauma, sepsis, stroke, clinical documentation. Feedback is given at the monthly audit meeting.

Emergency Department: RQIA Recommendation 12

It is recommended that additional systems are put in place to support staff working in ED and help them deliver person centred and compassionate care.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“This recommendation has been reviewed through provision of staff support clinics, and the following actions agreed and communicated to staff, effective immediately:

- ensure our communication, terminology and language is person-centred
- improve communication structures including regular ward / team briefings
- further investment in nurse to patient ratio to improve quality of care and to help provide a safer environment
- provide learning and development interventions to support all staff and new employees
- review and improve resources and ways of working, both clinical and operational

Occupational health and health and safety staff have planned to undertake a stress survey in April 2014.

Review of Zero Tolerance Policy, display of posters, enforcement of rules regarding abusive patients and relatives (including liaison with security staff and review of security staff base)”.

RQIA Inspectors’ Findings

Inspectors were informed that support clinics for staff were held in February and March 2014, 70 staff in total attended. The clinics were facilitated by the central nursing team, the co-director of unscheduled and acute care, the occupational health department and human resources.

Staff who attended these clinics commented that they felt uncomfortable speaking out with senior management in attendance. The clinical coordinator also stated that staff had expressed similar concerns to her.

In discussions with inspectors, staff felt that there has been a positive shift in culture within the department. Staff felt more supported, their views listened to and there had also been a change in approach taken to achieve the 12 hour target. A staff member commented: “while there is movement there is hope”.

The clinical coordinator has an open door policy and any and all staff are welcome to voice concerns. Evidence was also provided that human resources (HR) have offered a single point of contact for the reporting of bullying.

Inspectors also viewed a letter from the chief executive of the BHSCT, which was disseminated to all staff in ED. The letter stated:

“Please continue to help us by raising any matters directly with the support team, your line manager or through the appropriate formal channels so that we can deal with them promptly and appropriately.”

Inspectors were informed that the number of administrative staff known as trackers has increased; however, only two nights are covered by administrative staff. Administrative staff cover should be available every night, as considerable nursing time can be spent on administrative duties.

Emergency Department: RQIA Recommendation 13

It is recommended that the organisational culture is reviewed, in relation to breaching the 12 hour waiting time standard, to ensure that there are not inappropriate behaviours in the drive to achieve this target.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“The existing arrangement whereby patients are admitted to beds on the basis of clinical priority and thereafter by waiting time has been reinforced directly with staff and management by chief executive and senior management team.

Arrangements are put in place for senior management cover for evenings and weekends to provide support and guidance for staff and aid the flow of patients throughout the trust.

An associate director of nursing for unscheduled care is to be appointed. In the interim the co-director of central nursing is fulfilling this role.

An ED clinical lead for safety and governance role is being appointed”.

RQIA Inspectors’ Findings

In discussions, some staff informed inspectors that they have not been put under any pressure to prioritise the 12 hour breach target over clinical need. However, other staff stated that breach times do continue to be a priority, sometimes over clinical need. Staff stated that communication with senior staff has improved: “they speak nicer to you”.

The admission of patients by clinical priority was reinforced within the department at daily safety briefings. Inspectors were informed that after core working hours, patient flow can be contacted for advice and support in decision making. The director on-call can also be contacted to provide support and guidance for staff.

The post of associate director of nursing for unscheduled care has been advertised, the co-director of central nursing is currently fulfilling this post.

The job description has been finalised for the post of ED clinical lead for safety and governance, interviews will commence during the week of the inspection.

4.2 Safety

Emergency Department: RQIA Recommendation 14

It is recommended that the internal ED escalation plan criteria and the trust escalation policy are reviewed.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“A revised escalation plan is in development, which includes specialty agreed triggers and appropriate actions to maintain capacity and improve flow of patients. This is in discussion with ED and all specialties. Some good safety initiatives had been introduced by the ED staff. For example, hourly safety rounds are carried out by the consultant and sister in charge”.

RQIA Inspectors’ Findings

Inspectors were informed that the escalation plan is currently being reviewed and has not yet been completed.

Staff stated that the escalation plan needs to correspond with the escalation policy to clearly outline all staff members’ responsibilities. The policy has not been updated to include the responsibilities of the clinical coordinator for unscheduled care.

Staff stated that 6 May 2014 was very difficult in terms of the numbers of patients in the department and extra staff had been brought in. The consultants stated that the revised escalation plan would have been beneficial and a means to ensure that quick decisions were made in relation to patient flow.

Emergency Department: RQIA Recommendation 15

It is recommended that the Belfast Trust identifies any immediate opportunities to improve flows out of ED, to reduce pressures and overcrowding.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“The trust outlined the following measures that were being put in place.

- working with clinical staff through small scale cycles of change to improve timely discharge. Introduce ‘real time’ take by the acute physicians.
- Implementation of internal transport with a nurse escort to improve timely transfer between sites.
- piloting new ways of working for geriatric medicine in AMU. Plan to implement the agreed model following a successful pilot.
- provide two additional SHOs for respiratory team to support take-in for remainder of winter months.
- establish a direct assessment and admission facility for frail elderly on level 7, Belfast City Hospital (BCH).
- establish cardiac assessment unit to facilitate senior cardiology review. Implement rapid access cardiology clinics to limit waiting time for patients in ED
- implement neurology consultant of the week model and rapid access neurology clinics (RANC) to improve patient access to specialist opinion and reduce number of patients requiring admission.”

RQIA Inspectors’ Findings

Inspectors found that whilst various actions had been taken to improve patient flow in ED, to reduce pressures, these have not yet resulted in effective outcomes for patients.

The use of the internal transport with nurse escort had been used during the real time medical take initiative. ED staff informed inspectors that this had worked successfully and continues to function well.

The sister in Ward 4D (Respiratory Ward), stated that two additional medical staff members for the respiratory team had been added to the complement of respiratory physicians.

The Older People’s Timely Intervention, Management and Admission Service OPTIMAL 7 commenced within the BCH Ward 7 South on 3 March 2014. This provides an alternative pathway for frail elderly patients who do not require the services of ED.

The establishment of the cardiac assessment unit to facilitate senior cardiology review has not been implemented as there is no space within the ED to facilitate this initiative.

The rapid access neurology clinic located within the level 3 outpatients department commenced on 20 March 2014. Inspectors observed that the ED quickly became congested, with patients waiting assessment, investigations or admission and again congestion was particularly evident in the focused assessment area. Limited access space for staff, lack of cubicles and high footfall has resulted in patients being nursed on trolleys and chairs beside the central work station.

The physical access to patients in the event of an emergency remains difficult when being cared for in the focused assessment area, as patient trolleys are closely placed together.

Emergency Department: RQIA Recommendation 16

It is recommended that systems are reviewed to ensure that staff in ED are equipped to adhere to the Belfast Trust's infection prevention and control policies.

RQIA judgement on achievement:

This recommendation has been partially addressed.

Belfast Trust Response

“This recommendation relates to the difficulties noted when department is crowded.

The trust is setting up a pilot of a medical assessment area outside the ED where the physicians can undertake the real time take described in recommendation 10. Patients will be cared for in a bed or a chair until they are admitted or discharged home. This will reduce the numbers of patients waiting in ED for admission; thereby reduce congestion and the associated impact on maintaining infection control standards.

Infection prevention control (IPC) refresher training is on the trust mandatory training programme. The IPC team work closely with the relevant nursing development lead (NDL), who delivers antiseptic non touch technique (ANTT) training. Four nurses and staff from ED have attended this training each month since January 2014. Records indicate that 91 per cent staff were trained in ANTT. The NDL plans to complete the remaining staff to achieve 100 per cent.

Regular peer hand hygiene audits take place monthly, and quarterly independent hand hygiene audits also occur. There are not specific audits on ANTT, this would be included as part of the regular audit cycle if observed within the area. The results are recorded on the balanced scorecard and variances discussed at the co-director governance meeting. Action plans are submitted for non-compliance.”

RQIA Inspectors' Findings

An audit using the Belfast Trust's infection prevention and control audit tool was completed by the IPC team within the ED on 7 April 2014. Overall score was 76 per cent; the standards of specific concern were sharps management, patient equipment and linen management.

A hand hygiene audit, conducted on 29 April 2014, scored 60 per cent, and the ED has commenced weekly hand hygiene audits. The clinical coordinator proposes to implement an initiative where patients assess the hand hygiene practice of staff.

An ANTT audit was carried out 29 April 2014; three observations highlighted failings with best practice.

Inspectors were informed that limited action had been undertaken to date to address the IPC failings highlighted within the previous audits.

The nurse educator highlighted that it is a significant challenge to book staff onto mandatory IPC training. Training records were reviewed by the inspectors, which highlighted that less than 50 per cent of staff are compliant with the two yearly mandatory IPC training.

Inspectors were informed that the nurse practice educator will provide an update on the use of personal protective equipment and ANTT as part of new staff members' induction.

Emergency Department: RQIA Recommendation 17

It is recommended that nursing documentation in the ED is reviewed, and recording improved to ensure that all patient needs are identified

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

"Nursing documentation in ED is currently under review and new documentation is being piloted. Audit of same will be undertaken."

RQIA Inspectors' Findings

The recording of patient care is still being documented on the ED patient record (flimsy). A pilot of the new documentation was completed in the previous week of the inspection. Plans were in place to roll out the new documentation as part of the upgrade of the ED Symphony system, however this was postponed as the computer system failed the upgrade.

Findings of an audit of the flimsies were published within the ED audit newsletter in March / April 2014 (Table 3).

Table 3: Data from a sample of 30 flimsies presented

Standards (Based on GMC guidance)	RVH ED performance
All clinical records should be legible 100%	26/30 (86%)
The doctor completing the record should sign and print their name.	Signed 13/30 (36%) Printed 27/30 (90%)
The record should be contemporaneous	22/30 (73%)
Results of all investigations ordered under the flag of the Emergency Medicine team should be documented on the record	Bloods 14/21 (66%) Imaging 10/17 (58%) ECGs 2/10 (20%)
For admitted patients – A record of the consultant senior doctor vetting the admission should be clearly identifiable in the clinical record	7/11 (63%)
For admitted patients – A record should be made of the name of the doctor the patient is handed over to and the time	Doctor 0/11 (0%) Time 2/11 (18%)

Observation of flimsies by the inspection team identified no improvement in the documentation of patient care, with no assessment of the activities of daily living and limited documentation on the delivery of care. Risk assessments for pressure care were not completed. Pain assessment and score, while part of the initial triage flimsy assessment, was not regularly monitored as part of Neurological Early Warning Score (NEWS).

Emergency Department: RQIA Recommendation 18

It is recommended that all risk assessments are completed within the set timescales; these should be reviewed and updated on a regular basis or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks.

RQIA judgement on achievement:

This recommendation has not been addressed

Belfast Trust Response

“The risk assessments required to be undertaken are identified as part of the nursing admission documentation with the relevant assessment templates included in this documentation.

Nursing staff in the ED and new medical assessment area will be reminded of the need to ensure all relevant risk assessments are undertaken and this will be monitored by nurse in charge.

Audit of same will be undertaken. There is a requirement to ensure observations take place at the safety rounds. “

RQIA Inspectors’ Findings

A review of the documentation highlighted that patient risk assessments are not routinely completed by staff within the ED. The three records reviewed evidenced that there had been no IPC risk assessments completed. The clinical coordinator commented that it would be normal practice that IPC risk assessments are completed when the patient is being transferred to a ward.

As IPC precautions need to be implemented at the earliest opportunity for patients that present an infection transmission risk it is essential that IPC risk assessments are completed for patients on admission to the ED. The clinical coordinator agreed to review this and take the appropriate action.

A staff nurse informed the inspector that the Braden risk assessment tool would not be routinely completed by all staff even if the patient remains on a trolley awaiting admission for over six hours, as per trust guidance. The ED developed its own pressure ulcer risk prevention plan in January 2014. Inspectors were informed and noted variation and completion of the form based on nurses’ knowledge and experience of this area.

A review of three patients’ records indicated that a Braden pressure ulcer risk assessment was not completed. Staff confirmed that this should have been undertaken. An audit on the completion of risk assessments forms has not been undertaken within the department.

For patients with a risk of falls there was no evidence that the falls risk assessments were completed.

4.3 Environment

Emergency Department: RQIA Recommendation 19

It is recommended that in the interim period, pending the opening of a new ED, a review of the existing environment should be undertaken to identify measures that could improve the situation. ED staff should be involved in the planning of the new department.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“Existing Department

An environmental review has previously been completed and no further building measures can be taken to improve the situation for the existing building. Hence there is a focus on improving the environment through reducing the potential for crowding.

The trust is setting up a pilot of a medical assessment area out with the ED where the physicians can undertake the real time take described in Rec 10. Patients will be cared for in a bed / chair until they are admitted or discharged home. This will reduce the numbers of patients waiting in ED for admission, thus reducing crowding at busy times and improving the environment for staff and patients.

Environmental issues identified which can be addressed within the existing building are being addressed by the relevant sisters in charge: Positioning of photocopiers / bins etc.

New department

The trust would like it noted that senior medical and nursing staff have led on both the original design and subsequent redesign of the ED to include an X-ray facility in 2010/2011 and have attended site visits to the new department.

ED commissioning sister attends and updates all senior staff and business meetings.

ED have multidisciplinary representation at commissioning subgroup and standard operating procedures group.

Senior nursing and medical staff represented on new ED procurement groups where appropriate.”

RQIA Inspectors’ Findings

An environmental review was undertaken following IPC environmental audits on 13 February 2013 and 4 July 2013. Estates issues were addressed by BHSCCT estates department. Ward sisters have reviewed measures to maximise space within the department however have found this difficult due to the spatial constraints of the building.

Inspectors were informed that the new department is due to open in January 2015, however, plumbing problems within the new building may cause a delay to this time frame, and preliminary considerations have been made with regards to future proofing this department.

Observation of the current environment evidenced no change from the previous inspection. An environmental review has previously been completed and no further building measures could be taken to improve the situation for the existing building. Improvement in the environment has not been realised through reducing the potential for crowding.

Emergency Department: RQIA Recommendation 20

A review of resources should be undertaken to ensure that items of stock/non stock equipment are available, for example pillows and blankets.

RQIA judgement on achievement:

This recommendation has been addressed in principle

Belfast Trust Response

“A review of resources has been undertaken and any appropriate procurement action taken.

Additional stocks of laundry to be held by PCSS for times of increased requirement.

The sister/charge nurse is responsible for this on an ongoing basis and will be reminded of this.”

RQIA Inspectors’ Findings

On the day of the inspection there was a good supply of laundry within the department. Inspectors were informed that over the last number of weeks it has been a challenge to maintain healthy stocks of linen, as deliveries of laundry have arrived late in the day. The clinical coordinator has been in contact with the laundry provider to address this issue and is planning to arrange a meeting with this service provider.

The housekeeper currently monitors laundry stock levels and informs the department sister of any issues with levels of laundry. Staff commented that the position of housekeeper has been very beneficial to the department. It is currently a temporary position, although staff would like to make this a permanent feature.

Emergency Department: RQIA Recommendation 21

The availability of essential patient equipment is reviewed, such as Baxter IV pumps, cardiac and observation monitors.

RQIA judgement on achievement:

This recommendation has been addressed

Belfast Trust Response

“A review of essential patient equipment requirements has been undertaken and any appropriate procurement action taken.

The sister/charge nurse is responsible for this on an ongoing basis and will be reminded of this.”

RQIA Inspectors’ Findings

The materials management system used by ED staff is currently being reviewed. An end of year capital bid had been placed by the ED for £158,000. Ten new trolleys have been purchased from the new department contract and further stock has been ordered.

On discussion, not all staff were aware of new equipment being ordered and training for staff on how to use some items of new equipment had not commenced, For example, INR machine.

Emergency Department: RQIA Recommendation 22

A review of equipment that is old or needs to be replaced should be undertaken, including patient trolleys.

RQIA judgement on achievement:

This recommendation has been addressed in principle

Belfast Trust Response

“A review of equipment has taken place and any needs identified have been addressed.

Continuing responsibility for this action is part responsibility of the service manager but can be delegated to the clinical coordinator as appropriate.”

RQIA Inspectors’ Findings

A review of equipment has been undertaken, inspectors observed old and broken trolleys during the inspection. The clinical coordinator commented that they hope to have all new equipment when the new ED opens.

4.4 Patient Experience

Emergency Department: RQIA Recommendation 23

It is recommended that staff should be supported to ensure appropriate care and privacy is given, and that patients are treated with dignity and respect.

RQIA judgement on achievement:

This recommendation has not been addressed

Belfast Trust Response

“Work is underway through support clinics with staff to identify and address any barriers to providing the appropriate level of privacy, respect and dignity to patients.

It is the responsibility of all staff to maintain patient privacy and dignity at all times. This is assessed on an ongoing basis and staff are supported to mitigate risk and ensure dignity and privacy is maintained at times of overcrowding.”

RQIA Inspectors’ findings

Spatial constraints and continued issues with patient flow in the ED still remain a challenge for staff to maintain the dignity and privacy of patients. Inspectors still observed overcrowding of patients on trolleys beside the central work station. The close proximity of trolleys continues to create problems with the delivery of personal care and toileting.

As the new ED will have the same number of cubicles, issues of maintaining dignity and privacy of patients may remain. A concerted effort to improve the flow of patients through the ED is essential to address this issue.

Staff advised of the difficulties experienced with some trolleys. There are problems with the lowering of the side rails, trolleys are only serviced twice a year. Staff outlined one incident when they had difficulty treating a patient having a seizure as side rails would not lower.

Inspectors were informed that some patients remain on trolleys for over 12 hours. Observations were not always carried out, and IR1 forms continue to be completed. Inspectors observed older patients waiting in ED for up to 11 hours and that issues related to dignity in death remain unchanged.

Observations

Inspectors overheard two ED nursing staff attending to the personal care of a patient in the outcomes area of the ED. The patient was uncooperative; inspectors overheard a nurse comment to the patient. The words used by the nurse to the patient were undignified and unacceptable.

The patient had not been assessed for pain prior to the nursing staff carrying out the personal care activity. This may have been a contributory factor in the patient not cooperating during the care activity. This incident was discussed with the sister in charge of ED at the time of the inspection.

Inspectors observed one patient who had been in the ED over seven hours. The patient was classified as 'nil by mouth'. Inspectors overheard this patient asking a family member for a drink. After a review of the patient's notes there were no records that the patient had been offered mouth care.

Inspectors observed that another patient that been within the ED for over ten hours. The patient appeared very uncomfortable on the ED trolley. A review of the notes evidenced that a pressure sore risk assessment had not been carried out for this patient.

Inspectors acknowledge that generally the majority of staff did try to maintain the patient's privacy and dignity. However, the ongoing problems with overcrowding and the difficulties with delivering personal care, and toileting needs, as observed by inspectors, mean that this recommendation was not addressed at this time.

Emergency Department: RQIA Recommendation 24

It is recommended that there is a system in place to identify patients who require a meal and sufficient staff to ensure patients receive the appropriate assistance with their meals.

RQIA judgement on achievement:

This recommendation has not been addressed

Belfast Trust Response

"Arrangements have been put in place to ensure that tea, coffee and water are available at all times for patient and relatives.

The delivery of meals to patients awaiting admission has been reviewed. The process for ordering meals has been changed and catering assess need daily with coordinator.

It is the responsibility of the nursing staff to identify patients' requirements at meals times and to ensure they are provided with adequate support and assistance. This is overseen by the shift coordinator."

RQIA Inspectors' Findings

Inspectors were informed that additional catering provision is available; there is a routine standing order for supplies to ensure adequate provision of food and beverages.

PCSS staff stated that meal service continues to be a “nightmare”, and due to pressures on nursing staff they have limited participation in the delivery of meals. Inspectors observed during the inspection that there were no trained staff members in place to coordinate the meal service.

Domestic staff reported there was a lack of information forwarded from nursing staff regarding which patients require meals, and details of any special dietary requirements.

Inspectors observed a patient who could have had breakfast but did not receive anything to eat. The sister had to make tea/toast after the breakfast trolley had left the unit.

Inspectors were advised that drinks are not provided during dinner and tea service, only breakfast. There is no access to a puree diet out-of-hours. Nursing staff advised that due to workload they are unable to provide tea/toast in the evening.

The lack of bedside tables and congestion contributes to a poor patient food service experience. Patients continue to balance meals on their knees or sit on a chair and use the trolley as a table.

Emergency Department: RQIA Recommendation 25

It is recommended that the Belfast Trust should monitor and respond appropriately to patient, relative, and carer comments, to improve the patient experience.

RQIA judgement on achievement:

This recommendation has been addressed in principle

Belfast Trust Response

“The Belfast Trust continues to monitor the patient and client experience through a number of tools including 10,000 Voices and the patient and client experience standards. Local areas then agree all action plans within their directorate. This is monitored through directorate governance processes, to patient and client working group and the assurance structure to the trust board. A presentation of 10,000 Voices and patient experience was presented to the public trust board on March 13 2014.”

RQIA Inspectors' Findings

There is a planned 10,000 Voices workshop analysis day in May 2014. All available ED staff are invited to attend.

Activities of the workshop include:

- analysis of stories
- identify key themes
- develop local action plans

A patient satisfaction survey has commenced within the ED, patients are randomly selected and to date 20 out of 60 completed forms have been returned. An analysis of this data has not yet been undertaken.

5.0 The Acute Medical Unit

A team of three inspectors undertook the inspection of the Acute Medical Unit (AMU). The AMU is a 60 bedded unit which mainly takes admissions from the ED. The AMU provides assessment and treatment of a wide range of conditions. After assessment, patients may be treated within the ward, transferred to a specialist ward, or discharged home within 48 hours. Inspectors observed that this was a very busy unit, with a high turnover of patients.

A team of three RQIA inspectors undertook the inspection of AMU. The inspection reviewed the recommendations that had been made in the following three themes in AMU:

- staffing issues for nursing and medical staff
- the ward environment
- the patient experience

RQIA made 27 recommendations for improvement, and the inspectors made the following judgements on progress:

- **10 recommendations have been addressed**
- **Five recommendations have been addressed in principle** (this means that action has been taken to address the recommendation but has not been fully completed.)
- **10 recommendations have been partially addressed** (not all areas have had the appropriate action taken)
- **Two recommendations have not been addressed**

5.1 Overview of the AMU Recommendations

Staffing Issues: Nursing

Acute Medical Unit: RQIA Recommendation 1

It is recommended that there is clarity of the functions of AMU and specialist units in relation to take-in. Review timing of key meetings to ensure that specialty triage decisions are taken as early as possible.

RQIA judgement on achievement:

This recommendation has been addressed in principle

Belfast Trust Response

“Clarity of functions of AMU was undertaken; Acute Physicians undertake specialty triage at 8.00am, allocating patients to other specialty teams.

The AMU team meeting has been moved to later in the morning (11.45) to allow consultants to see all patients under their care.

A 4.00pm meeting between patient flow coordinator and AMU with medical senior decision maker has been introduced.”

RQIA Inspectors’ Findings

There are two ward rounds held at 8.00am Monday to Friday. Medical staff, patient flow and the ward coordinator meet at 11.45am and 4.00pm to update on patient status and bed state. This has improved communication between disciplines and awareness of the bed state and patient’s condition.

Acute Medical Unit: RQIA Recommendation 2

It is recommended that a review of nurse staffing levels is undertaken for the AMU to ensure that there are adequate levels of staff to provide all the functions of the unit.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“The AMU nursing levels have been reconsidered by the clinical nursing team, supported by central nursing, using Telford and Association of UK University Hospitals methodology. In October 2013 the AMU was staffed at a nurse to bed ratio of 1:1.3. On benchmarking with other similar units the range for nurse to bed staffing is from 1.4-2.17.

The following recommendation was made by the Belfast Trust to consider the acuity of patients within the unit at that time, recognising the flow and profile of the patients.

Beds	Nurse To Bed Ratio	Staffing
10 beds	1.3	13
20	1.4	28
30 beds	1.55	46.5
	Overall NBTR – 1.45	Required Staffing 87.5

Recruitment commenced in October 2013. Further to this increase, the RQIA report made additional recommendations, in relation to the role of the ward sister and handover of patients. As a consequence, this was further increased to 100 WTE staff.

Recruitment is ongoing and there has been a good uptake of posts, with ten new nursing staff commencing since February 2014. An additional 15 nursing staff have been offered positions with potential dates to start over the next two months.

On completion of staff recruitment the skill mix will be 74 per cent registered staff to 26 per cent non-registered nursing support staff.”

RQIA Inspectors’ Findings

Inspectors found that there was an improvement in nurse staffing levels.

At present there are three band 7 sisters’ posts, who alternate in taking overall responsibility of the ward and six band 6 RNs. Fourteen band 5 RNs have recently been employed in the ward, all are on a preceptorship programme.

The Belfast Trust intends to recruit a further 5.50 WTE band 6 nurses, with an ongoing commitment to replace forthcoming vacancies. This will enable the coordinator role (a band 6 RN who has a specific role to manage bed state/patient flow for AMU) to be consistently covered by a band 6 RN; including on night duty. The ward is also to recruit 9.7 additional HCA posts.

Inspectors were informed that the unit's daily staffing ratio is 10 RNs and five HCAs on the floor, the band 6 and 7 RNs are to be supernumerary. Long-term sick leave has improved, and the ward manager reported that bank and agency staff are now amenable to working in AMU.

Acute Medical Unit: RQIA Recommendation 3

It is recommended that that the AMU ward sister has protected time for management duties and that staff have appraisal and supervision sessions in line the trust policy.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“Increases in nurse staffing levels in AMU will relieve pressure on AMU Ward sister and enable the nurse in charge to be supernumerary at all times.”

RQIA Inspectors' Findings

Discussion with staff evidenced that on most days the band 7s and band 6 sisters are supernumerary. There are occasions however when the band 6 or 7 has to carry responsibility for both the coordinator role and nurse in charge role. On a rare occasion, the nurse in charge may also have additional responsibility for a number of patients.

The ward sisters are looking at other processes to ensure a sister is present at all ward rounds. There are still occasions due to staffing levels when the sisters are not able to attend the ward rounds.

Acute Medical Unit: RQIA Recommendation 4

It is recommended that a learning needs analysis is undertaken to facilitate career development for all of the nursing team in AMU.

RQIA judgement on achievement:

This recommendation has been addressed in principle

Belfast Trust Response

“Staff have a two-week taught induction to support mandatory educational requirements facilitated by the clinical education centre. They then have a two-week supernumerary period in the department, which is facilitated by the ward sisters and their deputies.

All newly qualified staff undergo a preceptorship programme for a period of six months, which will be regularly reviewed and tailored to the needs of the individual nurse.

A learning needs analysis is undertaken annually to facilitate career development of all the nursing teams and is scheduled to be completed over the coming year. The educational requirements will be commissioned as identified by the practice educator and department sisters.”

RQIA Inspectors’ Findings

Inspectors noted that there is a two-week bespoke induction package in place for new staff, which commenced in March 2014. A further date has been arranged for June 2014.

The majority of the recently recruited nurses are newly qualified. New staff had a two-week supernumerary status, which can be extended if necessary. All newly qualified staff were on the preceptorship programme, and experienced staff from the ward have been allocated as their mentors.

Ward 2F has been recently opened to cope with outliers, and is being staffed by experienced AMU staff; bank and agency staff are covering their shifts in the AMU. This has diluted staffing skills in the AMU, leaving the delivery of care to less experienced bank, agency and newly qualified band 5 RNs.

The learning needs analysis was not available. Poor compliance with supervision and appraisals, at times due to staff shortage, has impacted on this process. Appraisals and supervision have commenced and will feed into the learning needs analysis.

Acute Medical Unit: RQIA Recommendation 5

It is recommended that processes are reviewed to improve the recruitment of staff.

RQIA judgement on achievement:

This recommendation has been addressed in principle

Belfast Trust Response

“A review of the recruitment process, to identify any improvements that can be made, is underway.”

RQIA Inspectors’ Findings

New staff have been recruited and further plans are in place to recruit additional band 3, 5 and 6 nursing staff. However, staff informed inspectors that it can be challenging to recruit staff to the AMU due to the work load.

Acute Medical Unit: RQIA Recommendation 6

It is recommended that any immediate opportunities to improve patient flow to and from AMU, to reduce pressures, are identified.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“To pilot a medical assessment facility out with ED to facilitate real time take by acute physicians so placement of patients can be to the appropriate specialty ward first time, thereby relieving some pressure from AMU.

Ensure all patients are reviewed by a consultant by 12 midday and senior review later in the day, to follow-up on any outstanding actions.

Pharmacy staff to complete discharge scripts in AMU and the Emergency Surgical Unit (ESU).

Design and implement new discharge planning pathway to be completed as part of the admission documentation.

Suitable patients to be identified for discharge lounge and bed freed before 1pm.

Discharge letters to be completed in real time, as part of the ward round.

Spot purchase nursing home step-down bed provision to facilitate further assessment and decisions regarding long-term placement outside the acute setting.

To implement weekend CT imaging. Plans are in place to commence on Saturday in first instance.

To implement weekend ultrasound lists.

Secure additional ultrasound doppler list on a Monday.

Implement access to cardiac echoes on Saturday and Sunday. Complete – in place 9.00am -1.00pm on Saturday and Sunday.

Implement access to care management, community and rehabilitation services seven days a week/rehabilitation, increased care packages, rapid response teams at weekends.”

RQIA Inspectors' Findings

Inspectors found that while various actions had been taken to improve patient flow to and from AMU, to reduce pressures, these have not yet resulted in effective outcomes for patients.

Discussions had taken place to use two side rooms for patients to be admitted straight to the ward. A locum registrar would assess the patients, order tests to be carried out and then discharge the patient. This was in place for a short time with a daily turnover of two to three patients per room. The rooms in use were out of commission during the inspection due to refurbishment; this process has been put on hold.

All patients are reviewed by a medical consultant by 12.00 midday and at 4.00pm.

There was a trial (Big Hand) in place to reduce waiting time for discharge letters. This is led by a medical consultant, with the assistance of a pharmacist and foundation year 1 medical staff (FY1). Inspectors were advised that there can be delays in receiving blister pack medication due to the lack of pharmacy technicians to dispense the packs.

The discharge planning pathway documentation was still in draft and has not been implemented.

A meeting is now held at 10.00am with the ward coordinator and patient flow on possible patients to be transferred to the discharge lounge. There is limited bed capacity and strict admission and discharge criteria are in place. The FY1 confirmed that patients are referred to the discharge lounge when their discharge letter is written. Most of these patients usually require an ambulance, which cannot be organised until the medicines arrive from the hospital pharmacy. This process can delay discharge.

Discharge letters are not being processed in real time as part of the ward round.

When questioned, nursing staff and social workers were unsure of the trust's spot purchasing of nursing home beds. The social workers stated that it was easier to get a private nursing home placement than an appropriate residential placement. Access to residential beds was difficult to obtain, and resulted in delayed discharge.

Saturday CT scans were available and in place, and weekend ultrasound lists had also been implemented. There were additional Monday ultrasound doppler lists. These are protected slots for ultra sound scans (USS) and for patients having oesophagogastroduodenoscopy (OGD). If these slots are not required, other patients from ED and surgery are prioritised to take the unused slots. Patient access to echocardiogram on Saturdays was complete.

At the weekend there are now two social workers, two physiotherapists and two occupational therapists on duty. Care packages can be restarted at weekends, but not commenced as community staff cannot be contacted. This still delays discharge for those needing a care package.

Staffing Issues: Medical

Acute Medical Unit: RQIA Recommendation 7

It is recommended that there is an immediate review of medical staffing levels in AMU at both senior and junior levels.

RQIA judgement on achievement:

This recommendation has been addressed

Belfast Trust Response

“Medical staff levels were reviewed and found to be adequate (6.5 senior medical staff and three staff grades, plus a team of trainees).

Northern Ireland Medical and Dental Training Agency (NIMDTA) has allocated nine FY1s to AMU with effect from August 2014.”

RQIA Inspectors’ Findings

Inspectors were informed that nine FY1s were to be allocated to AMU in August 2014.

Acute Medical Unit: RQIA Recommendation 8

It is recommended that FY1 grade doctors in AMU are provided with a bleep.

RQIA judgement on achievement:

This recommendation has been addressed

Belfast Trust response

“This recommendation was agreed and on target for completion for FY1 changeover in April 2014.”

RQIA Inspectors' Findings

Inspectors found that bleeps were available for all FY1s. The ward sisters commented that some of the FY1s needed to be reminded to take a bleep when leaving the ward, but this was improving.

Acute Medical Unit: RQIA Recommendation 9

A review of resources should be undertaken to ensure that items of stock/ non stock equipment are available.

RQIA judgement on achievement:

This recommendation has been addressed

Belfast Trust Response

“A review of resources has been undertaken and any appropriate action taken.

The sister/charge nurse is responsible for this on an on-going basis and will be reminded of this.”

RQIA Inspectors’ findings

A review of resources had been carried out. As a result two side rooms were also in the process of having an en-suite installed. The ward sisters confirmed it was their responsibility to continually review and action any new issues arising.

Acute Medical Unit: RQIA Recommendation 10

The essential patient equipment is available.

RQIA judgement on achievement:

This recommendation has been addressed in principle

Belfast Trust Response

“A review of essential patient equipment requirements has been undertaken and any appropriate action taken.

Continuing responsibility for this action is part of the service manager’s role.”

RQIA Inspectors’ Findings

A detailed review of equipment had been carried out. A new arterial blood gas (ABG) machine had been purchased and staff had received training. Additional computers had been purchased and the ward was waiting on the following items of equipment arriving:

- INR machine
- additional cardiac monitors
- new clinical observation machines
- IV stands
- Baxter pumps
- additional chairs, patient and office type

Acute Medical Unit: RQIA Recommendation 11

There should be a review of administrative support.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“Additional administrative support to ensure 24/7 clerical support in AMU has been put in place.”

RQIA Inspectors’ Findings

A ward clerk is based in AMU on a 24 hours a day, seven days a week basis, however, inspectors were informed that at night the ward clerk can also cover the whole RVH site and also take telephone calls for the BCH.

Acute Medical Unit: RQIA Recommendation 12

It is recommended that ways to improve the tracking of patients and to implement an electronic system as rapidly as possible are identified.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“To identify and agree an electronic system for tracking of patients.
(confirm PAS/patient centre as the vehicle for delivering robust patient tracking system)

A standard will be set of one hour to record all patient movements, for example admissions, discharges and transfers on the PAS patient centre.

To audit against standard.”

RQIA Inspectors' Findings

The Belfast Trust had initiated a RVH Patient Tracking Project Team to look at ways of improving the current patient tracking issues. Although work has commenced in this area, staff reported that there were still some issues needing resolved. This was observed by the inspector who attended the 11.45 am meeting with consultants, patient flow and the ward coordinator. Patient admission data was still not accurate in identifying the placement of outlying patients. This had resulted in delayed timely review of patients by the medical consultant.

Inspectors were informed by the lead nurse that the one hour standard to record all patient movements was not in place, and as a result audits had not been carried out.

Acute Medical Unit: RQIA Recommendation 13

It is recommended that there is a formal mechanism in place for a formal medical handover at weekends.

RQIA judgement on achievement:

This recommendation has been addressed

Belfast Trust Response

“A formal mechanism of medical handover for AMU is being put in place at weekends.

A 4pm meeting between the Patient Flow Co-ordinator and AMU with Medical Senior decision maker.”

RQIA Inspectors' Findings

At 4.00pm on Friday, a senior doctor gives the coordinator a list of patients who need to be reviewed over the weekend. Medical staff, covering at weekends, receive this list from the patient flow coordinator. One of the consultants on cover in AMU carries out a ward round following admission for ED.

Acute Medical Unit: RQIA Recommendation 14

It is recommended that processes are reviewed to improve the recruitment and retention of medical staff.

RQIA judgement on achievement:

This recommendation has been addressed

Belfast Trust response

“There is a process in place to review all recruitment including medical staff. Recruitment and retention is monitored in all areas. There have not been recruitment and retention issues for AMU medical staff, as the trust has recently recruited three consultants.”

RQIA Inspectors’ Findings

There are medical consultants who have responsibility for their patients in AMU. These consultants also take overall responsibility for AMU on a rota basis. There were no issues identified with medical cover during the inspection.

Acute Medical Unit: RQIA Recommendation 15

It is recommended that additional systems are put in place to support staff working in AMU and help them deliver person centred and compassionate care.

RQIA judgement on achievement:

This recommendation has been addressed

Belfast Trust Response

“This recommendation has been reviewed through provision of staff support clinics and the following actions agreed and communicated to staff, effective immediately:

- ensure our communication, terminology and language is person-centred.
- improve communication structures including regular ward / team briefings
- further investment in nurse to patient ratio to improve quality of care and to help provide a safer environment
- provide learning and development interventions to support all staff and new employees
- review and improve resources and ways of working, both clinical and operational

Occupational health and health and safety staff have planned to undertake a stress survey in April 2014.

Review of Zero Tolerance policy, display of posters, enforcement of rules regarding abusive patients and relatives (including liaison with security staff and review of security staff base).”

RQIA Inspectors' Findings

Inspectors evidenced minutes of ward staff meetings and weekly sisters meetings which have commenced. Staff confirmed they had availed of the trust support meetings. Senior staff were in attendance, however, this was not raised as an issue with ward staff. Ward staff stated that they felt they could put their thoughts and feelings across to the senior staff.

A recent away-day held for band 6 and 7 staff gave them an opportunity to discuss and debate issues and review ways of working, both clinically and operationally. Staff found this beneficial, with action plans being developed relating to practice and resources.

Inspectors observed zero tolerance policy posters on walls around the unit.

Acute Medical Unit: RQIA Recommendation 16

It is also recommended that the organisational culture is reviewed, in relation to breaching the 12 hour waiting time standard, to ensure that there are not inappropriate behaviours in the drive to achieve this target.

RQIA judgement on achievement:

This recommendation has been addressed

Belfast Trust Response

“The existing arrangement whereby patients are admitted to beds on the basis of clinical priority, and thereafter by waiting time, has been reinforced directly with staff and management by the chief executive and senior management team.

Arrangements are put in place for senior management cover for evenings and weekends to provide support and guidance for staff and aid the flow of patients throughout the trust.

An associate director of nursing for unscheduled care is to be appointed. In the interim, the co-director of central nursing is fulfilling this role.”

RQIA Inspectors' Findings

Staff reported that senior staff were more visible and supportive, in particular the newly appointed band 8A, team lead. There is a 5.00pm meeting held to discuss the possible need to open beds in another ward. This meeting is held in the ED and attended by the unit's senior management team.

5.2 Environment

Ward Observation

Acute Medical Unit: RQIA Recommendation 17

It is recommended that the current configuration of the ward size and layout are reviewed to provide a more conducive environment for staff and patients.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“This review has taken place and a change to a two zone, 30 bed layout has taken place.”

RQIA Inspectors’ Findings

The ward had been configured into two zones, however, there was still one management structure and one team in place. Staff views on this configuration were varied. The band 6s and 7s commented positively on this configuration but some band 5s preferred the two team system. Senior nurses agreed to review this new configuration.

Acute Medical Unit: RQIA Recommendation 18

It is recommended that staff should prompt and encourage patients to drink.

RQIA judgement on achievement:

This recommendation has been addressed

Belfast Trust Response

“It is the responsibility of the nursing staff to identify patient’s requirements at meals times and to ensure they are provided with adequate support and assistance. This is overseen by the nurse in charge.

Relevant policies are available and will be highlighted to staff to ensure compliance with policy.”

RQIA Inspectors' Findings

Inspectors observed that policies were in place, and on observation, staff practice at encouraging patients to take fluids had improved.

Acute Medical Unit: RQIA Recommendation 19

It is recommended that there is an effective system in place to identify patients who require a meal, and sufficient staff to ensure that patients receive the appropriate assistance with their meals.

RQIA judgement on achievement:

This recommendation has not been addressed

Belfast Trust Response

“There is a system in place to ensure that all patients are identified and this has been reviewed.

The process for ordering meals has been changed and catering assesses need daily with clinical coordinator.

The review and increase levels of nurse staffing should improve level of assistance available at mealtimes.

It is the responsibility of the nursing staff to identify patient's requirements at meal times and to ensure they are provided with adequate support and assistance. This is overseen by the shift coordinator.”

RQIA Inspectors' Findings

The AMU has still not agreed on the method of identifying those patients requiring assistance with meals. Observations at mealtimes, and discussions with senior staff, substantiated that this process needed further review and actions agreed.

Although staffing levels had increased, inspectors observed additional staff were needed at meal times due to nursing workload and there were not enough HCAs to assist the patients. Although there was a member of nursing staff controlling food service, food trays were delivered before the patients had been positioned. Breakfast trays were delivered by catering/domestic staff who asked patients what they wanted; all trays were delivered at one time.

There were discussions with regards to training volunteers as meal time companions. It is the intention of the Belfast Trust to explore with families the opportunity to assist relatives at mealtimes.

Acute Medical Unit: RQIA Recommendation 20

It is recommended that domestic staff should have sufficient time to complete patient bedside discharge cleans.

RQIA judgement on achievement:

This recommendation has been addressed

Belfast Trust Response

“The nursing team will identify areas which require cleaning in a timely manner to the cleaning team in hours and to the supervisor out of hours. Enhanced cleaning service is in place for AMU.”

RQIA Inspectors’ Findings

Rapid response was available and there was an evening clean team on the unit with enhanced hours.

5.3 Patient Experience

Acute Medical Unit: RQIA Recommendation 21

It is recommended that the Belfast Trust should monitor and respond appropriately to action patient, relative, carer comments, to improve the patient experience.

RQIA judgement on achievement:

This recommendation has been addressed

Belfast Trust Response

“The trust continues to monitor the patient and client experience through a number of tools, including 10,000 voices and the patient and client experience standards. Local areas then agree all action plans within their directorate. This is monitored through directorate governance processes, to patient and client working group and the assurance structure to the trust board. A presentation of 10,000 voices and patient experience was presented to the public trust board on March 13 2014.”

RQIA Inspectors’ Findings

The inspectors evidenced that the unit was participating in 10,000 voices. The unit aims to refocus and implement a welcome to the ward leaflet. This leaflet will detail information for patients and carers on the unit routines, services and staff roles.

In general, patient comments were positive. Staff introduced themselves each time they come to the patient and were “kind and caring”. Food was reported as “good”, while staff asked if they were “drinking plenty”. Negative comments were in regard to the absence of an information leaflet, and “no cold water to brush teeth” as taps were all sensor operated. Family members gave positive feedback, satisfied with the care their family member received, although at times felt staff could be a bit stretched. Staff listened; particularly the medical staff; the nurses and social worker were very good.

Acute Medical Unit: RQIA Recommendation 22

It is recommended that staff should be supported to ensure appropriate care and privacy is given, and that patients are treated with dignity and respect.

RQIA judgement on achievement:

This recommendation has been addressed in principle

Belfast Trust Response

“Work is underway through support clinics with staff to identify and address any barriers to providing the appropriate level of privacy, respect and dignity to patients.

It is the responsibility of all staff to maintain patient privacy and dignity at all times.”

RQIA Inspectors’ Findings

Staff reported they had attended meetings which took place every Tuesday. There was direct feedback at these meetings and some staff found it cathartic. Trust directors and co-directors were present at these meetings. Discussions with staff evidenced their awareness of treating patients with dignity and respect.

Inspectors noted that 75 per cent of observations of staff interactions with patients were positive. Inspectors noted good interaction with patients, friendly, conversational, engaging, listening, respecting of patients dignity. A small number of staff did not always speak with patients appropriately and dignity and respect was not evident in these interactions. Inspectors advised trust staff of any issues they observed during the inspection.

Acute Medical Unit: RQIA Recommendation 23

It is recommended that there is a review of patient discharges to minimise delays and ensure patients have the appropriate care package in place.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“Implement access to care management, community and rehabilitation services seven days a week/rehabilitation, increased care packages, rapid response teams at weekends.

Ensure all patients are reviewed by a Consultant by 12.00 midday and senior review later in the day to follow-up on any outstanding actions.

Pharmacy staff to complete discharge scripts in AMU and EMSU.

Design and implement new discharge planning.”

RQIA Inspectors’ Findings

Inspectors noted that patients were now reviewed by a consultant by 12.00 noon. A further review is carried out by a member of the senior medical team later in the day.

Suitable patients were identified for transfer to the discharge lounge, however, if a patient was waiting for transport, a bed in the discharge lounge was not always available before 1.00pm.

Discharge letters still need to be completed in real time, as part of the ward round.

Social workers and nursing staff were not aware of the spot purchase nursing home step down bed provision to facilitate further assessment and decisions regarding long term placement outside the acute setting. Social workers stated the availability of step down nursing home beds was not an issue. They identified the need for spot purchasing of residential home beds to assist with discharge.

Acute Medical Unit: RQIA Recommendation 24

It is recommended that the assessment of patients’ nursing needs should be patient focused and identify individual needs and interventions required. This should be reviewed and updated in response to the changing needs of patients.

RQIA judgement on achievement:

This recommendation has not been addressed

Belfast Trust Response

“This is outlined in trust policy / nursing documentation and NMC standards.

Audit to be undertaken. Clinical Coordinator will be responsible for ensuring policy and standards are adhered to.”

RQIA Inspectors’ Findings

There was minimal improvement in nursing documentation. Patient information sourced by nurses, was not always reviewed or analysed collectively to identify the care needs of individual patients. Assessments were not always fully completed or used to inform subsequent care interventions required.

Inspectors acknowledge that the trust has identified this as an issue. Audits of documentation are to commence with completion in June 2014.

Acute Medical Unit: RQIA Recommendation 25

It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“The risk assessments required to be undertaken are identified as part of the nursing admission documentation with the relevant assessment templates included in this documentation. Nursing staff AMU will be reminded of the need to ensure all relevant risk assessments are undertaken and this will be monitored by Nurse in Charge.

Audit of same to take place.”

RQIA Inspectors' Findings

On review of nursing notes, inspectors identified that risk assessments are carried out within timescales but some assessments were incomplete. Baseline audits of care records have commenced.

Acute Medical Unit: RQIA Recommendation 26

It is recommended that care plans should be devised for all identified patient needs. These should be reviewed and updated within the set timescale, or in in response to changing needs of patients.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“Outcome focused management plans and nursing care plans are put in place for all patients. Staff will be reminded to complete, update and amend as appropriate to reflect the changing care needs of patients as per trust policy and NMC and GMC record keeping guidance.

To undertake regular audit of care plans.”

RQIA Inspectors' Findings

Some core and written care plans were in place. However, inspectors noted that some identified needs of patients did not have a care plan in place.

An AMU sister had commenced an audit of nursing records in April 2014, and significant areas for improvement were identified. Areas identified as requiring significant improvement were more evident at busy times- patients arriving over night, after 7.00pm and after 6.00am. These audits are to continue.

Acute Medical Unit: RQIA Recommendation 27

It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“Nursing staff will be reminded of the NMC guidelines re: record keeping.

To undertake regular audit.”

RQIA Inspectors' Findings

Inspectors found that most nursing records were dated, signed and contemporaneous, however, there was use of abbreviations and some signatures were illegible.

6.0 Wards with Outliers (Wards with patients being cared for outside their speciality area.)

RQIA made five recommendations for improvement, and the inspectors made the following judgements on progress:

- **One recommendation had been addressed**
- **One recommendation had been addressed in principle** (this means that action has been taken to address the recommendation but has not been fully completed.)
- **Three recommendations had been partially addressed** (not all areas have had the appropriate action taken)

Two RQIA inspectors undertook the review of wards with outliers.

The Belfast Trust defines outliers as patients under the care of a specialty team, but for whom a bed is not available in the designed ward for that specialty. At this follow-up inspection from 12-14 May 2014, RQIA was informed that there were still significant numbers of outliers from AMU. Ward 2F had been opened the previous week on the 6 May 2014 for outliers. Ward 2F is staffed by AMU staff and only takes patients who are stable or do not need to be monitored. The day procedure and discharge lounge has moved to the x-ray department. The space available for day procedure patients is poor and some beds are located in a corridor.

Wards Visited

- Ward 6A (winter pressure ward)
- Ward 2F
- Day Procedure and discharge lounge
- Ward 4D (respiratory)

Other Wards Visited: RQIA Recommendation 1

It is recommended that the Belfast Trust identifies any immediate actions which can be taken to reduce the number of outliers and delays in patient discharges.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“Ward 6A is designated as additional beds for respiratory patients during winter months. Patient flow has been reminded to place patients appropriately to this ward.

To open a General Medicine ward on BCH with appropriate staffing which will reduce the need for outliers on the RVH site. There were plans in place to open this Ward and further discussion is taking place with clinical teams following an external opinion.

To pilot a medical assessment facility out with ED to facilitate real time take by acute physicians so as placement of patients can be to the appropriate specialty ward first time, thereby relieving some pressure from AMU.”

To improve delays in patient discharges

“Design and implement new discharge planning pathway to be completed as part of the admission documentation.

Suitable patients to be identified for discharge lounge and bed freed before 1.00pm.

Discharge letters to be completed in real time, as part of the ward round.

Spot purchase nursing home step down bed provision to facilitate further assessment and decisions regarding long term placement outside the acute setting.

Ensure all patients are reviewed by a consultant by 12.00 midday and senior review later in the day to follow-up on any outstanding actions.

To implement weekend CT within imaging. Plans in place to commence on Saturday in first instance.

To implement weekend ultrasound lists within imaging.

Secure additional ultrasound doppler list on a Monday.

Implement access to cardiac echoes on Saturday and Sunday. Complete – in place 9.00am -1.00pm on Saturday and Sunday.

Implement access to care management, community and rehabilitation services seven days a week/rehabilitation, increased care packages, rapid response teams at weekends.”

RQIA Inspectors' findings

Ward 6A was designated as additional beds for respiratory patients during winter months. At the time of the inspection the ward remains open. The ward sister informed the inspectors that discussions were ongoing regarding the function of the ward.

Due to the time of year this inspection was conducted, there were fewer outliers in some of the specialty wards. All patients are reviewed by a medical consultant by 12.00 midday and at 4.00pm.

Pharmacy staff complete discharge letters. There is a trial in place (known as Big Hand) to reduce waiting time for discharge letters. This is led by a medical consultant, with the assistance of a pharmacist and FY1s. Inspectors were informed that there was a delay in producing blister pack medication as there were an insufficient number of pharmacy technicians to dispense the packs.

The discharge planning pathway documentation was still in draft and has not been implemented.

A meeting is held at 10.00am with the ward coordinator and patient flow on possible patients to be transferred to the discharge lounge. There is limited bed capacity and strict admission and discharge criteria are in place. The FY1 confirmed that patients are referred to the discharge lounge when their discharge letter is written. Most of these patients usually require an ambulance. This cannot be organised until the medicines arrive from the hospital pharmacy. This process can delay discharge.

Discharge letters are not being processed in real time as part of the ward round.

Nursing staff and social workers, when questioned, were unsure of the trust's spot purchasing of nursing home beds. The social workers stated it was easier to get a private nursing home placement compared to an appropriate residential placement. Access to residential beds was difficult to obtain and resulted in delayed discharge.

Saturday CT scan slots were available and in place and weekend ultrasound lists had been implemented. There were additional Monday ultrasound Doppler lists. These are protected slots for ultra sound scans (USS) for patients having oesophagogastroduodenoscopy (OGD). If these slots are not required, other patients from ED and surgery are prioritised to take the unused slots. Patient access to echocardiogram on Saturdays was complete.

At the weekend there are two social workers, two physiotherapists and two occupational therapists on duty. Care packages can be restarted at weekends but not commenced, as community staff cannot be contacted. This delays discharge for those needing a care package.

Other Wards Visited: RQIA Recommendation 2

It is recommended that if wards are moved, staff and the ward environment are appropriately prepared.

RQIA judgement on achievement:

This recommendation has been addressed in principle

Belfast Trust Response

“Senior Management have been reminded to work with front line staff and Trade Unions in the transfer of any service.”

RQIA Inspectors’ findings

As Ward 6A is still open it could not be assessed at this time.

Other Wards Visited: RQIA Recommendation 3

It is recommended that the medical input into the winter pressures ward is reviewed and immediate FY1 medical staff cover is provided.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“An FY1 is a provisionally registered doctor and their posts must be agreed with NIMDTA and they are allocated two year rotations before they graduate. An FY2 is a fully registered doctor and Belfast Trust was able to secure an additional doctor as a locum for the 6A cover working with the respiratory team in their winter pressure ward.

Ward 6A was meant to be a dedicated respiratory ward. It proved challenging to allocate all respiratory patients to this ward and as a result the FY2 had to leave the ward to provide medical attention to respiratory patients on other wards. The FY2 could be contacted at any time via pager. This issue will be fully addressed in the bed profiling exercise.”

RQIA Inspectors’ Findings

The ward sister stated that there was still no medical cover based solely on the ward. This means that staff still have to telephone around numerous wards to ask the doctors from different specialties to visit their patients. This continues to delay treatment and discharges.

Other Wards Visited: RQIA Recommendation 4

It is recommended that the nurse staffing levels in Ward 6A should be reviewed and increased immediately.

RQIA judgement on achievement:

This recommendation has been addressed

Belfast Trust Response

“Review of staffing levels is completed. Based on this review the central nursing team have advised that the nurse to bed ratio has been increased to from 1:1.2 to 1:1.4 which will result in an increase of 3.5 WTE band 5 nursing staff to the funded staffing level.”

RQIA Inspectors’ Findings

The ward sister confirmed that staffing had increased. However, all but one member of staff that transferred from the Belfast City Hospital has asked to be moved.

Other Wards Visited: RQIA Recommendation 5

It is recommended that systems are put in place, to ensure that when staff report incidents which indicate safety issues, feedback should take place. Staff should also be provided with an analysis of trends in incidents, relating to their area of work, on a regular basis.

RQIA judgement on achievement:

This recommendation has been partially addressed

Belfast Trust Response

“Currently developing and implementing a new standardised ward based performance scorecard which will present trended measures in a range of performance areas.

Monthly team meetings are to take place. Agenda items will include feedback to staff from SAIs, IR1s, complaints, patient compliments and staffing developments. Staff at all levels, are reminded of the need to have staff meetings and ensure cascade to all team members.”

RQIA Inspectors' Findings

The ward sister stated that the new standardised ward-based performance scorecard, which will present trended measures in a range of performance areas is not yet in place.

Monthly team meetings have taken place and agenda items include feedback to staff from SAIs, IR1s, complaints, patient compliments and staffing developments.

Ward 28

This ward was not visited as the beds for outliers had been closed.

7.0 Next Steps

The Belfast Trust has been asked to update its quality improvement plan.

RQIA will carry out a further inspection within the next six months to monitor the Belfast Trust's progress with the recommendations relating to the ED and AMU.

On the 8 April 2014 the Health Minister's statement to the Northern Ireland Assembly, outlined that from 2015-16 onwards, RQIA should undertake a rolling programme of unannounced inspections of the quality of services in all acute hospitals in Northern Ireland each year.

RQIA, in conjunction with the DHSSPS, will review and identify appropriate quality indicators and a methodology to deliver the inspection regime.

8.0. Quality Improvement Plans

Area: Emergency Department Updated by Belfast Trust 22/08/2014

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
Staffing				
1.	It is recommended that the posts of ED senior sister should have a job evaluation to review if the staffing grade is appropriate for the duties of the posts. This recommendation has been addressed in principle	ED	ED Senior sister job description has been received by HR and job evaluation process has commenced. In the interim we have put in place a dedicated ED Clinical Co-ordinator to oversee the management of the RVH ED.	Nov 2014
2.	It is recommended that a further review of nurse staffing levels is undertaken for ED at RVH to ensure that there are adequate levels of staff to provide all the functions of the department. This recommendation has been partially addressed	Central Nursing / ED Nursing team	This recommendation was reviewed. The Trust recruited an additional number of staff all of whom have been appointed, have completed induction and are in post. The Emergency Department nursing levels have been reconsidered by the clinical team, supported by central nursing, using BEST methodology. In October 2013 the department was staffed as follows	Complete

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale														
			<table border="1" data-bbox="1240 331 1644 596"> <tr> <td>Band 7</td> <td>8.2</td> </tr> <tr> <td>Band 6</td> <td>8</td> </tr> <tr> <td>Band 5</td> <td>51.19</td> </tr> <tr> <td>Band 3</td> <td>13.78</td> </tr> <tr> <td>CE</td> <td>1</td> </tr> <tr> <td>Total</td> <td>82.17</td> </tr> <tr> <td>ENP's</td> <td>5.8</td> </tr> </table> <p data-bbox="1240 667 1868 1257">A review of nurse staffing at this time indicated staffing an increase in nurse staffing to 87.48 WTE staff would enable an increased level in the department. Recruitment was commenced at this time .Further to this increase the preliminary RQIA report made some recommendations, an as a consequence this was further increased to 100 WTE staff. The Recruitment process for all new posts is completed. There is a band 6/7 on duty 24/7 who oversees the clinical practices of the nursing team, providing support, supervision advice and guidance.</p> <p data-bbox="1240 1289 1868 1369">The skill mix is 87% registered staff to 13% non-registered nursing support staff.</p>	Band 7	8.2	Band 6	8	Band 5	51.19	Band 3	13.78	CE	1	Total	82.17	ENP's	5.8	
Band 7	8.2																	
Band 6	8																	
Band 5	51.19																	
Band 3	13.78																	
CE	1																	
Total	82.17																	
ENP's	5.8																	

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p>The review of nurse staffing was completed in February 2014 and recruitment completed in May 2014. A further Best review was carried out in June 2014 in line with the on-going acuity of the department . Staffing levels will be kept under close scrutiny by the ADoN and the Clinical coordinator</p>	
3.	<p>It is recommended that nurse staffing in the resuscitation area is reviewed to enable provision at a level of one nurse to one patient.</p> <p>This recommendation has been partially addressed</p>	Central Nursing / ED	<p>When the review was completed, the ED undertook to review the provision of 1:1 nursing in resus. The review has been completed and staff are now in place.</p> <p>The increase to 100wte allows an increase of nurse to patient ratio in the resus area of 1:1, as we now have the ability to flex staffing levels depending on patient acuity.</p> <p>The Clinical co-ordinator and Nurse in Charge are responsible for ensuring that staff are rostered and allocated accordingly.</p> <p>This was considered as part of the review of nurse staffing was completed in February 2014 and recruitment completed in May 2014.</p> <p>The current staffing budget and daily</p>	Complete

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			allocation permits 1:1 nursing in resuscitation as required, this is determined on the basis of need by the nurse in charge. This remains the subject to on-going review by the senior nursing team in ED	
4.	It is recommended that nurse staffing in the focused assessment area is reviewed. This recommendation has been partially addressed	Central Nursing / ED	<p>Nursing staffing for focus assessment has been reviewed.</p> <p>The increase to 100wte allows an increase of nurse to patient ratio in the resus area of 1:1, as we now have the ability to flex staffing levels depending on patient acuity.</p> <p>The Clinical co-ordinator and Nurse in Charge are responsible for ensuring that staff are rostered and allocated accordingly.</p> <p>The was considered as part of the review of nurse staffing was completed in February 2014 and recruitment completed in May 2014.</p> <p>The current staffing budget and daily allocation permits increased nursing in focussed assessment as required, this is determined on the basis of need by the nurse in charge.</p> <p>At times of additional pressure the senior</p>	Complete

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			sister plans to staff for additional patients who may have to wait in this area. Whilst it would be preferable not to have patients waiting on trolleys the Trust will however plan to provide care for patients where this does occur, and redistribute the nursing resource if this is not required in ED.	
5.	It is recommended that a review should be undertaken of the provision of support services to ED. This recommendation has been partially addressed	Patient Client Support Services/ ED	<p>A review in respect of support services has been undertaken in consultation with the clinical team by the PCSS senior team and is now complete:</p> <p>There is a dedicated portering team based in the Emergency Department 24/7. This was put in place in January 2014. There were some initial problems post implementation which have since been resolved through Trade Unions.</p> <p>There are also enhanced cleaning services in place with dedicated cleaning staff for the emergency department until 10 pm with further services then available from the night cleaning team until 7am.</p> <p>Additional catering provision is in now place</p>	This action is complete as described and remains under review by the PCCS in consultation with the ED senior nursing team.

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p>which is overseen by the catering manager / supervisor regularly to ensure adequate food and beverage provision is available. Supplies of water, bread tea and coffee are available in the department at all times and emergency stores are readily available for times of surge.</p> <p>Security is readily available 24hrs a day with hourly walk throughs and more frequent visits to ED by Security officers. A proposal for a 24 hour presence is being considered.</p>	
6.	<p>It is recommended that a learning needs analysis is undertaken to facilitate career development for all of the nursing team in ED. Nurse education should also focus on learning from incidents and the principles of safety.</p> <p>This recommendation has been addressed in principle</p>	The ED and Directorate team supported by Central Nursing	<p>A learning needs analysis is undertaken annually to facilitate career development of all the nursing teams and is scheduled to be completed over the coming year. The educational requirements will be commissioned as identified by the practice educator and department Sisters. Staff have a two week taught induction to support mandatory educational requirements facilitated by the clinical education centre. They then have a six week supernumerary period in the department which is facilitated by the practice educator.</p>	<p>This was completed in line with timescales for March 2014</p> <p>March 2014 and on-going</p>

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p>The nursing staff undertake the Manchester Triage training course within their first three months of appointment. They also have periods of supervised practice in all triage areas, focussed assessments and the resuscitation area. They will work in the main triage area, where they take decisions to place patients in the waiting area in accordance with the Manchester Triage categorisation after one year in the department once their competence has been assessed by the senior nurse or their preceptor.</p> <p>All newly qualified staff undergo preceptorship for a period of six months which will be regularly reviewed and tailored to the needs of the individual nurse. They are also required to complete a portfolio of evidence of their learning within one year and this is overseen by their preceptor and the clinical educator.</p> <p>The actions relating to Learning from incidents are covered in recommendation 8 (see below).</p>	On-going

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
7.	<p>It is recommended that processes are reviewed to improve the retention of staff, and to ensure that staff have appraisal and supervision, sessions in line the Belfast Trust policy.</p> <p>This recommendation has been addressed in principle</p>	<p>The ED and Directorate team supported by Central Nursing</p>	<p><i>Improve retention</i> A Learning & Development / Support programme is in place for all new nursing staff and managers, to ensure that they have appropriate levels of training and induction to support them in their new roles. The development programme focuses on role modelling behaviours, coaching, leadership development and team development. This is considered key to retention.</p> <p>Exit Interview questionnaires have been introduced to provide management with understanding of reasons for turnover.</p> <p>All current Work Life Balance applications and Secondment Guidelines are being reviewed by Clinical Coordinator Development of Staff Newsletter, re-establishment of Team Meetings and development of a Communication Framework to improve employee engagement, cascade of key messages and improve opportunities for employee-manager listening.</p>	<p>On going</p> <p>Complete</p> <p>On going</p> <p>On-going</p> <p>On-going</p>

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p>Staff meeting takes place every 6 weeks and are coordinated by the senior sisters</p> <p>A review of high sickness levels within ED has taken place and additional training, advice and review of line manager's responsibilities has been provided</p> <p><i>Appraisal & Supervision</i> Numbers of appraisals and supervisions have been reviewed.</p> <p>Appraisals data are as follows for period April 2014 – Aug 2014: Band 5 = 76 , U/A = 7, no. completed appraisal 43 = 62% Band 7 = 14, U/A = 3, no. completed appraisal 9= 82% Band 6 = 9, U/A = 1, no. completed appraisal 5 = 63% ENP/ANP = 8, U/A = 0, no. completed appraisals 4= 50% Band 3 = 13, UA = 1, no. completed appraisals 6= 55%</p> <p>These figures include SSU as do supervision figures total appraisals for available staff is 67 out of 95 available</p>	On-going

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p>hence overall percentage at present is 71%.</p> <p>Annual Appraisal and meeting supervision standards are clearly assigned responsibilities to the Sisters / Charge nurses. Clinical co-ordinator will be responsible to ensure appraisal and supervision for all staff in ED is undertaken.</p>	
8.	<p>It is recommended that systems are put in place to ensure that where staff report an incident which indicates safety issues, feedback should take place, such as an email. Staff should also be provided with an analysis of trends in incidents, relating to their area of work, on a regular basis.</p> <p>This recommendation has been partially addressed</p>	<p>Performance & Planning</p> <p>Risk & Governance / ED</p>	<p>Currently developing and implementing a new standardised ward based performance scorecard which will present trended measures in a range of performance areas including reported incidents.</p> <p>Monthly team meetings have recommenced. Agenda items include feedback to staff from SAI's, IR1's, complaints, patient compliments and staffing developments. Staff at all levels are reminded for the need to have staff meetings and ensure cascade to all team members.</p>	<p>September 2014</p> <p>On-going</p>
9.	<p>It is recommended that there is an immediate review of emergency medicine consultant numbers for the ED at RVH.</p>	ED	<p>A review of ED Consultant numbers has been undertaken.</p>	Complete

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
	This recommendation has been partially addressed		<p>The HSCB have confirmed funding for up to 16wte ED Consultants at the RVH ED.</p> <p>15 Consultants have been appointed, although 1 of the appointees is not available to take up post until Jan 15. We are continuing in our efforts to appoint to the 16th post at RVH and to fill current consultant vacancies at the Mater ED.</p>	
10.	<p>It is recommended that specialty triage decisions are taken as early as possible to reduce pressure and prompt patient flow.</p> <p>This recommendation has been partially addressed</p>	ED	<p>At the time of the inspection, an extended pilot of specialist triage was in place at weekends and public holidays .This process was in place from April to August 2014 with a view to implementing daily early medical triage to speciality by November 14.</p> <p>RVH ED is currently piloting Advanced Triage Treatment by emergency nurse or doctor ("ATTEND")to enable early triage decisions</p>	<p>31st October 2014</p> <p>Current</p>
11.	<p>It is recommended that regular staff meetings are held for staff working in the ED department.</p> <p>This recommendation has been partially addressed</p>	ED	<p>This recommendation has been reviewed through staff support clinics and the following actions agreed, effective immediately:</p>	On-going

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<ul style="list-style-type: none"> • Team brief takes place 2-3 times per day at set times to accommodate shift patterns. Brief will be led initially by manager/sister in charge. • Monthly team meetings takes place. Agenda items include feedback to staff from SAI's, IR1's, complaints, patient compliments and staffing developments <p>A quarterly staff newsletter has been designed and issued.</p>	
12.	<p>It is recommended that additional systems are put in place to support staff working in ED and help them deliver person centred and compassionate care.</p> <p>This recommendation has been partially addressed</p>	<p>Unscheduled Care /Human Resources / Occupational Health / Central Nursing / Risk & Governance</p>	<p>This recommendation has been reviewed through provision of staff support clinics and the following actions agreed and communicated to staff, effective immediately;</p> <ul style="list-style-type: none"> - To ensure our communication, terminology and language is person-centred. - Improved communication structures including regular ward / team briefings - Further investment in nurse to patient ratio to improve quality of care and to help provide a safer environment - Learning & Development 	On-going

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p>interventions to support all staff and new employees</p> <ul style="list-style-type: none"> - A review and improvements to resources and ways of working, both clinical and operational <p>Regular staff support meetings are held in conjunction with the Trade Unions, the Director of Nursing and Patient Experience and the Co-Director for Unscheduled and Acute Care.</p> <p>In addition the following staff have been appointed;</p> <ul style="list-style-type: none"> • A Clinical Co-ordinator • A Clinical Director has been appointed from the current group of RVH ED Consultants • A Governance Safety lead • An Associate Director of Nursing for Unscheduled Care <p>The ED is actively recruiting four additional</p>	

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p>ED trackers at this time.</p> <p>Occupational Health and Health and Safety completed a stress survey in April 2014, the results of which were shared with staff. Findings have been shared with ED management and a risk assessment is planned</p> <p>Review of Zero Tolerance Policy, display of posters, enforcement of rules regarding abusive patients and relatives (including liaison with Security staff) and review of Security staff base.</p>	
13.	<p>It is also recommended that the organisational culture is reviewed, in relation to breaching the 12 hour waiting time standard, to ensure that there are not inappropriate behaviours in the drive to achieve this target.</p> <p>This recommendation has been partially addressed</p>	Human Resources / Occupational Health / Central Nursing / Unscheduled care	<p>The Trust has commenced a new process of on-going improvement with the aim of improving patient safety, experience and outcomes by empowering medical and other clinical staff to design and implement the changes necessary including patient waiting times in the ED.</p> <p>The Chief Executive has made it clear that it is and was the Trust's expectation that patients are admitted to beds on the basis of clinical priority and thereafter by waiting</p>	On-going

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			time.	
Safety				
14.	It is recommended that the internal ED escalation plan criteria and the trust escalation policy are reviewed. This recommendation has been partially addressed		At the time of inspection, the Trust had a revised trust escalation policy in draft based on speciality agreed triggers and actions to maintain patient flow within each speciality. This is now being finalised through the aforementioned medically process. See point 15 for full details	September 2014
15.	It is recommended that the Belfast Trust identifies any immediate opportunities to improve flows out of ED, to reduce pressures and overcrowding. This recommendation has been partially addressed	Exec Team	The Trust has commenced a new process of on-going improvement with the aim of improving patient safety, experience and outcomes by empowering medical and other clinical staff to design and implement the changes necessary for sustained improvement across. There are 7 medically led work streams, the chairs of which sit on a co-ordinating group with service Directors and the Medical Director (chair). Each of the work streams below has a specific set of objectives; <ul style="list-style-type: none"> • Frail Elderly • Respiratory 	The Trust has revised its processes as described within the workshops listed these are clinically led and commenced on the 19 th August 2014.

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<ul style="list-style-type: none"> • Emergency Department • Flow and Take • Ambulatory care • Resource • Diagnostics <p>The Co-ordination group will report progress to the Executive team and Chief Executive on a fortnightly basis via an update from the group chair.</p> <p>- In partnership with ALAMAC we have commenced an operational system designed to improve patient experience by enhancing flow and avoiding delays.</p> <p>-We are establishing an assessment and direct admission facility for Frail Older persons in the BCH.</p> <p>Bed profiling exercise is currently underway to better align the number of speciality beds to demand. This is particularly relevant in respiratory medicine. Bed realignment is due to take place by October 2014</p> <p>Rapid Access Neurology Clinics (RANC)</p>	

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			have been established to improve patient access to specialist neurology opinion, reducing the number of patients requiring admission. We are progressing to implement a neurologist of the week.	
16.	It is recommended that systems are reviewed to ensure that staff in ED are equipped to adhere to the Belfast Trust's infection prevention and control polices. This recommendation has been partially addressed	ED / Central Nursing	<p>The management of effective Infection Prevention and Control measures particularly in relation to procedures on hand washing remains an on-going imperative for the ED. Appropriate Infection Prevention and Control policies are part of mandatory training and updates. The Infection Prevention and Control Team works closely with the Emergency Department to support effective infection prevention and control on an on-going basis across all disciplines.</p> <p>Infection Prevention Control (IPC) refresher training is on the Trust mandatory training programme. IPC work closely with the relevant Nursing Development Lead (NDL) who delivers ANTT training. Four nurses and staff from ED have attended this training each month since January. Records indicate that 91% staff were trained in Antiseptic Non Touch Technique.</p>	<p>On-going</p> <p>On-going</p>

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			Regular peer hand hygiene audits take place monthly and quarterly. Independent hand hygiene audits also occur as part of the regular audit cycle if observed within the area. The results of these audits are available for inspection as and when required. The results are recorded on the balanced scorecard and variances discussed at the Co-Director governance meeting. Action plans are submitted for non-compliance. In July 2014 the hand hygiene audit compliance was 96%.	On-going
17.	It is recommended that nursing documentation in the ED is reviewed, and recording improved to ensure that all patient needs are identified. This recommendation has been partially addressed	Central Nursing / ED	A review of nursing documentation has taken place. New Nursing documentation has been introduced and an audit of compliance with the new documentation has been completed. The Trust are also working with the regional records group to devise a regional ED record. This work is on-going and is led by the Nurse Consultant in ED.	Complete
18.	It is recommended that all risk assessments are completed within the set timescales, these should be reviewed and updated on a regular basis or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide	Central Nursing / ED	Nursing documentation has been revised and now encompasses the relevant risk assessments for example falls, pressure area and risk of absconding.	On-going.

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
	<p>instruction on how to minimise the risks. This recommendation has not been addressed</p>		<p>The risk assessments required to be undertaken are identified as part of the nursing admission documentation with the relevant assessment templates included in this documentation. Nursing staff in the ED and new Medical Assessment Area will be reminded of the need to ensure all relevant risk assessments are undertaken and this will be monitored by Nurse in Charge.</p> <p>Audit of same will be undertaken</p> <p>Requirement to ensure observations take place – safety rounds This recommendation is currently being addressed by the ED Clinical Co-ordinator and the Nurse Consultant. A nursing documentation pilot incorporating the patient risk assessment process was on-going at the time of inspection and completed at the end of May 2014. This pilot was deemed successful and has now been implemented.</p>	On-going.
Environment				
19.	It is recommended that In the interim period, pending the opening of a new ED, a review of the existing environment should be undertaken to identify measures that could improve the situation. ED staff	ED	<i>Existing Dept</i> An environmental review has previously been completed and no further building measures can be taken to improve the	On-going

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
	<p>should be involved in the planning of the new department.</p> <p>This recommendation has been partially addressed</p>		<p>situation for the existing building. Hence there is a focus on improving the environment through reducing the potential for crowding.</p> <p>Estates Dept has refurbished RVH ED , with new antibacterial wall covering and bumper rails.</p> <p><i>New Dept</i> The Trust would like it noted that Senior Medical and Nursing staff have led on both the original design and subsequent redesign of the ED and have attended site visits to the new department. Move to new facilities is planned for Jan 2015 There is a dedicated ED commissioning nurse and there is an appointed clinical lead. Patient pathways and new ways of working are piloted in the current ED in preparation for the move to the new ED.</p> <p>-ED commissioning sister attends and updates all senior staff and business meetings.</p> <p>-ED multidisciplinary representation at</p>	<p>On-going.</p>

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			commissioning subgroup and Standard Operating Procedures group. -Senior Nursing and Medical staff represented on new ED procurement groups where appropriate.	
20.	A review of resources should be undertaken to ensure that items of stock/non stock equipment are available, for example pillows and blankets. This recommendation has been addressed in principle	ED / Patient Client Support Services	A review of resources has been undertaken and any appropriate procurement action taken. Additional stocks of laundry to be held by PCSS for times of increased requirement.	Complete Complete
21.	The availability of essential patient equipment is reviewed, such as Baxter IV pumps, cardiac and observation monitors. This recommendation has been addressed	ED	A review of essential patient equipment requirements has been undertaken and any appropriate procurement action taken. The sister/charge nurse is responsible for this on an on-going basis and will be reminded of this.	Complete.
22.	A review of equipment that is old or needs to be replaced should be undertaken, including patient trolleys. This recommendation has been addressed in principle	ED	A review of equipment has taken place and any needs identified have been addressed. Continuing responsibility for this action is part of the Service Manager / delegated to	Complete

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			Clinical co-ordinator as appropriate.	
Patient Experience				
23.	<p>It is recommended that staff should be supported to ensure appropriate care and privacy is given, and that patients are treated with dignity and respect.</p> <p>This recommendation has not been addressed</p>	<p>Unscheduled Care /Human Resources / Occupational Health / Central Nursing</p>	<p>Staff endeavour to maintain patient privacy and dignity at all times. This is assessed on an on-going basis and staff are supported to mitigate risk and ensure dignity and privacy is maintained at times of overcrowding. We recognise that this can be very challenging due to the physical constraints of the department at times of overcrowding.</p> <p>Work is underway with staff to identify and address any barriers to providing the appropriate level of privacy, respect and dignity to patients.</p> <p>This work is on-going the department have an action plan which they are working to following their analysis of the 10,000 voices stories</p>	<p>On-going</p> <p>Policy in place</p>

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
24.	<p>It is recommended that there is a system in place to identify patients who require a meal and sufficient staff to ensure patients receive the appropriate assistance with their meals.</p> <p>This recommendation has not been addressed</p>	ED / Patient Client Support Services	<p>Arrangements are now in place to ensure that tea, coffee and water are available at all times for patient and relatives.</p> <p>It is the responsibility of the nursing staff to identify patients requirements at meals times and to ensure they are provided with adequate support and assistance. This is overseen by the shift coordinator.</p>	This is complete and is on-going
25.	<p>It is recommended that the Belfast Trust should monitor and action patient, relative, and carer comments, to improve the patient experience.</p> <p>This recommendation has been addressed in principle</p>	The ED and Directorate team supported by Central Nursing	<p>The Trust continues to monitor the patient and client experience through a number of tools including 10,000 voices and the patient and client experience standards. Local areas then agree all action plans within their directorate. This is monitored through directorate governance processes, to patient and client working group and the Assurance structure to the trust board. A presentation of 10,000 voices and patient experience was presented to the public trust board on March 13th 2014. A further ED patient satisfaction was carried out in May 2014. A working group has been set up to review patient stories and experience and to develop action plan</p>	<p>On-going.</p> <p>September 2014</p>

Area: Acute Medical Unit Updated by Belfast Trust 22/08/2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
Staffing				
1.	<p>It is recommended that there is clarity of the functions of AMU and specialist units in relation to take-in.</p> <p>Review timing of key meetings to ensure that specialty triage decisions are taken as early as possible.</p> <p>This recommendation has been addressed in principle</p>	AMU	<p>Clarity of functions of AMU was undertaken, Acute Physicians undertake specialty triage at 8am, allocating patients to other specialty teams.</p> <p>The AMU team meeting has been moved to later in the morning to allow consultants to see all patients under their care.</p> <p>Introduced a 4pm meeting between Patient Flow Co-ordinator and AMU with Medical Senior decision maker.</p> <p>AMU workshop was held on 30th July 2014- the outcome of this workshop is that further developments will take place under the auspices of the new process referred to in section 15 of the ED action plan.</p>	On-going
2.	<p>It is recommended that a review of nurse staffing levels is undertaken for the AMU to ensure that there are adequate levels of staff to provide all the functions of the unit.</p>	The AMU and Directorate team supported by	The AMU nursing levels have been reconsidered by the clinical nursing team, supported by central nursing, using	

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale															
	<p>This recommendation has been partially addressed</p>	Central Nursing	<p>Telford and Association of UK University Hospitals methodology. In October 2013 the department was staffed at a nurse to bed ratio of 1:1.3. On benchmarking with other similar units the range for nurse to bed staffing is from 1.4-2.17.</p> <p>The following recommendation was made to consider the acuity of patients within the unit at that time, recognising the flow and profile of the patients.</p> <table border="1" data-bbox="1265 810 1877 1337"> <thead> <tr> <th data-bbox="1265 810 1393 882">Beds</th> <th data-bbox="1393 810 1585 882">NTBR</th> <th data-bbox="1585 810 1877 882">Staffing</th> </tr> </thead> <tbody> <tr> <td data-bbox="1265 882 1393 995">10 beds</td> <td data-bbox="1393 882 1585 995">1.3</td> <td data-bbox="1585 882 1877 995">13</td> </tr> <tr> <td data-bbox="1265 995 1393 1067">20</td> <td data-bbox="1393 995 1585 1067">1.4</td> <td data-bbox="1585 995 1877 1067">28</td> </tr> <tr> <td data-bbox="1265 1067 1393 1181">30 beds</td> <td data-bbox="1393 1067 1585 1181">1.55</td> <td data-bbox="1585 1067 1877 1181">46.5</td> </tr> <tr> <td data-bbox="1265 1181 1393 1337"></td> <td data-bbox="1393 1181 1585 1337">Overall NBTR – 1.45</td> <td data-bbox="1585 1181 1877 1337">Required Staffing 87</td> </tr> </tbody> </table> <p>Recruitment was commenced at this time</p>	Beds	NTBR	Staffing	10 beds	1.3	13	20	1.4	28	30 beds	1.55	46.5		Overall NBTR – 1.45	Required Staffing 87	Complete
Beds	NTBR	Staffing																	
10 beds	1.3	13																	
20	1.4	28																	
30 beds	1.55	46.5																	
	Overall NBTR – 1.45	Required Staffing 87																	

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			<p>.Further to this increase the preliminary RQIA report made some recommendations, in relation to the role of the ward sister and handover of patients. As a consequence this was further increased to 100 WTE staff.</p> <p>The review identified that 19 nursing staff were required. 19 new band 5s have started and 5 band 2s. All staff are in post and have completed induction.</p> <p>The review of nurse staffing was completed in February 2014 and recruitment completed in May 2014.</p>	
3.	<p>It is recommended that that the AMU ward sister has protected time for management duties and that staff have appraisal and supervision sessions in line the trust policy.</p> <p>This recommendation has been partially addressed</p>	The AMU and Directorate team supported by Central Nursing	<p>Actively recruiting an additional Band 6 to release ward sisters to supervise.</p> <p>The current staffing budget and daily allocation permits protected time for the ward sisters to be supervisory</p>	September 2014
4.	<p>It is recommended that a learning needs analysis is undertaken to facilitate career development for all of the nursing team in AMU.</p> <p>This recommendation has been addressed in principle</p>	The AMU and Directorate team supported by Central	Staff have a two week taught induction to support mandatory educational requirements facilitated by the clinical education centre. They then have a two week supernumerary period in the	On-going

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
		Nursing	<p>department which is facilitated by the ward sisters and their deputies.</p> <p>All newly qualified staff undergo preceptorship for a period of six months which will be regularly reviewed and tailored to the needs of the individual nurse.</p> <p>A learning needs analysis is undertaken annually to facilitate career development of all the nursing teams and is scheduled to be completed over the coming year. The educational requirements will be commissioned as identified by the practice educator and department Sisters.</p>	31 Mar 2014
5.	<p>It is recommended that processes are reviewed to improve the recruitment of staff.</p> <p>This recommendation has been addressed in principle</p>	Clinical Coordinator supported by HR and Central Nursing	<p>There should be no delays in recruitment. Processes are in place since April 2014.</p>	Complete.
6.	<p>It is recommended that any immediate opportunities to improve patient flow to and from AMU, to reduce pressure, are identified</p> <p>This recommendation has been partially</p>	The AMU and Directorate team supported by	Please refer to section 15, ED action plans for update on completed actions.	

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
	addressed	Performance & Planning / Central Nursing		
7.	It is recommended that there is an immediate review of medical staffing levels in AMU at both senior and junior levels. This recommendation has been addressed	AMU	Medical staff levels have been addressed and found to be adequate (6.5 senior medical staff and 3 staff grades, plus a team of trainees). Northern Ireland Medical and Dental Training Agency (NIMDTA) have allocated 6 Foundation Year 1s to AMU with effect from Aug 14.	Complete
8.	It is recommended that FY1 grade doctors in AMU are provided with a bleep. This recommendation has not been addressed	AMU	All FY1's in AMU have been provided with bleeps	Complete
9.	A review of resources should be undertaken to ensure that items of stock/non stock equipment are available. This recommendation has not been addressed	AMU	A review of resources has been undertaken and any appropriate action taken. The sister/charge nurse is responsible for this on an on-going basis and will be reminded of this.	Complete

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
10.	The essential patient equipment is available. This recommendation has been addressed in principle	AMU	A review of essential patient equipment requirements has been undertaken and any appropriate action taken. Continuing responsibility for this action is part of the Service Manager role.	On-going
11.	There should be a review of administrative support This recommendation has been partially addressed	Planning & Performance	Additional administrative support is in place to ensure 24/7 clerical support in AMU .On occasion this individual is asked to support other wards, patient flow and tracking on the RVH site.	Complete
12.	It is recommended that ways to improve the tracking of patients and to implement an electronic system as rapidly as possible are identified. This recommendation has been partially addressed	Planning & Performance	From February 2014 as an immediate response to this recommendation, additional clerical staff were assigned to the wards across the 24 hour period to improve patient tracking. A patient tracking project group has been working to achieve a one hour standard of recording timeliness on PAS. Effort is now being focused on acute medicine patients admitted through ED or directly to AMU. An electronic take list portal system has been developed and introduced which allows acute medical patients to be closely monitored from	On-going

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			admission through to onward transfer and/or discharge. This has been tested by clinicians in AMU and has gone live in AMU.	
13.	It is recommended that there is a formal mechanism in place for a formal medical handover at weekends. This recommendation has been addressed	Unscheduled Care	This recommendation has been addressed. A formal mechanism of medical handover for AMU is being put in place at week-ends Introduced a 4pm meeting between Patient Flow Co-ordinator and AMU with Medical Senior decision maker.	Complete
14.	It is recommended that processes are reviewed to improve the recruitment and retention of medical staff. This recommendation has been addressed		This recommendation has been addressed. There is a process in place to review all recruitment including medical staff. Recruitment and Retention is monitored in all areas. There has not been a recruitment and retention issue for AMU medical staff as the trust has recently recruited 3 consultants.	Complete
15.	It is recommended that additional systems are put in place to support staff working in AMU and help them deliver person centred and compassionate care. This recommendation has been addressed	Human Resources / Occupational Health / Central	This recommendation has been reviewed through provision of staff support clinics and the following actions agreed and communicated to staff, effective immediately;	Complete

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
		Nursing / Unscheduled care / Risk & Governance	<ul style="list-style-type: none"> - To ensure our communication, terminology and language is person-centred. - Improved communication structures including regular ward / team briefings - Further investment in nurse to patient ratio to improve quality of care and to help provide a safer environment - Learning & Development interventions to support all staff and new employees - A review and improvements to resources and ways of working, both clinical and operational <p>Regular staff support meetings are held in conjunction with the Trade Unions, the Director of Nursing and Patient Experience and the Co-Director for Unscheduled and Acute Care.</p> <p>In addition the following staff have been appointed;</p>	This is on-going and will be reviewed regularly by the clinical coordinator and the ADoN through regular team meetings

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			<ul style="list-style-type: none"> • A Clinical Co-ordinator • A Clinical Director has been appointed from the current group of RVH ED Consultants • A Governance Safety lead • An Associate Director of Nursing for Unscheduled Care <p>The ED is actively recruiting four additional ED trackers at this time.</p> <p>Occupational Health and Health and Safety completed a stress survey in April 2014, the results of which were shared with staff. Findings have been shared with ED management and a risk assessment is currently underway.</p> <p>Review of Zero Tolerance Policy, display of posters, enforcement of rules regarding abusive patients and relatives (including liaison with Security staff and review of Security staff base.</p>	Sept 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
16.	<p>It is also recommended that the organisational culture is reviewed, in relation to breaching the 12 hour waiting time standard, to ensure that there are not inappropriate behaviours in the drive to achieve this target.</p> <p>This recommendation has been addressed</p>	Human Resources / Occupational Health / Central Nursing / Unscheduled care	<p>The Trust has commenced a new process of on-going improvement with the aim of improving patient safety, experience and outcomes by empowering medical and other clinical staff to design and implement the changes necessary including patient waiting times in the ED.</p> <p>The Chief Executive has made it clear that it is and was the Trust's expectation that patients are admitted to beds on the basis of clinical priority and thereafter by waiting time.</p>	On-going
Environment				
17.	<p>It is recommended that the current configuration of the ward size and layout are reviewed to provide a more conducive environment for staff and patients.</p> <p>This recommendation has been partially addressed</p>	AMU	<p>This review has taken place and a change to a 2 zone 30 bed layout has taken place.</p> <p>A further review as part of the Trust bed profiling exercise is to be completed.</p>	October 2014.

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
18.	It is recommended that staff should prompt and encourage patients to drink. This recommendation has been addressed	The AMU and Directorate team supported by Central Nursing	It is the responsibility of the nursing staff to identify patient's requirements at meals times and to ensure they are provided with adequate support and assistance. This is overseen by the nurse in charge. Relevant policies are available and will be highlighted to staff to ensure compliance with policy.	Please see below (no. 19) On-going.
19.	It is recommended that there is an effective system in place to identify patients who require a meal, and sufficient staff to ensure that patients receive the appropriate assistance with their meals. This recommendation has not been addressed	The AMU and Directorate team supported by Patient Client Support Services	A meal time supervisor is nominated on every shift to oversee patient meals being delivered. -There is a system in place to ensure that all patients are identified and this has been reviewed. The process for ordering meals has been changed and catering assess need daily with Clinical co-ordinator. -The review and increase levels of Nurse staffing should improve level of assistance available at mealtimes. - It is the responsibility of the nursing staff to identify patients requirements at meals times and to ensure they are provided	Complete Complete

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			with adequate support and assistance. This is overseen by the shift coordinator.	
20.	It is recommended that domestic staff should have sufficient time to complete patient bedside discharge cleans. This recommendation has been addressed	The AMU and Directorate team supported by Patient Client Support Services	- The nursing team will identify areas which require cleaning in a timely manner to the cleaning team in hours and to the supervisor out of hours. Enhanced cleaning service in place for AMU	This is fully implemented and complete
Patient Experience				
21.	It is recommended that the Belfast Trust should monitor and respond appropriately to action patient, relative, carer comments to improve the patient experience. This recommendation has been addressed	Directorate team supported by Central Nursing/ Unscheduled Care	The trust continues to monitor the patient and client experience through a number of tools including 10,000 voices and the patient and client experience standards. Local areas then agree all action plans within their directorate. This is monitored through directorate governance processes, to patient and client working group and the Assurance structure to the trust board. A presentation of 10,000 voices and patient experience was presented to the public trust board on March 13 th 2014.	On-going

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
22.	<p>It is recommended that staff should be supported to ensure appropriate care and privacy is given, and that patients are treated with dignity and respect.</p> <p>This recommendation has been addressed in principle</p>	<p>Unscheduled Care/ Human Resources / Occupational Health / Central Nursing /</p>	<p>Work is underway through Support clinics with staff to identify and address any barriers to providing the appropriate level of privacy, respect and dignity to patients.</p> <p>Responsibility of all staff to maintain patient privacy and dignity at all times.</p>	<p>This is on-going and reviewed through regular team meetings and safety briefings</p>
23.	<p>It is recommended that there is a review of patient discharges to minimise delays and ensure patients have the appropriate care package in place.</p> <p>This recommendation has been partially addressed</p>	<p>Older people's services.</p>	<p>A complex discharge team is in place. This team includes social work staff and is actively working to eliminate delay in complex discharges.</p> <p>In partnership with ALAMAC we have commenced an operational system designed to improve patient experience by enhancing flow and avoiding delays.</p> <p>Implement access to care management, community and rehabilitation services 7 days a week/rehabilitation, increased care packages, rapid response teams at weekends.</p>	<p>On-going</p> <p>On-going</p> <p>Underway but additional resources required (IPT with HSCB)</p>

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
24.	<p>It is recommended that the assessment of patients' nursing needs should be patient focused and identify individual needs and interventions required. This should be reviewed and updated in response to the changing needs of patients.</p> <p>This recommendation has not been addressed</p>	AMU sisters supported by clinical coordinator and Central Nursing	<p>This is outlined in trust policy / nursing documentation and NMC standards.</p> <p>Audit to be undertaken. Clinical Co-ordinator will be responsible for ensuring policy and standards are adhered to.</p> <p>A Deputy Ward Sister has been identified in AMU to carry out regular audits on nursing documentation; feedback has been given personally, via the communication boards and staff meetings.</p> <p>Further audits by designated Deputy ward sister have taken place on documentation and ward sisters have been monitoring on ward rounds and giving feedback to staff. Audit in August In Amu discussed with NDL and further teaching sessions to be provided for all staff on importance of documentation .This is to include nurse care planning /updating and completion of risk assessments</p>	On-going

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
25.	<p>It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks.</p> <p>This recommendation has been partially addressed</p>	AMU sisters supported by clinical coordinator and Central Nursing	<p>The risk assessments required to be undertaken are identified as part of the nursing admission documentation with the relevant assessment templates included in this documentation. Nursing staff AMU will be reminded of the need to ensure all relevant risk assessments are undertaken and this will be monitored by Nurse in Charge.</p> <p>Audit of same to take place</p> <p>Further audits by designated Deputy ward sister have taken place on documentation and ward sisters have been monitoring on ward rounds and giving feedback to staff. Audit in August In Amu discussed with NDL and further teaching sessions to be provided for all staff on importance of documentation .This is to include nurse care planning /updating and completion of risk assessments</p>	<p>Completed and on-going</p> <p>On going</p>

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
26.	<p>It is recommended that care plans should be devised for all identified patient needs. These should be reviewed and updated within the set timescale, or in response to changing needs of patients.</p> <p>This recommendation has been partially addressed</p>	AMU sisters supported by clinical coordinator and Central Nursing	<p>Outcome focused management plan and Nursing Care Plan are put in place for all patients. Staff will be reminded to complete, update and amend as appropriate to reflect the changing care needs of patients as per trust policy and NMC and GMC Record Keeping Guidance.</p> <p>Further audits by designated Deputy ward sister have taken place on documentation and ward sisters have been monitoring on ward rounds and giving feedback to staff. Audit in August in AMU discussed with NDL and further teaching sessions to be provided for all staff on importance of documentation .This is to include nurse care planning /updating and completion of risk assessments</p>	<p>Complete</p> <p>On going</p>
27.	<p>It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.</p> <p>This recommendation has been partially addressed</p>	AMU sisters supported by clinical coordinator and Central Nursing	<p>Nursing staff will be reminded of the NMC guidelines re: record keeping.</p> <p>Nursing staff will be reminded of the NMC guidelines re: record keeping.</p>	on-going

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			Further audits by designated Deputy ward sister have taken place on documentation and ward sisters have been monitoring on ward rounds and giving feedback to staff. Audit in August in AMU discussed with NDL and further teaching sessions to be provided for all staff on importance of documentation .This is to include nurse care planning /updating and completion of risk assessments	October 2014

Area: Other Wards Visited Updated by Belfast Trust 22/08/2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
1.	<p>It is recommended that the Belfast Trust identifies any immediate actions which can be taken to reduce the number of outliers and delays in patient discharges.</p> <p>This recommendation has been partially addressed</p>	<p>Unscheduled Care / Adult Social & Primary Care</p>	<p>The Trust has commenced a new process for Unscheduled Care with the aim of improving patient safety, experience and outcomes by empowering medical and other clinical staff to design and implement the changes necessary for this sustained improvement across.</p> <p>There are 7 medically led work streams, the chairs of which sit on a co-ordinating group with service Directors and the Medical Director (chair). Each of the work streams below has a specific set of objectives;</p> <ul style="list-style-type: none"> • Frail Elderly • Respiratory • Emergency Department • Flow and Take • Ambulatory care • Resource • Diagnostics <p>The Co-ordination group will report progress to the Executive team and Chief Executive on a fortnightly basis via an update from the group chair.</p>	<p>The Trust has revised its processes as described with the workshops listed. These are clinically led and commenced on the 19th August 2014.</p>

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			<p>- In partnership with ALAMAC we have commenced an operational system designed to improve patient experience by enhancing flow and avoiding delays.</p> <p>.</p> <p>-We are establishing an assessment and direct admission facility for Frail Older persons in the BCH.</p> <p>Bed profiling exercise is currently underway to better align the number of speciality beds to demand. This is particularly relevant in respiratory medicine. Bed realignment is due to take place by October 2014</p> <p>Rapid Access Neurology Clinics (RANC) have been established to improve patient access to specialist neurology opinion, reducing the number of patients requiring admission. We are progressing to implement a neurologist of the week.</p>	<p>October 2014</p> <p>October 2014</p> <p>On-going</p>

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
2.	It is recommended that if wards are moved, staff and the ward environment are appropriately prepared. This recommendation has been addressed in principle	Senior Management Team	Senior Management have been reminded to work with front line staff and Trade Unions in the transfer of any service.	Complete
3.	It is recommended that the medical input into the winter pressures ward is reviewed and immediate FY1 medical staff cover is provided. This recommendation has been partially addressed	The Directorate supported by Medical Education	An F1 is a provisionally registered doctor and their posts must be agreed with NIMDTA and they are allocated two year rotations before they graduate. An F2 is a fully registered doctor and Belfast Trust was able to secure an additional doctor as a locum for the 6A cover working with the respiratory team in their winter pressure ward.	Complete and on-going
4.	It is recommended that the nurse staffing levels in Ward 6A should be reviewed and increased immediately. This recommendation has been addressed	The Directorate team supported by Central Nursing	Review of staffing levels is completed. Based on this review the central nursing team have advised that the nurse to bed ratio has been increased to from 1:1.2 to 1:1.4 which will result in an increase of 3.5 WTE band 5 nursing staff to the funded staffing level.	Complete
5.	It is recommended that systems are put in place to ensure that when staff report incidents which indicate safety issues, feedback should take place. Staff should also be provided with an analysis of trends in	Unscheduled Care / Risk & Governance	Currently developing and implementing a new standardised ward based performance scorecard which will present trended measures in a range of	September 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
	<p>incidents, relating to their area of work on a regular basis.</p> <p>This recommendation has been partially addressed</p>		<p>performance areas including reported incidents.</p> <p>Monthly team meetings have recommenced. Agenda items include feedback to staff from SAI's, IR1's, complaints, patient compliments and staffing developments. Staff at all levels are reminded for the need to have staff meetings and ensure cascade to all team members.</p>	<p>On- going</p>



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel: (028) 9051 7500
Fax: (028) 9051 7501
Email: info@rqia.org.uk
Web: www.rqia.org.uk

ISBN 978-1-908660-45-9