



Acute Hospital Inspection: Craigavon Area Hospital 19 – 22 April 2016

1 South
4 North
Emergency Department

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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.

RQIA's Acute Hospital Inspections are carried out by a team of inspectors, from our Healthcare Team supported by lay assessors and peer reviewers from all trusts who have the relevant experience and knowledge. Our reports are available on the RQIA's website at www.rqia.org.uk.

RQIA thanks patients, their families and HSC staff who facilitated this inspection through participating in interviews, or providing relevant information.

Background

In April 2014, the Minister for Health asked RQIA to put in place appropriate arrangements to deliver a rolling programme of unannounced inspections of the quality of services in acute hospitals in Northern Ireland to commence in 2015.

In a statement to the Northern Ireland Assembly on 1 July 2014, the Minister indicated that the programme of inspections would focus on a selection of quality indicators that would not be pre-notified to the trusts. No advance warning is provided to trusts as to which sites, or services within a hospital, will be visited as part of an unannounced inspection.

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Inspection Summary

This is the report of an Acute Hospital Inspection undertaken by RQIA as part of a programme of inspections which commenced in 2015. The inspection process is designed to provide a detailed overview of care provided in three areas in an acute hospital.

An unannounced inspection was undertaken over four days from 19 April to 22 April 2016, at Craigavon Area Hospital. The following areas were inspected:

- 1 South Medical Ward
- 4 North Surgical Ward
- Emergency Department (ED)

In these areas the four domains examined were:

- Is the clinical area well led?
- Is care safe?
- Is care effective?
- Is care compassionate?

The hospital was assessed using an inspection framework. The approaches used included; observation of practice; focus groups with staff; review of documentation and discussion with patients and relatives. A theme is identified for each inspection which at Craigavon Area Hospital focused on discharge arrangements.

The overall inspection framework enables RQIA to reach a rounded conclusion as to the performance of the two wards and the ED. The findings for each area are detailed in the body of the report and recommendations for each area follow the findings.

The overall findings of the RQIA inspection were good. We identified strong leadership, good governance arrangements and systems and processes in place to provide good quality care. A shortage in nursing staff numbers was identified in both wards 1 South and 4 North. The trust has however been actively working to address current staffing deficits.

Ward 1 South

Is the Area Well Led?

Ward 1 South is a general medical ward, with gastro intestinal and rheumatology speciality.

We observed good ward leadership throughout the inspection. Staff told us that there was dissemination of information and they were able to raise concerns and learn from incidents and complaints. We observed good support from allied health professionals within the ward. Overall staff told us morale was good and they were happy working on the ward.

We were told that nursing staffing levels were below the recommended levels; however the trust has been actively working to address current deficits. Evidence indicated that nursing staff supervision and appraisal were in place. We were told of a range of training opportunities that are available for staff; however training figures provided demonstrated that completion and attendance required some improvement.

Information involving a range of ward quality indicators is displayed in the ward office for staff to view. On discussion staff displayed good awareness of these indicators.

Systems were in place to protect patients from the risk of abuse and to maintain their safety, in line with current best practice guidelines.

We were informed that hospital and ward systems do not always facilitate patient discharge, for example the availability of medical staff to complete discharge letters may cause a delay.

The ward does not collect formal data in relation to the patient experience; however we were told that a patient experience questionnaire will soon be introduced.

Is Care Safe?

We observed that the environment was light, bright and well presented, though at times fire exits were blocked by patient equipment. Staff maintained visual contact with patients who required supervision. Patient equipment was stored in designated areas, not accessible to the public and on examination; patient equipment cleaning schedules were generally well completed.

We noted that the ward environment has not had a full assessment for dementia patients however disabled sanitary facilities and pictorial signs were available. On examination, ward risk assessments were not up to date.

We observed that although the majority of staff carried out hand hygiene in line with best practice, adherence to infection prevention and control practices required some improvement for example aseptic non-touch technique (ANTT). Invasive devices were managed in line with best practice. Contact precaution notices were displayed appropriately and the ward has infection prevention and control (IPC) link nurses.

The ward was compliant with a falls safe bundle and monitors preventable pressure ulcers; a Sepsis Six bundle was not in place.

We observed and were told that there was sufficient patient equipment, which is maintained and replaced when necessary. There was no safeguarding information on the ward for patients or visitors.

The storage of medicines and controlled drugs was satisfactory. Potassium containing infusions need to be clearly segregated from other infusions in the treatment room. A review of documentation indicated that kardexes were generally well maintained with a few omissions such as oxygen administration.

From discussions with staff it was evident that there was good input by the ward pharmacist into the medicines management process from admission to discharge. Patients told us they were involved in decisions about their medicines and staff indicated that they had an awareness of critical medicines.

Is Care Effective?

Nursing care records did not always reflect the nursing assessment or the care required for the patient in the four records examined. They did not fully demonstrate assessment, planning, evaluation and monitoring of the patient's needs. Nurse record keeping did not always adhere to Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) guidelines and patient details were not always recorded on documentation.

We observed that overall the medical records we reviewed were well organised. However, we noted that there were significant numbers of entries that did not have a time documented and, in general, any deletions and alterations were neither countersigned nor dated.

We observed that the supervision and coordination of meals requires improvement to ensure patients' nutrition and hydration needs are fully met. A review of fluid balance charts and food charts demonstrated that not all charts were fully completed, reconciled and signed.

Patients told us they were comfortable. We observed pain and pressure relieving measures were available and in place. We observed that staff responded promptly to patients' requests for pain relief and that pain medication was administered as prescribed. We noted that a pain score was not always recorded as part of a patient's clinical observations and documented on the patient's Early Warning Scores chart. Staff provided patients with assistance to promote continence and care for incontinence. We were informed that specialist nurse advice was available.

We observed good completion of the surface, keep moving, incontinence, nutrition (SKIN) care bundle in place for patients deemed 'at risk' of pressure damage.

When patients have a urinary catheter in place, we noted that staff did not document all clinical indicators and relevant information for catheterisation in the care records.

Is Care Compassionate?

We observed that staff were compassionate, showed empathy to patients and positive interactions were noted. Staff were courteous to patients and relatives, providing clear, easily understood information.

We observed that patients' privacy and dignity were maintained when delivering care or moving between areas in a bed. Patient call bells were accessible and generally answered promptly. In discussions staff were knowledgeable about facilities and information for end of life care. Intentional care rounding was carried out ensuring the patient's personal needs and comfort were achieved.

There was good signage throughout the department. Staff told us that they had access to aids and services for patients with language barriers. The family room, for private conversations, was in the process of refurbishment. A display board offered some information to patients and visitors however, general information leaflets for patients and visitors were not on display.

On inspection, do not attempt resuscitate (DNAR) documentation was not always fully completed however staff demonstrated an awareness of the Southern Health and Social Care Trust (Southern Trust) Care of the Dying Patient for Personalised Care Planning guidance.

Overall, patients and relatives were happy with the care they or their relative had received.

Ward 4 North

Is the Area Well Led?

Ward 4 North is a 28 bed surgical ward however during times of winter pressure it accommodates 34. Although the sister had only been recently appointed to the ward, we noted that systems and processes were in place to ensure consistency during the transition of senior nursing staff.

We were told of an open and transparent culture within the ward and staff were all very positive about the support they received from line management. During discussions it was evident that staff understood their roles and responsibilities and were empowered to raise concerns. Normative staffing had been agreed for the ward however documentation indicated that staffing levels were poor with a heavy reliance on bank and agency staff.

Additional nursing appointments had been agreed however the delay in recruitment was impacting on staff who told us they were feeling tired, 'burnt out' and stressed, the sister who told us she was unable to complete her managerial role and on the management of skill mix.

Attendance at mandatory training had also been affected by low staffing levels. The ward closely monitors its performance against a range of clinical indicators and presents a monthly report in a dashboard format.

Systems were in place to protect patients from the risk of abuse and to maintain their safety in line with current best practice guidelines. We observed evidence of strong multi-disciplinary teamwork.

Is Care Safe?

On observation, the ward environment was clean, but with the exception of the sanitary areas, was in a poor state of repair. Adaptations had been made in sanitary areas to meet the needs of the dementia patient and patients with a disability.

We observed that it was difficult when short staffed, to maintain a level of visual contact with higher risk patients. The inspectors considered that reduced staffing levels need to be placed on to the trust risk register. We noted that limited storage facilities impacted negatively on movement through the ward, as patient equipment and on day one, storage cages, were stored in ward corridors. Offices located on the ward have increased the footfall of non-ward based staff.

The majority of staff complied with trust policies in relation to infection prevention and control. Documentation with regard to invasive devices and nursing cleaning schedules needs to be improved. The Sepsis Six bundle should be introduced for the early recognition and management of sepsis.

We saw that medicines were stored securely and staff knowledge in relation to medicines management was good; however at times inconsistencies were noted in the prescription and administration of medication documentation.

Is Care Effective?

A number of nursing care records were reviewed. The recording and completion of the various core sections of the nursing process were very good. Nursing assessments and risk assessments were comprehensively completed and reviewed.

We reviewed medical records in which investigation results and patients' notes were disorganised. Whilst there was evidence of appropriate consultant review, the review team felt that many entries in some notes were extremely brief for patients with complex surgical and medical issues.

There were many examples of very good clinical management and treatment in addition to comprehensive documentation of discussions with patients and relatives by medical staff.

We observed that protected meal times were generally well adhered to; a varied menu choice and specialised diets were available. Trained staff did not supervise the coordination of meal service and when short staffed, there was a delay in both the preparation and assistance provided for patients.

A review of fluid balance, food and Patients' National Early Warning Scores (NEWS) charts demonstrated consistent documentation. Charts were fully completed, reconciled and signed. In discussions, staff were knowledgeable about and good practices were observed in relation to pressure ulcer care. On examination, for patients who had a self-retaining catheter in place, a urinary catheter insertion and monitoring form was not retained in the notes.

Is Care Compassionate?

On observation, the ward was showing signs of age related wear, cluttered and in need of refurbishment. On day one, the ward was extremely busy and a review of the off duty confirmed there was reduced staffing. On day two, the ward was calmer. We observed staff that were compassionate, showing empathy to patients and positive interactions were noted. Staff were courteous to patients and relatives, providing clear, easily understood information.

We observed prompt staff responses to call bells and requests for assistance from patients when the ward had the agreed staffing levels. However when the ward was short staffed, we observed caring and committed staff struggling to meet patients' basic care needs.

We observed that signage to direct visitors to the ward and within the ward was good. The dignity and privacy of patients were generally maintained and for the duration of the inspection bays and sanitary areas were maintained as single sex on all occasions.

Emergency Department

Is the Area Well Led?

Through discussion with staff and on examination of documentation we found that the overall leadership and governance arrangements within the emergency department were good. We observed senior nursing and medical staff directing and supporting department activities, this is good practice and is commended. We found that staff morale was good and staff reported to us that they felt supported and valued by management and empowered to raise concerns as and when appropriate.

The designated shift leader is either a band 6 or band 7 sister/charge nurse. Staff informed us that they were kept up to date with learning from incidents and complaints. A number of mechanisms were in place to ensure that information is disseminated to all ED staff.

The trust has been proactive in the recruitment of nursing staff for the ED, with 25 new nursing staff have taken up post within the past year. Although a positive step, it has presented challenges in managing nursing staff skill mix as 70 per cent of registered nurses (RNs) within the ED have less than two years' experience. It was reported to us that the recruitment of paediatric nurses for the ED was proving to be difficult. A number of initiatives are being explored to address this.

Staff have received mandatory and role specific training to enable them to carry out their roles effectively. Staff have access to a range of policies and procedures, for guidance. Systems are in place to protect patients from the risk of abuse and to maintain their safety in line with current best practice guidelines.

We observed an ED that had minimised the symptoms of crowding through initiatives such as a revised triage process and escalation protocol and pathways for children. Designated assessment and treatment spaces were sufficient to meet occupancy levels which ensured that patients' dignity and privacy were being met. Although some patients remained within the ED for longer than targeted timeframes, we observed that the quality of care they received was maintained to a high standard.

Is Care Safe?

The environment was light and bright; however parts of the ED, minors and resuscitation date from the 1970s and are showing signs of age related wear. Insufficient storage space resulted in patient equipment, beds, tables and domestic trolleys being stored in corridors. Equipment, including emergency resuscitation equipment was well maintained however checks were inconsistent.

The ED environment was clean, but there some maintenance issues were identified. Hand hygiene and environmental cleanliness audits are carried out with results displayed for public viewing. Clinical hand wash sinks, alcohol rub and glove and apron dispensers were clean and mostly accessible. On most occasions we observed patient equipment that was clean and in good repair. Cleaning schedules for both nursing and domestic staff were in place. On occasions however we observed some lapses with the use of personal protective equipment and compliance with dress code policy.

Staff reported having varying criteria for the application of patient identity armbands and there was no specific department protocol to guide staff. Patient early warning scores, sepsis care bundle interventions and Venous Thromboembolism (VTE) risk assessments were generally well completed.

Although the storage of medicines was observed to be satisfactory we observed loose strips of medicines that were not in their original containers throughout the medicines cupboards. Medicines were administered to the expected standards of practice. A dedicated full time ED pharmacist is involved in the medicines management process from admission to discharge.

Is Care Effective?

Three nursing care records were reviewed within the ED Clinical Decision Unit (CDU). We found that the nursing assessments and risk assessments had not always been completed. We observed that care plans were not always in place where appropriate and nursing care records did not always adhere to Nursing and Midwifery Council (NMC) standards of documentation.

We observed that medical records in the ED were well organised, with several excellent examples of documented clinical care and assessment noted.

A good choice of food is available for patients. A well-stocked hot food trolley is delivered twice daily and patients are offered several choices. Snack boxes are available for patients attending the ED out of core working hours. We observed no coordination or supervision of meal service by nursing staff and fluid balance and food charts were not always regularly completed. There was no formal system to identify patients who may require assistance at meal times. We did however observe patients being regularly encouraged with fluid intake.

Prescribed pain medication was appropriate for patients' conditions and the effectiveness of the analgesia reviewed where appropriate. Patients reported to be comfortable, pain relieving comfort measures were available and staff responded promptly to patients' requests for pain relief. On examination, there was some variation in the recording of pain on NEWS charts and ED flimsies.

Staff were knowledgeable with regard to pressure ulcer care. Staff could access support and resources for patients with pressure ulcers. A SKIN care bundle that minimises the risk of pressure damage and a mechanism to monitor preventable pressure ulcers should be introduced within the ED.

Patients were provided with assistance to promote continence and patients with incontinence had appropriate care provided.

Is Care Compassionate?

We observed that the department was clean, bright and welcoming, and although staff were busy, the atmosphere was generally calm. Noise was kept to a minimum.

We observed caring, sensitive, and insightful staff who anticipated the care needs of patients. On all occasions staff endeavoured to maintain the dignity and privacy of patients.

Although we observed that patients fundamental care needs were being met the introduction of scheduled rounds with patients would reduce adverse incidents such as falls and pressure sores and offer patients greater comfort and ease their anxiety during their stay within the dept.

Staff treated patients and visitors courteously. We observed that all staff provided clear easily understandable explanations of the procedures they were about to deliver and the next steps in their care. Communication aids are available for those who need additional support. Information and support systems are available for patients and carers before and after a patient dies.

Overall, patients reported that they were very satisfied with the standard of care and treatment they received. They stated that staff were polite, courteous, compassionate and that they were treated with respect and dignity. Relatives felt welcomed and were mostly confident with the care being provided.

Focus Groups

On the second day of the inspection five focus groups were held with:

- nursing staff
- allied health professionals (AHPs)
- medical staff
- senior managers
- support staff

We found those staff who took part in these groups to be open, transparent and willing to discuss both strengths and challenges within their areas of work.

Discharge

The inspection identified several trust and ward based initiatives ongoing to improve both the process and quality of discharge. These included an extra FY1 doctor in medicine at weekends to specifically complete discharge documentation, quality improvement and service development work around improving handover and pharmacists performing medicines reconciliation.

We were told challenges around discharge include: timely and accurate completion of discharge documentation, lack of training for medical staff on the use of electronic whiteboard systems and access to a CT scanner.

Summary

The RQIA inspection took place in three clinical areas of Craigavon Area Hospital. The overall findings of the RQIA inspection in relation to the areas inspected were assessed as good.

The focus groups highlighted some trust wide and regional issues, whilst the discharge theme identified both ward-based initiatives to improve the process and quality of discharge and constraints to effective discharge.

Following the inspection, the Southern Trust received feedback on the findings to facilitate early action against identified areas for improvement.

Following publication of the report the Southern Trust should complete a quality improvement plan within four weeks, to set out how the recommendations of the inspection will be addressed. RQIA will review progress at subsequent inspections. The final report and quality improvement plan (QIP) will be available on the RQIA website.

The RQIA inspection team would like to thank the staff of the Southern Trust for their assistance during this inspection.

1.0 Introduction

The aim of the Acute Hospital Inspection Programme is to:

- provide public assurance, and to promote public trust and confidence
- contribute to improvement in the delivery of acute hospital services
- support RQIA's agenda of improvement across health and social care in Northern Ireland

The hospital inspection programme is subject to ongoing review and will be adapted further as it develops.

1.1 Inspection Framework

RQIA's acute hospital inspection programme is designed to support HSC trusts in understanding how they deliver care and to identify what works well and where further improvements are needed. The four domains assessed are:

- Is the clinical area well led?
- Is care safe?
- Is care effective?
- Is care compassionate?

An inspection framework has been designed to support the core programme of acute hospital inspections and to assess key stakeholder outcomes (see Section 3 of the ¹Inspection Handbook).

The inspection framework includes:

- the use of data, evidence and information to inform the inspection
- core indicators
- feedback from patients, relatives/carers
- feedback from staff
- direct observation
- observation sessions - Quality of Interaction Schedule (QUIS)
- the review of relevant documentation and patients care records

The inspection process is supported by:

- the use of peer reviewers (staff who are engaged in the day to day delivery of health and social care)

¹ <http://www.nursingtimes.net/nursing-practice/specialisms/wound-care/what-is-the-skin-care-bundle/5076722.article>

- the use of lay assessors (service users and members of the public and who bring their own experience, fresh insight and a public focus to our inspections)
- consideration of particular focused themes

Core Indicators

Core indicators are designed around 14 areas for inspection. Each area is underpinned by relevant criteria. Each indicator correlates to one aspect of the four domains of safe, effective, compassionate care, and leadership and management of the clinical area as outlined below.

<p>Is the ward/department/area well led?</p> <p>Leadership and management of the clinical area</p>

Is care safe?	Is care effective?	Is care compassionate?
Environmental safety	Nursing and medical patient records	Person centred care communication
Infection Prevention and Control	Nutrition and hydration	End of life care
Patient safety	Pain management	This section includes the outcomes of patient and relative questionnaires' and observation sessions
Medicines management	Pressure ulcers	
	Promotion of continence and the management of incontinence	

The inspection framework draws from a range of sources, including Department of Health (DoH) standards and guidelines, National Institute for Health and Care Excellence (NICE) Guidelines and other standards relevant to the delivery of safe, high quality care and treatment in a hospital setting. In addition, the inspection teams rely on other sources of published information such as HSC trust quality reports. The framework for the inspection is explained more fully in RQIA's inspection handbook.

The framework enables RQIA to reach a rounded conclusion as to the performance of the wards or departments inspected.

Our inspections can result in one or more of the following:

- **Recommendations:** where performance against indicators or standards is found to be partially or minimally compliant. Significant change and/or improvement will be required and performance will be reviewed at future inspections.
- **Housekeeping points:** improvement is achievable within a matter of days, or at most weeks, through the issuing of instructions or changing routines.
- **Examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be adopted by similar establishments, to achieve positive outcomes for patients.

This inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist across the hospital. The findings are informed only by the information which came to the attention of RQIA during the course of this inspection.

Learning from this inspection should be disseminated where applicable, throughout Craigavon Area Hospital and where appropriate, across the trust.

2.0 Background information on the Southern Health and Social Care Trust and Craigavon Area Hospital

The Southern Trust is one of five trusts in Northern Ireland, delivering integrated health and social care to a population of around 360,000 living in the largely rural council areas of Armagh, Banbridge, Craigavon, Dungannon and Newry and Mourne.

Craigavon Area Hospital

Craigavon Area Hospital is the major acute hospital for the Southern Trust which provides a wide range of acute inpatient services and outpatients' services. This includes a type 1 Emergency Department which is open 24/7, a comprehensive range of diagnostic services, the full range of outpatient, inpatient and daycase medical and surgical services, cancer care, coronary care, obstetrics and paediatric services.

Corporate Information

The Southern Trust Vision is 'to deliver safe, high quality health and social care services, respecting the dignity and individuality of all who use them' and this is underpinned by six values which have been developed to help achieve the vision.

Values

- treat people fairly and with respect
- be open and honest and act with integrity
- put patients, clients, carers and community at the heart of all we do
- value staff and support their development to improve our care
- embrace change for the better
- listen and learn

Priorities

- providing safe high quality care
- maximizing independence and choice for our patients and clients
- supporting people and communities to live healthy lives and to improve their health and wellbeing
- being a great place to work, valuing our people
- making best use of resources
- being a good social partner within our communities



Inspection Findings Ward 1 South Medical Ward

3.0 Inspection Team Findings: 1 South Medical Ward

Ward 1 South

Ward 1 South is a 36 bedded general medical ward, including gastro intestinal and rheumatology specialities. The ward is divided into two sides A and B, comprising of side rooms and bed bays. There is a total of eight side rooms, two with ensuite, two double side wards and six, four bedded bays.

3.1 Is the Area Well Led?

Governance

We observed that the band 7 sister was easily identifiable and visible on the ward. Information posters for patients and visitors are present at the entrance to the ward and on the ward notice board identifying the band 7 and permanent band 6.

Band 6 clinical sisters take charge of the ward in the absence of the band 7. The band 6 wears a red 'Clinical Sister' badge to indicate their position. However, clinical sisters wear the same uniform as ward nurses and are not easily identifiable by uniform. We were advised of trust plans to introduce a 'nurse in charge' badge and change nurse uniform colours across all grades, to allow identification by staff designation.

Staff told us that they have access to a range of policies and procedures, electronically and via hard copy at ward level. We were told of mechanisms in place for staff to learn from ward complaints via safety briefings and information posted on the staff notice board. Information viewed identified that the majority of complaints relate to communication and information. A 'complaints at point of service delivery' form is used for complaints raised and dealt with at ward level. This form is completed by the patient advocate and forwarded to the trust corporate complaints officer for review and analysis. We viewed the directorate risk register where issues and control measures relating to ward management are documented. These included patient dependency levels and high bed occupancy, lack of junior medical cover and 1:1 ratio of patient to nurse staffing not available when required.

Staff were aware of the process to report serious adverse incidents (SAIs), incidents and near misses. All incidents are recorded on the electronic datix system, and are reviewed by the band 7, head of service, and trust governance team. The governance team produces a monthly breakdown of incidents which includes pie chart diagrams for display; these were not however on display. The band 7 locally reviews trends. Information is disseminated to staff for learning as part of ward safety briefings.

Documentation included plans to use the medicine and unscheduled care ward sisters meetings as a way of sharing learning from SAs, near misses and incidents.

We were advised that medical sisters attend consultant morbidity and mortality meetings on a rotating basis. Ward sisters are to disseminate this information to ward staff for service improvement. We were informed that the Ward 1 South band 7 has yet to attend the morbidity and mortality meeting.

Information in relation to ward quality indicators, record keeping, infection control audits, crash call rates and performance in healthcare associated infections are displayed and known to staff at ward level. Following the announcement of RQIAs acute hospital inspection programme, the trust had carried out preparatory work with staff to familiarise them with the inspection framework. This is an example good practice and was beneficial for trust staff who participated in the inspection process.

Staffing and Supervision

We were informed that recently, with improved staffing levels and the appointment of a temporary acting band 6, the band 7 generally has sufficient time to undertake managerial duties and provide effective clinical leadership. During the inspection, the nurse in charge was counted as supervisory. We observed a very busy ward, with the nurse in charge managing both staffing and ward operational issues. Only the band 7 has permission to access the new on-line human resources, payroll, travel and subsistence computer system (HRPTS) to book staff leave, record sick leave etc., this increases their administrative role.

Housekeeping Point: HRPTS should be accessible to more than one senior ward nurse.

At the time of the inspection, there was one band 7, one permanent band 6 and one temporary acting band 6 for the ward. We were informed that a nursing normative staffing level review has been completed. As a result, 4.5 whole time equivalent (WTE) RNs are required for the ward and are in the recruitment process. Over the past year, six RNs have left. No exit interviews were carried out however RQIA was advised that staff cited reasons such as commute to work, career progression, and work in a different speciality. Staff retention has stabilised, with 10 new RNs appointed in the past year. There were 2.63 RN WTE on maternity leave and 1.8 per cent overall sick leave.

Housekeeping Point: Staff exit interviews should be conducted and documented.

We were told that staffing levels are reviewed and supplemented, when necessary by the use of bank and agency nurses.

The band 6 sister supports the charge nurse through carrying out clinical duties and taking responsibility for staff training. Other ward nursing staff have taken on the role of mentors and preceptors.

Overall staff morale was good; staff told us they were happy working on the ward. They reported that they can highlight clinical issues with medical staff, and told us that clinical care was delivered well on the ward.

We observed multi-disciplinary team (MDT) meetings were held daily to discuss and agree patient care. Staff told us they felt able to raise concerns and were supported by line management. Written information supplied during the inspection identified that staff supervision and appraisal were not up to date; supervision 22 per cent, appraisal two percent.

Recommendation: Staff supervision and appraisal should be carried out for all staff.

We were advised by nursing and medical staff of the shortage of junior medical. There is only one FY1 at night to cover the entire hospital site.

Recommendation: The number of FY1s should be increased to provide adequate medical cover across the hospital site.

Nursing staff informed us that they feel safe. Ward doors are locked at night and each bay and room has a call bell. Staff told us that hospital security respond to incidents.

Staff Training

Five members of nursing staff were in the process of induction. We were shown detailed information booklets specific to new staff nurses and nursing support staff which welcomed and introduced staff to the ward.

A range of mandatory and additional trust based training and external specialist practice courses was available for staff e.g. infection prevention and control, moving and handling (COSHH), Basic Life Support. The lead nurse in this area will come to the ward and work with staff to supervise and improve staff clinical skills.

A training matrix and figures provided during the inspection indicated that staff attendance at mandatory training and additional role specific training, required some improvement.

Recommendation: Mandatory and role specific training should be completed.

Patient Flow

The nurse in charge or RN designated to each bay participates in ward rounds. We were told that this facilitates communication, early transfer and discharge.

We were informed that the hospital and ward systems do not always facilitate patient discharge.

Staff told us that lengthy ward rounds can affect the availability of medical staff to complete discharge letters meaning letters may then be completed by medical staff unfamiliar with the patient and are often then incorrect. The availability of community care packages can also delay discharge.

When coming on duty all nursing staff attended a handover, followed by a safety briefing. The nursing handover was well led, informative, focused and structured. Handover information was in the form of electronic pre-printed and populated handover sheets.

We were impressed with the safety briefing template used by the ward. The template was informative and highlighted those issues relevant to the needs of each patient.

In discussions staff were aware of the reablement process, which is designed to help people who have experienced some deterioration in their health and/or have increased support needs, to relearn the skills required to keep them living safely and independently at home. This process would be progressed through the ward social worker.

We were told by FY1 doctors in medicine there is a handover at 5 pm for any outstanding ward tasks and a more formal handover of patients at Senior House Officer (SHO) grade. There is a Hospital at Night handover at 9 pm. However, there is no formal surgical handover and they do not routinely attend the hospital at night meeting. They cited a lack of phlebotomy cover on wards was cited as a reason for not being able to attend morning ward rounds.

Communication

The ward had various methods in place to communicate and disseminate information to staff, such as safety briefings, staff notice board, handovers, ward meetings, and email access for all staff. We were shown evidence of link nurse meetings, staff access to a personal email account to receive feedback on audit results, e-learning, quality indicators and action plans for sub optimal performance. The ward displayed audit results in relation to environmental cleanliness and hygiene and quality indicators as discussed previously (Picture 1).



Picture 1: Ward Patient Information Board

We were advised that the ward displays patients' comments on its notice board; however patient experience data were not formally being captured, recorded and routinely analysed. The ward is to introduce the RQIA patient experience questionnaire.

Housekeeping Point: The ward should trust should captured, record and routinely analyse the patient comments to improve the patient experience.

All medical and nursing staff had access to electronic care records (ECR) for provision of up to date patient general practitioner (GP) information.

Safeguarding

On examination, arrangements were in place to safeguard adults and children from abuse that reflect legislation and local requirements. Staff were aware of the trust safeguarding lead and team communication arrangements. An on call social work service is available 24 hours a day.

We were advised that the ward sister has been involved in Best Interest Case Conferences and subsequently provides feedback to staff.

The ward may admit children between the ages of 13 – 18 years. In a case of suspected child abuse, staff were aware that the consultant paediatrician should be called immediately and child protection procedures commenced. Staff were aware that additional safeguards are required for children, including contributing to completion of an Understanding the Needs of Children in Northern Ireland (UNOCINI) assessment.

A review of training figures highlighted that attendance at safeguarding training could be improved. To date only 75 per cent of staff have been trained in safeguarding vulnerable adults while training on the safeguarding of children is not captured on the ward training matrix.

Housekeeping Point: All staff should attend training on safeguarding vulnerable adults and children.

3.2 Is Care Safe?

Environmental Safety

We observed an environment that was light, bright and well presented. The majority of not in use patient equipment was stored in designated areas, not accessible to the public; however we noted observation monitors blocking fire exits. We were advised that this was due to a lack of charging points, and more have been requested. We were informed by nursing staff that they maintained visual contact with patients who require supervision by placing them in bed bays close to the nurses' station.

Housekeeping Point: All identified environmental hazards within the ward should be risk assessed and control measures implemented.

Documentation for the resuscitation trolley evidenced equipment checks daily and after use. Contact details for the resuscitation team were clearly displayed.

We were advised that the ward environment has not had a full assessment for dementia patients; however disabled sanitary facilities are available, with good pictorial door signage.

Wall clocks were normal sized with small print. We were advised of plans to introduce the dementia Butterfly Scheme².

Recommendation: The ward environment should have a full assessment for dementia patients.

We observed risk assessments in the COSHH folder which were incomplete.

Housekeeping Point: All risk assessment should be up to date.

Infection Prevention and Control

The ward environment was generally in a good state of repair; environmental audits demonstrated compliance. Overall, cleaning schedules were well completed. Although patient equipment was generally clean and in good repair, we observed one instance when a computer on wheels was dusty. Trigger tape was used to identify equipment that had been cleaned. Clinical hand wash sinks, alcohol rub and glove and apron dispensers were easily accessible and located near to the point of care. We observed one sink which required a more thorough cleaning. This was carried out immediately when reported.

² <http://butterflyscheme.org.uk>

The ward has IPC link nurses to cascade IPC information and guidance. Infection prevention and control precaution notices were displayed appropriately.

We observed that the majority of staff carried out hand hygiene at the appropriate times, in line with the World Health Organisation, five moments of care. A number of staff did not comply with the trust uniform policy and wore stoned earrings.

On observation, staff did not always adhere to ANTT. Gloves were not worn for ANTT IV antibiotic preparation and staff did not clean the IV insertion hub for the correct length of time. On discussion with staff, ANTT training had not taken place and a poster demonstrating ANTT practice was not visible for staff to reference.

Recommendation: Staff should receive training on ANTT.

Invasive devices were managed in line with best practice guidance. On review of notes for two patients who were Methicillin Resistant Staphylococcus Aureus (MRSA) positive, a decolonisation pathway was in place. We were advised of plans to roll out a draft MRSA care pathway by June 2016.

We noted that for a blood culture taken in ED there was no time or site of sample taken documented in the patient records.

Patient Safety

All patients we observed wore an accurately printed identity band and on discussion with staff, they were aware of the actions to take when identification details are incorrect.

Guidance on the management of the acutely ill patient was available. However, of the three NEWS reviewed by the inspection team, two had not been completed within set timescales. This was surprising as a 31 March 2016 audit for NEWS documentation presented by staff, had been 100 per cent.

A Sepsis Six bundle was not in place for the early recognition and management of sepsis. We observed that when a patient had been identified for sepsis management, the appropriate measures had not been implemented in line with the care bundle.

Recommendation: The Sepsis Six bundle should be implemented for use within the ward.

A fall safe bundle was in place. The bundle is based on a collective set of elements that when carried out reliably and continuously, can help reduce inpatient falls.

Despite records indicating that the vast majority of staff requiring update training on falls prevention, an audit carried out on 31 March 2016 demonstrated 100 per cent compliance with the bundle.

We found that with one exception, VTE risk assessments were well completed. Those patients identified as being at risk had been commenced on prophylaxis medication. At the time of inspection, VTE risk assessments were not being audited in the ward.

Housekeeping Point: Completion of VTE risk assessments should be audited.

The ward monitors preventable pressure ulcers and figures are displayed at ward level on a safety cross. The trust provides theoretical training and assessment in relation to Haemovigilance. The ward training matrix identified 86 per cent of RNs have completed theory training but only 64 per cent have completed blood competency training.

Housekeeping Point: All nursing staff should complete blood competency training.

Staff told us that the ward sister and head of service are supportive and take action when a safety concern is raised. Patient safety/medical alerts are included in ward safety briefings.

On observation, there was sufficient patient equipment, which we were told is maintained and replaced when necessary. We were informed that new equipment had recently been purchased for the ward.

Staff advised and we observed during the staff handover that consideration was given to placement, safety and vulnerability of patients. However, safeguarding information although available for staff was not easily accessible for patients or visitors.

Housekeeping Point: Safeguarding information should be accessible for patients and visitors.

Medicines Management

The storage of medicines was observed to be satisfactory. All medicines were stored in locked cupboards and trolleys.

Controlled drugs were stored and administered safely. We observed that controlled drugs were prepared and administered by two RNs and the register was signed by both following administration. Reconciliation checks were completed at shift changes.

IV infusions were observed to be stored in their original boxes. Potassium containing infusions had not been clearly segregated from other infusions in the treatment room.

Housekeeping Point: The storage of potassium containing IV infusions should be reviewed.

The preparation area was well lit, uncluttered and positioned appropriately to prevent unnecessary interruptions.

A dedicated preparation area was available to prepare IV medicines. The administration of an IV medicine to one patient was observed. The medicine was prepared and administered by two RNs.

Documentation reviewed by pharmacy inspectors indicated that the majority of kardexes were well maintained. On one out of the three kardexes examined, medicines administered on the morning of the inspection had not been recorded and no explanation was given. We observed oxygen being administered; however it was not prescribed on the kardex.

Recommendation: Kardexes should be fully and accurately completed.

The ward has a full time pharmacist assigned to it and staff advised that they had ready access to pharmaceutical advice if required. The ward pharmacist is involved in the medicines management process from admission to discharge reconciling medicines on admission and rationalising their use during inpatient stay. The patient's concordance with prescribed medicines was assessed on admission and a clinical check was completed by the pharmacist at discharge, which made the discharge process more efficient.

Patients told us they that were involved in any decisions about their medicines which included changes in dosing or commencement of new medicines during their stay.

Discussion with staff indicated that they had an awareness of critical medicines. A list of critical medicines was displayed.

Staff were aware of the procedures in place for reporting incidents and near misses.

3.3 Is Care Effective?

Nursing Care Records

On examination of four patient records, we found that although comprehensive nursing assessments had been undertaken, relevant risk assessments and completed nursing care plans were not always in place and reviewed.

Not all care records reviewed demonstrated adequate assessment, planning, evaluation and monitoring of the patient's needs.

This is vital to provide a baseline for the care to be delivered and to show that either a patient is improving or if there has been deterioration in their condition. Nurse record keeping did not always adhere to NIPEC guidelines. We observed that patient details were not always recorded on documentation, for example, addressograph labels were not affixed to pages.

Examination of records provided evidence of appropriate MDT referral and of involvement with the families in planning aspects of patient care. However, documentation did not always demonstrate patient involvement planning of their care. Evidence of MDT discharge planning for all patients was inconsistent. The rationale for patient movement between wards was not always documented.

Nursing record keeping is a quality indicator audited within the ward. The findings of this inspection are disappointing as the last audit figures from March 2016 identified, with the exception of discharge planning good compliance with guidance.

Recommendation: Nursing care records should be improved to accurately reflect patients' needs, their involvement in their care, and be in line with best practice guidelines

Medical Care Records

Overall the medical records we reviewed were well organised, clear, with some good examples of clinical management and documentation. However we noted that there were significant numbers of entries that did not have a time documented and, in general, any deletions and alterations were neither countersigned nor dated. Records reviewed evidenced two instances of significant delay in the records of patients who had been unwell.

Recommendation: Medical records should be improved to in line with best practice guidelines.

Nutrition and Hydration

Nursing staff are responsible for ensuring that individual patient nutrition and hydration needs are met throughout their stay within the ward.

Although we noted some improvement in meal service over the two days of the inspection, work is required by staff to ensure patients are prepared and supported during mealtimes, to maintain and improve their food and fluid intake.

We did not always observe that a senior or designated member of nursing staff had been appointed to supervise or co-ordinate the meal service. It is the responsibility of all staff to participate in and oversee meal service as part of their role. Meal trays were given out by ward assistants and at times delivered prior to the patient being prepared appropriately.

Housekeeping Point: A designated staff member should take the lead role in supervising and coordinating meal service.



Protected meal times were not always adhered to. We observed ward rounds, MDT reviews, patients being examined and staff completing duties such as bed making during meal service. Special diets or missed meals can be ordered directly from the catering department. A hospital visual menu is available for patients who are unable to communicate (Picture 2).

Picture 2: Hospital Visual Menu

Housekeeping Point: Staff should adhere to the trust protected meal time policy.

We observed that effective mechanisms were not in place to identify patients that require assistance at mealtimes. A dinner plate sign was added to the patient's name on the electronic board, to identify that assistance was required at meal times, however staff questioned were not all aware of the significance of this sign. Even though information was passed on verbally from nurses and healthcare assistants to ward assistants, they still had to continually ask for guidance on patient requirements. The use of a red meal tray liner to indicate a patient requires assistance was not evident.

Housekeeping: All staff should be knowledgeable about the mechanism to identify that a patient needs assistance at mealtimes.

Adapted cutlery or crockery was available for patients with limited manual dexterity. A varied menu choice and specialised diets were available.

There was no system in place to identify or report a patient's intake at mealtimes. We observed domestic staff collected food trays and there was no involvement of nursing staff.

The inspection team considered that nursing staff should be involved in this process to allow for accurate recording of a patient's oral intake.

We observed that when food was placed in front of patients, assistance, when clearly required, was not always provided, for example, to cut or open packets. We observed that staff were not always present in bays or checked patients in side rooms during meal service. We did observe some good practice with staff seated at the bedside to assist patients with their meal. Drinks were available at the bedside.

Recommendation: A robust system should be implemented to ensure that patients' dietary requirements are correctly identified and to ensure that no patient requiring assistance, is overlooked during meal service.

We noted that food and fluid charts were not completed consistently. However patients who were nil by mouth/fasting were not kept fasting for too long and had appropriate periodic assessments.

Housekeeping Point: Staff should ensure that fluid balance and food record charts are completed and reconciled in accordance with trust policy. A robust audit of the documentation should be undertaken.

We were advised that a volunteer lunch time assistant role has recently been introduced to the ward. This is considered by the inspection team to be a positive step to ensure that all patients receive the assistance they require during meal times.

Pain Management

Patients reported to be comfortable. We observed pain relieving measures available and in place. Staff responded promptly to patients' requests for pain relief. Pain medication was administered as prescribed. Documentation reviewed however demonstrated that a pain score was not always recorded on the NEWS chart. A review of mandatory training provided evidence that the vast majority of staff required update training on NEWS. A pain team is available for advice and support for staff in relation to pain management.

Housekeeping Point: All staff should complete NEWS training. Pain scores should be completed at all times on the NEWS chart.

Pressure Ulcers

We observed pressure relieving equipment was available and in use.

A SKIN care bundle was in place for patients deemed 'at risk' of pressure damage. Nutritional supplements were offered to adults 'at risk' or who have a pressure ulcer, however, we noted one instance where a Malnutrition Universal Screening Tool (MUST) assessment had not been completed, there was no food chart and the patient had not been seen by a dietitian.

Staff told us that they were able to access advice in relation to wound care via the trust intranet and tissue viability nurse (TVN) service. When required, staff will contact the TVN for detailed advice and guidance. Pressure ulcers can be photographed in line with trust policy; we noted that a camera was available on the ward. Evidence was presented of regular mattress audits that had been carried out to assess mattress integrity. The TVN and mattress provider conduct an annual mattress assessment.

Staff reported that mechanisms were in place for the reporting, investigation and follow up of pressure ulcers.

Promotion of Continence and Management of Incontinence

Staff were observed providing patients with the appropriate assistance to promote continence and care for incontinence.

We noted in one patient's care record that the clinical indicators for catheterisation and other relevant information had not been fully documented. Stool charts were completed. Staff have access to continence/stoma specialist services and stoma/incontinence aids were readily available.

3.4 Is Care Compassionate?

Person Centred Care

We noted that although busy, the ward was organised and calm and noise was at a minimum. All patient bed spaces had a working call bell system, which was within easy reach. Overall, there was prompt response to call bells and requests for assistance; however we observed one instance when a patient waited 10 minutes for a response. Patients moved freely around the ward as their condition allowed.

Housekeeping Point: Calls bells should be answered promptly.

We observed that privacy curtains were pulled each time personal care was to be delivered and staff were discreet when delivering personal care within the screened bed space. We noted however that there were some occasions when medical and podiatry staff did not pull curtains when examining patients or delivering treatment. Bed space around beds was limited. We were advised that there are plans to widen screens to extend this space.

We observed staff knocking on side room doors before entering and speaking in low tones when privacy curtains were pulled. Intentional care rounding was carried out ensuring that patients' personal needs and comfort were achieved. Patients appeared comfortable and suitability clothed; we observed personal items available and easily accessible for patients to use. There was no toileting carried out at the bedside during meal service.

We observed staff, of all grades, displaying compassion for and empathy towards patients. Extra staff can be requested if additional care interventions are required, for example one: one nursing.

We were informed and noted that bed bays were single sex. There are no sanitary facilities in bays; sanitary facilities are located and easily accessible leading off ward corridors.

We were informed that a room normally available for private conversations with patients was being refurbished and repaired. Patients could access a ward hand held telephone for private conversations.

Hospital chaplaincy and advocacy services are accessible. A leaflet is available and given to the patient.

We observed that confidentiality of patients' personal details was maintained for example care records were not easily accessible.

Communication

There was good signage to direct visitors to the ward and within the ward. Where required, we observed discreet signage relating to fasting, infection prevention and control and communication aids.

A poster identified the ward manager and deputy sister working on the ward. A display board offered some information to patients and visitors; however general information leaflets for patients and visitors were not on display. We were advised that a new leaflet rack was on order.

Housekeeping Point: The ward should display general information leaflets and leaflets specific to the ward.

We noted that staff were courteous to patients and relatives, with the majority introducing themselves before beginning conversations. Staff provided patients with information and explained the care or procedure they were to receive in a clear, easily understood manner. However we noted on occasions that staff conversations were not always discreet. Nursing staff spoke loudly at the bedside and across the nursing station to patients and other colleagues.

Access to communication aids and interpreting services for patients with language barriers was available. We observed a patient and public involvement leaflet displayed on the notice board; however as mentioned previously, patient experience data was not being captured, recorded and routinely analysed.

End of Life

Staff were aware of the Southern Trust Care of the Dying Patient for Personalised Care Planning guidance. This assists health professionals with the delivery of personalised care to dying adult patients.

Twenty-four hour a day palliative care advice is available from the palliative care team, and during the out of hours period, from the hospice. On day two of the inspection we observed that a patient, whose health had deteriorated and who required palliative care intervention, was appropriately transferred into a side room. We observed and documentation evidenced that nursing staff liaised with family and the medical team in order to ensure clinical review, treatment and care was carried out in a timely manner.



Information and bereavement support systems were available for patients and carers before and after a patient dies; information leaflets were readily available for relatives to access (Picture 3).

Picture 3: Macmillian Information Point

Of the three DNAR orders reviewed by the inspection team, one had not been appropriately completed and two did not clearly reference the next of kin as the responsible person and decision maker for the patient. Another DNAR order did not identify the decision maker in relation to advance directives, consent or cardiopulmonary resuscitation.

Recommendation: Medical staff should ensure that DNAR documentation is completed appropriately.

Patient and Relative Questionnaire

The views and experiences of people who use services were obtained as part of the inspection. The findings combine both the patient and relatives' perception of staff communication, and the care they received, including pain management; food and nutrition; infection control and safety.

During the inspection a total of 15 questionnaires were administered in Ward 1 South

- ten Patient Questionnaires
- five Relatives/Carers Questionnaires

Patients told us they were very satisfied with the standard of care and treatment they received; they stated that staff introduced themselves, were polite, and addressed them by their correct or preferred name. They told us that staff were courteous, compassionate and treated patients with respect and dignity. Most patients knew who to speak to if they had any concerns and on most occasions were involved in decisions about their care. Call bells were generally answered quickly; one patient answered: *“Depends on what is happening. Will tell you to hold on if necessary”*.

Some patients said that there was not enough staff to care for them, but most were involved in decisions about their care. Most patients were offered pain relief and said they had received it in a timely manner; one patient said staff did not check to see if the pain relief was effective.

In general, patients reported that call bells were answered promptly, and all patients answered they were comfortably positioned.

Patient thought the ward and sanitary areas were clean, one patient commented on *“no air in the bathroom”* and *“the window too high to open”*. According to patients, the choice of food was good, and fluids were readily available.

Patients considered that staff hand hygiene was good, and that they themselves were offered the opportunity to wash their hands before meals. Two patients answered that they were never given this opportunity.

Patients were very satisfied that they were safe; had received a good standard of care; and would be happy for a member of their family or a friend to be cared for in this ward.

Relatives generally told us they were welcomed and all knew who speak to regarding their relative. The majority said they were kept up to date about their relatives' condition and planning of care although one did not. All thought their relative was treated with respect and dignity and were confident they were receiving good care. Relatives were concerned that staff had not enough time to care.

There were two issues raised by relatives; one was in relation to a member of staff discussing personal discharge information with relative in front of other patients; the ward sister addressed this issue directly with the member of staff. The second was about a confused patient allegedly leaving the ward at night. This was to be further investigated by ward staff and the ward sister was to speak to the relative.

Patients Comments

Staff are “Very friendly”.

In relation to involvement in their own care: “Always tell me what they are giving me and why. Don't always explain.”

“People say they are short staffed it didn't impact on me.”

“I'm a vegetarian and have found the food to be very good.”

“I was very impressed by the clarification and comprehensive nature of the medical information given to me at all times.”

“A wee bit more staff. Sometimes they are short staffed.”

“Cannot find any fault at all.”

“In a 2 bed bay other patient is on a mobile phone regularly. No sure what solution would be.”

“In the bathroom the window is high up, could it be opened?”

“More variety in the menu, bigger portions.” “Menu is repetitive”.

Relatives Comments

Staff have *“Too much to do.” “Especially at night.”*

“Always have to ask” for information

Observation of Practice

Observation of communication and interactions between staff and patients and staff and visitors, was included in the inspection. This was carried out using the QUIS.

Inspectors and peer reviewers undertook a number of periods of observation in each hospital ward. Each session lasted for approximately 20 minutes.

The observation tool uses a simple coding system to record interactions between staff, patients and visitors. Details of this coding have been included in Appendix 1.

24 observations were carried out over four observation sessions.

We observed good positive interactions between staff and patients and we observed that staff were friendly and engaging. There was good verbal and non-verbal communication; staff engaged in conversations with patients and gave appropriate comfort and reassurance. Basic interactions related to overheard conversations and those interactions classified as being neutral were in relation to curtains not being pulled.

There were a number of negative observations. A patient did not receive the required or appropriate assistance at meal times. A doctor carried out a medical examination while the patient was having their meal. A phlebotomist was observed taking blood from a patient and there was no conversation, before during or after the procedure and the curtains were left open. Several times a nurse on a phone at nurses’ station could be overheard discussing patients’ details. On one occasion the nurse relayed the telephone message about a patient across the bay to another nurse.

3.5 Conclusions for 1 South Medical Ward

We observed good ward leadership throughout the inspection. Staff told us that there was dissemination of information and they were able to raise concerns and learn from incidents and complaints. Overall staff told us morale was good and they were happy working on the ward.

We observed that staff were compassionate, showed empathy to patients and positive interactions were noted. Patients privacy and dignity were maintained when delivering care or moving between areas in a bed.

Patients reported to be comfortable and pain and pressure relieving measures were available and in place. The environment was light, bright and well presented. We observed that staff maintained visual contact with high risk vulnerable patients.

We were advised that nursing staffing levels was below the recommended levels; however the trust has been actively working to address current staffing deficits. Information on a range of ward quality indicators are displayed and known to staff at ward level.

We observed that while the majority of staff carried out hand hygiene in line with best practice, adherence to infection prevention and control practices required some improvement. The ward was compliant with a falls safe bundle and monitors preventable pressure ulcers; a Sepsis Six bundle was not in place.

The storage of medicines and controlled drugs was satisfactory. There was good involvement by the ward pharmacist in the medicines management process, from admission through to discharge.

We were informed that hospital and ward systems do not always facilitate patient discharge, for example the availability of medical staff to complete discharge letters. The supervision and coordination of meals requires input from senior nursing staff to ensure patients' nutrition and hydration needs are fully met.

Nursing care records reviewed by the inspection team did not always reflect the nursing assessment or the care required for the patient. Medical records should be improved to accurately in line with best practice guidelines.

On inspection, DNAR documentation was not always fully completed. Staff were aware of the Southern Trust Care of the Dying Patient for Personalised Care Planning guidance.

Overall, patients and relatives were happy with the care they or their relative had received.

The findings of the inspection of ward 1 South were good. We have made 11 recommendations and 17 housekeeping points for further improvements within the ward.

3.6 Recommendations and Housekeeping Points

Recommendations

1. Staff supervision and appraisal should be carried out for all staff.
2. The number of FY1s should be increased to provide adequate medical cover across the hospital site.
3. Mandatory and role specific training should be completed.
4. The ward environment should have a full assessment for dementia patients.
5. Staff should receive training on ANTT.
6. The Sepsis Six bundle should be implemented for use within the ward.
7. Kardexes should be fully and accurately completed.
8. Nursing care records should be improved to accurately reflect patients' needs, their involvement in their care, and be in line with best practice guidelines.
9. Medical records should be improved in line with best practice guidelines.
10. A robust system should be implemented to ensure that patients' dietary requirements are correctly identified and to ensure that no patient requiring assistance, is overlooked during meal service.
11. Medical staff should ensure that DNAR documentation is completed appropriately.

Housekeeping Points

1. HRPTS should be accessible to more than one senior ward nurse.
2. Staff exit interviews should be conducted and documented.
3. The ward should trust should captured, record and routinely analyse the patient comments to improve the patient experience.
4. All staff should attend training on safeguarding vulnerable adults and children.
5. All identified environmental hazards within the ward should be risk assessed and control measures implemented.

6. All risk assessment should be up to date.
7. Completion of VTE risk assessments should be audited.
8. All nursing staff should complete blood competency training.
9. Safeguarding information should be accessible for patients and visitors.
10. The storage of potassium containing IV infusions should be reviewed.
11. A designated staff member should take the lead role in supervising and coordinating meal service.
12. Staff should adhere to the trust protected meal time policy.
13. All staff should be knowledgeable about the mechanism to identify that a patient needs assistance at mealtimes.
14. Staff should ensure that fluid balance and food record charts are completed and reconciled in accordance with trust policy. A robust audit of the documentation should be undertaken.
15. All staff should complete NEWS training. Pain scores should be completed at all times on the NEWS chart.
16. Calls bells should be answered promptly.
17. The ward should display general information leaflets and leaflets specific to the ward.



**Inspection Findings:
Ward 4 North
Surgical Ward**

4.0 Inspection Findings: 4 North Surgical Ward

4.1 Is the Area Well Led?

Ward 4 North is a 28 bed elective surgical ward. During winter pressures, the ward can admit 34 patients. There are four, four bedded bays, one double room and eight single rooms; not all have an en-suite. On day one of the inspection, the ward contained 34 patients; a band 7 RN was in charge with six other RNs and four healthcare assistants (HCAs). There were three medical patients in the ward and a trauma patient who required specialist nursing care. Sister had requested an additional RN for 1:1 nursing for this patient, but this had not been facilitated. We were informed that this had resulted in an RN with existing duties in a bay also carrying out specialised care for a patient in a side room. We observed an instance where security personnel were also present in the ward to assist staff with a confused patient.

We were informed that one of the acute surgeons is leading on a number of initiatives such as the development of emergency and ambulatory pathways and the establishment of daily 'hot clinics'.

Governance

Throughout the inspection, we saw evidence of effective leadership and governance and the effective dissemination of information to staff. Staff informed us that they had access to a range of policies and procedures, emails and HRPTS. This was supported by daily safety briefings, huddles and handovers and regular staff meetings. Mechanisms were in place to ensure staff were informed of and were knowledgeable regarding the complaints procedure and the reporting of SAls and incidents. We were told that to ensure that incident and near miss data are kept up to date, sister and the lead nurse will commence weekly update meetings. Following this weekly review, if required, information will be passed onto the recently established trust Acute Governance Team for further action.

Deaths which occur on the ward are audited but at present nursing staff do not attend Morbidity and Mortality meetings, although we were told this issue was under discussion. The ward sister was aware of trust healthcare associated infections (HCAI) and cardiac arrest rates however we observed that reduced staffing levels had not been included on the ward risk register.

Recommendation: Identified risks should be assessed and where necessary placed on the trust risk register.

Audits of practice and documentation were carried out routinely, (Photo X). These included audits using nursing quality indicators (NQIs) such as

- falls
- omitted or delayed medicines
- pressure ulcer bundles

- NEWS
- nutrition (MUST)
- NIPEC record keeping (mandatory requirements, admission and risk assessment, care planning and discharge planning)
- compliance with VTE,
- hyponatraemia
- crash calls
- fluid balance audits.

Environmental and hand hygiene audits were also carried out. We were told that the ward intends to commence a more in depth form of auditing of NQIs. Additional audit questions (Picture 4) include:

AUDIT RESULTS			
MONTH: MARCH 2016			
NEWS	Date:	100%	100%
NIPEC	Date:	70%	100%
compliance with VTE	Date:	90%	100%
hyponatraemia	Date:	94%	100%
crash calls	Date:	100%	100%
fluid balance audits	Date:	100%	100%

- the nurse’s knowledge of the patient’s identified needs
- the details of the nurse looking after the patient
- staffing levels for the previous 24 hours and day of audit
- patient flow information

will be included in an assessment of the quality of nursing care in the Acute Directorate.

Picture 4: Ward audits

We were told that patient environment/leadership walkabouts were carried out regularly and that the IPC team independently audited care bundles. The agreed and actual nursing staffing levels for each shift were not up to date and the ‘Who we are’ section on the notice board needed to be updated to reflect the change in nurse leadership.

Housekeeping Point: The ‘Who we are’ section on the notice board should be updated.

Staffing and Supervision

We were informed that at the time the sister was appointed to Ward 4 North, a staffing establishment level had been set. For the duration of winter pressures it had been agreed that the ward would have the appropriate staffing levels for 34 patients. We observed in April, there were still 34 patients however staffing levels were reduced. During the inspection, we observed a ward that was short staffed but at times had to care for patients who were highly dependent. Although staff retention was good and absence/sickness levels monitored, the ward was short of five RN WTE. Funding has been agreed for these posts. Staffing levels had been reviewed, with bank and agency staff supplementing staffing requirements when required.

However, we observed bank staff not turning up for shifts and the sister working to accommodate skill mix when many newly qualified RNs were on duty.

Discussion, observation, and review of documentation identified that due to staff shortage, sickness, and ward activity, staffing within the unit during the inspection was insufficient to meet the ward needs.

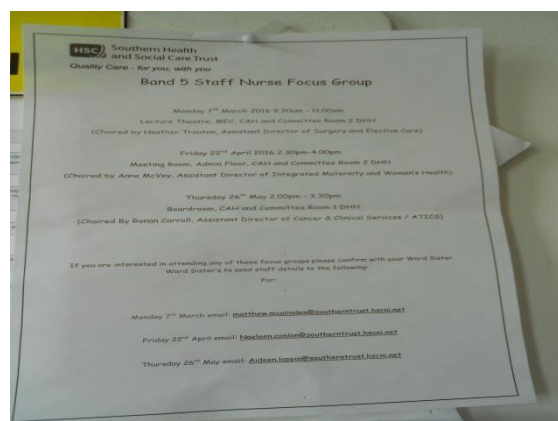
We were told that at times, bank and agency staff do not have the competencies to care for the specific and at times highly dependent patients on the ward. This increases the work load of permanent staff who are left to complete tasks and documentation on top of their own work load. We observed the ward manager moving staff about the ward to accommodate skill mix.

We were informed that one of the band 6 clinical sisters was on sick leave, with the other on annual leave. This impacted on the ward sister's time to undertake both managerial duties and provide effective clinical leadership. On the afternoon of day two, there was no rostered nurse in charge of the ward. Band 5 RNs were in charge of specific bays and side rooms. We were told that beds were never closed due to staff shortage.

Recommendation: The trust should review nurse staffing levels and the recruitment of new staff should be expedited.

Housekeeping Point: The skill mix of staff should be evaluated regularly to ensure the delivery of safe and effective emergency care.

Mentors and preceptors were available to support junior nursing staff to fulfil their role. A positive organisational culture was observed during the inspection with good support provided by allied health professionals within the ward. MDT meetings were held every Tuesday and Thursday to discuss and agree patient care. Staff told us they felt able to raise concerns and were supported by line management however; appraisal and supervision was not carried out in line with trust policy. The trust provides the opportunity for staff to discuss issues at band 5 staff nurse focus groups (Picture 5).



Picture 5: Band 5 focus group schedule

Recommendation: Staff supervision and appraisal should be carried out for all staff.

FY2 doctors in surgery reported that staffing was adequate with appropriate workloads and supportive clinical and nursing staff, especially at weekends. Surgeons have informal handovers at 8.00 am, 5.00 pm and a formal surgical handover at 8.00 pm each day. A proforma with patient names and details along with a task list helps the team to delegate responsibility equitably.

Whilst there was good surgical staff coverage during the day there were issues accessing senior surgical staff when they were in theatre and delays at night and out of hours. This however, was not felt by staff to have directly compromised patient care.

No specific concerns or delays in discharging patients were mentioned and care packages could be put in place rapidly.

Staff Training

Newly appointed staff receive induction training to meet the needs of their role. We observed detailed information booklets specifically for new staff nurses and nursing support staff which welcomed and introduced staff to Ward 4 North. The trust also provided an induction programme for newly appointed band 6 clinical sisters. The training matrix and figures provided during the inspection indicated that staff attendance at mandatory training and additional role specific training, required significant improvement. We evidenced documentation highlighting a vast majority of staff pre booked onto mandatory training. Staff had received on-going role-specific training.

Recommendation: All staff should be facilitated to attend mandatory training.

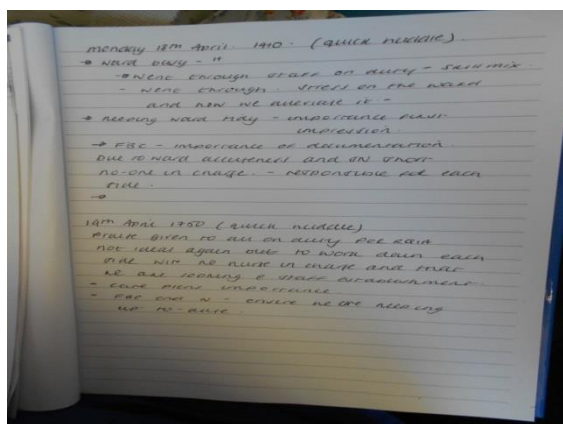
During the inspection, the nurse development lead (NDL) was very accommodating to the inspectors. We were told that the NDL was very supportive to junior and senior nursing staff.

Patient Flow

We were told that the ward manager or band 6 sister takes part in daily consultant ward rounds. These take place at 08.00am Monday to Friday; a short 4.00 pm catch up ward round was also carried out. Staff consider that these facilitate communication, early transfer and discharge. Patients at end of acute care and requiring additional support following discharge were referred to a social worker for a care package. At a mid-morning briefing updates were given to all staff on the outcome of ward rounds.

All oncoming nursing staff attended a safety briefing; handovers were also carried out at the start of each oncoming shift. We observed that nursing handovers were well led, informative, focussed and structured. Information was in electronic form and comprehensively displayed.

While the use of a safety briefing is a positive way of communicating information to staff, the current system in place should be reviewed. Safety briefing information was hand written in a book, read out to staff and the book then left in the office for staff to read over. Inspection staff considered this to be a time consuming process which involves staff subsequently returning to the office when needing to check information. The use of a safety brief template applied in other wards in the hospital was discussed. We observed the ward manager calling an ad hoc 'safety huddle' during the inspection. This was to inform and focus staff and prioritise workload as the ward was short staffed. Again this information was handwritten into a book and left in the office for staff to read (Picture 6).



Picture 6: Impromptu HUDDLES

Housekeeping Point: The ward should review the use of a safety brief template.

The ward has investigated a number of methods for improving discharge planning and discharges before 1.00pm. Different initiatives have been tried and tested resulting in some positive ideas for systems improvement.

Communication

Inspectors were provided with evidence of effective communication and dissemination of information to staff. Examples already identified include safety briefings, handovers, ward meetings, ward rounds and multi professional meetings. There were also link nurse meetings; staff have access to a personal email account to receive feedback in relation to audit results, e-learning, quality indicators and action plans to address sub optimal performance. The ward displayed audit results for environmental cleanliness and hygiene and quality indicators as discussed previously.

We were told that as a result of 10,000 voices, the ward is developing an initiative to capture patient and nurse experience. Previously, patients had been asked to complete a ward questionnaire but this had not been in place for a while. The NDL, sister and staff were in the process of preparing a 'Have Your Say' poster for patients. A whiteboard was to be made available for patients to place 'post its' on word bubbles about their experience of the ward.

Medical staff had access to ECR for up to date patient GP information.

Safeguarding

Arrangements were in place to safeguard adults and patients under 18 years from abuse that reflect legislation and local requirements. Staff are aware of the trust safeguarding lead and communication arrangements. An on-call social work service was available 24 hours a day.

In a case of suspected child abuse, staff are aware that the consultant paediatrician would be called immediately and child protection procedures commence. Staff were aware that additional safeguards are required for children, including contribution to an UNOCINI assessment. Young people/children admitted to the ward were cared for in accordance to hospital policy and procedure and in line with best practice re: safeguarding and child protection policy, procedure and legislation. However, we were told that for those young people/children subject to child care proceeding in accordance to the Children's Order (1995) (e.g. Looked after Children/children protection investigations/care orders), staff were not forwarded case conferences or associated care review minutes.

Housekeeping Point: The trust should review the forwarding of case conference minutes to those staff who were professionally involved with the patient.

Additional Issue

We were told by nursing staff that there were instances where they are being asked by the bed manager to discharge patients before they are ready. We also observed an incident where bed management took precedence over patient care. The details of these issues were shared with senior nursing staff.

4.2 Is Care Safe?

Environmental Safety

The ward appeared old and worn. Damage was noted to walls and doors and missing floor tiles were potential trip hazards. The disposal room situated at the immediate entrance to the ward was dark and unwelcoming; offices located in the ward have increased the footfall with the addition of nonclinical staff.

Sanitary areas in the ward have been upgraded and were well presented with adaptations to meet the needs of patients with disabilities or dementia (Picture 7). The toilets and showers were designated single sex. Signage was in place for dementia patients. For example, pictorial signs on doors, clocks in bays, hand and grab rails in sanitary areas.



Picture 7: Refurbished shower room

On day one of the inspection we observed that limited storage facilities had resulted in storage cages being stored in the corridor. We observed equipment needing to be charged blocking a fire exit and wet floor warning cones used to prop open doors.

The four bed bays were small and cramped and when short staffed, we observed it was difficult for staff to maintain a level of visual contact with higher risk patients in side rooms. The emergency trolley was accessible and daily checks were maintained; however some equipment was dusty and the sharps box had not been changed.

Recommendation: The trust should review the fabric and repair of the ward and where possible increase storage facilities.

Infection Prevention and Control

Environmental audits demonstrated compliance with trust target levels and patient equipment was clean and in good repair. Work is needed to ensure nursing cleaning schedules detail all equipment and are consistently completed. A range of personal protective equipment (PPE) was available and worn appropriately. Alcohol rub was available at the point of care.

Housekeeping Point: Staff should ensure cleaning schedules detail all equipment

Inspectors observed good hand hygiene practice; hand hygiene audits were carried out as per trust policy. Staff were compliant with ANTT practices for the administration of IV medication. However, a review of nursing notes provided evidence of a missing IV cannula chart and a situation where a dressing needed to be changed but no action had been taken.

The ward had IPC link nurses who cascaded information to staff (Picture 8).

WTS	DATE	IPC Link Staff	TIME
CAH	Thursday 27 th January 2016	Lecture Theatre, MEC with 01, to 'Medical Library, Clinical Programme Suite 2101, 1st Floor, 1st Floor	2:00pm - 4:00pm
CAH	Thursday 27 th April 2016	Lecture Theatre, MEC with 01, to 'Controlled Room 2, 2007 - Medical Library, Clinical Programme Suite 2101	2:00pm - 4:00pm
CAH	Thursday 27 th June 2016	Lecture Theatre, MEC with 01, to 'Controlled Room 2, 2007 - Medical Library, Clinical Programme Suite 2101	2:00pm - 4:00pm
CAH	Thursday 27 th September 2016	Lecture Theatre, MEC with 01, to 'Controlled Room 2, 2007 - Medical Library, Clinical Programme Suite 2101	2:00pm - 4:00pm

Picture 8: IPC Link nurses masterclasses schedule

A *Clostridium difficile* (CDI) care pathway was in place where required and an MRSA care pathway was available

Housekeeping Point: Staff should complete all documentation in regard to invasive devices.

The ward was involved in a pilot for a new CDI Trigger Response Tool devised by IPC. This involved a two way dialogue between ward staff and IPC colleagues and resulted in a greater understanding of how processes on the ward work, how they could be improved; essentially leading to real – time actions.

Patient Safety

All patients receiving treatment should wear an identity band and staff should be aware of the actions to take when identification details are incorrect. In Craigavon Area Hospital, armbands were hand written which is time consuming for staff. Trust representatives confirmed to the inspection team that the hospital was to implement the Bloodhound barcode system. We observed a member of nursing staff who on noticing an armband was missing, took immediate action to resolve the issue and replace the missing armband.

We observed that NEWS were completed within the set timescales and staff remained with patients when undertaking vital sign observations. Nursing notes provided evidence of staff making and recording the appropriate response and following the correct algorithm to EWS triggers. As reported previously, audits of practice and documentation were carried out routinely.

A Sepsis bundle was not in place for the recognition and timely management of sepsis.

Recommendation: The Sepsis Six bundle be implemented for use within the ward.

On examination, a falls safe bundle was in place and the ward monitored falls and trends. VTE risk assessments were well completed and VTE prophylaxis was administered where required. Ward 4 North is the Champion Ward in Surgery for the Regional VTE Risk Assessment. We observed completed World Health Organisation Surgical Safety Checklists; however one consent form was not fully and appropriately completed.

Pressure ulcers were monitored. We observed staff who fully completed blood transfusion record sheets. However, training records indicated that a number of staff had not completed their update training in haemovigilance. We also observed however that training dates have been scheduled for a number of staff.

Although the ward sister provided evidence on how patient safety/medical alerts were cascaded to staff, not all staff when questioned were knowledgeable in relation to information flows or what alerts looked like.

Housekeeping Point: Senior nursing staff should ensure the effective dissemination and understanding of patient safety/medical device alerts

Medicines Management

Storage of medicines was observed to be satisfactory. All medicines were stored in locked cupboards and trolleys. One trolley was not secured to the wall for most of the morning however a registered nurse advised that it would usually be secured.

Some nutritional supplements stored in the refrigerator, which have a limited shelf-life after opening, were not marked with the date of opening. Refrigerator temperature records indicated that the thermometer was not being reset appropriately.

Housekeeping Point: The date of opening should be recorded on all medicines with a limited shelf-life after opening.

Housekeeping Point: The refrigerator thermometer should be reset after temperatures are recorded.

The preparation area was well lit, uncluttered and positioned appropriately to prevent unnecessary interruptions.

Controlled drugs were stored and administered safely. They were prepared and administered by two RNs and the register was signed by both following the administration. Reconciliation checks were completed at shift changes.

IV infusions were observed to be stored in their original boxes. Potassium containing infusions had not been clearly segregated from other infusions in the treatment room. The pharmacist advised that higher strength potassium infusions and epidurals would be stored in the controlled drugs cupboard.

Housekeeping Point: The storage of potassium containing IV infusions should be reviewed to ensure clear segregation.

A dedicated preparation area was available to prepare IV medicines. The administration of an IV medicine to one patient was observed. The medicine was prepared and administered by two RNs.

The documentation reviewed indicated that kardexes were generally well maintained. On one out of the three kardexes examined, two doses of a medicine had been omitted as there was no stock and a further medicine was omitted on one occasion with no explanation given. Oxygen was observed being administered, however it was not prescribed on the kardex.

Recommendation: Kardexes should be fully and accurately completed.

The ward had a full time pharmacist assigned to it and staff advised that they had access to pharmaceutical advice if required.

The pharmacist is fully involved the medicines management process, reconciling medicines on admission and rationalising their use during inpatient stay. The patient's concordance with prescribed medicines was assessed on admission. A clinical check was completed by the pharmacist at discharge which made the discharge process more efficient.

Staff advised that patients were sometimes initially discharged to the discharge lounge within the hospital. Staff were of the opinion that this may compromise the administration of some medicines as the kardex remained in the dispensary and not available for reference. On speaking to staff in the discharge lounge however, there were suitable arrangements in place for administering medicines whilst the patient waited.

Patients told us they that were involved in decisions about their medicines which included changes in dose or commencement of new medicines during their stay.

Discussion with staff indicated that they had an awareness of critical medicines. A list of critical medicines was displayed.

Staff reported that they were aware of the procedures in place for reporting incidents and near misses.

4.3 Is Care Effective?

Nursing Care Records

We found that nurses gathered information to facilitate assessment, which was reviewed and analysed to collectively identify the care needs of individual patients.

Assessments and risk assessments were fully completed and regularly reviewed to inform subsequent care interventions. For any identified risks a care plan had been devised to provide instruction on how to minimise those risks.

Care plans reviewed by the inspection team were detailed and properly reflected the nursing assessment and the care required for the patient. They demonstrated that they had adequately carried out assessment, planning, evaluation and monitoring of the patients' needs. This is vital to provide a baseline for the care to be delivered and to show if either a patient is improving or if there has been some deterioration in their condition. Core care plans were individualised. However on inspection, there were instances where nurse record keeping did not always adhere to NMC and NIPEC guidelines; errors in documentation were not always signed, and a missing addressograph was noted.

There was good documentation of MDT and family involvement with patients in planning aspects of patient care or discharge planning.

Housekeeping Point: Nurse record keeping should adhere to NMC, NIPEC guidelines.

Medical Care Records

Examples of medical records were noted in which investigation results were filed incorrectly and where notes were disorganised, misfiled and therefore the patient's journey was difficult to follow. Additionally, some pages did not have any patient identifiable information associated. A substantial number of entries were not dated and, in others, it was difficult or impossible to identify the author.

Whilst there was evidence of appropriate consultant review, the review team felt that many entries in some notes were extremely brief for patients with complex surgical and medical issues. In one case a patient's care had been transferred from the medical to the surgical team with an unclear plan of handover or information as to the identity of the responsible consultant(s).

There were many examples of very good clinical management and treatment in addition to comprehensive documentation of discussions with patients and relatives by medical staff.

One patient's record indicated that a sepsis syndrome had been identified but the Sepsis Six bundle measures were not implemented and blood cultures were not taken despite being indicated.

Pain management and documentation of DNACPR decisions and discussions was excellent from the records sampled.

Recommendation: The quality and organisation of medical notes should be improved.

Nutrition and Hydration

We observed that protected meal times were generally well adhered to and a menu choice was available which included specialised diets; meals served were appetising. Staff could access the main kitchen up to 8.00pm if meals were missed; snacks, tea and toast were available on the ward 24 hours a day. However, it was noted that a senior member of nursing staff did not supervise and co-ordinate the service of meals. At busy times, or when short staffed, there was a delay in patients receiving assistance or support at meal times from nursing staff. Assistance from the ward assistants was observed to be excellent.

On one occasion a patient's meal had been delayed following the cancellation of theatre. Patients had a choice to either remain in bed and eat their meal, or sit at the bed side.

Fresh water was available at each patient's bed side, in covered jugs and rigid plastic glasses. Nutritional supplements were prescribed and administered appropriately.

A review of fluid balance charts and food charts provided evidence of consistent documentation; all charts were reconciled and signed.

Pain Management

During the inspection we observed that patients appeared comfortable, pain relieving measures were available and in place and staff responded promptly to patients' requests for pain relief. One patient commented that when staff were busy, analgesia could be delayed. Pain medication was administered as prescribed in the medicine kardex. We observed some inconsistencies in the recording of pain scores. NEWS pain scores should be recorded using the range 0-3. Manchester triage used in ED is scored 0-10. There were some instances where staff were scoring pain as per Manchester triage. We observed that when a patient did not have pain, staff were not documenting zero.

Housekeeping Point: Staff should be consistent when recording pain scores in NEWS chart.

Pressure Ulcers

In discussion, staff were knowledgeable about and good practices were observed in relation to pressure ulcer care. This corresponded with a March 2016 pressure ulcer bundle audit where 100 per cent compliance was achieved. Patients appeared comfortable and were appropriately positioned with pressure relieving equipment used appropriately. Staff stated that pressure relieving equipment was delivered promptly when ordered. A validated classification tool and wound chart was in use where required and a surface, skin, keep moving, incontinence, nutrition (SSKIN) bundle was in place and evaluated to reflect patients' ongoing care needs.

Staff could access advice on minor skin issues via the trust intranet and with the TVN. When required, staff would contact the TVN for detailed advice and guidance. The ward was not assessing mattress integrity, however we observed a new mattress audit template for staff to complete. It is planned this audit would commence following the inspection.

Promotion of Continence and Management of Incontinence

Staff were observed providing patients with appropriate assistance to promote continence and care for incontinence. However, we observed when staff were busy and the ward was short staffed, patients were not always given the opportunity to wash hands after toileting. Staff had access to continence/stoma specialist services and stoma/incontinence aids were available on the ward.

A review of the documentation for patients with a self-retaining catheter care in place demonstrated that a urinary catheter insertion and monitoring form was not in the patient's notes.

4.4 Is Care Compassionate?

Person Centred Care

The ward was very busy and included acutely ill patients, confused patients and highly dependent patients requiring 1:1 supervision. On day one, there were three porters with security duties on the ward to assist nursing staff. The ward was noisy due to ward telephones not being answered promptly and IV pump alarms. A call bell system was in place and call bells were in reach of each patient. Call bell and verbal requests for assistance were answered promptly. We observed busy staff answer a call bell, advise the patient they were with another patient but that they would get back to them as soon as they could or they would ask another member of staff to see to the patient.

Housekeeping Point: Telephones should be answered promptly.

We observed that privacy curtains were pulled each time personal care was to be delivered and staff were discreet when delivering personal care within the screened bed space. Intentional care rounding was carried out. We observed staff, of all grades displaying compassion and empathy and a frequent check was made by nursing staff to assure patients' personal needs and comfort. As stated previously, there were a number of patients who required 1:1 nursing care. On day one, the ward was short staffed and we noted that an RN carrying out duties in a bay also had responsibility for the care of a patient needing 1:1 supervision. The request for additional staffing had not been facilitated by bank or agency staff.

Some privacy curtains were in poor repair, with hooks missing and hems torn. The trust should consider the use of disposable curtains.

Housekeeping Point: The trust should ensure privacy curtains are in good repair.

Sanitary areas were in good repair, disability enabled and designated male or female. A quiet room was available for family members to have private conversations and relax. Patients had access to the ward portable telephone. Advocacy services were available and a chaplain was observed visiting patients on day one of the inspection.

Communication

There was good signage to direct visitors to the ward and within the ward. Where required there was discreet signage relating to fasting, infection prevention & control and communication aids.

We observed agency staff did not have name badges and some medics had ID cards but the writing was difficult for patients to read names.

Housekeeping Point: Badges should be worn by all staff to identify name and designation.

Staff were observed treating patients and visitors courteously and patients were encouraged in a sensitive manner. An easily understood explanation of care was given prior to carrying out care and staff spoke discreetly to patients. Communication aids were available and there was access to appropriate information and leaflets, both general and specific to the ward. Information including the trust's complaints policy was available and in various formats and different languages.

The ward had participated in the project called '10,000 Voices'. This gives patients, as well as their families and carers the opportunity to share their overall experience and highlight what they particularly liked or disliked about their experience. The ward Sister had been provided with some patient stories relating to the ward which mainly relayed positive experiences.

We observed nursing and medical notes sitting open on desks where visitors could clearly see them.

Housekeeping Point: Staff should ensure all medical and nursing care notes are stored as per trust policy.

End of Life

At the time of inspection, there were a number of patients on the ward who were at the end of life stage. Staff were aware of the Southern Trust Care of the Dying Patient for Personalised Care Planning guidance which assists health professionals to deliver personalised care to dying adult patients over 18 years of age. We observed staff caring for palliative care patients in an environment appropriate to end of life care. The palliative care team was available up to 5.00pm; out of hours staff contact the hospice or Macmillan.

A review of medical notes demonstrated that two patients had been assessed as requiring a DNAR order. The order had been appropriately completed and signed by the doctor. The decision maker had been clearly identified for statements in relation to Advance Directives, Consent or Cardio-Pulmonary Resuscitation.

Information and support systems were available for patients and carers both before and after a patient dies. Car parking permits were issued and although a visitors' room was not available visitors could stay at the bedside with their family member.

Patient and Relative Questionnaires

The views and experiences of people who use services were obtained as part of the inspection. The findings combine both the patient and relative perception of staff communication and the care they received, including pain management, food and nutrition, infection control and safety.

In Ward 4 North a total of 16 questionnaires were completed:

- ten patient questionnaires
- six relatives/carers questionnaires

Patients were satisfied with the standard of care and treatment they received; they stated that staff introduced themselves, were polite, and in general addressed them by their correct or preferred name. They told us that staff were courteous and compassionate and patients were treated with respect and dignity.

Six patients knew who to speak to if they had any concerns however three said they did not always know and one patient said they never knew who to speak to. When asked about being involved in decisions about their care, most were happy but two felt they were not always involved. Overall, the patients were happy with the information they received about their stay, however two were unsatisfied and one was very unsatisfied.

We observed that call bells were generally answered quickly and patients felt comfortable. Most patients thought their pain relief was given in a timely and effective way. One patient thought there were delays in getting pain "*Depends how busy they are*", while another two thought staff did not check to see if it was effective. Patients considered that staff hand hygiene was good and patients were given the opportunity to clean their hands before meals.

Patients thought the ward and sanitary areas were clean and the choice of food was good with fluids readily available. One patient did comment: "*Temperature ok, portions ok, no variation. Boarded after three weeks of same menu, every day is exactly the same.*"

Overall, patients were satisfied that they were safe; had received a good standard of care; and most would be happy for a member of their family or a friend to be cared for in this ward.

Patients Comments

"Lack of staff and rooms causes problems."

Care and treatment: *"Very, very good."*

"Nurses introduce themselves. Doctors are friendly."

"Need to speak up for me to hear and they are very good."

"Never kept in the loop, you don't know what exactly is going on. At 11:30am was told about 3:30pm ultrasound appointment so had to cancel family visiting."

"Very vague description of care or treatments."

"Lack of communication."

"Doctor told me what was happening."

"It is not the fault that staff don't turn up, it's the fault they don't tell you they aren't coming."

*"Would like to have more information and be kept up to date".
Not told how he'll be on the ward he's staying until the treatment stops working. Frustrating not knowing when."*

"I am fasting. However, other patients weren't offered help when needed it."

"Staff make sure that you are comfortable with the surroundings."

"Security came very quick to respond to female patient."

In relation to staff cover: *"Not really. Especially at night."*

"They are busy, I don't bother them too much."

"Me personally, yes. However, the ward, not a chance."

"Maybe too many!"

Question in relation to staff have time to listen and answer concerns:

"Yes, they would."

“Most of time. When asked for something and they didn't turn up, just simply didn't turn up. No explanation for failing to show or keep agreed appointments.”

Relatives Comments

Relatives generally felt welcomed, knew who speak to regarding their relative and felt they were kept up to date about their relative's condition and planning of care. They thought their relative was treated with respect and dignity and were confident they were receiving good care. They felt involved in the planning of their relatives care. Relatives were concerned that staff had not enough time to care.

“Our Mum is very ill. We have been given excellent advice regarding her treatment pathway. The nursing staff and team on the ward are carrying, professional and sensitive to Mum's needs.”

“Staff are busy.”

“Not enough staff on the ward.”

“Definitely not. More staff, less waiting.”

“Not enough staff.”

“Staff aren't able to do everything they should. Staff are overworked.”

“More space needed for the beds.”

“Menu is disgusting, patients throw it away, looks like it's kept from night before.”

“Staff are usually busy, it's a long wait to get the right person” to speak to.

“Sometimes they are too busy” to make you feel welcome.” Understandable, as they run off their feet.”

Observation of Practice

Observation of communication and interactions between staff and patients and staff and visitors were included in the inspections. This was carried out using the QUIS.

Inspectors and peer reviewers undertook a number of periods of observation in each hospital ward. Each session lasted for approximately 20 minutes.

The observation tool uses a simple coding system to record interactions between staff, patients and visitors. Details of this coding have been included in Appendix 1.

Thirty observations were carried out over four observation sessions.

The majority of observations were positive. There were positive interactions noted between staff and patients; we observed that staff were friendly and engaging. There was good verbal and non-verbal communication; staff engaged in conversations with patients and gave appropriate comfort and reassurance to patients and relatives. Conversations between staff and patients were discreet. Appropriate assistance and encouragement were given to patients at meal times.

We also observed good interaction between patients and a visiting minister, and the mobile shop.

There was one neutral interaction noted involving doctors who did not include a patient in their conversation regarding their care.

Recommendation: The trust should include patient, relative and carer comments as part of the overall strategy to improve the patient experience and ensure appropriate staff interactions with patients at all times.

4.5 Conclusions for 4 North Surgical Ward

Effective leadership, multidisciplinary teamwork, systems and processes were in place to ensure consistency during the transition between senior nursing staff. There was an open and transparent culture within the ward. Staff were positive about support received from line management, understood their roles and responsibilities and were empowered to raise concerns.

Normative staffing had been agreed, however the delay in recruitment of nursing staff was impacting on other staff who reported feeling tired, 'burnt out' and stressed. It was also impacting on the ability of the ward sister in carrying out her managerial role and it was also affecting staff attendance at mandatory training. The ward closely monitored its performance against a range of clinical indicators. There were systems in place to protect patients from the risk of abuse and to maintain their safety in line with current best practice guidelines.

Signage to direct visitors to the ward and within the ward was good. The ward was clean but worn with age, cluttered and with the exception of sanitary areas, in need of refurbishment. Limited storage facilities contributed to patient equipment being stored in ward corridors; offices within the ward increased the ward footfall. Some adaptations had been made to meet the needs of the dementia patient and patients with a disability.

Reduced staffing levels were preventing staff maintaining a level of visual contact with higher risk patients. The inspection team considered that reduced staffing levels needed to be once again placed on the trust risk register.

The majority of staff complied with trust infection prevention and control policies. Improvement however is needed with regard to invasive devices documentation and nursing cleaning schedules. The sepsis six bundle should be introduced for the early recognition and management of sepsis. The quality and organisation of medical notes should be improved.

Medicines were stored safely and securely and staff knowledge was good. There were inconsistencies in the prescription and administration of medication documentation. The pharmacist is fully involved the medicines management process, reconciling medicines on admission and rationalising their use during inpatient stay.

A review of nursing care records demonstrated nursing assessments, risk assessments and core sections of the nursing process to ensure the quality of patient care were comprehensively completed and reviewed.

Protected meal times were in place, menu choice and specialised diets were available. An improvement is needed in the coordination of meal service and in the preparation and assistance of patients at mealtimes.

End of bed charts were fully documented, reconciled and signed. Staff were knowledgeable and good practices were observed with regard to pressure ulcer care.

We observed staff that were compassionate, courteous to patients and relatives, providing clear, easily understood information. Response to call bells and requests for assistance from patients was prompt when the ward was at the agreed staffing levels. When the ward short staffed, we observed caring and committed staff finding it difficult to meet patients' basic care needs. The dignity and privacy of patients were generally maintained throughout the inspection; bays and sanitary areas were maintained as single sex on all occasions.

Overall the findings of the inspection of ward 4 North were good. We have made nine recommendations and 16 housekeeping points for further improvements within the ward.

4.6 Recommendations and Housekeeping Points

Recommendations

1. Identified risks should be assessed and where necessary placed on the trust risk register.
2. The trust should review nurse staffing levels and the recruitment of new staff should be expedited.
3. Staff supervision and appraisal should be carried out for all staff.

4. All staff should be facilitated to attend mandatory training.
5. The trust should review the fabric and repair of the ward and where possible increase storage facilities.
6. The sepsis six bundle be implemented for use within the ward.
7. Kardexes should be fully and accurately completed.
8. The quality and organisation of medical notes should be improved.
9. The trust should include patient, relative and carer comments as part of the overall strategy to improve the patient experience and ensure appropriate staff interactions with patients at all times.

Housekeeping Point

1. The 'Who we are' section on the notice board should be updated.
2. The skill mix of staff should be evaluated regularly to ensure the delivery of safe and effective emergency care.
3. The ward should review the use of a safety brief template.
4. Staff should progress the 'Have Your Say' board and display patients' experiences and thoughts.
5. The trust should review the forwarding of case conference minutes to those staff who were professionally involved with the patient.
6. Staff should ensure cleaning schedules detail all equipment.
7. Staff should complete all documentation in regard to invasive devices.
8. Senior nursing staff should ensure the effective dissemination and understanding of patient safety/medical device alerts.
9. The date of opening should be recorded on all medicines with a limited shelf-life after opening.
10. The refrigerator thermometer should be reset after temperatures are recorded.
11. The storage of potassium containing IV infusions should be reviewed.
12. Nurse record keeping should adhere to NMC, NIPEC guidelines.
13. Staff should be consistent when recording pain scores in NEWS chart.

14. Telephones should be answered promptly.
15. The trust should ensure privacy curtains are in good repair.
16. Badges should be worn by all staff to identify name and designation.
Staff should ensure all medical and nursing care notes are stored as per trust policy.



Inspection Findings: Emergency Department

5.0 Inspection Team Findings: Emergency Department

The Emergency Department at Craigavon area Hospital provides a 24-hour a day, seven day a week comprehensive emergency service which caters for medical, surgical, paediatric and trauma emergencies.

5.1 Is the Area Well Led?

Governance

A band 7 sister is responsible for the allocation of resources that facilitate unit function and management. During this inspection the ED sister was on leave. This leadership role was filled by deputy band 6 sisters who displayed good clinical leadership qualities. Throughout the inspection band 6 sisters were evidently visible supporting activities in all areas of the ED.

Band 6 sisters did not wear a differently coloured uniform from the other nursing staff. We were informed that plans are in place to address this regionally with the colour coding of nursing uniforms due to change. The designated shift leader is either a band 6 or band 7 sister/charge nurse.

During discussions, nursing staff praised the support provided by the ED sister and senior management staff who were visible and engaged positively. Staff morale was good and staff reported that they felt valued by the management team and empowered to raise concerns as and when appropriate.

ED consultants also described morale as good in the department. There were good working relationships and specific examples of proactive working by medical and surgical teams were reported.

We were told that staff had good access to a range of policies on the trust intranet site and that systems were in place to ensure that all ward staff were familiar with new policies or procedures.

Staff informed us that they were kept up to date with learning from incidents and complaints at ward team meetings and safety briefs. Mechanisms were in place for staff to learn from department complaints. A thematic analysis of all complaints throughout the year was displayed on the department notice board.

Staff were aware of the process to report incidents including SAIs and near misses. The Datix software system used by the trust for this procedure allows for routine formal analysis of incident trends. In January 2016, a workshop and presentation in relation to incidents was facilitated for ED staff.

Safety briefings occur weekly for nursing staff and are led by the nursing shift lead. The inspection team considered that the frequency of the safety brief should be increased to at least twice daily to ensure all staff has good awareness of key daily safety issues. Safety briefs should commence at the start of shifts and structured to optimise engagement of only the essential information.

House Keeping Point: Safety briefs should be increased to at least twice daily to ensure all staff are aware of key daily safety issues.

Handover of specific patient information between oncoming and departing nursing staff takes place at the work station in each area of the ED. Staff reported that this process is more practical due to the high turnover of patients.

We were told that ED specific morbidity and mortality meetings occur monthly; they are consultant led and attended by the ED sister. These meetings provided the opportunity to review adverse clinical events so improvement measures can be taken as well as assisting in professional learning.

A number of quality performance indicators, subject to continuous review have been introduced within the ED:

- Severe sepsis bundle
- Hand hygiene
- Commode audits
- Environmental cleanliness audits
- Hyponatremia in children
- MRSA, MSSA, CDI figures

The ED receives a formal report on a monthly balance score card against these indicators, and poor performance prompts an action plan and escalation of audit activity.

In discussions, staff were knowledgeable about how the department performs against these indicators and are routinely updated with audit performance during safety briefs and team meetings. Staff could observe progress against trust quality improvement targets for HCAI, which were available on the trust intranet.

The department had also participated in a number of audits in line with the Royal College of Emergency Medicine standards (Picture 9):

- Fractured Neck of Femur
- Shoulder dislocation
- Trauma Audit
- Hand Audit
- Pain Audit
- Clinical Documentation

- Asthma Audit



Picture 9: Royal College of Emergency Medicine displayed audits

Department of Health Targets for Emergency Department

EDs throughout Northern Ireland are monitored in line with two overarching Ministerial targets to ensure patients are seen and treated as quickly as possible:

1. The four hour target aims to ensure that as many as possible of emergency care patients are seen, treated and either admitted or discharged within four hours of their arrival in the department. The national target is 95 per cent.
2. The 12 hour target aims to ensure that no emergency care patients wait longer than 12 hours to be seen, treated and either admitted or discharged.

At the time of the inspection, Emergency Care Waiting Time Statistics for Northern Ireland (January – March 2016) indicated that four hour and 12 hour trust performance targets were not being achieved.

Table 1 below highlights that there had been a reduced performance with four and 12 hour targets in 2016, when compared to 2015 figures. Figures indicate however that there had been an overall increase in total attendances over this period.

Table 1: Performance Targets

Department	4 hour Performance		12 hour Performance		Total Attendance	
	March 15	March 16	March 15	March 16	March 15	March 16
CAH ED	74.7%	67.9%	1	8	7,027	7,205

Figures indicate that the target of 95 per cent of patients to be seen within 60 minute from triage to the start of treatment by a medical professional was not being achieved. The average waiting time throughout March 2016 was three hours 44 minutes.

Patient's time to triage within 15 minutes of arrival at ED is a new DoH indicator introduced for 2015-2016. Figures showed that this target was not being achieved. The average waiting time in March 2016 was 31 minutes. Statistics evidenced that that the ED is achieving the Royal College of Emergency Medicine standard of fewer than five per cent of patients leaving before treatment is complete. There are also fewer than five percent of unscheduled re-attenders.

Staffing and Supervision

We were informed that the trust had been proactive in the recruitment of nursing staff for the ED; 25 new nursing staff have taken up post within the past year. Table 2 highlights that there are a total of 96.4 WTE nursing staff in post within the ED. The unit exceeds its funded establishment by 34.2 WTE. These posts are considered by the trust to be 'at risk', as they are not funded from within the ED budget.

We would commend the trust in implementing this measure in ensuring that there are a sufficient number of nursing staff in the ED to deliver safe and effective care. A 2015 nursing workforce review concluded that the unit should have a total of 107.31 WTE staff in place; the trust is awaiting approval for this recommendation.

Table 2: Nursing Staffing Levels

	Band 7	Band 6	Band 5	Band 3	Total Staff
Funded	4.55 (includes ENP)	5.94	42.63	9.08	62.2
Staff in Post	5.4 (includes ENP)	13.6	66.2	11.2	96.4

There is currently only one band 7 lead sister (excluding enhanced nurse practitioners) who has overall responsibility for the management of the ED. The lead sister's role is supervisory but she will assist with floor activities when required. We were informed of the difficulties faced by the lead sister in balancing the managerial duties of the role and providing effective clinical leadership. We were informed that the trust is planning to appoint a further band 7 sister to share this leadership role and are also planning to advertise and recruit a band 7 clinical educator for the department.

We were told that bank and agency staff supplement vacancies and absences. Bank usage per week is approx. 4.4 WTE per week and agency usage is approx. 3.2 WTE per week. Absence/sickness levels are monitored and evidence showed that they are effectively managed.

There are presently 2 WTE absences due to sickness. Maternity leave is 9.2 WTE for band 5 nursing staff and 2.8 WTE for band 6 staff. We were informed that staff recruitment within the ED had been difficult.

A number of recruitment initiatives have been put in place including:

- rotational programme across medicine, surgery and the ED
- rotational programme, six months in the Acute Medical Unit and six months in the ED (at the end of the programme nursing staff choose where they want to work)
- international and European Recruitment – commences May 2016 with trip to Philippines (regional initiative)
- staff exit interviews
- updating off recruitment brochures for job fairs – outlining career pathways for nursing staff

The recruitment of paediatric nurses for the ED was reported as a challenge. To address this, ED management is exploring the possible commissioning of a shortened paediatric course for ED nurses and the rotation of staff from the hospital paediatric ward. The trust has also advertised for four full-time Consultants in Emergency Medicine to commence at the earliest opportunity.

Although the recruitment of new RNs to the department has been seen as a positive step, it has also presented the challenge of managing staff skill mix as 70 per cent of RNs within the ED have less than two years' experience. This issue has been included on the department risk register. Control measures in place include a competency based induction programme, preceptorship and the recruitment of a clinical educator who will provide continuing educational support to improve the delivery of care.

During the inspection we were concerned by the levels of staff in the resuscitation area. We observed an inadequate ratio of staff to patients with some staff reporting that at busy times there can be two staff for five patients.

Recommendation: Nurse staffing levels in the resuscitation area should be reviewed to enable a one nurse to one patient ratio.

Annual appraisals and supervision sessions for nursing staff were in place and staff talked positively about these processes. The appraisal provided opportunities for discussion of development needs, however only 47 per cent of staff appraisals and 62 per cent of staff supervision sessions had been completed. We were informed that the recruitment of 25 new staff over the past year had limited the opportunity for staff appraisal and supervision.

Recommendation: All ED nursing staff should have appraisal and supervision sessions in line with trust policy.

ED consultants reported that there is a reliance on locum staff to fill middle grade rotas and a registrar-level doctor is present 24/7 in the department with consultant presence rostered 8.00 am to 10.00 pm each day.

We were told that there are dedicated physiotherapy, occupational therapist (OT) and social work services for the department; on request staff can also avail of support from liaison psychiatry and the alcohol liaison Nurse. A new weekend physiotherapy and occupational therapy service commenced in the ED and CDU on Saturday the 5 March 2016.

We were informed that there is sufficient trained reception staff to accurately record patients' attendance at department. ED attendance records and discharge summaries are immediately available for staff, in the event of patient re-attendance at the dept.

Staff Training

We were informed that newly appointed RNs have a four week supernumerary period in the ED. During this period they begin an induction training programme and build up a competence portfolio, guided by their nominated preceptor. The competence portfolio was specifically designed to equip new staff with the skills and knowledge required to work in the ED.

We were informed that the ED had sufficient sign off mentors and preceptors. The last Educational audit for practice learning was carried out in December 2014.

New RNs undertake Manchester Triage training within their first three months of appointment. They develop their knowledge and skills with the support of experienced colleagues. Once deemed competent in triage by the senior nurse or their mentor, staff will then be allocated to work in the main triage area, where they will take decisions to place patients as dictated by their clinical need and in accordance with the Manchester Triage categorisation.

Compliance with mandatory training is monitored by the department sisters. The majority of staff have either received or are booked to attend mandatory training. Staff had access to role specific training to ensure they were able to meet the needs of the patients. Examples include: advanced life support (ALS), paediatric ALS, major incident training and management of head injuries.

When ED consultants were interviewed they reported that teaching and training are given a high priority and there is protected time for departmental training for nursing and medical staff on a Wednesday morning.

Management of Actual or Potential Aggression (MAPA) training was provided to equip staff within the department with the skills to manage challenging and aggressive behaviours.

Staff reported that in their opinion, security provision is adequate and security staff respond promptly when required.

Other security measures include: Closed Circuit TV (CCTV) cameras in operation throughout the department, access control cards which limit access to restricted areas and alarms are fitted throughout the department for urgent assistance.

All staff were encouraged to participate in safety improvement initiatives. A number of staff were nominated champions of IPC, tissue viability and dementia awareness.

Patient Flow

We were informed of a number of initiatives to improve patient flow through the ED and prevent unnecessary admissions.

Trust staff told us that their triage processes had been revised. Agreements had been reached involving medical, nursing, AHPs and ambulance staff, to ensure patients are triaged quickly and directed to the appropriate area within the department. A triage nurse and HCA undertaking investigations will work from the front of minors from 25 April 16 to ensure front loading investigations are carried out in a timely manner.

We were informed that an agreed escalation protocol to improve on ambulance turnaround times had been recently implemented within the ED. One of the agreed trigger points for escalation is when a maximum of two patients on ambulance trollies are awaiting triage. The escalation protocol clearly outlines who the ambulance crew or Hospital Ambulance Liaison Officers (HALO) should contact in the event of reaching the agreed trigger points.

A working group within the ED had been set up to review the protocols for the management and treatment of minor injuries. In addition, plans are in place to extend the scope of practice of the enhanced nurse practitioners within the department whereby they will start seeing patients with minor illnesses. One of the ED consultants had been tasked to provide training for Emergency Nurse Practitioner (ENPs) and assess their competence in treating patients with minor illnesses. ENPs reported that they valued this investment in their continuing professional development.

The inspection team observed many positive and high-quality interactions with staff and patients in the CDU. There was no rigid entry criteria to CDU which permits a broad base of patients to get rapid senior and integrated assessment and treatment with hope of quick turnaround and discharge. The presence of proactive medical consultants, elderly care teams, and NIAS liaison via onsite HALO was valued by the staff in CDU. An ED SHO grade doctor felt that the ownership and multidisciplinary input into this area promoted good, safe patient flow.

First contact physiotherapy has been initiated within the ED.

The physiotherapist becomes the first point of contact and takes responsibility for the care of patients with simple and non-urgent peripheral musculoskeletal injuries.

We were informed that the trust has recently developed an improved pathway for children and young people presenting to the trust ED.

We observed patient rounds undertaken by the Consultant and nurse in charge. We were informed that there are three rounds every 24 hours. There is also an allocated consultant in each area of the ED, overseeing patient care.

The ED employs the IT management system (electronic emergency medical system) which is used to provide a comprehensive view of patient flow through the ED. It is used for tracking patient activity and updating the status of each individual patient within the department. The patient status board on this system displays detailed patient information which includes patient name, time to triage, time seen by physician, time of investigations and bed request. It also displays the patient status against the four and 12 hour ministerial targets. The system is regularly updated by nursing and administration staff. Some nursing staff reported that there may be delays in updating patient information on this system if they are engaged in care activities. The inspection team considered that the trust should consider employing a patient tracker within the ED which will ensure that the system is kept up to date and will also free up nursing staff to concentrate on patient care activities.

We were told that the trust had recently submitted plans to the commissioner for a new Ambulatory Emergency Care Unit. Its purpose is to improve access to senior decision makers and diagnostics at the front door of the hospital, for those patients with acute medical issues who may be suitable for ambulatory management. To facilitate a rapid turnover of patients within this new department, similar ED standards will be set i.e. 95 per cent patients seen, treated and discharged within four hours. The service aims to improve patient flow by providing a quality alternative to an inpatient hospital stay. The service will, in the first instance, operate five days a week between the hours of 09.00am to 10.00pm. It will consist of a six bedded assessment area with the facility to hold up to 16 patients in a separate seated area.

A recent analysis by the trust of the flow of patients through the ED in March/April 2016 highlighted that:

- There has been an average 1.79 per cent increase in emergency admissions.
- There has been a 9 per cent average increase in ambulance attendances.
- Mondays remain the busiest day with an 11 per cent increase in demand, Thursdays and Fridays have seen a significant increases compared to the same period in 2015.
- There has been a 7.21 per cent decrease in discharges from the same period last year. Thursdays and Saturdays have seen greater-than 20 per cent reduction in discharges.

- We were told by the trust that this variation in flow causes enough volatility to disrupt the system which inhibits their ability to get patients to the right care environment.

Despite these increased challenges and pressures placed upon the department, during the inspection we observed an ED that had minimised crowding by having adequate resources to meet the demands placed upon its service. Designated assessment and treatment spaces were also sufficient to meet occupancy levels which ensured that patients' dignity and privacy were being met. Although some patients remained within the ED for longer periods, we observed that the quality of care they received was maintained to a high standard.

At busy times, with increased numbers and acuity of patients attending the ED we observed reassessment of patients by senior clinicians in line with trust escalation procedures. We also observed a visible presence within the department of the senior manager who was actively working to remove any obstacles of flows from the department.

Communication

We were informed that communication with and dissemination of information to staff use various mechanisms such as safety briefings, handovers, ward meetings and poster displays. A quarterly ED newsletter is provided for staff. It reports on items such as: workforce, quality improvements and learning from morbidity and mortality meetings. All medical and nursing staff have access to ECR to access up to date patient information.

The trust continues to monitor patient experiences within the ED through the 10,000 voices initiative. Key messages which included:

- patients feel safe in the care of staff in the ED
- staff display a high level of professionalism and clinical expertise
- patients sometimes have to wait for long periods when requiring admission
- some issues with communication with patients
- patient comforts while waiting

The ED covers quite an extensive area; we observed that when staff wish to contact other staff members that are working in different areas of the department. They sometimes have to leave their own area of work to do this. The trust should consider the introduction of hands free wearable communication devices for staff which enables them to instantly contact other staff members from different locations in the ED.

Housekeeping point: The trust should consider the introduction of hands-free wearable communication devices for ED staff.

Safeguarding

Appropriate systems and processes reflecting legislation and local requirements were in place to safeguard patients from abuse.

In the event of a suspected child abuse case, staff were aware that the consultant paediatrician is called immediately and child protection procedures commenced. Within the ED, two consultants are trained in both adult and paediatric emergency medicine.

While the majority of staff were aware of the trust safeguarding lead, communication arrangements and the need for additional safeguards, some nurses weren't.

Housekeeping Point: All ED staff should be aware of trust adult and children safeguarding arrangements.

Some staff reported that they do not routinely receive feedback on the outcome of safeguarding case conferences.

Housekeeping Point: Staff should receive feedback on the outcome of safeguarding case conferences.

5.2 Is Care Safe?

Environmental Safety

On observation the environment was light and bright; however parts of the ED, minors and resuscitation, date from the 1970's and are showing signs of age related wear. Majors 1 and 2 and CDU are recent additions and are well maintained. Patients assessed as a high risk were placed in close proximity to the nurses' station so staff could maintain a level of visual contact. Each patient cubicle or bed space is individually equipped and well lit. Clocks were visible and patient monitoring alarms audible. There was good directional signage although some of the colour coded tape on the floor was worn.

There was insufficient storage space, resulting in patient equipment, beds, tables and domestic trolleys being stored in corridors. On occasions, wet floor signs were not removed when floors had dried, we observed that these then became a hazard to patients in CDU as they blocked access to the toilet and the free movement of trolleys in corridors. Resuscitation trolleys were accessible but daily checks were not carried out consistently. Each bed space was fitted with a red button alarm system for summoning help in the event of an emergency.

Housekeeping Point: Wet floor signs should be removed and stored in a designated area when the cleaning process is complete.

Infection Prevention and Control

The ED environment was clean, but some areas were in need of repair for example there was a large hole in the wall in Cubicle 3 in minors. A painting programme had commenced and areas of minors were being painted during the inspection.

Clinical hand washing sinks were clean, accessible and located near to the point of care. All but one of the sinks were in good repair with the area around the clinical hand wash sink in minors being damaged. Alcohol gel dispensers were available and were located appropriately throughout the department.

During observation we noted that staff hand hygiene was good, audits were carried out regularly and results were displayed in the public corridor. On two of three ANTT procedures observed, staff were compliant with the required process; on one occasion in minors a staff member used a paper mache bowl rather than cleanable tray.

We observed on most occasions that patient equipment was clean and in good repair. Cleaning schedules for both nursing and domestic staff were in place. The equipment in the eye examination room was however dusty with old worn labels attached and the drugs fridge temperature was inconsistently recorded.

PPE for staff was available in most areas, the exception being in minors. PPE was stored in the dirty utility room. Inspectors observed staff that were carrying out cleaning duties wearing gloves but no apron.

The majority of staff were compliant with the trust dress code policy; the exception was in relation to medical staff, who we observed wearing nail varnish, watches and ties. This was addressed at the time of the inspection by the nurse in charge.

Housekeeping Points: Staff should ensure that patient equipment is clean and in good repair. PPE stations should not be located where there is a risk of contamination. Drug fridge temperatures should be recorded daily.

Staff were aware of the need to complete care bundle documentation for patients presenting with CDI and MRSA. The department has an infection control link nurse who regularly attends meetings and who then cascades the latest information back to staff in the department.

Patient Safety

All patients reviewed that were receiving treatment wore an accurately printed identity band; however staff knowledge varied in the issuing of patient identity armbands. There was no specific department protocol to guide staff. Identification errors could have serious consequences for patient safety. Staff were aware of the action to take if they discover that a patient's identification details were incorrect.

Recommendation: Clear and consistent guidance for the issuing of identification wristbands within the ED should be introduced.

Guidance on the management of the acutely ill patient was available. NEWS charts were completed appropriately, within set timescales and triggered clinical responses were appropriately taken and documented.

A severe sepsis bundle was in place for the recognition and timely management of sepsis. During the inspection, we observed that appropriate measures for 'at risk' patients had been implemented in line with the sepsis bundle. Compliance audits with the severe sepsis bundle occur monthly within the ED.

Staff complete a falls risk assessment for all patients within 6 hours of admission. We observed that many falls preventative interventions had been undertaken for patients at a risk. Datix software highlighted that there had been one fall within the department, in February 2016.

VTE risk assessments were generally well completed; however on one instance an assessment had not been completed.

Staff were compliant with Blood Transfusion Competency Assessments and aware of their responsibility to complete blood transfusion record sheets. Patient safety/medical alerts were cascaded to staff at safety briefings and team meetings and posted on the notice board in the staff communal room. Staff reported that management act quickly when a safety concern is raised. Consideration is given to patient placement, safety and vulnerability.

Lack of monitoring equipment had been an identified risk on the ED risk register. Approval had been given for the ordering of 12 monitors to address this deficit.

Medical staff reported that availability of computerised tomography (CT) scanning is an issue within the hospital, highlighting occasions when patients had to be diverted to Daisy Hill Hospital for CT. We were informed that work is undergoing to secure access to a second CT scanner.

For patients presenting to the department with self-harm, staff commence the regional deliberate self-harm care pathway. For patients in the ED that require a mental health assessment, there is a good interface with and response from trust mental health services which are based at the Bluestone Unit on the Craigavon Area Hospital site.

Older patients if frail and with chronic medical conditions who present to the ED can benefit from access to the trust geriatric liaison team (GLT). The GLT is made up of a doctor; physiotherapist and OT that provide a multidisciplinary assessment. The aim of the team is to minimise the impact of frailty on elderly patients and increase their independence and autonomy. The trust is considering the introduction of the 'frailsafe' tool into the ED to identify high risk older patients.

The Southern Trust provides a short term reablement service which aims to assist people to regain the necessary skills and confidence to live as independently as possible, within their own home-setting.

The Royal College of Emergency Medicine clinical standards are being implemented within the department.

Medicines Management

Storage of medicines was observed to be broadly satisfactory. All medicines were stored in locked cupboards accessible by individual key fobs held by RNs. Injectable local anaesthetics had been segregated from other injectable medicines. Loose strips of tablets that were not in their original containers were observed throughout the medicines cupboards (Picture 10). There is a potential that this could lead to errors in the administration of medicines.



Picture 10: Loose strips of tablets throughout medicines cupboards

Recommendation: Medicines should be stored in their original box.

Controlled drugs were stored and administered safely. The controlled drugs register was signed by two RNs following administration. Reconciliation checks were completed at shift changes.

IV infusions were observed to be stored on labelled shelving. Potassium containing infusions had been segregated from other infusions.

A dedicated preparation area was available to prepare IV medicines. The administration of an IV medicine to one patient was observed. The medicine was prepared and administered by two RNs.

Kardexes reviewed by inspectors in the CDU, majors and minors areas had been fully completed.

We were told that self-administration of medicines in ED is discouraged.

The department has a full time pharmacist assigned to it and staff advised that they had access to pharmaceutical advice if required.

The pharmacist is fully involved in the medicines management process, reconciling medicines on admission and rationalising their use during inpatient stay. Patients' concordance with prescribed medicines was assessed on admission.

A clinical check was completed by the pharmacist at discharge which made the discharge process more efficient. Staff also had access to "over labelled" medicines which could be issued at discharge by RNs on the ward if required.

Patients told us they that were involved in decisions about their medicines which included changes in dose or commencement of new medicines during their stay.

Discussion with staff indicated that they were aware of critical medicines. Staff had access to a list of critical medicines on-line and there was a system in place to show where stock of medicines could be obtained. A list of critical medicines was displayed.

In discussions, staff were aware of the procedures in place for reporting incidents and near misses.

5.3 Is Care Effective?

Nursing Care Records

We reviewed three nursing care records within the ED CDU. We found that nursing assessments and risk assessments had not always been completed. We observed that care plans were not always in place where appropriate for patient identified needs. One care record was not routinely reviewed or evaluated.

We observed little evidence that patients or families had been consulted during patients' care or discharge. For one patient there was no evidence of MDT discharge planning.

The nursing care records did not always adhere to NMC standards of documentation. Documentation was not always written legibly, with clear signatures, and dated, timed and signed.

Recommendation: Nursing care records should be improved to accurately reflect patients' needs, their involvement in their care, and be in line with NMC standards of documentation.

Medical Care Records

The medical records we reviewed were well organised, with several excellent examples of documented clinical care and assessment noted.

The inspection team commended the good use of stickers and checklists to rapidly and visually indicate: bloods to be taken, if there were infection control precautions, social circumstances, potential frailty syndromes, use of anticoagulants etc.

Nutrition and Hydration

A good choice of food was available for patients. A well-stocked hot food trolley is delivered twice daily and patients are offered several choices, including specialised dietary options. Staff advised that if a patient has a particular issue with a food request they are able to obtain bespoke food from the main dining room.

We were advised that out of hours snack boxes consisting of wheaten bread, yogurt and custard pots and fruit are available, but never used. They are stored in a locked fridge in the main kitchen and patient flow staff have a key. When talking to staff in ED they did not seem to be aware of this option. Staff supply tea, coffee and toast from the ED servery during the out of hours period.

Housekeeping point: Staff should be made aware of the provision of out of hours patient food, snack boxes should be made accessible.

The meal service was observed on several occasions; staff and relatives complied with protected meal time advice. There was no coordination or supervision by nursing staff of the meal service with support services staff offering a choice and distributing meals. Support services staff assisted patients into a comfortable position or chair and cleared the bedside table ready for their meals. There was no formal system to identify patients who might require assistance at meal times. Fluid balance and food charts were not completed regularly by nursing staff.

Housekeeping point: A senior nurse should supervise and co-ordinate meal service.

Patients were encouraged to hydrate; jugs of water were supplied to each patient in the clinical decision unit, and we observed patients in majors regularly being encouraged to drink water or juice. Cold drinks were served in flimsy plastic cups with are not suitable for patients with dexterity issues.

Pain Management

During the inspection we observed that patients were comfortable, pain relieving comfort measures were available and staff responded promptly to patients' requests for pain relief.

There was variation in the recording of the pain score on NEWS charts and for two patients, pain assessment was not completed. Some staff questioned were unaware of the use of a pain scale for patients who cannot verbalise pain.

Recommendation: All patients should be routinely assessed for pain. A pain assessment tool should be introduced within ED for patients that cannot verbalise pain.

Prescribed pain medication was considered by the inspection team to be appropriate to patients' conditions and the effectiveness of the analgesia reviewed. A pain team is available within the hospital for advice and support.

We observed that a pain score was not always printed onto the blue flimsy after the patient has come through triage. On further investigation, those patients that had no pain, the section of the flimsy was being left blank rather than putting in a '0'.

Housekeeping: Pain scores should always be recorded onto ED patient flimsies.

Pressure Ulcers

Staff were knowledgeable with regard to pressure ulcer care. Patients reported to be comfortable and were appropriately positioned, with pressure relieving equipment available.

Patients at risk of pressure damage are assessed using the Braden scale. For those patients identified as 'at risk; they are moved from a trolley bed to a hospital bed which can facilitate a pressure relieving mattress.

The structured process of intentional care rounding or similar should be introduced within the department. The introduction of scheduled rounds minimises variation in care practices and reduces the likelihood of pressure damage for patients. They can also offer patients greater comfort and ease their anxiety during their stay within the ED.

Recommendation: The structured process of intentional care rounding or similar should be introduced within the dept.

When required, staff can contact the tissue viability nurse for detailed advice and guidance. Medical photography is available to photograph pressure wounds and a validated pressure ulcer classification tool was available for review.

There was no system in place to monitor preventable pressure ulcers.

Recommendation: The ED should introduce a system to monitor preventable pressure ulcers. Incident forms should be completed and Root Cause Analysis should be undertaken for hospital acquired pressure ulcers as appropriate.

We also noted that mattress audits were not carried out on a regular basis.

Housekeeping Point: Mattress audits should be undertaken on a regular basis

Promotion of Continence & Management of Incontinence

Patients were provided with assistance to promote continence and patients with incontinence had appropriate care provided. When patients were assisted to the toilet they were provided with the opportunity for hand hygiene after toileting. Stool charts were in place when appropriate to the patient's condition. Staff have access to continence/stoma specialist services and stoma/incontinence aids were available.

5.4 Is Care Compassionate?

Person Centred Care

The department was clean, bright and welcoming, and although staff were busy, the atmosphere was generally calm. Noise was kept to a minimum and did not appear to disturb patient's sleep or increase stress.

We observed caring, sensitive, and insightful staff who anticipated the care needs of patients and on all occasions staff endeavoured to maintain the dignity and privacy of patients. A call bell system was in place and each non-ambulatory patient had a call bell within easy reach. Call bells and requests for assistance were responded to promptly.

Privacy curtains were used effectively when patients were receiving personal care and during interviews with medical and allied health professional staff. Disposable privacy curtains were used in the ward. These were of adequate length and appeared fresh and clean.



Picture 11: Toiletries supplied for patients

During the inspection, there were adequate supplies of laundry to meet the needs of the department. We observed that patients' personal hygiene needs have been attended to as appropriate and patients appeared comfortable and suitability clothed. Basic toiletries were supplied for patients who came to the hospital unexpectedly, which is good practice (Picture 11).

Patient personal items were easily accessible. Appropriate sanitary facilities were available and accessible. A quiet room was available for private conversation and patients had access to public/dept. telephones. Patients can access hospital chaplaincy and advocacy services as required.

Communication

Staff treated patients and visitors courteously. We observed staff introducing themselves before carrying out care and including patients in general conversations. They were encouraging, engaging and sensitive to patients and relatives.

We observed all staff give good clear easily understandable explanations of the procedures they were about to deliver and the next steps in care.

Patient details, records and notes were stored appropriately to ensure confidentiality. Computers had a time out facility but on occasions in minors, X-rays and patients notes could be viewed.

For patients who have cognitive impairment this fact is noted on the front of their files when the admission paper work is being completed by the triage nurse. Communication aids are available for those who need additional support. The department also has a loop system for those who have hearing aids.

End of Life Care

Staff were aware and able to access the trust Care of the Dying Patient for Personalised Care Planning guidance. This guidance is designed to assist health professionals to deliver personalised care to the dying. We observed a strong support network in place for staff that have to deal with death and bereavement.

Suitable side rooms were available for patients receiving end of life care. The palliative care team was available to 5.00pm and during the out of hours period, staff can contact the hospice or McMillan.

Information and support systems were available for patients and carers before and after a patient dies. A nurse and a doctor are assigned to be the point of contact for the family. We observed that additional specialist arrangements are in place in relation to the death of a young child.

Patient and Relative Questionnaires

The views and experiences of people who use services were obtained as part of the inspection. The findings combine both the patient and relative perception of staff communication, and the care they received, including pain management; food and nutrition; infection control; and safety.

In ED a total of 13 questionnaires were completed:

- nine patient questionnaires
- four relatives/carers questionnaires

Patients were very satisfied with the standard of care and treatment they received; they stated that staff introduced themselves, were polite and addressed them by their correct or preferred name. They told us that staff were courteous and compassionate and patients were treated with respect and dignity. Patients felt involved in their plan of care and on most occasions they knew who speak to if they had concerns. Patients said that staff answered call bells promptly and personal care was delivered when needed. Patients felt they were positioned comfortably however one did not she was sitting on a hard chair in a cubicle. She was very uncomfortable and her back was painful.

Patients told us that there are not enough staff to deliver the care needed. Staff check on patients pain levels regularly and overall pain relief is given in a timely manner. Patients observed good staff hand hygiene, and said they were offered the opportunity to clean their hands before meals.

Patients thought the department was clean and they were offered a choice of food at meal times, and were happy with the portion size and temperature. Assistance with meals was available if needed. Patients were encouraged to drink fluids.

All patients felt safe, most felt informed and they were satisfied that they received a good standard of care; the majority would be happy for a member of their family or a friend to be cared for in this ward.

Patients Comments

“Staff are very helpful and friendly.”

“May not involve me but always explain what is happening.”

“Staff are very busy, but there is always someone available if I call.”

“Staff I know are busy, but they are very attentive and frequently check that I'm ok.”

“There seems to be lots of staff and all seem very busy. No one has come near us for a long time.”

“It is not very private, but this doesn't annoy me. It is to be expected.”

“I was in considerable pain when admitted to ED. This has been addressed and regular pain control now given.” “Staff have checked that I'm ok.”

“Pain relief in ambulance and now receiving paracetamol IV. Staff haven't asked if it is effective. I am still in same degree of pain.”

“Water jug replenished during the day.”

"Assistance with meal "No help needed, but staff asked."

"Nephew recently cared for. Staff at all levels excelled themselves. Thank you."

"I came to ED by taxi with chest pain. I have a history of heart trouble. I was seen very quickly, connected to ECG and given pain medication." She commented several times about the professionalism and attentiveness of staff. "I was very anxiety prior to arriving at ED was very quickly relieved, I am confident that I am getting the best care"

Relatives Comments

Relatives felt welcomed but sometimes were unsure who speak to regarding their relative. They did feel they were kept up to date about their relatives' condition and planning of care. They thought their relative was treated with respect and dignity and were mostly confident they were receiving good care. They felt involved in the planning of their relatives care and were happy that staff had enough time to care for their relatives.

"I am the mother of an 8 years old child. We have attended ED on four occasions during the last month for pain in her leg, which hasn't eased." On each occasion the mother has felt that her child has been treated well, even though the pain hasn't gone, and she spoke highly of both doctors and nurses. "They have been patient and kind to my child and have ensured that she hasn't been afraid or upset by the situation."

Mother and teenage daughter arrived via ambulance at 2.30am. The mother was very happy that her daughter has received good care. *"Staff have been really good. Tea/coffee and toast was provided for breakfast. Everything has been explained and I always felt that I could ask questions at any time."*

Lady admitted with chest pains. *"We were seen by triage nurse very quickly and taken to the minors' area, very little happened for about an hour afterwards. A doctor gave a brief explanation of the plan of action, but nothing since." The patients' husband thinks that communication could be improved. "Patients should be kept more up to date."*

Observation of Practice

Observation of communication and interactions between staff and patients and staff and visitors were included in the inspections. This was carried out using the QUIS.

Inspectors and peer reviewers undertook a number of periods of observation throughout the ED. Each session lasted for approximately 20 minutes.

The observation tool uses a simple coding system to record interactions between staff, patients and visitors. Details of this coding are included in Appendix 1.

Thirty-two observations were carried out over four observation sessions.

Staff should be commended that the majority of observed observations were positive with the rest being basic; there were no neutral or negative observations. There were a number of positive interactions between staff and patients; we observed that staff were friendly and engaging. There was good verbal and non-verbal communication; staff engaged in conversations with patients and used terms which could be clearly understood. During the administration of medications nurses, discussed medications and what they were for and replied when asked regarding effectiveness. The physiotherapist also displayed good engagement, explaining to the patients the use of the walking aids and their plan of care.

Appropriate comfort and reassurance were given to patients and relatives. Conversations between staff and patients were discreet. We observed that appropriate assistance and encouragement was given to patients at meal times.

5.5 Conclusions for the Emergency Department

The environment was light and bright and welcoming. Areas of the ED, minors and resuscitation, date from the 1970's and are showing signs of age related wear. We observed that although staff were busy, the atmosphere was generally calm.

We observed that staff were clearly committed to the care of their patients. Staff morale was good and staff reported that that they felt supported and valued by their management team.

We found that the overall leadership and governance arrangements within the emergency department were good. Complaints, incidents, audits and service performance information were discussed and actions agreed.

Senior management staff had been active in the recruitment of nursing staff for the ED; however this subsequently presented challenges with staff skill mix due to the varied experience of staff.

The department closely monitored its performance against ministerial targets. Four hour and 12 hour trust performance targets were not being achieved. A recent analysis of trust flow had highlighted a number of pressures and challenges. Despite these pressures, we observed an ED that had minimised crowding. Designated assessment and treatment spaces were sufficient to meet occupancy levels, which ensured that patients' dignity and privacy were being met.

Although some patients remained within the ED for longer than targeted timeframes, we observed that the quality of care they received was of a high standard.

Medicines were administered to the expected standards of practice. A dedicated full time ED pharmacist is involved in the medicines management process from admission to discharge.

A number of nursing care records were reviewed within the ED clinical decision unit. We noted variations in the recording and completion of the core sections of nursing process. The nursing care records did not always adhere to NMC and NIPEC standards of documentation. We observed that medical records in the ED were well organised, with several excellent examples of documented clinical care and assessment noted.

A good choice of food is available for patients. A well-stocked hot food trolley is delivered twice daily and patients are offered several choices. We observed no coordination or supervision of meal service by nursing staff. Fluid balance and food charts were not completed regularly by nursing staff. There was no formal system to identify patients who may require assistance at meal times. We observed patients regularly being encouraged with fluid intake.

Prescribed pain medication was appropriate to patients' conditions and the effectiveness of the analgesia reviewed. Patients appeared comfortable, pain relieving comfort measures were available and staff responded promptly to patients' requests for pain relief. A mechanism to monitor preventable pressure ulcers should be introduced within the ED.

Staff were caring, sensitive, and insightful and endeavoured to maintain the dignity and privacy of patients on all occasions. We observed all staff give good clear easily understandable explanations of the procedures they were about to deliver and the next steps in the care. The introduction of scheduled rounds with patients can reduce adverse incidents, offer patients greater comfort and ease their anxiety during their stay within the dept.

Overall, patients reported that they were very satisfied with the standard of care and treatment they received. They stated that staff were polite, courteous, compassionate and that they were treated with respect and dignity. Relatives felt welcomed and were mostly confident with the care being provided.

We have made nine recommendations and nine housekeeping points.

5.6 Recommendations and Housekeeping Points

Recommendations

1. It is recommended that senior ED staff further introduce quality performance indicators where appropriate.
2. Nurse staffing levels in the resuscitation area should be reviewed to enable a one nurse to one patient ratio.
3. All ED nursing staff should have appraisal and supervision sessions in line with trust policy.
4. Clear and consistent guidance for the issuing of identification wristbands within the ED should be introduced.
5. Medicines should be stored in their original box.
6. Nursing care records should be improved to accurately reflect patients' needs, their involvement in their care, and be in line with NMC standards of documentation.
7. All patients should be routinely assessed for pain. A pain assessment tool should be introduced within ED for patients that cannot verbalise pain.
8. The ED should introduce a system to monitor preventable pressure ulcers. Incident forms should be completed and Root Cause Analysis should be undertaken for hospital acquired pressure ulcers as appropriate.
9. The structured process of Intentional Care Rounding or similar should be introduced within the dept.

Housekeeping Points

1. House Keeping Point: Safety briefs should be increased to at least twice daily to ensure all staff are aware of key daily safety issues.
2. The trust should consider the introduction of hands-free wearable communication devices for ED staff.
3. All ED staff should be aware of trust adult and children safeguarding arrangements.
4. Staff should receive feedback on the outcome of safeguarding case conferences.

5. Staff should ensure that patient equipment is clean and in good repair. PPE stations should not be located where there is a risk of contamination. Drug fridge temperatures should be recorded daily.
6. Staff should review the provision of out of hours patient food.
7. A senior nurse should supervise and co-ordinate meal service.
8. Pain scores should always be recorded onto ED patient flimsies.
9. Mattress audits should be undertaken on a regular basis.



Focus Groups

6.0 Findings from Focus Groups

On the day two and three of the inspection five focus groups were held with the following groups of staff:

- a mix of band 5 and 6 nurses, healthcare assistants and a nursing students
- Allied Health Professionals including Occupational Therapists, Physiotherapists, Pharmacists, Social Worker, Dietician, and Orthoptists
- Senior Managers including Heads of Service and Assistant Director
- six Support Staff including ,porters, domestic services, catering, switchboard and secretarial staff

We found all staff who took part in these groups to be open, transparent and willing to discuss both strengths and challenges within their areas of work.

6.1 Senior Manager Focus Group

The senior management group outlined some of their current challenges. The group told us of the difficulties presented by the hospital environment, some of which is in need of refurbishment and will soon not be fit for purpose. The trust does have a design team reviewing the future environmental needs of the hospital and currently the new paediatric unit is under way with plans to build a new ED next.

Pressures on bed, ED capacity and increased patient acuity have increased with 500 additional attendees in ED and a nine per cent increase in ambulances since last year. To keep up with the current bed pressures the trust has estimated that 70 patients a day need to be discharged. Today there are 25 delayed discharges. As well as increased attendance in ED, there are also pressures to ensure beds are available for patients who become unwell at home, while waiting for treatment.

Nurse staffing structures have been restructured; there has been more investment in nurses and role of the lead nurse has been re- introduced. A new acute governance senior manager has been appointed and additional band six sister posts are required.

A review of nurse staffing levels has been undertaken in ED. There are 60 WTE funded posts; however to ensure the department is adequately covered 90 WTE staff are being used by ED. The workforce review indicated that 103 WTE should be in post; however problems have occurred with the recruitment of new staff. The trust has introduced a rotational system for all new staff to help with retention and this has worked very well. The trust is approximately 109 nurses short and currently they are looking at international and European recruitment.

The ED has some very junior nursing staff and it is considered that a clinical education facilitator is needed, which has been approved and is to be advertised. The ED has also been given approval to appoint another band 7 sister.

We were informed of a medical workforce plan as there are difficulties recruiting to Daisy Hill Hospital ED which then pulls staff from Craigavon Area Hospital ED to cover. In the hospital, there is an increased use of medical locums and a shortage of junior doctors especially at night when only one F1 is on duty. The trust identified this issue to the DoH and four additional F1s are to start this year. Currently F1s have difficulties attending ward rounds due to their workload; the hospital are looking at ways to address this issue.

We were told about the difficulties in ensuring that sufficient cardiology beds are available. Currently, a third of patients are waiting for assessments or dates for surgery. The catheter laboratory is only open Monday to Friday and video assessment has not yet been set up. Delays in assessment, lack of beds or the option of going to the Belfast Health and Social Care Trust means that some elective surgery has to be cancelled. Previously the trust had an agreement with an independent healthcare provider to alleviate these pressures, however DoH funding for this has stopped. There is a need to upskill staff to work in the catheter laboratory to provide seven day working. .

The increase in patient numbers has also put pressure on the two Level 2 High Dependency beds. This can result in some patients being nursed in the recovery unit, located away from the intensive care unit.

The group told us that mandatory training is up to date and there is regular supervision and appraisal. Induction is good and the student nurse induction booklet development by a surgical ward is impressive. Senior managers felt supported by their line managers. The group stated that they worry when on call especially about staffing levels and demand outstripping resources. IT is a challenge as repairs can take a long time and there can be delays in getting new equipment.

We were told about some recent improvements such as introducing an acute surgeon for quicker decision making. This has increased general surgery outcomes and turnover has increased. Rapid access chest pain clinics have been introduced, nurses have been given additional training to undertake pre assessment clinics and provide additional support and education for elective surgery patients. An acute medical model has been introduced and frail safe and delirium screening tools introduced. The hospital is working towards having seven day working for AHP staff. In ED there has been a review of nurse triage and the introduction of an ambulatory care model.

As a group they would all be happy for family and friends to be cared for in hospital.

6.2 Nursing Focus Group

The nursing group spoke about their current challenges. We were told that in some wards the workload is constantly heavy and more staff are needed. Deficits in staffing cannot always be covered by bank and agency. Patient acuity has increased and many patients are highly dependent meaning nurses are not able to provide the one to one care required. Nurses are often taken from their ward to cover in other wards. There are delays in recruitment from time of appointment to actual start on a ward. The group stated that there are blurred lines between band 5 and band 6 nursing roles, with band 5s often carrying out band 6 managerial duties; this poses a major challenge when they are also allocated a group of patients. Nurses told us that there have been plans for all medical wards to get an extra band 6 but this has not occurred as yet. We were told about the difficulties in having time to train new staff and that skill mix can be a problem. Clinical Educators are only available on some of the wards and are used mostly as support for the junior nurses. The nurses considered that they should be available for all staff.

The group felt that at times targets or finances can be prioritised over clinical need; they stated that it is not intended but can happen. In ED, trolley waits are especially difficult and there is a perception that sometimes bed managers don't understand their pressures. It seems to be all about not breaching the 12 hour target.

Nurses were concerned about patients sitting in the corridor awaiting discharge and the inappropriate use of outlay for patients awaiting discharge. There can be delays in getting medications from pharmacy when discharge has been confirmed. Ward rounds can also run late and pharmacy closes early. The group stated that they worry about getting everything done due to insufficient staffing, and worry about missing aspects of the patients care. Staff feel burnt out; they don't switch off and think about work on their days off.

We were told that induction is good, mandatory training is up to date and that they can attend additional training when required. More training in tracheostomy care is needed. Supervision and appraisals are all up to date and happen regularly. The group stated they felt they was adequate support from their line management. Nurses are being prepared for revalidation.

We were informed by the group of some of the quality improvement initiatives that are currently being taken forward. A new medical model has been introduced and has proved to be very successful. In one ward, holistic nursing is in place and each nurse concentrates on a specific group of five patients. Nursing triage in ED has improved and when an ambulance arrives, patients have full senior nurse assessment and triage.

The introduction of volunteers on the wards has been very successful and staff stated they would like to have more on the wards to help patients with their meals.

Visiting times can be difficult and the number of people at bedsides is unmanageable. Visitors walk in to the ward outside visiting hours at times there can be tensions if asked to move.

The group felt there could be more work done to improve the patient pathway for readmissions through ED. Patients have to spend hours in ED when they have come in with the same condition as their first admission. They should be able to go directly back to the ward where they were first treated. ED staff stated that they would benefit from administrative support in the mornings, even if it was just to cover phone calls and to keep track of patient movement.

There can be difficulties with delays in discharge and the Intermediate Care Scheme. Doctors are under pressure and pharmacy has limited hours at weekends. When pharmacy is closed, medicines are not dispensed and then the patient can't go home.

All staff would be happy for their family and friends to be cared for on the ward/area they were working or in the hospital. Staff are dedicated and "try their best" and they trust the other staff that they work with. However, they stated that they worry if wards are short staffed.

6.3 Support Staff Focus Group

The group was asked about their current challenges. Porters stated that lack of wheelchairs was their main challenge. It can take a long time to find a chair and this can delay patient movement. Photocopiers are also a problem for clerical staff they are often broken or not working properly. Low staffing levels, especially porters and domestic services. Staff have left and not been replaced and there are reduced numbers on shifts. Some agency workers have been employed for years. Secretarial staff stated their numbers have been reduced as well. Staff on maternity leave are replaced by part time worker or agency workers. Clinics are backlogged and they stated that they are currently typing up clinics from February 2016 - two months ago. There is a backlog report every two weeks sent to management, but no action seems to be taken.

The group felt that the vision for the trust is changing again and the budget is too tight. There is a lack of available beds and the hospital keeps closing beds; space is limited in some areas and beds are squeezed into unsuitable spaces. Only part time are available to clean beds and it is felt that full time staff are needed. It is difficult to get a car parking space despite staff paying £30 per month.

We were told that all mandatory training is up to date. However, it can be difficult to get released from work. All staff attend meetings except for some secretarial staff, who also stated they haven't had an appraisal.

Porters told us that they have a dual role as they provide security for the hospital site as well.

This can be difficult and security duties can delay the transfer of patients to x-ray etc. Some staff do not have access to email; they can see payslips but not annual leave and also can't see job bulletins.

The group stated there was generally good support from their line manager however one secretary stated that they have never seen their manager. Catering staff worry that they have forgotten to do some work, secretarial staff worry that appointments haven't been sent out.

Clerical staff stated that more work could be done by GPs to inform patients about how long they will have to wait for appointments. Some patients can get very frustrated. The standard letter sent out to patients needs to be reviewed, some of the information in the letter can be irrelevant to the procedure or appointment so can be confusing for patients.

Generally they would be happy for their family and friends to be cared for in the hospital. They stated they get upset when bad things are said by the press; however the hospital has been in the newspaper recently regarding the good care delivered.

6.4 Allied Health Professionals Focus Group

The group told us about the ongoing pressure to cover work and about constant turnover of staff and the slow recruitment process. Regional recruitment for band 5s has pros and cons; staff are under pressure to accept when offered a post. This may not fully suit but do not want to turn it down as they may not be offered anything else. Some may accept a temporary post and then get offered a permanent post elsewhere. The group told us they can wait three to six months for a new member of staff. No bank system so agency is used.

There was a review of AHP staffing in 2009. However, work has changed and a further review is required. There is a need to look at the allocation of social workers per ward and education of doctors in their role. Pharmacy has put in a business case for more staff.

There are reablement teams in each hospital within Southern Trust and this has been a good initiative. Occupational therapists and physiotherapists have been undertaking seven day working since March 2016. These staff stated that an early support discharge team is needed as teams are not in place to care for patients who are at home. There are issues with an Intermediate care scheme as there can be delays in discharge. AHPs were given extra money for ED weekend working to provide a new clinical service in ED.

The group stated that induction and mandatory training were good and all appraisals are up to date. The introduction of pharmacy technicians has been a positive move and they can now undertake drug histories. Orthoptists were concerned that they were not included in the stroke strategy.

There have been some good initiatives in hand therapies; however OTs need more funding for equipment.

We were told that they have concerns and worries about ensuring they carry out their job fully due to capacity pressures and the constant need to prioritise their work.

There are long waits for IT equipment; pharmacy has been waiting a year for a computer tablet for technicians.

When asked if they would be happy for their family and friends to be cared for on the ward/area they work they stated it depends how sick they are. Winter pressures have resulted in patients in corridors and sent as outliers to other wards. When ED under extreme pressure this impacts on all staff.

6.5 Medical Staff Interviews/Focus Group

We meet with 11 medical staff from a range of areas. They ranged in seniority from consultants to registrars, FY2 and staff grades. All stated they enjoyed working in the hospital. However, they do have some current challenges. For example, the respiratory ward has a lot of outliers but only one registrar.

There are issues with trying to keep lists up to date. The administrative staff do coding in the mornings then the FY2 responsible for patients who are outliers has to check this. More senior medical staff will check in the afternoon to ensure patients have been seen. The decant ward sometimes has to take medical patients, mainly for haematology. Medical staff work with the bed manager and nursing staff to co-ordinate. We were told about the shortage of high dependency beds (HDU) and that some patients who would have previously gone to HDU are now cared for on the wards. The respiratory ward stated that they need extra machines and some were received last week from Daisy Hill Hospital. In the past, nursing care was one to one now it is one to five. Staff stated that although they enjoy their work they feel that are constantly battling and it's like you are putting fires out all the time.

FY2s stated that their time is well protected, although some have not yet met with their medical supervisors. When on night duty they feel well covered by senior staff; however they stated that induction could be improved as they were only given a booklet.

The group spoke about recent quality improvement initiatives or improvements that have been introduced. There is an ongoing project to work with FY2s and SHO's to collect data and improve handover; work has also been undertaken to improve admissions procedures. In ED sepsis audits are undertaken, posters are displayed on head injury, asthma etc. They try to encourage new medical staff to become involved in audits.

For all SAIs a group has been established to review these and action any changes required. A wide range of staff are involved so it becomes difficult to arrange meetings and get them finished although the governance co-ordinator is very supportive. Trainees are encouraged to attend monthly mortality and morbidity meetings; extra locums are brought in to cover so that all can attend the meetings and Daisy Hill Hospital is involved by video link.

Only the surgical FY1s attend a handover; they then check work on the ward and facilitate discharges. For the night team there is a quiet room available with a sofa bed, fridge, chairs etc, but no access to a computer. There is a handover proforma completed in the morning, which is copied and distributed and discussed. There are a lot of ward rounds every morning and consultant cover is always available.

The group felt that there were some things that could be introduced to improve patient care such as an electronic take tracking system, like the one used in the Ulster Hospital (EPNS). Currently there can be discrepancies between the ward list and the bed manager list on the tablet. It can be difficult to catch up and patients are not graded in terms of urgency. IMEX is in use in Daisy Hill Hospital but Craigavon Area Hospital cannot access this system. There is only one registrar on call at night and there needs to be two to three. There are problems with staffing numbers allocated by NIMDTA, with not enough training grades, especially middle grades and they have fallen behind in numbers compared to other hospitals. They are short in relation to specialty trainees in acute medicine and the ED. The group felt there was a need to review bed capacity as part of workforce planning.

Generally, the group would be happy for their family and friends to be cared for in the hospital. They have had family members who have been patients and were impressed with the nurses.

We were told about the problems with having only one CT scanner however there are plans for a second. Currently there is a second one on a temporary arrangement in a van, but they don't have a permanent site for a new one. This presents a major safety issue as patients have to be transferred to Daisy Hill Hospital.



Theme: Discharge

7.0 Theme: Discharge

7.1 Approaches to Discharge

Approaches to improve the quality and speed of discharge processes:

- The addition of an extra FY1 doctor in medicine at weekends to specifically complete discharge documentation has been well received.
- Inclusion of FY1 staff in surgery on morning ward rounds with a senior decision maker, leading to improved quality of discharge documentation.
- A proactive social work service and ability to implement care packages in a timely manner.
- Pharmacists performing medicines reconciliation.
- In ED, the Clinical Decisions Unit targets those whose discharge can be quickly turned round.
- Quality improvement and service development work around improving handover is ongoing.

7.2 Challenges to Discharge

General challenges to discharge mentioned to or observed by the team:

- Staff perceptions that there was a lack of bed capacity in the hospital.
- Having effectively one working CT scanner.
- Existing electronic whiteboard systems not being exploited to their full potential.
- Lack of training of medical staff in use of electronic whiteboard systems.
- The use of manually created take and review lists with the downstream negative effects on efficiency, transcribing errors and information flows between in-hours and out of hours teams.
- The vast majority of discharge letters in medicine are still being prepared by FY1 doctors who frequently neither know the patients nor have been on ward rounds with a senior decision maker. The lack of phlebotomy cover was cited as an exacerbating factor leading to poor ward round attendance.

7.3 Ward 1 South

A pilot project whereby an extra FY1 was rostered at the weekends to specifically complete discharge documentation was welcomed. However, in medicine FY1 doctors often do not go on ward rounds and thus patients are unfamiliar to them.

We were told that discharge letters are completed using an electronic system but completion of the various fields only begins when a patient is fit for discharge. In general, clinical narrative and lists of diagnoses are not pre-populated earlier in the admission.

7.4 Ward 4 North

Staff mentioned no particular delays in getting patients discharged. FY1 doctors attend ward rounds and know the patients and discharge letters are completed quickly. A proactive social work service is able to implement packages of care quickly. Again, a high turnover of nursing staff has potential for slowing the discharge process down, although no specific examples were cited to the review team.

7.5 Emergency Department

The CDU provides a multidisciplinary, consultant led service to a subset of patients who are able to be quickly discharged with the right treatment and measures. Close working relationships and physical proximity of staff ensures an integrated assessment and treatment plan can be delivered rapidly. Both staff and patients commented favourably on CDU as a model that supports safe and effective discharge.

7.6 Recommendations for the Trust from the Discharge Theme

Additional to the recommendations and housekeeping points concerning discharge in the body of the report the following should be implemented:

1. Electronic patient discharge letters should be populated with a clinical narrative and pre-existing diagnoses early during admission.
2. Initiatives to promote the attendance of FY1 doctors at morning ward rounds should be implemented. This may include: increasing or reallocating phlebotomy cover to those wards with the greatest burden of blood sampling; quality improvement and audit work to reduce the number of inappropriate blood tests.
3. Exploitation of existing IT systems and training of medical and nursing staff in their full use.

8.0 Next Steps

On the 22 April 2015 the RQIA inspection team provided detailed verbal feedback to each area inspected. This was followed by feedback to the Interim Chief Executive Mr Francis Rice, directors and senior managers on the key findings from the inspection.

This inspection report has been shared with the Southern Trust for factual accuracy. Following publication of the report the trust has been asked to submit a QIP to address the recommendations. This will be made available on the RQIA website in due course. RQIA will review progress on the QIP at the next unannounced inspection.

The final report will be shared with the Southern Trust, DoH, Health and Social Care Board and Public Health Agency. The report will be published onto RQIA's website for public viewing. www.rqia.org.uk

For recommendations that may take a longer period of time to address the trust will be asked to provide a further update on these recommendations. The timing of this request will be dependent of the timescales set out in the QIP.

Appendix 1 QUIS Coding Categories

The coding categories for observation on general acute wards are:

<p>Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.</p>	<p>Basic Care: (BC) – basic physical care e.g. bathing or use of toilet etc. with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.</p>
<p>Examples include:</p> <ul style="list-style-type: none"> • Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc (even if the person is unable to respond verbally). • Checking with people to see how they are and if they need anything. • Encouragement and comfort during care tasks (moving and handling, walking, bathing etc) that is more than necessary to carry out a task. • Offering choice and actively seeking engagement and participation with patients. • Explanations and offering information are tailored to the individual, the language used easy to understand, and non-verbal used where appropriate. • Smiling, laughing together, personal touch and empathy. • Offering more food/ asking if finished, going the extra mile. • Taking an interest in the older patient as a person, rather than just another admission; • Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away. 	<p>Examples include:</p> <p>Brief verbal explanations and encouragement, but only that the necessary to carry out the task.</p> <p>No general conversation.</p>

<ul style="list-style-type: none"> • Staff respect older people's privacy and dignity by speaking quietly with older people about private matters and by not talking about an individual's care in front of others. • Staff use of curtains or screens appropriately and check before entering a screened area and personal care is carried out with discretion. 	
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<p>Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.</p>	<p>Negative (N) – communication which is disregarding of the residents' dignity and respect.</p>
<p>Examples include:</p> <ul style="list-style-type: none"> • Putting plate down without verbal or non-verbal contact. • Undirected greeting or comments to the room in general. • Makes someone feel ill at ease and uncomfortable. • Lacks caring or empathy but not necessarily overtly rude. • Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact. • Telling someone what is going to happen without offering choice or the opportunity to ask questions. • Not showing interest in what the patient or visitor is saying. 	<p>Examples include:</p> <ul style="list-style-type: none"> • Ignoring, undermining, use of childlike language, talking over an older person during conversations. • Being told to wait for attention without explanation or comfort. • Told to do something without discussion, explanation or help offered. • Being told can't have something without good reason/ explanation. • Treating an older person in a childlike or disapproving way. • Not allowing an older person to use their abilities or make choices (even if said with 'kindness'). • Seeking choice but then ignoring or over ruling it. • Being angry with or scolding older patients. • Being rude and unfriendly • Bedside hand over not including the patient.

Events

You may observe event or as important omissions of care which are critical to quality of patients care but which do not necessarily involve a 'direct interaction'. For example a nurse may complete a wash without talking or engaging with a patient (in silence).



Quality Improvement Plan

Quality Improvement Plan

Quality Improvement Plan: Ward 1 South Medical

Reference number	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
1	Staff supervision and appraisal should be carried out for all staff.	Nursing	Appraisals and supervision are both recognised to be important professional/governance requirements. Provided ward pressures do not prevent these from happening the Ward and Clinical Srs takes every opportunity to plan and undertake these Plan in place to complete staff supervision/appraisal - 6 staff per month.	Rolling programme
2	The number of FY1s should be increased to provide adequate medical cover across the hospital site.	Medical Staffing	Extra Float staff have been appointed	complete
3	Mandatory and role specific training should be completed.	Nursing	Continue to strive to complete mandatory training for all staff. Staff are pre-booked into mandatory training, however due to staffing pressures on	Ongoing

Reference number	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
			ward occasionally staff are unable to be released when there is no other alternative. Should this happen the staff member is booked on to another session. Percentage of staff trained is monitored on a monthly basis for mandatory elements.	
4	The ward environment should have a full assessment for dementia patients.	Medical/ Nursing	Environment has been assessed and improvements made. Dementia Clocks have been erected, toilet seats changed from white to black, bathroom doors coloured red, bins replaced with bins with soft closing lids. The bays have been colour coded for ease of differentiation by patients. Butterfly scheme implemented and distraction therapy resources have been purchased.	Complete
5	Staff should receive training on ANTT.	nursing	Training package available for ANTT and link to be forwarded to all staff and charge nurse to maintain records of staff trained and competencies gained.	June 2017

Reference number	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
6	The Sepsis Six bundle should be implemented for use within the ward.	Nursing/ Medical	Working group currently developing rolling out Sepsis Six bundle across the Trust.	End 2017
7	Kardexes should be fully and accurately completed.	Nursing	Weekly audits undertaken to ensure accuracy and completion of Kardexes. NQI Audits for delayed and omitted medication carried out at ward level monthly.	Ongoing
8	Nursing care records should be improved to accurately reflect patients' needs, their involvement in their care, and be in line with best practice guidelines.	Nursing	PACE framework has been rolled out to help accurately reflect patients needs, promote involvement of patients in their care in line with best practice guidelines.	7 th November 2016
9	Medical records should be improved in line with best practice guidelines.	Medical Staff	Associate Medical Director has been made aware to share with medical staff best practice for dating and signing entries and any alterations and record reviews of patients who have been unwell.	Ongoing

Reference number	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
10	A robust system should be implemented to ensure that patients' dietary requirements are correctly identified and to ensure that no patient requiring assistance, is overlooked during meal service.	Nursing/ Volunteers	Nursing staff supervise patient meals. Requirement for help at mealtimes is highlighted on the Patient Safety Briefing and at handover. In addition volunteers help assist at mealtimes.	Ongoing
11	Medical staff should ensure that DNAR documentation is completed appropriately.	Medical	Highlighted by Associate Medical Director to all medical staff the requirement to clearly reference the next of kin and the decision maker in relation to advance directives, consent or cardiopulmonary resuscitation. Guidance for care planning for end of life care was developed and implemented.	

Quality Improvement Plan: Ward 4 North Surgical

Reference number	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
1	Identified risks should be assessed and where necessary placed on the trust risk register.		Ward Staffing Levels has been, and still is, recorded on Surgery's Divisional Risk Register. This is reviewed monthly and amended accordingly.	On going
2	The trust should review nurse staffing levels and the recruitment of new staff should be expedited.		Lead Nurse and Ward Manager meet weekly to review staffing levels. The Surgical Division hold an HR Meeting once a month, whereupon an update is provided in relation to current vacancies, maternity and long term sick leaves, along with pending recruitments. The Division keeps in regular contact with the BSO.	On going
3	Staff supervision and appraisal should be carried out for all staff.		Appraisals and supervision are both recognised to be important professional/governance requirements. Provided ward pressures do not prevent these from happening the Ward and Clinical Srs takes every opportunity to plan and undertake these	On going

Reference number	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
4	All staff should be facilitated to attend mandatory training.		Staff are pre-booked into mandatory training, however due to staffing pressures on ward occasionally staff are held back if there is no other alternative. Should this happen the staff member is booked on to another session.	On going
5	The trust should review the fabric and repair of the ward and where possible increase storage facilities.		Estates work on 4North is presently underway, due to bed pressures a timetabled approach to works is taking place i.e. one bay at a time. Plans have been drawn up by Estates in relation to increasing storage facilities at ward level, these are currently under consideration.	On going
6	The sepsis six bundle be implemented for use within the ward.		As part of the regional review of the NEWS chart and the incorporation of the sepsis pathway training will be rolled out within Acute	Jan 2017
7	Kardexes should be fully and accurately completed.		4 North takes part in the Regional Omitted and Delayed Medication Audit. Staff are encouraged to report and escalate any issues noted with medications and kardexes.	On going

Reference number	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
			Spot check kardex audits are carried out.	
8	The quality and organisation of medical notes should be improved.		The principles of Good Record Keeping is discussed at the four & six monthly Junior Doctor Inductions. The General Surgical Junior Doctor Handbooks has section in relation to Good Record Keeping. Spot checks are also carried out.	On going
9	The trust should include patient, relative and carer comments as part of the overall strategy to improve the patient experience and ensure appropriate staff interactions with patients at all times.		4 North is taking forward a Patient Client Experience Questionnaire in relation to the development and implementation of the Emergency Surgery Ambulatory Clinic.	

Quality Improvement Plan: Emergency Department

Reference number	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
1	It is recommended that senior ED staff further introduce quality performance indicators where appropriate.		Nursing Quality Indicators specific to the Emergency Department will be measured and placed on Hospital dashboard	March 2017
2	Nurse staffing levels in the resuscitation area should be reviewed to enable a one nurse to one patient ratio.		There is ongoing regional work in relation to nurse staffing in Emergency Departments. The staffing in ED has been increased at risk in line with recommendations being proposed in the Regional ED Nursing Workforce Review, some of this is unfunded and at this point the Trust would be unable to increase the staffing without additional funding. There are 2 Registered Nurses in Resusc 24/7. There is capacity for 5 adults and 1 child in Resusc, Nurses are allocated from Majors and Minors when Resusc requires additional nursing support. This is our interim measure until additional funding is secured.	April 2017

Reference number	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
			At a high level if 5 Nurses, 1 per bed, was to be available 24/7 this would equate to 28 WTE.	
3	All ED nursing staff should have appraisal and supervision sessions in line with trust policy.		There is an ongoing process for staff to have appraisal and supervision. Further sisters have been trained in supervision Data on numbers of staff that have had supervision and appraisal are regularly monitored on the training matrix.	On going
4	Clear and consistent guidance for the issuing of identification wristbands within the ED should be introduced.		Clear guidance will be written and shared with staff	January 2017
5	Medicines should be stored in their original box.		A new electronic medicine storage and management system was installed in one area of the department. This system has helped medicine management and governance. Funding has been secured for further cabinets.	On going April 2017

Reference number	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
6	Nursing care records should be improved to accurately reflect patients' needs, their involvement in their care, and be in line with NMC standards of documentation.		A new Regional "Patient Centred Nursing Assessment and Plan" record is being developed for use in Emergency Departments with the assistance of NIPEC. This will reflect patients needs and their involvement in care.	February 2017
7	All patients should be routinely assessed for pain. A pain assessment tool should be introduced within ED for patients that cannot verbalise pain.		Patients will continue to be assessed for pain at triage The Abbey pain assessment tool is available in the department for patients that cannot verbalise.	Ongoing November 2017
8	The ED should introduce a system to monitor preventable pressure ulcers. Incident forms should be completed and Root Cause Analysis should be undertaken for hospital acquired pressure ulcers as appropriate.		A new Regional "Patient Centred Nursing Assessment and Plan" record is being developed for use in Emergency Departments with the assistance of NIPEC. This record incorporates skin assessment to identify pressure ulcers and skin interventions to prevent such. The Trust does complete incident forms and Root Cause Analysis for hospital acquired pressure ulcers.	February 2017

Reference number	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
9	The structured process of Intentional Care Rounding or similar should be introduced within the dept.		A similar process will be explored and considered with the introduction of the Regional Patient Centred Nursing Assessment and Plan Record.	March 2017

Quality Improvement Plan: Theme: Discharge

Reference number	Trust Recommendations	Designated department	Action required	Date for completion/ timescale
1	Electronic patient discharge letters should be populated with a clinical narrative and pre-existing diagnoses early during admission.	Medical	3 x Model Wards (one of which is 1 South) are piloting the SAFER bundle part of which is starting the processes for discharge earlier in the patient pathway in readiness for discharge, starting to populate patient discharge letters early is part of this process.	Ongoing
2	Initiatives to promote the attendance of FY1 doctors at morning ward rounds should be implemented. This may include: increasing or reallocating phlebotomy cover to those wards with the greatest burden of blood sampling; quality improvement and audit work to reduce the number of inappropriate blood tests.	Medical	Having additional FY1 cover has facilitated the FY1 attendance at morning ward rounds.	Ongoing
3	Exploitation of existing IT systems and training of medical and nursing staff in their full use.	IT	Roll out of Immix Flow	Ongoing



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