

Inspection Report

18 August 2022



Belfast Health & Social Care Trust

Type of service: Children's Hospital
Royal Belfast Hospital for Sick Children
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Responsible Person: Dr Catherine Jack	Position: Chief Executive Officer
Person in charge at the time of inspection: Ms Paula Cahalan	Position: Interim Director Child Health & NISTAR / Outpatients, Imaging & Medical Physics
Brief description of the accommodation/how the service operates:	
<p>The Royal Belfast Hospital for Sick Children (RBHSC) is the only hospital in Northern Ireland dedicated specifically to the care of children and provides general hospital care (secondary care) for children living in Belfast, as well as providing regional (tertiary care) paediatric specialities for all children throughout Northern Ireland.</p> <p>Specialist paediatric services provided in the hospital include neurology, intensive care, endocrinology, dermatology, trauma and orthopaedics, and neonatal surgery.</p> <p>The hospital's Emergency Department has data that shows attendances have increased from 39,370 in financial year 2017/2018 to 46,197 in 2021/2022 an increase of 6,827 attendances.</p>	

2.0 Inspection summary

An unannounced inspection took place to the Emergency Department (ED), RBHSC from 18 to 19 August 2022, and concluded on 26 September 2022 with feedback to members of the senior management team (SMT).

The inspection team comprised of four inspectors including the lead inspector, the clinical lead doctor and two care inspectors, one with children's nurse expertise; and administration support.

This inspection was carried out as a result of intelligence held by RQIA which highlighted the significant pressures experienced in the Royal Belfast Hospital for Sick Children (RBHSC). The intelligence comprised of a number of Early Alerts regarding the ED; a number of complaints; and correspondence from the Human Rights Commission.

The inspection focused on the model of care; environment; patient flow; increasing service demand and planning; staffing; record keeping; capacity and capability of completing quality improvement initiatives (QI); and leadership, management and governance.

The inspection team met with a range of staff, including managers, nursing, medical, support services and reception staff.

Staff told us how they work well together, but that they were at risk of burnout due to working long hours and extra shifts. They described good communication systems in place to update staff on the day to day functioning of the hospital with particular emphasis on patient flow.

Staff were observed delivering compassionate care in the context of a very busy ED and patient and relative feedback on their experience was positive.

As part of this inspection RQIA assessed the Trust's capacity to improve the provision of a safe service at ED, in the context of increasing demand for its services and workforce pressures. RQIA met with the Strategic Planning and Performance Group (SPPG) to understand the commissioning plans for the service. The SPPG advised that though RBHSC ED has not been specifically commissioned as a regional trauma centre it manages trauma cases. At the time of the inspection SPPG were awaiting a business case from the Trust and engagement continued with the Trust regarding the implementation of the paediatric strategy and associated funding.

Eleven new areas for improvement (AFIs) were made during this inspection in relation to; reviewing the model of care; the short stay paediatric assessment unit, the review clinic; the environment; signage for parents; patient flow; service specification; capacity and capability to meet national standards; staffing; training; arrangements to facilitate quality improvement initiatives and the frequency of staff meetings and recording of minutes.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect performance at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider (The Trust) to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the DHSSPSNI Quality Standards for Health and Social Care (March 2006).

Before this inspection a range of information relevant to the service was reviewed, including the following:

- Previous inspection reports;
- Review of the previous returned QIP;
- Information on Concerns;
- Information on Complaints;
- Other relevant intelligence received by RQIA; and
- Care Opinion website.

This inspection included discussion with staff, relatives and patients, observation of practice, and review of relevant documentation. Records examined during the inspection included nursing care records; medical records; senior management and governance reports; minutes of meetings; duty rotas; and training records.

4.0 What people told us about the service

Posters were displayed to inform patients, staff and visitors of the inspection. Both staff and patients were invited to complete a questionnaire during the inspection and the contents of the returned questionnaires are outlined.

The inspection team also engaged with 13 patients and relatives to listen to their views and experiences of the care within the hospital.

Patient and Relative Feedback

Feedback from parents and relatives was very positive in regards to the care and treatment their child had received. Some parents were anxious in respect of the Zone C waiting area (an area outside of the main ED waiting area) and its distance from the main ED treatment area. Some parents who had used the service on more than one occasion understood the waiting times were as a result of pressures on hospital services. Despite these waiting times they described that the staff they met were skilled and competent and took time to give advice and provide essential treatments.

Staff Engagement

Staff were all complimentary about their colleagues describing how they 'did their best' to deliver quality care often in very difficult circumstances. Staff reported they support each other and ward managers were very approachable and available on the floor at all times. Inspectors observed positive interactions, both between patients/ relatives and staff and between staff groups/teams.

All staff described an exceptionally busy unit, in particular further to the COVID pandemic. They described persistent pressures on the service and with no indications this would abate in the near future. Whilst staff were content to engage with RQIA some staff indicated that this engagement had been a welcome opportunity to describe current feeling of low morale and burn out. Some staff described continuous state of worry and concerns about the quality of care they could provide.

Staff raised concerns about triage times and number of patients leaving the department without being seen by a clinician due to long waiting times and described how they felt this was indicative of a failure in their service. We reviewed evidence which confirmed that triage times (seen within 15 mins) are frequently missed and waiting times can be excessive (6 hours or more).

Staff also stated they were concerned about; the waiting zones for patients, especially Zone C (see 5.2.2 section of the report); the "Visual assessment" system (see 5.2.2 section of the report); and not being equipped or prepared to care for children with challenging behaviours, drug addiction, pregnancy and alcohol abuse. In response to this the SMT arranged Children and Adolescent Mental Health Service (CAMHS), Managing Aggression and Potential Aggression (MAPA) and suicide awareness training to better equip staff when encountering these challenges.

Staff reported morale was at an all-time low, with a number of staff reducing their working hours in an effort to manage the stress and have a better work/life balance.

60% of respondents from the staff questionnaire (n=6) felt that service users were not safe or protected from harm due to insufficient staffing although, all six felt all service users were treated with compassion. All six respondents stated that they would be happy for a relative or friend to be cared for in the department.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The previous inspection to RBHSC was undertaken on 1 – 5 April 2019 where six areas for improvement were identified. During that inspection the areas for improvement applied to all wards visited as part of that inspection which included the following wards and specialist services across the hospital:

- Emergency Department (ED)
- Barbour Ward and Short Stay Paediatric Assessment Unit (SSPAU) to follow up on previous inspection findings
- Allen Ward
- Haematology Unit
- Paul Ward
- Knox Ward
- Belvoir Ward
- Clarke Clinic
- Day Procedure Unit (DPU)
- Haemodialysis Unit
- Paediatric Intensive Care Unit (PICU)

As these areas for improvement identified in the inspection of 1-5 April 2019 did not solely relate to the Emergency Department, they were not assessed on this inspection and are carried forward to the next inspection.

5.2 Inspection findings

5.2.1 Model of Care

RBHSC ED functions as the local paediatric ED for children from the Greater Belfast area. The ED also provides a tertiary service to children from across Northern Ireland (NI) who require specialist care that can only be provided in RBHSC.

Unlike adult ED's, there is not a paediatric equivalent to the Belfast HSC Trust Urgent Care Service which is staffed by GPs who, like all GPs, have competencies in assessing and managing children presenting with minor ailments and common childhood illnesses.

It is known that a significant number of patients from outside the Greater Belfast area choose to attend RBHSC instead of their local District General Hospital.

It is believed this practice is partly driven by knowledge that paediatric surgery is situated in the BHSCT. Furthermore, although the RBHSC ED is not commissioned as a regional trauma centre for children, it is treated as such, meaning the Northern Ireland Ambulance Service (NIAS) will bypass other Trusts to convey children to Belfast.

RBHSC ED is a consultant led service the benefit of which means that only 11% of all attendees are admitted to the hospital. This is a much lower admission rate in comparison to similar paediatric centres nationally where admission rates are reported to be between 15% and 20%. However data provided to inspectors showed ED attendance increased by 17% from almost 40,000 to over 46,000 attendees in five years. The increase in attendance to RBHSC ED can be attributed to many factors which include; the Covid-19 pandemic; the decision to increase the upper age range from 14 to 16 years; and a potential increase in the numbers of inappropriate GP referrals.

There are specific categories of care for triaging patients, and nursing staff in ED use a clinical risk assessment and management tool to determine the clinical priority of patients on arrival at the department. This tool supports clinical decision making categorising patients into one of five triage categories, for example, triage category one indicates people who require treatment immediately or within two minutes and categorised as having an immediately life-threatening condition needing immediate intervention, whilst triage category five patients are classed as non-urgent and requiring intervention within four hours of attendance at ED.

One of the consultants produced a report that evidenced children between the ages of 14 – 16 account for 8% of increased attendances, there was also an increase in category 1 (8%) and 2 (32%) patients indicating greater acuity of patients. Patients presenting to RBHSC in this age range are presenting with higher risks and are more complex in their presentation which are not typically seen in younger patients as a result of, mental health crises, deliberate self-harm, and overdoses. This higher level of acuity of mental ill health requires staff to be trained in managing aggression and potential aggression (MAPA) techniques and requires a separate safe space for de-escalation within the ED area, limited space was reported as a challenge to deliver high quality care in these circumstances.

The patient waiting times for triage and assessments has increased and triage targets and compliance with current key performance indicators (KPIs) as set by the Department of Health (DoH) were frequently missed.

RQIA had received a number of Early Alert notifications with regard to longer waiting times and pressures in RBHSC ED. At 00:00 on 8 August 2022 a record was taken of department numbers. Waiting time was 7-8 hours from time of arrival. 35 patients were waiting in the department at that time. One patient had been in the department for over 13 hours.

Reports from staff indicate several patients decided to leave before medical assessment or treatment due to prolonged waiting times which had been informed at triage. Leaving after triage and before medical assessment is not advisable and where a child deteriorates after leaving, medical intervention could be delayed.

Inspectors sought but did not receive any evidence of tracking/ auditing the number of patients leaving before medical assessment.

One consultant advised that review clinics were set up to review children with soft tissue injuries, (for example a possible scaphoid fracture in a short arm plaster of Paris) and urgent medical paediatric issues as the waiting time for rapid response can be a number of weeks. The clinics were started in response to children requiring urgent follow up having been seen and assessed in the ED. These children require consultant and nursing staff to assist with dressings and plaster of Paris applications.

This service is not commissioned or funded and no alternative service is available given the lack of access to primary care and the excessive waiting lists for outpatient departments. At its commencement only 2-3 patients required review; this has now risen to approximately 14 patients per day, thereby reducing the availability of medical staff from the work of the ED. Staff advised of plans to convert the minors ED to a Programme Treatment Unit (PTU). The future utilisation of the current minors ED caused concern given the impact this will have on reducing available space for existing ED arrangements for overflow patients and much needed storage space.

Paediatric patients who require assessment by relevant specialties were directed towards ED. The impact of this additional clinic is insufficient for ED staff to meet the needs of patients and is one factor likely to impact long waiting times and associated safety issues.

Two areas for improvement have been made in relation to the model of care and how it can be improved and, the use of the short stay paediatric assessment unit and the speciality assessment/review clinic.

5.2.2 Environment

The environment of the RBHSC ED was reviewed to assess whether it met the needs of the service.

The department was clean and as child friendly as possible given structural limitations. At the entrance to RBHSC there is a main thoroughfare which is a link to the entire hospital. On the right hand side the ED is accessible through double doors. This area contains the reception desk and two zoned areas. Zone A (for respiratory presentations) and Zone B (for those presenting with gastrointestinal issues (GI)). These are seating areas for patients to wait. Zone A and B are within eyeshot of the reception desk and nurses who call patients into triage. Depending on the presentation (prior to triage) and following a quick visual assessment the nurse will direct patients to the relevant zone.

During busy times and when the patient visibly appears not to require immediate attention they are directed to sit and wait in Zone C which is outside the ED area in the main entrance of the hospital.

Patients waiting in Zone C are not within sight of nurses or reception staff which creates a risk to patients who are directed to wait there and to those nurses who are responsible for monitoring the patients. There are prolonged times when patients are not seen in Zone C some of whom may deteriorate or leave without being triaged. There was insufficient signage to advise parents how and when to notify a member of staff if they had concerns about the changing condition of their child. All parents should be provided with information on recognition of deterioration following triage and there should be clear visible signage in all ED waiting areas advising parents on the signs of deterioration and how to seek help from staff if required – this was not visible during our inspection. This was a recommendation from a Serious Adverse Incident (SAI) Investigation Report (November 2013) which had not been implemented at the time of the inspection.

Staff advised that the ED environment was reconfigured recently to facilitate extra triage and resuscitation areas.

Currently the ED department comprises of nine cubicles, two treatment rooms, an observation room and a two bedded resuscitation area. There is one triage room and a private room previously used for confidential discussions with parents (such as 'breaking bad news') which is functioning as a second triage room.

Whilst staff stated they welcomed the reconfiguration they were concerned that the department has reduced in size and provided an example of a small room beside resus known as Dillon's Room (a small windowless room) that is used for deceased patients which now doubles up as a storage room. Each time the room is needed, staff are required to clear the area, this was described as leaving staff feeling embarrassed given the sensitivities of such situation when parents are bereaved and distressed.

On the first morning of our inspection we were told that the ED was not "too busy". Despite this, we observed first hand some of the challenges faced by staff and patients. The department was congested, with equipment stored in the corridor and every available space in the ED in use.

Staff described the pressures encountered during a busy night when all zones were full, children and parents were standing and sitting on the floor of the main outer reception area of the hospital. They reported that temporary additional space was being used in the short stay unit for minor injuries and storage. Staff are anxious if they lose this space to the PTU, the challenges of a lack of adequate space will intensify.

The RBHSC ED does not have sufficient space to treat patients presenting with self-harm or who have suicidal ideation. There is no ligature free room available to assess children presenting with acute mental health disturbance. Patients presenting with complex/ special and sensory needs have no suitable space (quiet and uncrowded area) to wait and are required to wait in busy, sometimes loud areas that might exacerbate their conditions/ behaviours. Thus increasing their and their parents stress levels/ anxieties.

There is a lack of adequate accessible toilets to meet the needs of patients who may require more space and older children requiring changing facilities.

The findings of this inspection indicate the present ED environment and space does not meet the needs of the service. The new RBHSC hospital will not open until 2028.

Two areas for improvement have been made in relation to environmental improvements and signage advising parents on the signs of deterioration and how to seek help from staff if required.

5.2.3 Patient Flow

Patient flow was reviewed to understand the patient journey.

The inspection team observed staff working hard to sustain the flow of patients through the unit under challenging circumstances (shortage of staff, high volume of people in the unit, low availability of beds). Some systems in place to assist with flow were working effectively, these included safety briefs and several additional meetings throughout the day to direct the individual patients to the correct department or ward and in some cases directing patients back to their local hospital.

The patient pathway commences at reception when the parent is given a booking slip and waits in the triage area for an initial "Visual assessment". The patient receives observations if the "visual assessment" indicates they may need them. Therefore it is based on nursing experience with regards to how the patient appears and not a standardised assessment tool.

Staff reported that patients should be seen/"Visual assessment" within 8 minutes of coming into the department. The "Visual assessment" area is, as noted section 5.2.2. It is open and lacks privacy. The "Visual assessment" assessment is carried out by nursing staff and all patients should still be formally and properly triaged within 15 minutes however the review of triage data confirmed that this is not always achievable and there is thus a risk that deteriorating patients may not always be identified in a timely way.

Within the ED there are adopted specific criteria for those nurses suitably experienced to carry out triage, the criteria include working in the unit for at least one year and able to demonstrate a set of competencies. Whilst this approach is supported by all staff as a safe model it leads to staffing challenges as not all staff in the unit have the necessary competencies to triage at this time. As a result the patient triage times increases greatly when the unit gets busy or there are two patients in the resus area (as this situation requires increased staffing levels).

Staff use a clinical risk assessment and management tool to prioritise the clinical need of patients attending the ED. Staff advised that it is a feature of paediatrics that children can deteriorate very quickly. Thus, the category assigned to children upon initial visual assessment, was not always reflective of the condition at triage and some children were upgraded to a category 1 or 2, requiring immediate attention. Of those staff we spoke to most believed that the practice and use of Zone C waiting area was unsafe.

Although parents were advised to seek attention if they felt their children had deteriorated, staff reported that this was not always happening and children had required resus and further specialist attention after initially being categorised as lower risk.

Reception staff advised they did not have training on recognising patients who present with symptoms and signs that suggest a potentially serious issue (commonly referred to as red flag signs) and the Trust should consider offering this training. This was a recommendation from Serious Adverse Incident (SAI) Investigation Report (November 2013).

As stated previously, the Short Stay Paediatric Assessment Unit does not function as a short stay unit and operates as a general ward with longer patient stays. This means that patients requiring admission for short periods of time of less than 24 hours are instead looked after in the RBHSC ED further impacting those pressures already highlighted.

Other factors staff reported that impact patient flow include;

- Northern Ireland Ambulance Service (NIAS) and parents bypassing local hospitals and bringing patients directly to RBHSC. Staff informed us that an incident form is created on these occasions and logged on the Trust's electronic incident system known as DATIX and;
- Northern Ireland Specialist Transport and Retrieval (NISTAR). NISTAR is the combined critical care transfer service for Northern Ireland. It incorporates the neonatal, paediatric and adult retrieval services. NISTAR provides advanced resuscitation, stabilisation and inter-hospital transfer of critically ill infants, children and adults. Patients are managed by specialised clinical teams experienced in transport and retrieval. An improved NISTAR service which currently operates up to 8pm only would relieve pressure on BHSC ED if this service was expanded to allow transfers back to the referring hospitals.

There are patients known to paediatric specialties who require assessment and review by the relevant consultant/registrar e.g. orthopaedics. These patients are advised to return to the ED for review and can wait in the ED many hours for assessment by a particular speciality. In order to address this, proposals have been developed to convert the minors ED to a Programme Treatment Unit (PTU), however this means alternative overflow space needs to be found for the ED.

In addition we discovered that there are no targets for timely admission to wards against which the performance and flow of the Emergency department can be monitored and assessed.

An area for improvement has been made in relation to improving Patient Flow.

5.2.4 Increasing service demand and planning

Ensuring that the workforce planning and recruitment of staff aligns to expected changes in demand was identified as a key priority for the Trust. On meeting Senior Managers within the Trust we heard of the plans to recruit additional consultant staff and senior nurses to the ED. This is further described below. In April 2020 a decision was made by the Trust, to increase age of patients attending RBHSC ED from 14 to 16 years of age. This was intended to ease pandemic pressures on adult ED services. Since 2021 there has been a documented 12% increase in the total number of attendances to RBHSC ED.

Children between the ages of 14 – 16 account for 8% of these, which is significant when one considers the range, acuity and complexity of presentations not typically seen in younger patients: mental health crises, deliberate self-harm, overdose. This pattern changes the presentation and case mix of those attending the ED.

As noted in section 5.2.1 a review clinic provided in the RBHSC had commenced at a time when only 2-3 patients required review for management and follow-up of soft tissue injuries and unconfirmed fractures. Now 14 patients per day, on average, were reviewed. Staff reported this takes ED medical staff away from the work of the RBHSC ED. RBHSC ED medical staff have not been able to secure agreement from other specialties to have patients reviewed within outpatients and were of the view that the review clinic, if it cannot be stopped, must be adequately resourced by the Trust going forward.

RBHSC ED receives paediatric patients who have suffered major trauma as it is the most appropriate location in the region to receive such cases. The unit has all necessary imaging and surgical provision to provide holistic trauma care. However, there is no on-site cardiac/cardio-thoracic surgical team in RBHSC so there is not a full trauma team available on site.

There are only a very small number of specifically identified Paediatric Trauma centres in the UK, Commissioners and the Senior managers within the Trust clarified that although it is not commissioned specifically as a Trauma Centre, that the hospital had the necessary infrastructure to receive and treat Trauma Patients. The main difference in commissioning a unit as a Trauma centre is to compare the service provision in Northern Ireland with units across the UK, commissioners advised of the intention to commission and partake in a 'Getting it Right First Time' (GIRFT) review to benchmark NI provision with similar services across the UK and identify where opportunities exist for improvement. In addition, work had been undertaken to assess the gap between current capacity and growing demand within the service. Proposals were being considered by the Trust Board to be submitted, indicating further investment in the unit to meet changing and growing demand. These were in the process of being finalised during the inspection, with a view to being considered by the Strategic Performance and Planning Group (SPPG) of the Department of Health (DoH).

An area for improvement has been made with regards to the Trust defining and documenting its provision for following patient groups: patients aged 14 – 16 of age, major trauma patients, and patients requiring review at the existing ED Review Clinic.

5.2.5 Staffing

The complement of staff, staffing capacity and staff training in RBHSC ED were reviewed by inspectors.

The Telford model is a tool widely recognised to assist in determining safe staffing levels for any service. The model is not prescriptive but incorporates local decision making around the number of patients whilst considering the level of their individual needs including patient acuity levels and the type of care they might need. Nursing staff ratio in the RBHSC ED had increased in 2021 in recognition of increased ED attendees (40,000).

A recent staff review report indicated a staffing requirement level of whole time equivalent (WTE) equalling 46 nurses, however during the inspection there was a funded establishment of 31 nurses, a shortfall of 15 WTE nurses.

There was some concern about a recent loss of experienced staff from the unit. Two experienced ED nurses had recently left, although three new starts are proposed to commence employment towards the end of the year, two of whom will be newly qualified staff and would benefit from the comprehensive induction in place within the unit. As part of the unit newly qualified nurses cannot triage patients until they have worked in the department for one year and must achieve their triage competencies. All nurses within the ED are paediatric trained, additionally, twelve nursing staff have completed a recognised post-trauma and emergency training course and all staff have been provided with in house training overseen by an ED Trauma Specialist Consultant.

Securing appropriate numbers of suitably trained staff is a regional and nationwide challenge. However, the Trust should continue to expedite actions to fill all vacancies. During inspection feedback meeting Trust managers expressed a high degree of confidence in filling vacancies and new appointments were pending.

Within the unit staff work in teams of red and blue and evidence from other paediatric ED's would indicate this is a very safe model to operate under.

Staff advised that the teams system supported the allocation of nurses to patients however staff commented that the teams system does not work at times of high acuity and felt this system would work more effectively if there were more staff to support it. The teams system was introduced in order to give staff accountability and continuity of care for allocated patients.

Through review of complaints it was advised that not all staff recording entries in the patient record were signing their entries in accordance with best practice.

Ward managers reported they are not able to act in a supernumerary capacity to provide oversight to their teams and had to undertake clinical duties often due to shortages of nursing staff. They also indicated they had limited administrative support for their management role.

Twilight shifts had been implemented to provide additional nursing cover during busy times at weekends. However some nursing staff advised of difficulties covering these shifts and felt a full additional night shift would have been more beneficial than a twilight shift.

It was noted by inspectors and reported by nursing staff that ward managers were often visible in ED and staff confirmed good support from their immediate line management.

There are presently seven WTE consultants one of which was on maternity leave. There were significant shortages of middle grade doctors on the rota and only one senior house doctor operating between the hours of two and eight am. Consultants informed us that they regularly are required to stay on shift beyond 23:00 hours to complete work and are concerned that continuation of this practice will lead to exhaustion and burn out.

We were informed that the Trust had recently advertised two consultant posts and a paper has been prepared and forwarded to the Trust's executive management team for additional funding to increase both nursing and medical staffing levels. The paper also requests an updated review of all services currently provided in the RBHSC ED including speciality clinics.

Doctors reported to us that the current framework around accessing locum cover is not in keeping with adult emergency departments. They reported the challenge arises from the offer of enhanced rates for locum shifts came too close to the shift starting date and that due to a lack of advance notice medical staff were already committed to cover locum shifts elsewhere across the HSC. This matter was raised with SMT and options to counter this challenge were discussed including the option to offer an enhanced rate however the interim director advised the Trust did not want to deviate from the regional protocol.

Staff indicated that the current staffing levels are unsafe and provided an example that if they receive more than one resuscitation call the rest of the department is stretched beyond capacity and unsafe. Staff advised they have escalated staffing pressures to the SMT.

Extra ED attendance creates additional workload for admin and ED trackers, particularly during out of hours. There is also a lack of adequate and reliable equipment to support staff in their role, there is only one printer in the ED and staff rely heavily on this to print patient records known as "flimsies". When the printer is faulty this has a huge impact on medical and nursing staff working efficiently.

Mandatory training records were reviewed. Although there was good compliance of mandatory training recorded for nursing staff across most training courses there were significant low compliance levels with the following training; "right patient; right blood", tissue viability and children and adults safeguarding training.

However staff reported difficulties accessing training due to the need to cover shifts. The medical staff mandatory training table evidence a 50 % deficit in training across most mandatory courses with the highest level of achievement being 88.95% having received Hyponatraemia training. There was a zero percentage of return of doctors completing; managing aggression and potential aggression (MAPA) training and aseptic non-touch technique (ANTT).

ANTT is a core nursing and medical skill that defines the infection prevention and control methods and precautions necessary during invasive clinical procedures to prevent the transfer of micro-organisms to 'key' or sterile body sites from healthcare professionals, procedure equipment or the immediate environment to a patient.

There were also deficits in fire awareness training and infection prevention control training.

The Trust commenced a benchmarking exercise with Southampton Trust, the focus being to restart, refresh and confirm how they are performing against peers, using recognised tools. The results indicated RBHSC ED is not where it should be. This should remain a focus for the Trust.

Three areas for improvement have been made relating to the completion of the benchmarking exercise, staffing and escalation of shortfalls and mandatory training.

5.2.6 Record Keeping

We reviewed patient records to assess if the required standard was met. Entries were satisfactory at the time of reviewing, with all professionals involved having signed and dated their entries. The visual assessment was documented along with the time and any emerging concerns.

The category of the child requiring treatment was highlighted in bold to make all staff aware of the level of care. The documentation by medical staff was found to be of a high standard. Any investigations and findings indicated on the record were documented and followed up accordingly.

5.2.7 Capacity and capability of completing Quality Improvement Initiatives (QI)

The RQIA inspection team noted that there were seemingly few ongoing QI projects. A request was made to the Trust for the number of QI initiatives undertaken within the last 12 months. A presentation on a QI pilot project was shared with the inspection team with the aim of improving communication with Primary Care referrals and to increase number of referrals discharged with advice by 50%. We were advised of a GP information line, and a QI project regarding the implementation of a symptom checker which is in its infancy. A patient pathway to improve flow from ED to wards was introduced in June 2021 and is due for audit in Sept 2022.

However there was limited information forthcoming for other QI projects. This was despite a clear and significant need for QI within the department. However, the inspection team reflects that the lack of QI work is symptomatic of the pressures staff are under and the lack of time and space to undertake QI. Although the Trust had advertised for a Service Improvement Lead at 8A level, to ensure continuous improvement going forward, the Trust must invest in building QI capacity and capability across all clinical teams (medical, nursing and AHP) within the RBHSC ED. This will require management to allocate time for interested individuals with clinical leadership responsibility (consultants / ward managers / nurse leads etc.) to oversee the delivery of a co-ordinated and relevant programme of QI work with a focus on safety.

An area for improvement has been made regarding the development of an overarching improvement plan for the RBHSC ED.

5.2.8 Leadership, Management and Governance

The local leadership, management oversight and governance structures were reviewed.

All staff reported that while there was good local management support within the ED there was limited response reported down from senior management when issues were raised.

A daily multidisciplinary escalation call began early September 2021 and continues. A report is produced then circulated providing bed state and snapshot of what previous day/day ahead looked like and what key actions need to be taken.

A safety huddle at 11am also takes place to review the bed state, staffing pressures, what solutions are in place and any extraordinary issues that need highlighted. A further meeting takes place at 12:30 between service managers as well as a 4:30pm meeting on a Friday ahead of the weekend where all concerns are discussed.

There is a weekly governance meeting held with the hospital and NISTAR staff. Upon review of these minutes it is difficult to decipher which wards and departments have representation at the meeting and again while action points are recorded it is not clear in all cases who is identified as the owner and no timescales are set.

Minutes of ED staff meetings were reviewed, and it was noted staff meetings have not taken place since December 2021. There was a senior consultant meeting in July 2022. The evidence provided showed meetings were not held on a consistent basis. Minutes could be improved by noting action owners and timescales.

The escalation policy was reviewed and in date. However, upon review of a paper presented to SMT and during discussion with staff it became clear that there was a lack of awareness and responsibilities of staff to implement the escalation policy. Staff reported that over the last few months, they have consistently been at amber and red escalation levels however this has not been escalated.

The RBHSC ED risk register was reviewed, and inspectors noted it did not reflect that the model of care does not meet the needs of the population; there is a lack of capacity and capability to safely deliver a service: and there is an increased volume of patients and, in particular, 14 – 16 year olds and major trauma. The unit is covered by a single SHO on site between the hours 0200 – 0800 which, whilst a historical arrangement, is no longer sufficient within the current context. This matter was discussed with representatives of the SMT who agreed to review the risk register.

The interim director had advised that the Trust executive team were aware of the issues pertaining to the RBHSC ED and a presentation had been made to Executive Team in early July 2022. A presentation was also scheduled for Trust Board in early September 2022 to highlight the challenges.

In addition, senior management advised of meetings held with SPPG which commenced in May 2022 and advised they are fully sighted on the issues in ED RBHSC.

The following issues are on the agenda;

- meeting the demands at the front door
- senior medical cover OOH
- having the right staff with the right skills
- increasing the bed capacity
- the new hospital build (2028)

An area for improvement has been made in relation to improving governance oversight.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **DHSSPSNI Quality Standards for Health and Social Care (March 2006)**.

	Standards
Total number of Areas for Improvement	11

Areas for improvement and details of the quality improvement plan were discussed with the SMT during feedback on 26 September 2022, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPSNI Quality Standards for Health and Social Care (March 2006)	
<p>Area for improvement 1</p> <p>Ref: Standard 6 Criteria 6.3.1</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2023</p>	<p>Working with stakeholders in Primary Care and across all HSC Trusts, The Belfast HSC Trust must ensure submission of clearly documented proposals to secure safe and effective provision of unscheduled care for children within the Royal Belfast Hospital for Sick Children.</p> <p>Proposals should be costed and formally submitted to the SPPG of the DoH for consideration. These proposals should cover:</p> <ul style="list-style-type: none"> • regional arrangements for children outside the Greater Belfast area to attend RBHSC ED; • the scope of the current service provision • staff capacity and capability requirements; • framework to measure effective patient flow within the department. <p>Ref 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>It has been recognised by the Executive team in the Belfast HSC Trust that the current funded workforce arrangements within the RBHSC ED are not sufficient to manage the current unscheduled demands of service.</p> <p>The Executive team have endorsed and supported a position where the service has started to recruit a number of key nursing and medical posts at risk (as inescapable pressures). The recruitment of these posts is underway.</p>

The Trust has completed and submitted an investment proposal under the policy direction of “No More Silos” to the DoH in February 2023. Which included:

- the scope of the current service provision
- staff capacity and capability requirements;
- framework to measure effective patient flow within the department.

In relation to reviewing the regional arrangements for children outside the Greater Belfast area to attend RBHSC ED;

Children attending ED from a non-Belfast Trust of residence arrive in two ways, either transported by their parent (referred by the GP or the parent arriving directly to ED) or via NIAS.

BHSCT are trying to address this by:

- Raising the issue through the Trust’s GP Partnership meetings
- Raising the issue via the Regional Child Health Partnership Forum
- There is ongoing partnership work with regional District General Hospitals (DGHs) to maximise capacity and repatriate an increased number of patients to their home Trust, if clinically appropriate, from the point of Decision to Admit (DTA) or following admission to RBHSC where they may require ongoing but non-specialist level care.
- Ongoing engagement with the Senior Management Team (SMT) in NIAS. A process is in place whereby the Clinical Lead / Service Manager makes contact with the SMT in NIAS to review any incidents of by-passing local DGHs which may appear inappropriate.
- A Paediatric symptom checker was launched in Sept/October 2022. This is a traffic light system to assist parents in deciding when to attend ED. The Paediatric symptom checker can be accessed through the Trust website. At its launch the Trust engaged with local media outlets to raise parental awareness and promotes the resource via Social Media outlets. It has had in excess of 50,000 online visits since its launch.
- Since December 2022 there has been information available in the ED and the wards that is given to parents to inform them that, should their child require an admission to hospital, they will be admitted to a suitable bed, however that bed may not be in the RBHSC and arrangements are then made to transfer the child to another suitable bed within the region (i.e. within the families Trust of residence area).

	<ul style="list-style-type: none"> • RBHSC SMT, ED team and IT department are working together to design an electronic dashboard which will measure and monitor patient flow within the department and across the site. This will also assist with providing timely information to patients and their families. Funding has now been identified through the capital funding route and it is hoped that this dashboard will be in place by end of September 2023. • The RBHSC team will continue to monitor flow using the existing processes of the escalation calls.
<p>Area for improvement 2</p> <p>Ref: Standard 5 Criteria 5.3.1(f)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2023</p>	<p>The Belfast HSC Trust should ensure the effective operation of the Short Stay Paediatric Assessment Unit for provision of direct Specialty Assessment that does not require ED attendance.</p> <p>The Trust should identify solutions to improve patient flow through these units which will have a positive impact on waiting times within the ED.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Belfast HSC Trust will complete an exercise by end of September 2023 to identify the numbers of children known to specific specialities who are attending ED to seek advice and treatment directly from the speciality (it is anticipated this is very small numbers).</p> <p>If this exercise identifies that the numbers are impacting on the volume of attendances / prolonged waiting times in ED, the team will review and determine the best course of action at this point The team may explore a number of solutions including the use of the Short Stay Paediatric Assessment Unit or pathways to rapid assessment through outpatient clinics.</p>

<p>Area for improvement 3</p> <p>Ref: Standards 5 & 6 Criteria 5.3.1(a, b, c & e) and 6.3.2(a)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2023</p>	<p>The Belfast HSC Trust should take all possible steps to ensure environmental improvements to the ED. These should include consideration of;</p> <ul style="list-style-type: none"> • A ligature-free room for the assessment and treatment of patients presenting with acute mental health concerns; • A quiet waiting area for children with complex/sensory needs; • An appropriate space for storage that will enable 'Dillon room' to be used when required for bereaved parents; and • Arrangements for adequate changing/toilet facilities for children who require appropriate space for changing. <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The RBHSC team have worked with the Health and Safety Team in the Trust to complete a Risk Assessment for Ligature points across the Children's ED area, this assessment has now been submitted to the Trust's Estates Team for costing and proposed work dates. If the capital investment is approved, it is hoped this work will be completed by end March 2024 but this work is dependent on Estates' time schedules.</p> <p>The ED team have opened the minor's area and the foyer area for overflow during busy period to allow more space and a quieter area for children requiring it.</p> <p>The Dillon room in ED has now been cleared of items that were being stored. There will be a refurbishment of the Dillon room to make it more comfortable and suitable for bereaved parents. This room could also be used as space for complex children on request. The refurbishment plan will consider this additional use. It is hoped this will be completed by the 30th June 2023.</p> <p>RBHSC will work with the Estates department with an aim to assess if the existing toilet areas can be improved to meet the needs for children who require additional space for changing. We will aim to have this assessment undertaken by End of June 2023 but this is dependent on estates time schedules.</p>

<p>Area for improvement 4</p> <p>Ref: Standards 5 & 8 Criteria 5.3.1 (b & e) and 8.3(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The Belfast HSC Trust should ensure parents are provided with information to assist in the identification of deterioration following triage and how to seek help from staff if required.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>At present there are signs throughout the waiting area which highlight the steps parents / carers should take if their child deteriorates in the waiting area.</p> <p>All parents / carers are informed during the triage process how to escalate if their child deteriorates in the waiting area.</p> <p>If there are periods of long waiting times, a Health Care Assistant / Nurse carries out observations in the waiting area to identify any deteriorating children.</p> <p>Electronic screens will be fitted in the waiting areas providing ongoing information as part of the implementation of the electronic dashboard. Funding has now been identified through the capital funding route and it is hoped that this dashboard will be in place by end of September 2023.</p> <p>An information card is currently being developed to give to parents at triage, this will reiterate the steps they need to take if their child deteriorates following triage. The RBHSC team aim to have this in place by end of March 2023.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4 Criteria 4.3 (h & i)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2023</p>	<p>The Belfast HSC Trust should urgently take appropriate steps to improve patient flow within the RBHSC ED with the aim of reducing waiting times for triage, assessment, admission and discharge.</p> <p>This may involve:</p> <p>Review of protocols and policies on arrangements for: clinical team with responsibility for decision to admit, time from decision to admit to ward transfer, the use of overflow areas, the use of the Short Stay Paediatric Assessment Unit, the use of an alternative area for specialty assessment.</p> <p>Periodic audits should monitor compliance and adherence to these policies and identifying barriers to adherence.</p> <p>Ref:5.2.3</p>

	<p>Response by registered person detailing the actions taken:</p> <p>Belfast HSC Trust will review protocols and policies on arrangements for:</p> <p>Clinical teams with responsibility for decision to admit, time from decision to admit to ward transfer, the use of overflow areas, the use of the Short Stay Paediatric Assessment Unit, the use of an alternative area for specialty assessment.</p> <p>the Belfast HSC Trust is carrying out a scoping exercise of an Unscheduled care model bringing together ED and the medical team (including specialities) from across RBHSC to improve relations, and patient flow and agree the Winter preparedness plan for 2023-24. It is expected this exercise will be completed and actions implemented by September 2023.</p> <p>There is a “Safer hospitals” protocol in draft based on the Royal College of Emergency Medicine checklist for improving flow of patients in an unscheduled area, this will include transfer to wards, being seen by a speciality doctor. This protocol will be agreed by 30 September 2023.</p> <p>Belfast HSC Trust have taken a number of steps to improve patient flow;</p> <p>Inpatient bed capacity is being flexed up by a further 5 beds, depending on staff availability, to support patient flow. This will be possible on an ongoing basis following the completion of the staff recruitment process associated with the new investment currently being bid for.</p> <p>Several pathways have been developed with support by the Infection Prevention & Control (IPC) team for cohorting of patients to increase space.</p> <p>To improve patient flow within ED, an area close to the ED can be opened as a minor's area out of hours to increase clinical space.</p> <p>3 new clinical treatment rooms were opened in September 2021 to increase clinical space within ED.</p> <p>There is ongoing partnership work with regional DGHs to maximise capacity and repatriate an increased number of patients to their home Trust, if clinically appropriate, from the point of Decision to Admit (DTA) or following admission to RBHSC where they may require ongoing but non-specialist level care.</p>
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	<p>There is ongoing engagement with the senior management team in NIAS. A process is in place whereby the Clinical Lead / Service Manager makes contact with the SMT in NIAS to review any incidents of by-passing local DGHs which may appear inappropriate.</p> <p>An information leaflet has been developed for parents and social media coverage deployed, explaining that a child may be transferred to another hospital if clinically appropriate.</p>
<p>Area for improvement 6</p> <p>Ref: Standards 4 & 5 Criteria 4.3 (b) and 5.3.1 (e)</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2023</p>	<p>The Belfast Trust should define and document its provision for following patient groups: patients aged 14 – 16 of age, major trauma patients, and patients requiring review at the existing ED Review Clinic.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken:</p> <p>At a meeting of the Belfast HSC Trust Executive Team in July 2022, it was noted that the temporary arrangement put in place during the Covid-19 pandemic which covered 14–16-year-olds attending RBHSC rather than RVH ED remained in place.</p> <p>It was agreed that, given the ongoing pressures within RVH ED, it would not be in the interests of this patient group to revert to the pre-pandemic arrangements and instead resources should be deployed to allow RBHSC to continue to support this patient group.</p> <p>Since this time, work has been ongoing within the Senior Team to finalise a workforce proposal and seek funding to implement it.</p> <p>There have been and continue to be both internal and external discussions regarding the Major Trauma provision in RBHSC.</p> <p>In 2021 it was agreed with the Major Trauma Network (including NIAS as a key stakeholder) that RVH would continue to accept and treat 14–16-year-olds with Major Trauma (supported as necessary by RBHSC) and further work will be required with SPPG to finalise the arrangements for children aged 13 and under. This is documented within the Major Trauma Pathway which has been shared with all key stakeholders.</p> <p>The arrangements for the delivery of the ED Review Clinic are included in the workforce proposal.</p> <p>There has been a notable increase in the number of Children and young people presenting to the RBHSC ED with severe mental health difficulties.</p>

	<p>This presents a unique challenge to ED and to the in-patient wards. These vulnerable children and young people require bespoke, intensive support which is not currently possible within the commissioned service. The Senior management team are working with the Trust's Mental Health directorate to agree new pathways and models of care which will include a scoping exercise to agree a proposal for a new Mental health liaison service. However, as this will require additional funding it is not currently possible to allocate a timescale for this action.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 5 Criteria 5.3.1(f)</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2023</p>	<p>The Belfast HSC Trust should prioritise completion of the benchmarking work underway to review the capacity and capability of the RBHSC ED to meet national standards.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Senior Medical Team in RBHSC have made initial contact with the Royal College of Paediatrics and Child Health (RCPCH) Royal College of Emergency Medicine (RCEM) & Civil Eyes to agree a benchmarking exercise for activity and the service model including the workforce profile.</p>
<p>Area for improvement 8</p> <p>Ref: Standards 3 & 4 Criteria 3.3.3 (d) and 4.3 (i & j)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2023</p>	<p>The Belfast HSC Trust should</p> <ul style="list-style-type: none"> • Implement a mechanism to monitor and report on the numbers of staff available against requirements and escalation arrangements where there is a significant shortfall of staff availability. • Consideration should also be given to the reconfiguration of medical rotas to increase the number of staff available out of hours, with particular attention given to on-site cover between the hours of 0200 - 0800. <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Following an increase in ED attendances the Trust recruited, at risk, an additional 7.0 WTE Band 5 RN in 2021. As a result of further increased attendances, a subsequent review of safe staffing levels was undertaken using analysis of activity; professional judgement; zoning of areas in ED and Delivering Care Principles (2017). The Trust is in the process of recruiting further posts, at risk, to meet part of this unfunded gap and will equate to 12 WTE Band 5 RNs, 2 WTE Band 6 and 3 WTE Band 3. The position at the start of March 2023- there are 8 Band 5 Staff over recruited with further 4 being progressed;</p>

Band 6 interviews are arranged and Band 3 posts in recruitment process.

Workforce planning is undertaken on an ongoing basis to recognise and plan recruitment against staffing gaps and discussions remain ongoing with commissioners re appropriate funding streams.

Operationally, nurse staffing is planned in advance and approved through the E-Roster. Gaps are escalated in advance; rosters reviewed for any required changes and moves and shifts are put out for bank and overtime cover. If gaps remain, these are reviewed against staffing levels across the hospital and staff moved in to provide support to ED as able.

Nurse staffing is reviewed across the site at the RBHSC escalation call each morning at 08:30 and again at 12:30 (and when needed at other escalation calls) Staffing is also reviewed at the bed meeting which the ward managers attend at 11:00am.

If required staff will be asked to help in ED (pending skills and knowledge base). This happens during the week and at weekends.

RBHSC Patient Flow are the senior Nurse in charge out of hours and oversee staffing levels, escalating where necessary to the Senior Manager on call who, in turn can escalate to the Trust Co-Director on call, Senior Nurse Advisor and the Trust Director on call should they need to.

Medical rotas are developed in accordance with Trust processes and all necessary steps are taken to address any potential gaps.

Medical staffing is also reviewed daily at the daily 08:30am and 12.30pm escalation calls and any emergent gaps arising from unexpected absences are sent through to medical admin with an aim to filling via Trust locum/agency. Contingency measures are also explored (i.e. support from Paediatric Medicine/Specialities medical staff/ Physician's Assistants at weekend and use of the on-call rota.

Following completion of the resource bidding process, the Trust will increase the unscheduled care medical staffing budget on a recurrent basis to support the recruitment of 4

	<p>Clinical fellows to provide a rota for overnight cover with more senior decision makers available and provide support for rapid review clinic capacity / ED review clinics. Clinical Fellow posts by their nature are one year posts.</p> <p>The Trust is in the process of recruiting these posts.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 4 Criteria 4.3 (m)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2023</p>	<p>The Belfast HSC Trust should ensure that all medical and nursing staff meet mandatory training requirements. A training needs analysis should be undertaken and should inform any additional training requirements to meet the needs of the population.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>Nursing – The Trust has recently been able to appoint a new Clinical Education Facilitator (CEF), Band 7 to RBHSC and he has taken up post at the start of January 2023. This RSCN will work in conjunction with the senior management team and ED sisters to undertake a fresh review of education requirements through Training Needs Analysis and discussion with staff. This will include consideration of any changing education requirements given some changes in patient demographics and attendances. There will also be an exercise to review mandatory training records and update database. This will include a clear plan for addressing any training gaps and ensure staff have the required elements as soon as possible. The CEF Has undertaken a baseline scoping exercise regarding Band 3 training in March 2023 and a bespoke training programme has been requested to assist this group of staff. The service aims to progress this by the end of September 2023.</p> <p>The CEF in conjunction with ED sisters is also assisting with addressing any areas of concern and getting all mandatory training needs actioned and addressed. Mandatory training is ongoing and requires consistent review. The CEF will provide monthly updates on progress to Div Nurse from March 2023.</p> <p>Medical The Medical Director's office (MDO) has commenced a review of Medical Mandatory Training. The Divisional Interim Chair of Division has joined the task & finish group for this work.</p> <p>The Child Health senior management will complete a training needs assessment for medical staff to include new skill developments required for delivery of age-appropriate care & management of children presenting with mental health difficulties. This will be included in the MDO review.</p>

<p>Area for improvement 10</p> <p>Ref: Standard 5 Criteria 5.3.3 (d & g)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2023</p>	<p>The Belfast HSC Trust should ensure co-ordination in delivery of improvement activities. This may involve an overarching improvement plan for the RBHSC ED to focus on necessary improvements in safety and quality.</p> <p>A programme of work should be devised with clear action plans, timescales, appropriate oversight and monitoring arrangements to measure progress, alongside indicators of quality and safety, including clinical outcomes.</p> <p>There should be adequate time within consultant job plans and ward manager work allocation to enable effective clinical leadership and management within the department, to include improvement work.</p> <p>Consideration should be given to funding one session per week for a Consultant in Paediatric Emergency Medicine to co-ordinate and drive QI within RBHSC ED. The Belfast HSC Trust should invest in training RBHSC nurses in QI to facilitate an MDT approach to improvement within the ED.</p> <p>Ref: 5.2.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Belfast HSC Trust is committed to a journey of improvement within the RBHSC ED. The RBHSC SMT invited the PHA nurse consultant to undertake 2 observational visits within the department in November 2022. The PHA nurse consultant is a paediatric nurse by background with extensive experience working in Emergency departments in London. She also has experience in Service improvement, both previously and in her current role. Feedback from the observational visit has now been received and is in process of being turned into an improvement action plan. It is planned that this work will be completed by 31 March 2024.</p> <p>Additionally, the BHSCT already supports ED service improvement within its adult settings. The improvement work not only focuses on the front door but also the patient flow through a site. The Executive team has endorsed RBHSC engagement with this service improvement team. The external Consultant will be visiting the RBHSC on 10th March 2023 and time frames for this work to be commenced will be agreed at that point.</p> <p>These two pieces of improvement work will link closely and underpin the improvement work as part of this QIP and will have clear action plans, timescales, appropriate oversight and monitoring arrangements to measure progress, alongside indicators of quality and safety, including clinical outcomes.</p>

	<p>The first draft of the QIP will be available by 31 March 2023 and will be shared with the RQIA. It is anticipated that all actions within the QIP that are within the control of the service will be completed by 31 March 2024.</p> <p>As part of the outworkings of the recommendations arising from the PHA Nurse consultant observational visits, a review of the ED medical workforce will be undertaken.</p> <p>This will include analysis of the optimal deployment of the medical workforce across the 7-day service matched against periods of highest patient activity. The rostering of a senior medical decision maker across all shifts will be a key priority for this piece of work.</p> <p>The BHSCT will give consideration to supporting one session per week for a Consultant in Paediatric Emergency Medicine to co-ordinate and drive QI within RBHSC ED. However, as this will require additional funding it is not currently possible to allocate a timescale for this action.</p> <p>The RBHSC team are reviewing the ward manager work allocation on an ongoing basis to enable effective clinical leadership. The ED ward sisters have now set up regular meetings for the 3 Band 7`s to ensure agree core actions and staff management for the department as collective group. Senior team- Divisional nurse, Service manager and Lead nurse are also meeting regularly with the 3 Ward sisters to provide advice and ongoing support.</p> <p>RBHSC is engaging with Delivering care work (phase 10). Delivering care would provide the additional funding required for clinical areas to benefit from additional staffing including Band 6 clinical leadership, some additional funded band 5`s as well as supervisory Band 7 Sister/ charge nurse, as per Delivering care principles. However, this work is led on by the PHA and the deadline for completion rests with the PHA.</p> <p>The new Clinical Education Facilitator working with the Nurse Development Lead (NDL) for the RBHSC will facilitate completion of mandatory training. One element of mandatory training is the introduction to QI module. Staff will complete the QI module by end of October 2023.</p>
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<p>Area for improvement 11</p> <p>Ref: Standard 5 Criteria 5.3.1 (f)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p>	<p>The Belfast HSC Trust should improve communication and escalation arrangements: Actions may include</p> <ul style="list-style-type: none"> • ensuring regular staff meetings take place and that proper records of meetings and actions are created and shared (to include meetings with NISTAR). • defining who has responsibility to implement the escalation policy • providing training to all relevant staff in relation to the implementation of the Escalation Policy. • drills and simulation scenarios. • ensuring the RBSCCH ED risk register is current and up to date. <p>Ref: 5.2.8</p>
	<p>Response by registered person detailing the actions taken:</p> <p>RBHSC ED currently hold a number of set meetings. The team will review the current meeting schedules and commence planning a calendar of regular staff meetings that are minuted and communicated to all relevant staff by End October 2023.</p> <p>The RBHSC escalation plan was reviewed and signed off by the RBHSC Collective Leadership Team and SMT with the Winter surge plan in September 2022. As part of this process a “tabletop” meeting/exercise took place (including members of the ED team) and feedback was incorporated.</p> <p>It is a live escalation plan and has been shared widely across the RBHSC site and service areas. It is used daily as part of the escalation processes existing within the RBHSC. These meetings take place 7 days a week. This plan does include ED triggers for escalation.</p> <p>This daily use has allowed for real time testing of the plan and some changes have been discussed. A formal review of the escalation plan will be scheduled before end of March 2023. This is the responsibility of the RBHSC CLT.</p> <p>The recent observational visit from the PHA Nurse consultant indicated that ED may need their own local escalation plan which fits into the wider site escalation plan. The reason given for this is that at times ED may be moving towards a higher level of escalation that is not felt experienced across the rest of the RBHSC site. A review of the hospital's escalation process will take place, taking consideration of triggers within ED setting. This review and any agreed action will be completed by 31 December 2023.</p> <p>Any changes to escalation processes will also include a communication/training plan for staff if required.</p>

	<p>The ED risk register is currently being reviewed and updated in line with the Belfast HSCT assurance framework. This work should be completed by End December 2023.</p>
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Areas for improvement identified in the inspection of 1-5 April 2019 did not relate to the Emergency Department, they were not assessed on this inspection and are carried forward to the next inspection.

**Please ensure this document is completed in full and returned via the Web Portal*



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