The Regulation and Quality Improvement Authority

Unannounced Hospital Inspection Report

South West Acute Hospital

3 - 5 October 2017

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Contents

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Abbreviations

ED	Emergency Department
GMC	General Medical Council
HIP	Hospital Inspection Programme
IV	Intravenous
QIP	Quality Improvement Plan
RQIA	Regulation and Quality Improvement Authority
SWAH	South West Acute Hospital

1.0 What We Look for

We assess if services are delivering, safe effective and compassionate care and if they are well led.

2.0 How We Inspect

Regulation and Quality Improvement Authority (RQIA) inspects quality of care under four domains:

- Is the Area Well- Led? Under this domain we look for evidence that the ward is managed and organised in such a way that patients and staff feel safe, secure and supported;
- Is Care Safe? Under this domain we look for evidence that patients are protected from harm associated with the treatment, care and support that is intended to help them;
- Is Care Effective? Under this domain we look for evidence that the ward or unit or service is providing the right care, by the right person, at the right time, in the right place for the best outcome; and
- Is Care Compassionate? Under this domain we look for evidence that patients, family members and carers are treated with dignity and respect and are fully involved in decisions affecting their treatment, care and support.

Under each of these domains and depending on the findings of our inspection, we may recommend a number of actions for improvement that will form the basis of a Quality Improvement Plan (known as a QIP). Through their QIP the hospital and Trust will put in place measures to enhance the quality of care delivered to patients and to effectively deal with issues we have identified during inspection.

The standards we use to assess the quality of care during our inspections can be found on our website[1]. We assess these standards through examining a set of core indicators, which are also available on our website[2].

[1] https://www.rqia.org.uk/guidance/legislation-and-standards/standards/
[2] https://www.rqia.org.uk/guidance/guidance-for-service-providers/hospitals/

Together these core indicators make up our inspection framework, and this framework enables us to reach a rounded conclusion about the ward or unit or service we are inspecting.

During inspections, the views of and feedback received from patients and service users is central to helping our inspection team build a picture of the care experienced in the areas inspected. We use questionnaires to facilitate patients and relatives to share their views and experiences with us. Our inspection team also observes communication between staff and patients, staff and relatives/family members, and staff and visitors. These observations are carried out by members of our inspection team using the Quality of Interaction Schedule observation tool. This tool allows for the systematic recording of interactions to measure the quality of interactions.

We also facilitate meetings and focus groups with staff at all levels and all disciplines in the areas or services we inspect. We use this information to inform the overall outcome of the inspection and the report produced after the visit.

3.0 Hospital Overview

The South West Acute Hospital (SWAH) is part of the Western Health and Social Services Trust.

The SWAH serves the population of Fermanagh and Tyrone – over 239,000 people – providing a range of services including a 24-hour emergency department (ED); critical care; surgical; medical and maternity services.

The hospital opened in June 2012 and is the first in Northern Ireland to provide entirely single room en-suite accommodation.

There are up to 210 in-patient beds and 22 day-case beds in the hospital.

Responsible person:	**Position:**
Dr Anne Kilgallen	Chief Executive Officer

4.0 Inspection Summary

In our approach to Phase II of the Acute Hospital Inspection Programme (HIP) we inspect wards and departments in Health and Social Care acute hospitals to include the ED and other wards (medical or surgical) in the hospital. RQIA carried out an unannounced inspection of the SWAH over a period of three days from Tuesday 3 October to Thursday 5 October 2017. The following areas were inspected:

- Ward Nine (elective surgery); and
- The Emergency Department.

Ward Nine

Ward Nine is an elective gynaecological and surgical ward. At the time of our inspection there were 24 beds in the ward, however the ward is formally commissioned to provide 18 beds during the week (Monday through Friday) and 12 at weekends (Friday evening through to Monday morning).

Emergency Department

The ED provides urgent treatment and care 24 hours a day, seven days a week, for patients attending by self or General Practitioner GP referral or by ambulance as a result of accident or illness. In 2016/17, there was approximately 2,777 attendances each month at the SWAH ED and an overall total of 34, 152 attendances for the year. There were just over 200 (2.6%) more ED attendances in SWAH in the first three months of the 2017/18 year, when compared with the same period in the 2016/17 year.

Performance for the four hour target in the first three months of the 2017/18 year was significantly improved on the same period for the previous year, and well above the regional average for Type 1 ED's, however it is still below the target of 95%. SWAH ED had the highest regional performance against the four hour target in April and May 2017. There were four people who waited longer than 12 hours in the SWAH ED in June 2017, less than half the number in the same month last year. The same decrease is apparent for the other months in the same quarter.

4.1 Inspection Outcome

Following our inspection, we provided detailed feedback on our findings to the managers and staff on the wards we visited. This feedback, delivered by the lead inspectors allocated to each ward, highlighted the areas of good and best practice we had observed as well as areas for improvement.

Our Director of Improvement/Medical Director provided high-level feedback on the inspection findings as a whole to the hospital and Trust senior and executive team. This session was attended by the Trust and RQIA Chief Executives.

This was our first visit to the SWAH as part of our acute HIP. Therefore there were no previous areas of improvement to be reviewed.

As part of inspection policy, we have procedures in place to escalate any issues we find that are of such serious concern they require immediate attention. We did not find any such issues on this inspection.

This report sets out an overview of our findings under the four quality domains. It is not intended to repeat the detailed feedback given to ward staff and the hospital and Trust senior management team at the conclusion of our inspection.

5.0 Is the Area Well Led?

Areas of Good Practice

In both clinical areas we inspected, we found that senior nursing and medical staff were visible and approachable and there was evidence of effective leadership. Morale was good and staff in various disciplines told us they felt supported and valued by the management team and felt empowered to raise concerns as appropriate.

Ward Nine in particular has low levels of staff sickness absence. The ED had high levels of staff on maternity leave at the time of our visit. However, we were told that management was proactive in recruiting sufficient nursing staff to address any gaps. This feedback was repeated in Ward Nine where staff also advised that nursing cover was arranged promptly when required. ED staff were very positive about the introduction of a Band Six nurse on every shift – reporting that this development had enhanced support for more junior staff and improved morale in the department.

Information was available for staff on a range of safety and quality issues in various formats including email, intranet, paper files and communication at staff meetings. Staff were able to describe the processes to report serious adverse incidents and near misses and told us they were kept up to date with learning arising from incidents and complaints.

We observed the morning safety brief and nursing handover in Ward Nine and found both to be professionally and effectively overseen and facilitated.

Staff in each area had been engaged in activities such as ward-level audit and Trust quality improvement projects and were able to describe the outputs and outcomes of each. Staff described the hospital as operating within a “learning organisation”.

We noted several good information displays in Ward Nine which informed patients and visitors about a range of issues including work assuring care quality and the Trust complaints procedure. This information was up-to-date, clearly displayed and easy-to read.

Ward Nine was supported by link nurses or champions for issues such as wound care; palliative care; dementia; diabetes; infection prevention and control; and haemo-vigilance.

Patient flow in each area appeared well-managed with effective systems such as 10.00am and 3.00pm daily bed flow meetings in Ward Nine and regular board rounds in the ED to support management of patient flow.

We noted that there was no crowding, congestion or inappropriate placing of patients in the ED during our visit. Spaces for assessment and treatment of patients were appropriate to the needs of the number of patients attending.

Picture 1: ED Cubicle

Staff in the ED told us that the placement of the Patient Flow Co-Ordinator in the Department had enhanced flow bed management and resulted in more efficient transfer of patients from the department to the hospital wards.

Generally staff reported that the Trust Chief Executive and Director of Nursing were visible presences since their recent appointments, however staff reported that other executives tended not to regularly visit the SWAH site.

Inspectors were told by staff at all disciplines and levels that they were proud to work in the SWAH. They considered that there is a strong emphasis on the wellbeing of staff and reported a strong sense of cohesion among staff who will 'pull together to get the job done'. Staff felt strongly about the community ethos of the hospital.

Patients were generally positive about the culture within the hospital and reported feeling well-cared for by dedicated staff in a good environment. We noted good use of the 10,000 Voices initiative in the ED and saw evidence of implementation of learning from feedback obtained through this initiative.

Areas for Improvement

We were told that Ward Nine was often working above its commissioned bed capacity and this has resulted in heavy reliance on bank and agency staff, particularly over weekend periods. Operating over commissioned capacity on Sundays can and has resulted in the cancellation of the following Monday's elective surgery list.

Given that Ward Nine is a surgical ward, staff highlighted their need for additional training in order to care for patients with complex medical co-morbidities, should they be placed on the ward for treatment of a surgical illness or as an outlying medical patient.

Rates of completion of nursing supervision and appraisals were generally low in both areas (the ED and Ward Nine) and staff throughout the hospital told us that whilst training outside of mandatory requirements was available, it could be difficult to attend due to the staffing pressures.

Neither area had a Band 7 Nurse Clinical Educator responsible for providing nurse education and training to support staff development.

The ED would benefit from additional dedicated clerical support as we noted nursing staff undertaking many administrative tasks during the course of our inspection. The ED also lacks dedicated input from physiotherapy and occupational therapy services. These services can provide essential support to timely discharge, reduce unnecessary admissions/readmissions and facilitate early and timely out-patient assessments.

ED staff reported that they did not always have clarity regarding the skill-sets, competencies and experiences of locum medical staff providing care/service and that this has potential to create uncertainty about which staff might safely manage particular clinical situations.

As part of focus group discussion we asked if staff were aware of the Trust's overall vision, values, aims and outcomes. There was limited awareness and no staff reported that they had been involved in development of the Trust vision or values.

The Trust did not provide evidence of an overall leadership development strategy or plan but our inspection team noted the positive introduction of the Aspire Middle Management Development Course. This is designed to develop middle manager leadership skills to make confident decisions and engage effectively within the Trust.

Actions for Improvement

RQIA recommends the following to improve the leadership in the hospital:

1. **The hospital's senior management team should review the gap between demand and capacity for services delivered on Ward Nine, with particular reference to weekend periods when the ward is operating above its commissioned bed capacity.**

2. **All staff delivering care should undertake and complete appropriate appraisal, supervision and mandatory training in a timely manner. This should be supported by a clinical nurse educator. Ward staff and hospital management should ensure there is an appropriate system in place to facilitate and assure appraisal, supervision and training.**

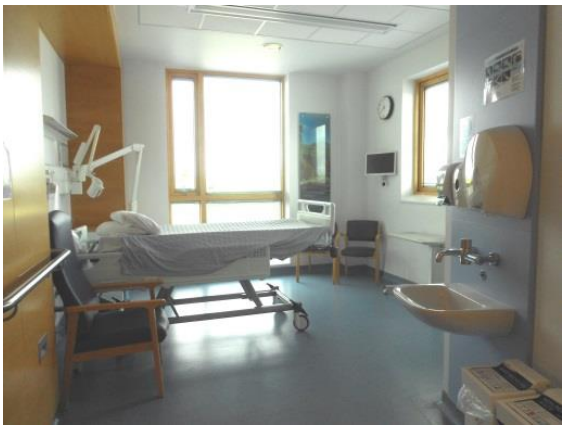
3. **The hospital's senior management team should ensure sufficient staff to support and enhance services delivered within the ED. This should include a clerical/administrative assistant and dedicated input from occupational therapists and physiotherapists.**

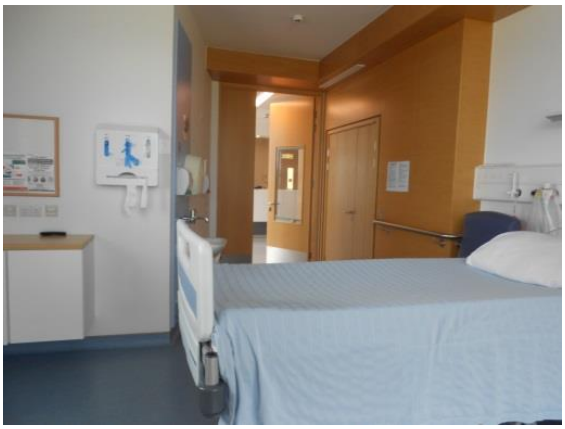
4. **The ED management team should ensure that all clinical and nursing staff are aware of the competencies and experience of locum medical staff providing service/cover to the department.**

6.0 Is Care Safe?

Areas of Good Practice

In each clinical area inspected we found that the patient environment and equipment was clean, bright and well-lit, with appropriate cleaning schedules in place involving both nursing and domestic staff.





Picture 2 and 3: Ward Nine single room

The recent refurbishment of the ED had greatly improved the visibility of patients to staff delivering care, and this is to be commended.

We observed good practice in the use of aseptic non-touch technique practices when staff were managing or inserting invasive lines. Ward Nine had established audit systems to monitor practice in various clinical processes.

In each area, we found a range of documentation to support patient safety including National Early Warning Scores; the Malnutrition Universal Screening Tool and venous thromboembolism risk assessment.

Documentation was generally well completed, evidencing risk assessments undertaken and care delivered to patients. We found evidence that action was taken on the basis of low scores recorded in these documents.

Ward Nine had a positive policy to discreetly identify patients with dementia and all patients wore armbands for identification.

Our inspectors noted that there were good safety initiatives in the ED – including the labelling of invasive lines to avoid wrong route administration of medicines (per the regional line labelling policy) and the implementation of a Sepsis Six pathway to ensure timely initiation of treatment. Systems were also in place to monitor falls and prevent pressure sores.

Patients we spoke with reported that they felt involved in decisions about their medication and we noted that medicine records were generally well completed.

Areas for Improvement

In Ward Nine, the areas identified for improvement centre on medicines management. Pharmacy technicians on the ward were involved in ordering medicines and in stock control, but their hours of service to the ward were limited to 18 hours per week.
We found that for one patient there was no stock of a common medicine for two days and this was only resolved when the family brought a supply from home. Inspectors were unable to find evidence of a robust process to supply medicines to patients being discharged from the ward.

In respect of medicines administration we observed that only one nurse was present during the administration of intravenous (IV) medication to a patient. We also noted that staff did not adhere to the 12-hour dosing regimen for one patient receiving time-critical IV antibiotics.

The ED had no dedicated input from a pharmacist, to deliver an integrated medicine management service, and there was no list or stock of critical medicines supplied by the pharmacy and held in the ED. Critical medicines were obtained from the hospital pharmacy or other wards/departments on an as required basis; potentially delaying administration and treatment in the ED setting.

Staff in the ED were inconsistent in their knowledge regarding which patients required a wristband for identification.

ED staff reported to us that during out-of-hours periods (and particularly at night) the limited presence of security staff in the department can leave staff feeling potentially vulnerable to abuse, harassment and violence.

Actions for Improvement

RQIA recommends the following actions to improve the delivery of safe care within the hospital:

5. **Ward staff and pharmacy staff on Ward Nine should ensure that medicines are available, administered and dispensed in line with best practice guidance. Hospital management should ensure there is an appropriate system in place to assure adherence to best practice.**

6. **The ED and Ward Nine require increased input from a pharmacist and/or pharmacy technician. This should be based on the nature of the services provided and a requirement to ensure safe systems for medicines management in each clinical area.**

7. **A list and stock of critical medicines should be available and maintained in the ED. This should reflect the critical medicines most commonly required for patient care within the department.**

8. **ED managers should (i) develop and disseminate guidance to staff on the use of wristbands for identification of patients and (ii) obtain assurance that this guidance is understood and appropriately implemented by staff within the department.**

9. **Hospital and ED managers should ensure security arrangements for the department is sufficient. ED staff should be supported and feel secure in their working environment.**

7.0 Is Care Effective?

Areas of Good Practice

In the areas inspected we observed staff responding in a timely and compassionate manner when patients experienced pain, discomfort or emotional distress.

Patients we spoke with reported that their pain was managed well, and this was supported by the content of care records we reviewed. Throughout our inspection we observed staff checking the effectiveness of pain relief and administering additional pain relief where and when necessary.

Medical records were generally well-organised and well-maintained. In both areas inspected, we noted that new documentation had recently been introduced to help staff use and monitor standardised information to take a patient-centred approach to care planning and to promote communication. We noted use of the Sepsis Six bundle in the ED. We found many examples of good practice in respect of medical records.

The meals service in each area was good and we noted that patients received their meals quickly and were supported as necessary to eat and drink. Meals appeared appetising and hot and there was choice available. In Ward Nine we observed good communication between nursing and catering staff on the ward. We were pleased to note that the meals service on this ward was overseen by a designated nurse – in line with good practice.

ED staff were knowledgeable about care of pressure ulcers and visual aids were available to assist with classification and management of pressure sores. Tissue viability nurses were available to provide support to ED staff as needed.

Staff in the ED were also observed providing patients with appropriate assistance to promote and care for continence. Staff in both areas had access to continence and stoma aids as well as expert advice from specialist nurses if required.

Areas for Improvement

The two areas for improvement within the domain of quality centre on documentation and the quality of care in respect of pressure ulcers.

Whilst most aspects of medical records were found to be good, some aspects require improvement. In the sample of medical notes reviewed in Ward Nine our inspectors found that medical entries were not always included in the correct format. Omissions included the doctor's General Medical Council (GMC) number, date and time of entries. There also appeared to be a general lack of recording discussions with patients about their diagnoses and/or care management plans.

In the ED we found that a number of fluid balance charts had not been fully completed to accurately record patients' fluid intake and output.

In Ward Nine we found that nursing care records did not always include the nursing assessments and that not all risk assessments undertaken for a patient were included. Care plans were not linked to risk assessments completed and we therefore could not find evidence to show effectiveness and continuity of nursing care delivered on the ward.

In both areas we were told that there were issues with accessing pressure relieving equipment, such as specialist mattresses. We noted occasions in both areas where patients were not risk assessed to ascertain the likelihood of developing a pressure sore. In Ward Nine the skin care bundle was not always in place and we found some gaps in patient care records relating to the insertion of urinary catheters and completion of stool charts prior to surgery.

Actions for Improvement

RQIA recommends the following to improve the effectiveness of care within the hospital:

10. **All medical staff on Ward Nine should ensure medical entries in patient notes are in line with GMC requirements: (GMC) number; date and time of entries. Hospital management should ensure there is an appropriate system in place to assure adherence to GMC requirements.**

11. **All staff delivering care should ensure comprehensive document of communication with patients/relatives in relation care. Hospital management should ensure there is an appropriate system in place to assure documentation of communication with parents.**

12. **All nursing staff should ensure documentation used to assess, plan and monitor care is fully completed to evidence care delivered to the patient. This includes: fluid balance, skin bundle, catheter and stool charts; nursing and risk assessments and care planning. Hospital management should ensure there is an appropriate system in place to assure completion of nursing documentation.**

13. **All nursing staff should assess and implement precautions for patients at risk of pressure damage. Pressure relieving equipment should be readily available. Hospital management should ensure there is an appropriate system in place to assure the quality of pressure care delivered.**

8.0 Is Care Compassionate?

Areas of Good Practice

We observed staff at all levels who treated patients with kindness and respect whilst delivering care and treatment in a compassionate and committed manner. Patients and relatives told us that they felt informed and included in discussions relating to their care.

As an example, we noted that Ward Nine has introduced “John’s Campaign” which promotes flexible visiting times and is especially useful where a patient is anxious or confused.

Picture 4: John’s Campaign Poster, “Right to stay”

In both areas we observed good practice in providing palliative and end-of-life care where patients and relatives are encouraged to discuss care needs and preferences with staff. Quiet rooms were available in the ED to facilitate discussions with distressed patients and relatives.

There were good examples in each clinical area to show discreet and effective identification of patients with dementia or delirium and to indicate that these patients may have additional or specific care needs.

Inspectors noted many examples of excellent interaction between staff and patients in both areas. Staff were compassionate and kind and actively engaged with patients in most interactions.

Patients told us that staff were kind and compassionate and delivered good care.

Areas for Improvement

Inspectors found very few areas for improvement in respect of compassionate care.

Ward Nine is an elective surgery ward and nursing staff spent considerable time delivering/accompanying patients to and from theatre. The average time to get one patient to theatre is 20 minutes (each way) and may be longer if delayed.

The single room only layout of Ward Nine means that it can be difficult for nursing staff to visually observe patients. Some patients told us that they felt isolated in their single rooms. The introduction of intentional care rounding would help ensure patients are regularly engaged in social interaction and would assist with regular checking of patients.

Whilst we observed excellent communication with patients, this communication was not always appropriately evidenced and recorded in the patients' notes.

Actions for Improvement

RQIA recommends the following to improve the compassion in care delivered within the hospital:

14. **Hospital and ward management on Ward Nine should plan and ensure ward staffing levels are sufficient and the ward is adequately covered during surgical transfers to/from theatre. Hospital management should ensure there is an appropriate system in place to assure ward staffing levels.**

15. **Hospital and ward management on Ward Nine should review the delivery of care and interactions with patients. Consideration should be given to the introduction of intentional care rounding. Hospital management should ensure there is an appropriate system in place to assure patient engagement.**

9.0 Quality Improvement Plan

A quality improvement plan should be completed detailing the actions taken and planned to achieve the recommended actions outlined below. This quality improvement plan should be returned to Healthcare.Team@rqia.org.uk for assessment by the inspector. The Chief Executive Officer should note that failure to comply with the findings of this inspection may lead to escalation action. The Chief Executive Officer should ensure that all recommended actions are taken within the specified timescales.

The inspection identified areas for improvement which were discussed with trust representatives as part of the inspection process.

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
1	**The hospital's senior management team should review the gap between demand and capacity for services delivered on Ward Nine, with particular reference to weekend periods when the ward is operating above its commissioned bed capacity.**	AD Nursing & Operational General Manager	The review of demand and capacity for surgical beds will commence. Trust undertaking a significant project in Surgical Services which includes SWAH. Project commenced June 2019, recommendations from Phase 1 (external review) submitted to Corporate Management Team end June 2019.	September 2019 June 2020
		Service Manager	Review the nursing workforce allocation and agree a plan with Senior management team in line with the agreed bed capacity requirement	October 2019

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
			(Post demand & capacity review).	
2	**All staff delivering care should undertake and complete appropriate appraisal, supervision and mandatory training in a timely manner. This should be supported by a clinical nurse educator. Ward staff and hospital management should ensure there is an appropriate system in place to facilitate and assure appraisal, supervision and training.**	Lead Nurse Surgery AD Nursing	Reported through Nursing KPI Dashboard & Governance structures. Training on Appraisal Process completed. Supervisors appointed at Ward level, training completed. Proposal to appoint Practice educators for the SWAH site developed and presented to SMT to seek funding. The Trust Framework for Supervision consists of:- 1. Trained Supervisors 2. Information Sessions on "What is Supervision" offered to all RNS 3. Trust Supervision Policy. ➢ Supervision stats are part of the Nursing KPI Framework and are reported through to Nursing Assurance Frameworks.	 April 2019 May 2019 July 2019

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
			➢ Clinical Supervision scores between 79-95 are considered Amber for which each Lead Nurse will be required to provide an Action Plan. ➢ Each Ward area reports quarterly on the number of Supervision sessions completed.	
3	**The hospital's senior management team should ensure sufficient staff to support and enhance services delivered within the ED. This should include a clerical/administrative assistant and dedicated input from occupational therapists and physiotherapists.**	AD Nursing	Safer patient flow bundle commenced in SWAH. Overarching Project Group established with representation from Multidisciplinary Teams. Phase 1 – 3 areas identified:- • MSAU (Medical & Surgical Assessment Unit) • Ward 2 General Medical/Cardiology & Endocrine • Ward 3 Respiratory & Gastro-entrology. Phase 2 • Surgical Wards • Care of the Elderly.	May 2018 ongoing process February 2019 August 2019

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
		Head of AHP/Pharmacy	Work streams associated with AHP resource required. AHP resource for ED not fully apportioned to the needs of the service. ➢ Review to be undertaken with regard to the model in place for Physiotherapy, social worker and Pharmacy Support. The aim of the review will be to establish the most effective utilisation of the AHP in the Emergency Department teams. The ultimate goal is to improve patient safety, quality, maximise admission avoidance. There have been a number of competing priorities which have impacted on this review i.e. transformation process Clerical officer appointed January 2019 unfunded pressure, to seek substantive funding for administration support.	September 19 January 2019

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
4	**The ED management team should ensure that all clinical and nursing staff are aware of the competencies and experience of locum medical staff providing service/cover to the department.**	Clinical lead ED	Where possible maintain continuity on appointment of locum staff. All locum staff must be informed of the process within the ED IE how the teams communicate who is shift lead etc. All processes and checks should be confirmed with agency before accepting Locum any concerns re locums should be escalated via the Trust agreed structures. CVs for new locums are screened by Senior Consultant from Emergency Department before locum is booked. This is in line with the established Trust process. Staff working in ED are assured that the checks process which involves checking for evidence of competency and references have been overseen and approved by senior Consultant. Concerns raised regarding locums are escalated to the Lead Clinician and Lead Nurse/Service Manager. Action will be taken via the medical HR	Ongoing Ongoing Ongoing

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
			process within the Trust, who will inform the agency and if necessary the Lead Clinician will discuss concerns and advice if further escalation is required i.e. GMC.	
5	**Ward staff and pharmacy staff on Ward Nine should ensure that medicines are available, administered and dispensed in line with best practice guidance. Hospital management should ensure there is an appropriate system in place to assure adherence to best practice.**	Lead Nurse Head of Pharmacy	Clear processes are in place at ward level for the ordering and storage of medicines. Ordering and storage of medicines is managed through Trust Guidance i.e. ➢ Ward procedures for Management & Controlled Drugs 2019. ➢ Medicines Code – Guidance on the Control and Administration on Medicines March 2019. Medicines audit cycle to be adhered to, exceptions reported, and actions developed to correct as required. Ward to continue with Omitted Doses audit, undertaken quarterly.	June 2019 September 2019

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
			Audit results are shared at: ➢ Safety Briefings. ➢ Governance meetings. ➢ Omitted Doses Working Group. ➢ Safe & Effective Care Assurance Meeting.	
			Lead Nurse ensures actions as identified addressed and practice re-audited for compliance.	June 2019
			Provide assurances on current controls and balances in place to provide the ward with the correct level of pharmacy stock plus provide a responsive service as needs arise.	August 2019
		Ward Manager	Stock control and balances are maintained via pharmacy staff, ward technician, ward based pharmacist. Currently no dedicated staff. Pharmacy allocate staff from current workforce, this is acknowledged by Pharmacy as a workforce pressure. Identification of imbalances in stock will be raised by the Ward Manager and escalated to	Ongoing

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
			Head of Pharmacy. Follow through will be via Ward Manager, escalation when required via Lead Nurse.	
6	**The ED and Ward Nine require increased input from a pharmacist and/or pharmacy technician. This should be based on the nature of the services provided and a requirement to ensure safe systems for medicines management in each clinical area.**	Head of Pharmacy Head of Pharmacy	There are currently no dedicated pharmacy resources for both areas. The resource allocation is achieved through sharing of current allocated pharmacist. Head of Pharmacy aware of the workforce needs, but due to the current financial position and potential service remodelling no additional resources are available. Head of Pharmacy highlight any gaps and develop a case of need to be taken thorough pharmacy management and SWAH Senior Management Team to seek appropriate resourcing.	August 2019 Ongoing

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
		Ward Manager Ward Manager	Ward/Departmental Based Pharmacist and Technician, will provide robust processes around:- ➢ Medicines recollection ➢ Medicines Optimisation ➢ Stock control & management. Current assurance systems are in line with recommendations within Trust Guidelines i.e. Medicines Code. In the absence of a supporting Pharmacy Team i.e. Pharmacist & Technician the Ward Manager is ultimately accountable for the safe management of medicines at ward level.	
7	**A list and stock of critical medicines should be available and maintained in the ED. This should reflect the critical medicines most commonly required for patient care within the department.**	Head of Pharmacy	ED have been supplied with a list of critical medicines, this is displayed in the medicines room. Staff awareness commences on induction to department and ongoing through safety briefings. Also communicated through “white board” in Seminar Room. This provides central point for all new information alerts. White Board – work as a	Completed 2018

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
			"news feed".	
		Ward Manager	The critical medications list is reviewed and updated by Pharmacy. The review date is in line with new critical medicines becoming available or medicines changing to critical medication status. The medications are prescribed as per Trust Policy. Administration of medications is in line with the Trust Medicines Code 2019. Registered Nurses work to the NMC 2015 Code (Preserve Safety) Audit of ED Documentation is undertaken every quarter, administration of medication form part of this audit. The audit findings are tabled at the Departmental meetings any discrepancies are reported, investigated and addressed via the respective professional groups.	Ongoing
		Service Manager	The stock top up and rotation is managed in partnership with shift lead (nursing) and pharmacy staff with particular reference to critical medicines. The system in place is a bring forward system	Ongoing

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
			which ensures stock levels are maintained and wastage is minimal.	
8	**ED managers should (I) develop and disseminate guidance to staff on the use of wristbands for identification of patients and (ii) obtain assurance that this guidance is understood and appropriately implemented by staff within the department.**	Manager ED/ Lead Nurse/ Service Manager/Ward Manager	Develop and disseminate guidance to staff on the use of wristbands for identification of patients. 1. Audit cycle to be agreed with Lead nurse and results reported via nursing assurance framework. 2. Audit use of wrist bands using the Trust established audit template 3. Peer review of process to be undertaken. 4. Learning will be shared with staff at departmental meetings.	July 2019 July 2019 August 2019 September 2019
9	**Hospital and ED managers should ensure security arrangements for the department is sufficient. ED staff should be supported and feel secure in their working environment.**	Lead Nurse/Service Manager	Interface meeting re-established with PSNI. Interface/Liaison officer meeting occurs 3 monthly. Service meeting with facilities managements which includes update on MAPA training for portering staff who provide security support to the	Ongoing

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
			ED. Nursing/Medical staff are planned to attend MAPA training events commencing August 2019.	 August 2019
10	**All medical staff on Ward Nine should ensure medical entries in patient notes are in line with GMC requirements: (GMC) number; date and time of entries. Hospital management should ensure there is an appropriate system in place to assure adherence to GMC requirements.**	AD medical	Good record keeping guidance should be part of Junior Doctors practice. Develop audit tool and agree audit cycle – 12 monthly audit. Undertake Audit of patient's records using the GMC Guidance, results to be shared with Senior medical consultants for action to be taken as appropriate:- • Governance meetings • Junior Doctors Induction Programme Continuous Auditing of manual entries will identify learning areas. Which will further develop adherence to good medical practices in relation to record keeping.	November 2019 October 2019 Ongoing

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
11	**All staff delivering care should ensure comprehensive document of communication with patients/relatives in relation care. Hospital management should ensure there is an appropriate system in place to assure documentation of communication with parents.**	AD Medical/ AD Nursing	Ongoing audit cycle of nursing notes. Audit cycle quarterly. This will link with Audit using Good Medical Practice 2013 (MDU & GMC Guidelines). Develop a spot audit to identify entries relating to communication with patients and family. Review complaints identify any trends relating to communication. Quarterly report from Patients Advocate office. Review complaints, audits and quality improvement initiatives standing items on Governance agendas. Trends from complaints, audits will be actioned i.e. learning needs identified, resources gaps reported and addressed by named responsible officers.	Ongoing November 2019 Ongoing, September 2019 Ongoing

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
12	**All nursing staff should ensure documentation used to assess, plan and monitor care is fully completed to evidence care delivered to the patient. This includes: fluid balance, skin bundle, catheter and stool charts; nursing and risk assessments and care planning. Hospital management should ensure there is an appropriate system in place to assure completion of nursing documentation.**	Lead Nurse Lead Nurse	Nursing documentation (Record Keeping) is a Trust wide KPI audited quarterly. The results of which are reported on Nursing KPI Dashboard and presented at:- ➢ Safe & Effective Care Assurance meeting. ➢ SWAH Governance meeting ➢ Exception reporting escalated to Lead and action plan initiated. ➢ Re-audit undertaken to provide compliance assurance. ➢ Trust Board receives a composite report detailing Nursing KPIs quarterly with areas of concern highlighted and actions taken detailed. ➢ Nursing KPIs are displayed at ward level. ➢ KPIs under the required standard are discussed at each daily staff briefing.	Ongoing

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
13	**All nursing staff should assess and implement precautions for patients at risk of pressure damage. Pressure relieving equipment should be readily available. Hospital management should ensure there is an appropriate system in place to assure the quality of pressure care delivered.**	Ward Manager	Risk Assessments of pressure damage in place. MUST – Nutritional assessment undertaken on admission, completed within 24 hours:- ➢ Audited quarterly. ➢ Skin Care Bundle, Braiden score assessment on admission, this forms part of the nursing on-going Patient Assessment, evaluation and planning of care. This information forms the core of the nursing handover process, compliance audited quarterly. ➢ Mattress audit, compliance audited quarterly. These risk assessment and audits are Trust wide and feed into the Nursing KPI assurance frameworks and governance framework. The result of risk assessment and Audits are shared with staff at ward level, action plans when required are drawn up by Ward Sister and Lead Nurse these are then tabled at Nursing Assurance meetings.	Ongoing

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
14	**Hospital and ward management on Ward Nine should plan and ensure ward staffing levels are sufficient and the ward is adequately covered during surgical transfers to/from theatre. Hospital management should ensure there is an appropriate system in place to assure ward staffing levels.**	Service Manager Lead Nurse	Review of nursing workforce on ward nine. This review will be part of the Trust wide Surgical review and bed modelling exercise, as this is a 12 month project the workforce will undergo a number of reviews and quality assurance processes. Review of processes associated with Theatre transfers Snapshot taken of time on transfer from ward and return from Theatre:- ➢ No significant delays reported. ➢ Where staff remained at Theatre this was to receive a returning patient, hence making best use of time by not creating unnecessary journey back to ward. This is not considered to be a workforce pressure at this point in time.	September 2019 Completed 2018

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
			The Theatre transfer process will be included in the overarching Surgical/Theatre review project.	Ongoing
15	**Hospital and ward management on Ward Nine should review the delivery of care and interactions with patients. Consideration should be given to the introduction of intentional care rounding. Hospital management should ensure there is an appropriate system in place to assure patient engagement.**	AD Nursing	Discussion with AD for Nursing Governance and safe and effective care with regards to the strategic plan for the WHSCT on intentional rounding model for the Trust. The SWAH environment is single room occupancy which has challenged nursing workforce in terms of purposeful patient interaction. This recommendation has not as yet been fully addressed. The current assurance surrounding delivery of care and interaction with patients is addressed through the nursing documentation KPI. The nursing records are audited on a 3 monthly cycle, areas of concern highlighted, actions put in place and reaudited within one month. The additionally of an “Intentional Rounding” approach is to scope the need for identified patients to have frequent nursing	Ongoing

Reference number	Recommended Actions	Responsible Person	Action/ Required	Date for completion/ timescale
			attention outside of the standard clinical observation time frames. Plan to pilot Intention Rounding concept on the SWAH site:- ➢ Task & Finish group to be established. ➢ Project plan to be agreed. ➢ Pilot area to be agreed of which Ward 9 will be the surgical area.	 August 2019 September 2019

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