

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
IMPROVEMENT NOTICE PURSUANT TO ARTICLE 39 OF THE HEALTH
and PERSONAL SOCIAL SERVICES (QUALITY IMPROVEMENT and
REGULATION) (NORTHERN IRELAND) ORDER 2003

IN Ref No: IN000003	Issue Date: 16 August 2019
Health and Social Care Trust: Belfast Health and Social Care Trust (RQIA ID: 020426)	Address: Belfast Health and Social Care Trust Trust Headquarters A Floor Belfast City Hospital 51 Lisburn Road Belfast BT9 7AB
Responsible Person: Mr Martin Dillon, Chief Executive	
<p>STATEMENT OF MINIMUM STANDARDS</p> <p>The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (March 2006).</p> <p>Standard 4.1:</p> <p>The HPSS is responsible and accountable for assuring the quality of services that it commissions and provides to both the public and its staff. Integral to this is effective leadership and clear lines of professional and organisational accountability.</p> <p>Standard 5.1:</p> <p>Safe and effective care is provided by the HPSS to those service users who require treatment and care. Treatment or services, which have been shown not to be of benefit, following evaluation, should not be provided or commissioned by the HPSS.</p>	
<p>Failure to Comply:</p> <p>4.3 Criteria</p> <p>The organisation:</p> <ul style="list-style-type: none"> <i>(i) undertakes systematic risk assessment and risk management of all areas of its work;</i> <i>(j) has sound human resource policies and systems in place to ensure appropriate workforce planning, skill mix, recruitment, induction, training and development opportunities for staff to undertake the roles and responsibilities required by their</i> 	

job, including compliance with:

- *Departmental policy and guidance;*
- *professional and other codes of practice; and*
- *employment legislation.*

(n) has a workforce strategy in place, as appropriate, that ensures clarity about structure, function, roles and responsibilities and ensures workforce development to meet current and future service needs in line with Departmental policy and the availability of resources.

5.3 Criteria

5.3.1 Ensuring Safe Practice and the Appropriate Management of Risk

The organisation:

(f) has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure: protection of health, welfare and safety of staff.

5.3.3 Promoting Effective Care

The organisation:

(c) promotes a culture of learning to enable staff to enhance and maintain their knowledge and skills;

(d) ensures that clinical and social care interventions are carried out under appropriate supervision and leadership, and by appropriately qualified and trained staff, who have access to appropriate support systems.

Specific failings identified in respect of the considered criteria:

The Belfast Health and Social Care Trust (the Trust) has failed to comply with the considered criteria (as above) by failing to demonstrate that it is ensuring that nurse staffing at ward level and across the Muckamore Abbey Hospital (MAH) site is planned and managed on the basis of assessed patient need.

From 26 to 28 February 2019, we carried out an unannounced inspection of MAH. We found evidence of insufficient nurse staffing at ward level: to meet patients' prescribed level of observation; to appropriately manage patients' physical health care needs; and to implement and execute appropriate therapeutic care plans for patients. In line with our enforcement procedures we invited the Trust to an Intention to Serve an Improvement Notice Meeting on 7 March 2019. At that meeting we discussed our concerns with senior Trust representatives who provided us with details of a number of actions to address the identified issues.

The actions included: i) that additional staff had been recruited; ii) that patients' prescribed levels of observation would be achieved; iii) that daily checks of the wards would be completed; iv) that clear escalation arrangements would be implemented and assured; v) that co-operation and staff resources from other Trusts had been sought; and vi) that improvement work had commenced to develop the role of Allied Health Professionals and Specialist Behaviour Nurses in the hospital.

We determined that the actions / measures described by the Trust were a constructive response, which would improve the capacity of frontline staff and Trust management to provide safe and effective care to patients in MAH.

We carried out a further unannounced inspection of MAH from 15 to 17 April 2019. The purpose of our second inspection was to assess progress regarding the Trust's action plan and to follow up on assurances provided by the Trust during the Intention to Serve meeting on 7 March 2019. Progress was noted in relation to management and oversight of patients' physical healthcare needs.

During this inspection we experienced difficulty in accurately confirming nursing staff requirements as compared to nursing staff provision across the hospital. We could not see evidence of planning and/or allocation of nurse staffing on the basis of assessed patient need. We noted a mismatch between information supplied by site managers and that supplied by ward staff/ward managers with regard to nursing staff requirements and provision.

Although site managers described escalation arrangements in place in the context of staffing challenges, we were not assured that these arrangements were working effectively, or that ward staff/managers were appropriately supported when they experienced challenges in relation to staffing.

We received additional information from the Trust in respect of nurse staffing on 22 July 2019. While numbers of staff were described, this information was not placed in the context of assessed patient need at ward and hospital level. We appreciate that the numbers of staff required to meet the patients' assessed needs may fluctuate on a daily basis. Our concerns relate to the lack of evidence during our engagements with the Trust; and in subsequent correspondence, that staffing at ward level and across the site is managed and assured on the basis of assessed patient need.

In line with our enforcement procedures we invited the Trust to an Intention to Serve an Improvement Notice meeting on 14 August 2019. At that meeting senior Trust representatives described the challenges they experience in relation to staffing the hospital. They outlined work currently in progress and planned over coming months to stabilise the current staffing model and to assure that the model is meeting assessed patient need. It is our view that this work will support the Trust to achieve the actions outlined in this notice.

Trust representatives described potential future models for staffing in the hospital. Development and implementation of these models will be strengthened by the Trust working in partnership with the Health and Social Care Board, the Public Health Agency, other HSC Trusts and the Department of Health.

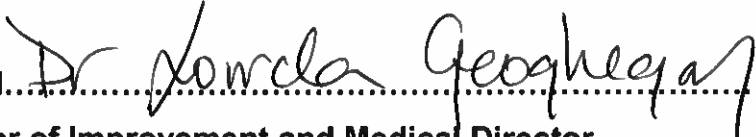
Improvements necessary to achieve minimum compliance:

The Belfast Health and Social Care Trust Board, Chief Executive, and Executive Team must:

1. Define its model to determine safe levels of ward staffing (including registrant and non-registrant staff) at Muckamore Abbey Hospital, which:
 - a) is based on the assessed needs of the current patient population *and*
 - b) incorporates flexibility to respond to temporary or unplanned variations in patient assessed needs and/or service requirements.
2. Implement an effective process for oversight and escalation of challenges relating to staffing across the hospital site; this should include ward sisters, hospital managers, Trust senior managers and/or the Executive Team as appropriate.
3. Implement effective mechanisms to evidence and assure it's compliance with good practice in respect of the current staffing model and associated escalation measures.
4. Engage the support of, and work in partnership with, other HSC organisations (including the Health and Social Care Board, the Public Health Agency and HSC Trusts) to define future model(s) for nurse staffing in mental health and learning disability in-patient services / wards. The design and testing of future staffing models must be supported by appropriate assurance processes and tools.

The Trust Chief Executive may make written representations to the Chief Executive of RQIA regarding the issue of an Improvement Notice, within one month of the date of serving this notice.

Date by which compliance must be achieved: 16 November 2019

Signed..........
Director of Improvement and Medical Director

This notice is made under Articles 38 and 39 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Department of Health, Social Services and Public Safety, Quality Standards for Health and Social Care (March 2006).

It should be noted that failure to comply with the measures identified in this Improvement Notice may result in further enforcement action by RQIA.