

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

IMPROVEMENT NOTICE

Name of Trust: Belfast Health and Social Care Trust Acute Mental Health Inpatient Centre (AMHIC) (RQIA ID: 020654)		Name of Trust's Responsible Individual: Ms Jennifer Welsh, Chief Executive Officer
Address of Trust: Belfast Health and Social Care Trust, Trust Headquarters, 2nd Floor Non Clinical Support Building, Royal Victoria Hospital, 274 Grosvenor Road, Belfast, BT12 6BA		
Issue Date: 12 January 2026	Extended From: 24 November 2025	IN Ref: IN000019E2
Minimum standard requiring improvement: <p><i>The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (DoH, 2006)</i></p> <p>5.1 Safe and Effective Care:</p> <p><i>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.</i></p>		
Failure to Comply: <p>Criteria 5.3</p> <p><u>5.3.1 Ensuring Safe practice and the Appropriate Management of Risk</u></p> <p><i>The organisation</i></p> <ul style="list-style-type: none"> a) <i>has effective person-centred assessment, care planning and review systems in place, which include risk assessment and risk management processes and appropriate interagency approaches;</i> b) <i>acknowledges and promotes the central place that patient, services users and carers have in the prevention and detection of adverse incidents and near misses;</i> c) <i>has a safety policy in place which takes account of the needs of service users, carers and staff, the public and the environment ; and</i> d) <i>has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure:</i> 		

- *risk assessment and risk management in relation to the acquisition and maintenance of medical devices and equipment, and aids and appliances across the spectrum of care and support provided.*

5.3.2 Preventing, Detecting, Communicating and Learning from Adverse Incidents and Near Misses

The organisation:

- a) *has systems and processes in place to prevent, identify, assess and manage and review adverse incidents and near misses across the spectrum of care and support provided;*
- b) *has reporting systems in place to collate, analyse and learn from all adverse incidents, and near misses, share knowledge and prevent reoccurrence of adverse incident or near miss;*

Specific failings to comply with the statement of minimum standard:

An Improvement Notice was issued to the Belfast Health and Social Care Trust (the Trust) on 16 August 2024.

The Improvement Notice was issued as a result of the Trust's failure to comply with the statement of minimum standard and associated criteria (as above), by failing to ensure safe practice, appropriate management of risk, and preventing learning from adverse incidents.

Following the issue of the Improvement Notice, progress was monitored through submissions of live action plans describing progress towards compliance with the actions outlined in the Improvement Notice. Meetings with Senior Trust representatives coupled with the submission of live action plan updates provided assurances that the Trust fully understood its responsibilities and were working to confirm an effective programme of work that will effectively address all of the requirements set out in the Improvement Notice.

Analysis of the Trust's most recent action plan, dated 14 November 2025, determined compliance had been achieved in relation to the Trust's review and update of the Directorate Risk Register. This provides some assurance that the risks associated with the doors/door handles have been reviewed to ensure the necessary controls, gaps and mitigations are in place and accurately documented.

Previous Trust action plans confirmed the risk associated with the doors/door handles was added to the Corporate Risk Register during August 2024. The action plan received on 14 November 2025 did not provide sufficient assurance that the risks associated with the doors/ door handles continue to be subject to ongoing oversight and review through the Corporate Risk Register. RQIA requires confirmation that the risks continue to be recorded, reviewed and monitored through the Corporate Risk register until the doors/door handles are replaced. This will provide assurance that the risks associated with the doors/door handles are known

by the Trust's Executive Management Team , and will ensure there is ongoing review and oversight by the Trust Board.

While RQIA has been kept apprised of the challenges and changes required to the Trust's programme of work, the actions to address the safety concerns for patients in relation to the risks presented by doors/door handles, had not yet been completed at the point by which compliance with the actions in the Improvement Notice, was required. RQIA acknowledges the timeline for addressing these concerns has been impacted by wider estates issues at AMHIC, namely plumbing issues, which must be addressed prior to the replacement of doors/door handles. However RQIA remain concerned about the delay and deviation from previously agreed timelines recorded in the Trust's action.

RQIA has liaised closely with Trust senior management representatives regarding these concerns and are aware of the Trust's proposed programme of work to replace doors/door handles. March 2029 is noted as the anticipated date by which the installation of new doors will be complete. The Trust should reflect within their action plan, ongoing engagement with their capital development team including plans to ensure the issues with the water system at AMHIC, with timescales, are documented.

RQIA has noted that it is the Trust's intention to seek alternative accommodation for patients while this work progresses. The Trust must provide RQIA with assurances in relation to the proposed decant arrangements for patients.

RQIA is also aware of the Trust's exploration into an electronic platform equipped to monitor patient vital signs in bedrooms using a non-invasive approach. This provision may provide an additional safeguard in the promotion of patient safety.

The date by which compliance, with the action detailed in the improvement notice, must be achieved was **24 November 2025**. Having taken account of the progress made to date and the factors limiting further progress, RQIA has determined to extend the date by which compliance must be achieved to **23 November 2026**.

Improvements necessary to achieve compliance:

The Belfast Health and Social Care Trust must:

1. Maintain an up to date programme of work to replace the doors/door handles in AMHIC and ensure RQIA continue to be apprised of any changes to this programme.
2. Continue to review the risk associated with the door/door handles and maintain an accurate record on the Trust's Corporate Risk Register until such times as the doors/door handles have been replaced and/or the risks are reduced.
3. Ensure effective governance processes are implemented to oversee the works associated with the replacement of the doors/door handles and the progress towards compliance with the actions outlined in the Improvement Notice.

The Registered Person/s/Trust's Responsible Individual/s 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: 23 November 2026



Signed.....

Chief Executive, The Regulation and Quality Improvement Authority

This notice is served under Article 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.

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