



The Regulation and  
Quality Improvement  
Authority

# **The Regulation and Quality Improvement Authority**

## **Final Report of the Inspection of Unscheduled Care in the Belfast Health and Social Care Trust**

**31 January to 3 February 2014**

**April 2014**

**Assurance, Challenge and Improvement in Health and Social Care**

**[www.rqia.org.uk](http://www.rqia.org.uk)**

## **The Regulation and Quality Improvement Authority**

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA's reviews and inspections are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest.

Our inspections are carried out by a team of inspectors, who have the relevant experience and knowledge. Our reports are submitted to the Minister for Health, Social Services and Public Safety and are available on the RQIA website at [www.rqia.org.uk](http://www.rqia.org.uk).

RQIA wishes to thank those people, including patients, their families and HSC staff, who facilitated this inspection through participating in interviews or providing relevant information.

## **Executive Summary**

On 30 January 2014, RQIA was requested by the Minister for Health, Social Services and Public Safety to carry out an urgent inspection of the Emergency Department (ED) and the Acute Medical Unit (AMU) of the Royal Victoria Hospital (RVH), following concerns, which had been brought to his attention.

RQIA inspectors carried out an inspection, over four days, from 31 January to 3 February 2014. The inspection was originally planned to last two days, but was extended to gather additional evidence, and to facilitate the many staff who wished to talk to RQIA's inspection team.

The inspection found that there were very significant challenges being experienced by staff in ensuring the smooth flow of patients across the hospital. There were staff shortages in critical areas.

Many patients were being cared for outside the locations that were designed to deliver the care and treatment they required. This was having a considerable impact on the experience of patients and was creating risks in ensuring patient safety.

The effective operation of critical departments, in particular the ED, was being put at risk by the need to care for patients, who should have been transferred to other more appropriate environments and care teams.

Staff in affected departments were working hard to maintain patient safety, but were finding this stressful and difficult to maintain for a prolonged period. There was evidence of increased staff sickness, and difficulties were being experienced in recruiting and retaining staff in key posts.

RQIA inspectors concluded that there was need for immediate action to relieve the pressures on staff and to reduce risk in critical areas. On Wednesday 5 February 2014, RQIA inspectors provided feedback to the Belfast Health and Social Care Trust's (Belfast Trust) senior management team and a large group of staff. At this meeting RQIA described the interim findings of the inspection, and provided recommendations for immediate consideration, to ensure patient safety.

This report has been prepared to describe the findings of the inspection and to set out recommendations for improvement. The report includes a quality improvement plan, developed by the Belfast Trust in response to RQIA's recommendations.

RQIA has also been asked to carry out a separate Review of Arrangements for Management and Coordination of Unscheduled Care in the Belfast Health and Social Care Trust and related regional considerations. RQIA has appointed an independent team to conduct this review and will report its findings and recommendations to the Minister in June 2014.

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## **1.0 Introduction and Background to the Inspection**

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On the evening of Wednesday 8 January 2014, a major incident was declared at the Royal Victoria Hospital (RVH), due to the large number of patients within the Emergency Department (ED). The major incident was declared after a period of sustained pressure in the ED.

At one point, 42 people were waiting on trolleys. Extra staff were drafted in to address the situation. A number of patients were placed in a theatre recovery area. During that evening, ambulances were diverted to the Ulster Hospital, Dundonald, for several hours. However despite this divert ambulances arrived at RVH ED between 1830 and 2130. The major incident was declared over, just before midnight on 8 January 2014.

On 28 January 2014, RQIA received a letter, signed by eight doctors working in the Acute Medical Unit (AMU) at the RVH, requesting that RQIA investigate an important aspect of the acute medicine service at RVH. The issues raised included the level of medical staffing within the AMU team and a “system’s inability to consistently code and track patients correctly as they are moved within and across hospitals within the BHSCT network.” The doctors stated: “The situation is worsening and it is our belief that our ability to stand over the quality and safety of many patients under our care is critically compromised through an organisational inability to track and allocate patients to clinical teams in a sustainable and safe manner”. The letter was immediately escalated to the chief executives of the Belfast Trust, the Health and Social Care Board and to the Department of Health, Social Services and Public Safety.

On 30 January 2014, RQIA was asked by the Minister to carry out an “inspection of the Emergency Department and Acute Medical Unit of the Royal Victoria Hospital at the earliest opportunity”. This inspection took place from 31 January to 3 February 2014.

Preliminary findings were provided to the Minister on 12 February 2014. This report has been prepared to set out both the findings of the inspection and recommendations for improvement. This report has been shared with the Belfast Trust for factual accuracy checking and to facilitate the development of quality improvement plans (QIPs), which are included as appendices to this report.

## 2.0 Methodology and Approach

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This inspection was carried out by an RQIA team, which included inspectors who have been undertaking an RQIA programme of inspections of the care of older people in adult wards across Northern Ireland. Details of the inspection team can be found in Section 6.0.

This inspection process was amended, from that being used in other hospitals, to include an increased focus on the ED and AMU at the RVH.

RQIA's original plan was to conduct this inspection over a two day period. However, due to the large number of staff who requested to talk to the inspectors, RQIA decided to increase the length of the inspection to four days.

The initial focus of the inspection was on the ED and AMU, as outlined in the Minister's request. However, as inspectors identified that there was a significant number of outliers (patients who are placed in other specialty wards due to the lack of beds in their designated specialty ward), the inspection process was extended to other wards within the hospital.

The inspection approach included:

- talking to staff, either on an individual or group basis
- talking to patients and patients' families
- periods of observation in the departments and wards
- observation of team meetings in relevant departments
- consideration of documentation shared with the inspection team
- review of patient care records

The Royal Victoria Hospital was visited on:

- Friday 31 January 2014 (0930 to 1845)
- Saturday 1 February 2014 (1130 to 0200 Sunday 2 February)
- Sunday 2 February 2014 (1400 to 1700)
- Monday 3 February (0730 to 1900)

Visits took place to:

- Emergency Department
- Acute Medical Unit
- Ward 6A (winter pressures)
- wards 6B, 6C, 6D (to review arrangements for outliers)
- Ward 28 (to review arrangements for outliers)
- Ward 2F (discharge lounge)
- Ward 4D (respiratory)
- Wards 4E, 4F (neurosurgery and neurology)
- Theatre Recovery

The approach taken for this inspection was designed to gather the views of a wide range of staff across the Royal Victoria Hospital. This included:

- nursing staff
- medical staff
- patient flow coordinators
- health care assistants
- domestic staff
- clerical staff
- porters
- allied health professionals

Perspectives were also sought from patients and their families who were in the ED and AMU at the time of the inspection.

### 3.0 RQIA Inspection Team

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Medical Director	David Stewart
Inspection Lead	Liz Colgan
Inspector	Linda Thompson
Inspector	Sheelagh O'Connor
Inspector	Lyn Gawley
Inspector	Thomas Hughes
Inspector	Margaret Keating
Inspector	Lyn Buckley
Project Manager	Helen Hamilton



## **4.0 Inspection Team Findings**

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For the purpose of this report the findings have been presented in three sections related to:

- the Emergency Department (ED)
- the Acute Medical Unit (AMU)
- other ward areas visited

### **Emergency Department**

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The inspection focused on the following four themes in ED:

- staffing issues for nursing and medical staff
- safety
- the environment
- the patient experience

A team of four RQIA inspectors undertook the inspection of ED.

On arrival at 0930 on Friday 31 January, the inspectors spoke briefly with one of the senior sisters and were given a tour of the department. At that time the ED was generally busy, but calm. During the course of the day, as patient numbers increased, the ED became very busy and overcrowded.

The senior sister informed the inspectors that the majority of staff on duty that day wished to speak with them. Therefore, the inspection team decided to refocus the inspection and extend its duration. Two inspectors interviewed staff, while two spent time gathering evidence and undertaking periods of observation.

#### **4.1 Emergency Department Overview**

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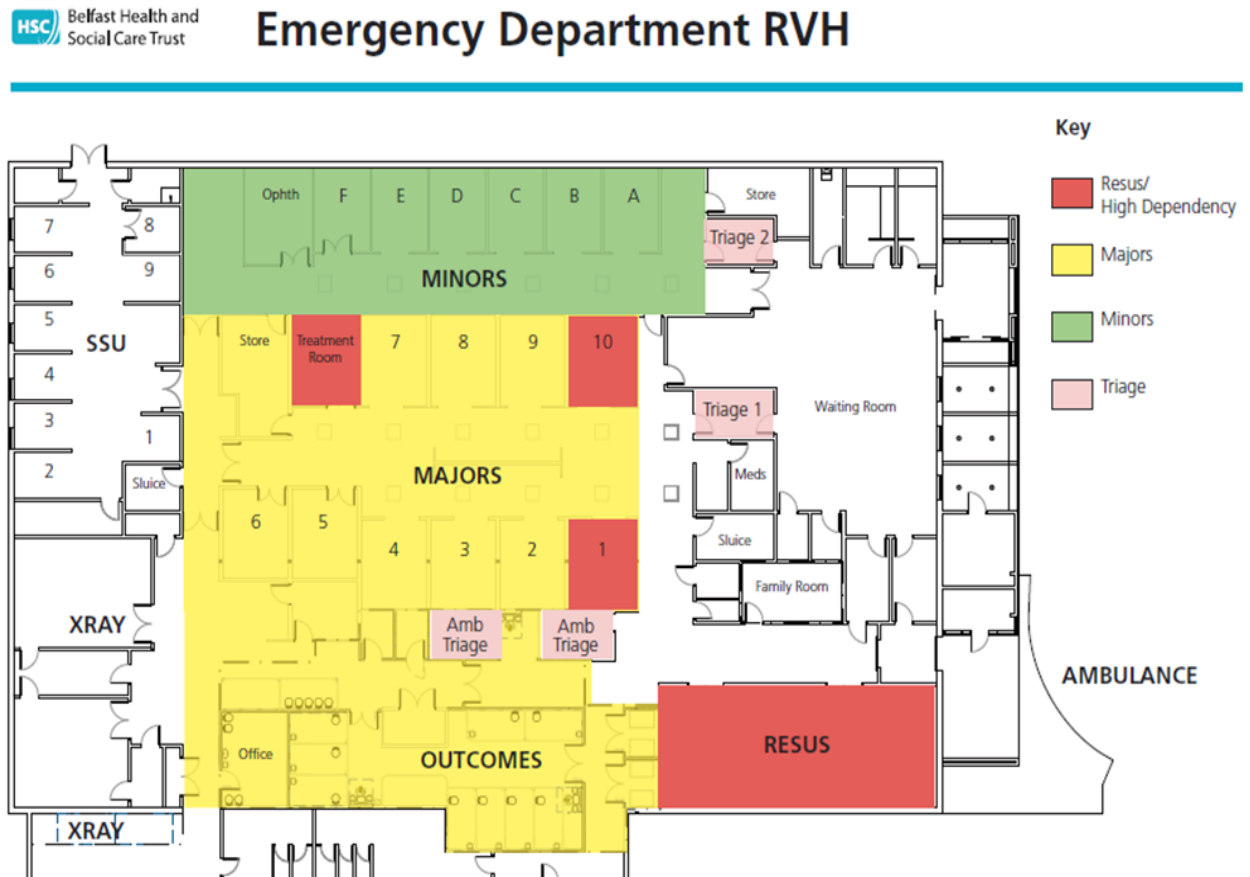
The ED at the Royal Victoria Hospital is a 24-hour, seven day a week comprehensive emergency service. It is the Level 1 Trauma Unit for the greater Belfast area. It is also the Regional Trauma Centre, which accepts trauma transfers from other EDs in Northern Ireland, reflecting the regional specialist services provided on the RVH site.

The department is made up of the following areas:

- waiting area
- two triage rooms
- one resuscitation area (three beds)
- one ambulance triage (two cubicles)
- one focused assessment area (10 cubicles)

- one streaming area (six cubicles and an eye examination and treatment cubicle)
- one outcomes area (nine cubicles)
- one short stay unit (eight beds plus one side room)

**Figure 1: Layout and Design of the ED**



Staff spoke about the challenges and pressures impacting on emergency departments. These included:

- rising demands and the changing needs of an ageing population
- lack of comprehensive, effective alternatives to hospital admission across seven days
- complex discharge issues
- delays in ambulance handover
- delays in onward patient flow into the hospital, when ready to leave ED
- recruitment into emergency and acute medicine

## 4.2 Staffing

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### Staffing Issues: Nursing

Inspectors identified issues with nursing and medical staffing levels. On arrival in the ED, there were 11 registered nurses (RN) on duty. One health care assistant (HCA) was on duty and one HCA had called in sick. Two RNs and a HCA came on duty in the afternoon.

The ED has two senior sisters (band 7). These posts differ from other band 7 posts in the ED, as these sisters have overall responsibility for the management of the ED. Other band 7 sisters within the ED have specific designated responsibilities. However, the staff management and daily running of the department is within the remit of the two senior sisters.

**1. It is recommended that the posts of ED senior sister should have a job evaluation to review if the staffing grade is appropriate for the duties of the posts.**

At the time of the inspection, there were 7.5 band 7 sisters excluding the senior sisters, however:

- one was on maternity leave
- one was seconded as commissioning nurse for the new RVH ED
- one was off on a career break (due back on 1 April 14). This post had been temporarily filled. However, the post holder transferred to the 10,000 Voices project so the post had been unfilled since the beginning of December 2013
- one post was the Education Facilitator
- one post holder was on long-term sick leave for the past 4-5 years

This currently leaves 5.2 band 7 sisters available to work within the ED, 2 of whom are senior sisters.

Inspectors were provided with the ED planned minimal staffing levels

**Table 1: ED Planned Minimal Staffing Levels**

	<b>AM</b>	<b>PM</b>	<b>Evening</b>	<b>Night</b>	<b>Twilight</b>
Monday and Tuesday	12 RN 2 HCA	14 RN 2 HCA	14 RN 2 HCA	8 RN 2 HCA	1 RN 1 HCA
Wednesday to Sunday	11 RN 2 HCA	13 RN 2 HCA	13 RN 2 HCA	8 RN 2 HCA	1 RN 1 HCA

**A review of the duty rotas indicated the following actual staffing levels:**

**Table 2: Actual Staffing Levels**

	<b>AM</b>	<b>PM</b>	<b>Evening</b>	<b>Night</b>	<b>Twilight</b>
08 January 2014 (Wednesday)	10 RN 3 HCA	13 RN 3 HCA	12 RN 3 HCA	6 RN 2 HCA	1 RN
20 January 2014 (Monday)	13 RN 3 HCA	17 RN 3 HCA	15 RN 3 HCA	6 RN 1 HCA	1 RN
28 January 2014 (Tuesday)	11 RN 1 HCA	13 RN 2 HCA	11 RN 2 HCA	6 RN 1 HCA	1 RN

On each day the actual staffing levels did not meet the planned minimum requirements. These staffing levels cover all areas including the short stay ward.

Staff stated that Tuesday 28 January 2014 was very difficult. There was one RN to cover the focused assessment area and trolley waits. It was noted that there had been increased staff sickness recently, with the duty rota for that day indicating that two nurses and three HCAs were off sick. This did not include long-term sickness absences.

Staff stated that they have been informed that they are to receive an increase in staffing levels at night, with two extra nurses and one HCA, until the end of March 2014.

ED had previously undertaken a nurse staffing analysis, using the Baseline Emergency Staffing Tool (BEST). BEST is a workforce planning tool, developed by the RCN Emergency Care Association (ECA) and the Faculty of Emergency Nursing. The results indicated that there was a shortfall in funded staffing levels.

The inspectors were informed that an increase in staffing had been agreed, but these staff were not yet in post. This proposed increase was lower than the levels identified by BEST analysis. This analysis was not validated at this time, therefore a further review of staffing levels should be undertaken.

**2. It is recommended that a further review of nurse staffing levels is undertaken for ED at RVH to ensure that there are adequate levels of staff to provide all the functions of the department.**

Nurse staffing levels in the ED reduce after 2100 hours and the designated ED porters go off duty. Staff reported that they are generally unable to take their breaks. Inspectors were informed that ED is characterised by a target driven approach. Staff are concerned that there can be a conflict when there is a need to prioritise clinical need above the 12 hour admission target.

Staff advised that they have had difficult conversations with senior management and reported pressure from management in respect of 12 hour breaches. Some staff stated that if a patient is not admitted by 11 hours and 55 minutes, patients are transferred to a ward even though a bed may not be ready.

The inspectors identified two locations where it is critical that staffing levels are improved: the resuscitation and focused assessment areas.

In the resuscitation area there are two nurses to every three acutely ill patients. Some of these patients can be moved to the critical care unit (CCU) where there is a staff to patient ratio of 1:1. Staff stated that it is difficult to observe patients in the resuscitation area because of high density storage units between bed spaces. The skill mix of experienced and junior staff in the resuscitation area can be poor. At times this area has inexperienced nurses, who have only received a two weeks induction period. At times, due to pressures to admit other patients, there can be a need to move patients from this area to cubicles 1 or 10. These cubicles are not fully equipped to resuscitation room standards.

**3. It is recommended that nurse staffing in the resuscitation area is reviewed to enable provision at a level of one nurse to one patient.**

In the focused assessment area, previously known as the majors area, two nurses are allocated for 10 cubicles. These nurses are also responsible for looking after patients on trolleys waits. The nurses also have to bring patients for investigations, for example, computerised tomography (CT) scans. This may leave one nurse to care for patients in 10 cubicles, and all those on trolley waits.

Inspectors observed a situation on Friday 31 January, when one nurse had taken a patient for a CT scan, while the second nurse was responsible for approximately 24 patients in this area.

**4. It is recommended that nurse staffing in the focused assessment area is reviewed.**

Inspectors were advised of a lack of a range of support services. These included administrative support: night-time porter services; security in ED during out of hours periods; and domestic staff having insufficient time to undertake discharge cleans. These issues were impacting on the pressures on nursing staff within the ED. At the time of the inspection there were ongoing plans being implemented to base porters in ED after 9pm.

**5. It is recommended that a review should be undertaken of the provision of support services to ED.**

**Recruitment, Retention and Training**

Staff new to the ED informed the inspectors that they had not received a full induction, at times they were working above their competency levels and were inappropriately deployed. The inspection team was informed that induction could be for as little as two weeks.

After this period, new staff have, at times, been allocated to areas within ED above their competency level, such as ambulance triage and the resuscitation area.

New staff also reported a lack of support, and difficulty completing their portfolio and preceptorship.

There is a clinical educator based in the department, who carries out on the floor training. Uptake of mandatory training was described as good.

Experienced staff stated that they welcome new nurses; however, they feel pressurised and stressed when duty rotas have a number of inexperienced nurses working at the same time, particularly at night. Some staff stated that there was a need to enhance the learning from incidents that had occurred.

**6. It is recommended that a learning needs analysis is undertaken to facilitate career development for all of the nursing team in ED. Nurse education should also focus on learning from incidents and the principles of safety.**

Retention of staff in the ED is also a difficult issue. Since July 2012, sixteen staff, including very experienced staff, have left the ED for varying reasons. These include:

- three sisters (band 7) who have been seconded out of the department
- ten nurses (band 5)
- three health care assistants

The staff sickness in the ED is recorded/reported as approximately five per cent. The inspectors were informed by some staff that their appraisal and supervision was not up-to-date, a band 7 sister reported that they have had no appraisal for three years.

**7. It is recommended that processes are reviewed to improve the retention of staff, and to ensure that staff have appraisal and supervision, in line with the Belfast Trust policy.**

**Incidents and Serious Adverse Incidents (SAIs)**

The inspectors were informed that there had been a number incidents reported through incident reporting (IR1 forms). These forms were completed when staff were unable to undertake tasks, including patient observations, at times when

there were increased pressures in the ED. Staff reported that getting time to complete the forms is difficult. Staff reported that they did not routinely receive feedback on the outcome following completion of such incident forms.

When incidents meet the regionally specified criteria, trusts are required to report them as serious adverse incidents (SAIs) to the HSC Board. RQIA inspectors were advised that a number of incidents had been reported as SAIs relating to the ED department.

**8. It is recommended that systems are put in place to ensure that when staff report on incident which indicate safety issues, feedback should take place, such as an email. Staff should also be provided with an analysis of trends in incidents, relating to their area of work, on a regular basis.**

### **Belfast Trust, Principal Risks and Controls Assurance Framework**

The Belfast Trust's Governance Manager informed the inspectors that staffing in ED had been identified as a risk in the trust's Principal Risks and Controls Assurance Framework, for the past three years.

In February 2012, the trust identified that the overall risk was its "capacity to continually ensure safe staffing levels in each of the trust emergency departments".

The risk areas at the time were:

- seniority of doctors on duty on site at night
- capacity to provide middle grade cover out-of-hours
- vacancies among nursing staff
- maternity and sick leave among consultant and career grade staff
- impact on staff of patients requiring care in ED, who are waiting for admission to wards
- NIMDTA and GMC assessment of training

RQIA's inspection has found that these risks remain within the ED at RVH.

### **Staffing Issues: Medical**

Discussion with medical staff indicated that there is a shortage of consultants in the ED. A number have left or have taken early retirement; one is on sick leave; and a number of medical staff are on maternity leave.

There is reduced medical cover overnight, with only a senior registrar, who also covers the Mater Hospital ED, and two junior staff on duty (the on-call Mater

Consultant provides onsite presence, if needed). Some shifts are covered by locum staff. Staff informed RQIA that the consultant on-call will come in, if required. At times, a consultant can spend an entire night in the resuscitation area. There is a senior decision maker (ST4+) onsite overnight at the RVH.

Medical staff advised that the workload is intense, due to the number of unfilled posts and shortage of consultants. At the time of inspection, three middle grade positions were unfilled.

Table 3: Duty roster for a specialist register for a two week period. Inspectors observed that this doctor, who was due to finish their shift at midnight, was still on duty at 0100 hours. Improvement in staffing levels would assist with providing rotas that bring a greater work life balance.

**Table 3: Duty roster for a specialist register for a two week period**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1000 - 1800	1500 - 0000	1200 - 2100	0800 - 1730	1500 - 0000	1600 - 0000	1600 - 0000
0600 - 2000	1200 - 1700	Day off	Training day	1500 - 0000	Day off	Day off

**9. It is recommended that there is an immediate review of emergency medicine consultant numbers for the ED at RVH.**

Medical staff informed the inspectors about the difficulty in onward movement of patients to wards in the hospital. If patients are waiting on trolleys they need to be looked after, as well as new patients who are being admitted. Doctors were concerned about the lack of space and, when very busy, somewhere to take patients to be examined in private.

At the time of the inspection, a new clinic arrangement, where there was an out-of-hours general practitioner (GP) available within ED, had been in place for approximately two to three months. This service was provided from 1900 - 2300 and 1500 - 2300 on weekends and bank holidays.

When a patient arrives at ED, RNs can refer them to this clinic first, rather than going through triage. This has been a helpful addition to the services available. RQIA was advised by doctors that the level of assistance given by the out-of-hours GP service is variable, and is dependent on who is on duty.

Staff informed the inspection team that there can be difficulties and long delays getting medical staff from some specialties to review patients; including cardiology, neurosurgery and orthopaedic surgery. A patient can be waiting on a trolley for up to eight hours before being seen and then may be told they can go home.

RQIA was advised that there is now an Emergency Surgery Unit EMSU at RVH which has nine assessment beds and 47 inpatient beds. All general surgical admissions go through this ward. ED staff perceive that this unit is not functioning as originally designed, as patients are not being moved on to other wards.



**10. It is recommended that specialty triage decisions are taken as early as possible to reduce pressure and prompt patient flow.**

There can also be delays in obtaining laboratory results and in CT scan results. During the inspection, on 31 January 2014, inspectors were informed that 10 patients waited from two to three hours for CT reports in the ED.

Medical staff advised RQIA that on Saturday 4 January 2014, before the declaration of a major incident, there was a very large volume of patients in the department. Consultants in ED were, on the night of Monday 7 January close to declaring a major incident. Again, on Tuesday 8 January the patient intake was very high. Medical staff stated that the night of Wednesday 9 January was similar to Tuesday 8 January, at which time the incident was called. A doctor stated: "I can manage a trauma crisis, but have no script for a lack of bed crisis."

**Interviews/Discussions**

Inspectors spoke with a total of 65 staff:

- 31 registered nurses
- 19 medical staff (one group of 11 medical staff)
- three patient flow coordinators
- four health care assistants
- three domestic staff
- two clerical staff
- three porters

During the inspection, interviews and discussion were undertaken, either on a one-to-one basis, or in groups of two to 11 staff. Staff told inspectors they felt stressed; exhausted; demoralised; not appreciated; that no one is listening; and they have a poor work-life balance. They stated that there is a bullying culture. Staff also stated that they have been asked to "stop the clock", and have had their nursing registration threatened.

Staff have concerns about being disciplined; they stated that in the past year there has been a greater emphasis in achieving targets for waiting times; and a lack of support from senior management. In addition staff also stated that when they report issues, no action is taken.

Staff outlined that, at times, the numbers of patients is overwhelming, and there is no time to deliver basic patient care, and that patients have little privacy or dignity.

Staff also highlighted that there is a lack of staff meetings to enable them to raise issues and receive feedback.

**11. It is recommended that regular staff meetings are held for staff working in the ED department.**

Staff advised that the lack of break times for staff has a very significant impact, during most night shifts there are no tea breaks.

The majority of staff stated that they work well as a team, and get good support from the sisters, and support when the Director of Nursing comes to the department. Some staff stated there is no negligence by staff, but lack of hands leads to lack of care. Staff perceive that it feels that when there are 12 hour breaches, they are considered to be the cause of the problem.

Staff advised that, at weekends, they have seen some difference in the numbers of patients attending RVH ED, since the closure of other EDs. The RVH ED can receive patients from hospitals such as Craigavon, Daisy Hill, Mater and Lagan Valley when those hospitals ask ambulance control to divert patients.

One member of staff advised that they did inform their union, the day before the declaration of the major incident, as they were worried about patients and the department felt very unsafe. Some staff stated that they have been escalating concerns to management for up to two years.

- 12. It is recommended that additional systems are put in place to support staff working in ED and help them deliver person centred and compassionate care.**
- 13. It is also recommended that the organisational culture is reviewed, in relation to breaching the 12 hour waiting time standard, to ensure that there are not inappropriate behaviours in the drive to achieve this target.**

### **Staff Quotes**

**"I love my job and working in the ED Setting. We have a really good team but when it gets busy it can be confusing."**

**"They say we are awkward and difficult, it's just we don't tolerate mediocrity."**

**"I love my job and the characters, but it is so tough at times."**

**"It is brilliant to get new staff, but it's dangerous. It is not fair."**

**"Triage at night scares you."**

**"Burnt out."**

**"The stress they put on RNs regarding breaches is unacceptable."**

**"The 12 hour breach before the patient."**

**"Sometimes so pressurised – feel like running."**

**"Never can go home and say I have done my job to the best of my ability, too many patients, poor support."**

Overall, inspectors found that the ED staff were a passionate, professional and caring team. Staff were stretched, but were working to the best of their ability in a very stressful situation, and teamwork was evident.

During interviews and discussions RQIA met many staff who were worried and concerned about the pressures within the ED.

Staff informed inspectors that many of the issues identified had been raised with Belfast Trust senior management team on a number of occasions in the previous year.

RQIA inspectors were concerned that the current staffing issues pose a significant risk to patient health and welfare.

### **4.3 Safety**

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Some good safety initiatives had been introduced by the ED staff. For example, hourly safety rounds are carried out by the consultant and sister in charge.

Inspectors were able to observe one of the two to four hourly patient reviews, led by the designated lead consultant for that shift. Patients in the ED are individually discussed by the team and decisions made by this consultant. The process was observed to be both effective and an efficient use of time.

An internal escalation plan has been devised by one of the consultants. This is a good initiative, however, it was noted that the current criteria places the ED on red alert on a frequent basis, and the action described in the plan does not usually occur.

When an alert system is frequently at red, it can create complacency with the system. Inspectors considered that the criteria for the ED plan need to be reviewed.

In relation to trust escalation arrangements, staff stated that they want a trust escalation policy that will work, which is “an easy read document, not a 50 page document”.

#### **14. It is recommended that the internal ED escalation plan criteria and the trust escalation policy are reviewed.**

Within the ED, the short stay unit is a positive development. There are 16 conditions for which criteria for admission have been determined, typically focused on expected short-term treatments for approximately 24-72 hours. The short stay unit also takes referrals from the Mater Hospital.

Staff reported that, at times, the unit can be used inappropriately as an overflow from the outcomes area to prevent a breach of the 12 hour target. However, patients placed in short stay unit can be appropriately cared and this may as a result prevent a 12 hour breach.

### **Overcrowding and Transfer**

Inspectors found that there were a number of issues that were impacting on patient safety. These included overcrowding in the ED and difficulty getting patients transferred out to the appropriate specialty wards.

Within the ED, the physical access to patients in an emergency is difficult when being cared for in the focused assessment area. Trolleys are closely packed together. The area can also be crowded, with patients on chairs, and accompanying relatives. Staff reported that they have problems getting the resuscitation trolley to patients in these circumstances.

When busy, the ED is very congested, with patients waiting assessment, investigations or admission. Congestion was particularly evident in the focused assessment area. Limited access space for staff, lack of cubicles and high footfall has resulted in patients being nursed on trolleys and chairs throughout the ED. Patients are placed beside the central work station and ambulance triage; in front of the resuscitation area; in the side corridor at x-ray; and in the back corridor along the short stay unit.

Inspectors observed a considerable number of relatives present in the ED. However, staff stated that they rely on relatives to alert them if there are any issues.

Staff stated that the department tends to get busy from about 1500 and the situation can quickly go from managing to fire fighting. "When you have 11 hour trolley waits you know it is a bad day."

Staff advised the inspectors that, at times, when they bring patients from ED to AMU, and other wards, the bed may not be ready. Sometimes the patient is not able to be transferred directly to a bed.

The patient flow coordinator advised the inspection team that on a daily basis the trust usually needs approximately 100 beds to accommodate patient admissions. ED had been very busy, leading up to the night of the major incident, with the following admission figures:

#### **7 January 2014**

- 00.00 – 08.00 97 admissions
- 08.00 – 00.00 110 admissions

#### **8 January 2014**

- 00.00 – 08.00 91 admissions

Staff stated that this was higher than the usual level of availability at that time.

At approximately 1800 on Friday 31 January 2014, inspectors were informed that 57 beds were available. Staff stated that it was unusual for so many beds to become available at this time.

**15. It is recommended that the Belfast Trust identifies any immediate opportunities to improve flows out of ED, to reduce pressures and overcrowding.**

### **Observation Sessions**

During observation in the focused outcome area, inspectors noted an occasion when there was only one nurse. A second nurse had accompanied a patient to CT. There was increased noise levels within the unit at this time. The nurse appeared very busy, running between patients to complete clinical observations, and apologising to other patients that she would be with them soon.

On one occasion intravenous cannulation was observed to be carried out in a corridor, with many people walking in close proximity. The department was extremely busy, wheelchair trolleys were placed beside the nursing station, with little room to manoeuvre.

Due to the lack of space, insufficient staff and the large numbers of patients, infection prevention and control procedures and practices are compromised. Inspectors observed the insertion of an intravenous cannula without the required aseptic non touch technique (ANTT) being followed. On four occasions hand hygiene was not completed following contact with patients (two medical staff, one HCA and one nurse) and the blood pressure cuff was not cleaned on a clinical observation round between patients.

**16. It is recommended that systems are reviewed to ensure that staff in ED are equipped to adhere to the Belfast Trust's infection prevention and control policies.**

Staff found it difficult to access patients to take their clinical observations because patients were placed in such close proximity. Medical staff were observed to discuss confidential information with a patient, which was easily overheard by other patients in the focused assessment area.

An elderly patient had been placed beside the ambulance bay. This area is in a very cold and draughty corridor. It was positive to note that extra blankets had been supplied for the patient.

On another occasion the abdomen of a patient on a trolley beside ambulance triage was exposed, there were no blankets, and the corridor was cold and draughty. Inspectors had asked a nurse to assist a patient, who was unaccompanied from a nursing home, to a more comfortable position, as their posture and position in the trolley was poor, and the patient was visibly pale.

Some patients were observed to be able to reach out and touch the patient on the next trolley. This can create difficulties with the protection of vulnerable patients.

Inspectors observed older people who were anxious when placed beside noisy and disruptive patients.

Inspectors were informed and shown data that indicated that up to sixty per cent of admissions to wards take place after 2100. As nurse ratios are reduced on night duty, this creates pressures on the staff. In addition, the number of patients being moved from the ED means that the equivalent of one member of staff is being used to transport patients to the wards, further reducing the level of staff involved in patient care.

Staff informed inspectors that patients, who are awaiting admission to a ward, may be seen in the ED by the ward doctor and have a treatment plan commenced. However, due to the pressures previously described, staff stated that there are times when patients' medication can be delayed. Staff also spoke about delays in cleaning patient equipment after use, and the inability to restock equipment.

RQIA inspectors were advised by staff that pressures on the Northern Ireland Ambulance Service, for example, the time they can spend waiting in the ED awaiting a place in triage, and the lack of available ambulances from 1700 to 1900, can result in delays in patient transfer and discharge.

All staff spoke of the difficulties in trying to care for patients in the ED who require emergency care, when there are many patients on trolleys in the department, awaiting hospital admission.

The following comments are a small sample of the feelings expressed by staff:

**"I do feel for the patients because they don't always get the care they should."**

**"You eyeball everyone and do the best you can"**

**"The sheer volume of admissions can be overwhelming, and I feel unsafe."**

**"Thank goodness no one has died on my shift."**

### **Nursing Documentation**

The care patients receive is recorded on the ED patient record (flimsy). This is mainly a tick box exercise, recording details of: social history and next of kin details; and for the following care needs: mental state; washing and dressing; mobility; diet; and assistance required. Inspectors observed that these records were completed. However, within the nursing assessment of care, there was no, or only limited, reference to the delivery of care and the activities of daily living, for example, personal care given.

Inspectors noted that adult pressure ulcer risk/skin assessment charts were not completed for patients within six hours of admission. Also, there was no evidence of repositioning charts to record the relief of patient's pressure whilst on the trolleys.

**17. It is recommended that nursing documentation in the ED is reviewed, and recording improved to ensure that all patient needs are identified.**

For patients with a risk of falls there was no evidence that falls risk assessments were completed. All patient trolleys had bedrails deployed, however, there was no bedrail risk balance tool completed.

Staff reported that targets take precedence over clinical need. Patients will be moved from the ED just before they breach the 12 hour target. At the time of the inspection, all National Early Warning Score (NEWS) observation charts were completed, however, staff said this was not always the case.

Based on the volume of patients, staff reported that the assessments outlined above, and general basic nursing care cannot be carried out because clinical interventions take priority, for example, intravenous fluids. Inspectors observed patients with intravenous fluids and cardiac monitors nursed in the open focused assessment area, as no cubicles were available.

**18. It is recommended that all risk assessments are completed within the set timescales, these should be reviewed and updated on a regular basis or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks.**

#### **4.4 Environment**

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Inspectors found that the environment in ED is no longer fit for purpose. The space is inadequate to meet the current footfall of patients, and the available space is not used effectively due to the number of patients waiting for a bed. As congestion and volume of patients and relatives increases, so do the noise levels. Therefore, staff find it difficult to communicate effectively.

Patients are nursed on trolleys and chairs throughout the ED. Observation of these patients by the nurse is very difficult, and they have no access to call bells to seek help if required. Patients are placed in very close proximity in the focused assessment area.

Inspectors observed patients with extra blankets placed on trolleys along the ambulance triage corridor. The corridor was cold and draughty from the continuous arrival of ambulances. Staff informed the team that they try to rotate these patients as they are aware of this issue. However, many staff reported that there can be a shortage of blankets.

Toilet facilities are not sufficient for the volume of patients. There was no dedicated area for patients to provide or leave urine samples; patients were observed carrying sample pots through the ED.

Inspectors were informed that work is underway for a new ED (Phase 2B of the RVH redevelopment), which is scheduled to open in January 2015. Some doctors and nurses advised the inspectors that they have not been involved in the design and development of the new unit.

**19. It is recommended that in the interim period, pending the opening of a new ED, a review of the existing environment should be undertaken to identify measures that could improve the situation. ED staff should be involved in the planning of the new department.**

### **Patient Equipment**

Staff reported a lack of availability of appropriate equipment. In the resuscitation area there are issues with availability of Baxter IV pumps, monitors and defibrillators.

Staff reported that some equipment is old and needs to be replaced. There is a lack of trolleys, and some are broken.

Cubicles 1 and 10 did not have the same equipment specification as the resuscitation room.

There are no pillows and there is a shortage of blankets in the ED. Inspectors observed elderly patients, particularly those who could wait up to 12 hours for a bed, who would have required a pillow to make them more comfortable.

Inspectors were informed that, at a recent meeting, they had been promised new equipment, such as trolleys, an INR machine, to measure blood clotting, and defibrillators.

### **It is recommended that:**

**20. A review of resources should be undertaken to ensure that items of stock/non-stock equipment are available, for example pillows and blankets.**

**21. The availability of essential patient equipment is reviewed, such as Baxter IV pumps, cardiac and observation monitors.**

**22. A review of equipment that is old or needs to be replaced should be undertaken, including patient trolleys.**

### **Patient Access**

Staff reported that when the department is very crowded it would be difficult to move patients out of the ED in the event of an emergency evacuation. The ED is easily accessible for unauthorised use from Level 1 of the main RVH building, and staff voiced safety concerns, particularly at night.

Due to the space constraints in the ED, staff cannot safely use the hoist. This creates difficulty with the moving and handling of some patients. Staff also stated that they have difficulties getting the crash trolley into a cubicle, as there were too many trolleys.



## 4.5 Patient Experience

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Inspectors observed and were told by staff about the difficulties in delivering patient personal care. Inspectors observed patients being moved in and out of cubicles so staff could provide toileting and personal care needs. Staff also informed inspectors that, at times, due to the lack of available cubicles for toileting, patients have been incontinent before a cubicle becomes available.

Patients can be on a trolley in the ED for up to 12 hours. Staff informed inspectors that clinical interventions take priority, and time constraints do not always allow for general observation or care.

**23. It is recommended that staff should be supported to ensure appropriate care and privacy is given, and that patients are treated with dignity and respect.**

### Observation Sessions

During the inspection it was observed that patients were examined in an open area, and that on occasions, agitated, confused patients were left uncovered. A patient was observed in the focused assessment area beside the central station, her clothing had been pulled up at the back while a member of the medical team carried out chest auscultation. Patients had little privacy, as they were having a medical history obtained in the general areas.

Staff outlined their frustration with their inability, at times, to ensure that patients are given something to eat and drink. The inspection team observed that patients, when provided with meals, were not provided with appropriate tables, with meals being balanced on knees. The inspectors observed a nurse providing assistance with feeding a patient on only one occasion. Fluids were not routinely offered to patients, and due to time pressure and numbers of patients in the ED, were only given drinks on request.

Domestic staff serve meals to patients. This is outside their designated role, and domestic staff advised that it can be difficult to know which patients are allowed to eat and drink. Inspectors observed that some patients were not offered meals. There was no evidence available of records of food and oral fluid intake.

**24. It is recommended that there is a system in place to identify patients who require a meal and sufficient staff to ensure patients receive the appropriate assistance with their meals.**

There is little dignity, even in death. The inspection team was informed that when a patient dies in the resuscitation room, and the resuscitation space is needed, the deceased patient is either placed to the side of the room and screened off, or transported to another cubicle within the ED. This poses dignity and privacy issues for the family who wish to pay their respects. It may also cause distress for those patients who had witnessed the deceased person being moved within the ED.

## **10,000 Voices Project**

RQIA was advised that the Belfast Trust is participating in the recently launched Public Health Agency (PHA) 10,000 Voices project. This is a project that offers people the opportunity to speak about their experiences as a patient, or as someone who has experienced the health service, and to highlight the things that were important to them, which aims to help direct how care is delivered in Northern Ireland.

The PHA wants patients, families and carers to share their experiences of healthcare and how it has impacted on their lives. The project aims to collect 10,000 stories to inform the commissioning process, enabling the delivery of better outcomes and better value for money in how services are delivered. This is being carried out using a phased approach, beginning with unplanned care.

Staff in ED informed the inspectors that they had written a letter using the mechanism of the project to highlight their concerns about the service. They considered that there were limited other ways for them to tell their story.

At the time of the inspection the trust provided RQIA with a report of the patients' stories in the ED for December 2013. This report indicated that 68% of patients felt that the care they received was well managed and efficient. However 20.3 %felt that the care was either unsafe or haphazard.

### **Patient Quotes**

**“Staff couldn’t do enough.”**

**“Over-worked and underpaid.”**

**“Staff are under pressure.”**

**“Can’t go wrong, in relation to care.”**

**“You know by looking at staff they are under pressure.”**

**“The department is overcrowded and oppressive.” (A patient’s description of the ED)**

**“I feel exposed.” (A female patient’s description of sitting on a trolley beside the nursing station)**

### **Interviews with Patients/Relatives**

One patient stated that staff had been treating him “wonderfully well”, with staff clear and coherent when communicating information. The patient was waiting on a bed in the focused assessment area, which was notably congested. The patient described the scene as “oppressive”.

Another patient stated that he had been quickly attended to on admission. However, they stated that staff appeared very rushed and “do not have much time to explain things”.

A husband and wife, both awaiting admission, stated that “staff couldn’t do enough”. They are “overworked, underpaid.” They felt they were well looked after and stated they “have no issue waiting on a trolley.”

Two relatives in the AMU complained to inspectors regarding the process and care they had received in the ED. One relative stated that her mother was left on a trolley for 11 hours with no pillow or blanket, no food and the toilet was poor.

Another relative outlined that whilst the ED was caring, the experience was distressing for a 90 year old relative who arrived at 1807 and finally got a bed at approximately 0600. The relative described this as “hard going for an old woman”.

**25. It is recommended that the Belfast Trust should monitor and respond appropriately to patient, relative, and carer comments, to improve the patient experience.**

## The Acute Medical Unit

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### 4.6 Acute Medical Unit

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The inspection focused on the following three areas in the AMU:

- staffing issues for both nursing and medical staff
- the ward environment
- the patient experience

A team of four inspectors undertook the inspection of the Acute Medical Unit (AMU). On arriving in the ward, the inspectors sought to explain the inspection process to the ward manager. The ward manager was unable to leave the floor as she was delivering one-to-one supervision to a mentally ill patient, whilst a health care assistant (HCA) was on their break. A conversation was therefore made as discreetly as possible in the ward corridor.

Inspectors were informed that:

- The ward was currently full, accommodating 60 patients.
- There were 29 outliers in the hospital under the care of AMU clinicians, with these patients spread across 13 different wards in the hospital.
- The registered nursing staff complement, which included the ward manager, was effectively reduced to eight, due to unplanned absence of one member of staff.
- The HCA roster identified four staff on duty, however, this was effectively reduced to two, as two patients required one-to-one supervision.
- The ward manager was involved in direct care delivery, which impacted on her ability to carry out managerial responsibilities.

Staff informed the inspectors that the standard operating policy of the AMU is to receive acute medical admissions directly from ED and then triage patients to the appropriate specialty. The policy outlines that patients should stay in the unit for up to 48 hours.

Increasingly, the upper limit of length of stay is not adhered to, with patients remaining for longer periods in the unit. Staff consider that the care needs for patients staying longer cannot be met in such a high acuity and high turnover environment. At the time of the inspection, the longest length of stay for a patient in the unit was 34 days.

- 1. It is recommended that there is clarity of the functions of AMU and specialist units in relation to take-in. Review timing of key meetings to ensure that specialty triage decisions are taken as early as possible.**

## 4.7 Staffing

### Staffing Issues: Nursing

The inspectors examined the staff duty roster for the period of the inspection and the previous month. This provided evidence that staffing levels were significantly compromised at the time of the inspection, and also during the previous four weeks.

**Table 4: Nursing Duty Roster**

DATE	RN		HCA		1:1 Observation	
	DAY	NIGHT	DAY	NIGHT	DAY	NIGHT
6 January 2014	7	7	4	4	Needed 1 0 available	Needed 1 1 available
31 January 2014	8	7	4	4	Needed 2 0 available	Needed 2 1 available
1 February 2014	10	9	4	3	Needed 3 2 available	Needed 3 2 available

The ward manager stated that she had difficulty balancing the need to deliver care to patients with her management duties. She also advised that it was normal for her to work at home on tasks such as staff duty rosters, and the planning of staff training. The ward manager indicated that, due to the lack of sufficient managerial time, it was normal practice to work in excess of 50 hours per week, frequently being on the ward from 0700 to 2245.

The inspectors were informed that, due to these constraints there was little time to appropriately supervise or appraise staff. Not all staff have been equipped with the skills and knowledge in recognising an unwell patient, and some staff have expressed anxiety about being able to care effectively for these patients.

Staffing levels have also impacted on the ability of nursing staff to accompany medical staff on ward rounds. Medical staff record any changes to treatments in the patient's medical notes. Time constraints on both nursing and medical staff can mean that nursing staff are not always directly informed of these changes. Nurses are required to read the medical notes. This creates the potential risk that medical directions are not followed in an appropriate time frame.

The ward manager outlined the challenges in arranging cover for unplanned absences and sick leave, due to the lack of planned managerial time. Significant time is required to arrange cover for the 18 staff who were currently on long-term sick leave.

- 2. It is recommended that a review of nurse staffing levels is undertaken for the AMU to ensure that there are adequate levels of staff to provide all the functions of the unit.**
- 3. It is recommended that the AMU ward sister has protected time for management duties and that staff have appraisal and supervision sessions in line the trust policy.**

- 4. It is recommended that a learning needs analysis is undertaken to facilitate career development for all of the nursing team in AMU.**

### **Recruitment and Retention**

The inspectors were informed that it is a particular challenge to recruit staff to the AMU. Staff informed the inspection team that the work load and staffing levels of the ward hinder the recruitment response.

- 5. It is recommended that processes are reviewed to improve the recruitment of staff.**

### **Patient Turnover**

The inspectors were advised that the average volume of admissions and discharges experienced on the AMU is approximately 40 in each 24 hour period.

**Table 5: Staff available to support the admissions and discharges on the identified dates.**

	RN		HCA		Direct Admissions & Transfers In	Discharges & Transfers Out
6 January 2014	7	7	3	4	22	19
31 January 2014	8	7	2	3	30	34
1 February 2014	10	9	3	2	29	18

Overall, inspectors were concerned that the current staffing issues pose a risk to patient health and welfare. AMU was established to support patients with acute medical needs. Occupancy should be short-stay, lasting up to 48 hours. The volume of admissions and discharges has a direct impact on the ability of the nursing staff to deliver and monitor care.

- 6. It is recommended that any immediate opportunities to improve patient flow to and from AMU, to reduce pressures, are identified.**

### **Staffing Issues: Medical**

Twelve members of the medical staff discussed their concerns with the inspection team on the first and the fourth days of the inspection. RQIA's inspectors were informed that the many issues identified had been raised with the Belfast Trust senior management on a number of occasions in the previous year.

## **F1 Grade Issues**

F1 doctors are in their first year of medical practice after leaving university.

Inspectors were informed that F1 grade doctors in AMU are not supplied with a bleep, and are currently using their personal mobile phones to stay in contact with wards and other medical staff. Staff reported that, in some areas in the hospital, there is poor mobile phone reception, creating the potential for missed calls.

AMU has only one F1 grade doctor at weekends, who assists the medical registrar with up to 60 patients on AMU, and 30 to 40 outliers across the hospital. F1 doctors can also be required to clerk in patients in the ED for whom the decision to admit to AMU has already been made.

**7. It is recommended that there is an immediate review of medical staffing levels in AMU at both senior and junior levels.**

**8. It is recommended that F1 grade doctors in AMU are provided with a bleep.**

Inspectors were advised that there is lack of some equipment in AMU, such as an arterial blood gas machine. This means that the F1 doctor has to go to another ward location to process this test and obtain the results, before treatment is given to the patient.

At the time of the inspection, inspectors were informed that there was no working label printer, which requires staff to hand write labels, which is time consuming.

Staff also highlighted that an INR machine, additional monitors, Baxter IV pumps, syringe drivers and genius thermometers are required. Staff indicated that equipment resources have been depleted since the move to their current location in level 7 of the RVH.

Patient notes are not always available, due to a lack of ward clerk time. On occasions, the F1 is required to obtain patient notes from medical records.

**It is recommended that:**

**9. A review of resources should be undertaken to ensure that items of stock/ non stock equipment are available.**

**10. The essential patient equipment is available.**

**11. There should be a review of administrative support.**

## **General issues**

The AMU has outliers throughout the hospital. On the second day of the inspection, the medical registrar informed the inspection team that, at that time, there were 40 outliers in 13 wards. The medical registrar stated that there is no formal mechanism in place for a handover at weekends.

The patient tracking systems can be inaccurate. Patient coding is not always accurate and readmission of patients is not always captured.

**12. It is recommended that ways to improve the tracking of patients and to implement an electronic system as rapidly as possible are identified.**

**13. It is recommended that there is a formal mechanism in place for a formal medical handover at weekends.**

### **Recruitment and Retention of Medical Staff**

The inspectors were informed that a number of senior consultants had left acute medicine in RVH in the past few years. Recruitment is difficult, with a number of medical staff choosing to work in other less stressful specialties. Staffing levels for acute medicine consultants has been built up over the last few years from 1 to approximately 6.5 consultants. 1 consultant has left and a job share pair was facilitated with a career break to aid their personal development. At the time of the inspection the trust had advertised for additional consultant. Candidates were to be interviewed in the week after the inspection.

The inspectors were also informed that the number of F1 grade staff available is below an acceptable level. The F1 working experience is compromised, and limited to blood tests and discharge letters.

Senior medics had raised concerns regarding training issues for junior medical staff who were over worked. This issue had been brought to the attention of the Northern Ireland Medical and Dental Training Agency (NIMDTA).

**14. It is recommended that processes are reviewed to improve the recruitment and retention of medical staff.**

### **Interviews/Discussions with Staff**

Inspectors spoke with 42 staff from a range of disciplines. A large number of staff expressed concerns on the ability to maintain the pace of work required on the ward. Phrases such as “burnt out”, “exhausted”, “can’t cope” were used, and many staff were considering a transfer to other areas within the hospital.

Staff were very keen to meet with the inspectors, and 42 staff were interviewed, either individually or in small groups. A number of staff also came to AMU from other wards in the hospital.

Interviews/discussions and some written concerns were received from:

- 16 registered nurses
- 12 medical staff
- four social workers
- three patient flow coordinators
- one allied health professional
- two health care assistants
- two domestic staff
- one clerical staff



Following the inspection, a number of written statements from staff were delivered to RQIA's offices for the attention of the inspectors.

Staff told RQIA inspectors that they felt stressed and concerned for patient care, demoralised, and not appreciated. They stated that there is a bullying culture and they feel that no one in senior management above band 7 is listening. They told inspectors that care is target-led, significantly increasing the potential for unsafe care.

Ward staff spoken with were very supportive of the deputy sister and ward sister who listened to their concerns, and had passed these concerns onwards to a more senior level.

- 15. It is recommended that additional systems are put in place to support staff working in AMU and help them deliver person centred and compassionate care.**
- 16. It is also recommended that the organisational culture is reviewed, in relation to breaching the 12 hour waiting time standard, to ensure that there are not inappropriate behaviours in the drive to achieve this target.**

#### **Staff Quotes**

**"We are not afraid to work, but when it becomes unsafe for staff and patients, it is our registration on the line."**

**"Very stressful and unsafe practice."**

**"Incident last week. Patient flow needed to move two patients, but we were in middle of cardiac arrest. Told just to move them."**

**"Targets appear to be the main driver."**

**"Impossible to get breaks, particularly on day shift - working 13 hour shifts, with one break in morning - very dangerous."**

**"At times I look after 30 patients if we are a HCA short." (HCA on day shift)**

**"Patients not being fed, washed or spoken to. Minimal care with toileting needs."**

**"No complaints, there is always a senior nurse member on the ward."  
(Members of nursing team)**

## 4.8 Environment

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### Ward Observation

The current 60 bedded ward is an amalgamation of services previously accommodated in wards 6A, 6B, 6C, and relocated to the seventh floor. The ward is divided into Ward 7B, which has 24 beds, and Ward 7C, with 36 beds. Each ward layout is T-shaped, therefore all areas are not visibly accessible to staff. Staff stated that the current physical layout of the unit is not conducive to an admission unit, and proves a daily challenge to place patients in a safe environment for their care needs.

The size and layout of the ward is confusing for staff, patients and their representatives. Inspectors found difficulty in distinguishing the boundary between wards 7B and 7C. Each ward had a separate entrance accessed from the main corridor. There was evidence of clutter; however, patient bedside areas were reasonably tidy.

**17. It is recommended that the current configuration of the ward size and layout are reviewed to provide a more conducive environment for staff and patients.**

On a daily basis individual nurses are allocated to a ward bay and side rooms. However, the side rooms are not always near the bay, which creates difficulties in observing patients, and answering patient call bells.

Due to the high turnover of admissions, transfers and discharges, the environment can be very noisy and busy, with many interruptions. Patient transfers can take place late into the night.

Inspectors observed that privacy curtains were pulled each time personal care was to be delivered. Generally staff were discreet when delivering care within the screened bed space.

Inspectors did observe one occasion when a nurse gave a detailed response regarding a patient's condition to another nurse from behind the bed curtains. This was shouted out and could be heard by those in the bay. Staff engaged with patients in a pleasant, respectful manner. However, staff did not always introduce themselves on first encounter.

Patients appeared comfortable; glasses, dentures and hearing aids were within easy reach. In most cases the call bells were within a patient's reach. The response to call bells was mixed. At times these were answered quickly, but on occasions there was a delay in the staff response time. Call bell lights were outside each bedroom and each bay. These lights are yellow, and can be difficult to notice in daylight. The T-shape layout of the ward means only staff at the nurses' station can identify the call bell light location.

Protected meal times were in place, and generally little interruption was observed during meals. Patients have a choice to remain in bed and eat their meal, or sit at the bed side.

Fresh water was available at each patient's bed side, in covered jugs and rigid plastic glasses. Some patients were provided with straws, however, inspectors did not observe staff prompting or encouraging patients to drink.

**18. It is recommended that staff should prompt and encourage patients to drink.**

For patients who require assistance with their meal, inspectors observed variation in practice. On the first day of the inspection, patients had to wait for assistance with their meals, as not enough staff were to assist patients who required this help. A nurse was observed assisting and encouraging patients to eat. The nurse sat down on a chair beside the patient, lowered the bed rail and proceeded to assist the patient. At all times the nurse was engaged in conversation with her patients. This nurse was trying to balance the needs of three patients at one time.

**19. It is recommended that there is an effective system in place to identify patients who require a meal, and sufficient staff to ensure that patients receive the appropriate assistance with their meals.**

Domestic staff reported that they have minimum time to complete patient bedside discharge cleans as there is often a patient waiting for the bed. The domestic staff member can still be in the process of cleaning the bed space: floors, surfaces, patient lockers, beds and sanitary areas as the next patient is being admitted.

**20. It is recommended that domestic staff should have sufficient time to complete patient bedside discharge cleans.**

#### **4.9 Patient Experience**

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RQIA inspectors met with eight patients and/or their representatives. The general opinion of both patients and their representatives was that they accepted the care delivered, and, in general, did not expect any higher standard of care. All were concerned that the nursing staff were very busy, and that there was insufficient staff to meet the needs of patients.

##### **Patient /Relative Quotes**

**“Staff have been brilliant, staff are having a difficult time.”**

**“It is what it is, short staffed.”**

**“Overall I am mostly satisfied with the care, I am aware the nurses and doctors are all very busy.”**

**“Staff are excellent, but too few and many with too many patients to care for. They are not given the time to do this.”**

**“Care has been excellent so far in spite of the constraints, nurses constantly busy and always on the go, but still they find/take the time to comment and advise. Most of all I have been impressed at the level of care and attention displayed by nurses and doctors”.**

**“I think more attention could be given to gluten free diet on several occasions this was either not noticed or understood.”**

**“You worry about elderly patients who don’t have family members to speak for them.” “Mum’s care after her operation has not been good”**

One relative wrote detailed comments stating that staff change so often they do not get a chance to know you or the patient:

**“I come in to feed my relative, don’t see staff. I can never get to talk to a doctor and if I phone, I can’t get an answer. Staff never speak sharply, just apologise a lot. Staff don’t provide me with information, I have to wait or go hunting for it, asked for blood results still waiting. Asked for a priest, still don’t know if that has been requested. My relative is comfortable and not in distress.”**

**21. It is recommended that the Belfast Trust should monitor and respond appropriately to action patient, relative, carer comments, to improve the patient experience.**

### **Observations of Care**

RQIA inspectors observation of care delivery identified a number of specific concerns in relation to the management of food and fluids; the workload and throughput of the ward; and the completion of nursing care records.

On the first day of the inspection, inspectors observed meals arriving, and, due to the staff shortage, it was some time before patients were given assistance. The inspectors observed soup being left on bedside tables for 20 minutes. These patients required assistance with meal times, but had been left to try to feed themselves. Fluids were available; however, due to their frailty, a high number of patients needed significant encouragement and assistance to drink. This level of assistance was not available. Fluid records examined failed to record adequate oral intake, or any reference to fluids encouraged or refused.

The workload and throughput of the ward was significant. Admissions and discharges were evidenced to average approximately 43 during a 24 hour period. The volume of work impacts upon the ability of the registered nursing team to deliver safe and effective personal or nursing care to patients.

There is limited, if any, time for nurses to provide reassurance to patients, or to speak with family members. A patient’s husband asked an RQIA inspector if they could find him a nurse to assist his wife with toileting needs. The relative had been seeking assistance for some time without success. The inspector was aware that staff were busy in another area of the ward, but informed staff of the patient’s request for help. Help came from the HCA who was providing one-to-one care to another patient, who had to leave their patient to provide this assistance.

The ward manager reported that, due to the demands on her time with clinical needs for other patients, she has not always had the opportunity to speak to relatives when a patient has passed away.

The ward manager also stated that there are days when they do not get a chance to speak with all patients, even to wish them a good morning.

Inspectors observed, and were informed by staff, that confused patients, who continually call out, throw off bedding and need additional care, are in a bay with other patients who also require attention and are unable to sleep.

**22. It is recommended that staff should be supported to ensure appropriate care and privacy is given, and that patients are treated with dignity and respect.**

### **Transfers, Discharges and Admissions**

Staff reported that transfers, discharges and admissions can occur after midnight. A nurse reported that she has refused to discharge elderly patients home at night if a care package is not in place and the patient lives on their own.

Discussion with social work staff highlighted that they have to write in medical notes not to discharge a patient before seeing a social worker, as patients have been discharged without an appropriate care package in place. On one occasion a nursing home was found for a patient, and the doctor expected the family to accept the placement before viewing the home: the home was 50 miles away from the family.

Doctors reported that patients can be discharged before they are ready to go home and before their blood results have come through. The GP is asked to follow this up. Consultants reported that some other specialties have the right to refuse patients being admitted to their ward.

**23. It is recommended that there is a review of patient discharges to minimise delays and ensure patients have the appropriate care package in place.**

### **Information Technology**

Staff reported that the provision of information technology (IT) was not sufficient and the ward allocation screen is not kept up-to-date. There is a patient journey system and a patient centre system. The latter, which has the consultant's name on the system, is a more accurate system, and records information to allow the trust to monitor activity, however it has its limitations. For example, discharges can be invisible to the patient centre system (PAS), and where a patient is readmitted they can be recorded as a new patient rather than a readmission.

Medical staff reported that patients are often miscoded when entered on the system and "slip between the cracks". When medical staff go to see a patient, the patient may have already been seen by someone else. At times, patients are transferred to another ward or hospital site and incorrect information is recorded. A doctor was told that a patient was in Belfast City Hospital but the patient was in Ward 6E of the RVH. Inspectors were also informed of an occasion when a relative rang in and staff did not know where the patient was. The patient was in

Craigavon Hospital intensive care unit (ICU) this information was not available on the system. The medical team feel that AMU is used as “the default code for other specialties”.

The medical staff informed the inspection that the printer on the ward did not work, and consequently medical staff are hand writing patient identification labels. Due to limitations of ward clerical hours, there can also be a shortage of admission packs available on the ward.

## **Nursing Care Records**

Record keeping is an essential aspect of clinical practice. It protects the welfare of patients by promoting high standards of care; is an essential communication tool for the health care team, and should facilitate the detection of early warning triggers. Patient records should accurately reflect the details of the care provided, enable continuity of care between practitioners, and reinforce standards of care. Good records are essential for high quality care.

The principles of good record keeping are set out by the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC), and apply to all types of records, regardless of how they are held. Records need to be accurate and recorded in such a way that the meaning is clear. Records should be factual and not include unnecessary jargon. The record should provide clear evidence of the arrangements that have been made for future ongoing care.

RQIA inspectors reviewed three patient care records in depth and two patient care records were examined for specific details. The inspectors found similarities in recording gaps in each set of records.

Inspectors found that some nurses gathered information from a variety of sources, however, this was not always reviewed or analysed collectively to identify the care needs of individual patients. Assessments were not fully used to inform subsequent care interventions required. Inspectors found that some risk assessments had not been completed. Inspectors also found there were instances when other assessments were not always fully completed. Regular reviews of risk assessments did not always occur, and identified risks did not always have plans of care devised to provide instruction on how to minimise the risks.

In most instances, in the patients notes that were reviewed, there were no nursing care plans in place. The nursing notes reviewed did not always reflect the nursing assessment, or the care required for the patient, identified on observation. Any care plans that had been devised were poorly written with minimal detail and little direction of the care to be implemented for the patient.

None of the care plans reviewed evidenced that nurses demonstrated by their recording that they had adequately carried out assessment, planning, evaluation and monitoring of the patient's needs. This is vital to provide a baseline for the care to be delivered, and to show if a patient is improving or if there has been deterioration in their condition. Nurse record keeping did not always adhere to NMC and Northern Ireland Practice and Education Council (NIPEC) guidelines.

Improvements to record keeping are required in the following areas:

- admission assessment record should be fully completed
- assessments were not fully used to inform the subsequent care interventions required
- risk assessments should be fully completed
- if a risk is identified, a care plan should be devised to provide instruction on how to minimise the risk.
- care plans should be devised for patients needs
- in the nursing progress notes, entries should be dated and legible. They should reference the care plan, and triangulate care

The care records examined failed to demonstrate that safe and effective care was being delivered.

- 24. It is recommended that the assessment of patients' nursing needs should be patient focused and identify individual needs and interventions required. This should be reviewed and updated in response to the changing needs of patients.**
- 25. It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks.**
- 26. It is recommended that care plans should be devised for all identified patient needs. These should be reviewed and updated within the set timescale, or in in response to changing needs of patients.**
- 27. It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.**

## Wards with Outliers

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At the RVH, outliers are defined as patients under the care of a specialty team, but for whom a bed is not available in the designed ward for that specialty. At the time of the inspection, RQIA was informed that there were significant numbers of outliers from AMU, and also from other speciality teams, in particular respiratory medicine.

### Wards Visited

- Ward 6A (winter pressure ward)
- Wards 6B and 6C (surgery)
- Ward 6D (medicine)
- Ward 28 (eye surgery)
- Ward 2F (discharge lounge) - a strict protocol is followed for admission to this ward
- Ward 4D (respiratory) - this ward has 18 beds, and on day three of the inspection had 30 outliers in other RVH wards. The specialty has also 30 beds and 20 outliers in Belfast City Hospital
- Wards 4E and 4F (neurosurgery and neurology) - these wards take outliers, and staff hope they will have a free bed when their planned admissions arrive
- Theatre Recovery Ward - this was opened following the major incident on 8 January 2014 to increase bed numbers and also on the evenings of 27 and 28 January 2014

Inspectors were particularly concerned by their findings in relation to wards 6A and 28.

- 1. It is recommended that the Belfast Trust identifies any immediate actions which can be taken to reduce the number of outliers and delays in patient discharges.**

### Ward 6A

Inspectors were informed that there was limited ward and staff preparation for the opening of Ward 6A. Staff were transferred from the Belfast City Hospital (BCH) Ward 5 North. When staff arrived in Ward 6A, beds had not had a safety check, and limited supplies of equipment and medication were available to care for the 13 patients who had been admitted to the ward. The staff transferred from BCH were not fully orientated to the ward, or indeed the RVH, when they started, and were not given a proper induction. Inspectors observed equipment was still in packaging as staff have not had time to unpack.

- 2. It is recommended that if wards are moved, staff and the ward environment are appropriately prepared.**

There are no F1 medical staff allocated to the ward; the ward has patients with a variety of conditions admitted. The lack of an allocated F1 means that staff have



to telephone around numerous wards to ask the doctors from different specialties to visit their patients. Staff informed RQIA inspectors that they plead with the other wards to send their doctor. This creates delays in treatment, and delays discharges. There is a 0900 ward round, and if a patient is admitted after this time they must wait until the ward round on the following day.

**3. It is recommended that the medical input into the winter pressures ward is reviewed and immediate F1 medical staff cover is provided.**

Staff in Ward 6A stated that they feel under pressure and were visibly upset when speaking with RQIA inspectors. There were four staff off on long-term sick leave. There is one registered nurse on duty at night for 16 patients, night staff do not get a break. If extra nurses are put on the rota they are taken away to another ward. Staff have reported these concerns to senior management, but they were not aware if any action has been taken.

**4. It is recommended that the nurse staffing levels in Ward 6A should be reviewed and increased immediately.**

Staff reported that they have raised these issues through incident reporting (IR1 forms), however, no action is taken, nor feedback given. Staff reported that they are too exhausted to continue to complete these forms as incident reports do not make a difference.

**5. It is recommended that systems are put in place to ensure that when staff report incidents which indicate safety issues, feedback should take place such as an email. Staff should also be provided with an analysis of trends in incidents, relating to their area of work, on a regular basis.**

## **Ward 28**

This is an eye surgery ward. An additional 11 beds have been opened to support the needs of outliers from AMU. The ward manager books agency and bank staff to cover the care of these patients, which creates difficulties with continuity of care. Doctors informed RQIA's inspectors that there is some concern regarding the nursing skills in this ward. On one occasion, the F1 doctor had to show a nurse how to carry out neurological observations, and on another occasion catheterise a female patient.

**1. It is recommended that a learning needs analysis should be undertaken for nursing staff to facilitate career development and competency in practice.**

Staff informed inspectors that an elderly patient with a fracture and Alzheimer's disease, who needed 24 hour cardiac monitoring, was admitted to Ward 28, despite staff stating that there was no facility for cardiac monitoring on the ward.

Ward 28 is located a distance from the main ward blocks. Emergency medical care from the acute medical team could take some time to respond, due to the location of the ward. The National Early Warning Score (NEWS) chart advises the registered nurse to contact the relevant medical team if they have clinical concerns

concerning a patient. Staff in Ward 28 reported that difficulties in contacting relevant medical staff can be an issue.

There is a difficulty getting discharge letters and prescriptions written, causing delay in discharges.

Some staff were concerned about their personal security at night, particularly regarding access to this ward overnight.

**2. It is recommended that security at night is reviewed to ensure lone workers are protected.**

Staff informed inspectors that patients can arrive for elective eye surgery, but the bed has already been taken by an AMU outlier. Patients can go to theatre in a chair; meanwhile staff hope a bed becomes available before the patient returns from theatre.

**Theatre Recovery Ward**

ED patients had been transferred to the Theatre Recovery Ward on 8 January 2014 as a result of the major incident. On that evening, there was a total of 13 patients who were admitted to recovery between 2000 and 2100. Patients had been transferred by 2300 to 0000 to other wards in the RVH, or other Belfast Trust hospitals.

On 27 January 2014, patients were also transferred from ED. Six of these patients were expected, however, only three patients were transferred to recovery. The three patients stayed in recovery for a short period of time before transfer to the BCH site.

**Ward 6C**

Ward 6C is a 23 bedded emergency general surgical ward. There is a high turnover of patients and the discharge lounge is routinely utilised. At the time of inspection, the ward was accommodating one medical outlier. It is generally the same consultant in charge for these patients, however, it can be problematic to find other consultants of patients outlying in the ward. Staff are comfortable with delivering basic care for medical patients, but are concerned they do not have the appropriate skills for more complex care. The nurse in charge of the ward informed the inspection team that staffing levels are reasonably good.

**Ward 6B**

Ward 6B is a 33 bedded emergency general surgery ward. The ward has gone through a major transition since October 2013, with the reconfiguration of colorectal services within the Belfast Trust.

Since October 2013 seven staff have been absent, with five currently off sick and two on maternity leave. The ward has been allocated two newly qualified nurses to cover maternity leave and is due to receive three new posts.

On Day 4 of the inspection, the ward had three medical outliers. RQIA inspectors were advised that the ED transfers patients to this ward, just prior to the 12 hour breach. On occasions, a bed is not ready or the bed space has not been cleaned. When this happens, ED staff stay with the patient until the bed is ready. Ward staff advised that this happens on a regular basis.

Discharges of patients can be affected by delays in the completion of discharge letters and receiving discharge medication. Ward staff advised the inspectors: “This weekend is the first time we have ever had empty beds”.

## **5.0 Wider System Issues**

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### **5.1 Movement of Patients**

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RQIA's inspection team was informed by staff that they experienced major difficulties in arranging movement of patients to the locations where they would most appropriately receive care. Examples include:

- Many patients were being cared for in ED, who were ready for admission to an appropriate ward, but no bed was available.
- Patients were being cared for in AMU who were:
  - waiting for decisions to be taken as to whether they would be accepted by specialists from other units at either RVH or BCH
  - waiting for an appropriate bed to become available in a unit to which transfer had been agreed
  - waiting for discharge after care had been completed
  - being provided with care for much longer than the recommended time period of two overnight stays in the AMU
- Many patients were being cared for as outliers in units staffed to provide care for other patients in other specialties.

### **5.2 Tracking of Patients**

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Inspectors observed, and staff reported, that there were difficulties in ensuring that information was kept updated as to the location of patients, and changes which had been made to their care plans. Examples include:

- The visual electronic system used in AMU was reported not to be up-to-date for a significant proportion of patients (up to 25%).
- A combination of electronic database printouts and handwritten pages are used to inform the AMU team on the current location of patients.
- Doctors coming on duty at weekends are not always provided with an up-to-date record of the care status of patients.
- Discussions took place regarding patients about whom there was uncertainty whether they had already been discharged from outlying wards.

### **5.3 Roles and Rules of Different Units in the System**

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In discussion with staff, the RQIA inspectors found some evidence of a lack of clarity as to the roles and rules of operation for different components of the hospital system. This had the potential to increase delays in patient movements.

Examples include:

- There were differences in the understanding of the role of the winter pressures ward, which opened in early December, and of the medical cover arrangements for this unit.
- There appeared to be differences in understanding and practice as to the transfer of patients from ED to outlying units, rather than AMU, with regard to who could authorise this.
- There was variation in the processes by which receiving specialties considered requests for possible patient transfer from AMU and, when agreed, arranged timely transfer.
- There was some lack of clarity regarding the arrangements for direct admission by GPs for emergency medical care, following the closure of a direct access unit at BCH.

### **5.4 Delays in Discharge Processes**

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Many staff advised the inspection team that the processes for arranging discharge of patients were not fully effective. Examples provided include:

- Delays in arranging to have a junior doctor available to write a discharge note, in particular for patients who were outliers from their host unit or in the winter pressures ward.
- Staff in a discharge area advised that their service was, at times, not being used in the way it had been intended, which may contribute to delays.
- Discharge decisions were being taken too late in the day to activate all the processes required for effective discharge, resulting in patients experiencing an unnecessary overnight extension to their stay in hospital.

### **5.5 Inability of Innovative Services to Operate as Intended**

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RQIA found examples of innovative services, designed to improve the care and experience of patients, which were not able to operate as planned.

In the ED, an outcomes area had been created. This was designed as a waiting area for patients awaiting the results of investigations, prior to a decision about their discharge. During RQIA's inspection, this area was being used mainly for patients where an admission decision had already been taken, to await transfer to a ward. This resulted to patients, who could have been transferred to this area, having to remain in other areas of the ED.

The decision to establish an AMU was aimed to concentrate expertise and services in a defined area, for the early management of emergency and urgent medical patients requiring admission to the hospital.

At the time of the inspection, RQIA inspectors found that the AMU was not operating in the planned manner. Many medical patients had been admitted to other units across the hospital, such as surgical units, rather than to the unit designed for this purpose. The expertise of consultants in acute medicine was required across the hospital, outside AMU, to manage these patients. The pressure on the AMU team was, in turn, leading to delays in decision making for patients in the AMU.

## **6.0 Summary of Recommendations**

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### **Recommendations for the Emergency Department**

- 1. It is recommended that the posts of ED senior sister should have a job evaluation to review if the staffing grade is appropriate for the duties of the posts.**
- 2. It is recommended that a further review of nurse staffing levels is undertaken for ED at RVH to ensure that there are adequate levels of staff to provide all the functions of the department.**
- 3. It is recommended that nurse staffing in the resuscitation area is reviewed to enable provision at a level of one nurse to one patient.**
- 4. It is recommended that nurse staffing in the focused assessment area is reviewed.**
- 5. It is recommended that a review should be undertaken of the provision of support services to ED.**
- 6. It is recommended that a learning needs analysis is undertaken to facilitate career development for all of the nursing team in ED. Nurse education should also focus on learning from incidents and the principles of safety.**
- 7. It is recommended that processes are reviewed to improve the retention of staff, and to ensure that staff have appraisal and supervision, in line with the Belfast Trust policy.**
- 8. It is recommended that systems are put in place to ensure that when staff report on incident which indicate safety issues, feedback should take place, such as an email. Staff should also be provided with an analysis of trends in incidents, relating to their area of work, on a regular basis.**
- 9. It is recommended that there is an immediate review of emergency medicine consultant numbers for the ED at RVH.**
- 10. It is recommended that specialty triage decisions are taken as early as possible to reduce pressure and prompt patient flow.**
- 11. It is recommended that regular staff meetings are held for staff working in the ED department.**
- 12. It is recommended that additional systems are put in place to support staff working in ED and help them deliver person centred and compassionate care.**

- 13. It is also recommended that the organisational culture is reviewed, in relation to breaching the 12 hour waiting time standard, to ensure that there are not inappropriate behaviours in the drive to achieve this target.**
- 14. It is recommended that the internal ED escalation plan criteria and the trust escalation policy are reviewed.**
- 15. It is recommended that the Belfast Trust identifies any immediate opportunities to improve flows out of ED, to reduce pressures and overcrowding.**
- 16. It is recommended that systems are reviewed to ensure that staff in ED are equipped to adhere to the Belfast Trust's infection prevention and control policies.**
- 17. It is recommended that nursing documentation in the ED is reviewed, and recording improved to ensure that all patient needs are identified.**
- 18. It is recommended that all risk assessments are completed within the set timescales, these should be reviewed and updated on a regular basis or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks.**
- 19. It is recommended that in the interim period, pending the opening of a new ED, a review of the existing environment should be undertaken to identify measures that could improve the situation. ED staff should be involved in the planning of the new department.**
- 20. A review of resources should be undertaken to ensure that items of stock / non stock equipment are available, for example pillows and blankets.**
- 21. The availability of essential patient equipment is reviewed, such as Baxter IV pumps, cardiac and observation monitors.**
- 22. A review of equipment that is old or needs to be replaced should be undertaken, including patient trolleys.**
- 23. It is recommended that staff should be supported to ensure appropriate care and privacy is given, and that patients are treated with dignity and respect.**
- 24. It is recommended that there is a system in place to identify patients who require a meal and sufficient staff to ensure patients receive the appropriate assistance with their meals.**
- 25. It is recommended that the Belfast Trust should monitor and respond appropriately to patient, relative, and carer comments, to improve the patient experience.**



## **Recommendations for the Acute Medical Unit**

- 1. It is recommended that there is clarity of the functions of AMU and specialist units in relation to take-in. Review timing of key meetings to ensure that specialty triage decisions are taken as early as possible.**
- 2. It is recommended that a review of nurse staffing levels is undertaken for the AMU to ensure that there are adequate levels of staff to provide all the functions of the unit.**
- 3. It is recommended that the AMU ward sister has protected time for management duties and that staff have appraisal and supervision sessions in line the trust policy.**
- 4. It is recommended that a learning needs analysis is undertaken to facilitate career development for all of the nursing team in AMU.**
- 5. It is recommended that processes are reviewed to improve the recruitment of staff.**
- 6. It is recommended that any immediate opportunities to improve patient flow to and from AMU, to reduce pressures, are identified.**
- 7. It is recommended that there is an immediate review of medical staffing levels in AMU at both senior and junior levels.**
- 8. It is recommended that F1 grade doctors in AMU are provided with a bleep.**
- 9. A review of resources should be undertaken to ensure that items of stock / non stock equipment are available.**
- 10. The essential patient equipment is available.**
- 11. There should be a review of administrative support.**
- 12. It is recommended that ways to improve the tracking of patients and to implement an electronic system as rapidly as possible are identified.**
- 13. It is recommended that there is a formal mechanism in place for a formal medical handover at weekends.**
- 14. It is recommended that processes are reviewed to improve the recruitment and retention of medical staff.**
- 15. It is recommended that additional systems are put in place to support staff working in AMU and help them deliver person centred and compassionate care.**

- 16. It is also recommended that the organisational culture is reviewed, in relation to breaching the 12 hour waiting time standard, to ensure that there are not inappropriate behaviours in the drive to achieve this target.**
- 17. It is recommended that the current configuration of the ward size and layout are reviewed to provide a more conducive environment for staff and patients.**
- 18. It is recommended that staff should prompt and encourage patients to drink.**
- 19. It is recommended that there is an effective system in place to identify patients who require a meal, and sufficient staff to ensure that patients receive the appropriate assistance with their meals.**
- 20. It is recommended that domestic staff should have sufficient time to complete patient bedside discharge cleans.**
- 21. It is recommended that the Belfast Trust should monitor and respond appropriately patient, relative, carer comments, to improve the patient experience.**
- 22. It is recommended that staff should be supported to ensure appropriate care and privacy is given, and that patients are treated with dignity and respect.**
- 23. It is recommended that there is a review of patient discharges to minimise delays and ensure patients have the appropriate care package in place.**
- 24. It is recommended that the assessment of patients' nursing needs should be patient focused and identify individual needs and interventions required. This should be reviewed and updated in response to the changing needs of patients.**
- 25. It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks.**
- 26. It is recommended that care plans should be devised for all identified patient needs. These should be reviewed and updated within the set timescale, or in in response to changing needs of patients.**
- 27. It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.**

## **Recommendations for Ward 6A**

- 1. It is recommended that the Belfast Trust identifies any immediate actions which can be taken to reduce the number of outliers and delays in patient discharges.**
- 2. It is recommended that if wards are moved, staff and the ward environment are appropriately prepared.**
- 3. It is recommended that the medical input into the winter pressures ward is reviewed and immediate F1 medical staff cover is provided.**
- 4. It is recommended that the nurse staffing levels in Ward 6A should be reviewed and increased immediately.**
- 5. It is recommended that systems are put in place to ensure that when staff report incidents which indicate safety issues, feedback should take place such as an email. Staff should also be provided with an analysis of trends in incidents, relating to their area of work, on a regular basis.**

## **Recommendations for Ward 28**

- 1. It is recommended that a learning needs analysis should be undertaken for nursing staff to facilitate career development and competency in practice.**
- 2. It is recommended that security at night is reviewed to ensure lone workers are protected.**

## 7.0 Next Steps

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Following the inspection from 31 January to 3 February 2014, on 5 February, RQIA provided verbal feedback to the Belfast Trust at a meeting for management and staff .

Senior officers of RQIA were invited by the Belfast Trust's chief executive to a briefing on 7 February 2014, on actions taken and planned in relation to the recommendations made on 5 February 2014. The Belfast Trust advised RQIA that a significant programme of action was underway, to: reduce pressures on staff and provide them with support; increase the numbers of staff on duty in critical areas; improve patient flows; and address issues identified in areas such as patient tracking and equipment.

Further detail of the actions being taken was subsequently provided in writing to RQIA by the chief executive of the trust.

This inspection report has been shared with the Belfast Trust for factual accuracy together with an outline quality improvement plan.

RQIA is currently carrying out a programme of unannounced inspections of the experience of older people in acute hospitals. The inspection of the RVH had not taken place at the time of completion of this report. When this is carried out, RQIA will seek evidence as to the implementation of actions designed to relieve the considerable pressures on the staff and system, identified during this inspection.

RQIA has been asked by the Health Minister to carry out a review of the systems of provision of unscheduled care in the Belfast Trust and the coordination of arrangements across Northern Ireland. The findings of this inspection will also inform the design and focus of the review.

## 8.0. Quality Improvement Plans

### Area: Emergency Department

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale														
Staffing																		
1.	It is recommended that the posts of ED senior sister should have a job evaluation to review if the staffing grade is appropriate for the duties of the posts.	ED	ED Senior sister job description will be forwarded for review for job evaluation.  In the interim we have put in place a dedicated ED Clinical Co-ordinator to oversee the management of the RVH ED.	June 2014  April 2014														
2.	It is recommended that a further review of nurse staffing levels is undertaken for ED at RVH to ensure that there are adequate levels of staff to provide all the functions of the department.	Central Nursing / ED	The Emergency Department nursing levels have been reconsidered by the clinical team, supported by central nursing, using BEST methodology. In October 2013 the department was staffed as follows <table><tr><td>Band 7</td><td>8.2</td></tr><tr><td>Band 6</td><td>8</td></tr><tr><td>Band 5</td><td>51.19</td></tr><tr><td>Band 3</td><td>13.78</td></tr><tr><td>CE</td><td>1</td></tr><tr><td>Total</td><td>82.97</td></tr><tr><td>ENPs</td><td>5.8</td></tr></table>	Band 7	8.2	Band 6	8	Band 5	51.19	Band 3	13.78	CE	1	Total	82.97	ENPs	5.8	Complete
Band 7	8.2																	
Band 6	8																	
Band 5	51.19																	
Band 3	13.78																	
CE	1																	
Total	82.97																	
ENPs	5.8																	

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			A review of nurse staffing at this time indicated an increase to 87.48 WTE. Further to this increase the preliminary RQIA report made some recommendations, and as a consequence this was further increased to 100 WTE staff. Recruitment is currently underway and there has been a good uptake for these posts. On completion of staff recruitment the skill mix will be 87% registered staff to 13% non-registered nursing support staff.	
3.	It is recommended that nurse staffing in the resuscitation area is reviewed to enable provision at a level of one nurse to one patient.	Central Nursing / ED	<p>Nursing staffing in resuscitation has been reviewed.</p> <p>The increase to 100 wte will permits an increase of nurse to patient ratio in the rhesus area of 1:1. Recruitment on-going.</p> <p>The Clinical co-ordinator will be responsible for ensuring that staff are rostered and allocated accordingly.</p>	<p>Complete</p> <p>30 April 2014</p>
4.	It is recommended that nurse staffing in the focused assessment area is reviewed.	Central Nursing / ED	Nursing staffing for the focused assessment area has been reviewed.	Complete

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p>The increase in staffing noted in 2 facilitates an increased ratio of four nurses in focused assessment at all times.</p> <p>The Clinical co-ordinator will be responsible for ensuring that staff are rostered and allocated accordingly.</p>	30 April 2014
5.	It is recommended that a review should be undertaken of the provision of support services to ED.	Patient Client Support Services	<p>A review in respect of support services has been undertaken in consultation with the clinical team by the PCSS senior team and is now complete:</p> <p>There is a dedicated portering team based in the in Emergency Department 24/7</p> <p>There are enhanced cleaning services in place with dedicated cleaning staff for the emergency department until 10 pm with further services then available from the night cleaning team until 7am.</p> <p>Additional catering provision is in now place which is overseen by the catering manager / supervisor regularly to ensure adequate food and beverage provision is available. Supplies of water, bread tea and coffee are available in the department at all times and</p>	Complete

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p>emergency stores are readily available for times of surge.</p> <p>Security is readily available 24hrs a day.</p>	
6.	It is recommended that a learning needs analysis is undertaken to facilitate career development for all of the nursing team in ED. Nurse education should also focus on learning from incidents and the principles of safety.	The ED and Directorate team supported by Central Nursing	<p>A learning needs analysis is undertaken annually to facilitate career development of all the nursing teams and is scheduled to be completed over the coming year. The educational requirements will be commissioned as identified by the practice educator and department Sisters.</p> <p>Staff have a two week taught induction to support mandatory educational requirements facilitated by the clinical education centre. They then have a six week supernumerary period in the department which is facilitated by the practice educator.</p> <p>The nursing staff undertake the Manchester Triage training course within their first three months of appointment. They also have periods of supervised practice in all triage areas, focussed assessments and the resuscitation area. They will work in the main triage area, where they take decisions</p>	<p>March 2015</p> <p>March 2014 and ongoing</p>



Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p>to place patients in the waiting area in accordance with the Manchester Triage categorisation after one year in the department once their competence has been assessed by the senior nurse or their preceptor.</p> <p>All newly qualified staff undergo preceptorship for a period of six months which will be regularly reviewed and tailored to the needs of the individual nurse. They are also required to complete a portfolio of evidence of their learning within one year and this is overseen by their preceptor and the clinical educator.</p> <p>The actions relating to Learning from incidents are covered in recommendation 8 (see below).</p>	Ongoing
7.	It is recommended that processes are reviewed to improve the retention of staff, and to ensure that staff have appraisal and supervision, in line with the Belfast Trust policy.	The ED and Directorate team supported by Central Nursing	<p><i>Improve retention</i></p> <p>A Learning and Development / Support programme is in place for all new nursing staff, to ensure that they have appropriate levels of training and induction to support them in their new roles. This is considered key to retention.</p>	Complete

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p><i>Appraisal &amp; Supervision</i>  Numbers of appraisals and supervisions have been reviewed.  Supervision of nurses by end Dec was as follows: 83% had one session and 60% had two sessions at all grades Bands 5 to 7.</p> <p>Annual Appraisal and meeting supervision standards are clearly assigned responsibilities to the Sisters / Charge nurses. Clinical co-ordinator will be responsible to ensure appraisal and supervision for all staff in ED is undertaken.</p>	Ongoing
8.	It is recommended that systems are put in place to ensure that when staff report on incident which indicate safety issues, feedback should take place, such as an email. Staff should also be provided with an analysis of trends in incidents, relating to their area of work, on a regular basis.	<p>Performance &amp; Planning</p> <p>Risk &amp; Governance / ED</p>	<p>Currently developing and implementing a new standardised ward based performance scorecard which will present trended measures in a range of performance areas.</p> <p>Monthly team meetings to take place. Agenda items will include feedback to staff from SAI's, IR1's, complaints, patient compliments and staffing developments. Staff at all levels are reminded for the need to have staff meetings and ensure cascade to all team members.</p>	<p>30 April 2014</p> <p>Being established</p>

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
9.	It is recommended that there is an immediate review of emergency medicine consultant numbers for the ED at RVH.	ED	<p>A review of ED Consultant numbers has been undertaken.</p> <p>The Trust is in continuing discussions with the Commissioner about on-going funding for the consultant workforce and other key staff in assessment and AMU, as part of the ED Pressures bid.</p> <p>Agreement has been reached with ED Consultants to progress to annualised job plans with effect from 1<sup>st</sup> April 2014.</p> <p>We are currently undertaking a medical workforce productivity modelling in ED in association with PHA &amp; HSCB.</p>	<p>Complete</p> <p>Started</p> <p>30 April 2014</p>
10.	It is recommended that specialty triage decisions are taken as early as possible to reduce pressure and prompt patient flow.	ED	Provision has been made to implement real time medical take-in between the hours of 08:00 and 19:00. This means that during these hours an acute medical physician will assess the patients as soon as practically possible after the ED medical team have assessed and judged the patient should be admitted to hospital. This change from a twice daily take to a continual real time take means that specialty triage decisions are being taken as early as possible to reduce	1 April 2014

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			pressure and prompt patient flow.	
11.	It is recommended that regular staff meetings are held for staff working in the ED department.	ED	<p>This recommendation has been reviewed through staff support clinics and the following actions agreed, effective immediately:</p> <ul style="list-style-type: none"> <li>• Team brief to take place 2-3 times per day at set times to accommodate shift patterns. Brief will be led initially by manager/sister in charge.</li> <li>• Monthly team meetings to take place. Agenda items will include feedback to staff from SAI's, IR1's, complaints, patient compliments and staffing developments</li> <li>• Staff newsletter to be designed and issued each month by the clinical co-ordinator.</li> </ul>	Being established across multi-disciplinary team.
12.	It is recommended that additional systems are put in place to support staff working in ED and help them deliver person centred and compassionate care.	Human Resources / Occupational Health / Central Nursing / Unscheduled care /	<p>This recommendation has been reviewed through provision of staff support clinics and the following actions agreed and communicated to staff, effective immediately (See Appendix 1):</p> <ul style="list-style-type: none"> <li>- To ensure our communication, terminology and language is person-centred.</li> </ul>	Complete

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
		Risk & Governance	<ul style="list-style-type: none"> <li>- Improved communication structures including regular ward / team briefings</li> <li>- Further investment in nurse to patient ratio to improve quality of care and to help provide a safer environment</li> <li>- Learning &amp; Development interventions to support all staff and new employees</li> <li>- A review and improvements to resources and ways of working, both clinical and operational</li> </ul> <p>Occupational Health and Health and Safety staff have planned to undertake a stress survey in April 2014</p> <p>Review of Zero Tolerance Policy, display of posters, enforcement of rules regarding abusive patients and relatives (including liaison with Security staff and review of Security staff base)</p>	<p>30 April 2014</p> <p>30 April 2014</p>

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
13.	It is also recommended that the organisational culture is reviewed, in relation to breaching the 12 hour waiting time standard, to ensure that there are not inappropriate behaviours in the drive to achieve this target.	Human Resources / Occupational Health / Central Nursing / Unscheduled care	<p>-The existing arrangement whereby patients are admitted to beds on the basis of clinical priority and thereafter by waiting time has been reinforced directly with staff and management by Chief Executive and Senior Management Team.</p> <p>-Arrangements are put in place for senior management cover for evenings and weekends to provide support and guidance for staff and aid the flow of patients throughout the Trust.</p> <p>-An Associate Director of Nursing for Unscheduled care is to be appointed. In the interim the Co-Director of Central Nursing is fulfilling this role.</p> <p>-An ED Clinical Lead for Safety &amp; Governance role is being appointed</p>	<p>Complete</p> <p>Complete</p> <p>June 2014</p> <p>Complete</p> <p>June 2014</p>
<b>Safety</b>				
14.	It is recommended that the internal ED escalation plan criteria and the trust escalation policy are reviewed.		A revised escalation plan is in development which includes specialty agreed triggers and appropriate actions to maintain capacity and improve flow of patients. This is in discussion with ED and all specialties.	April 2014

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
15.	It is recommended that the Belfast Trust identifies any immediate opportunities to improve flows out of ED, to reduce pressures and overcrowding.	Exec Team	<p>Reviewing discharge arrangements. Working with Clinical staff through small scale cycles of change to improve timely discharge.</p> <p>-To implement use of internal transport with nurse escort to improve timely transfer between sites.</p> <p>-Introduce 'real-time' take by the Acute Physicians.</p> <p>-Currently piloting new ways of working for geriatric medicine in AMU. Plan to implement the agreed model following a successful pilot.</p> <p>-Provide two additional SHOs for Respiratory Team to support take-in for remainder of Winter months.</p> <p>-Establish a direct assessment and admission facility for Frail Elderly on level 7, BCH.</p> <p>-Establish Cardiac Assessment Unit to facilitate senior Cardiology review. Implement Rapid Access Cardiology Clinics</p>	<p>Complete</p> <p>Complete</p> <p>On-going</p> <p>Complete</p> <p>Complete</p> <p>1 May 2014</p>

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p>to limit waiting time for patients in ED</p> <p>-Implement Neurology Consultant of the Week model and Rapid Access Neurology Clinics (RANC) to improve patient access to specialist opinion and reduce number of patients requiring admission.</p>	31 March 2014
16.	It is recommended that systems are reviewed to ensure that staff in ED are equipped to adhere to the Belfast Trust's infection prevention and control policies.	ED / Central Nursing	<p>This relates to the difficulties noted when department is crowded.</p> <p>-The Trust is setting up a pilot of a Medical Assessment Area out with the ED where the physicians can undertake the Real Time take described in Rec 10. Patients will be cared for in a Bed / Chair until they are admitted or discharged home. This will reduce the numbers of patients waiting in ED for admission, thereby reduce congestion and the associated impact on maintaining Infection Control standards.</p> <p>Infection Prevention Control (IPC) refresher training is on the Trust mandatory training programme. IPC work closely with the relevant Nursing Development Lead (NDL) who delivers ANTT training. Four nurses and staff from ED have attended this training each month since January.</p>	<p>14 April 2014</p> <p>Ongoing</p>



Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p>Records indicate that 91% staff were trained in Antiseptic Non Touch Technique. The NDL plans to complete the remaining staff to achieve 100%.</p> <p>Regular peer hand hygiene audits take place monthly and quarterly independent hand hygiene audits also occur. There are not specific audits on ANTT this would be included as part of the regular audit cycle if observed within the area.</p> <p>The results are recorded on the balanced scorecard and variances discussed at the Co-Director governance meeting. Action plans are submitted for non-compliance.</p>	Ongoing
17.	It is recommended that nursing documentation in the ED is reviewed, and recording improved to ensure that all patient needs are identified.	Central Nursing / ED	<p>Nursing documentation in ED is currently under review and new documentation is being piloted.</p> <p>Audit of same will be undertaken</p>	<p>Underway</p> <p>30 April 2014</p>
18.	It is recommended that all risk assessments are completed within the set timescales, these should be reviewed and updated on a regular basis or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks.	Central Nursing / ED	The risk assessments required to be undertaken are identified as part of the nursing admission documentation with the relevant assessment templates included in this documentation. Nursing staff in the ED and new Medical Assessment Area will be	14 April 2014

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p>reminded of the need to ensure all relevant risk assessments are undertaken and this will be monitored by Nurse in Charge.</p> <p>Audit of same will be undertaken</p> <p>Requirement to ensure observations take place – safety rounds</p>	<p>June 2014</p> <p>Ongoing.</p>
<b>Environment</b>				
19.	It is recommended that in the interim period, pending the opening of a new ED, a review of the existing environment should be undertaken to identify measures that could improve the situation. ED staff should be involved in the planning of the new department.	ED	<p><i>Existing Dept</i></p> <p>An environmental review has previously been completed and no further building measures can be taken to improve the situation for the existing building. Hence there is a focus on improving the environment through reducing the potential for crowding.</p> <p>-The Trust is setting up a pilot of a Medical Assessment Area outwith the ED where the physicians can undertake the Real Time take described in Rec 10. Patients will be cared for in a Bed / Chair until they are admitted or discharged home. This will reduce the numbers of patients waiting in ED for admission, thus reducing crowding at busy times and improving the environment for staff and patients.</p>	<p>14 April 2014</p> <p>1 April 2014</p>

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			<p>Environmental issues identified which can be addressed within the existing building are being addressed by the relevant Sisters in charge: Positioning of photocopiers / Bins etc.</p> <p><i>New dept</i> The Trust would like it noted that Senior Medical and Nursing staff have led on both the original design and subsequent redesign of the ED to include an X-ray facility in 2010/2011 and have attended site visits to the new department.</p> <p>-ED commissioning sister attends and updates all senior staff and business meetings.</p> <p>-ED multidisciplinary representation at commissioning subgroup and Standard Operating Procedures group.</p> <p>-Senior Nursing and Medical staff represented on new ED procurement groups where appropriate.</p>	Ongoing.

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
20.	A review of resources should be undertaken to ensure that items of stock/non stock equipment are available, for example pillows and blankets.	ED / Patient Client Support Services	<p>A review of resources has been undertaken and any appropriate procurement action taken.</p> <p>Additional stocks of laundry to be held by PCSS for times of increased requirement.</p> <p>The sister/charge nurse is responsible for this on an on-going basis and will be reminded of this.</p>	<p>Complete</p> <p>Complete</p>
21.	The availability of essential patient equipment is reviewed, such as Baxter IV pumps, cardiac and observation monitors.	ED	<p>A review of essential patient equipment requirements has been undertaken and any appropriate procurement action taken.</p> <p>The sister/charge nurse is responsible for this on an ongoing basis and will be reminded of this.</p>	Complete.
22.	A review of equipment that is old or needs to be replaced should be undertaken, including patient trolleys.	ED	<p>A review of equipment has taken place and any needs identified have been addressed.</p> <p>Continuing responsibility for this action is part of the Service Manager / delegated to Clinical coordinator as appropriate.</p>	Complete

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
<b>Patient Experience</b>				
23.	It is recommended that staff should be supported to ensure appropriate care and privacy is given, and that patients are treated with dignity and respect.	Human Resources / Occupational Health / Central Nursing / Unscheduled care	<p>Work is underway through Support clinics with staff to identify and address any barriers to providing the appropriate level of privacy, respect and dignity to patients.</p> <p>It is the responsibility of all staff to maintain patient privacy and dignity at all times. This is assessed on an ongoing basis and staff are supported to mitigate risk and ensure dignity and privacy is maintained at times of overcrowding.</p>	<p>Ongoing</p> <p>Policy in place</p>
24.	It is recommended that there is a system in place to identify patients who require a meal and sufficient staff to ensure patients receive the appropriate assistance with their meals.	ED / Patient Client Support Services	<p>Arrangements have been put in place to ensure that tea, coffee and water are available at all times for patient and relatives.</p> <p>To review the delivery of meals to patients awaiting admission. The process for ordering meals has been changed and catering assess need daily with co-ordinator.</p> <p>It is the responsibility of the nursing staff to identify patients requirements at meals times and to ensure they are provided with</p>	Complete

Reference number	Recommendations	Designated department	Action required / completed	Date for completion/ timescale
			adequate support and assistance. This is overseen by the shift coordinator.	
25. 	It is recommended that the Belfast Trust should monitor and respond appropriately to patient, relative, and carer comments, to improve the patient experience.	The ED and Directorate team supported by Central Nursing	The trust continues to monitor the patient and client experience through a number of tools including 10,000 voices and the patient and client experience standards. Local areas then agree all action plans within their directorate. This is monitored through directorate governance processes, to patient and client working group and the Assurance structure to the trust board. A presentation of 10,000 voices and patient experience was presented to the public trust board on March 13 2014.	Ongoing.

## Area: Acute Medical Unit

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
<b>Staffing</b>				
1.	<p>It is recommended that there is clarity of the functions of AMU and specialist units in relation to take-in.</p> <p>Review timing of key meetings to ensure that specialty triage decisions are taken as early as possible.</p>	AMU	<p>Clarity of functions of AMU was undertaken, Acute Physicians undertake specialty triage at 8am, allocating patients to other specialty teams.</p> <p>The AMU team meeting has been moved to later in the morning to allow consultants to see all patients under their care.</p> <p>Introduced a 4pm meeting between Patient Flow Co-ordinator and AMU with Medical Senior decision maker.</p>	Complete
2.	<p>It is recommended that a review of nurse staffing levels is undertaken for the AMU to ensure that there are adequate levels of staff to provide all the functions of the unit.</p>	The AMU and Directorate team supported by Central Nursing	<p>The AMU nursing levels have been reconsidered by the clinical nursing team, supported by central nursing, using Telford and Association of UK University Hospitals methodology. In October 2013 the department was staffed at a nurse to bed ratio of 1:1.3. On benchmarking with other similar units the range for nurse to</p>	Complete

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale															
			<p>bed staffing is from 1.4-2.17.</p> <p>The following recommendation was made to consider the acuity of patients within the unit at that time, recognising the flow and profile of the patients.</p> <table><tr><th>Beds</th><th>NTBR</th><th>Staffing</th></tr><tr><td>10 beds</td><td>1.3</td><td>13</td></tr><tr><td>20</td><td>1.4</td><td>28</td></tr><tr><td>30 beds</td><td>1.55</td><td>46.5</td></tr><tr><td></td><td>Overall NBTR – 1.45</td><td>Required Staffing 87.5</td></tr></table> <p>Recruitment was commenced at this time. Further to this increase the preliminary RQIA report made some recommendations, in relation to the role of the ward sister and handover of patients. As a consequence this was further increased to 100 WTE staff.</p>	Beds	NTBR	Staffing	10 beds	1.3	13	20	1.4	28	30 beds	1.55	46.5		Overall NBTR – 1.45	Required Staffing 87.5	
Beds	NTBR	Staffing																	
10 beds	1.3	13																	
20	1.4	28																	
30 beds	1.55	46.5																	
	Overall NBTR – 1.45	Required Staffing 87.5																	



Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			<p>Recruitment is currently underway and there has been a good uptake for these posts with ten new nursing staff commencing their posts since early February 2014. An additional 15 nursing staff have been offered positions with potential dates to start over the next two months.</p> <p>On completion of staff recruitment the skill mix will be 74% registered staff to 26% non-registered nursing support staff.</p>	30 April 2014
3.	It is recommended that that the AMU ward sister has protected time for management duties and that staff have appraisal and supervision sessions in line the trust policy.	The AMU and Directorate team supported by Central Nursing	Increases in Nurse staffing in AMU will relieve pressure on AMU Ward sister and enable the nurse in charge to be supernumerary at all times.	30 April 2014
4.	It is recommended that a learning needs analysis is undertaken to facilitate career development for all of the nursing team in AMU.	The AMU and Directorate team supported by Central Nursing	Staff have a two week taught induction to support mandatory educational requirements facilitated by the clinical education centre. They then have a two week supernumerary period in the department which is facilitated by the ward sisters and their deputies.	Ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			<p>All newly qualified staff undergo preceptorship for a period of six months which will be regularly reviewed and tailored to the needs of the individual nurse.</p> <p>A learning needs analysis is undertaken annually to facilitate career development of all the nursing teams and is scheduled to be completed over the coming year. The educational requirements will be commissioned as identified by the practice educator and department Sisters.</p>	31 March 2015
5.	It is recommended that processes are reviewed to improve the recruitment of staff.	HR / Central Nursing	A review of the recruitment process, to identify any improvements that can be made, is underway.	30 April 2014
6.	It is recommended that any immediate opportunities to improve patient flow to and from AMU, to reduce pressures, are identified.	The AMU and Directorate team supported by Performance & Planning / Central	To pilot a medical assessment facility outwith ED to facilitate real time take by acute physicians as so placement of patients can be to the appropriate specialty ward first time thereby relieving some pressure from AMU.	April 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
		Nursing	<p>Ensure all patients are reviewed by a Consultant by 12 midday and senior review later in the day to follow-up on any outstanding actions.</p> <p>Pharmacy staff to complete discharge scripts in AMU and EMSU.</p> <p>Design and implement new Discharge Planning Pathway to be completed as part of the admission documentation.</p> <p>Suitable patients to be identified for Discharge Lounge and bed freed before 1pm.</p> <p>Discharge letters to be completed in real-time, as part of the Ward round.</p> <p>Spot purchase nursing home step down bed provision to facilitate further assessment and decisions regarding long term placement outside the Acute setting.</p>	<p>Complete</p> <p>Underway but additional resources required (IPT with HSCB)</p> <p>Complete</p> <p>Progressing</p> <p>Introduced to be rolled out</p> <p>Complete</p>

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			<p>To implement weekend CT within imaging. Plans in place to commence on Saturday in first instance.</p> <p>To implement weekend Ultrasound lists within Imaging.</p> <p>Secure additional ultrasound doppler list on a Monday.</p> <p>Implement access to cardiac echoes on Saturday and Sunday. Complete – In Place 9am -1pm on Sat and Sun.</p> <p>Implement access to care management, community and rehabilitation services 7 days a week/rehabilitation, increased care packages, rapid response teams at weekends.</p>	<p>30 April 2014</p> <p>Complete</p> <p>30 April 2014</p> <p>Complete</p> <p>Underway but additional resources required (IPT with HSCB)</p>
7.	It is recommended that there is an immediate review of medical staffing levels in AMU at both senior and junior levels.	AMU	<p>Medical staff levels were reviewed and found to be adequate (6.5 senior medical staff and 3 staff grades, plus a team of trainees).</p> <p>Northern Ireland Medical and Dental Training Agency (NIMDTA) have allocated 9 Foundation Year 1s to AMU</p>	<p>Complete</p> <p>August 2014</p>

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			with effect from August 2014.	
8.	It is recommended that F1 grade doctors in AMU are provided with a bleep.	AMU	Recommendation agreed and on target for completion for FY1 changeover in April 2014.	Complete
9.	A review of resources should be undertaken to ensure that items of stock/non stock equipment are available.	AMU	<p>A review of resources has been undertaken and any appropriate action taken.</p> <p>The sister/charge nurse is responsible for this on an on-going basis and will be reminded of this.</p>	Complete
10.	The essential patient equipment is available.	AMU	<p>A review of essential patient equipment requirements has been undertaken and any appropriate action taken.</p> <p>Continuing responsibility for this action is part of the Service Manager role.</p>	Complete
11.	There should be a review of administrative support.	Planning & Performance	Additional administrative support to ensure 24/7 clerical support in AMU has been put in place.	Complete
12.	It is recommended that ways to improve the tracking of patients and to implement an electronic system as rapidly as possible are identified.	Planning & Performance	To identify agreed electronic system for tracking of patients. (Confirm PAS/Patient Centre as the vehicle for delivering robust patient tracking system)	Complete

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			Standard set of one hour to record all patient movements – admissions, discharges and transfers – on PAS Patient Centre.  To audit against standard	June 2014
13.	It is recommended that there is a formal mechanism in place for a formal medical handover at weekends.	Unscheduled Care	A formal mechanism of medical handover for AMU is being put in place at week-ends  Introduced a 4pm meeting between Patient Flow Co-ordinator and AMU with Medical Senior decision maker.	Complete  Complete
14.	It is recommended that processes are reviewed to improve the recruitment and retention of medical staff.		There is a process in place to review all recruitment including medical staff. Recruitment and Retention is monitored in all areas. There has not been a recruitment and retention issue for AMU medical staff as the trust has recently recruited 3 consultants.	Complete
15.	It is recommended that additional systems are put in place to support staff working in AMU and help them deliver person centred and compassionate care.	Human Resources / Occupational Health /	This recommendation has been reviewed through provision of staff support clinics and the following actions agreed and communicated to staff, effective	Complete

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
		Central Nursing / Unscheduled care / Risk & Governance	<p>immediately (See Appendix 1):</p> <ul style="list-style-type: none"> <li>- To ensure our communication, terminology and language is person-centred.</li> <li>- Improved communication structures including regular ward / team briefings</li> <li>- Further investment in nurse to patient ratio to improve quality of care and to help provide a safer environment</li> <li>- Learning &amp; Development interventions to support all staff and new employees</li> <li>- A review and improvements to resources and ways of working, both clinical and operational</li> </ul> <p>Occupational Health and Health and Safety staff have planned to undertake a stress survey in April 2014</p> <p>Review of Zero Tolerance Policy, display of posters, enforcement of rules regarding abusive patients and relatives (including liaison with Security staff and review of</p>	

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			Security staff base)	
16.	It is also recommended that the organisational culture is reviewed, in relation to breaching the 12 hour waiting time standard, to ensure that there are not inappropriate behaviours in the drive to achieve this target.	Human Resources / Occupational Health / Central Nursing / Unscheduled care	<p>-The existing arrangement whereby patients are admitted to beds on the basis of clinical priority and thereafter by waiting time has been reinforced directly with staff and management by Chief Executive and Senior Management Team.</p> <p>-Arrangements are put in place for senior management cover for evenings and weekends to provide support and guidance for staff and aid the flow of patients throughout the Trust.</p> <p>-An Associate Director of Nursing for Unscheduled care is to be appointed. In the interim the Co-Director of Central Nursing is fulfilling this role.</p>	<p>Complete</p> <p>Complete</p> <p>June 2013</p> <p>Complete</p>
<b>Environment</b>				
17.	It is recommended that the current configuration of the ward size and layout are reviewed to provide a more conducive environment for staff and patients.	AMU	This review has taken place and a change to a 2 zone 30 bed layout has taken place.	Complete
18.	It is recommended that staff should prompt and encourage patients to drink.	The AMU and Directorate team	It is the responsibility of the nursing staff to identify patient's requirements at meals times and to ensure they are provided	Complete



Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
		supported by Central Nursing	with adequate support and assistance. This is overseen by the nurse in charge. Relevant policies are available and will be highlighted to staff to ensure compliance with policy.	
19.	It is recommended that there is an effective system in place to identify patients who require a meal, and sufficient staff to ensure that patients receive the appropriate assistance with their meals.	The AMU and Directorate team supported by Patient Client Support Services	<p>There is a system in place to ensure that all patients are identified and this has been reviewed. The process for ordering meals has been changed and catering assess need daily with Clinical coordinator.</p> <p>The review and increase levels of Nurse staffing should improve level of assistance available at mealtimes.</p> <p>It is the responsibility of the nursing staff to identify patients requirements at meals times and to ensure they are provided with adequate support and assistance. This is overseen by the shift coordinator.</p>	<p>Complete</p> <p>30 April 2014</p>
20.	It is recommended that domestic staff should have sufficient time to complete patient bedside discharge cleans.	The AMU and Directorate team supported by Patient Client	The nursing team will identify areas which require cleaning in a timely manner to the cleaning team in hours and to the supervisor out of hours. Enhanced cleaning service in place for	Complete

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
		Support Services	AMU	
<b>Patient Experience</b>				
21.	It is recommended that the Belfast Trust should monitor and respond appropriately to patient, relative, carer comments, to improve the patient experience.	Central Nursing	The trust continues to monitor the patient and client experience through a number of tools including 10,000 voices and the patient and client experience standards. Local areas then agree all action plans within their directorate. This is monitored through directorate governance processes, to patient and client working group and the Assurance structure to the trust board. A presentation of 10,000 voices and patient experience was presented to the public trust board on March 13 <sup>th</sup> 2014.	Ongoing
22.	It is recommended that staff should be supported to ensure appropriate care and privacy is given, and that patients are treated with dignity and respect.	Human Resources / Occupational Health / Central Nursing / Unscheduled care	Work is underway through Support clinics with staff to identify and address any barriers to providing the appropriate level of privacy, respect and dignity to patients.  Responsibility of all staff to maintain patient privacy and dignity at all times.	Complete
23.	It is recommended that there is a review of patient discharges to minimise delays and ensure patients have the appropriate care package in place.	Older people's services.	Implement access to care management, community and rehabilitation services 7 days a week/rehabilitation, increased	Underway but additional resources

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			care packages, rapid response teams at weekends.	required (IPT with HSCB)
			Ensure all patients are reviewed by a Consultant by 12 midday and senior review later in the day to follow-up on any outstanding actions.	Complete
			Pharmacy staff to complete discharge scripts in AMU and EMSU.	Underway but additional resources required (IPT with HSCB)
			Design and implement new Discharge Planning Pathway to be completed as part of the admission documentation.	Complete
			Suitable patients to be identified for Discharge Lounge and bed freed before 1pm.	Progressing
			Discharge letters to be completed in real-time, as part of the Ward round.	Introduced to be rolled out
			Spot purchase nursing home step down bed provision to facilitate further assessment and decisions regarding long term placement outside the Acute setting.	Complete

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
24.	It is recommended that the assessment of patients' nursing needs should be patient focused and identify individual needs and interventions required. This should be reviewed and updated in response to the changing needs of patients.	Central Nursing / AMU	This is outlined in trust policy / nursing documentation and NMC standards.  Audit to be undertaken. Clinical Co-ordinator will be responsible for ensuring policy and standards are adhered to.	Ongoing  June 2014
25.	It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks.	Central Nursing / AMU	The risk assessments required to be undertaken are identified as part of the nursing admission documentation with the relevant assessment templates included in this documentation. Nursing staff AMU will be reminded of the need to ensure all relevant risk assessments are undertaken and this will be monitored by Nurse in Charge.  Audit of same to take place	14 April 2014  June 2014
26.	It is recommended that care plans should be devised for all identified patient needs. These should be reviewed and updated within the set timescale, or in response to changing needs of patients.	Medical Staff / AMU	Outcome focused management plan and Nursing Care Plan are put in place for all patients. Staff will be reminded to complete, update and amend as appropriate to reflect the changing care needs of patients as per trust policy and NMC and GMC Record Keeping Guidance.	14 April 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			-To undertake regular audit.	30 April 2014
27.	It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.	Central Nursing	Nursing staff will be reminded of the NMC guidelines re: record keeping.  -To undertake regular audit	14 April 2014  30 April 2014

**Area: Ward 6A**

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
1.	It is recommended that the Belfast Trust identifies any immediate actions which can be taken to reduce the number of outliers and delays in patient discharges.	Unscheduled Care / Adult Social & Primary Care	<p><i>Outliers</i> 6a is designated as additional beds for respiratory patients during winter months. Patient flow has been reminded to place patients appropriately to this ward.</p> <p>To open a General Medicine ward on BCH with appropriate staffing which will reduce the need for outliers on the RVH site.</p> <p>To pilot a medical assessment facility outwith ED to facilitate real time take by acute physicians as so placement of patients can be to the appropriate specialty ward first time thereby relieving some pressure from AMU.</p> <p><i>Delays in patient discharges (as per AMU plan rec 6)</i></p> <p>Design and implement new Discharge Planning Pathway to be completed as part of the admission documentation.</p> <p>Suitable patients to be identified for</p>	<p>14 April 2014</p> <p>Complete</p> <p>30 April 2014</p> <p>Complete</p> <p>Progressing</p> <p>Introduced to</p>

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			Discharge Lounge and bed freed before 1pm.	be rolled out
			Discharge letters to be completed in real-time, as part of the Ward round.	Complete
			Spot purchase nursing home step down bed provision to facilitate further assessment and decisions regarding long term placement outside the Acute setting.	Complete
			Ensure all patients are reviewed by a Consultant by 12 midday and senior review later in the day to follow-up on any outstanding actions.	30 April 2014
			To implement weekend CT within imaging. Plans in place to commence on Saturday in first instance.	Complete
			To implement weekend Ultrasound lists within Imaging.	30 April 2014
			Secure additional ultrasound doppler list on a Monday.	Complete
			Implement access to cardiac echoes on Saturday and Sunday. Complete – In	Underway but additional

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			Place 9am -1pm on Sat and Sun.  Implement access to care management, community and rehabilitation services 7 days a week/rehabilitation, increased care packages, rapid response teams at weekends.	resources required (IPT with HSCB)
2.	It is recommended that if wards are moved, staff and the ward environment are appropriately prepared.	Senior Management Team	Senior Management have been reminded to work with front line staff and Trade Unions in the transfer of any service.	Complete
3.	It is recommended that the medical input into the winter pressures ward is reviewed and immediate F1 medical staff cover is provided.	The Directorate supported by Medical Education	We have secured two additional SHOs to cover winter pressures one of which provides cover to ward 6a.	Complete
4.	It is recommended that the nurse staffing levels in Ward 6A should be reviewed and increased immediately.	The Directorate team supported by Central Nursing	Review of staffing levels is completed.  Based on this review the central nursing team have advised that the nurse to bed ratio has been increased to from 1:1.2 to 1:1.4 which will result in an increase of 3.5 WTE band 5 nursing staff to the funded staffing level.	Underway



Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
5.	It is recommended that systems are put in place to ensure that when staff report incidents which indicate safety issues, feedback should take place such as an email. Staff should also be provided with an analysis of trends in incidents, relating to their area of work, on a regular basis.	Unscheduled Care / Risk & Governance	<p>Currently developing and implementing a new standardised ward based performance scorecard which will present trended measures in a range of performance areas.</p> <p>Monthly team meetings to take place. Agenda items will include feedback to staff from SAI's, IR1's, complaints, patient compliments and staffing developments. Staff at all levels are reminded for the need to have staff meetings and ensure cascade to all team members.</p>	<p>30 April 2014</p> <p>Being established</p>

# **APPENDIX 1**



# Belfast Health and Social Care Trust

**Chief Executive**  
Colm Donaghy

**Chairman (Acting)**  
Eileen Evason

25 February 2014

Dear *(insert Christian name)*

To provide immediate support to you, in what has been an increasingly pressurised environment, we have been running support clinics over the past three weeks for all Emergency Department and Acute Medical Unit colleagues.

The support team has been made up of representatives from Central Nursing, Occupational Health, Human Resources and Trade Unions. I hope you have had the opportunity to avail of this support.

While it is planned that the clinics end this week, we would like to continue to offer support for a further few weeks. The contact details of the team are therefore attached and I would encourage you to avail of the support they can offer if you have not already done so or if you would like to further discuss any issues with them.

The clinics are only the start of our plan to address some of the communication, cultural and working environment issues that were highlighted in the preliminary feedback from the RQIA Review.

Your direct feedback from the clinics, as well as that provided in the preliminary RQIA feedback, has helped us to build a number of specific improvement action plans. We will be sharing these with our Trade Union colleagues and I hope you will start to see and experience the outcomes of these now and over the coming weeks and months.

Some of the improvement actions include:

- To ensure our communication, terminology and language is person-centred
- Improved communication structures including regular ward/team briefings
- Further investment in nurse to patient ratios to improve quality of care and to help provide a safer environment for you to do your job
- Learning and development interventions to support all staff and new employees
- A review and improvements to resources and ways of working, both clinical and operational.

We have considered at length the concerning preliminary RQIA feedback which refers to the existence of a bullying culture. Your direct feedback to us via the support clinics described some unacceptable behaviours and actions in a pressurised environment. While no specific allegations or examples of bullying were raised we remain fully committed to ensuring that inappropriate behaviours are eradicated and that we support all colleagues in these high intensity departments to work and engage with everyone in a professional and respectful manner, with patient care at the heart of how they go about their job. The action plans mentioned above also aim to alleviate some of the pressure experienced in these areas.

Please continue to help us by raising any matters directly with the support team, your line manager or through the appropriate formal channels so that we can deal with them promptly and appropriately.

The Trust Values of respect and dignity are important and should guide behaviours and attitudes, the decisions we make and what we expect of one another. Your feedback has told us that we need to continue to work hard to embed and live these Values in these departments. We are committed to embedding the Trust Values.

Finally, I would like to thank you for your personal support and commitment during these pressurised and busy months. Our patients, clients and their relatives often tell us how impressed and grateful they are for the personal and high quality care you provide to them. Thank you for continuously striving to deliver positive outcomes for the people who use our services.

Yours sincerely



Mr Colm Donaghy

**Chief Executive**

Cc     Mrs Bernie Owens, Director of Unscheduled and Acute Care  
       Ms Brenda Creaney, Director of Nursing and User Experience  
       Mrs Joan Peden, Acting Director of Human Resources  
       Mrs Clare Duffield, Co-Director, Human Resources  
       Mr Ray Rafferty, H & S Trade Union Chair  
       Ms Catherine Harte, Trade Union Chair, RVH  
       Mr Michael McQuillan, Trade Union Side Secretary





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