



# Report of an inspection against the *National Standards for Safer Better Healthcare.*

Name of healthcare service provider:	St Luke's General Hospital Carlow Kilkenny
Address of healthcare service:	Freshford Road Kilkenny R95 FY71
Type of inspection:	Unannounced
Date of inspection:	26 January 2023
Healthcare Service ID:	OSV-0001042
Fieldwork ID:	NS_0024

## About the healthcare service

The following information describes the services the hospital provides.

### Model of Hospital and Profile

St Luke's General Hospital Carlow Kilkenny is a model 3\* public acute hospital, which provides a range of healthcare services to the people of Carlow and Kilkenny with a population of 165,616. It also provides services to its bordering counties of Tipperary, Waterford, Wexford, Kildare and Laois. The hospital is a member of and managed by the Ireland East Hospital Group† on behalf of the Health Service Executive (HSE). Services provided by the hospital include:

- emergency care
- medical care
- surgical care
- paediatrics and neonatal care
- obstetrics and gynaecology care
- critical care
- outpatients care
- diagnostics.

**The following information outlines some additional data on the hospital.**

<b>Model of Hospital</b>	3
<b>Number of beds</b>	241 inpatient beds

## How we inspect

Under the Health Act 2007, Section 8(1) (c) confers the Health Information and Quality Authority (HIQA) with statutory responsibility for monitoring the quality and safety of healthcare among other functions. This inspection was carried out to assess compliance with the National Standards for Safer Better Healthcare as part of the Health Information and Quality Authority's (HIQA's) role to set and monitor standards in relation to the quality and safety of healthcare. To prepare for this

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\* Model 3 hospitals: admit undifferentiated acute medical patients, provide 24/7 acute surgery, acute medicine and critical care.

† The Ireland East Hospital Group comprises twelve hospitals. These are the Mater Misericordiae University Hospital, St Vincent's University Hospital, Midland Regional Hospital Mullingar, St Luke's General Hospital – Kilkenny, Wexford General Hospital, Our Lady's Hospital – Navan, St Columille's Hospital – Loughlinstown, St Michael's Hospital – Dún Laoghaire, National Orthopaedic Hospital – Cappagh, Royal Victoria Eye and Ear Hospital, National Maternity Hospital – Holles Street, Dublin, National Rehabilitation Hospital.

inspection, the inspectors<sup>‡</sup> reviewed information which included previous inspection findings, information submitted by the provider, unsolicited information and other publically available information.

During the inspection, inspectors:

- spoke with people who used the service to ascertain their experiences of the service
- spoke with staff and management to find out how they planned, delivered and monitored the service provided to people who received care and treatment in the hospital
- observed care being delivered, interactions with people who used the service and other activities to see if it reflected what people told inspectors
- reviewed documents to see if appropriate records were kept and that they reflected practice observed and what people told inspectors.

## About the inspection report

A summary of the findings and a description of how the service performed in relation to compliance with the national standards monitored during this inspection are presented in the following sections under the two dimensions of *Capacity and Capability* and *Quality and Safety*. Findings are based on information provided to inspectors before, during and following the inspection.

### **1. Capacity and capability of the service**

This section describes HIQA's evaluation of how effective the governance, leadership and management arrangements are in supporting and ensuring that a good quality and safe service is being sustainably provided in the hospital. It outlines whether there is appropriate oversight and assurance arrangements in place and how people who work in the service are managed and supported to ensure high-quality and safe delivery of care.

### **2. Quality and safety of the service**

This section describes the experiences, care and support people using the service receive on a day-to-day basis. It is a check on whether the service is a good quality and caring one that is both person-centred and safe. It also includes information about the environment where people receive care.

The four national standards assessed as part of the inspection and the resulting compliance judgments are set out in Appendix 1. Table 1 below shows the main

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<sup>‡</sup> Inspector refers to an authorised person appointed by HIQA under the Health Act 2007 for the purpose in this case of monitoring compliance with HIQA's National Standards for Safer Better Healthcare (2012)

sections of the inspection report and the dimension, themes and national standards from the *National Standards for Safer Better Healthcare* discussed in each section of this report.

**Table 1 Sections of the report and corresponding dimension, themes and national standards**

Section of Report	Theme	Relevant National Standard
Section 1: Capacity and Capability	Leadership, Governance and Management	5.5
	Workforce	6.1
Section 2: Quality and Safety	Person-centred Care and Support	1.6
	Safe Care and Support	3.1

**Details of the inspection**

Date	Times of Inspection	Inspector	Role
Thursday 26 January 2023	09:00hrs to 16:20hrs	Nora O’ Mahony	Lead
		Denise Lawler	Support
		Aoife Healy	Support

**Information about this inspection**

An unannounced inspection of St Luke’s General Hospital’s emergency department (ED) was conducted on 26 January 2023. The inspection focused in particular, on key issues that impacted on the delivery of care in the emergency department. These included:

- effective management to support high-quality care in the hospital’s emergency department
- patient flow and inpatient bed capacity in the hospital
- respect, dignity and privacy for people receiving care in the emergency department
- staffing levels in the emergency department.

During this inspection, the inspection team spoke with the following staff at the hospital:

- representatives of the hospital's Executive Management Team:
  - General Manager
  - Director of Nursing
  - Clinical Director
  - Operations Manager Unscheduled Emergency Care
  - Operations Manager Scheduled Care
- Clinical Risk Manager and the Quality Manager
- Bed Managers and the Assistant Director of Nursing covering the acute floor.<sup>§</sup>

Inspectors also spoke with medical staff and nursing management and people receiving care in the hospital's emergency department. Inspectors reviewed a range of documentation, data and information received after the on-site inspection of the emergency department.

### **Acknowledgements**

HIQA would like to acknowledge the co-operation of the management team and all the staff who facilitated and contributed to this inspection. In addition, HIQA would also like to thank people receiving care in the emergency department who spoke with inspectors about their experience.

## **What people who use the service told inspectors and what inspectors observed**

The emergency department of St Luke's General Hospital operated 24/7 and was within the acute floor of the hospital. The acute floor comprised of four separate areas the:

- emergency department (ED)
- acute medical assessment unit (AMAU)
- minor injuries unit
- overcapacity area.\*\*

The acute floor area had a total planned capacity of 27 patient spaces comprising of:

- eight single cubicles with sliding doors in the ED, one cubicle had en-suite facilities
- three-bay resuscitation area within the ED
- ten-bay acute medical assessment unit
- six-single cubicle overcapacity area for admitted patients.

<sup>§</sup> Acute floor: incorporated the emergency department, the acute medical assessment unit, the minor injuries unit and the overcapacity area.

\*\* Overcapacity area for admitted patients awaiting an inpatient bed.

On the day of inspection, the ED was observed to be busy relative to its intended capacity. Inspectors observed that all eight individual cubicles within the emergency department area were occupied. The overcapacity area of the department was not in use on the day of inspection due to staffing shortage, and as a consequence there was an additional seven patients accommodated on trolleys on the ED corridor. These trolleys were surrounded by privacy screens.

Signage regarding both physical distancing and hand hygiene were displayed throughout the department. Wall-mounted alcohol-based hand sanitiser dispensers and personal protective equipment (PPE) were readily available throughout the department. Staff were observed wearing appropriate PPE, in line with public health guidelines at the time of inspection.

Inspectors observed staff actively engaging with patients in a respectful and kind manner. Staff were respectful and considerate in their interactions with each other.

On the day of inspection, inspectors spoke with a number of patients in the ED about their experience of care. Overall, patients were complimentary about the staff and the care they had received, commenting that *'everyone is lovely', 'staff are busy but have time for you'*. Some patients described how they were *'happy enough with everything so far'*. However, some patients did have an issue with the lack of privacy and the lengthy waiting times for medical review. One patient who was accommodated on a trolley on the corridor for over 13 hours commented that *'privacy is not great, but sure everyone knows the situation'*.

Other patients outlined that they were triaged within 30 minutes and had diagnostic tests quickly, but commented that they *'would like to be seen more quickly by the medical team'*. Patients did *'understand that they [staff] were busy'*. Patients on corridors did not have access to call bells to call for assistance when needed, but said that they would ask a nurse for help, if required. One patient said *'staff will give you help as you need it.'* Patients reported receiving meals and had access to drinking water.

Patients in the ED who spoke with inspectors were not aware of the hospital's formal complaints process, but outlined that they would speak with the nursing staff if they wanted to make a complaint.

## Capacity and Capability Dimension

Inspection findings in relation to the capacity and capability dimension are presented under two national standards (5.5 and 6.1) from the two themes of leadership,

governance and management and workforce. Key inspection findings leading to these judgments are described in the following sections.

**Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.**

The Executive Management Team was the governance committee at the hospital and provided effective oversight of the healthcare services at the hospital. The General Manager had overall responsibility for the governance of the hospital and reported to the CEO of the Ireland East Hospital Group. The hospital had defined lines of responsibility and accountability for the governance and management of unscheduled care at the hospital

The emergency department was under the governance of the Unscheduled Care Governance Committee which was chaired by the Operations Manager for Unscheduled Emergency Care. This committee was accountable to the Executive Management Team. The Unscheduled Care Governance Committee met monthly and was effective in its role in providing overall governance and leadership for unscheduled care at the hospital.

A consultant in emergency medicine was the assigned clinical lead with operational governance and oversight for the ED. The Clinical Lead escalated issues of concern to the Hospital Manager and or the Clinical Director as appropriate.

The Quality and Safety Executive Committee was responsible for and provided effective oversight of the quality and safety of healthcare services in the hospital. The committee's terms of reference, which was overdue for review, outlined the committee's meeting frequency as every six weeks. However, inspectors noted from minutes of meetings submitted to HIQA that the committee did not meet as frequently as indicated in the terms of reference. Considering the important role of this committee, the hospital should ensure that meetings takes place at the required frequency to provide oversight of the quality and safety of healthcare services at the hospital.

The ED was the point of entry into the hospital for patients requiring adult unscheduled or emergency care and children requiring emergency surgical or trauma care. On the day of inspection, 39% of patients were self-referred, 22% were referred by a General Practitioner (GP) and 39% arrived by ambulance.

The emergency department of St Luke's General Hospital had 44,693 attendees in 2022. This was an increase of 13% on the 2021 attendances of 39,398, although similar to attendances in 2019 pre COVID-19 pandemic (44,702). The number of attendees at St

Luke's General Hospital's ED was one of highest reported in comparison to other model 3<sup>++</sup> hospitals.

At 11am on the day of inspection, there were 35 people registered in the ED. Fifteen (43%) of these patients were in the ED over nine hours and four (27%) of these patients were over 75 years of age. There were no patients in the department over 24 hours. Twelve patients were admitted under the care of a specialist consultant and accommodated in the ED while awaiting an inpatient bed.

At 11am the patients waiting time from:

- registration to triage ranged from eight minutes to one hour 38 minutes. The average waiting time was 37 minutes
- triage to medical review ranged from three minutes to three hours and eight minutes. The average waiting time was 22 minutes
- medical assessment to decision to admit was 3 minutes to four hours 53 minutes. The average wait time 37 minutes
- decision to admit to actual admission to an inpatient bed ranged from 40 minutes to 8 hours. The average wait time 3 hours and 15 minutes.

The average waiting time from registration to triage of 37 minutes was not in keeping with the 15 minutes triage time recommended by the HSE's emergency medicine programme. Inspectors were informed that during peak attendance times a second nurse was allocated to triage to reduce waiting times, but this was not the case at the time of inspection. Delays in triage can seriously affect the timeliness of patients' diagnosis and treatment and should be reviewed by the hospital following this inspection.

The overcrowding in the hospital's ED was compounded by the ineffective patient flow through the department, which contributed to 12 inpatients accommodated in the ED.

Inspectors were informed that patient's average length of stay was between 14-26 days which was higher than the HSE's target of less than or equal to 7 days. The hospital did report an increase in patient acuity requiring longer inpatient stays. At the time of inspection there were approximately 11 patients in the hospital who had completed their acute episode of care who were experiencing a delay in the transfer of care<sup>++</sup> to the community.

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<sup>++</sup> Model 3 hospitals include: Midland Regional Hospital Tullamore, Midlands Regional Hospital Portlaoise, Midlands Regional Hospital Mullingar, Naas General Hospital, Cavan General Hospital, Mayo University Hospital, Portiuncula University Hospital, Sligo University Hospital, Tipperary University Hospital, Connolly Hospital, Wexford General Hospital, Letterkenny University Hospital and University Hospital Kerry.

<sup>##</sup> Delayed transfers in care: A patient who remains in hospital after a senior doctor (consultant or registrar) has documented in the healthcare record that the patient care can be transferred.



Hospital management told inspectors that the hospital was in 'escalation'.<sup>§§</sup> The hospital had 24 additional patients above the hospital's inpatient capacity of 241. These additional patients were admitted and accommodated in the emergency department, the AMAU and in the day surgical unit while awaiting an inpatient bed. The hospital's escalation plan was enacted to support patient flow through the hospital and into the community. A number of action-oriented meetings were held at 9am, 11am, 1pm and 3pm to review the hospital and ED activity. The 11am meeting included representation from the community services. The aim of this meeting was to expedite diagnostic tests, transport from the hospital, therapies and supports for discharge.

To support patient flow, the hospital had implemented a number of initiatives which are outlined below:

- A well-functioning AMAU operated seven days a week 8.30am to 10pm. The AMAU had a defined criteria for admission and accepted patient referrals from GPs, the national ambulance service and the ED triage. The unit was staffed by a designated medical consultant, medical non-consultant hospital doctors (NCHDs) and advanced nurse practitioners (ANPs),<sup>\*\*\*</sup> providing direct access to senior medical decision-makers.<sup>†††</sup> A total of 834 patients were seen in the AMAU in January 2023, with 39% of these patients admitted to the hospital. This indicates that the AMAU was functioning as it should and was relieving pressure on the ED.
- A three cubicle minor injury unit was staffed by ANPs, NCHDs at registrar level from the ED, and consultants in emergency medicine. The unit opened Monday to Friday and accepted direct GP referrals providing direct access to senior decision makers.
- The hospital's Geriatric Emergency Medicine Service (GEMS) was provided by a multidisciplinary team including a physiotherapist, occupational therapist and clinical nurse specialist<sup>†††</sup> (CNS). All people aged 70 years and older presenting to the ED and AMAU were screened at triage using the Variable Indicative of Placement (VIP)<sup>§§§</sup> tool to determine their suitability for the service. Patients with a positive VIP score were referred to the GEMS and provided with a comprehensive geriatric assessment to facilitate early interventions to support

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<sup>§§</sup> A hospital's escalation policy, sets out (within the parameters of the national framework) the key stages of steady state, escalation, full capacity protocol, de-escalation and review.

<sup>\*\*\*</sup> Advanced practice nursing is a defined career pathway for registered nurses, committed to continuing professional development and clinical supervision, to practice at a higher level of capability as independent autonomous and expert practitioners.

<sup>†††</sup> Senior decision-makers are defined here as a doctor at registrar grade or a consultant who have undergone appropriate training to make independent decisions around patient admission and discharge.

<sup>†††</sup> A clinical nurse specialist is a registered nurse that is engaged in specialist practice – a particular area of focus. The clinical nurse specialist works as part of the multidisciplinary team providing specialist care to patients in hospital, community and outpatient settings.

<sup>§§§</sup> Variable Indicative of Placement (VIP) Tool is a short frailty screening tool used to determine patients needing a more comprehensive geriatric assessment.

admission avoidance or early discharge. In 2022, 5,822 patients 70 years or older were assessed. 2,780 of these patients had a positive VIP and were referred to the GEMS.

- The hospital's transport coordinator coordinated the transport of patients between the hospital, community services and other healthcare facilities. The hospital had access to two onsite ambulances Monday to Friday from 10am to 6pm, which facilitated patient's transfer, discharges or transport to other facilities for investigations.
- A Hospital Ambulance Liaison Person (HALPS) supported the timely turnaround of ambulances that attended the ED. This initiative is discussed further under national standard 3.1.
- The hospital held several meetings with community services to support timely and effective transfer of patients. These included:
  - Home First Meetings with community services whereby all patients in the hospital greater than 7 days were reviewed to anticipate services and resources that would be required to facilitate and support their ongoing care, once the patients were medically fit for discharge.
  - The Patient Partnership Forum was an action-oriented meeting with representatives from the nursing home sector. The aim of this forum was to enable and support transfers of care between the hospital and nursing homes. The forum also identified and resolved regular issues that were delaying transfers, such as availability of transport and discharge letters. The forum also was instrumental in the development of a register of available nursing home beds for the benefit of staff and relatives.
  - The hospital's General Manager attended the Integrated Action Group for South East Enhanced Community Care<sup>\*\*\*\*</sup> to support effective communication and timely transfer of patients from the hospital to community services.
- The hospital accessed community services, such as the Community Intervention Team<sup>††††</sup> (CIT) and the Integrated Care Programme for Older Persons (ICPOP).<sup>††††</sup> The CIT facilitated patient discharges by providing services within

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<sup>\*\*\*\*</sup> Enhanced Community Care (ECC) programme is enhancing and increasing community health services and reducing pressure on hospital services. This means more services closer to where people live. Especially for older people and people with chronic disease. The programme helps health and social care services to manage care at a local level and support the transition from hospitals to the community.

<sup>††††</sup> A Community Intervention Team (CIT) is a specialist, health professional team which provides a rapid and integrated response to a patient with an acute episode of illness who requires enhanced services/acute intervention for a defined short period of time at home, in a residential setting or in the community, thereby avoiding acute hospital attendance or admission, or facilitating early discharge.

<sup>††††</sup> Health Service Executive. *Integrated Care Programme for Older Persons*. Dublin, Health Service Executive. 2022. Available online from: <https://www.hse.ie/eng/about/who/cspd/icp/older-persons/>

the home such as intravenous antibiotics. ICPOP provided two urgent review clinics for discharged patients to be seen by the required medical or health and social care professional following discharge.

Overall, the hospital had defined management arrangements in place to manage and oversee the delivery of care in the ED. The hospital had a well-functioning AMAU and minor injuries unit providing direct access to senior decision-makers for assessment and treatment, and the hospital had liaised well with community services to progress the timely transfer of patient care.

However, circumstances such as the increased ED attendances, reported instances of patients with increased acuity requiring extended lengths of stay and patients with delayed transfer of care, collectively resulted in a mismatch between the number of inpatient beds needed and actual bed capacity. This resulted in patients accommodated on trolleys in the ED and the AMAU while awaiting an inpatient bed. Although many measures had been implemented by the hospital to support patient flow, they were not fully effective in managing the potential patient-safety risks associated with overcrowding of the ED and the long waiting times for triage on the day of inspection.

**Judgment:** Partially compliant

### **Standard 6.1 Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.**

At the time of inspection, the hospital's approved complement of consultants in emergency medicines had been increased from three to four whole time equivalents (WTE).<sup>§§§§</sup> However, there were currently only two WTE consultants in emergency medicine in post.

A senior clinical decision-maker at consultant level was onsite in the emergency department each day during core working hours (9am to 5pm Monday to Friday). Attendees to the emergency department were assigned to the consultant on call until admitted or discharged. If admitted, the patient was admitted under a specialist consultant and accommodated in the emergency department while awaiting an inpatient bed.

Outside core working hours, clinical oversight of the emergency department was provided by a consultant in emergency medicine two weekends per month, with an associate specialist<sup>\*\*\*\*\*</sup> in emergency medicine covering other weekends with a named

<sup>§§§§</sup> Whole-time equivalent - allows part-time workers' working hours to be standardised against those working full-time. For example, the standardised figure is 1.0, which refers to a full-time worker. 0.5 refers to an employee that works half full-time hours.

<sup>\*\*\*\*\*</sup> Associate specialist is a clinician who has trained and gained experience in a medical or surgical specialty but has not progressed to become a consultant. These doctors usually work independently but are attached to a clinical team led by a consultant in their specialty.

consultants support. Clinical oversight of the emergency department outside core working hours Monday to Thursday was provided by the medical and surgical consultants on call in the hospital.

While there were clear arrangements to maintain an on-call service in the ED, the hospital's comparatively low level of consultants in emergency medicine had a significant impact on the consultant on-call roster for the ED and the hospital's inability to provide 7/7 on-call consultant in emergency medicine cover. In addition, there was limited resources for changes in workload or in available resources considering the limited number of consultants in emergency medicine in post to maintain the service.

When raised with management, inspectors were informed that the hospital had plans to commence a recruitment campaign for a third WTE consultant in emergency medicine in quarter 2 of 2023. However, management also pointed out challenges in recruiting consultant staff to the hospital given the geographical location and competing appeal of larger model 4<sup>++++</sup> hospitals.

This recruitment should be advanced as a matter of importance by management. In addition, until such time as the sanctioned posts are filled, the hospital should review continuity arrangements for ED cover and clinical supervision of non-consultant hospital doctors (NCHDs) outside core working hours acknowledging the limited base number of consultants in emergency medicine.

NCHDs provided medical cover in the department 24/7. The hospital's approved complement of NCHDs was 19 WTE, comprising eight WTE at registrar grade and eleven WTE at senior house officer (SHO) grade. All approved NCHDs posts were filled at the time of inspection. The hospital was not an approved training site for NCHDs on the basic training scheme or higher specialist training scheme in emergency medicine.

A review of the NCHDs' roster for the four weeks preceding HIQA's inspection demonstrated that 30% of SHO shifts and 11% of registrar's shifts were unfilled. However, hospital management ensured that the department had 24/7 registrar and SHO cover.

Hospital managers were aware of the need to provide sufficient staff at the right time to deliver safe, high-quality care in the emergency department, but highlighted the potential risks with the low level of emergency medicine consultant cover and the limited contingency options in place for NCHD cover in the event of change to workload or resources available. Hospital management must, as a priority, ensure that there is

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++++ A model 4 hospital is a tertiary hospital that provide tertiary care and, in certain locations, supra-regional care. The hospital have a category 3 or speciality level 3(s) Intensive Care Unit onsite, a Medical Assessment Unit which is open on a continuous basis (24/7) and an Emergency Department, including a Clinical Decision Unit on site.

sufficient resource capacity and contingency for the demand of the emergency department service at the hospital.

A clinical nurse manager grade 3 (CNM3), had overall responsibility for the nursing service within the ED and was rostered on duty Monday to Friday during core working hours. The CNM3 reported to the Assistant Director of Nursing (ADON) for unscheduled care. Any issues that arose such as staffing shortages were escalated to the nursing administration office. A CNM2 was on duty each shift and had responsibility for nursing services out-of-hours and at weekends. The CNM2 escalated issues to the nursing administration office outside core working hours. A CNM2, additional to the ED nursing complement, was responsible for admitted patients in the overcapacity area of the ED during core working hours.

The hospital's approved nurse staffing complement for the ED was 32.4 WTE, which was in line with the *Framework for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland*.<sup>\*\*\*\*</sup> This framework, launched by the Department of Health in June 2022, supports emergency department nurse managers and hospital management to assess and plan their nursing and support staff workforce to meet the needs of their specific emergency care setting. At the time of inspection the hospital reported that all approved ED nursing posts were filled.

A review of ED nursing rosters for the four week period prior to the inspection demonstrated that 39% of days (11 of 28) had one unfilled shift, 3% of days (1 of 28) had two unfilled shifts and 36% of nights (10 of 28) had one unfilled nursing shifts. This level of cover was achieved with the use of agency and reallocation of staff from other areas to cover short term absences.

The AMAU, ED and over capacity area of the acute floor area had separate nursing rosters. However, nurses rotated across all areas as required to provide and ensure optimal staffing to the different areas within the acute floor. By way of example, on the day of inspection, due to unplanned staff leave, a nurse from the overcapacity area was reallocated to the ED. As a consequence, the overcapacity area was closed. This led to the accommodation of admitted patients on the ED corridor while they awaited an inpatient bed. Inspectors were informed that an additional 8.5 WTE nursing posts had recently been approved as part of the winter plan to provide care for additional inpatients when the hospital was overcapacity. The hospital had plans to commence recruitment for these permanent posts. This uplift in staffing level would have a positive impact on patient care in the acute floor area.

The hospital's staff absenteeism rate reported in December 2023 was 8.4% including 1.6% absences associated with COVID-19. This absenteeism rate was above the HSE's

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\*\*\*\* Department of Health. *Framework for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland*. Dublin: Department of Health. 2022. Available online <https://assets.gov.ie/226687/1a13b01a-83a3-4c06-875f-010189be1e22.pdf>

target of 4% or less. The hospital had arrangements in place to monitor and review staff absenteeism.

Staff training records provided to inspectors outlined that nursing and medical staff in the emergency department undertook multidisciplinary team training appropriate to their scope of practice. HIQA found overall good compliance with the percentage of medical staff attendance at and uptake of mandatory training in the Irish National Early Warning System, the Irish Maternity Early Warning Systems and the Paediatric Early Warning systems,<sup>§§§§§</sup> but attendance at training in basic life support could be improved. All nurses were up to date with the Irish National Early Warning System but there was opportunity to improve nurse's attendance at training in basic life support and Irish Maternity and Paediatric Early Warning Systems.

Overall, hospital management was striving to plan, organise and manage their workforce to achieve the service objectives for high-quality, safe and reliable healthcare in the ED. Inspectors found that attendance for training in basic life support could be improved for nurses and medical staff in the ED. In addition the comparatively low level of consultants in emergency medicine currently in place impacted on the hospital's ability to provide a comprehensive 7/7 on-call cover from consultants in emergency medicine. This should be addressed as a matter of importance. Also, the emergency department had limited contingency capacity in the event of unplanned medical staff leave or a surge in activity. The hospital must, as a priority ensure that there is sufficient continuity and contingency in resourcing for the emergency service.

**Judgment:** Partially compliant

## Quality and Safety Dimension

Inspection findings in relation to the quality and safety dimension are presented under two national standards (1.6 and 3.1) from the two themes of person-centred care and support and safe care and support.

### Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.

People have a right to expect that their dignity, privacy and confidentiality would be respected and promoted when attending for emergency care.<sup>\*\*\*\*\*</sup> Person-centred care

<sup>§§§§§</sup> Irish National Early Warning System, Irish Maternity Early Warning Systems and the Paediatric Early Warning systems, used in acute hospitals settings to support the recognition and response to a deteriorating patient.

<sup>\*\*\*\*\*</sup> Health Information and Quality Authority. *Guidance on a Human Rights-based Approach in Health and Social Care Services*. Dublin: Health Information and Quality Authority. 2019. Available

and support promotes and requires kindness, consideration and respect for the dignity, privacy and autonomy of people who require care. It supports equitable access for all people using the healthcare service so that they have access to the right care and support at the right time, based on their assessed needs.

At 11am on the day of inspection, 15 (43%) of the 35 patients registered in the ED were in the department greater than nine hours, four (27%) of these patients were over 75 years of age or over. Twelve (34%) patients were admitted under the care of a specialist consultant and remained in the ED awaiting an inpatient bed. Seven (20%) patients were on trolleys on the main ED corridor. This environment did not fully promote dignity, privacy and confidentiality for these patients.

Staff in the emergency department were committed and dedicated to promoting a person-centred approach to care. Staff were observed to be kind and caring towards patients and were observed actively engaging and communicating with patients in a respectful, dignified manner. These findings were consistent with the findings from the 2022 National Inpatient Experience Survey, when asked if overall they felt they were treated with respect and dignity while in the ED, the hospital scored 8.7, the same as the national score.

Privacy and dignity was supported and generally maintained for patients accommodated in the single cubicles. The hospital had an overcapacity areas in the ED which accommodated admitted patients awaiting an inpatient bed. This overcapacity area accommodated six inpatients in single cubicles which supported the promotion of their dignity and privacy. However, on the day of inspection this area was not in operation due to nurse staffing shortages. This resulted in seven patients being accommodated on the corridor of the ED. Staff were endeavouring to support privacy and dignity for the patients on the corridor with the use of privacy screens, which provided some privacy for patients. None the less, for patients accommodated on the corridor their conversations with nursing and medical staff could be overheard by others (staff and patients).

The practice of accommodating admitted patients in the ED and placing patients on trolleys on the ED corridor impacted on any meaningful promotion of the patient's dignity, privacy and autonomy. The findings were consistent with findings from the 2022 National Inpatient Experience Survey, when patients were asked if they were given enough privacy when being examined or treated in the ED, the hospital scored 7.4 which was lower than the national score of 8.1.

The hospital had implemented a number of person-centred initiatives to improve the experiences of older persons attending the ED such as the GEMS and access to ICPOP services, as discussed under national standard 5.5.

Overall, there was evidence that hospital management and staff were aware of the need to respect and promote the dignity, privacy and autonomy of people receiving care in the ED and this was consistent with the human rights-based approach to care supported by HIQA. Notwithstanding this, the practice of accommodating admitted patients in the ED and placing patients on trolleys on the ED corridor impacted on any meaningful promotion of the patient's dignity, privacy and autonomy.

**Judgment:** Partially compliant

### **Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.**

St Luke's General Hospital had effective systems and processes in place to identify, evaluate and manage immediate and potential risks to people attending the ED. Risks identified in the ED were risk assessed and recorded on the department's risk register.

The ED risk register outlined the controls in place to mitigate the harm from identified risks to patients and staff. However, in documentation provided to HIQA, the ED risk register had not been reviewed since August 2021. This was of concern to HIQA. It is imperative that the effectiveness of any controls implemented to mitigate any identified risks are regularly reviewed and additional measures implemented if the risks are not moderated. Hospital management need to review the ED risk register and update the controls as a priority.

Not all risks articulated by a staff on the day of inspection were documented in the ED risk register. For example, the lack of audio-visual separation between adults and children in the ED was raised as a concern by ED staff on the day of the inspection. This concern had recently been raised at a meeting of the Unscheduled Care Governance Committee, but was not recorded the ED risk register.

The current level of consultants in emergency medicine in the department impacted on the hospital's ability to provide full emergency medicine consultant cover out of hours. This risk was articulated by staff on the day of inspection and was escalated to management, but the risk was not recorded on the ED risk register

Risks not managed at local ED level were escalated to the Executive Management Team for review and added to the hospital's corporate risk register as appropriate. High rated risks recorded on the hospital's corporate risk register at the time of inspection relating to ED included overcapacity, increased activity and staffing shortages.

In line with the national HSE reporting requirement, the hospital collected data on a range of different quality and safety indicators related to the ED. Collated performance



data and compliance with national key performance indicators was reviewed at meetings of the Unscheduled Care Governance Committee and the Executive Management Team. The hospital's compliance with the HSE's performance target of less than or equal to 30 minutes from ambulance arrival at ED to when the crew declared readiness of the ambulance to accept another call was on average 14% in 2022. This was significantly below the national target of 80% and lower than other model 3 hospitals. The National Ambulance Service in conjunction with hospital management had introduced a Hospital Ambulance Liaison Person (HALPS) as part of 22 week trial to improve the turnaround times for ambulances. The hospital had reported an improvement in the turnaround times of ambulances attending the ED and were proposing a continuation of the post on completion of the trial, subject to improved performance data.

At 11am on the day of inspection, there were 35 patients registered in the emergency department. Of these patients, it was found that

- 16 patients (45%) were in the emergency department for more than six hours after registration – not in line with the HSE's target for Patients Experience Time (PETs)<sup>+++++</sup> national target that 70% of attendees are admitted to a hospital bed or discharged within six hours of registration.
- 15 patients (43%) were in the emergency department for more than nine hours after registration – not in with the national target that 85% of attendees are admitted to a hospital bed or discharged within nine hours of registration.
- No patients were in the emergency department for more than 24 hours after registration – in line with the national target that 97% of patients are admitted to a hospital bed or discharged within 24 hours of registration.
- Four (11%) attendees to the emergency department aged 75 years and over were not admitted or discharged within nine hours of registration – not in line with the national target that 99% of patients aged 75 years and over are admitted to a hospital bed or discharged within nine hours of registration
- No patient aged 75 years or over was in the ED over 24 hours – compliant with the national target that 99% of patients aged 75 years and over are discharged or admitted to a hospital bed within 24 hours of registration.

However, PETs publically reported by the hospital from January to September 2022 were compliant with HSE targets for the average percentage of all attendees who were admitted or discharged within:

- six hours of registration - 82.5% (national target 70%)
- nine hours of registration - 93.8%% (national target 85%)
- 24 hours of registration - 99.9% (national target 97%).

### **Management of patient-safety incidents**

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<sup>+++++</sup> Patient experience time (PET) refers to the total time spent by patients within the emergency department, inclusive of time spent awaiting admission

The hospital had a system in place for the reporting, reviewing and management of patient-safety incidents in the hospital in line with the HSE's incident management framework. Patient-safety incidents related to the ED were reported to the CNM who escalated them to the ADON for the acute floor area and the hospital's Risk Manager. Patient-safety incidents were tracked and trended by the Risk Manager and reviewed at meetings of the Unscheduled Care Governance Committee and the Quality and Safety Executive Committee, and escalated to the Executive Management Team as required. Patient-safety incidents were also reported at monthly performance meetings with the Ireland East Hospital Group. Serious incidents were reported to the hospital's Serious Incident Management Team for review and managed in line with the HSE's Incident Management Framework.

### **Management of complaints**

Complaints related to the ED were managed in accordance with the HSE's 'Your Service You Say'. The complaints officer met with the CNM3 and ED consultants to review and manage ED complaints. Complaints were tracked and trended by the hospital's quality and risk department with feedback provided at Unscheduled Care Governance Committee meetings. The CNM3 shared learning from complaints with ED staff. Inspectors were informed that the ED was not provided with regular reports on complaints related to the ED, but a report could be obtained on request.

### **Infection prevention and control**

On arrival at the reception of the emergency department people were assessed for risk of COVID-19 in line with national guidance. The hospital had management pathways in place for patients with confirmed or suspected COVID-19.

A nurse from the infection prevention and control team visited the ED daily during core working hours and the department had access to a microbiologist 24/7.

Inspectors were informed that all patients were screened for carbapenemase-producing enterobacterales (CPE) and methicillin resistance staphylococcus aureus (MRSA) on admission, in line with national guidance in place at the time of inspection.

Patients were accommodated in single cubicles in the ED, which facilitated isolation, when required. However, the accommodation of patients on trolleys on the corridor of the ED did not facilitate the minimum distancing of one metre to minimise infection prevention and control risks.

### **Deteriorating patient**

The relevant national early warning systems were used in the ED for the different cohorts of patients within the ED to support the anticipation, recognition and response to a deteriorating patient.\*\*\*\*\* The hospital had a plan in place to commence training on

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\*\*\*\*\* The Irish National Early Warning System (version 2) was in place for admitted adult patients. The Paediatric Early Warning System was in place for children and the Irish Maternity Early Warning

the Emergency Medicine Early Warning System (EMEWS) in quarter 2 of 2023, with support from the EMEWS national lead. Inspectors were informed that formal handover forms were used for transfers of care at change of shift and transfers of care between different departments in the hospital.

### **Medication safety**

A clinical pharmacist was assigned to the ED. Medication reconciliation was carried out by the clinical pharmacists for all admitted patients. Staff in the department had access to an antimicrobial pharmacist.

Overall, the hospital had arrangements in place to monitor, analyse and responded to information relevant to the delivery of safe services. Risks were identified and managed by the hospital. However, not all risks identified by staff in the ED were recorded on the ED risk register and the controls implemented to mitigate the risk of harm to patients had not been reviewed since August 2021. Admitted patients accommodated in the ED was symptomatic of ineffective patient flow and limited surge capacity which impacted on the patient experience times in the ED on the day of inspection and exposed patients to risks of harm and increased morbidity and mortality. HIQA was not fully assured that the hospital currently protected service users from the risk of harm associated with the design and delivery of healthcare services in the emergency department.

**Judgment:** Partially compliant

## Conclusion

St Luke's General Hospital had effective arrangement in place with defined lines of responsibility and accountability for the governance and management of unscheduled care in the hospital.

Hospital management had implemented a number of measures to support effective patient flow in the ED and wider hospital. However, as evidenced by findings from HIQA's inspection, the measures were not fully effective in managing the potential patient-safety risks associated with long patient waiting times for triage and medical review, and the long patient wait times in ED for an inpatient bed.

The assigned clinical lead for the ED had responsibility for the operational governance and oversight of day-to-day workings of the department. Hospital management was striving to plan, organise and manage their workforce to achieve the high-quality care in the ED. The comparatively low level of consultants in emergency medicine currently in

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System (version 2) was in place for woman with a confirmed clinical pregnancy and for up to 42 days in the postnatal period.

post impacted on the hospital's ability to provide a comprehensive 7/7 on-call cover by a consultant in emergency medicine and this should be addressed by the hospital as a matter of importance.

In addition, the emergency department had limited capacity to respond to unplanned medical staff leave or a surge in activity which was also of concern to HIQA. Hospital management must, as a priority ensure that the workforce is planned, managed and developed to resource the ED 24/7. Furthermore, hospital management needs to ensure that all patients attending the ED are reviewed and assessed in line with the HSE's targets.

HIQA found good compliance with the level of medical and nursing staff who attended mandatory and essential training, but some improvement was needed on the uptake of training in basic life support.

Hospital management and staff were aware of the need to respect and promote the dignity, privacy and autonomy of people receiving care in the ED. Notwithstanding this, the practice of accommodating admitted patients in the ED and the practice of placing patients on trolleys on the ED corridor impacted on any meaningful promotion of the patient's dignity, privacy and autonomy.

The hospital had systems and processes in place to identify, evaluate and manage immediate and potential risks to people attending the ED. However, the ED risk register had not been reviewed since August 2021 and all ED risks outlined to inspectors by staff during the inspection, although escalated, were not recorded on the risk register in line with effective risk-management processes. The hospital had effective systems in place for the reporting, reviewing and management of patient-safety incidents. Patient-safety incidents and complaints related to the ED were managed in accordance with national guidance.

Despite hospital management's efforts to address the issue of patient flow and capacity, the ED at St Luke's General Hospital was overcrowded relative to its planned capacity and the waiting times for triage, medical review and admission to an inpatient bed were such that these represented a risk to patients on the day of inspection. The hospital was over its intended capacity, which resulted in the practice of accommodating admitted patients in the ED, AMAU and day service unit. This is a sign of a system-wide problems.

Hospital management needs to address capacity issues, but also patient flow issues though the hospital and into the community, inclusive of those services provided in general practice with the support of the Ireland East Hospital Group and the HSE. Overcrowding in the ED compromised the dignity, privacy and confidentiality of patients attending the ED and was not in line the *National Standards for Safer Better Healthcare* or consistent with the human rights-based approach to healthcare promoted by HIQA.

Following this inspection, HIQA will continue to monitor the progress in implementing actions to enhance the capacity, capability, quality and safety of the emergency services, as set out in the compliance plan submitted to HIQA by hospital management.

**Appendix 1 – Compliance classification and full list of standards considered under each dimension and theme and compliance judgment findings**

**Compliance classifications**

An assessment of compliance with the four national standards assessed during this inspection of the emergency department at St Luke’s General Hospital, Carlow Kilkenny was made following a review of the evidence gathered prior to, during and after the onsite inspection at the hospital. The judgments on compliance are included in this inspection report. The level of compliance with each national standard assessed is set out here and where a partial or non-compliance with the standards was identified, a compliance plan was issued by HIQA to hospital management. In the compliance plan, hospital management set out the action(s) taken or they plan to take in order for the healthcare service to come into compliance with the national standards judged to be partial or non-compliant. It is the healthcare service provider’s responsibility to ensure that it implements the action(s) in the compliance plan within the set time frames to fully comply with the national standards. HIQA will continue to monitor the hospital’s progress in implementing the action(s) set out in the compliance plan.

HIQA judges the service to be **compliant, substantially compliant, partially compliant** or **non-compliant** with the standards. These are defined as follows:

<p><b>Compliant:</b> A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant national standard.</p>
<p><b>Substantially compliant:</b> A judgment of substantially compliant means that on the basis of this inspection, the service met most of the requirements of the relevant national standard, but some action is required to be fully compliant.</p>
<p><b>Partially compliant:</b> A judgment of partially compliant means that on the basis of this inspection, the service met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks, which could lead to significant risks for people using the service over time if not addressed.</p>
<p><b>Non-compliant:</b> A judgment of non-compliant means that this inspection of the service has identified one or more findings, which indicate that the relevant national standard has not been met, and that this deficiency is such that it represents a significant risk to people using the service.</p>

Capacity and Capability Dimension	
National Standard	Judgment
Theme 5: Leadership, Governance and Management	
Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.	Partially compliant
Theme 6: Workforce	
Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare	Partially compliant

Quality and Safety Dimension	
National Standard	Judgment
Theme 1: Person-Centred Care and Support	
Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.	Partially compliant
Theme 3: Safe Care and Support	
Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.	Partially compliant

**Appendix 2 Compliance Plan submitted to HIQA by St Luke’s General Hospital, Carlow/ Kilkenny.**

National Standard	Judgment
<p>Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.</p>	<p>Partially compliant</p>
<p>Outline how you are going to improve compliance with this standard. This should clearly outline:</p> <p>(a) Details of interim actions and measures to mitigate risks associated with non-compliance with standards.</p> <p>(b) where applicable, long-term plans requiring investment to come into compliance with the standard</p> <p><u>Quality and Safety Executive Committee</u></p> <ul style="list-style-type: none"> <li>• TOR to be reviewed and updated as necessary</li> <li>• Recurring meeting scheduled every 6 weeks</li> </ul> <p>Both of these measures will be implemented immediately.</p> <p><u>Triage Times</u></p> <ul style="list-style-type: none"> <li>• Recommendation 15 minutes.</li> <li>• Review of staffing levels to allow for a second triage nurse during high volume periods</li> <li>• Plan to increase staffing for overcapacity which will free up resources for ED.</li> <li>• 8.5 WTE Nursing staff in process of being recruited. Will be in place by May 2023</li> </ul> <p><u>Length of stay</u></p> <ul style="list-style-type: none"> <li>• Currently 14-26 days. Recommendation 7 days or less.</li> <li>• Pathway for transfer to community care to be reviewed/reassessed</li> <li>• Expedition of diagnostic tests. Delay’s identified in relation to securing transport for external diagnostics e.g. Angiograms.</li> <li>• An additional onsite ambulance has been acquired on a trial basis to reduce this risk.</li> <li>• Therapies and supports for discharge. Recruitment campaign underway to recruit Occupational therapists and Physiotherapists for the GEMS team. Continuation and strengthening the collaborative relationship with the ICPOP and Re enablement Team to improve patient outcomes.</li> </ul> <p><u>Overcapacity issues</u></p>	



- SLGH will endeavour to open overcapacity areas when possible subject to the availability of resources.
- Submission made for 14 Surge capacity beds to be opened in Surgical 2, for winter '23/'24. This aims to address the wait times for admission in the Emergency Department and improve patient flow.
- Submission made for new 86 Bed In-patient accommodation (48 replacement beds and 24 new beds) the planning brief also allows for 14 Critical Care beds (ICU, HDU & CCU) this must be progressed through capital estates.

Timescale:

Recruitment of 8.5 WTE Nursing Staff: May 2023

14 Surge capacity beds winter: 2023/24

86 Bed inpatient accommodation: Planning brief submitted to National Capital Estates, Business case to be submitted by 24/04/2023. Timescale dependent upon approval from National Estates.

National Standard	Judgment
<p>Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare</p>	<p>Partially compliant</p>
<p>Outline how you are going to improve compliance with this standard. This should clearly outline:</p> <p>(a) details of interim actions and measures to mitigate risks associated with non-compliance with standards.</p> <p>(b) where applicable, long-term plans requiring investment to come into compliance with the standard</p> <p><u>Low Level of Consultants in Emergency Medicine.</u></p> <ul style="list-style-type: none"> <li>• 1 ED consultant post approved. (Recruitment campaign underway and will be re-advertised in summer '23)</li> <li>• An ED Locum consultant is in place.</li> <li>• Review continuity arrangements for ED cover and clinical supervision of NCHD's outside of core working hours. Aided by the recruitment of a locum ED Consultant and future recruitment of 1 additional ED consultant.</li> <li>• 7/7 on call from consultants in emergency medicine. Progressive recruitment of all medical staff is an ongoing process.</li> </ul>	

### Medical Staff

- Contingency options to be put in place for NCHD cover in the event of a change to workload or resources available.
- A NCHD European Working Time Directive CR Impact Assessment report was submitted to Ireland East Hospital Group on the 3<sup>rd</sup> of March 2023. This included a request for 4 additional NCHD's to the ED Department as part of the compliance to the overall new rostering rules.
- Attendance at training in basic life support: Continuous training plan in place which will continue to allocate/release staff for training. Currently 19 NCHD's – 15 current with BLS and/or ACLS, PALS3 Consultants – 2 are ACLS instructors, 1 current with BLS / ACLS. The remaining 4 NCHD's will be updated as soon as possible.

### Nursing

- Uplift in nursing staffing levels, recruitment of approved 8.5 WTE is in progress with resources expected to be in place by May 2023.
- Mandatory attendance at training in basic life support and Irish maternity and paediatric Early warning systems (Nursing Staff)
- 28/42 ED Nurses have BLS training in date.
- Continuous training plan in place which will continue to allocate/release staff for training.
- IMEWS & PEWS; All new staff captured at time of commencement during supernumerary period.
- Existing staff; communicating with Maternity Clinical Skills Facilitator & Paediatrics CNM2 to arrange further training.

Timescale:  
December 2023

National Standard	Judgment
Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.	Partially compliant

Outline how you are going to improve compliance with this standard. This should clearly outline:

(a) Details of interim actions and measures to mitigate risks associated with non-compliance with standards.

(b) where applicable, long-term plans requiring investment to come into compliance with the standard

Patient Dignity and Respect while in ED

- Score 7.4 national score 8.1
- Overcapacity patients to be accommodated in the overcapacity area which will be aided by the addition of 8.5 WTE nursing staff to the Emergency Department allowing for the promotion of patient dignity, privacy and autonomy.
- An additional 14 inpatient beds to become available in December as part of the winter '23/'24 plan. This will reduce the need to accommodate patients on corridors.
- The Quality Officer, based on the recommendations of the National Experience Survey to ensure patient dignity is working actively to improve privacy for all and achieve compliance with times.

Timescale:  
December 2023

National Standard	Judgment
Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.	Partially compliant
<p>Outline how you are going to improve compliance with this standard. This should clearly outline:</p> <p>(a) Details of interim actions and measures to mitigate risks associated with non-compliance with standards.</p> <p>(b) where applicable, long-term plans requiring investment to come into compliance with the standard</p> <p><u>ED risk register</u></p> <ul style="list-style-type: none"> <li>• To be reviewed regularly and discussed twice a year at the Unscheduled Care Governance meeting.</li> <li>• Controls implemented to mitigate risk of harm to be implemented and reviewed.</li> <li>• Clinical incidents are presented and discussed at the Unscheduled Care Governance meeting.</li> </ul>	

- All risks to be documented in the risk register. This has been updated and circulated to Clinical Risk Manager, ADON, & ED Consultants.

#### Ambulance Turnaround Times

- Average turnaround time 52 minutes. Similar to national average. Recommendation time 30 minutes
- Improvements developed from implementation of HALPS trial. Will seek to continue after the 22 week trial. This will form part of the National Ambulance Service National Winter Plan.
- Integrated piece of work with National Ambulance Service to put in place a robust process to utilise the ED screens to improve flow and monitor activity.

#### Complaints and Complements

- This is a standing item on local Emergency Department Staff Meetings. And will be included as a quarterly KPI at the Unscheduled Care Governance Meeting.

#### Infection prevention and control

- Patients on trolleys did not facilitate minimum of 1 meter distancing to minimise infection prevention and control risks. The addition of 14 surge capacity beds should alleviate pressures in the Emergency Department reducing the requirement of corridor beds and thus minimising infection prevention and control risks. Following National Infection Control Guidelines all patient flow is risk assessed as demands arise.

#### Ineffective Patient flow and limited surge capacity

- Submission made for 14 Surge capacity beds to be opened in Surgical 2, for winter '23/'24. This aims to address the wait times for admission in the Emergency Department and improve patient flow.
- Submission made for new 86 Bed In-patient accommodation (48 replacement beds and 24 new beds) The planning brief also allows for 14 Critical Care beds (ICU, HDU & CCU)
- The above measures should see an improvement in PET's and reduce risks of harm and increased morbidity and mortality.

Timescale:

ED risk register: Immediately

Ambulance Turnaround Times: Winter 2023/24

Complaints and Complements: June 2023

Infection Prevention and Control: 14 Surge capacity beds winter: 2023/24

86 Bed inpatient accommodation: Planning brief submitted to National Capital Estates, Business case to be submitted by 24/04/2023. Timescale dependent upon approval from National Estates.