

# Safety & Quality Leadership Walkround – Proposal for 2016/17

## **Background**

Patient Safety Leadership Walkrounds for the 2013-14, 2014-15 and 2015-16 years have followed the process agreed by Executive team in March 2012. This resulted in approximately 35 Walkrounds being completed each year, covering community services, inpatient wards and other clinical areas.

*Appendix 1:* Contains a brief report on the numbers and areas visited in 2013-14 and 2014-15, along with the Leadership Walkround schedule for the current year (2015-16).

In developing a programme for 2016-17, there are a number of key changes being proposed:

- To embed the process by which issues identified through Walkrounds are taken forward within the service.

## **Proposed key changes**

1) To increase the number of visits scheduled and completed to ensure that all inpatient wards and clinical areas identified in Appendix 5 are covered by the walkround schedule on a two yearly basis. Proposed changes:

- Directors to participate in 10+ Walkrounds per year in specified standard monthly slots
- the Service Manager (or Assistant Service Manager) will be the senior person representing the area/ward being visited. *(previously this was the co-director)*

2) To add value, by provision of ward level /service area information to the walkround team in advance of the Walkround. Information provided will cover the 6 month period prior to the Walkround and include information relating to:

- IR1s / SAIs
- SIT Graphs
- Complaints
- MMRS recording

3) To introduce of a traffic light system (RAG) for the categorising of actions identified and agreement that completion of all actions are to be taken forward by the service and those that are “red” to be completed within one month.

4) The Standards Quality & Audit Department will seek assurance from Directorates on the completion of Red rated items and will report back to Safety Quality Steering Group

The proposed processes to support these changes are outlined in:

Appendix 2: Proposal for scheduling, organisation and provision of information packs and reporting of Leadership Walkrounds in 2016/17.

Appendix 3 & 4: Walkround briefing note and reporting templates with revised changes.

## **Action required by Safety Quality Steering Group:**

- All members to review proposed changes and discuss way forward for 2016/17 schedule. To be tabled for discussion at SQSG, 20<sup>th</sup> October 2015.
- Directors to review the list of areas to be visited (*Appendix 5*) and advise SQA Dept. of any changes/additions

## APPENDIX 1.

### 1. Completion of schedules

#### 2013/14

A total of 75 walkround slots were available to book during period from Apr 2013 to Mar 2014

45 appointments were booked.

- 33 Walkrounds were successfully completed, of which 6 were attended by Non-Exec Directors
- 6 Walkrounds were postponed to the 2014/2015 schedule.
- 3 Walkrounds were cancelled due to changing diary priorities
- 3 Walkrounds were cancelled due to Director availability

#### 2014/15

A total of 65 walkround slots were available to book during period from Apr 2014 to Mar 2015

63 appointments were booked.

- 3 Walkrounds cancelled due to rescheduling of SQSG meeting
- 5 Walkrounds cancelled due to Director availability

Of the 55 remaining appointments

- 36 Walkrounds were successfully completed
- 19 Walkrounds were rescheduled or postponed to the 2014/2015 schedule.

### 2. Findings

#### 2013/14

- Of the 33 Walkrounds completed:
  - 28 were conducted in a hospital setting
  - 5 were conducted in a Community / Health & Well Being setting

#### 2014/15

- Of the 36 Walkrounds completed:
  - 22 were conducted in a hospital setting
  - 14 were conducted in a Community / Health & Well Being setting

- Leadership Walkrounds were approximately 2 hours in length
- All topics from the template proforma were covered during the Walkrounds
- Walkrounds were well received at ward/unit level.

### Current Schedule for 2105/2016

DATE	TIME	DIRECTOR BOOKED	CO-DIRECTOR BOOKED	SITE	VENUE	Outcome
16 Apr 2015	10:30		Frank Young	Grove HWBC	AHPs	
16 Apr 2015	15:00	Martin Dillon	Eliz Bannon	RVH	RFC	Complete
23 Apr 2015	10:30	Cecil Worthington	John Veitch	Mount Oriel	Community Treatment & Care Services	
23 Apr 2015	15:00	Damien McAlister	Aidan Dawson	MPH	Withers 2B	Complete
30 Apr 2015	10:30	Jennifer Welsh	Brian Armstrong	RVH	PTU	Complete
14 May 2015	10:30	Cecil Worthington	Frank Young	Shankill	Podiatry	Complete
14 May 2015	15:00		Lesley Walker	Fortwilliam	Fortwilliam Park	

DATE	TIME	DIRECTOR BOOKED	CO-DIRECTOR BOOKED	SITE	VENUE	Outcome
					Children's Home	
21 May 2015	10:30	Martin Dillon	Janet Johnson	RVH	ICU	Complete
28 May 2015	10:30	Brian Barry	John Veitch			
28 May 2015	15:00		Brian Armstrong	BCH	8 SOUTH	
11 June 2015	10:30	Damien McAlister	Frank Young	Knockbreda	AHPs Physio/OT/ Dietetics	Complete
11 June 2015	15:00	Cecil Worthington	Karin Jackson	RBHSC	Barbour Ward	Complete
18 June 2015	10:30		Janet Johnson	RVH	Level 3 Theatres	
18 June 2015	15:00	Brian Barry	Marie Heaney	RVH	Stroke 6E/F	
25 June 2015	11:00	Brenda Creaney	Anne Moffatt	BCH	Pharmacy	
25 June 2015	15:00		Lesley Walker	Bradbury Centre	LAC Services	Reschedule
09 July 2015	10:30	Brenda Creaney	Eliz Bannon	Bradbury Centre	S&RHS/ Colposcopy	Complete
16 July 2015	10:30	Brian Barry	John Veitch	611 Ormeau Rd	Learning Disability Residential Facility.	Complete
16 July 2015	15:00	Shane Devlin	Frank Young	BCH	MRI	Complete
23 July 2015	10:30	Cecil Worthington	Marie Heaney	Knockbracken	Dementia Impatient Service	Rescheduled
23 July 2015	15:00		Carol Diffin	Everton Complex	CIDS	
30 July 2015	10:30	Brenda Creaney	Barney McNeany	Woodstock	Woodstock, East Belfast	Cancelled
13 Aug 2015	10:30	Brenda Creaney	Karin Jackson	Bradbury Centre	Community Paediatrics	Complete
13 Aug 2015	15:00	Brian Barry	Caroline Leonard	BCH	3 South, Urology	Cancelled
20 Aug 2015	10:30	Catherine McNicholl	Anne Moffatt	MPH	Pharmacy	Cancelled
20 Aug 2015	15:00	Bernie Owens	Gillian Traub	BCH	4 South, Dermatology	Complete
27 Aug 2015	10:30	Catherine McNicholl	Caroline Leonard	RVH	6a Vascular	
27 Aug 2015	15:00	Martin Dillon	Barney McNeany	KHCP	Shannon, KHCP	Cancelled
10 Sept 2015	10:30	Jennifer Welsh	Brian Armstrong	Mater	Ward A	Complete
10 Sept 2015	15:00	Shane Devlin	Frank Young	RVH	Neuro 4E	
17 Sept 2015	10:30	Damien McAlister	Janet Johnson	Mater	ICU	Complete
24 Sept 2015	10:30	Catherine McNicholl	Carol Diffin	Carlisle Centre	Family Nurse Partnership	Complete
24 Sept 2015	15:00	Martin Dillon	Eliz Bannon	Ballyowen	Community Midwives	Complete
08 Oct 2015	10:30	Cecil Worthington	Brian Armstrong	RVH	ED	
08 Oct 2015	15:00		J Veitch			
08 Oct 2015	15:00	Shane Devlin	Caroline Leonard	BCH	2 South, Gen. Surgery	
15 Oct 2015	11:00	Cathy Jack	Janet Johnson	RVH	DPU	
15 Oct 2015	15:00	Michael McBride	Gillian Traub	MPH	Rheum Ward 5 + Day Ward 4	
15 Oct 2015	15:00		Lesley Walker	Dundonald Health Centre	East Side Project IAS Team and IAS Team Beechall	
22 Oct 2015	10:30	Catherine McNicholl	Anne Moffatt	RVH	Pharmacy	
22 Oct 2015	10:30	Cecil Worthington	Marie Heaney	Grove	Physical Health	

DATE	TIME	DIRECTOR BOOKED	CO-DIRECTOR BOOKED	SITE	VENUE	Outcome
				HWBC	and Disability	
22 Oct 2015	15:00	Cathy Jack	Eliz Bannon	RJMS		
29 Oct 2015	10:30	Jennifer Welsh	Barney McNeany	Beechcroft	Adolescents, Saintfield Rd	
29 Oct 2015	15:00	Michael McBride	Carol Diffin	MPH	Forest Lodge, Children's Disability	
12 Nov 2015	10:30	Brenda Creaney	Brian Armstrong	Mater	Ward D	
12 Nov 2015	15:00	Shane Devlin	Marie Heaney	Knockbreda	ICT Team	
19 Nov 2015	10:30	Catherine McNicholl	Janet Johnson	BCH	ICU	
26 Nov 2015	10:30	Catherine McNicholl				
26 Nov 2015	15:00	Damien McAlister	Barney McNeany	CAIT	James St, Newtownards Rd	
10 Dec 2015	10:30	Jennifer Welsh	Carol Diffin		Community Nurse Team - Childrens	
10 Dec 2015	15:00	Martin Dillon	Aidan Dawson	RVH	Fracture Clinic, Level 2	
17 Dec 2015	10:30		Janet Johnson	RVH	Level 3 Theatres	
17 Dec 2015	15:00	Catherine McNicholl	Lesley Walker	Knockbreda	Gateway services	
24 Dec 2015	10:30					
24 Dec 2015	15:00					
14 Jan 2016	10:30		Eliz Bannon			
21 Jan 2016	10:30	Damien McAlister	Carol Diffin	Community Teams	Roe Villa, Children with Disabilities.	
21 Jan 2016	15:00	Cecil Worthington	Barney McNeany	Maureen Sheenan Centre	Mental Health Recovery	
28 Jan 2016	10:30	Martin Dillon	Marie Heaney			
28 Jan 2016	15:00	Cecil Worthington	Marie Heaney	Knockbracken	Dementia Impatient Service	
11 Feb 2016	10:30	Jennifer Welsh	Karin Jackson			
11 Feb 2016	15:00	Catherine McNicholl	Aidan Dawson			
18 Feb 2016	10:30	Bernie Owens	Gillian Traub	BCH	BWS, Oncology	
18 Feb 2016	15:00	Shane Devlin	Anne Moffatt	BCH	Blood Bank	
25 Feb 2016	10:30	Bernie Owens	Karin Jackson			
25 Feb 2016	15:00	Jennifer Welsh	Aidan Dawson			
10 Mar 2016	10:30	Jennifer Welsh	Marie Heaney			
10 Mar 2016	15:00	Cathy Jack	Gillian Traub	BCH	11 South, Nephrology	
24 Mar 2016	10:30	Bernie Owens	Karin Jackson			
24 Mar 2016	15:00	Cathy Jack	Caroline Leonard	BCH	2 North, Gen Surgery	

## APPENDIX 2.

### a) Scheduling (Lead – Standards, Quality & Audit)

- Each Director will provide Standards Quality and Audit Department with 10 dates & times that they are available to participate in a Safety & Quality Leadership Walkround
- Directorates will advise the Standards Quality and Audit Department of
  - the venues (*Hospital and Community*) to be visited
  - the details of the Service Manager (*or Assistant Service Manager*) and the ward/area manager that will represent the ward / area being visited.

#### NOTE:

- *Participating Directors should be from a different area of responsibility to that of the ward/area being visited.*
- *Service Managers/Assistant Service Managers should be from the same area of responsibility as the ward/area being visited.*

- Standards Quality and Audit Department will collate the above information into a schedule for 2016/2017 and will issue this to all relevant parties.

### b) Information Packs (Lead – Standards, Quality & Audit)

	<u>Source of Information</u>
• IR1s / SAIs / Complaints	Governance and Quality Managers
• SIT graphs for ward	Standards Quality and Audit Department
• MMRS Recording	Standards Quality and Audit Department

The above information will be requested in advance. The Standards Quality & Audit Department will collate the information provided and issue it to the Walkround participants (*cc'd to the appropriate Co-Director*) in the form of an information pack 1 week prior to the walkround. This communication will also include the Walkround report template to be completed.

### c) Addressing Actions (Lead – Service Directorates)

- The Service Manager will:
  - 1) complete a brief report/summary of the Leadership Walkround (using the relevant template from Appendix 4), in which all agreed actions are “RAG” rated (i.e. Red/Amber/Green).
  - 2) email a copy of the Walkround report and agreed actions to:
    - The Team who participated in the Walkround
    - The Director and Governance Manager with responsibility for the ward/area visited
    - Standards Quality and Audit Department
  - 3) Actions to be taken forward as agreed on report and those rated as RED should be completed within one month.

### d) Reporting and Assurance (Lead - Standards, Quality & Audit)

- Standards Quality and Audit Department will maintain a central Walkrounds Activity Report and monitor completion of all RED rated actions. This information will be tabled at the Safety and Quality Steering Group.

# Safety & Quality

## Leadership Walkrounds

### Briefing Note

(2016/2017)

The BHSCT Executive Team is holding a series of Safety & Quality Leadership Walkround Visits

These Safety & Quality Leadership Walkrounds are part of the Belfast HSC Trust safety / quality improvement agenda and will be to clinical areas on all sites.

#### **Purpose:**

To allow the Ward Managers, Service Managers, Directors / Co-Directors / Associate Directors of Nursing (ADN) / Associate Medical Directors (AMD) to work together to improve patient safety issues for patients, staff and the organisation.

#### **Format:**

A schedule of Safety & Quality Leadership Walkrounds will be agreed for 2016/2017

Each specified ward/clinical area included in the schedule will have a visit from a Director (*who will be from an area of responsibility different to that of the Ward/area being visited*). The ward/area will be represented by their Service Manager during the walkround

The visit is scheduled to be completed within 2 hours and consists of the following:

- (a) **Discussion** based upon Patient Safety & Quality
  - This is conducted between the visiting Director, the Service & Ward Managers and 1 or 2 other staff members from the ward/area who are relevant to discussion (medic, deputy sister, AHP, Social Worker etc.).
  - Participating team members will receive a standardised information pack and a copy of the questionnaire in advance of the visit.
- (b) **Tour** of the venue (*where this is appropriate*\*) with the hosting manager.  
This includes:
  - a physical walk around the area visited during which the visiting Director, the Service manager or Ward/area manager may identify issues requiring action
  - a discussion with ward staff on their patient safety views.
- (c) By the end of the visit an action plan will be agreed to address any patient safety/ quality issues identified. All action points must be RAG (Red, Amber, Green) rated with RED action points requiring to be actioned within one month of the Walkround
- (d) The Service Manager will
  - i. produce and circulate a report of the Walkround
  - ii. forward a copy to the Standards Quality and Audit Department
- (e) Service Managers and their Co-Director will retain responsibility for ensuring the Action plan is implemented.
- (f) The Safety & Quality Steering Group will monitor & evaluate progress of the walkround programme and the agreed action plans.

\* e.g. a tour of Community focused services may not be appropriate  
(Hospital Leadership Walkround Template)



## Proforma for Hospital Leadership Walkrounds

Department: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Area Manager: \_\_\_\_\_  
 Visiting Managers: \_\_\_\_\_

### A. Introductions

### B. Information Pack for Discussion

*(Content: Information relating to recent IR1s, SAls, Complaints, SIT graphs and MMRS recording)*

### C. Opening Statement:

Making care safer for patients / clients is a top priority for the Trust. We, as Senior Leaders, are committed to creating a culture of safety & quality where all staff can talk freely about safety/quality problems and how to solve them. Our discussions with you today are purely for the purpose of making care safer and the information is being obtained for learning and not for judgement.


### D. Questions

1.	What are you most proud of achieving in the last 6 months, which has added to patient safety, quality of care or improved patient experience?
2.	Have you found using the Trust's values & behaviours helpful in addressing safety concerns?
3.	Is your Ward Board in place and up to date?
4.	What are the top 3 safety issues that concern you?
5.	What was your last patient safety incident, and what learning opportunities did it provide?
6.	How do you think the next patient or staff member will be harmed in your ward/area?
7.	What is the process of communicating patient safety alerts/hazards in your ward / area?
8.	Have you experienced difficulties in gaining assistance in addressing patient safety issues?
9.	What problems do you have in managing infection prevention and control in your ward / department?
10.	How would you improve infection prevention and control management in your ward / department?
11.	R.Q.I.A.
12.	Are all relevant resources ( <i>Eg: Purple Bereavement Box</i> ) readily available to staff?
13.	Investor in People
14.	Training – Statutory/Mandatory
15.	What would make these Walkrounds more effective?

### Comments and observations

1.	
2.	
3.	
4.	

### Next steps

ACTION	BY WHOM	BY WHEN	 Rating

RAG Rating Please enter the relevant Code Key in the Action table above

Key: **R** = Red (*to be actioned within 1 Month*),  
**A** = Amber,  
**G** = Green



# LEADERSHIP WALKROUNDS

(Community Setting Leadership Walkround Template)

**Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Area Manager:** \_\_\_\_\_

**Visiting Managers:** \_\_\_\_\_


## Information Pack for Discussion

(Content: Information relating to recent IR1s, SAls, Complaints, SIT graphs and MMRS recording)

### Opening Statement:

Making care safer for patients / clients is a top priority for the Trust. We, as Senior Leaders, are committed to creating a culture of safety & quality where all staff can talk freely about safety/quality problems and how to solve them. Our discussions with you today are purely for the purpose of making care safer and the information is being obtained for learning and not for judgement.

1. Introductions & Background:	
2. Safety & Quality	<ul style="list-style-type: none"> <li>General discussions around Safety &amp; Quality, including:</li> <li>What are you most proud of achieving in the last 6 months that has added to patient safety, quality of care or patient/client experience?</li> <li>Have you found using the Trust's values and behaviours helpful in addressing safety concerns?</li> <li>R.Q.I.A.</li> <li>Investor in People</li> <li>Training – Statutory/Mandatory</li> <li>What would make these Walkrounds more effective?</li> </ul>
3. Communication	

ACTION	BY WHOM	BY WHEN	 <b>Rating</b>

RAG Rating: Please enter the relevant Code Key in the Action table above

Key: **R = Red (to be actioned within 1 Month),**

**A = Amber,**

**G = Green**

**APPENDIX 5.****2015/16 – Proposed Participating Wards / Theatres**

Ref	DIRECTORATE	SITE	WARD
1	AS&PC	BCH	1 South (BCH Direct)
2	AS&PC	BCH	6 South (Geriatric Medicine)
3	AS&PC	BCH	7 North (Geriatric Medicine)
4	AS&PC	BCH	7 South (Geriatric Medicine)
5	AS&PC	Community	Hemsworth Court
6	AS&PC	Community	Mount Oriel Day Centre
7	AS&PC	Community	Old See House
8	AS&PC	Community	Woodstock Lodge
9	AS&PC	Forster Green	Beechcroft Ward 1
10	AS&PC	Forster Green	Beechcroft Ward 2
11	AS&PC	KHCP	Avoca
12	AS&PC	KHCP	Bush
13	AS&PC	KHCP	Clare
14	AS&PC	KHCP	Mahee
15	AS&PC	KHCP	Rathlin
16	AS&PC	KHCP	Shannon Ward 1
17	AS&PC	KHCP	Shannon Ward 2
18	AS&PC	KHCP	Shannon Ward 3
19	AS&PC	KHCP	Skerries
20	AS&PC	KHCP	Valencia
21	AS&PC	MIH	WARD C (Medical/Stroke/Older People)
22	AS&PC	MIH	Ward J
23	AS&PC	MIH	Ward K
24	AS&PC	MIH	Ward L
25	AS&PC	MPH	Meadowlands1 (Geriatrics)
26	AS&PC	MPH	Meadowlands2 (Geriatrics)
27	AS&PC	MPH	Meadowlands3 (Geriatrics)
28	AS&PC	Muckamore	Cranfield Men's Ward
29	AS&PC	Muckamore	Cranfield PICU
30	AS&PC	Muckamore	Cranfield Women's Ward
31	AS&PC	Muckamore	Donegore
32	AS&PC	Muckamore	Erne
33	AS&PC	Muckamore	Iveagh
34	AS&PC	Muckamore	Killead
35	AS&PC	Muckamore	Moylena
36	AS&PC	Muckamore	Sixmile

Ref	DIRECTORATE	SITE	WARD
37	AS&PC	RVH	6E&F (Stroke)
38	CCS	Community	LAC - 17 Wellington Place
39	CCS	Community	Somerton Road Childrens Home
40	<b>CLOSED</b>	BCH	4 North
41	S&SS	BCH	10 North (Haematology)
42	S&SS	BCH	11 North (Nephrology/Transplant Ward)
43	S&SS	BCH	11 South (Nephrology)
44	S&SS	BCH	2 North (General Surgery)
45	S&SS	BCH	2 South (General Surgery)
46	S&SS	BCH	3 North (Urology)
47	S&SS	BCH	3 South (Urology)
48	S&SS	BCH	4 South (Dermatology)
49	S&SS	BCH	Laboratories
50	S&SS	BCH	Pharmacy
51	S&SS	BCH-NICC	2A Cancer Centre (Oncology)
52	S&SS	BCH-NICC	2B Cancer Centre (Oncology)
53	S&SS	BCH-NICC	3A Cancer Centre (Oncology)
54	S&SS	BCH-NICC	3B Cancer Centre (Oncology)
55	S&SS	KHCP	Pharmacy
56	S&SS	MIH	Laboratories
57	S&SS	MIH	Pharmacy
58	S&SS	MPH	Pharmacy
59	S&SS	MPH	Withers 3A (Rheumatology)
60	S&SS	RVH	2E (Burns)
61	S&SS	RVH	5A (Cardiothoracic Surgery)
62	S&SS	RVH	6A (Vascular Surgery)
63	S&SS	RVH	6B (EmSU)
64	S&SS	RVH	6C (EMSU)
65	S&SS	RVH	CSICU / Cardiac HDU
66	S&SS	RVH	Laboratories
67	S&SS	RVH	Laboratories
68	S&SS	RVH	Pharmacy
69	S&SS	RVH	WD 28 (Ophthalmology)
70	S&SS	RVH	WD 29 (EENT)
71	SHWH	BCH	5 South (Gynae/Breast Surgery)
72	SHWH	Community	Ballyowen (Community Midwives)
73	SHWH	MIH	Midwifery Led Unit (MLU)
74	SHWH	MPH	Neurology
75	SHWH	MPH	RABIU (Acquired Brain Injury)

Ref	DIRECTORATE	SITE	WARD
76	SHWH	MPH	Withers 1 / SCIU (Acquired Brain Injury)
77	SHWH	MPH	Withers 1B (Orthopaedics)
78	SHWH	MPH	Withers 2A (Pre-Op Assessment)
79	SHWH	MPH	Withers 2B (Childrens Orthopaedics)
80	SHWH	MPH	Withers 4A (Orthopaedics)
81	SHWH	MPH	Withers 4B (Orthopaedics)
82	SHWH	MPH	Withers 5B (Orthopaedics) -
83	SHWH	MPH	Withers 6A (Orthopaedics)
84	SHWH	MPH	Withers 6B /HDU (Orthopaedics)
85	SHWH	RBHSC	Allen
86	SHWH	RBHSC	Barbour
87	SHWH	RBHSC	Belvoir
88	SHWH	RBHSC	Childrens ICU
89	SHWH	RBHSC	Haematology Ward
90	SHWH	RBHSC	Knox
91	SHWH	RBHSC	Paul
92	SHWH	RBHSC	Theatres
93	SHWH	RBHSC	Xray
94	SHWH	RJMH	Johnston House
95	SHWH	RJMH	Theatres
96	SHWH	RJMH	Ward A
97	SHWH	RJMH	Ward C
98	SHWH	RJMH	Ward F
99	SHWH	RVH	4A (Fractures)
100	SHWH	RVH	4B (Orthopaedics)
101	SHWH	RVH	4C (Fractures)
102	SHWH	RVH	4D (Spinal)
103	SHWH	RVH	School of Dentistry
104	SHWH	RVH	WD 31 (Childrens ENT)
105	U&AC	BCH	6 North (General Medicine)
106	U&AC	BCH	8 North (General Medicine / Resp)
107	U&AC	BCH	8 South (General Medicine / Resp)
108	U&AC	BCH	9 North (Cariology & CCU)
109	U&AC	BCH	9 South (Cariology)
110	U&AC	BCH	BCH - ICU
111	U&AC	BCH	MRI
112	U&AC	BCH	Theatres
113	U&AC	BCH	Xray
114	U&AC	MIH	Mater ESU

Ref	DIRECTORATE	SITE	WARD
115	U&AC	MIH	MIH - CCU
116	U&AC	MIH	MRI
117	U&AC	MIH	Theatres
118	U&AC	MIH	WARD A (Cardiology / CCU)
119	U&AC	MIH	WARD B (General Medicine / Resp)
120	U&AC	MIH	WARD D (General Medicine)
121	U&AC	MIH	WARD E (AMU)
122	U&AC	MIH	WARD F (General Surgery) +ESU
123	U&AC	MIH	Xray
124	U&AC	MPH	Theatres
125	U&AC	RVH	2F (Resp Medicine)
126	U&AC	RVH	4E (Neurology / Neurosurgery)
127	U&AC	RVH	4F (Neurosurgery)
128	U&AC	RVH	5B (Cardiology / Day ward)
129	U&AC	RVH	5C (Cardiology)
130	U&AC	RVH	5D (Cardiology / CCU)
131	U&AC	RVH	5E (Respiratory Medicine)
132	U&AC	RVH	5F (Respiratory Medicine)
133	U&AC	RVH	6D (Gen Med / Hepatology)
134	U&AC	RVH	7A (Gen Med / Infectious Diseases)
135	U&AC	RVH	7B (AMU)
136	U&AC	RVH	7C (AMU)
137	U&AC	RVH	7D (Gen Med / Endocrinology)
138	U&AC	RVH	MIH - ICU
139	U&AC	RVH	MRI
140	U&AC	RVH	Programmed Treatment Unit
141	U&AC	RVH	RICU
142	U&AC	RVH	RVH - HDU
143	U&AC	RVH	Theatres
144	U&AC	RVH	Xray
145		BCH	Day of Surgery (BCH)(Dr on ward)
146		Community	611 Ormeau Road (LD) <i>(multiple teams)</i>
147		Community	Beech Hall HWBC <i>(multiple teams)</i>
148		Community	Bradbury HWBC <i>(multiple teams)</i>
149		Community	Brae Valley <i>(multiple teams)</i>
150		Community	Carlisle HWBC <i>(multiple teams)</i>
151		Community	Grove HWBC <i>(multiple teams)</i>
152		Community	Knockbreda HWBC <i>(multiple teams)</i>
153		Community	Shankhill HWBC <i>(multiple teams)</i>

Ref	DIRECTORATE	SITE	WARD
154		Community	The Arches HWBC ( <i>multiple teams</i> )
155		RVH	2F (MCDU)
156		RVH	Day of Surgery(RVH) (Nurse Led, no Dr on ward)