**Northern Ireland Practice and Education Council**

**for Nursing and Midwifery**

*Review of the*

*MANCHESTER TRIAGE SYSTEM (MTS)*

*Cascade Training*

*across the five HSC Trusts*

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## 1.0    Introduction

The Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) was commissioned by the Chief Nursing Office (CNO), Charlotte McArdle, to conduct a review of how the Manchester Triage System (MTS) cascade training is organised within Emergency Departments across the five HSC Trusts in Northern Ireland. This report sets out the findings from the review across the five HSC Trusts and makes recommendations regarding the ongoing organisation and delivery of the MTS cascade training.

## 2.0    Background

Triage is a nursing role, and the first activity performed by a nurse when a patient arrives in an Emergency Department (ED). The triage role is central to effective and efficient operation of the ED; it is the point at which all nursing and medical care begins. The total number of attendances at Emergency Departments in Northern Ireland is estimated at approximately 715,000 per year[1]; increased demand and finite resources emphasize the need for timely and accurate triage decision-making that ultimately underpins optimal health care delivery.

Triage is the formal process of decision-making to prioritise treatment and needs of patients in EDs, based on clinical urgency. The triage nurse classifies patients on the basis of their need for medical attention: patients with the highest needs will be treated first (Worster et al 2004)[2]. Triage acuity is defined as a classification of patient acuity that characterises the degree to which the patient's condition is life-threatening and whether immediate care is needed to alleviate symptoms (Gilroy et al 2005).

In 1994, the Manchester Triage Group (MTG), a group of professionals including ED nurses and doctors, developed MTS based on the 1st edition of *Emergency Triage* (1994)[3].Since then there have been two further editions of *Emergency Triage* (2006)[4] and (2014)[5]. MTS is a systematic standardised assessment designed to guide practitioners' decision making in assessing and assigning a clinical priority to each patient in an emergency care setting. It is an internationally agreed and recognised

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[1] http://www.niassembly.gov.uk/Documents/RaISe/Publications/2014/general/5514.pdf

[2] Worster, A.  Gilboy, N. Fernandes, C. M. et al. (2004) Assessment of inter-observer reliability of two five-level triage and acuity scales: a randomized controlled trial. *Canadian Journal of Emergency Medicine* 6, (14) 240-245

[3] Mackway-Jones, Kevin.  Marsden, Janet. Windle, Jill. (1994) *Emergency Triage*, First Edition, Blackwell Publishing Ltd

[4] Mackway-Jones, Kevin.  Marsden, Janet. Windle, Jill. (2006) *Emergency Triage*, Second Edition, Blackwell Publishing Ltd

[5] Mackway-Jones, Kevin.  Marsden, Janet. Windle, Jill.  (2014) *Emergency Triage*: *Manchester Triage Group, Third Edition* John Wiley & Sons, Ltd.

triage assessment used in EDs, urgent care settings and pre-hospital care settings across the world (Martins et al 2009)[6].

Initial implementation and training in the use of MTS, based on the 1st edition of Emergency Triage, was delivered directly by the MTG. Since the publication of the 2nd edition and subsequently the 3rd edition, the MTG has developed a cascade "Train the Trainer" model to facilitate local delivery of the MTS training. Currently the Advanced Life Support Group (ALSG) and the MTG collaboratively deliver a MTS *Train the Trainer-Instructor's* one-day programme, aimed at preparing practitioners to become MTS Triage Trainers to deliver cascade training to nurses' within their local EDs. This programme is commissioned, through the DHSSPS education commissioning process, from ALSG and is accessible to all HSC Trusts.

In April 2013, the DHSSPS commissioned NIPEC to undertake a Quality Assurance monitoring review of the MTS *Train the Trainers* one-day instructors programme.

The review concluded that both managers and practitioners found the programme to be of a high standard. The training was reported as being fundamental to ensuring that a high quality, systematic and standardised assessment is carried out by triage nurses. Managers reported that the programme is ".... an extremely valuable programme, which strives to ensure person-centred, safe and effective care and the only means by which ED nursing staff may access training in the use of the MTS at a local level .....".

The findings of the monitoring review were presented in April 2014 to the CNO who subsequently requested that NIPEC review how MTS cascade training is organised within each of the five HSC Trusts, and make, if appropriate, relevant recommendations aimed at addressing any indentified gaps.

## 3.0    MTS *Train the Trainers* One-Day Instructors' Programme.

ALSG sets out guidance/criteria to support the delivery of MTS cascade training within EDs. These can be themed under the following five criteria :

> 1.    **Selection Criteria**:- when nominating an ED nurse to attend the one-day *Train the Trainers* Instructors' programme, ALSG suggests the nurse must have:

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[6]   Martins, M. Cuna, M. Fretis, P.  (2009) Is Manchester Triage (MTS) More than a triage system? A study of its association with mortality and admission to a large Portuguese Hospital. *Emerg Med Journal.* 26: 183-6.

> ➢ skills and ability to deliver the MTS cascade training locally
> ➢ commitment to provide staff training and maintenance of audit of triage practice
> ➢ a sound knowledge of MTS, and MTS learning resources.

2. **Support and Continuous Professional Development for the MTS Triage Trainer:** ALSG maintains a central database of instructors; in order to maintain registration on the database, MTS Triage Trainers must:

> ➢ complete an MTS update programme via the ALSG website, or attend a MTS update programme every three years
> ➢ deliver at least one MTS cascade programme per year.

3. **Training resources:** ALSG requires that MTS Triage Trainers should have access to relevant training resources, including the ALSG website and training materials. ALSG advises that "...the 2nd and 3rd editions are the only formats that should be used by the MTS Triage Trainer to deliver training."[7]

4. **Competence Assessment of Participants[8]:** ALSG stipulates that MTS Triage Trainers must provide directly supervised triage practice for the ED nurse, following attendance at the MTS cascade training, including:

> ➢ two supervised sessions of two hours' duration, with the flexibility to provide extra sessions, if required.
> ➢ audit and feedback on the first twenty consecutive patients they triage.

5. **MTS Approved Centre Status:** ALSG stipulates that, in order to achieve the Approved Centre Status organisations must**:**

> ➢ maintain the presence of an MTS Triage Trainer
> ➢ commit to continuous training
> ➢ commit to maintenance and audit of practice
> ➢ participate in comparative audit with other approved centres.

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[7] http://www.alsg.org/uk/MTS
[8] *Participant*, refers to the Emergency Department nurse who completes MTS Cascade Training

### 4.0    Aim and Objectives of the Review

**Aim**

Using the criteria set out by the ALSG conduct a review of how the MTS cascade training is organised within EDs across the five HSC Trusts in Northern Ireland, and make, if appropriate, relevant recommendations.

**Objectives:**

i.    Describe the process used in the HSC Trusts in the selection, preparation and support of candidates undertaking the MTS *Train the Trainers* one-day instructors' programme.

ii.    Describe the arrangements within the HSC Trusts regarding the nomination, supervision, competence assessment and refresher training of practitioners undertaking the MTS cascade training.

iii.   Describe the process used within the HSC Trusts to audit and quality assure the MTS cascade training.

iv.   Submit a report of the findings to CNO, with recommendations to inform ongoing MTS cascade training.

### 5.0    Methodology for the Review

A letter, outlining the aim of the review invited Executive Directors of Nursing, to nominate a contact person within their organisation to assist in the review at local level.

A *Scoping Tool* (Appendix 1) was developed, which sought to gather information to meet the review objectives and reflect the criteria as set out in the ALSG guidance/criteria. The *Tool* focused on gathering information in the following areas:

- *The MTS Triage Trainer:* selection preparation and support for the MTS Triage Trainer/s

- *The Participants*[9]: criteria to nominate an ED nurse to undertake MTS cascade training; supervision, having completed cascade training; competence assessment and refresher training

- *Quality Assurance Arrangements*: arrangements for audit of triage practice and quality assurance of MTS cascade training.

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[9] Participant refers to the ED nurse who is nominated and completes MTS cascade training.

The *Scoping Tool* was shared with ED nominated leads who were asked to prepare responses ahead of planned review visits, to meet with a number of ED staff involved in the delivery of MTS cascade training.

In total 28 ED nursing staff contributed to the review from across the five HSC Trusts, Appendix 2 details the job titles and number of those who participated.

## 6.0    Presentation of Findings:

The findings of this review are based on the qualitative analysis of information gathered from:

- responses obtained through the completion of the *Scoping Tool* by each Trust
- information gathered through face-to-face interviews with a range of ED nursing staff across the five HSC Trusts
- an evaluation of records and documentation relevant to the review.

The findings are benchmarked against the criteria set out by ALSG which inform the recommendations. The findings are presented under following four areas:

1. MTS: Triage Trainer.
2. MTS: Participant.
3. MTS: Quality Assurance.
4. Good Practice Examples.

## 1.    MTS Triage Trainer

The findings gathered across the five HSC Trusts regarding MTS Triage Trainers have been themed under the following headings which reflect the guidance/criteria as detailed by ALSG.

- ➢ selection criteria
- ➢ support and supervision
- ➢ continuous professional development
- ➢ training resources.

**Findings:  Selection Criteria**

In all Trusts, it was reported that the Senior Nursing Management Team nominated candidates to undertake the MTS *Train the Trainers* instructors' programme and become local MTS Triage Trainers. Those interviewed clearly articulated the criteria they would use to inform the decision-making process, and these are in keeping with criteria outlined by ALSG.

Reported criteria included:

> ➢ a minimum of five years' experience of working in an ED
> ➢ highly skilled practitioners
> ➢ experience of mentoring students
> ➢ good communication skills
> ➢ a willingness and ability to teach
> ➢ sound clinical knowledge of triage and emergency nursing.

One Trust reported using an interview process to select the most appropriate candidate for the role.

**Recommendation:** Steps should be taken across the five HSC Trusts, to agree the criteria and process used to select a candidate to become a MTS Triage Trainer. This should be informed by the guidance/criteria set out by ALSG.

**Support and Supervision**

Support and supervision mechanisms for the MTS Triage Trainer varied in practice. Support mechanisms included:

> ➢ mentorship and supervision by Clinical/ Practice Educators
> ➢ supervision by a senior nurse manager.

Where there was an experienced MTS Triage Trainer or a clinical/practice educator in post, this was deemed extremely helpful for a new trainer. All of the MTS Triage Trainers reported feeling supported by their managers and facilitated locally to deliver the MTS cascade training however there appeared to be limited formal arrangements for support and supervision.

**Recommendation:** Steps should be taken across the five HSC Trusts to agree and embed formal support and supervision arrangements for the MTS Triage Trainer.

**Continuous Professional Development**

There was no continuous professional development specifically identified within any of the HSC Trusts in relation to the role of the MTS Triage Trainer beyond the requirement by ALSG to update every three years. During the course of the review, it was evident that most of the MTS Triage Trainers have accessed, or were in the process of accessing, updates via the ALSG virtual learning resources.

It was identified that appraisal processes are used to identify learning and development needs and professional development opportunities relevant to the role. It was reported in more than one ED that the MTS Triage Trainer is involved in

reviewing all Serious Adverse Incidents within the ED. It was reported that learning from this review process helps inform the MTS cascade training and supports professional development.

**Recommendation:** The five HSC Trusts should agree CPD relevant to the role of the MTS Triage Trainer which should include access to ALSG updates on a three yearly basis. Consideration should be given to the participation of the MTS Triage Trainer in the review of relevant Serious Adverse Incidents.

**Training Resources**

The majority of MTS Triage Trainers within the five HSC Trusts have access to appropriate training facilities and have the relevant equipment to deliver the MTS cascade training. This included access to ALSG training materials, ALSG trainer website, presentations, supervision of practice and evaluation of training templates. Where this was not the case recommendations were made. Additionally, a number of EDs had access to local electronic systems, which are used for training purposes.

Evidence confirming that the current MTS Trainers do deliver at least one MTS programme per year was available in written records within all the five HSC Trusts.

It was reported to the reviewer that the number trained in MTS cascade training within one session ranged from 1 to 12 participants, to meet local need.

ASLG suggests that MTS cascade training is a one-day programme. There was variation among the MTS Triage Trainers in relation to how the programme was delivered, ranging from a full day to shorter sessions of one to two hours until the content of the programme is completed.

**Recommendation:** The five HSC Trusts should satisfy themselves that the local MTS Triage Trainers has  access to all ALSG training resources and relevant training facilities.

**2.    MTS:  Participants**

The findings gathered across the five HSC Trusts regarding the MTS participants can be themed under the following headings and where relevant, mapped against the guidance/criteria as set out by the ALSG.

> ➢ selection criteria,
> ➢ competence assessment,
> ➢ refresher training
> ➢ records management.

**Findings: Selection Criteria**

It was reported that the ED Senior Nursing Team particularly the Ward Sister, is responsible for deciding if a nurse working in the ED should undertake MTS cascade training. This decision was often made in collaboration with the practice/clinical educator, or identified on the completion of the nurse's appraisal process.

During the review, it was suggested that, traditionally, the criteria for nominating someone to undertake cascade training included two years' experience of working in the ED. It was reported, however, that due to high staff turnover rates and the increased clinical demand in some areas, this criterion has changed to address clinical needs. It was apparent from the review that the criteria for nominating someone to undertake MTS cascade training varied across the EDs, ranging from the nurse must have two years' experience of working in the ED, to triage training forming part of the EDs nursing induction.

Other criteria that were considered as part of the selection process for MTS cascade training across the HSC Trusts included:

- the nurse must have staffed for at least one year in the ED
- the nurse must have shadowed an experienced member of ED staff undertaking triage
- assessment of ability to perform in nursing role in ED
- number of years' nursing experience, not necessarily in the ED
- must have completed induction in ED.

There was strength of opinion from those interviewed that they would welcome regionally agreed guidance in relation to the selection criteria for nominating an ED nurse to undertake MTS cascade training.

**Recommendation:** Steps should be taken across the five HSC Trusts to agree the criteria used to decide if a nurse working in the ED should undertake MTS cascade training

**Competence Assessment**

A range of processes are employed within the Trusts to assess competence and provide supervision to participants undertaking MTS cascade training. In the main, the MTS Triage Trainers implement the ALSG MTG standards using the templates and proformas, ensuring that each nurse must have completed the required number of supervised practice sessions and be signed off by a recognised MTS Triage Trainer or experienced ED nurse, as being competent to practice use the MTS. Other MTS Triage Trainers, not using the ALSG templates, had in place local supervision and support arrangements, which included shadowing and supervision of practice by

experienced emergency care nurses. The presence of a practice educator/clinical educator within the ED was found to provide valuable support to those who had recently completed MTS cascade training.  Where training formed part of the nurse's induction, a preceptor provided the relevant support and supervision. Some EDs provide support for newly trained triage nurses by facilitating a phased approach, whereby they work alongside more experienced staff in ambulance triage and resuscitation, before moving into "front of house" triage.  Nurses who had experienced this approach reported that it was extremely helpful in increasing their confidence and building their skills to undertake triage, particularly where triage training formed part of their ED induction.

In all of the HSC Trusts, MTS Triage Trainers and managers stated that - on the rare occasions when a nurse did not meet the required competences - extra support and supervision were put in place and, where necessary, individual action plans were developed. It was reported that action plans are monitored and evaluated until the desired competence is achieved. In the rare event of a nurse not reaching the desired competence level, it was reported that a capability procedure would be invoked.

**Recommendation:** Steps should be taken by the five HSC Trusts to develop a regionally agreed policy/protocol in relation to competence assessment which reflects the guidance/criteria as set out by ALSG.

**Refresher training**

The provision of MTS refresher training is varied across the EDs. It was suggested by the MTS Triage Trainers that a renewed focus should be placed on providing mandatory refresher training in light of the publication of the 3rd edition of MTS.  A number of managers and MTS Triage Trainers reported that staff meetings are used to pass on updates or new information in relation to the MTS.
**Recommendation:**  The frequency of MTS refresher training should be agreed regionally and consideration should be given to its inclusion within ED specific mandatory training.

**Records Management**
There was evidence that arrangements to capture relevant records relating to the cascade training were in situ across all Trusts and included:

- number of  MTS cascade training programmes delivered
- number and names of nursing staff who attended the training
- date of refresher training, where applicable.

The majority of Trusts were able to provide written evidence regarding the training that had taken place within their EDs. Those Trusts that used the required ALSG templates were able to provide consistent records of MTS cascade training.

In all Trusts, all relevant ED staff had access to training records. It was reported that records were:

- recorded manually or electronically
- available in staff's personal file and used to inform an individual's appraisal.

The majority of EDs had in place, or were working toward having, the MTS cascade training detailed on the *e*-roster. It was reported this information could facilitate mentoring opportunities for staff who had just completed their MTS cascade training to be paired with more experienced staff.

**Recommendation:** Arrangements to capture relevant records relating to MTS cascade training should be agreed regionally and embedded locally.

### 3.     MTS:  Quality Assurance Arrangements

The findings gathered across the five HSC Trusts regarding the MTS Quality Assurance arrangements can be themed under the following headings and, where relevant, mapped against the standards as set out by ALSG.

- ➢ audit
- ➢ networking opportunities
- ➢ managing arising issues.

**Findings:  Audit**

It is noteworthy that a limited number of the MTS Triage Trainers or managers interviewed were aware of the concept of MTS Approved Centre Status. As part of best practice, however, the EDs and the MTS Triage Trainers did endeavor to meet standards aligned to MTS Approved Centre Status. Each of the HSC Trusts has at least one MTS Triage Trainer in post, and four of the five Trusts have plans in place to train additional staff as MTS Triage Trainers to meet the clinical needs of service.

All of the HSC Trusts reported and provided evidence that they had their own local arrangements for audit of triage practice, which included the following:

- audit of triage practice using the ALSG audit template

- audit of triage every six to nine months, using a locally agreed audit template

- random audit of triage documentation by the MTS Triage Trainer and Ward Sister

- audit of triage documentation by medical staff and nurses from other specialties

- review of complaints and adverse incidents.

It is relevant to note, that although the EDs within the five Trusts employed their own local audit process, there was no evidence of participation in comparative audits with other approved centres.

Participants undertaking the MTS cascade Training are asked to evaluate the programme using the ALSG evaluation templates. Written and verbal feedback on evaluation of the programme and the MTS Triage Trainers appeared to be positive.

**Recommendation:** All EDs using the MTS should fully subscribe to the criteria as stipulated by ALSG to achieve Approved Centre Status.

## Networking Opportunities

It was reported that there are no formal or informal networking opportunities for the MTS Triage Trainers across the five HSC Trusts. Those interviewed indicated that networking opportunities would be helpful and supportive, although there may be difficulties due to time constraints.

**Recommendation:** Formal and informal networking opportunities for the MTS Triage Trainers locally and across the five HSC Trusts should be supported.

## Managing Arising Issues

All those interviewed reported that issues such as poor record keeping, competence and attitude and behaviour should be identified early and were fundamental to safe, effective care. The mangers and MTS Triage Trainer in all of the Trusts clearly articulated their local arrangements and procedures which staff could access in order to address any concerns or issues. These included:

- local policies and procedures, i.e. capability policy

- supervision and  appraisal processes

- staff meetings and staff feedback forms.

**Recommendation:** Arrangements for the management of arising issues should be agreed and articulated in a regionally agreed policy and applied locally by MTS Triage Trainers in collaboration and partnership with ED managers.

### 4. Good Practice Examples

A number of best practice initiatives were identified and reported through the course of the review process. The following are some examples:

- One Trust has in place a formal process to select who should become a MTS Triage Trainer. This Trust invites expressions of interest through an internal trawl and the successful candidate is selected through an interview process

- A number of MTS Triage Trainers are involved in reviewing all Serious Adverse Incidents within the ED; this process provides a valuable opportunity to gain knowledge and understanding in MTS and supports professional development

- A number of MTS Triage Trainers have access in their training facility to local online resources which they use for teaching purposes

- A number of EDs provide support for newly trained triage nurses by facilitating a phased approach, whereby they work alongside more experienced staff in ambulance and resuscitation triage, for up to one year, before moving into "front of house" triage

- A number of EDs have medical staff and nurses from other specialties audit triage practice/documentation.

### 7.0 Summary of findings

In the absence of a clear directive from the DHSSPS, each of the five HSC Trusts has made significant progress towards implementing and embedding MTS and MTS cascade training into all EDs. The findings from this review suggest that there are varying arrangements within each Trust to support full and comprehensive delivery of MTS cascade training.

It is acknowledged that the delivery of MTS training needs to be flexible and carried out in such a way as to meet local need; there is also, however a need to ensure that the guidance/criteria as set out by ALSG and the MTG are embedded. It was apparent from those who participated in this review process that they would welcome a standardised consistent approach, supported by regionally agreed policies/procedures, to manage the organisation of MTS cascade training at a local level.

### 8.0 Summary Recommendation

An initiative should be taken forward to develop a regional framework to support the five HSC Trusts in moving toward full ALSG accreditation and MTS Approved Centre

Status. The framework should build on the criteria/guidance already available from ALSG and include an audit tool to facilitate EDs to measure their compliance against agreed standards. This initiative could be facilitated through the Professional Framework for Emergency Care Nursing Project currently being progressed by NIPEC.

This report sets out the findings from the review across the five HSC Trusts. Individual reports setting out the findings of the review within the five HSC Trusts have been prepared and shared with the respective EDoN which identifies recommendations which should be addressed at a local level and supports the development and implementation of the proposed regionally agreed framework.

# *Manchester Triage System (MTS): Cascade Training Audit Tool*

HSC Trust :   _____          Date: _____

Name/Title of Trust Staff:_____   NIPEC Representative: _____

| | |
|---|---|
| Number of MTS Triage Trainers in organisation | |
| Number of staff in department on date of audit<br><br>who have completed Manchester Triage Cascade Training | |
| Number of staff in department who have undertaken Manchester Triage cascade training in:<br><br>                    2011<br>                    2012<br>                    2013<br>                    2014 | |
| Average number of Emergency Department attendances per annum | |

| Audit Question Focus MTS Triage Trainer (MTS Triage Trainer) | Sources of Evidence | Findings |
|---|---|---|
| Who makes the decision to nominate some-one to become a MTS Triage Trainer | Interview | |
| What criteria are used to nominate someone to become a MTS Triage Trainer? | Interview ALSG guidelines Trust Policy /procedure | |
| When completed how does the MTS Triage Trainer apply training in practice; what supports are in place | Trust procedure/process | |
| How many staff can a MTS Triage Trainer train at one time? ALSG or HSC Trust stipulate how many staff can be trained one time | MTS Triage Trainer Interviews | |
| Where does MTS Triage Trainer deliver training? | MTS Triage Trainer Interviews observation | |
| Is MTS Triage Trainer supported by adequate resources available? | MTS Triage Trainer Interviews Observation Participants | |
| Does the Trust or ALSG stipulate the number of programmes to be delivered by MTS Triage Trainer to remain current? | Interview MTS Triage Trainer Records ALSG | |

| | | |
|---|---|---|
| What Continuous Professional Development (CPD) arrangements are available to the MTS Triage Trainer? | Interview<br>MTS Triage Trainer<br>Records | |
| Is there clear description of the overall aim and learning outcomes of the Manchester Triage cascade training | MTS Triage Trainer<br>Participants<br>MTS Triage Trainer<br>handbook<br>Flyers | |
| What version of Manchester Triage is delivered? | Interview<br>Manchester Triage<br>Trainers Handbook<br>Records | |
| Duration of training? | Interview<br>MTS Triage Trainer<br>Records | |
| **Participant[10] Focus** | | |
| Who makes the decision to nominate someone to undertake Manchester Triage cascade training? | Interviews<br>Participants<br>Policy/procedure | |
| What are the criteria used to nominate someone to undertake cascade training? | Interview<br>Manchester Triage<br>Trainers Handbook<br>Local<br>policy/procedure | |

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[10] Participant refers to the ED Nurse who is nominated to attend MTS cascade training

| | | |
|---|---|---|
| What are the arrangements for supervision on completion of training? | Interview<br>MTS Triage Trainer<br>Participants<br>Records | |
| What are the arrangements for competence assessment of participants? | Interview<br>Manchester Triage Trainers<br>Records<br>Participants | |
| What are the arrangements for participants who do not meet competence? | Interview<br>Manchester Triage Trainers<br>Records<br>Participants | |
| What are the arrangements for refresher training for those who completed training? – Time frames | Interview<br>MTS Triage Trainer<br>Participants<br>Records<br>ALSG | |
| Training records management:<br>• how are they captured<br>• where are they stored<br>• who has access to them | Interview<br>MTS Triage Trainer<br>Participants<br>Records | |
| **Quality Assurance (QA) Arrangements** | | |
| Does ALSG specify QA arrangements to be adhered to by the MTS Triage Trainer in practice | Interview<br>Manchester Triage Trainers<br>Records<br>ALSG | |

| | | |
|---|---|---|
| Net working opportunities for Trainers? | Interview<br>MTS Triage Trainer Records<br>ALSG | |
| Procedures for local QA –<br>Audit? | Interview<br>Policy/procedures<br>NIPEC self assessment tool | |
| Local procedures for addressing:<br><br>• Issues arising<br>• documentation<br>• escalation<br>• supervision<br>• participants feedback | Interview<br>Policy/procedures<br>Minutes | |

DATE _____               Signed _____

**Table 1**:  **Job Titles and Number of ED Nursing Staff who contributed to the Review across the five HSC Trusts.**

| Job Titles | Number |
|---|---|
| Emergency Department Lead Nurse | 5 |
| Ward Sister/Clinical Coordinator | 8 |
| Clinical/Practice Educator | 4 |
| ED Nurses who had completed MTS cascade training | 11 |