



Unannounced Inspection Report 24 & 25 October 2018



Royal Victoria Hospital Belfast Health and Social Care Trust

Type of Service: Outpatient Departments
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Assurance, Challenge and Improvement in Health and Social Care

Membership of the Inspection Team

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Abbreviations

ANTT	Aseptic Non Touch Technique
GMC	General Medical Council
IPC	Infection Prevention and Control
NEWS	National Early Warning Scores
PGD	Patient Group Direction
QIP	Quality Improvement Plan
RQIA	Regulation and Quality Improvement Authority

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The Royal Victoria Hospital (RVH) treats over 80,000 people as inpatients and 350,000 people as outpatients every year, providing local acute services and key regional specialist services, including cardiac surgery and critical care to people from across Northern Ireland.

The RVH Outpatient Departments are located on a number of different levels of the main hospital building and generally comprise of a reception, waiting areas, a blood room and consultation rooms. During this inspection we focused on care delivered within the Cardiology and Respiratory Outpatients Departments on Level 2C and the Dermatology Outpatients Department on Level 5.

3.0 Service details

Responsible person: Mr Martin Dillon (BHSCT)	Department Manager: Mary Gatt/Heather Kirk
Person in charge at the time of inspection: Mary Gatt, Level 2C Outpatients Department Manager Heather Kirk, Level 5 Outpatients Department Manager	

4.0 Inspection summary

An unannounced inspection of Outpatient Departments (Level 2C and Level 5) in the RVH took place over a period of two days from Wednesday 24 October and concluding on Thursday 25 October 2018.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

For the purposes of this inspection, an outpatient service was considered as one which enables patients to see a consultant, their staff and/ or associated health professionals for assessment or review in relation to a specific condition, but where patients are not admitted into hospital.

The inspection was completed as part of Phase 3 of the Regulation and Quality Improvement Authority's (RQIA) Hospital Inspection Programme. It was one of five unannounced inspections carried out in the Belfast Trust during October 2018. Inspections were undertaken across 60 specialities and five hospital Outpatient Departments. The other sites inspected were: Mater Infirmorum Hospital, Musgrave Park Hospital, RVH and Royal Belfast Hospital for Sick Children. Reports of these inspections are available on our website <https://www.rqia.org.uk>.

These inspections also formed part of RQIA's Review of Governance Arrangements in Outpatients Services in the Belfast Trust, with a Particular Focus on Neurology and Other High Volume Specialties. This review was announced by the Department of Health in May 2018 following the announcement of a recall of patients under the care of a Consultant Neurologist in Belfast Trust.

We employed a multidisciplinary inspection methodology during this inspection. A Lay Assessor supported the inspection. Our Lay assessor engaged directly with patients and their relatives to gather feedback on their experiences in relation to their outpatient appointment.

Our multidisciplinary inspection team examined a number of aspects of the department, from front-line care and practices, to management and oversight of governance across the organisation. We met with various staff groups, spoke with patients and their relatives, observed care practice and reviewed relevant records and documentation used to support the governance and assurance systems.

We identified good delivery of front line care within the Outpatients Department in RVH.

Patients and their relatives advised us they were happy with their care and spoke positively regarding their experiences and interactions with all staff. We observed staff treating patients and their relatives with dignity, staff were respectful of patients' right to privacy and to make informed choices.

We found that staffing levels and morale in both departments were good with evidence of good multidisciplinary team working and open communication between staff. Overall staff feedback was positive; they told us that they were happy, well supported and that there were good working relationships throughout the hospital.

We undertook a review of the current arrangements for governance and managerial oversight within Outpatient Departments on Level 2C and Level 5 in RVH. We identified concerns in relation to information and learning shared between outpatient managers, the oversight and assurance arrangements for specialist nurses, the fabric of the environment and facilities for patients, and no risk assessment completed in respect of unlocked resuscitation trolleys with appropriate policies and procedures to manage the risk.

We also identified concerns in relation to staff knowledge, training and audit in relation to adult and child safeguarding and the display of safeguarding information for staff, patients and relatives.

4.1 Inspection outcome

Total number of areas for improvement	6
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Six areas for improvement were identified, these related to:

- sharing of information and learning between outpatient managers;
- governance arrangements for specialist nurses;
- fabric of the environment and facilities for patients;
- no risk assessment completed in respect of unlocked resuscitation trolleys with appropriate policies and procedures in place to manage the risk;
- Safeguarding; and
- availability and display of safeguarding information for staff, patients and relatives.

This report sets out findings which are specific to our inspection of the Outpatient Departments in Level 2C and Level 5 in RVH. Recommendations relating to wider issues across the Trust's outpatients services will be presented in the report of RQIA's Review of Governance Arrangements in Outpatients Services in the Belfast Trust, with a Particular Focus on Neurology and Other High Volume Specialties.

On 28 January 2019, we provided local feedback to Mr McKeown, Assistant Service Manager, Ms Gatt, Outpatients Manager, Level 2C and Ms Kirk, Outpatients Manager, Level 5 in RVH and a number of representatives from the management team regarding the inspection findings. During the meeting we discussed strengths and the areas for improvement identified in Outpatient Departments in RVH through our inspection.

The areas for improvement arising from this inspection are detailed in the Quality Improvement Plan (QIP). The timescales for completion of these actions commence from the date of our inspection.

4.2 Enforcement action taken following our inspection

We were concerned about the safeguarding arrangements within the Outpatient Departments in the Belfast Trust.

We identified concerns relating to staff knowledge, awareness and understanding of safeguarding issues within outpatient departments/services and the ability of staff to recognise such issues and respond appropriately to ensure vulnerable patients and service users are protected.

This issue was escalated by RQIA's Director of Improvement/Medical Director directly to the Trust's Chief Executive and relevant Executive Directors and three escalation/update meetings were held with the Trust (13 March, 25 July, and 3 September 2019) to discuss implementation of a targeted action plan to address these findings.

Following these meetings, and review of additional evidence submitted by the Trust, RQIA determined that the Trust has carried out significant work to address our concerns relating to safeguarding within the Outpatients Department setting. The effectiveness and impact of these actions in relation to safeguarding will be kept under review, with a progress meeting between RQIA and the Trust planned for March 2020.

5.0 How we inspect

The RQIA inspects quality of care under four domains:

- **Is the Service Well- Led?**
Under this domain we look for evidence that the ward or department is managed and organised in such a way that patients and staff feel safe, secure and supported;
- **Is Care Safe?**
Under this domain we look for evidence that patients are protected from harm associated with the treatment, care and support that is intended to help them;
- **Is Care Effective?**
Under this domain we look for evidence that the ward or unit or service is providing the right care, by the right person, at the right time, in the right place for the best outcome; and
- **Is Care Compassionate?**
Under this domain we look for evidence that patients, family members and carers are treated with dignity and respect and are fully involved in decisions affecting their treatment, care and support.

Under each of the above domains and depending on the findings of our inspection, we may recommend a number of actions for improvement that will form the basis of a QIP. Through their QIP the hospital and Trust will put in place measures to enhance the quality of care delivered to patients and to address issues and/or challenges we have identified during inspection.

The standards we use to assess the quality of care during our inspections can be found on our website¹. We assess these standards through examining a set of core indicators. Together these core indicators make up our inspection framework, and this framework enables us to reach a rounded conclusion about the ward or unit or service we are inspecting.

During inspections the views of, and feedback received from, patients and service users is central to helping our inspection team build a picture of the care experienced in the areas inspected. We use questionnaires to facilitate patients and relatives to share their views and experiences with us. Our inspection team also observes communication between staff and patients, staff and relatives/family members, and staff and visitors. Members of our inspection team use the Quality of Interaction Schedule (QUIS) observation tool to carry out observation. This tool allows for the systematic recording of interactions to enable assessment of the overall quality of interactions.

We also facilitate meetings and focus groups with staff at all levels and across all disciplines in the areas or services we inspect. We use information and learning arising through these discussions to inform the overall outcome of the inspection and the report produced following our visit.

¹ <https://www.rqia.org.uk/guidance/legislation-and-standards/standards/>

6.0 The inspection

6.1 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

During this inspection we examined if the Outpatient Departments in RVH were managed and organised in a way that patients and staff are safe, secure and supported. The Belfast Trust organisational leadership, management and governance is addressed in RQIA's Review of Governance Arrangements in Outpatients Services in the Belfast Trust, with a Particular Focus on Neurology and Other High Volume Specialties report.

6.1.1 Departmental oversight and management

We reviewed a sample of records and minutes of meetings and discussed the governance arrangements and managerial oversight of Level 2C and Level 5 Outpatient Departments with a number of staff. This included meeting with the outpatient managers, deputies and the service managers for the departments. We found evidence of professional leadership and support provided by the managers.

The managers were able to describe sufficiently effective governing systems to monitor quality, identify emerging risks and assure themselves that high quality care and treatment was being provided. We found evidence of audits in respect of hand hygiene and environmental cleanliness.

There was evidence of staff attending a daily safety brief and regular staff meetings, during which learning is shared. We found that the safety brief included discussion on a range of key issues including daily staffing levels.

Through our inspections to other Outpatient Departments within the Trust we were informed of an outpatient manager's forum which meets regularly to share information and learning. RVH outpatient managers did not attend this meeting. We would encourage their attendance at this forum and the introduction of regular meetings to share information and learning and strengthening oversight arrangements for outpatient services.

Specialist nurses were observed practicing autonomously; there was no evidence of system level oversight or assurance arrangements for specialist nurses. The safety and quality of care delivered by these professionals was the responsibility of their individual line managers rather than the nurse in charge of the department. However, the outpatient managers outlined how they would address concerns directly with their line manager.

6.1.2 Organisation

We examined pathways and process for the assessment and treatment of patients within both departments. We noted good leadership from the nurses in charge who were visible and supportive. In particular the Dermatology clinic had some elements of governance systems and process which we observed. These included: monitoring of staff training and competency assessment and daily group 'wrap-up' meetings to discuss clinical cases. Nursing staff working in the Outpatients Department on Level 5 were leading clinics and had a range of excellent local governance systems in place to oversee the safety and quality of the care delivered. A patient survey was carried out to gather feedback from patients who had attended the nurse-led clinic to provide information to drive improvements.

We reviewed the systems in place to effectively manage incidents and share resulting learning within the departments. We found that staff were knowledgeable about the process for incident reporting. Complaints received highlighted lack of site car parking as an issue.

During the inspection, we observed the use of an outcome forms to capture key information and next steps following each appointment. This system had been developed in response to learning from an adverse incident. We noted that these forms were adjusted to suit the specific needs of each clinic and highlighted this as a good example of patient-centred care. We would encourage their use across all areas within the Outpatients Department.

The aim of these service initiatives was to improve efficiency and reduce waiting times for patients accessing the services and staff stated this had a positive effect on patients. We observed that the clinics were organised and functioning efficiently.

6.1.3 Staffing

We reviewed staffing arrangements in both departments and found there was a multi-professional team appropriate to support the delivery of patient care. We found that there were appropriate medical staffing levels throughout each department and junior medical staff reported having a good induction and training.

We found that staff morale throughout in both departments was good, with evidence of multidisciplinary working and good communication between staff. Staff told us that they were happy, felt supported and engaged, and that there were good working relationships throughout the departments. They also reported feeling safe on site, including at evening and weekend clinics.

Our review of staff rotas and discussion with managers did not highlight any significant issues with sickness absence and there were sufficient staff in number to deliver and promote consistency of care.

We observed nursing staff delivering care to patients and determined that the team was sufficiently experienced and skilled to carry out their role. We found that senior nursing staff were highly visible and approachable within the department. We observed staff working well together and noticed good communication between staff in respect of information sharing and care delivered. We evidenced an effective morning safety brief and regular team meetings.

We reviewed records relating to supervision and appraisal of staff working in both departments. We found these were up to date. We were told of a system in place whereby link nurses are identified to provide expert advice as part of ongoing support for staff in the areas such as of infection prevention and control (IPC). Managers reported that training was available to meet the needs of staff and there was a monitoring system in place to evaluate staffs' compliance with mandatory training requirements. Nursing staff reported having received good inductions to both departments.

Areas of good practice - Is the service well led?

We identified areas of good practice in relation to the induction, training and support of staff, the practice of safety briefings, daily "wrap up" meetings to discuss clinical cases and the use of outcomes forms to capture key information.

Areas for improvement – Is the service well led?

We identified an area for improvement in relation to sharing of information and learning between outpatient managers and the monitoring and oversight arrangements for specialist nurses.

Number of areas for improvement	2
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6.2 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

6.2.1 Environmental cleanliness and facilities

We observed overall that the environment to Level 2C and Level 5 was clean and tidy. However, there was some evidence of wear and tear in areas of high usage, particularly in Level 5. We were told by staff in Level 2C that the waiting area can become congested at times of high attendance clinics. We observed that storage space in both departments was limited and as a result some areas were cluttered however we noted staff made significant efforts to efficiently use the limited space.

We did not observe any specific dementia-friendly communication equipment such as large clocks or a hearing aid loop system to enhance the experience of people with hearing aids. On Level 5 we did not find evidence of patient call bells in all spaces where patients may be left alone temporarily, such as consultation rooms and treatment rooms in line with Health Building Note 12 – Outpatients Department.

We welcome the Trust's ongoing work to progress refurbishment of Level 5 and relocation of Level 2C Outpatient Departments and would expect this work to address some of the issues identified in relation to the environment.

6.2.2 Infection prevention and control (IPC)

We observed working practices to ensure staff minimised the risk of infection. We observed good standards in hand hygiene and compliance with the Trust's uniform policy.

We confirmed staff had undertaken IPC training commensurate with their role. Staff who spoke with us had good knowledge on matters relating to IPC and good compliance with best practice was evident.

Performance indicators for audits relating to best practice for hand hygiene and environmental cleanliness were displayed in the departments and good compliance evident in most cases. We observed excellent standards in aseptic non touch technique (ANTT) in respect of venepuncture and wound dressings.

6.2.3 Patient safety

We observed department staff practice and reviewed policies and procedures to ensure the delivery of care is safe and effective practice. Staff within both departments were knowledgeable and able to access policies and procedures to support patient care. Medical care was found to be good and there appeared to be good access to investigatory procedures.

We observed that resuscitation trolleys were unlocked in line with recommendations from the Resuscitation Council (UK). However, we did not find evidence of a risk assessment being completed in respect of this risk with appropriate policies and procedures to manage the risk.

6.2.4 Medicines management

We reviewed arrangements for the management of medicines within both departments to ensure medicines are safely, securely and effectively managed in compliance with legislative requirements, professional standards and guidelines.

We found medications were appropriately managed within both departments. Systems were in place to manage and oversee ordering and stock control, to ensure adequate supplies were available and to prevent wastage. We identified that pharmacists were available to give advice to clinics when needed. There were very few medicines stored in the departments, and with the exception of some topical creams, those that were present were stored securely. There were clear lines of accountability for medicines management; however, we observed that fridge temperatures were not always recorded daily in line with current recommendations. There was good practice in the Dermatology clinic in respect of informal peer review of nurse prescribing but there was no system-level oversight of prescribing.

6.2.5 Safeguarding

We reviewed arrangements for safeguarding of children and adults in accordance with the current regional guidelines. We confirmed policies and procedures were available in relation to safeguarding and protection of children at risk of harm. We found that a planned update review of the Trust's Adult Protection Policy and Procedures (2013) which was due in 2015 had not been carried out despite the subsequent issue of a new regional policy, Adult Safeguarding: Prevention and Protection in Partnership Policy (2015) and Adult Safeguarding Operational Procedures (2016).

We spoke to medical and nursing staff to confirm knowledge and understanding of their roles and responsibilities in safeguarding. Some staff indicated that they had undertaken safeguarding training and we found inconsistencies in the level of knowledge across medical and nursing staff. We noted limited awareness across staff groups of their responsibilities for safeguarding of both children and adults and we were concerned that staff were unclear of their roles and/or triggers to escalate safeguarding concerns.

We reviewed a number of training records and asked managers to supply information about which staff had completed safeguarding training. We found it difficult to obtain information and though some managers had some information we did not find a system in place to monitor which staff had been trained across all areas.

The levels of training and knowledge and awareness of staff in relation to safeguarding were of significant concern. We could not be confident that safeguarding matters would be recognised or actioned appropriately in the context of outpatient services delivered across the Trust.

We did not see information/posters about safeguarding displayed in any Outpatient Departments we visited. Such information is essential to guide patients, their relatives/carers and as an aide memoire for staff. This information should encourage disclosures of a safeguarding nature within the safe environment of a consultation with health care professionals.

We could not find evidence of audits being carried out in relation to adherence to Trust Policies.

Due to our concerns in relation to safeguarding we escalated these matters to the Trust's Chief Executive and relevant Director for action.

Areas of good practice - Is care safe?

We identified areas of good practice in relation to patients treated safely and supported during the delivery of care, and medicines management.

Areas for improvement - Is care safe?

We identified areas for improvement in relation to fabric of the environment and facilities for patients, a risk assessment to be completed in respect of unlocked resuscitation trolleys, with appropriate policies and procedures to manage the risk, staff knowledge, training and audit in relation to child and adult safeguarding and the display of safeguarding information for staff, patients and relatives.

Number of areas for improvement	4
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6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

6.3.1 Meeting patients' individual needs

During this inspection we observed the care and treatment provided to patients to ensure that their individual care needs were met. We observed staff responding to patients in a compassionate and timely manner. Many areas of good practice were identified with respect to care delivered. We spoke to patients and relatives who were complimentary of the quality of care and services received.

6.3.2 Record keeping

We reviewed clinical records and other documentation to ensure record keeping was completed in line with best practice standards. In respect of medical records we identified good record keeping practices, although a small number had legibility issues. There was evidence in the notes of patients being involved in decisions about their care. With the exception of recording patient clinical observations, nursing staff do not write in patient notes.

6.3.3 Communication

We reviewed the systems and processes supporting effective communication within both departments and found examples of good multidisciplinary working, effective lines of communication and supportive structures in place.

We confirmed that nursing and care staff attend a daily safety brief at the beginning of each shift and that a written record is retained to evidence the content and format of the safety brief.

Relatives and carers indicated that their interactions with all grades of staff were positive and they received the necessary information in relation to the patients care and treatment.

6.3.4 Nutrition and hydration

We reviewed the arrangements to ensure patients had access to appropriate food and water and their nutritional needs met. There was good provision of refreshments from the hospital shop, main canteen and coffee dock. Meals can be ordered for patients if necessary on Level 5 and on Level 2C patients who required meals were issued with vouchers. Facilities were available during clinics and into the evening for patients attending late clinics.

Areas of Good Practice- Is care effective?

We identified areas of good practice in relation to delivery of care, provision of nutritional support the communication between patients, relative/carers and staff.

Areas for Improvement - Is care effective?

We did not identify any areas for improvement during this inspection in relation to effective care.

Number of areas for improvement	0
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6.4 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

6.4.1 Person-centred care

We spoke to patients and relatives, observed care delivery, looked at care records and met with various grades of staff to understand how the Outpatients Departments on Level 2C and Level 5 ensures that patients receive person centred care. We observed staff at all levels treated patients with compassion, dignity and respect whilst delivering care and treatment. Conversations were discreet and could not be overheard. Patient details and records were stored appropriately so that confidential and private information was not compromised and privacy was maintained.

During the inspection we observed how staff engaged with patients and relatives to promote high quality care and a positive patient experience. We observed compassionate interactions between staff and patients in all clinics. Most staff wore name badges that made them easily identifiable.

We found staff had access to the interpreting services and staff described how they supported patients with a hearing impairment which involved providing a quiet environment.

We noted the display of general information and notice boards, although there were no information leaflets available in different languages and formats. The Trust should review the arrangements for the accessibility of information in languages and formats other than English.

6.4.2 Patient and staff views

During our inspection, we spoke with patients and relatives, distributed questionnaires to relatives and encouraged them to complete questionnaires during the inspection. Patients also had access to an electronic questionnaire for completion and return to RQIA. We spoke to patients and relatives to obtain feedback about their experience of attending the Outpatients Department. Those we spoke to during our inspection reported feeling content and positive about their experience however commented on the length of waiting time in the department (which was not always explained), the confusing layout of the department and difficult access to car parking.

Areas of good practice - Is care compassionate?

We identified areas for good practice in relation to patient privacy, dignity and respect, interaction with staff and confidentiality of records.

Areas for improvement – Is care compassionate?

We did not identify any areas for improvement during this inspection in relation to compassionate care.

Number of areas for improvement	0
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7.0 Quality improvement plan (QIP)

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr P McKeown, Assistant Service Manager, Ms J Quinn, Assistant Service Manager, Ms M Gatt, Manager Level 2C Outpatients Department and Ms H Kirk, Manager Level 5 Outpatients Department in RVH and a number of representatives from the management team as part of the inspection process. The timescales for implementation of these improvements commence from the date of this inspection.

The Trust should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further action. It is the responsibility of the Trust to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

7.1 Areas for improvement

Areas for improvement have been identified and action is required to ensure compliance with The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

7.1 Actions to be taken by the service

The QIP should be completed and detail the actions taken to meet the areas for improvement identified. The Trust should confirm that these actions have been completed and return the completed QIP to BSU.Admin@rqia.org.uk for assessment by the inspector by **5 March 2020**.

Quality Improvement Plan	
The Trust must ensure the following findings are addressed:	
Departmental oversight and management	
Area for Improvement 1 Ref: Standard 4.3 (b) Stated: First To be completed by: 5 March 2020	<p>The Trust should develop a formal mechanism for managers across various outpatient services to share learning, identify common issues or risks and ensure consistency in service development and improvement.</p> <p>Ref: 6.1.1</p>
	<p>Response by the Trust detailing the actions taken: Outpatient sisters meet monthly to share learning, identify common issues or risks and ensure consistency in service development and improvement.</p> <p>We are in the process of establishing a forum for the Assistant Service Managers with responsibility for outpatient services across all sites to meet formally on a regular basis. </p>
Area for Improvement 2 Ref: Standard 4.3 (b) Stated: First To be completed by: 5 March 2020	<p>The Trust must strengthen arrangements for oversight and monitoring of specialist nurses in Royal Victoria Hospital Outpatients Department.</p> <p>Ref: 6.1.1</p>
	<p>Response by the Trust detailing the actions taken: Line management structures are in place for all specialist nurses through their specialty teams. Specialist nurses are included in the distribution list for alerts and learning letters.</p> <p>Specialist nurses are aware of incident reporting procedures Specialist nurses are invited to monthly M&M meetings; this will be part of their appraisal.</p> <p>A scoping exercise is being carried out via the Senior Nursing and Midwifery Team to identify the specialist nurses who contribute to outpatient services with the with the intention of developing a standard operating protocol (SOP). This will include peer review and governance arrangements.</p> <p> </p>

Environmental cleanliness and facilities	
Area for Improvement 3 Ref: Standard 5.3.1 (a,e,f) Stated: First To be completed by: 5 March 2020	<p>The Trust should improve the fabric of the environment and facilities for patients during refurbishment or building work, to include:</p> <ul style="list-style-type: none"> • maintenance to areas of wear and tear; and • the introduction of a patient call bell and hearing aid loop system. <p>Ref: 6.2.1</p>
	<p>Response by the Trust detailing the actions taken: Level 2C outpatient department in the RVH has moved to Level 9 in the new Critical Care building.</p> <p>Requests are submitted to estates department for wear and tear as required, and are prioritised as necessary. In addition, monthly environmental audits are carried out and any identified estates issues are addressed as appropriate</p> <p>There are call bells in the clinical areas. The Equality and Diversity team have been asked for their support and advice in relation to the hearing aid loop system in outpatients. The outcome of this review will be actioned as appropriate. </p>
Patient safety	
Area for Improvement 4 Ref: Standard 4.3 (i) Stated: First To be completed by: 5 March 2020	<p>The Trust must undertake a risk assessment in respect of unlocked resuscitation trolleys, with appropriate policies and procedures to manage the risk.</p> <p>Ref: 6.2.3</p>
	<p>Response by the Trust detailing the actions taken: The resuscitation team has carried out a risk assessment. The resuscitation team are trialling new tamper-proof trolleys with a view to introducing them to the RVH site.</p> <p>There is a draft resuscitation policy drawn up, currently awaiting comment. </p>

Safeguarding	
Area for Improvement 5 Ref: Standard 5.3.1 (c) Stated: First To be completed by: 5 March 2020	<p>The Trust must implement a system to provide assurance that staff have the appropriate knowledge, skills and training in Adult and Child Safeguarding. Actions should include:</p> <ul style="list-style-type: none"> • updating Adult Protection Policy and Procedures in line with regional guidance; • updating the Trust Safeguarding training programme (to include all disciplines); and • introducing audit and reporting mechanisms to ensure adherence to the Trusts Safeguarding training programmes and to assess staff knowledge in relation to the effectiveness of that training (for all disciplines). <p>Ref: 6.2.5</p>
	<p>Response by the Trust detailing the actions taken: As RQIA will be aware, the Trust has already submitted a separate action plan specifically focusing on the safeguarding of adults and children in outpatient settings. This was in response to the immediate concern raised in November 2018. We would therefore reference you to this action plan, which will detail the actions as agreed with RQIA.</p> <p>In respect of specific points raised above:</p> <ul style="list-style-type: none"> • Adult Protection Policy has been updated in line with regional guidance. • The Trust is continuing to scope the training requirements of all staff groups. Training is currently ongoing • Audit and reporting mechanisms to ensure adherence to the Trust Safeguarding training programmes are in place.
Area for Improvement 6 Ref: Standard 6.3.2 (b) Stated: First To be completed by: 5 March 2020	<p>The Trust must ensure that the relevant information on Adult and Child Safeguarding is available and displayed for staff, patients and relatives.</p> <p>Ref: 6.2.5</p>
	<p>Response by the Trust detailing the actions taken: There are laminated safe guarding posters displayed in the clinical areas.</p> <p>Information leaflets are available on the tables in the department Safe guarding policy folders are available in Sister's office, staff are aware they are there.</p> <p>Safe guarding link nurse is in place. </p>



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