

# Unannounced Inspection Report 22 & 23 October 2018



## Mater Infirmorum Hospital Belfast Health and Social Care Trust

**Type of Service: Outpatients Department and Macular Clinic**  
**Address: 45-51 Crumlin Road, Belfast, BT14 6AB**  
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[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## Membership of the Inspection Team

<b>Dr Lourda Geoghegan</b>	Director of Improvement and Medical Director Regulation and Quality Improvement Authority
<b>Hall Graham</b>	Assistant Director Regulation and Quality Improvement Authority
<b>Sheelagh O'Connor</b>	Senior Inspector, Healthcare Team Regulation and Quality Improvement Authority
<b>Lynn Long</b>	Senior Inspector, Independent Healthcare Team Regulation and Quality Improvement Authority
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<b>Richard Knight</b>	Peer Reviewer
<b>Marion Thompson</b>	Peer Reviewer
<b>Alan Craig</b>	Lay Assessor

## Abbreviations

<b>IPC</b>	Infection Prevention and Control
<b>NEWS</b>	National Early Warning Scores
<b>QIP</b>	Quality Improvement Plan
<b>RQIA</b>	Regulation and Quality Improvement Authority
<b>ANTT</b>	Aseptic Non Touch Technique
<b>GMC</b>	General Medical Council
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>QUIS</b>	Quality of Interaction Schedule
<b>PGD</b>	Patient Group Direction

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 Mater Infirmorum Hospital (MIH) is an acute hospital delivering a wide range of services including Emergency Department care, acute in-patient facilities, day procedures, mental illness and maternity services.

The hospital's main Outpatients Department is located within the general hospital building and comprises of a reception, waiting areas, a blood room and consultation rooms. Outpatient services delivered include cardiology, respiratory and hepatic medicine. In addition to these services, the Macular Clinic, located in Fairview House, opposite the main hospital site, provides clinics for patients with a range of eye conditions including wet macular degeneration and diabetic macular oedema.

### 3.0 Service details

<b>Responsible person:</b> Mr Martin Dillon (BHSCT)	<b>Department Manager:</b> Bernie Mooney/Martin McComb
<b>Person in charge at the time of inspection:</b> Bernie Mooney Outpatients Department Manager Fionnuala Gallagher Deputy Manager, Macular Clinic	

### 4.0 Inspection summary

An unannounced inspection of the Outpatients Department and the Macular Clinic at the MIH took place over a period of two days from Monday 22 October to Tuesday 23 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 purpose 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 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 5 hospital outpatient departments. The other sites inspected were: Royal Victoria Hospital, Musgrave Park Hospital, Royal Belfast Hospital for Sick Children and Belfast City Hospital. Reports from 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 in respect of patient feedback. 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 each 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 have identified good front line care within the Outpatients Department and Macular Clinic in the MIH.

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 the Outpatients Department was good; however we noted a high staff sickness rate in the Macular clinic. There was evidence of good multidisciplinary team working and open communication between staff in both departments. 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 the Outpatients Department and the Macular Clinic in MIH. We identified concerns in relation to information and learning shared between outpatient managers; and improvements required to the fabric of the environment and facilities for patients and relatives. We also identified concerns in relation to staff knowledge, training and audit in relation to adult and child safeguarding and the displaying of safeguarding information for staff, patients and relatives.

#### 4.1 Inspection outcome

<b>Total number of areas for improvement</b>	<b>5</b>
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Five 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;
- 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 Outpatients Department (OPD) and Macular Clinic in MIH. 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 29 January 2019, we provided local feedback to Ms J Quinn, Assistant Services Manager, OPD, Ms B Mooney, OPD Manager, Mr M McComb, Manager, Macular Clinic and a number of representatives from the management team regarding the inspection findings. During the meeting we discussed the Outpatients Department and the Macular Clinic in MIH strengths and the areas identified for improvement identified during 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 on 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 website<sup>1</sup>. 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.

## 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 Outpatients Department and the Macular Clinic in MIH 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 governance arrangements and managerial oversight with a number of staff in both the Outpatients Department and the Macular Clinic. This included meeting the outpatient managers and the service managers for each department. 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.

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



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. Whilst there was no structured agenda or format employed, there was good communication between staff. We noted good practice in both departments, in the main Outpatients Department the sister collated the key issues each month and disseminated these to staff; and the daily safety brief in the Macular Clinic was multidisciplinary, attended by all staff on duty.

Through our inspections to other Outpatient Departments within the Trust we were informed of an outpatient managers' forum which meets regularly to share information and learning. The Macular Clinic outpatient manager 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 is the responsibility of their line managers rather than the nurse in charge of the department. However, the outpatient manager 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 in the Outpatients Department and the Macular Clinic. The main Outpatients Department is run using a medically led model with the medical consultant staff in charge of the service.

We observed the use of a new outcomes form in the Outpatients Department that had been developed to record the next steps following an attendance. This had been developed in response to learning from an adverse incident. We noticed this has been implemented in a number of areas and would encourage its use across all areas within the outpatients department.

We reviewed the systems in place to effectively manage incidents and share resulting learning within and across the departments. We found that staff were knowledgeable about the process for incident reporting and we were pleased to note a new system to ensure correct filing of letters.

We were told of positive initiatives in the Macular Clinic for staff and patients. The introduction of a paper-lite system contributed to reducing the volume of documentation storage. Monthly and daily red flag waiting list meetings took place to ensure patient treatment is prioritised to those most in need and to promote good outcomes.

### **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 observed good communication between staff and noted good practice in respect of information sharing during regular staff meetings.

In the Macular Clinic we were told that the number of clinics and patients treated had increased substantially over the years, but that the staffing model remained static. Whilst staffing levels were not raised as a concern to us, we noted that on the first day of the inspection at the Macular Clinic there were six staff absent due to illness and five absent on the second day. This equates to around one quarter of the nursing staff complement. The absences were covered by bank and departmental staff but we noted that throughout October 2018 it was not uncommon for between four and six staff to be absent due to illness on any one day. We would encourage the Trust to review sickness rates in this department and use this information as part of the workforce planning for these areas.

Nurses in the Outpatients Department and the Macular Clinic reported that morale was generally good and that they were supported by senior staff. Nursing staff reported having received good inductions to both departments. We reviewed records relating to supervision and appraisal of staff working in the departments. We found these were up to date. Managers reported that training was available to meet the needs of staff and a monitoring system operating to evaluate staffs' compliance with mandatory training requirements. The records indicated staff training was in line with mandatory requirements.

### **Areas of Good Practice-Is Care Well Led?**

We identified areas of good practices in relation to the management and organisation of the Outpatients Department and the Macular Clinic in a way that ensured patients and staff felt safe, secure and supported. We noted good practice in relation to: the use of the new outcomes form in the main Outpatients Department; the practice of safety briefings; the introduction of a paper-lite system within the Macular Clinic and the monthly Red Flag Meetings.

### **Areas for improvement – Is the service well led?**

We identified areas for improvement in relation to sharing of information and learning between outpatient managers and the governance arrangements for specialist nurses.

<b>Number of areas for improvement</b>	<b>2</b>
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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 the environment in the Outpatients Department and the Macular Clinic to be clean and tidy. However, there was some evidence of wear and tear in areas of high usage. 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. In the Macular Clinic we were surprised to note that information was not available in Braille.

We observed that storage space was limited and as a result some areas were cluttered, this was particularly evident in the Macular Clinic. We noted staff made significant efforts to efficiently use the limited space.

We learned that plans were being developed to increase the physical space in the Macular Clinic in response to the growing needs of the population they serve.

We observed only one toilet for the main Outpatients Department. Signage to the toilet was poor and some patients had difficulty locating it. Any future redevelopment or refurbishment plans of the Outpatients Department should address these issues and be carried out in line with best practice.

We found inadequate provision for patients with additional physical needs. The physical make-up of the environment did not easily accommodate larger wheelchairs in some clinics. Patient call bells were not present in all spaces where patients may be left alone temporarily such as consultation rooms and treatment rooms. This is not in line with Health Building Note 12 – Outpatients Department.

### **6.2.2 Infection Prevention and Control (IPC)**

We observed working practices to ensure staff minimised the risk of infection. We observed excellent standards in hand hygiene and in aseptic non-touch technique (ANTT) in respect of venepuncture and macular injection procedures. We also observed good compliance with the Trust's uniform policy.

We confirmed staff had undertaken IPC training commensurate with their role. Staff who spoke with us had an excellent 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 both departments. There was a range of IPC information available for patients and staff.

### **6.2.3 Patient Safety**

We observed 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. There appeared generally to be good access to investigatory procedures, however, in the Outpatients Department we were told of delays in patients accessing the endoscopy service which had been partially mitigated by utilising the independent sector.

### **6.2.4 Medicines Management**

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

We observed medicines to be stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There was evidence that the medicines retained on the emergency trolley were checked at regular intervals. In the Macular clinic we observed that there was no stock record of medicines discarded during the course of the clinics.

We found that Patient Group Directions (PGDs) <sup>2</sup> for some medications were out of date. We escalated our findings during feedback to the Trust and are pleased to note that this was immediately addressed for medications within the Macular Clinic. The wider Trust issue in relation to out of date PGDs can be found within the report of the Review of Governance Arrangements in Outpatients Services in the Belfast Trust.

### **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?**

During this inspection we identified both departments largely ensured patients are treated safely and supported during the delivery of care. We identified areas of good practice in relation to environmental cleanliness, ANTT and medical care.

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<sup>2</sup> Patient Group Directions provide a legal framework that allows some registered health professionals to supply and/or administer specified

## Areas for Improvement- Is Care Safe?

We identified areas for improvement in relation to fabric of the environment and facilities for patients, staff knowledge, training and audit in relation to child and adult safeguarding and the display of safeguarding information for staff, patients and relatives.

<b>Number of areas for improvement</b>	<b>3</b>
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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 individual care needs were met. In all outpatient areas we observed that staff responded to patients in a compassionate and timely manner. Many areas of good practice were identified with respect to care delivered. We spoke to patients who were complimentary of the quality of care and services received. We observed the use of a pain scale available for staff to reference when assessing patient pain level and were told that pain relieving medication and equipment was available and in use. The patients we spoke to reported that they were comfortable and not in pain.

#### 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 did not include the doctors General Medical Council (GMC) number. Patient consent for surgery was generally carried out by junior medical staff, with senior medical staff and consultant input for complex cases. There was evidence in the notes of patients being involved in decisions about their care.

#### 6.3.3 Communication

We reviewed the systems and processes supporting effective communication within the department 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. We found good provision of refreshments and we noted availability of dextrose gel treatments for diabetic patients to alleviate symptoms of low blood sugar. Snacks were available in the main outpatient department and the canteen could supply meals on request. Vending 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, communication between patients, relative/carers and staff; and the provision of nutritional support.

#### Areas for Improvement - Is Care Effective?

No areas for improvement were identified during this inspection in relation to effective care.

<b>Number of areas for improvement</b>	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 Department and the Macular Clinic ensure 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. Staff in the Macular Clinic told us of the positive impact of the Macular Liaison Officer who provided support to patients, particularly if breaking bad news.

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.

Interpreting services were advertised and there was a range of support literature and leaflets available although none were available on languages other than English. The Trust should review the arrangements for the accessibility of information in languages and formats other than English.

### 6.4.2 Patient and Relatives 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 and the Macular Clinic. Those we spoke to during our inspection reported feeling content and positive about their experience however commented on waiting times for referrals and access to car parking, particularly around disabled car parking at the Macular Clinic.

#### 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.

<b>Number of areas for improvement</b>	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 Ms Quinn, Assistant Services Manager, OPD, Ms Bernie Mooney, OPD Manager, Mr M McComb, Manager, Macular Clinic 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).

### 7.2 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](mailto: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

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.

**Ref:** 6.1.1

**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.

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.

A Trust oversight group focusing on safeguarding in outpatient departments was established to respond to the immediate concern raised by RQIA in November 2018. It is anticipated that the membership of this forum will also be used to provide the mechanism for managers across all outpatient services to share learning and ensure standardisation of processes.

#### Area for Improvement 2

**Ref:** Standard 4.3 (b)

**Stated:** First

**To be completed by:**

5 March 2020

The Trust must strengthen arrangements for oversight and monitoring of specialist nurses in MIH OPDs.

**Ref:** 6.1.1

**Response by the Trust detailing the actions taken:**

Line management structures are in place for all specialist nurses through their specialty teams.

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 intention of developing a standard operating protocol (SOP). This will include peer review and governance arrangements.

<b>Environmental cleanliness and facilities and Infection Prevention and Control</b>	
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 5.3.1 (a,e,f)  <b>Stated:</b> First  <b>To be completed by:</b>  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"> <li>• maintenance to areas of wear and tear;</li> <li>• introduction of a patient call bell and hearing aid loop system;</li> <li>• improved disabled/wheelchair access;</li> <li>• increase availability of disabled toilets;</li> <li>• improved signage throughout the department.</li> </ul> <p><b>Ref:</b> 6.2.1. 6.2.2</p>
	<p><b>Response by the Trust detailing the actions taken:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• An audit was undertaken of MIH outpatients to identify specific areas where a call bell system would be necessary to ensure patient safety. There is a call bell in the treatment room, where patients have easy access to this. It was identified that call bells weren't suitable for consulting rooms as patients do not remain in one spot during the consultation. Appropriate measures are taken to ensure patient safety in consultation rooms.</li> <li>• The Equality and Diversity team have been asked for their support and advice in relation to improving disabled/wheelchair access in outpatients. The outcome of this review will be actioned as appropriate.</li> <li>• The Equality and Diversity team have been asked for their support and advice in relation to increasing availability of disabled toilet in outpatients. The outcome of this review will be actioned as appropriate.</li> <li>• The implementation of a new signage system in MIH has been partially implemented within the department. Additional, yellow dementia friendly, signage has been ordered and will be installed as necessary.</li> </ul>

Safeguarding	
<b>Area for Improvement 4</b> <b>Ref:</b> Standard 5.3.1 (c) <b>Stated:</b> First <b>To be completed by:</b> 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"> <li>• updating Adult Protection Policy and Procedures in line with regional guidance;</li> <li>• updating the Trust Safeguarding training programme ( to include all disciplines); and</li> <li>• 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).</li> </ul> <p><b>Ref:</b> 6.2.5</p>
	<p><b>Response by the Trust detailing the actions taken:</b>            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"> <li>• Adult Protection Policy has been updated in line with regional guidance.</li> <li>• The Trust is continuing to scope the training requirements of all staff groups. Training is currently ongoing</li> <li>• Audit and reporting mechanisms to ensure adherence to the Trust Safeguarding training programmes are in place.</li> </ul>
<b>Area for Improvement 5</b> <b>Ref:</b> Standard 6.3.2 (b) <b>Stated:</b> First <b>To be completed by:</b> 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><b>Ref:</b> 6.2.5</p>
	<p><b>Response by the Trust detailing the actions taken:</b>            A concerted effort has been made over the last 12 months to ensure that staff, patients and relatives have access to the appropriate safeguarding documentation in outpatient department across the Trust, in keeping with the action plan in respect of safeguarding already shared with RQIA.</p> <p>Notice board available and routinely updated with a variety of safeguarding posters</p>



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