

The Regulation and Quality Improvement Authority

Review of the Implementation of the Dental Hospital Inquiry Action Plan (July 2013)

Overview Report

December 2014

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland. RQIA's reviews aim to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest. Our reviews are carried out by teams of independent assessors, who are either experienced practitioners or experts by experience. Our reports are submitted to the Minister for Health, Social Services and Public Safety, and are available on the RQIA's website at www.rqia.org.uk.

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Executive Summary

In February 2011, the Belfast Health and Social Care Trust (Belfast Trust) initiated a recall of 117 dental patients, as a precautionary measure, following a review of the clinical performance of a senior consultant in one department of the Royal Dental Hospital (dental hospital).

An independent inquiry, chaired by Mr Brian Fee QC, was commissioned by the Minister for Health, Social Services and Public Safety. The inquiry report was published on 22 July 2013, and made 45 recommendations for improvement. A subsequent Dental Hospital Inquiry Action Plan was developed in response to the inquiry report by the Department of Health, Social Services and Public Safety (DHSSPS), which identified 42 actions.

On 7 November 2013, the Chief Medical Officer commissioned RQIA to undertake an independent review of the arrangements for clinical governance and patient safety in the dental hospital of the Belfast Trust, centred on the Action Plan.

The review team was asked to provide an opinion as to whether 22 of these actions could be considered implemented, and to provide a baseline on the current position on a further 13 actions. The review team considered that 15 actions were fully implemented and seven were not fully implemented.

This report outlines the opinions of the review team in relation to each action, and makes recommendations for improvements.

The review team notes the work undertaken by the Belfast Trust, and its commitment to taking forward the agreed actions. In particular, the management of the recall process and subsequent improvements in the administrative processes should be considered as areas of good practice, and shared with other healthcare organisations. Governance arrangements within the dental hospital have been strengthened, and staff are clearer in their roles and responsibilities in relation to patient safety.

At the time of the review, oral medicine consultant posts within the service were being occupied by locum appointments. These interim locum arrangements and the establishment of a dedicated biopsy clinic have improved the service. However, the long term staffing arrangements to ensure sustainability of the oral medicine and other dental services, and arrangements for succession planning should be reviewed. In such a review, there is also the opportunity to further develop dental services, particularly in relation to dental and maxillofacial radiology.

The key areas that the Belfast Trust should focus on include: the completion of the refurbishment of the dental hospital; developing the patient and staff outcome measures; and the involvement of and feedback from service users.

The Belfast Trust and the HSC Board have taken positive action in relation to addressing the actions contained in the Action Plan. Although not all the actions were completed, these will be addressed in the coming months.

Section 1 – Introduction

1.1 Context for the Review

In February 2011, the Belfast Trust initiated a recall of 117 dental patients, as a precautionary measure, following a review of the clinical performance of a senior consultant in one department of the dental hospital. The Minister for Health, Social Services and Public Safety subsequently announced that an independent inquiry into the matter would be established.

An inquiry panel, chaired by Mr Brian Fee QC, began the inquiry immediately. The team was asked to evaluate the quality of care and the effectiveness of communication, and make recommendations for improvements in these areas. Following an extensive investigation, the executive summary¹ of the inquiry report was published in July 2011. The full report² was delayed due to ongoing disciplinary and regulatory processes. It was published on 22 July 2013, and made 45 recommendations for improvement.

The development of an action plan commenced in response to the Dental Hospital Inquiry Executive Summary, but its publication was deferred until the inquiry closed and the final report was published. However, relevant organisations were already working to make progress towards the implementation of the actions contained within the Dental Hospital Inquiry Action Plan.

Within the Action Plan, a requirement was set out for independent assurance regarding its implementation. RQIA has been asked to establish a process to provide independent assurance for actions specific to dental services.

On 7 November 2013, the Chief Medical Officer commissioned RQIA to undertake an independent review of the arrangements for clinical governance and patient safety in the dental hospital. On 4 December 2013, following a meeting with the DHSSPS, it was agreed that the review would focus on specific actions relating to clinical governance and patient safety, for which the Belfast Trust or the HSC Board had responsibility. The review would determine the extent to which the specific actions had been implemented. Details of the actions and whether they fall within the scope of this review are outlined in Appendix 1.

In July 2012, DHSSPS issued the Review of Consultant-Led Hospital Dental Services³ for consultation. This consultation document proposed future service models, and made recommendations for reforming the delivery of dental services in Northern Ireland. Although the final report of the review has

¹ Dental Hospital Inquiry Executive Summary - July 2011 - http://www.dhsspsni.gov.uk/executive_summary_dental_inquiry.pdf

² Dental Hospital Inquiry Report - June 2013 - <http://www.dhsspsni.gov.uk/dentalinquiryreport.pdf>

³ Review of Consultant-Led Hospital Dental Services - http://www.dhsspsni.gov.uk/rrclhs_consultation.pdf

not yet been published, RQIA outlined the current position in relation to several areas covered in its draft recommendations.

DHSSPS is considering mechanisms for the review of assurances given by other organisations (including DHSSPS) in relation to their responsibility for implementation of actions assigned to them.

It was considered that the review would be undertaken in stages, based on the progress of implementation. At each stage, actions considered by the Belfast Trust or the HSC Board to have been completed would be reviewed, and signed off, if the assessment confirmed this status. A significant number of actions have already been reported as completed, or have dates for completion scheduled by the commencement of this review.

1.2 Terms of Reference

This review assessed the implementation of specific actions outlined in the Dental Hospital Inquiry Action Plan, to determine if sufficient progress had been achieved in order to consider the action as completed.

The terms of reference for this review were:

1. To review the implementation of specific actions from the Dental Hospital Inquiry Action Plan (July 2013) within the Belfast Trust and HSC Board, with regard to the areas of clinical governance and patient safety.
2. To provide assurance that sufficient progress has been carried out in relation to individual recommendations from the Action Plan, to assess these as completed.
3. To consider the impact of the implementation of the actions in relation to the safety and quality of dental services.
4. To report on the findings from the review.

1.3 Exclusions

The review did not focus on recommendations where the lead responsibility for implementation does not lie with the Belfast Trust or the HSC Board, but considered local implementation of regional guidance where appropriate. A number of actions in the plan are being taken forward through wider regional processes, such as Quality 2020⁴. These were not specifically reviewed in this process, but may be included in other RQIA reviews, such as the planned review of incident management in 2014-15.

Circulars, guidance, standards, reviews and reports issued during the course of the review were not assessed as part of this review.

⁴ <http://www.dhsspsni.gov.uk/quality2020.pdf>

1.4 Review Methodology

The review methodology was designed to gather information about progress towards implementation of specific actions contained within the Action Plan. The methodology included the following steps:

1. A review of relevant literature set out the context for the review and identified appropriate lines of enquiry.
2. A questionnaire completed by the Belfast Trust and the HSC Board, identified progress towards implementation of the specific actions for which each organisation had responsibility.
3. Validation visits to the Belfast Trust with practitioners working within the dental hospital. These included representatives from senior management and senior leads responsible for dental services, staff responsible for the delivery of dental services and administrative staff providing support for the dental services.
4. Publication of a report, which included the findings from the review and recommendations that may assist in the implementation of the action plan requirements.

Section 2 – Findings from the Review

2.1 Background to the Findings

The review team was asked to give its opinion on whether 22 of the actions from the Action Plan had been implemented. For a further 13 of the actions, the review team was asked to provide a baseline on the current position.

This report outlines each action from the Action Plan, the review team's opinion on whether the action can be signed off and the reasons for the opinion.

1. Cascade the generic learning emerging from the inquiry to all HSC organisations.

Our opinion:

The review team considered this action could be signed off as complete.

Reasons for our opinion:

It was recognised that the Dental Hospital Action Plan contained lessons learnt from the original inquiry. Evidence was presented to the review team in relation to the communication of the Action Plan from DHSSPS to all HSC Chief Executives for action.

The Belfast Trust has mechanisms in place within the dental hospital for sharing the learning from events. An Assurance Framework and associated sub-committees provide assurance in relation to the effectiveness of structures and processes to support learning from events. Regular operational meetings and quarterly governance meetings, with managers representing the various areas within the dental hospital, discussed learning from the dental hospital inquiry action plan. The information was subsequently cascaded to the teams within the dental hospital at staff meetings or through the monthly newsletter. The review team was provided with the terms of reference of the Assurance Framework sub-committees, and evidence that regular operational and governance meetings were taking place. Copies of the monthly newsletter and governance reports that evidenced learning from the dental hospital inquiry action plan were presented to the review team.

Although initial generic learning from the inquiry was cascaded, the review team considered there has been subsequent learning within the dental hospital which has not been shared. There is an opportunity to share areas of good practice with other organisations, both in Northern Ireland and at national level; in particular, the management of the call/ recall process, the improvements in records management and the communication and support provided to staff during the resolution of these events.

Recommendation:

Further events should be held to share the subsequent learning identified within the dental hospital as a result of the implementation of the action plan requirements.

2. Review the layout of clinical areas as part of the refurbishment programme planned over the next two years.

Our opinion:

The review team considered this action could not be signed off as complete.

Reasons for our opinion:

The review team saw evidence of the refurbishment of several clinical areas, which had considered the patient environment and confidentiality issues within the design. Staff advised that there was an ongoing general refurbishment plan for clinical areas, and that further improvements were included in the planned refurbishment programme. It was further advised that the refurbishment plan included upgrades to the building, but the main focus was of refurbishment was on phasing in the replacement of dental chairs.

Ongoing building work was evident throughout the dental hospital. However, the planned refurbishment project was not completed due to difficulties with the contractor delivering against the programme. The trust was in the process of retendering to identify a new contractor to complete the work.

The review team acknowledged the length of time associated with the refurbishment programme. However, believed it was necessary that a follow up visit should be considered, to assess the development of refurbishments in the clinical areas specifically outlined in the dental hospital inquiry action plan.

Recommendation:

The review team recommends this action is revisited in 18 months to assess progress towards completion.

3. Incorporate into the Review of Consultant-Led Hospital Dental Services how best non-routine intra-oral dental radiology should be undertaken and reported.

Our opinion:

The review team was not required to assess completion, but was asked to consider a baseline position of the Belfast Trust/ HSC Board in relation to this action.

Reasons for our opinion:

The review team was advised that at present there is no consultant provision for dental and maxillofacial radiology in Northern Ireland, or at any hospital on the island of Ireland. Patients attending the dental hospital who require non-routine intra-oral or extra-oral radiological imaging are seen at the main radiology department within the Royal Victoria Hospital. Requests for imaging come only from clinicians entitled to refer, in line with the trust's procedures and the Ionising Radiation (Medical Exposure) Regulation guidelines. A documented agreement is also in place for the evaluation and recording of plain film imaging, which is the responsibility of the referring clinician. Evidence of the procedures for diagnostic and interventional x-rays and the agreement for reporting were provided to the review team.

The review team considers that access to a consultant dental and maxillofacial radiologist would be important for the sustainability of both the dental hospital and a consultant led oral medicine service. However, it was acknowledged that current demand may not be sufficient to justify a full time service. In such a case, the review team would propose that any excess capacity could be utilised by working in partnership with other specialties within the Belfast Trust, or other external institutions, to provide dental and maxillofacial radiology on an all-Ireland basis.

Recommendation:

The Department of Health, Social Services and Public Safety should give consideration to a feasibility study in relation to establishing a dental and maxillofacial radiology service.

- 4a. Identify and develop patient and staff outcome measures, building on the work of the Belfast HSC Trust, e.g. Patient Experience Design methodology, and a staff wellbeing survey through IIP.
- 4b. Measures to be audited on a regular basis.

Our opinion:

The review team considered these actions could not be signed off as complete.

Reasons for our opinion:

The trust advised that more progress had been made in relation to the development of staff outcome measures than patient outcome measures. It was not possible for the review team to identify outcome measures linked directly to the dental hospital. At the time of the review, no patient or staff outcome measures specific to the dental hospital had been identified.

The review team considered that work already undertaken on staff outcome measures should continue, with outcomes specific to the dental hospital being identified. The same principles should be applied to the patient outcome measures, with outcomes specific to the dental hospital being identified.

The review team noted that work had begun on identification and development of patient outcome measures. Evidence of this was presented to the review team

Recommendation:

The review team recommends that Action 4 from the Action Plan is revisited in six months to assess progress towards completion.

5. Review, combine and re-issue policy circulars HSS (SQSD) 18/2007 (Conducting Patient Service Reviews/Look-back exercises) and HSS (SQSD) 34/2007 (HSC Regional Template and Guidance for Incident Review Reports), taking account of established governance arrangements and escalation of risk.

Our opinion:

This action did not fall within the scope of the review.

6. Review Maintaining High Professional Standards and associated guidance - ensure that the processes in the framework complement those under Action Point 5 and HSCB Serious Adverse Incident (SAI) protocols.

Our opinion:

The review team was not required to assess completion, but was asked to consider a baseline position of the Belfast Trust/ HSC Board in relation to this action.

Reasons for our opinion:

Both the Belfast Trust and the HSC Board confirmed that there are protocols in place for managing issues or concerns. The three mechanisms identified during the review, were:

- Maintaining High Professional Standards
- Serious Adverse Incidents
- Early Alert System

Evidence of the various protocols was presented to the review team.

It was noted that issues or concerns could be managed concurrently through the three mechanisms. However, the relationships and interdependencies between the protocols were not easily identifiable. It must be ensured that organisations involved in reporting and investigating serious adverse incidents or concerns are clear in their respective roles, so as to remove any confusion, ambiguity or delays in managing incidents.

Recommendation:

The relationships and interdependencies between the different protocols (Maintaining High Professional Standards, Serious Adverse Incidents and Early Alert System) should be clearly identified and communicated to all staff.

7. Implement Quality 2020 (a 10-year strategy to protect and improve quality in the HSC in NI), taking into account relevant guidance on governance arrangements.

Our opinion:

This action did not fall within the scope of the review.

8a. Review and revise the Service Level Agreement between the Department and NCAS for the provision of services in Northern Ireland.
8b. Conduct a further review of SLA in line with the Government's Review of Arm's Length Bodies, when NCAS will become self-funding.

Our opinion:

These actions did not fall within the scope of the review.

9. Take forward a Regional Adverse Incident Learning (RAIL) system.

Our opinion:

This action did not fall within the scope of the review.

10. Further develop Appraisal Guidance in line with requirements of the revalidation process.

Our opinion:

The review team was not required to assess completion, but was asked to consider a baseline position of the Belfast Trust/ HSC Board in relation to this action.

Reasons for our opinion:

The review team was made aware of proposals for the revalidation of dentists being taken forward by the General Dental Council; however, this process is not currently operational. Development of a specific dental appraisal system, in line with requirements of the revalidation process, could not be progressed until the revalidation is implemented.

Arrangements were in place for dental appraisals within the Belfast Trust. All appraisals for dentists, including community dental staff, were taking place and being managed centrally by the medical administration team. This team collated the required information for the appraisal and ensured appraisals were scheduled annually. The review team were provided with evidence of the associated policies, procedures and guidance, appraisal documents, and a schedule of appraisal meetings. The governance reports provided further evidence of the numbers of dental appraisals conducted within the dental hospital.

Dentists working in the dental hospital that are dually qualified and registered, with both the General Dental Council and the General Medical Council, are also subject to the medical appraisal and revalidation process. The two locum oral medicine consultants have dual registration as both medical and dental practitioners, and are included within the medical revalidation framework.

11. Implement medical revalidation to include evidence of annual participation in appraisal.

Our opinion:

The review team was not required to assess completion, but was asked to consider a baseline position of the Belfast Trust/ HSC Board in relation to this action.

Reasons for our opinion:

A medical revalidation process is established within the Belfast Trust and the process has been subject to an RQIA review. All dentists working in the dental hospital who are dually registered are included in the medical appraisal and revalidation process.

12. Establish a Clinical Academic Board (QUB) and seek assurance on the robustness of the processes that are in place for the completion of academic workload/performance review, appraisal and job-planning. These processes should include an agreed minimum dataset to inform appraisal, performance review and job planning.

Our opinion:

The review team considered this action could be signed off as complete.

Reasons for our opinion:

A Clinical Academic Board (CAB) has been established. It meets on a regular basis and is attended by staff from the Belfast Trust, DHSSPS and Queen's University Belfast (QUB), including:

- Medical Director (Belfast Trust)

- Human Resources Director (Belfast Trust)
- Representative from the Human Resources Directorate (DHSSPS)
- Head of School of Medicine, Dentistry and Biomedical Sciences (QUB)
- Director of Human Resources (QUB)
- School Manager, School of Medicine, Dentistry and Biomedical Sciences (QUB)

The review team noted that the dental hospital was not directly represented on the CAB. However, there are mechanisms in place for issues relating to the dental hospital to be brought to the meeting through the relevant officers.

The review team was provided with the terms of reference for the CAB, and evidence that regular meetings were taking place. The minutes of the meetings identified that processes are in place in relation to academic workload/ performance review, appraisal and job-planning.

The review team was advised that through the CAB, the clinical supervision and appraisal of academic appointments in the dental hospital had been changed to reflect the clinical work being undertaken. Annual clinical appraisals for academic appointments were also being conducted. Appraisals of academic staff within oral medicine are jointly conducted by the Belfast Trust and QUB.

During the meetings with the review team, staff suggested the need for a similar joint group at an operational level, which would have the authority to take action on issues within the dental hospital. The review acknowledges the initiative of staff in relation to this.

13a. Comply with the current CDE management structure in QUB which ensures that sub-consultant staff who are supervising dental students receive annual appraisal, including the responsibilities of the registered practitioner when supervising dental students treating their own patients.

13b. Consider the consultant appraisal systems applicability to the needs of sessional dentists, as has been carried out for the Community Dental Services.

Our opinion:

The review team considered these actions could be signed off as complete.

Reasons for our opinion:

Both the Belfast Trust and QUB employ sub-consultant staff who have supervisory responsibilities for students. All sub-consultant staff are subject to the appraisal procedures of their respective employers, and it was confirmed that they receive an annual appraisal in line with these procedures. Appraisals are carried out by either the trust clinical lead or the university leads for the respective undergraduate disciplines.

The review team was provided with examples of appraisal documentation and records of appraisals for both organisations.

14. Develop and implement a protocol for oral medicine services to ensure effective prioritisation of all patients and to maximise the use of the resources of the clinical team.

Our opinion:

The review team considered this action could be signed off as complete.

Reasons for our opinion:

The Belfast Trust has implemented a protocol for the management of patients referred to oral medicine services through a suite of documentation. This evidence was provided to the review team, and included:

- the Integrated Elective Access Protocol
- the protocol for management of inappropriate referrals
- the protocol for filing of clinical correspondence
- referral criteria for oral medicine
- oral medicine clinic templates

The review team was satisfied that this documentation and the information provided by staff during the meetings, was sufficient to ensure the management and prioritisation of patients and to maximise resources of the clinical team.

It was noted that for the prioritisation of patients, the categories used were mostly urgent or routine. There is also a red-flag category for referrals with suspected cancer. The trust advised that the use of the referral categories by general dental practitioners (GDPs) and general medical practitioners (GMPs) may not be in line with the recommended guidance.

Recommendation:

The current categorisation of referrals should be audited to determine adherence to the guidelines, and whether any further training is required for practitioners referring patients.

15a. Long-term staffing arrangements within the Dental Hospital to be agreed.

15b. Implement the recommendations of the Regional Review of Consultant-Led Hospital Dental Services Group (final document, post consultation report still to be finalised).

Our opinion:

The review team was not required to assess completion, but was asked to consider a baseline position of the Belfast Trust/ HSC Board in relation to these actions.

Reasons for our opinion:

During the meetings with the Belfast Trust and the HSC Board, the review team noted that much work has been undertaken in this area. It was advised that work in relation to the long-term staffing arrangements is continuing. There is an agreement between the Belfast Trust and the HSC Board, that the oral medicine service requires the clinical provision of one whole time joint appointment. This is split between a 0.5 whole time equivalent NHS consultant and a 0.5 whole time equivalent academic post. RQIA has been notified that on 12 March 2014 the Belfast Trust was advised by the HSC Board that a recurrent allocation would be provided to commission an additional oral medicine consultant and support staff.

The review team was advised that within the next five years, there are a number of likely retirements of senior staff in other dental specialties within the dental hospital. Succession planning for these posts is critical.

Although consulted on, the Regional Review of Consultant-Led Hospital Dental Services is still not published. As a result, the Belfast Trust cannot implement the recommendations associated with the long-term staffing arrangements, without incorporating an element of risk into the arrangements for the oral medicine service. Currently the Belfast Trust has no plans to implement these recommendations.

The review team considers that although the proposed model may address the immediate needs, and help to stabilise the service, it may not ensure the sustainable delivery of the oral medicine service on a long-term basis. In light of the likely retirements, this is equally prevalent for other dental specialties.

Recommendation:

To sustain the oral medicine service in the medium to long term, the review team recommends that the staffing strategy is reviewed again, in particular:

- The arrangements for succession planning for consultant and clinical academic posts need to be strengthened.
- Consideration should be given by relevant organisations to establish posts at middle grade/ trainee level within oral medicine, to assist in service delivery.

- Review the service workload after the revised structure has been established. Experience from other dental hospitals indicates that demand for oral medicine services grows with the development of a consultant led service.
- Review the complexity of the case mix of patients referred to oral medicine services, to identify the most appropriate distribution of cases to ensure cost effective use of consultant time.

16. Agree actions/recommendations arising from the Administrative Review in Dental Hospital, to include records management, and audit to ensure effective implementation.

Our opinion:

The review team considered this action could be signed off as complete.

Reasons for our opinion:

The administrative review identified 66 recommendations. At the time of the review, the Belfast Trust submitted evidence to confirm that 53 recommendations had been completed and the remaining 13 recommendations had action plans in place. The review team was impressed with the progress of implementation and the identified improvements arising from the administrative review.

Records management was a key area of improvement, due to changes in the following areas:

- the medical records department had been reorganised; the number of records had been significantly reduced through archiving and scanning and access had been restricted to authorised personnel only
- processes had been established for the preparation of patient notes and their distribution to clinics, which improved confidentiality and availability at clinics
- processes had been established for case note tracking, with patient records being scanned in and out of the medical records department and clinics

In maintaining the new processes, protocols have been put in place and audit schedules established for patient letters and patient records. The review team was provided with evidence of the protocols and both the audit schedules and audit results, which are shared between departments.

Clinical staff also informed the review team of noticeable improvements in relation to patients' files and their availability at clinics. The booking of patients was a further area where improvements were highlighted. Staff claimed the new processes had increased utilisation of clinical resources.

Recommendation:

The review team recommends that the improvements and learning in administrative services are shared both within the Belfast Trust and with external healthcare organisations.

17. Ensure that patients are made aware that they have a right to see correspondence regarding their care.

Our opinion:

The review team considered this action could be signed off as complete.

Reasons for our opinion:

Patients are currently advised of their ongoing treatment by the clinician treating them or by their referring practitioner. In line with regional practice, the Belfast Trust does not routinely copy all clinical correspondence to individual patients following an appointment. Staff highlighted the possible time, cost and resource implications with such a practice.

The Belfast Trust submitted evidence of how patients are made aware that they have a right to see correspondence regarding their care. These included leaflets explaining how patient information is used and how to access it, and the trust policy for processing requests for access to patient information.

Staff advised that following a consultation, some dental consultants do offer patients a copy of the correspondence that will be sent to their referring practitioner. Also, when a patient requests a copy of the correspondence, it is given to them.

Although mechanisms are in place, the review team considered that offering patients a copy of their correspondence would aid communication and may improve overall patient satisfaction. The correspondence may also help to improve a patient's understanding of their health, and the care they are receiving.

Recommendation:

The review team recommends that all patients are offered a copy of correspondence regarding their care, and for audit purposes, there is a mechanism in place to record the patient's response.

18a. Review clinical governance arrangements to ensure that there is a robust, integrated mechanism to support the Belfast Trust governance framework within the Dental Hospital Service and School of Dentistry.

18b. CDE Director to report to the School Management Board in QUB, on any issues regarding clinical governance as it relates to teaching/student activity, and risk registers to be shared between the sponsor units in QUB and BHSCT.

Our opinion:

The review team considered these actions could be signed off as complete.

Reasons for our opinion:

It was noted that a governance group has been in place for a considerable time. However, the group was re-launched in 2011 and is now more comprehensive in terms of its remit and activities. The group is known as the Dental Services Governance Group and includes representatives from both the Belfast Trust and QUB.

Evidence was provided in relation to:

- the terms of reference for the group
- regular meetings being held and appropriate representation
- quarterly governance reports
- a risk register unique to the dental hospital

The review team was satisfied that suitable governance arrangements and protocols were in place. Issues being addressed included:

- general management issues within the dental hospital
- risk management
- serious adverse incidents/ investigations
- staff and student training
- complaints
- absenteeism
- communication

Governance information was being shared between the Belfast Trust and QUB on a regular basis.

19. Include within the Review of Consultant-Led Hospital Dental Services referral and care pathways of patients to and within Oral Medicine; clinical demands and training needs of local primary healthcare providers and Oral Surgery specialists regarding Oral Medicine in Northern Ireland.

Our opinion:

The review team was not required to assess completion, but was asked to consider a baseline position of the Belfast Trust/ HSC Board in relation to this action.

Reasons for our opinion:

The consultation document for the Review of Consultant-Led Hospital Dental Services makes reference to the need for referral pathways, clinical demand and training needs, and oral surgery specialists. However, until the final document is published, no further comment can be made.

20a. Determine and benchmark the regional demand and capacity for Oral Medicine.

20b. Examine referral pathways with a view to networking where appropriate. Until this work is complete, produce interim guidance to inform practitioners of current arrangements.

20c. Recruit and maintain a consultant led Oral Medicine service, and additional academic posts as interim measures.

Our opinion:

The review team considered all these actions could not be signed off as complete.

Reasons for our opinion:

Evidence was provided that confirmed that work had been undertaken and the anticipated regional demand and capacity for oral medicine had been calculated. The review team acknowledged the work, although considered this work may need to be revisited once the service becomes established.

Referral pathways for both oral medicine and oral surgery have been developed and communicated to GDPs. Referral of patients to the dental hospital was identified as an issue for many GDPs, as they did not have access to any mechanism for electronic referral. Two initiatives associated with electronic referrals from both GDPs and GMPs were highlighted to the review team.

1. A project for providing GDPs with a secure HSC email address was ongoing. This would provide a secure route of access for referrals and patient information to the dental hospital from the point of referral.

2. Oral and maxillofacial surgery and oral medicine had been added to the Clinical Communication Gateway to enable the referral of patients to various hospital sites by GMPs.

It was noted during the review that between 20-25% of primary care oral medicine referrals to the dental hospital were from general medical practitioners. The review team were informed that the referral pathways had been communicated to general medical practitioners.

At the time of the review, the oral medicine service was staffed by two full-time locum consultants. There were no additional academic posts in place. Staff advised that the posts had not yet been advertised, but this would be undertaken shortly. There was a proposal to advertise for an NHS consultant and clinical academic joint appointment, in a single advert. The review team welcomed this approach, but acknowledged that there is a shortage of NHS specialists and clinical academics in oral medicine, both locally and nationally.

Recommendation:

The review team recommends that Action 20c from the Action Plan is revisited in six months to assess progress towards completion.

21a. Training of General Dental Practitioners (GDPs) on prioritisation of referrals and referral pathways

21b. Training for GDPs on the management of simple oral medicine conditions.

Our opinion:

The review team was not required to assess completion, but was asked to consider a baseline position of the Belfast Trust/ HSC Board in relation to these actions.

Reasons for our opinion:

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is the leading regional provider of learning and development opportunities for dentists and dental care professionals, which they can access to fulfil their General Dental Council (GDC) requirements for continuing professional development.

Referral guidelines for oral medicine have been developed and issued to GDPs. NIMDTA are providing associated courses on the management of simple oral medicine conditions and the early detection and prevention of oral cancer. While there is no mandatory requirement for GDPs to undertake particular courses, in May 2012, the GDC recommended that the topic of improving early detection of oral cancer should be included as verifiable continuing professional development for registrants.

The HSC Board has requested NIMDTA to include training on the oral medicine conditions and prevention and detection within its training programme. This has since been included in the programme. Evidence of the NIMDTA dental course programme was provided to the review team.

Recommendation:

Given the number of referrals from GMPs, the review team would recommend that training on the use of oral medicine guidelines is provided within an appropriate training programme for GMPs.

22. Appoint new academic staff, as appropriate.

Our opinion:

The review team was not required to assess completion, but was asked to consider a baseline position of the Belfast Trust/ HSC Board in relation to this action.

Reasons for our opinion:

During the meetings, the review team was informed that a post for a senior academic in oral medicine had been advertised on two occasions. On both occasions the post was not filled; however, there are plans to re-advertise for this position.

23a. Ensure appropriate processes and sufficient funding are in place to meet the future service and academic needs of specialist consultant dental services.

23b. Promote networking arrangements for higher training, particularly for cross cover/ vulnerable specialties e.g. oral medicine should be established.

Our opinion:

The review team considered all the actions could not be signed off as complete.

Reasons for our opinion:

Both the HSC Board and the Belfast Trust outlined the processes in place for staffing arrangements, and the associated funding.

All aspects of workforce planning are undertaken by DHSSPS. The Hospital Services Sub-committee (Dental) is an advisory committee to the CDO on all aspects of clinical and academic needs of specialist consultant dental services. NIMDTA has a lead role in defining training needs, particularly in determining the number of specialty registrar grade trainees and the

specialities which require a trainee. The HSC Board did not appear to have a significant role in these processes.

The funding for specialist consultant dental services is complex, with several sources of funding being identified. The HSC Board funds the clinical services and operational management of the dental hospital. DHSSPS and the Department of Employment and Learning (DEL) fund the academic services within the dental hospital. Clinical teaching is funded by DHSSPS and didactic teaching is funded through DEL.

Both the Belfast Trust and the HSC Board, through NIMDTA, advised there were sufficient specialty registrar grade trainees to meet the needs of the specialist consultant dental services. The Belfast Trust informed the review team that NIMDTA had advised that when the oral medicine service was stabilised, they will review the need for an oral medicine trainee.

The review team was concerned about the complexity of these arrangements. It was apparent that it can sometimes be difficult to reach agreements in funding, especially for joint positions, and to identify the appropriate source of funding for service improvement.

The review team was also concerned that there was not a clear understanding of the consultant requirements in relation to specialist training in oral medicine. In particular, there is a requirement to have at least one dually registered oral medicine consultant supervising any specialist trainee in oral medicine.

The review team was advised that there is an agreement in principle between the Belfast Trust and the HSC Board, for the funding of additional consultant posts. However, at the time of the review, no formal communication had been received in relation to this.

As the current vacancies were being filled by locum dental consultants, the review team could not sign off this action.

Recommendation:

The review team recommends that Action 23a from the Action Plan is revisited in six months to assess progress towards completion.

24. Assess the induction process for non-clinical staff in the Dental Hospital and promote the importance of staff's role in patient safety.

Our opinion:

The review team considered this action could be signed off as complete.

Reasons for our opinion:

The review team was provided with the documentation used for staff induction within the dental hospital. This was a wide-ranging document that outlined information about the dental hospital, working arrangements and the relevant policies and procedures. During the meetings, staff advised that the induction process was now much more comprehensive. Staff demonstrated a good knowledge of the induction process, and were able to advise that many of the new protocols were included within it. It was noted that information about incidents and concerns was provided to new staff, verbally, during induction. The review team considered the current arrangements for induction were ample, but suggested that written information about incidents and concerns should be given to new staff.

Staff were aware of their roles and responsibilities in relation to patient safety. They knew the procedures for dealing with complaints, raising concerns and incident reporting. It was noted that safety, incidents and complaints were issues that were regularly discussed at team meetings. This was supported through evidence of minutes of meetings provided to the review team. Staff advised they also record compliments; however, they admitted they were not very good at sharing this feedback.

The review team was assured that processes were in place and that the role of staff in patient safety was being promoted within the dental hospital.

Recommendation:

Written information about reporting incidents and concerns should be given to new staff as part of the induction process.

25. Establish a biopsy clinic and review the arrangements.

Our opinion:

The review team considered this action could be signed off as complete.

Reasons for our opinion:

A dedicated biopsy clinic is in operation within the dental hospital. The demand for the clinic had been reviewed, which had resulted in additional sessions being added. Each week there are three biopsy clinic sessions in operation. Patients are booked into the clinics at the start of the week, with appropriate time allocated for an examination and discussion with the consultant. Arrangements are in place to cover holidays and absence.

The two locum consultants working in oral medicine run these clinics, and carry out the biopsies. No other procedures are conducted at these clinics. Students are present during the clinics and may assist.

During the meetings, the review team identified that there were agreed procedures in place for the biopsy clinic. However, neither the policies nor the

procedures associated with the management and operation of the biopsy clinic were documented.

Recommendation:

Policies and associated procedures for the management and operation of the oral medicine biopsy clinics should be formally developed and distributed to staff.

26. Clarify the process for the involvement of service users in the planning, development and monitoring of the services provided in the Dental Hospital /School of Dentistry.

Our opinion:

The review team considered this action could not be signed off as complete.

Reasons for our opinion:

The review team was advised that initial discussions have been held to consider approaches to instituting formal arrangements for involving service users. However, at the time of the review, these had not been progressed and no arrangements were in place.

Recommendation:

The review team recommends that Action 26 from the Action Plan is revisited in six months to assess progress towards completion.

27. Review the operation of the Early Alert System - HSC (SQSD) 10/2010.

Our opinion:

The review team was not required to assess the completion of this action, but was asked to consider a baseline position of the Belfast Trust/ HSC Board in relation to this action.

Reasons for our opinion:

An early alert system was introduced in June 2010. The review team was provided with evidence of arrangements for managing the system, including the reporting proforma.

The Belfast Trust advised of the number of times the early alert system had been used during 2013; however, none of the alerts related to the dental hospital.

28. Linked to 27 above, clarify and review guidance on early alert system, SAIs, escalation policy, and recognise the importance of openness and need for transparency and an apology to individuals, when the service has been suboptimal.

Our opinion:

The review team was not required to assess completion, but was asked to consider a baseline position of the Belfast Trust/ HSC Board in relation to this action.

Reasons for our opinion:

The review team was provided with policies and procedures associated with the early alert system, SAI management and the escalation process. Staff were aware of these and knew when and how to use them.

29. Linked to 27 and 28 above, review guidance on the investigation of incidents, taking account of the need for enhanced communication within and between organisations when concerns and risks emerge.

Our opinion:

The review team was not required to assess completion, but was asked to consider a baseline position of the Belfast Trust/ HSC Board in relation to this action.

Reasons for our opinion:

The Belfast Trust advised that communication between HSC organisations occurred on an ongoing basis. The frequency, formality and level of communication varied, depending upon the nature of the content. More formal communication was encouraged and supported in line with the early alert system, SAI management and the escalation policies and procedures.

30. Incorporate the need for information-sharing into the reviews, as identified in 28 and 29, above; and into local HSC processes to highlight the need for good communication where concerns arise.

Our opinion:

The review team was not required to assess completion, but was asked to consider a baseline position of the Belfast Trust/ HSC Board in relation to this action.

Reasons for our opinion:

The Belfast Trust advised that information sharing was in line with the early alert system, SAI management and the escalation policies and procedures.

31. Review operation of PPI policy to ensure that local procedures meet statutory duty of involvement.

Our opinion:

The review team considered this action could not be signed off as complete.

Reasons for our opinion:

The Personal and Public Involvement (PPI) Policy was not provided to the review team, although a document outlining the planning and registration of PPI activities was provided. From the discussions it was apparent that the dental hospital relied on the trust wide PPI policy. The review team considered that the dental hospital should develop a simplified PPI policy specific to the dental hospital.

The review team was informed that initial discussions have been held to consider approaches to instituting formal arrangements for involving service users. However, at the time of the review these had not been progressed, and no arrangements were in place.

The dental hospital submitted evidence of plans to engage with service users to obtain feedback on their services. The plan was designed to obtain feedback on many of the services provided within the dental hospital.

Recommendation:

A simplified Personal and Public Involvement (PPI) Policy should be developed which is specific to the dental hospital.

The review team recommends that Action 31 from the Action Plan is revisited in six months to assess progress towards completion.

32. Include Dental Services, as appropriate, within the BHSCT Accountability Review Meeting, and seek assurance on robustness of systems and disclosure of information.

Our opinion:

This action did not fall within the scope of the review.

33. Look at user experience within the teaching environment - feedback into both the PPI and CDE process.

Our opinion:

The review team considered this action could not be signed off as complete.

Reasons for our opinion:

At the time of the review, actions taken in relation to user experience were limited to reacting to patient complaints. However, the results of a patient survey in relation to the experiences within the teaching environment, was presented to the review team.

The dental hospital submitted evidence of its plans to engage with service users to obtain feedback regarding services. The plan included obtaining feedback on services provided within the teaching environment of the dental hospital.

Recommendation:

The review team recommends that Action 33 from the Action Plan is revisited in six months to assess progress towards completion.

34. Take cognisance of the need for Openness and Transparency, and an apology, if appropriate, and seek advice from HSCB/PHA or other organisation, if necessary.

Our opinion:

The review team considered this action could be signed off as complete.

Reasons for our opinion:

The review team was provided with information in relation to the recall process, including meetings held and copies of correspondence with patients. It was clear that patients were informed of the issues and the steps the dental hospital was taking to resolve these issues. This included further clinical consultations and treatment where appropriate.

The review team was satisfied with the way the recall process was conducted, the actions taken, and that apologies were provided to patients. It was considered that dental hospital staff were open and transparent during the whole recall process, and that no further action in relation to this would be required.

35. Review locally whether any further correspondence is required to be sent to patients arising from the practice of Dr X.

Our opinion:

The review team considered this action could be signed off as complete.

Reasons for our opinion:

The review team was provided with copies of the correspondence with patients, which took place during the recall process. The review team was satisfied with the way the recall process was conducted, the actions taken and

that apologies were provided to patients. It was identified that dental hospital staff were engaged, and had communicated with patients throughout the process, until the conclusion of the individual cases. The review team considers that no further correspondence in relation to this would be required.

36a. Issue a letter to all dental staff reminding them of relevant guidance: the Minimum Standards for Dental Care and Treatment (March 2011), which applies to primary care and used by RQIA to inspect general dental practice.

36b. Promote the GDC standards on record keeping and their application to all dental professionals to include the need for regular audit.

Our opinion:

The review team considered these actions could be signed off as complete.

Reasons for our opinion:

A letter was issued by the CDO to the Belfast Trust signposting the relevant guidance in relation to the minimum standards for dental care and treatment. A copy of the letter was submitted as evidence to the review team.

The Belfast Trust also submitted evidence of the communication of this letter to staff in the dental hospital. The subsequent trust communication further promoted the need for adherence with standards in relation to clinical record keeping.

37. Ensure effective cascade of alert letters (regarding concerns about performance of a practitioner) to all organisations providing dental services – to include HSC organisations, general dental practitioners and private practitioners and hospitals/ clinics.

Our opinion:

This action did not fall within the scope of the review.

38. Include the mission of the Dental Hospital (as recommended in the Saunders Report) as part of the Review of Consultant-Led Hospital Dental Services.

Our opinion:

The review team was not required to assess completion, but was asked to consider a baseline position of the Belfast Trust/ HSC Board in relation to this action.

Reasons for our opinion:

The Belfast Trust confirmed that information on the mission statement of the dental hospital was provided to the Project Board responsible for the Review of Consultant-Led Hospital Dental Services. The mission statement was not evident in the consultation document for the Review of Consultant-Led Hospital Dental Services. However, until the final document is published, no further comment can be made.

39. Complete an audit of the relevant biopsy pathology results.

Our opinion:

The review team considered this action could be signed off as complete.

Reasons for our opinion:

The Belfast Trust undertook an exercise to identify all patients who had a biopsy during the relevant period. Their biopsy results were audited and affected patients were identified to ensure they had been followed up, or had been referred to an appropriate consultant or specialty. Evidence to support this was presented to the review team, which considered this a comprehensive exercise, which had been clearly documented.

40. Appropriate patients as set out in recommendation 44 should be offered a review appointment.

Our opinion:

The review team considered this action could be signed off as complete.

Reasons for our opinion:

During the process to identify the patients falling within the criteria of recommendation 44, a separate review of the patient administration system was conducted. This review identified that patients with an open registration, were not identified as falling within the criteria of recommendation 44. Appropriate action was taken to inform these patients and include them in the recall process.

Evidence was submitted to the review team that showed all affected patients were contacted by the Belfast Trust and offered an appointment with the oral medicine service. The subsequent appointments were documented and the appointment list was presented to the review team.

41. Compile report on the recall process and submit to HSC Board.

Our opinion:

The review team considered this action could be signed off as complete.

Reasons for our opinion:

The Belfast Trust compiled a report on the recall process, which was forwarded to the HSC Board. The HSC Board confirmed receipt of the report. The report was also delivered to DHSSPS for review. The review team was presented with a copy of the recall process report, which they considered to be a comprehensive record of the actions taken and the outcomes of the recall process.

42. Develop a collaborative implementation process that provides Minister with the assurance that full implementation of the Action Plan is achieved.

Our opinion:

This action did not fall within the scope of the review. However, this review forms part of the collaborative implementation process needed to complete this requirement of the Action Plan.

Summary of Findings

The review team was of the opinion that 15 of the actions from the Action Plan could be considered to be fully implemented. Seven had not been fully implemented and the review team will revisit these for a further assessment in the future. A baseline of the current position for a further 13 actions was provided, and seven actions did not fall within the scope of the review. A summary of the opinions is available in Appendix 1.

Section 3 - Conclusion and Recommendations

3.1 Conclusion

The review team found that significant work had been undertaken by the Belfast Trust and HSC Board in relation to the implementation of the actions from the Action Plan. However, at the time of the review, some actions were considered not to have been fully implemented.

The initial learning from the original incident had been shared within the Belfast Trust and externally with other HSC organisations. The review team identified several areas of good practice where there was an opportunity for the sharing of subsequent learning. This related to improvements in the administrative process and the management of the recall process. Sharing at both local and national level would be appropriate.

The improvements to the administrative processes included the areas of records management and the prioritisation and booking of patients into clinics. The improvements were well documented and supported through programmes of regular audit. A comprehensive induction process for new staff was in place. Staff demonstrated a good knowledge of their roles and responsibilities in relation to patient safety.

The governance arrangements within the dental hospital were robust. There was evidence of regular staff and management meetings taking place, with relevant aspects of clinical governance being discussed. The relationship between the Belfast Trust and QUB has been strengthened with the re-launch of the Clinical Academic Board. Joint discussions are facilitated in relation to teaching activities at the dental hospital.

A dedicated biopsy clinic has been established with protected time for consultations and procedures. Although there are policies and procedures for the management and operation of the clinics, the policies and procedures need to be formally documented.

Although seven actions were considered to be not fully implemented, considerable work had been undertaken in relation to them. The review team will revisit these actions in the future, and then provide an opinion as to whether they can be considered fully implemented.

The refurbishment of the dental hospital is still ongoing; however, plans are in place for the completion of this work. The review team will revisit this in 18 months to check completion of the action.

At the time of the review, the oral medicine service was being provided by locum consultants. An agreement in principle had been reached between the Belfast Trust and the HSC Board, to an increase in provision, by the establishment of one full time post and a joint academic appointment post. However, at the time of the review this agreement had not been formally

communicated. Consequently, the review team could not consider this action fully implemented.

Some work had been undertaken in relation to patient and staff outcome measures, but it was on a trust wide basis and not specifically focused on the dental hospital. Patient involvement was considered by the review team to be an area that needs further development. This included the establishment of a PPI group specific to the dental hospital, and more involvement and feedback from service users.

While a baseline of the current position was provided for 13 actions, it was identified that several had not progressed due to the non-publication of the Review of Consultant Led Hospital Dental Services. Some actions had been taken forward in relation to the areas within the report, but progress had been limited in the absence of an agreed document.

The long term staffing arrangements for the sustainability of the oral medicine dental services was a concern for the review team. The proposed arrangements may not fully consider the demand for the service in the future, succession planning, and the consultant requirements in relation to the supervision and training of oral medicine specialists. It was recommended that the staffing strategy is reviewed again, with particular focus on succession planning. Consideration should be given to a consultant led oral medicine service, rather than a fully consultant delivered service.

An opportunity was identified for the provision of dental and maxillofacial radiology. While the current demand would not sustain a full time position, the review team would propose that any excess capacity could be utilised by working in partnership with other specialties within the Belfast Trust, or other external institutions, to provide dental and maxillofacial radiology on an all-Ireland basis.

The Belfast Trust and the HSC Board have taken positive steps in relation to addressing the requirements of the Action Plan. Although not all the actions have been completed, these will be addressed in the coming months. The review team will revisit the dental hospital in the future to confirm whether the outstanding items can be considered fully implemented.

Acknowledgements

RQIA wishes to thank the management and staff from the Belfast Trust and HSC Board for their cooperation in taking forward this review.

3.2 Summary of Recommendations

Recommendations

1. Further events should be held to share the subsequent learning identified within the dental hospital as a result of the implementation of the action plan requirements.
2. The Department of Health, Social Services and Public Safety should give consideration to a feasibility study in relation to establishing a dental and maxillofacial radiology service.
3. The relationships and interdependencies between the different protocols (Maintaining High Professional Standards, Serious Adverse Incidents and Early Alert System) should be clearly identified and communicated to all staff.
4. The current categorisation of referrals should be audited to determine adherence to the guidelines, and whether any further training is required for practitioners referring patients.
5. To sustain the oral medicine service in the medium to long term, the review team recommends that the staffing strategy is reviewed again, in particular:
 - The arrangements for succession planning for consultant and clinical academic posts need to be strengthened.
 - Consideration should be given by relevant organisations to establish posts at middle grade/ trainee level within oral medicine, to assist in service delivery.
 - Review the service workload after the revised structure has been established. Experience from other dental hospitals indicates that demand for oral medicine services grows with the development of a consultant led service.
 - Review the complexity of the case mix of patients referred to oral medicine services, to identify the most appropriate distribution of cases to ensure cost effective use of consultant time.
6. The review team recommends that the improvements and learning in administrative services are shared both within the Belfast Trust and with external healthcare organisations.
7. The review team recommends that all patients are offered a copy of correspondence regarding their care, and for audit purposes, there is a mechanism in place to record the patient's response.
8. Given the number of referrals from GMPs, the review team would recommend that training on the use of oral medicine guidelines is provided within an appropriate training programme for GMPs.

9. Written information about reporting incidents and concerns should be given to new staff as part of the induction process.
10. Policies and associated procedures for the management and operation of the oral management biopsy clinic should be formally developed and distributed to staff.
11. A simplified Personal and Public Involvement (PPI) Policy should be developed which is specific to the dental hospital.
12. The review team recommends that Action 2 from the Action Plan is revisited in 18 months to assess progress towards completion.
13. The review team recommends that Actions 4, 20c, 23a, 26, 31 and 33 from the Action Plan are revisited in six months to assess progress towards completion.

Appendix 1 - Summary of Opinions

Action Plan	Status
1. Cascade the generic learning emerging from the inquiry to all HSC organisations.	Implemented
2. Review the layout of clinical areas as part of the refurbishment programme planned over the next two years.	Not implemented at time of review – follow up in 18 months.
3. Incorporate into the Review of Consultant-Led Hospital Dental Services how best non-routine intra-oral dental radiology should be undertaken and reported.	The review team was not required to assess completion, but provided a baseline on the current position.
4a. Identify and develop patient and staff outcome measures, building on the work of the Belfast HSC Trust, e.g. Patient Experience Design methodology, and a staff wellbeing survey through IIP. 4b. Measures to be audited on a regular basis.	Not implemented at time of review – follow up in 6 months.
5. Review, combine and re-issue policy circulars HSS (SQSD) 18/2007 (Conducting Patient Service Reviews/Look-back exercises) and HSS (SQSD) 34/2007 (HSC Regional Template and Guidance for Incident Review Reports), taking account of established governance arrangements and escalation of risk.	This action did not fall within the scope of the review.
6. Review Maintaining High Professional Standards and associated guidance - ensure that the processes in the framework complement those under Action Point 5 and HSCB Serious Adverse Incident (SAI) protocols.	The review team was not required to assess completion, but provided a baseline on the current position.
7. Implement Quality 2020 (a 10-year strategy to protect and improve quality in the HSC in NI), taking into account relevant guidance on governance arrangements.	This action did not fall within the scope of the review.
8a. Review and revise the Service Level Agreement between the Department and NCAS for the provision of services in Northern Ireland. 8b. Conduct a further review of SLA in line with the Government's Review of Arm's Length Bodies, when NCAS will become self-funding.	These actions did not fall within the scope of the review.
9. Take forward a Regional Adverse Incident Learning (RAIL) system.	This action did not fall within the scope of the review.
10. Further develop Appraisal Guidance in	The review team was not

line with requirements of the revalidation process.	required to assess completion, but provided a baseline on the current position.
11. Implement medical revalidation to include evidence of annual participation in appraisal.	The review team was not required to assess completion, but provided a baseline on the current position.
12. Establish a Clinical Academic Board (QUB) and seek assurance on the robustness of the processes that are in place for the completion of academic workload/performance review, appraisal and job-planning. These processes should include an agreed minimum dataset to inform appraisal, performance review and job planning.	Implemented
13a. Comply with the current CDE management structure in QUB which ensures that sub-consultant staff who are supervising dental students receive annual appraisal, including the responsibilities of the registered practitioner when supervising dental students treating their own patients. 13b. Consider the consultant appraisal system's applicability to the needs of sessional dentists, as has been carried out for the Community Dental Services.	Implemented
14. Develop and implement a protocol for oral medicine services to ensure effective prioritisation of all patients and to maximise the use of the resources of the clinical team.	Implemented
15a. Long-term staffing arrangements within the Dental Hospital to be agreed. 15b. Implement the recommendations of the Regional Review of Consultant-Led Hospital Dental Services Group (final document, post consultation report still to be finalised).	The review team was not required to assess completion, but provided a baseline on the current position.
16. Agree actions/recommendations arising from the Administrative Review in Dental Hospital, to include records management, and audit to ensure effective implementation.	Implemented
17. Ensure that patients are made aware that they have a right to see correspondence regarding their care.	Implemented
18a. Review clinical governance arrangements to ensure that there is a robust, integrated mechanism to support the Belfast Trust governance framework within	Implemented

the Dental Hospital Service and School of Dentistry. 18b. CDE Director to report to the School Management Board in QUB, on any issues regarding clinical governance as it relates to teaching/student activity, and risk registers to be shared between the sponsor units in QUB and BHSCT.	
19. Include within the Review of Consultant-Led Hospital Dental Services referral and care pathways of patients to and within Oral Medicine; clinical demands and training needs of local primary healthcare providers and Oral Surgery specialists regarding Oral Medicine in Northern Ireland.	The review team was not required to assess completion, but provided a baseline on the current position.
20a. Determine and benchmark the regional demand and capacity for Oral Medicine. 20b. Examine referral pathways with a view to networking where appropriate. Until this work is complete, produce interim guidance to inform practitioners of current arrangements. 20c. Recruit and maintain a consultant led Oral Medicine service, and additional academic posts as interim measures.	Not implemented at time of review – follow up in 6 months.
21a. Training of General Dental Practitioners (GDPs) on prioritisation of referrals and referral pathways 21b. Training for GDPs on the management of simple oral medicine conditions.	The review team was not required to assess completion, but provided a baseline on the current position.
22. Appoint new academic staff, as appropriate.	The review team was not required to assess completion, but provided a baseline on the current position.
23a. Ensure appropriate processes and sufficient funding are in place to meet the future service and academic needs of specialist consultant dental services. 23b. Promote networking arrangements for higher training, particularly for cross cover/vulnerable specialties e.g. oral medicine should be established.	Not implemented at time of review – follow up in 6 months.
24. Assess the induction process for non-clinical staff in the Dental Hospital and promote the importance of staff's role in patient safety.	Implemented
25. Establish a biopsy clinic and review the arrangements.	Implemented
26. Clarify the process for the involvement	Not implemented at time of

of service users in the planning, development and monitoring of the services provided in the Dental Hospital Hospital/School of Dentistry.	review – follow up in 6 months.
27. Review the operation of the Early Alert System - HSC (SQSD) 10/2010.	The review team was not required to assess completion, but provided a baseline on the current position.
28. Linked to 27 above, clarify and review guidance on early alert system, SAls, escalation policy, and recognise the importance of openness and need for transparency and an apology to individuals, when the service has been suboptimal.	The review team was not required to assess completion, but provided a baseline on the current position.
29. Linked to 27 and 28 above, review guidance on the investigation of incidents, taking account of the need for enhanced communication within and between organisations when concerns and risks emerge.	The review team was not required to assess completion, but provided a baseline on the current position.
30. Incorporate the need for information-sharing into the reviews, as identified in 28 and 29, above; and into local HSC processes to highlight the need for good communication where concerns arise.	The review team was not required to assess completion, but provided a baseline on the current position.
31. Review operation of PPI policy to ensure that local procedures meet statutory duty of involvement.	Not implemented at time of review – follow up in 6 months.
32. Include Dental Services, as appropriate, within the BHSCT Accountability Review Meeting, and seek assurance on robustness of systems and disclosure of information.	This action did not fall within the scope of the review.
33. Look at user experience within the teaching environment - feedback into both the PPI and CDE process.	Not implemented at time of review – follow up in 6 months.
34. Take cognisance of the need for Openness and Transparency, and an apology, if appropriate, and seek advice from HSCB/PHA or other organisation, if necessary.	Implemented
35. Review locally whether any further correspondence is required to be sent to patients arising from the practice of Dr X.	Implemented
36a. Issue a letter to all dental staff reminding them of relevant guidance: the Minimum Standards for Dental Care and Treatment (March 2011), which applies to primary care and used by RQIA to inspect general dental practice.	Implemented

36b. Promote the GDC standards on record keeping and their application to all dental professionals to include the need for regular audit.	
37. Ensure effective cascade of alert letters (regarding concerns about performance of a practitioner) to all organisations providing dental services – to include HSC organisations, general dental practitioners and private practitioners and hospitals/clinics.	This action did not fall within the scope of the review.
38. Include the mission of the Dental Hospital (as recommended in the Saunders Report) as part of the Review of Consultant-Led Hospital Dental Services.	The review team was not required to assess completion, but provided a baseline on the current position.
39. Complete an audit of the relevant biopsy pathology results.	Implemented
40. Appropriate patients as set out in recommendation 44 should be offered a review appointment.	Implemented
41. Compile report on the recall process and submit to HSC Board.	Implemented
42. Develop a collaborative implementation process that provides Minister with the assurance that full implementation of the Action Plan is achieved.	This action did not fall within the scope of the review. However, this review forms part of the collaborative implementation process needed to complete this requirement of the Action Plan.

Appendix 2 - Abbreviations

Belfast Health and Social Care Trust (Belfast Trust)

Clinical Academic Board (CAB)

Department of Employment and Learning (DEL)

Department of Health, Social Services and Public Safety (DHSSPS)

General Dental Council (GDC)

General Dental Practitioners (GDPs)

General Medical Practitioners (GMPs)

Health and Social Care (HSC)

Personal and Public Involvement (PPI)

Regulation and Quality Improvement Authority (RQIA)

Queens University Belfast (QUB)



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