

Unannounced Inspection Report 11 & 12 October 2018



Musgrave Park Hospital Belfast Health and Social Care Trust

Type of Service: Outpatient Department
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Membership of the Inspection Team

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Abbreviations

IPC	Infection Prevention and Control
NEWS	National Early Warning Scores
QIP	Quality Improvement Plan
RQIA	Regulation and Quality Improvement Authority
ANTT	Aseptic Non Touch Technique
GMC	General Medical Council
PTSD	Post-Traumatic Stress Disorder
BOIS	Belfast Orthopaedic Information System
MPH	Musgrave Park Hospital
CT	Computerised Tomography
MRI	Magnetic Resonance Imaging
IT	Information Technology
QUIS	Quality of Interaction Schedule

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

Musgrave Park Hospital (MPH) is a non-acute hospital delivering a range of local and regional orthopaedic and rehabilitation specialist healthcare services. The hospital's Outpatients Department is co-located with the Regional Centre for Orthopaedic Surgery in Northern Ireland. The Outpatients Department comprises a large reception, waiting areas and consultation rooms; the X-ray Department is adjacent to the department. Outpatient services delivered include: Trauma & Orthopaedics, Rheumatology, Developmental Dysplasia Hip Clinic (Baby Hip), Osteoporosis, Foot/ankle Clinic and Spinal Rehabilitation.

3.0 Service details

Responsible person: Mr Martin Dillon (BHSCT)	Department manager: Kieran Fitzpatrick
Person in charge at the time of inspection: Kieran Fitzpatrick, Outpatient Department Manager	

4.0 Inspection summary

An unannounced inspection of the Orthopaedic Outpatients Department in MPH over two days, commencing on Thursday 11 October 2018 and concluding on Friday 12 October 2018.

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

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

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

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

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

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

We identified good aspects in respect of the delivery of front line care within the Outpatients Department in MPH.

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 department were good; with evidence of good multidisciplinary team working and open communication between staff. 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 in MPH. We identified concern in relation to the department's risk register, there was no risk recorded as to the length of waiting lists and subsequent impact on the health and wellbeing of patients and there was no evidence of system level oversight or assurance arrangements for specialist nurses.

We identified concerns in relation to adult safeguarding training for medical staff, the availability of resources for example an up to date safeguarding policy and information on availability and display of safeguarding information for patients and relatives.

We found patient appointment letters to be confusing resulting in some patients presenting at the wrong hospital for appointments. All letters are issued from a central location in MPH. The letters displayed the MPH letterhead; however, the actual appointment location was scheduled in another hospital.

We identified an area of concern relating to the provision of psychology services for patients attending the department with post-traumatic stress disorder (PTSD) following poly trauma and access to routine computerised tomography/magnetic resonance imaging (CT/MRI) scans.

4.1 Inspection outcome

Total number of areas for improvement	6
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Six areas for improvement were identified against the Quality Standards, these related to:

- MPH Outpatients Department risk register in relation to waiting lists;
- governance arrangements for specialist nurses;
- safeguarding;
- medical staff compliance with Adult Safeguarding training.
- appointment letters;
- access to psychology, pathology and radiology.

This report sets out findings which are specific to our inspection of the Outpatients Department in MPH. 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 30 January 2019, we provided feedback to Ms Mulligan, Co-Director of Trauma and Orthopaedics, Mr McAlinden, Chair of Division, Trauma and Orthopaedics, Mr Fitzpatrick, Manager, Outpatients Department in MPH and a number of representatives from the management team regarding the inspection findings. During the meeting we discussed the strengths and the areas for improvement identified in relation to MPH 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 Outpatients Departments within the Belfast Health and Social Care 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 have been held with relevant senior staff from the Trust (13 March, 25 July, and 3 September 2019) to discuss implementation of a targeted action plan to address these findings.

Following these meetings, and review of additional evidence submitted by the Trust, RQIA determined that the Trust has carried out significant work to address our concerns relating to safeguarding within the Outpatient 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

RQIA inspects quality of care under four domains:

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

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

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

During inspections the views of, and feedback received from, patients and relatives 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, and staff and visitors. Members of our inspection team use the Quality of Interaction Schedule (QUIS) observation tool to carry out observation. This tool allows for the systematic recording of interactions to enable assessment of the overall quality of interactions.

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

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

6.0 The inspection

6.1 Is the service well led?

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

During this inspection we examined whether the Outpatients Department in MPH was managed and organised in a way that patients and staff are safe, secure and supported. The Belfast Health and Social Care Trust's organisational wide leadership, management and governance is examined within RQIA's Review of Governance Arrangements in Outpatients Services in the Belfast Trust, with a Particular Focus on Neurology and Other High Volume Specialties report.

6.1.1 Departmental oversight and management

We reviewed a sample of records and minutes of meetings and discussed the outpatient department's governance arrangements and managerial oversight with a number of staff. This included meeting the outpatient manager and the service manager for the department. We found evidence of strong 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 delivered.

We found evidence of audits in respect of hand hygiene and environmental cleanliness. There was no evidence of audit or assurance relating to patient satisfaction. However, the department had not received any complaints within the previous twelve months from the date of inspection. Previous analysis of complaints had identified that patients' dissatisfaction was related to the length of time they had to wait to receive a first appointment.

There was evidence of staff attending a daily safety brief and monthly staff meetings, during which learning arising from complaints is shared. We found that the safety brief included discussion on a range of key issues including Infection Prevention and Control, complaints and incidents.

We observed nursing staff reviewing patient records, in advance of clinics, to ensure that the required records are present and that correct investigations have been completed or requested. We considered that the use of qualified nursing staff to complete these checks, may not be the most effective use of resources but acknowledge that these checks are important. The staff completed these checks outside of clinic times therefore they did not impact negatively on service delivery.

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

6.1.2 Organisation

We examined pathways and process for the assessment and treatment of patients within the department. We were informed of new service models to deliver outpatient services being tested and in development (e.g. virtual clinics, outreach clinics and mega/high volume clinics) in specialties such as orthopaedics. The aim of these was to improve efficiency and reduce waiting times for patients accessing the services and staff stated this had a positive effect on patients. We observed that the clinics were organised and functioning efficiently. Clinics were not routinely overbooked as had been evident in other Outpatient Departments within the Trust.

A review of the incident reporting system shared very few reported incidents. A trend analysis identified issues relating to waiting times. There was no risk on the department's risk register relating to the length of waiting lists and subsequent impact on health of the patients.

6.1.3 Staffing

We reviewed staffing arrangements in the department and found a multi-professional team appropriate to support the delivery of patient care. We found that there were appropriate medical staffing levels throughout the department, medical registrars were supernumerary and the department did not require the use of locum medical staff.

We found that staffing levels and morale throughout the department were good, with evidence of multidisciplinary working and good communication between staff. Staff told us that they were happy, felt supported, and that there were good working relationships throughout the department.

We observed nursing staff delivering care to patients and found that the team was sufficiently experienced and skilled to carry out their role. We found that senior nursing staff were highly visible and approachable within the department. We observed staff working well together and good communication between staff in respect of information sharing and care delivered. We observed an effective morning safety brief and evidence of regular team meetings. We evidenced that the safety brief included opportunities to share learning arising from complaints and incidents. We noted that the brief included discussion on a range of key issues including training and safety alerts.

We reviewed records relating to supervision and appraisal of staff working in the department. We found these were up to date. We also reviewed feedback from the academic nursing department at Queens University Belfast, which indicated high satisfaction with the department following evaluation of student nurse placements. Managers reported that training was available to meet the needs of staff and a training matrix was maintained by the department manager to record the staff's compliance with mandatory training. 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 department in a way that ensured patients and staff felt safe, secure and supported. We noted good practice in relation to: training, support of staff and the practice of safety briefings.

Areas for improvement – Is the service well led?

We identified two areas for improvement in relation to the recording of the length of waiting lists on the department's risk register and the governance arrangements for specialist nurses.

Number of areas for improvement	2
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6.2 Is care safe?

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

6.2.1 Environmental cleanliness and facilities

We observed overall the environment was clean and tidy with good signage displayed to provide direction of patients and relatives through the department. However, there was some evidence of wear and tear in areas of high usage. We found that the environment was accessible accommodating wheelchair access. Patient call bells were in place and we observed these were answered in a timely manner. We noted there was no dedicated children's waiting area and toys were not available, which could be used to provide distractions for children while waiting for their appointments and improve their experience of care. We did not observe any specific dementia-friendly communication equipment such as large clocks to support patients during their outpatient appointment.

6.2.2 Infection Prevention and Control (IPC)

We observed working practices to ensure staff minimised the risks of infection. We observed excellent standards in hand hygiene and in aseptic non-touch technique in respect of venepuncture. 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 widely displayed throughout the Department. There was a range of IPC information available for patients and staff.

6.2.3 Patient safety

We observed department staff practice and reviewed policies and procedures to ensure the delivery of care is safe and effective. Staff within the department were knowledgeable and able to access policies and procedures to support patient care.

6.2.4 Medicines management

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

Systems were in place to manage and oversee ordering and stock control, to ensure adequate supplies were available and to prevent wastage; designated staff ordered medicines. Whilst there was no dedicated pharmacist support to the department we noted that on-site pharmacy staff provided support as necessary.

We observed that medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicines storage areas were clean, tidy and well organised. There was evidence that the medicines retained on the emergency trolley medicines were checked at regular intervals.

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 adults and 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 who demonstrated they were aware of types of abuse and indicators of abuse and the actions to be taken should a safeguarding issue be identified. They were aware of the referral procedures and their responsibilities in reporting a safeguarding concern relating to both adults and children. Nursing staff we spoke to confirmed they had received training in safeguarding adults and children, while medical staff were unsure whether they had received training in adult safeguarding.

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.

Staff confirmed that they knew who to contact should they have concerns or needed to discuss a colleague's clinical practice. The staff stated they would be supported by their manager should they need to make a disclosure. The Trust whistleblowing policy was made available to staff which provides guidance to help staff make a protected disclosure.

Areas of good practice - Is care safe?

During this inspection we identified the department largely ensured patients are treated safely and supported during the delivery of care. We noted areas of good practice in relation to: environmental cleaning, staff knowledge of IPC and medicines management.

Areas for improvement - Is care safe?

We identified two areas for improvement in relation to required update of Trust's Adult Protection Policy and Procedures (2013); the display and availability of information relating to safeguarding in the department for both staff and patients; and improving the medical staff compliance with Adult Safeguarding training.

Number of areas for improvement	2
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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 access whether individual care needs were met. We observed staff responding to patients in a compassionate and timely manner. Many areas of good practice were identified with respect to care delivered. We spoke to patients who were complimentary about the quality of care and services received.

Systems were in place to identify patients with complex needs or those who required additional support at pre-clinic checks. This system involved the staff placing labels on patients' notes to alert staff to these patients. This process prompted staff to ensure appropriate arrangements were in place for patients with particular needs.

The department has access to and can draw upon the specialist services available in the hospital, such as the Pain Service. Occupational therapists and physiotherapists are co-located in the department and access to specialist equipment for patients was good.

We were informed by one member of medical staff of challenges at times in accessing critical support services. Delay in access to psychology services was particular to this site where there are a high number of patients with poly-trauma and PTSD. We were informed that whilst urgent access to scans was good, routine access to CT/MRI scans is often delayed with up to a six - month wait for routine ultrasound scans. This may impact upon the timescales for receiving diagnoses of treatment. We would advise the Trust to explore and identify barriers to the timely access to critical support services.

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.

We reviewed nursing care records for six patients and they were found to be generally well recorded and completed in line with best practice and professional guidelines.

There was no evidence of a system to assure the quality of records typed by clerical staff following receipt of dictated notes made by clinical staff during clinics. We were told that secretaries had a peer review system to check the quality of letters.

We found the Belfast Orthopaedic Information System (BOIS) is not supported by the Trust's Information Technology (IT) department and this was recorded on the Outpatients Department risk register.

6.3.3 Communication

We reviewed the systems and processes supporting effective communication within the department and found examples of good multidisciplinary working and effective lines of communication.

We found supportive structures in place for teams with regular staff meetings and monthly multidisciplinary audit meetings taking place. Staff confirmed that minutes of these meetings were promptly shared following meetings and all staff had access to these.

We found that all patient appointment letters are issued from MPH and contain the hospital's letterhead even when the appointment is at another hospital. The administrative staff took the step of highlighting the location of the appointment on the letter before it is issued. We were told that despite this a number of patients arrive at the wrong hospital in error every day which has had a negative impact on the patient experience.

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.

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

6.3.4 Nutrition and hydration

We reviewed arrangements to ensure patients had access to appropriate food and water and their nutritional needs met. We found staff were able to prepare tea and toast within the department and order meals for patients in the Outpatients Department. Facilities, such as snacks and beverages, were available into the evening for patients attending late clinics.

Areas of good practice - Is care effective?

Areas of good practice were found in relation to overall patient care. We noted areas of good practice in relation to: practice of regular safety briefing, provision of specialist support and the communication between patients and staff.

Areas for improvement - Is care effective?

We identified areas for improvement in relation to the format and content of the Outpatients Department's appointment letters, the potential timeliness of access to pathology, psychology and radiology.

Number of areas for improvement	2
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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 ensures that patients receive person centred care. We observed staff at all levels treated patients with compassion, dignity and respect whilst delivering care and treatment. Conversations were discreet and could not be overheard. Patient details and records were stored appropriately so that confidential and private information was not compromised and privacy was maintained.

Patients arriving by ambulance were fast-tracked to their appointment to reduce the time they are in the department and ensure ambulance crews were not delayed, contributing to a positive patient experience.

During the inspection we observed staff engaging with patients, relatives and carers to promote high quality care and a positive patient experience. We observed compassionate interactions between staff and patients in all clinics. Most staff wore name badges that made them easily identifiable. We were told of plans to introduce a television screen to provide patients with specific information such as waiting times.

We found staff had access to the interpreting services and staff described how they supported patients with a hearing impairment by providing a quiet environment and encouraging relatives/carers accompany the patient during their consultation. Information relating to mobility aids and orthopaedic conditions was readily available. There was a dedicated room available for staff to discuss sensitive information with patients and relatives.

6.4.2 Patient and staff views

During our inspection, we spoke with patients and relatives, distributed questionnaires to patients and 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, relatives and carers to obtain feedback about their experience of attending the Outpatients Department. Those we spoke to during our inspection reported feeling content and positive about their experience. Patients commented on long waiting times to get an appointment with an Orthopaedic Consultant and post-operative patients that we spoke to reported being generally happy with their outcomes.

Areas of good practice - Is care compassionate?

We found that patients, relatives and carers were treated with dignity and respect and supported during the delivery of care. Overall patients, relatives and carers described positive experiences when attending the outpatient department. We noted areas of good practice in relation to: patients being treated with privacy, dignity and respect, good communication, and confidentiality of patient records.

Areas for improvement – Is care compassionate?

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

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Mulligan, Co-Director of Trauma and Orthopaedics, Mr Mc Alinden Chair of Division, Trauma and Orthopaedics, Mr Fitzpatrick, Manager, Outpatients Department in MPH 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) 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	
<p>Area for improvement 1</p> <p>Ref: Standard 4.3. (i)</p> <p>Stated: First</p> <p>To be completed by:</p> <p>5 March 2020</p>	<p>The Trust should update the risk register to include the potential risk to patients due to the length of outpatient waiting lists.</p> <p>Ref: 6.1.1</p> <p>Response by the Trust detailing the actions taken: Service Manager confirms the outpatient waiting times and associated risks have been on the risk register since 2014. The risk register is updated and ongoing attempts to mitigate against the risk are made by the senior management team. These include additional recruitment, use of co-located clinics and AHP delivered clinics, elective access bids to the HSCB and use of independent sector where funding is made available</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4.3 (b)</p> <p>Stated: First</p> <p>To be completed by:</p> <p>5 March 2020</p>	<p>The Trust must strengthen arrangements for oversight and monitoring of specialist nurses within Musgrave Park Hospital, Outpatients Department.</p> <p>Ref: 6.1.1</p> <hr/> <p>Response by the Trust detailing the actions taken: MPH service manager confirms that MPH specialist nurses have clear reporting lines for monitoring and oversight including regular 1:1 meetings with their orthopaedic ASMs, who are also based on the MPH site. This allows for a clear mechanism of monitoring of specialist nurse team and for assurance regarding training and delivery of care with MPH outpatients. Whilst the OPD charge nurse in MPH does not manage the specialist nurses, the service manager with ultimate for ultimate responsibility for Orthopaedic services manages both groups of staff.</p> <p>A scoping exercise is being carried out via the Senior Nursing and Midwifery Team to identify the specialist nurses who contribute to outpatient services with the with the intention of developing a standard operating protocol (SOP). This will include peer review and governance arrangements.</p>
Safeguarding	
<p>Area for Improvement 3</p> <p>Ref: Standard 5.3.1 (c)</p> <p>Stated: First</p> <p>To be completed by:</p> <p>5 March 2020</p>	<p>The Trust must implement appropriate oversight and assurance in respect of medical staff completion of Adult Safeguarding training.</p> <p>Ref: 6.2.5</p> <hr/> <p>Response by the Trust detailing the actions taken: Adult Safeguarding training to be organised by Clinical Director at start of an audit session. Medical Admin Office confirmed that limited provision of training available. Bespoke training sessions deemed most suitable to provide assurance. Clinical Director confirmed training and audit session delayed due to COVID but planned on rolling basis for early 2021.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 5.3.1 (c), (d)</p> <p>Stated: First</p> <p>To be completed by:</p> <p>5 March 2020</p>	<p>The Trust must update their Adult Protection Policy and Procedures in line with regional guidance and ensure the relevant information is available and displayed for staff, patients and visitors.</p> <p>Ref: 6.2.5</p>
	<p>Response by the Trust detailing the actions taken:</p> <p>Please refer to Reference 5, and the associated actions, in the action plan submitted to RQIA in respect of adult and child safeguarding in outpatient services.</p> <p>With reference to MPH, Department Manager confirms all staff meet their current mandatory safeguarding commitments. All areas have safeguarding boards displayed in the agreed format with relevant information for patients and staff.</p> <p>Charge Nurse in Outpatients confirmed resource folders updated and available in outpatients department; safeguarding notice board and also names of safeguarding links displayed; all Nursing staff up to date with both adult and paediatric safeguarding as per training matrix.</p>
<p>Meeting patients' individual needs</p>	
<p>Area for Improvement 5</p> <p>Ref: Standard 6.3.1(a)</p> <p>Stated: First</p> <p>To be completed by:</p> <p>5 March 2020</p>	<p>The Trust should explore and identify barriers in timeliness of access to critical support services.</p> <p>Ref: 6.3.1</p>
	<p>Response by the Trust detailing the actions taken:</p> <p>In respect of imaging support, Orthopaedic Services confirm that additional funding was made available via an IPT for imaging services on Musgrave Park Site. Current work ongoing across the services to review access to imaging for Orthopaedic patients and review processes to ensure effective use of resources.</p> <p>Investment Proposal Template (IPT) which is a bid for funding to the Health and Social Care Board. In terms of psychology referrals these are rarely made from outpatients and more regular from the inpatient wards however Orthopaedic Services will link in terms of further bids for funding to ensure all support services are included in any future developments.</p>

Communication	
<p>Area for Improvement 6</p> <p>Ref: Standard 6.3.2 (c)</p> <p>Stated: First</p> <p>To be completed by:</p> <p>5 March 2020</p>	<p>The Trust should review the format and content of the Outpatients Department's appointment letters to ensure the information is laid out simply and clearly.</p> <p>Ref: 6.3.3</p>
	<p>Response by the Trust detailing the actions taken:</p> <p>The Patient Access Manager for Orthopaedics confirms that the appointment letter format has been reviewed to ensure clarity as to the location of clinics and the relevant contact information.</p>



The Regulation and
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Authority

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