



# Review of Governance of Outpatients Services in the Belfast HSC Trust with a Focus on Neurology and Other High Volume Specialties

February 2020

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

## Acknowledgements

RQIA wishes to thank all those who facilitated this review through participating in discussions, surveys and interviews, inspections, attending focus groups and providing relevant information.

## 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 service reviews identify best practice, highlight gaps or shortfalls in services requiring improvement and protect the public interest. Our reviews are carried out by teams of independent assessors, who are either experienced healthcare practitioners or experts by experience. Our reports are submitted to the Department of Health (DoH) and are available on our website at [www.rqia.org.uk](http://www.rqia.org.uk).

## Our Stakeholder Outcomes

RQIA conducts service reviews and inspections against four key outcomes:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well-led?

## Citation for this document

Regulation and Quality Improvement Authority: *Review of Governance of Outpatients Services in the Belfast HSC Trust with a Focus on Neurology and Other High Volume Specialties. 2020.*

## Glossary of Terms

AHP	Allied Health Professional
ANTT	Aseptic Non Touch Technique
ABN	Association of British Neurologists
BRAAT	Belfast Risk Audit and Assessment Tool
Belfast Trust	Belfast Health and Social Care Trust
BOIS	Belfast Orthopaedic Information System
BSO	Business Services Organisation
CAPA	Corrective and Preventative Action Plan
CCG	Clinical Communications Gateway
CMO	Chief Medical Officer
CPD	Continuing Professional Development
CQC	Care Quality Commission
CTIMPs	Clinical Trials of Investigational Medicinal Products
DEC	Dedicated Equipment Controllers
DoH	Department of Health
ED	Emergency Department
ENT	Ear, Nose, Throat
ERRG	External Reports Review Group
ERT	Expert Review Team
FGH	Forster Green Hospital
GI	Gastrointestinal
GMC	General Medical Council
GP	General Practitioner
GUM	Genito-urinary Medicine
HCAI	Healthcare Associated Infection
HCN	Health and Care Number
HRPTS	Human Resources, Payroll, Travel and Subsistence System
HSC Board	Health and Social Care Board
IHI	Institute for Healthcare Improvement
Independent Sector	The term independent sector refers to those patients initially seen privately as opposed to within the HSC Services
IPC	Infection Prevention Control
MHRA	Medicines and Healthcare Products Regulatory Agency
M&M	Morbidity and Mortality
MOU	Memoranda of Understanding
MS	Multiple Sclerosis
NIECR	Northern Ireland Electronic Care Record
NIPEC	Northern Ireland Practice and Education Council for Nursing and Midwifery

NIPSO	Northern Ireland Public Services Ombudsman
NISRA	Northern Ireland Statistics and Research Agency
NMC	Nursing Midwifery Council
Northern Trust	Northern Health and Social Care Trust
OT	Occupational Therapy
PAS	Patient Administration System
PHA	Public Health Agency
PPE	Personal Protection Equipment
PPI	Personal Public Involvement
PRSB	Professional Record Standards Body
PTN	Private Transfer to NHS (Code on PAS System)
RCP	Royal College of Physicians, London
RFID	Radio Frequency Identification
RO	Responsible Officer
SAIs	Serious Adverse Incidents
SLA	Service Level Agreement
SBNI	Safeguarding Board for Northern Ireland
South Eastern Trust	South Eastern Health and Social Care Trust
Southern Trust	Southern Health and Social Care Trust
SOPs	Standard Operating Procedures
SQE	Safety, Quality and Experience
Trusts	Health and Social Care Trusts
UK	United Kingdom
Western Trust	Western Health and Social Care Trust

## Executive Summary

This review follows the 1 May 2018 recall by the Belfast Health and Social Care Trust (Belfast Trust) of 2,500 patients who were under the active care of a consultant neurologist.

This review examines the governance arrangements with respect to outpatients services within the Belfast Trust. Good organisational and clinical governance are critical to delivering quality services and enabling early action to be taken in the event that issues or concerns arise. This review is particularly concerned with neurology and other high volume specialties delivered by the Belfast Trust. It also captures the views and experiences of service users (patients, families, carers) and General Practitioners (GPs) interacting with the service.

The review commenced in May 2018, with the formation of an Expert Review Team comprising members with experience in clinical and corporate governance at Chief Executive, Medical Director and Executive Government level; and members with expertise in hospital inspection and general practice.

### Terms of Reference

The terms of reference for this review are:

1. To describe and assess the governance systems and processes in place in outpatients services in Belfast Trust, with a particular focus on neurology and other high volume specialties, which assure quality of care with regard to leadership, safety, effectiveness and compassion.
2. To assess the effectiveness of the arrangements for monitoring the quality of care and patient outcomes in outpatients services in the Belfast Trust, with a particular focus on neurology and other high volume specialties.
3. To assess the effectiveness of the arrangements for identifying and managing risk in outpatients services in Belfast Trust, with a particular focus on neurology and other high volume specialties.
4. To obtain the views and experiences of service users (patients, families, carers) and GPs of the outpatients services for neurology and other high volume specialties in Belfast Trust.
5. To report on the findings, identify areas of good practice and, where appropriate, make recommendations for improvement.

## Key Findings

Throughout this report we have identified several areas of good practice and have made 26 recommendations that, if implemented, we believe would strengthen the governance arrangements within and across the Belfast Trust's outpatients services.

### Access and Organisation

The Expert Review Team identified the need for streamlining the many mechanisms for referring patients to the Belfast Trust's outpatient services. It also viewed that more robust validation of waiting lists and triaging of referrals was required; along with more appropriate oversight and monitoring of patients transferring to the Belfast Trust from the independent sector. We acknowledge the work underway within the Belfast Trust to improve productivity and efficiency of outpatients services and recommend that this work is expedited. There is also an opportunity to improve the written communication with patients following their attendance at outpatients services.

### Safeguarding

Overall, the levels of training, knowledge and awareness of staff across outpatients services in relation to safeguarding were a significant concern for the Expert Review Team. We could not be confident that safeguarding matters would be recognised or actioned appropriately in the context of outpatients services delivered across the Belfast Trust. This matter was escalated by RQIA's Medical Director to the Belfast Trust's Chief Executive and relevant Executive Directors. The Belfast Trust has since met with senior RQIA staff to discuss the implementation of a targeted action plan to address these findings. In line with our established escalation policy, RQIA continues to monitor the Belfast Trust's delivery of improvements in this area.

### Medicines Management

While there is robust oversight of prescribing of specialist medicines in outpatients services, we found there is only limited oversight of all other prescribing in outpatients services. Significant weaknesses were identified in the monitoring and oversight of medicines prescribed or recommended to be prescribed. The system currently operating is based on Treatment Advice Notes issued in hard copy to GPs. This limits the Belfast Trust's oversight of the prescribing practices of individuals and/or services delivering outpatient care and treatment. In turn the Belfast Trust has a limited ability to identify unusual prescribing practices and/or trends relating to medicines used in the context of outpatients services.

### Governance Arrangements

Given the size of the Belfast Trust, the complexity of its services and the number of directorates providing outpatients; the Expert Review Team noted the challenge for senior managers and the Executive Team to maintain comprehensive oversight across all outpatients services.

The Expert Review Team acknowledged the Belfast Trust's clear commitment to implementing its collective leadership strategy and refreshing its organisational accountability arrangements in a meaningful way. While arrangements were clear, or in the process of being clarified through Directorate and Divisional structures, we found they were not necessarily as clear for staff providing care and/or treatment in outpatients services/departments.

The Expert Review Team recognised the significant importance of Sisters / Charge Nurses to providing stable, effective leadership at local level in outpatients services/departments across the Belfast Trust. Through our many engagements we did not find evidence that Sisters / Charge Nurses in outpatients settings were sufficiently connected into the Belfast Trust's collective leadership structures; or that they had harnessed their collective expertise and experience to influence and deliver improvement at a system level within the Belfast Trust.

### Clinical Peer Review

The Expert Review Team identified the potential for isolation of medical and/or specialist nursing staff in outpatients services as a particular risk for the Belfast Trust. This risk is greatest where there is lone working outside a multidisciplinary team context: perhaps because of the nature of the specialty (i.e. highly complex); by the choice of the health professional; or because of a lack of governing systems across the service in question.

### Patient Engagement

The Expert Review Team was encouraged by opportunities in some services/locations for patients to provide real time feedback; but was unable to find evidence of uniform or strategic mechanisms in place to ensure views are fully harnessed in a cohesive and strategic way across all of outpatients services in the Belfast Trust.

### Information and Intelligence

There are a number of areas where the Expert Review Team believed that the use of data, information and intelligence would strengthen the governance and assurance of these services. This could include improved oversight of the activity of consultants and specialist nurses in outpatients services; support for the monitoring of patient outcomes; and national/regional benchmarking.

### Conclusion

We recognise that this report contains a large number of recommendations and that in some areas the Belfast Trust has indicated work has already commenced. We hold the view that the recommendations have relevance for other organisations across the HSC and beyond who deliver a similar profile of services. In order to maximise the potential improvements, and collectively share in the responsibility for delivering these improvements, consideration should be given to co-ordination of this work at a regional level and the involvement of all five HSC Trusts in taking forward individual

recommendations in specific areas. This could support system wide improvement and reform as envisioned in the 2016 Northern Ireland policy 'Health and Wellbeing 2026: Delivering Together'.

**Contents**

- Acknowledgements .....2
- The Regulation and Quality Improvement Authority .....2
- Our Stakeholder Outcomes .....2
- Citation for this document .....2
- Glossary of Terms .....3
- Executive Summary .....5
- Contents .....9
- Section 1: Background and Context ..... 11
  - 1.1 Introduction ..... 11
  - 1.2 What we were asked to do ..... 12
  - 1.3 What we did do and who we heard from..... 14
  - 1.4 Outpatients Services ..... 17
  - 1.5 Delivering Outpatients Care..... 17
  - 1.6 Outpatients Services in the Belfast Trust..... 19
  - 1.7 Belfast Trust Outpatients Clinics..... 21
  - 1.8 Neurology Outpatients Activity..... 23
- Section 2: Access and Organisation of Outpatients Services .....25
  - 2.1 Introduction..... 25
  - 2.2 Integrated Elective Access Protocol ..... 25
  - 2.3 Referral..... 25
  - 2.4 Triage ..... 28
  - 2.5 Waiting lists ..... 29
  - 2.6 Before the Appointment ..... 33
  - 2.7 At the Appointment ..... 35
  - 2.8 After the Appointment: Follow-Up and Discharge ..... 36
- Section 3: Well Led..... 39
  - 3.1 Vision..... 39
  - 3.2 Accountability and Governance Structure..... 39
  - 3.3 Delivering Services ..... 41
  - 3.4 Culture ..... 43
  - 3.5 Service Performance ..... 45
  - 3.6 Quality Improvement..... 46
  - 3.7 Managing Risk..... 47

3.8 Supporting Appraisal .....	52
3.9 Incident management .....	54
Section 4: Ensuring Safe and Effective Care.....	58
4.1 Safeguarding .....	58
4.2 Staffing .....	61
4.3 Peer Review .....	65
4.4 Working with General Practitioners (GPs) .....	66
4.5 Medicines Management.....	68
4.6 Records Management .....	71
4.7 Outcomes .....	73
4.8 Dealing with Complaints .....	78
4.9 Infection Prevention and Control .....	79
4.9.1 Environment .....	81
Section 5: Compassionate Care .....	83
5.1 Meeting Patient needs .....	83
5.2 Providing Patient Information.....	86
5.3 Enabling Personal and Public Involvement (PPI) .....	88
Section 6: Conclusion .....	92
Recommendations.....	94
References .....	99

## Section 1: Background and Context

### 1.1 Introduction

On 1 May 2018 the Belfast Health and Social Care Trust (Belfast Trust) announced a recall of 2,500 patients who were under the active care of a consultant neurologist<sup>1</sup>. As part of the system response to this patient recall RQIA was commissioned by the Department of Health (DoH) to undertake this review, specifically '*A Review of Governance of Outpatients Services in the Belfast Trust with a Focus on Neurology and other High Volume Specialties*'<sup>2</sup>.

This review is one of three work streams delegated to RQIA by DoH, in the context of the system-wide response to the recall of neurology patients DoH has directed RQIA to undertake '*A Review of Governance Arrangements in Independent (Private) Hospitals in Northern Ireland*', work on this second governance review is currently in progress. RQIA has also been tasked, by DoH, to commission an expert review of the records of all patients of Dr A [consultant neurologist] who have died over the previous ten years, detailed preparatory work to support this review is also in progress.

On 10 May 2018, DoH announced the establishment of an Independent Neurology Inquiry (INI) to be chaired by Mr Brett Lockhart, Queen's Counsel (QC)<sup>3</sup>. The terms of reference for INI were advised as follows:

- a. To examine the circumstances which led to the recall of patients in May 2018 (for the period from November 2016 until May 2018), and evaluate the corporate governance (with particular reference to clinical governance) procedures and arrangements within the Belfast Trust;
- b. To review the Belfast Trust's handling of relevant complaints or concerns, identified or received prior to November 2016, and participation in processes to maintain standards of professional practice, including appraisals;
- c. To identify any learning points and make recommendations to the Department in relation to points (a) and (b) above.

On 31 July 2018, DoH announced a Regional Review of Neurology Services covering all neurology specialties in Northern Ireland<sup>4</sup>. This review aims to identify optimal models for delivering neurology services and would derive relevant learning from the ongoing recall of neurology patients from the Belfast Trust.

Good governance is critical to delivering a safe, high quality service to patients. Evidence of good governance is seen in the effective functioning of the systems and processes that enhance the delivery and quality of services. Such systems will monitor quality, identify and manage risk, and ensure that all individuals and groups contributing to the organisation have a clear understanding of their roles and responsibilities. Also, key to good governance is ensuring that the needs of those using the services (that is the needs of patients and clients) are central to the decision-making processes within the organisation.

## 1.2 What we were asked to do

The following terms of reference for this review were agreed with members of the Expert Review Team and with the DoH:

1. To describe and assess the governance systems and processes in place in outpatients services in Belfast Trust, with a particular focus on neurology and other high volume specialties, which assure quality of care with regard to leadership, safety, effectiveness and compassion.
2. To assess the effectiveness of the arrangements for monitoring the quality of care and patient outcomes in outpatients services in the Belfast Trust, with a particular focus on neurology and other high volume specialties.
3. To assess the effectiveness of the arrangements for identifying and managing risk in outpatients services in Belfast Trust, with a particular focus on neurology and other high volume specialties.
4. To obtain the views and experiences of service users (patients, families, carers) and GPs of the outpatients services for neurology and other high volume specialties in Belfast Trust.
5. To report on the findings, identify areas of good practice and, where appropriate, make recommendations for improvement.

## High Volume Specialties

The request by DoH to undertake this review included a ‘focus on neurology and other high volume specialties’. We (members of the core review team) met with commissioners from the HSC Board and the Public Health Agency (PHA) who advised that there was no established definition of high volume specialties currently in use across health and social care in Northern Ireland. We reviewed outpatient activity data available for 2016/2017, which included the number of new, review and total attendances across Northern Ireland (Table 1).

**Table 1: Outpatient Activity for Consultant-Led Services by Specialty (equal to or greater than neurology services) in Northern Ireland 2016/2017<sup>a</sup>**

Specialty	Attendances			Number of review attendances for every new attendance	New attendances as a percentage of total attendances
	New	Review	Total		
Trauma & Orthopedic Surgery	59,037	120,821	179,958	2	33%
General Surgery	66,547	70,028	136,575	1	49%
Ophthalmology	23,989	79,005	102,994	3	23%
Obstetrics (antenatal)	19,695	75,683	95,378	4	21%
Paediatrics	22,092	70,851	92,943	3	24%
Gynaecology	44,074	46,645	90,719	1	49%
Ears, Nose and Throat	41,330	48,429	89,759	1	46%
Dermatology	31,988	46,961	78,949	1	41%
Cardiology	24,025	33,475	57,500	1	42%
General Medicine	14,976	40,284	55,260	3	27%
Rheumatology	9,138	43,437	52,575	5	17%
Haematology (Clinical)	4,574	43,620	48,194	10	9%
Thoracic Medicine	9,299	28,713	38,012	3	24%
Gastroenterology	10,437	22,926	33,363	2	31%
Neurology	10,272	22,365	32,637	2	31%

The Expert Review Team reviewed this data and agreed to take a pragmatic approach (in the absence of an established definition) to determining which specialties would be included in this review. The Expert Review Team defined ‘high volume specialties’ as those with similar or higher volumes of activity than neurology, as outlined above.

<sup>a</sup> Information provided by Information and Analysis Directorate, Department of Health

### 1.3 What we did do and who we heard from

Fieldwork for this review commenced in May 2018 with discussion of draft terms of reference for the work with DoH and formation of an independent Expert Review Team. Membership of the Expert Review Team is as described in Appendix 1, the Team comprised members with significant experience in clinical and corporate governance at Chief Executive, Medical Director and Executive Government level. The Expert Review Team also included members with expertise in General Practice and regulation of hospital services. A smaller operational team was established to support the work of the Expert Review Team, membership of RQIA's Core Team is also outlined in Appendix 1.

Members of the Expert Review Team and RQIA's Core Team designed the following methodology for this governance review:

- We undertook a review of relevant literature to identify key themes and the areas likely to require focus during this review;
- We reviewed the Care Quality Commission's (CQC's) Inspection Framework for NHS Acute Hospitals for Core Service of Outpatients<sup>5</sup>, and used this to develop a framework to support our work in this review;
- We designed a structured questionnaire, informed by CQC's Inspection Framework (as above), to capture information relating to outpatient services as delivered by Belfast Trust;
- We analysed information relating to key aspects of outpatients services delivered by the Trust (as described in the Trust's questionnaire submission), this included information relating to design and delivery of outpatient services, maintaining a well-led service, and ensuring safe and effective care is delivered;
- From this analyses we developed key lines of enquiry (KLOE) to underpin and support meetings between the Expert Review Team's and Trust staff;
- We held one week of meetings between members of the Expert Review Team and a range of staff from across Belfast Trust (the 'Review Week' held in September 2018); the Review Team met with in excess of 100 staff including the Chief Executive, the Chairman and Members of the Board, the Executive Team, Directors, Co-Directors, Clinical Directors, Service Managers, Specialist Neurology Nurses, Consultant Neurologists, Governance Managers and Information Managers, divisional nurses and Chairs of Division;
- During the 'Review Week' the Expert Review Team also met with staff in the HSC Board and Public Health Agency (PHA) who have responsibility for commissioning, public health expertise to service development and integrated care (pharmacy services);

- We completed unannounced multi-disciplinary inspections of the Trust's five main hospital sites that deliver outpatient services - the Royal Victoria Hospital, Belfast City Hospital, Musgrave Park Hospital, the Royal Belfast Hospital for Sick Children and the Mater Infirmorum Hospital (during October 2018); inspections were ongoing for 11 days across the five hospital sites during which approximately 60 specialist services delivered care and/or treatment in the outpatients areas inspected;
- We designed a survey to capture the experiences of and feedback from patients, relatives and carers; our survey was widely disseminated and promoted (through RQIA's communication channels and social media) and through the Patient and Client Council; dedicated members of our inspection teams promoted the survey and facilitated patients, relatives and/or carers to complete surveys as inspections were in progress;
- We designed a survey to capture the experiences of and feedback from General Practitioners working in Northern Ireland and interfacing with the Trust in the context of services provided to/for their patients;
- We held two focus groups with neurology patients and their relatives and/or carers, we were supported to plan and facilitate these focus groups by the Multiple Sclerosis Society (MS) in Northern Ireland, the Northern Ireland Neurological Charities Alliance, the Northern Ireland Rare Diseases Partnership, Northern Ireland Chest Heart and Stroke and the Stroke Association, Northern Ireland;
- We met with the General Medical Council and with Tier Two Responsible Officers in Northern Ireland to discuss matters relating to medical appraisal and revalidation.

As previously outlined, this review concentrated on the system-level aspects of oversight and governance of outpatients services delivered by Belfast Trust through its five main hospital sites (as described above). We excluded outpatients services categorised as Integrated Care and Assessment Treatment Services (ICATS)<sup>b</sup>. We excluded outreach clinics provided by Belfast Trust staff or personnel into other HSC Trusts, we expect that oversight and governance of these services will be addressed in future phases of this thematic review. We excluded outpatients services delivered as part of the Belfast Trust Dental Service as the School of Dentistry and its services have been subject to detailed review previously<sup>5 6 7 8</sup>. We also excluded services where people/patients may present directly to a hospital inpatient ward to receive clinical input in respect of a specific condition.

---

<sup>b</sup> **ICATS** is the term used for a range of outpatient's services which are provided by integrated multidisciplinary teams of health service professionals, including GPs with a special interest, specialist nurses and allied health professionals. They are provided in a variety of primary, community and secondary care settings and include assessment, treatment, diagnostic and advisory services.

The findings of this review are presented in sections, which are closely aligned to the domains of RQIA's inspection and review framework (see Figure 1).

**Figure 1: RQIA's Inspection and Review Framework**



**Access and Organisation:** we outline our findings relating to the systems and processes in place to access and deliver outpatients services.

**Well Led:** we outline our findings relating to the arrangements in place to manage, govern and lead the delivery of outpatients services.

**Ensuring Safe and Effective Care:** we outline our findings in relation to how the Trust ensures that treatment provides good outcomes and patients achieve a good quality of life and are protected from avoidable harm.

**Compassionate Care:** we outline our findings relating to the delivery of person centred care, patient experience and the involvement of patients in planning and delivery of their services.

Where our findings have led to recommendations these are clearly identified within the report. We have also included a number of examples of good practice identified through the course of this review.

## 1.4 Outpatients Services

Across the United Kingdom (UK), outpatients care accounts for the largest proportion of contacts between the general public and hospital-delivered services<sup>9</sup>. A number of specialties operate predominantly on an outpatient basis, for example: neurology, rheumatology and ophthalmology services. The definition of an outpatient service is as follows<sup>10</sup>:

*“...A consultant-led service provided by Health and Social Care Trusts to allow patients to see a consultant, their staff and associated health professionals for assessment in relation to a specific condition. Patients are not admitted into hospital for this assessment.”*

## 1.5 Delivering Outpatients Care

In its report ‘*Outpatients: the future – adding value through sustainability*’<sup>11</sup> the Royal College of Physicians has reflected that well-functioning outpatients services should:

- Minimise waiting times;
- Minimise disruption to the lives of patients and carers;
- Involve patients in the selection of a suitable appointment time;
- Ensure required information is available to the clinician/clinical team prior to the appointment;
- Provide information to the patient before their appointment;
- Empower patients to be involved in decisions about their care;
- Ensure seamless communication between hospital and community services; and
- Offer high quality clinical training and promote the well-being of both staff and patients.

There are three key stages in the outpatient pathway (Figure 2).

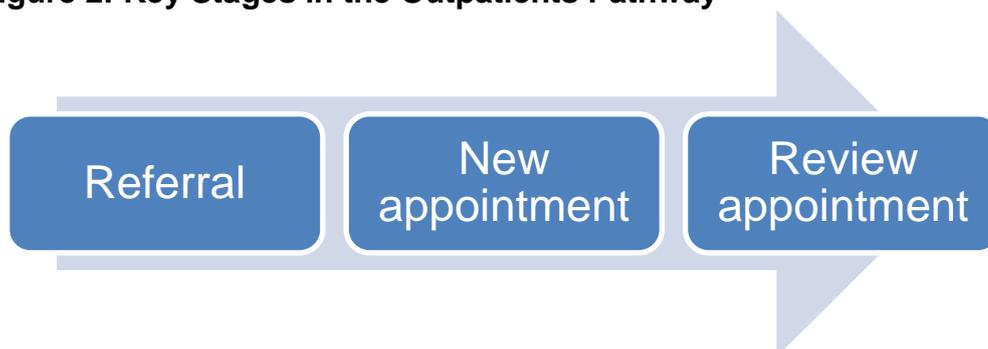
**Referral:** Outpatients services are typically accessed through referral from a patient's General Practitioner (GP) or from a hospital consultant, referrals may also be received from Emergency Departments (EDs) and other areas of the health care system (for example referrals for a review appointment following an inpatient hospital stay).

**New appointment:** Following referral, a patient will normally receive an appointment for an initial consultation at an outpatients clinic. At this consultation, the patient will be assessed (this involves a review of clinical history, examination and investigations), the patient may receive a diagnosis and treatment plan during their appointment, or they may receive an update relating to a previous diagnosis, they may also be referred for further investigations.

**Review appointment:** Having attended their first outpatients appointment a patient may require further follow-up appointments, this may be to discuss results of investigations, to plan further investigations or to support ongoing management of the patient's condition. Essentially, review appointments are all appointments which are not a first appointment.

Good planning of outpatients services is critically important to ensuring adequate capacity to meet demand for services. A patient may have care provided by a number of outpatients services at the one time. It follows that co-ordination of a patient's journey through outpatients services is a significant factor in the experience of high quality care, patient satisfaction and in achieving overall positive outcomes.

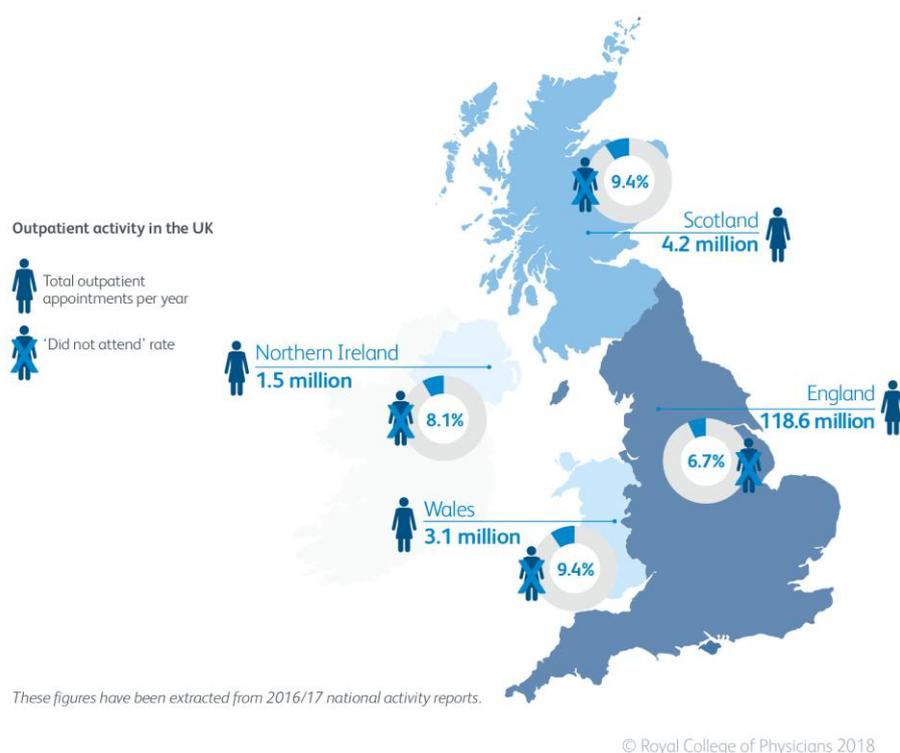
**Figure 2: Key Stages in the Outpatients Pathway**



## National Outpatient Activity

Demand for outpatients appointments/services continues to rise and outpatients appointments across the UK now account for almost 85% of all hospital-based activity (excluding activity in EDs). In England alone outpatients appointments have almost doubled in the past decade, now reaching over 118 million per year<sup>12</sup>. Figure 3 presents outpatient activity across the UK in 2016/2017.

**Figure 3: Outpatient Activity in the United Kingdom - Total Outpatient Appointments and Do-Not-Attend Rate during 2016/2017**



Source: Reproduced with permission from Royal College of Physicians (2018). *Outpatients: the future – adding value through sustainability*. London Royal College of Physicians<sup>13</sup>

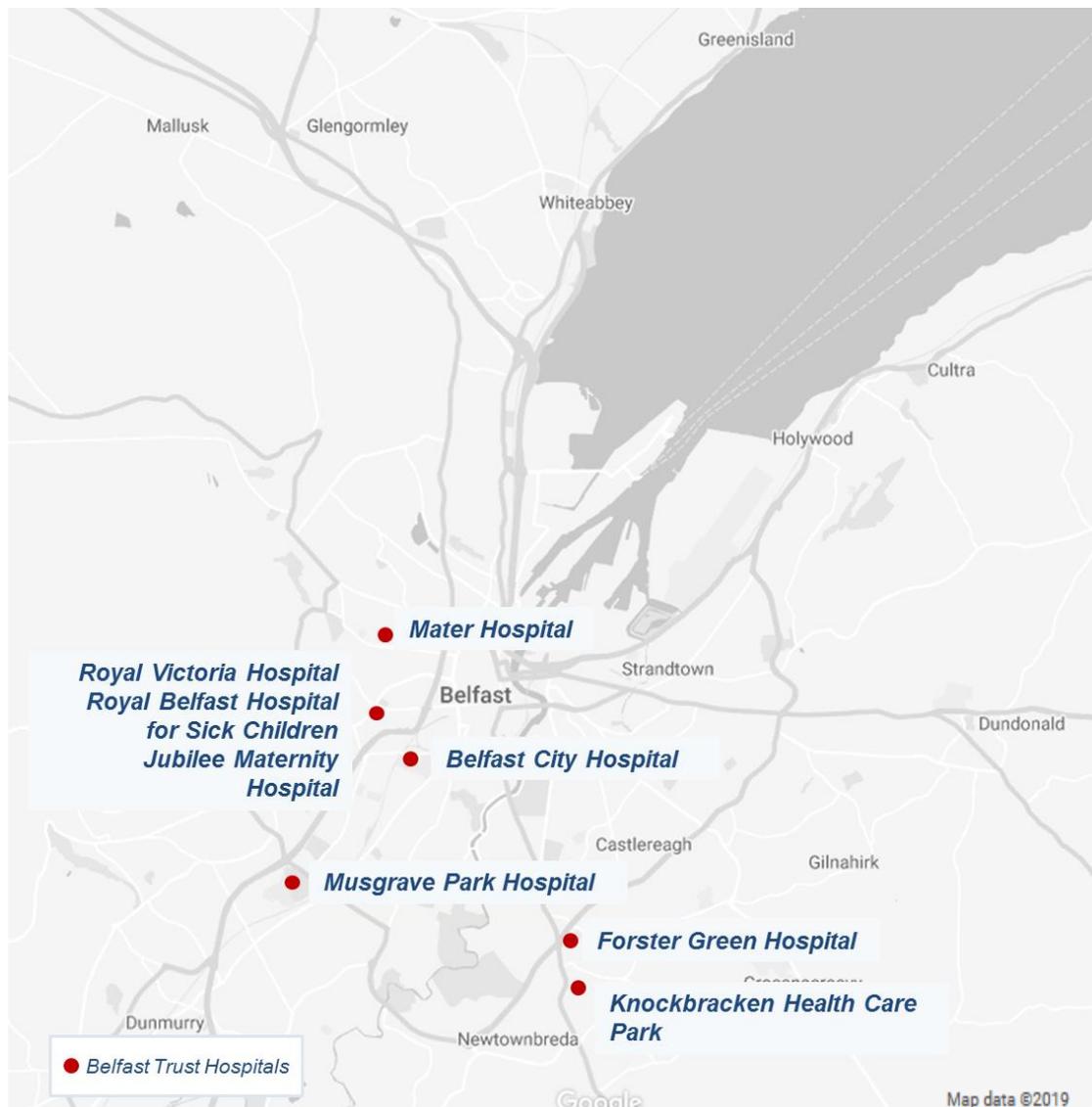
## 1.6 Outpatients Services in the Belfast Trust

The Belfast Trust is the largest integrated Trust in the United Kingdom<sup>14</sup>. The Trust delivers integrated health and social care to approximately 340,000 people in the greater Belfast area. It is one of five HSC Trusts created on 1 April 2007 in Northern Ireland and includes major teaching and training hospitals in the province. The Trust provides care to over 600,000 outpatients each year, while also delivering tertiary and secondary care to 150,000 hospital inpatients. It has an annual budget of £1.4 billion and a workforce of over 21,000 employees.

The Trust provides a range of specialist services including rheumatology, dermatology, nephrology and palliative care. These services are delivered and supported by specialist teams of multidisciplinary healthcare professionals. The Trust has several specialist regional units providing care in areas such as acquired brain injury, specialist fertility, neurorehabilitation, trauma, burns and plastic surgery and forensic psychiatry as well as clinics for gender identity and psychosexual services.

The Trust delivers services through eight hospitals which are located in Belfast and the surrounding area, these are Royal Victoria Hospital (which includes Royal Belfast Hospital for Sick Children and Royal Jubilee Maternity Service); Belfast City Hospital, the Mater Infirmorum Hospital, Musgrave Park Hospital, Knockbracken Health Care Park and Forster Green Hospital<sup>c</sup> (Figure 4).

**Figure 4: Hospitals within the Belfast HSC Trust**



Source: Google maps data 2019

<sup>c</sup> Forster Green Hospital ceased to provide clinical services several years ago.

Each hospital in the Trust offers a range of services, outpatients services delivered in the Royal Belfast Hospital for Sick Children were included in this review. Table 2 outlines the services delivered in the hospitals included in this review.

**Table 2: Location of Outpatients High Volume Specialities within Belfast Trust**

Speciality	Belfast City Hospital	Royal Victoria Hospitals (includes Hospital for Sick Children and Royal Jubilee Maternity Service)	Mater Infirmorum Hospital	Musgrave Park Hospital
Trauma & Orthopaedic Surgery		✓		✓
General Surgery	✓	✓	✓	
Ophthalmology		✓	✓	
Obstetrics (Ante Natal)		✓	✓	
Paediatrics		✓		
Gynaecology	✓	✓	✓	
Ear, Nose and Throat	✓	✓	✓	
Dermatology	✓	✓		
Cardiology	✓	✓	✓	
General Medicine	✓	✓	✓	
Rheumatology	✓	✓		✓
Haematology (Clinical)	✓			
Thoracic Medicine	✓	✓	✓	
Gastroenterology	✓	✓	✓	
Neurology	✓	✓		

Source: Information submitted with the Trust's structured questionnaire.

## 1.7 Belfast Trust Outpatients Clinics

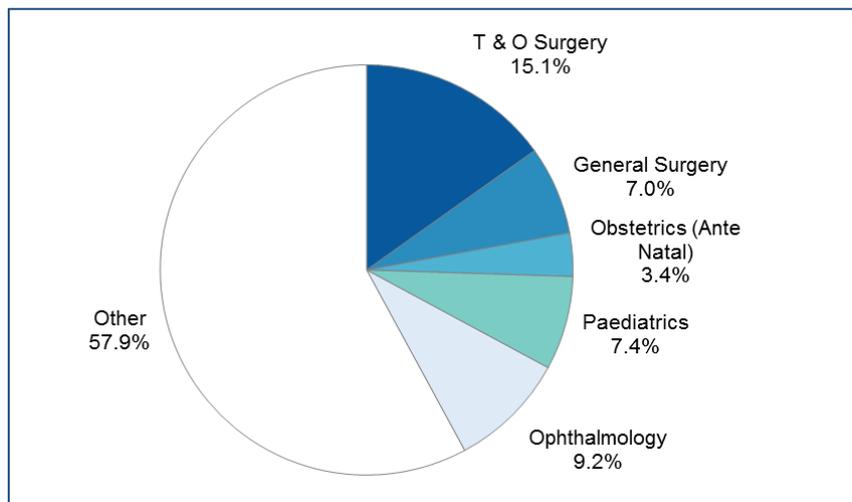
Belfast Trust delivers outpatients services in all of its hospitals and provides an average of 12,000 outpatient appointments per week. Outpatient clinics in each hospital may provide services for more than one service directorate within the Trust. For example, Belfast City Hospital delivers outpatients services on behalf of Surgery and Specialist Services (breast surgery), Unscheduled and Acute Care (cardiology, respiratory, neurology), Specialist Hospitals and Women's Health (gynaecology) and Adult Social and Primary Care (elderly care) Directorates.

During the review week (in September 2018) the Expert Review Team spent one full day in each of the five hospital locations (Royal Victoria Hospital, Royal Belfast Hospital for Sick Children, Mater Infirmorum Hospital, Musgrave Park Hospital and Belfast City Hospital). The Expert Review Team walked around each of the environments, met with staff and attended a range of meetings with staff groups.

As part of this review, unannounced inspections were undertaken (in October 2018) to the five main hospital sites where outpatients services are delivered for a wide range of specialties (Belfast City Hospital, Mater Infirmorum Hospital, Musgrave Park Hospital, Royal Belfast Hospital for Sick Children and Royal Victoria Hospital). Unannounced inspections were conducted over eleven days, during which time approximately sixty specialist clinics were delivered by a variety of Trust teams and services.

During 2017/2018 there were 614,544 outpatient attendances in Belfast Trust, of which just under half (42%) were within the five specialties of trauma and orthopaedic surgery, general surgery, obstetrics (antenatal services), paediatrics and ophthalmology (see Figure 5).

**Figure 5: Consultant Led Outpatient Attendances in Belfast Trust by Specialty (2017/2018)**



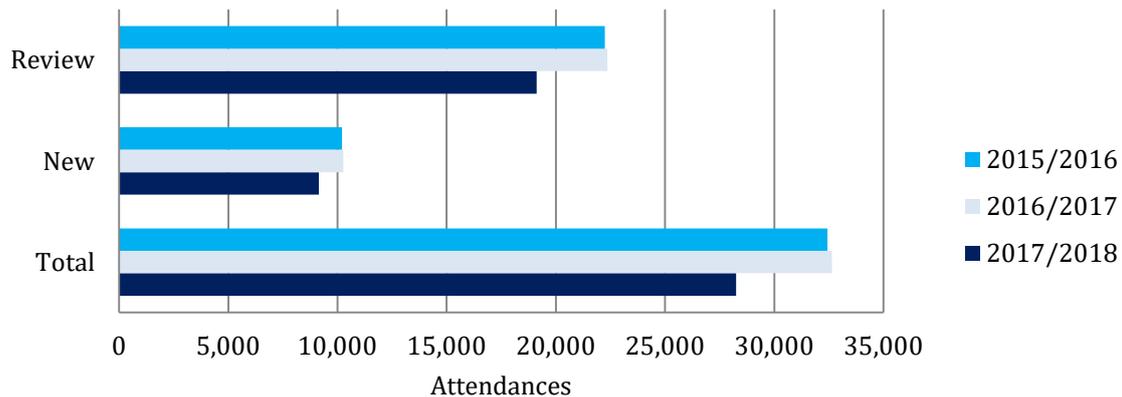
Source: Hospital Statistics Outpatient Activity Statistics 2017/2018, Information and Analysis Directorate, Department of Health (NI)<sup>d</sup>

<sup>d</sup> Other includes over 40 specialties including; neurosurgery, cardiology and neurology.

## 1.8 Neurology Outpatients Activity

During 2017/2018 total attendances at neurology outpatients clinics in Northern Ireland decreased to 28,259, having previously been in excess of 32,000 attendances each year in 2015/2016 and 2016/2017 (see Figure 6). Less than 10,000 attendances in 2017/2018 were for new appointments.

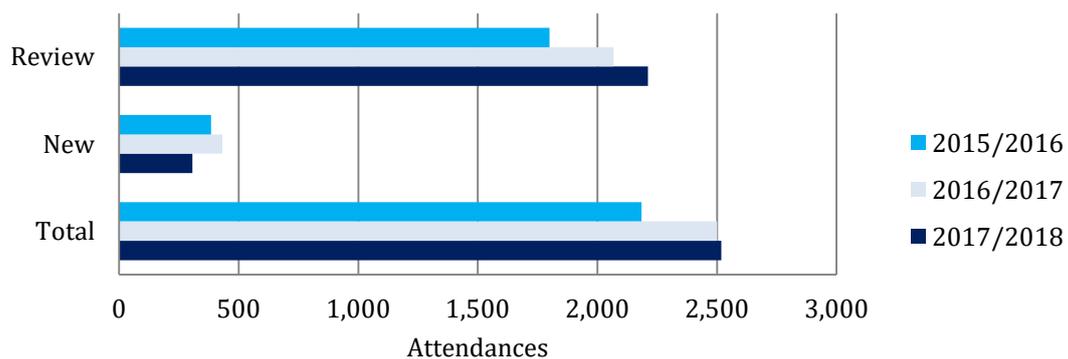
**Figure 6: Outpatients Attendances for Neurology across Northern Ireland 2015/2016 to 2017/2018**



Source: Hospital Statistics Outpatient Activity Statistics 2017/2018, Information and Analysis Directorate, Department of Health (NI)

Outpatients attendances at paediatric neurology services have increased by 13% over a three-year period, from 2,185 attendances in 2015/2016 to 2,518 in 2017/2018 (see Figure 7). Less than 500 attendances each year are for new appointments.

**Figure 7: Outpatient Attendances for Paediatric Neurology across Northern Ireland 2015/2016 to 2017/2018**



Source: Hospital Statistics Outpatient Activity Statistics 2017/2018, Information and Analysis Directorate, Department of Health (NI)

Neurology services face a significant challenge with large numbers of patients waiting for a first and/or review consultant-led outpatient appointment. At March 2019, 19,438 patients were waiting for a first consultant-led neurology outpatient appointment in Northern Ireland, with 11,249 patients (58%) waiting more than 52 weeks.

Belfast Trust currently delivers neurology outpatients services in three hospitals - Belfast City Hospital, the Royal Belfast Hospital for Sick Children and the Royal Victoria Hospital. During 2017/2018, half of all neurology outpatients attendances in Northern Ireland (51%) took place in either Belfast City Hospital and the Royal Victoria Hospital. In the same year almost all paediatric neurology outpatients attendances (95%) took place in the Royal Belfast Hospital for Sick Children<sup>15</sup>.

A mixture of general and specialist neurology clinics are delivered by the Trust's neurology outpatients services. General neurology clinics include pre-assessment and rapid access neurology. Specialist outpatient clinics are delivered for multiple sclerosis (MS), epilepsy, epilepsy / obstetrics, movement disorders, neuromuscular disorders, motor neurone disease, headaches and cognitive function.

## Section 2: Access and Organisation of Outpatients Services

### 2.1 Introduction

Fundamental to high quality outpatient services is the ability of patients to access these services quickly to enable needs to be assessed in a timely way. To understand the effectiveness of arrangements for access to Belfast Trust outpatients services we examined the mechanisms for referral from a GP, an ED, another service in the Belfast Trust, a service in another HSC Trust and/or a private consultation. We reviewed the various pathways into outpatients services in the Trust and the systems for triaging of referrals and the management of waiting lists. We also looked at the allocation of appointments, follow up after an appointment and discharge from the services.

**Figure 8: Key contents covered in this section**



### 2.2 Integrated Elective Access Protocol

The Integrated Elective Access Protocol (hereafter described as ‘The Protocol’) was issued by the Department of Health, Social Services and Public Safety (now the DoH) in April 2008. The Protocol provides a standardised approach in respect of arrangements for access to elective services across Northern Ireland<sup>16</sup>. HSC Trusts in Northern Ireland are required to plan and deliver services in line with this Protocol. The Protocol provides guidance on the management of referrals, booking and cancellations of appointments, organisation of clinics and management of waiting lists with a view to ensuring timely, equitable and appropriate treatment for all patients.

The Expert Review Team sought to understand the Trust’s application of The Protocol and any related local guidance, as well as overall arrangements for monitoring and oversight of each patient’s journey through outpatients services in the Trust. We noted that Belfast Trust staff are guided by an additional internal document titled ‘Integrated Elective Access Protocol – Guidance for Staff’<sup>17</sup>.

### 2.3 Referral

We examined the main referral routes into outpatients services across the Belfast Trust.

The majority of referrals to the Trust's outpatients services originate from GPs, for example, referrals from GPs to the neurology outpatients service accounted for 54.5% of all referrals to this service during 2017/2018<sup>e</sup>. There are exceptions, such as fracture clinics and adult cardiology clinics, where the majority of referrals originate predominantly in ED.

Referrals to outpatients services may also originate within hospital services and may be made from one hospital consultant to another or from one specialist service to another. The Trust reports that 33.4% of all referrals to neurology outpatient services originate from consultants within or outside the Trust. This proportion is higher than in most other specialties.

Neurology outpatients services have a number of sub-speciality clinics. These include clinics for patients with multiple sclerosis, epilepsy, epilepsy/obstetrics, movement disorder, neuromuscular disorders, motor neurone disease and headaches. These services receive referrals from consultants and / or other services within the Trust. However all GP referrals must first be made to the core neurology service and not directly to a sub-specialty.

A range of mechanisms are used to refer and to register referrals to the Trust's outpatients services:

#### **Referrals from GPs - Clinical Communications Gateway (CCG):**

The CCG is the system for electronic exchange of clinical information from GPs. GPs can generate referrals to most hospital specialties on this system and these are sent to the Trust. These referrals are received by the Trust's Appointments Offices and are printed manually and sent to the respective consultant for triage. The Trust reported that not all GPs currently use the CCG system, with approximately 10%-15% of GPs continuing to forward written referrals to the Trust's Appointments Offices by post.

#### **Referrals from Clinicians on Northern Ireland Electronic Care Record (NIECR) E-referral:**

NIECR is an electronic system which enables health and social care staff to access records of investigation requests, appointments, encounter and discharge letters and information relating to patients' medical history. NIECR's E-referral facility enables secondary care clinicians to send and receive referrals through NIECR. GPs cannot currently send referrals through NIECR.

#### **Referrals from Emergency Departments:**

Referrals from ED to outpatients services are made in hard copy paper format. Upon receipt, these referrals are scanned into emails which are sent to the Trust's Appointments Offices. These are then printed and distributed to individual consultants for their triage.

---

<sup>e</sup> Information provided as an appendix to the Trust's completed structured questionnaire

### **Referrals from Other Trusts:**

Belfast Trust reported that the majority of referrals from hospital consultants in other Trusts are posted to the Trust's Appointments Offices where they are registered on the Trust's PAS system and then forwarded to individual consultants for triage. The Trust indicated that a small number of referrals are sent directly to individual consultant's offices, and if this occurs the referral must also be forwarded to the Trust's Appointments Offices for registration and processing.

### **Referrals from the Independent Sector:**

Staff reported that when an independent sector<sup>f</sup> patient wished to transfer into the Trust (to receive care as an HSC patient), they would advise their consultant that they wished to re-designate. The consultant would inform one of the Trust's Appointments Offices and also the Trust's Private Patients Office. This movement / re-designation would be recorded on PAS as 'Private to NHS' and identified by the use of the code PTN (Private Transfer to NHS). Staff told us that this code was introduced by the Trust in April 2018 to replace a number of previously used codes and to improve the oversight and monitoring of patients re-designating from the Independent Sector.

### **Referrals through Other Systems- Belfast Orthopaedic Information System (BOIS) and Paris**

The referral routes described above apply to the majority of clinical specialties within the Trust, however two services receive referrals through other routes / information systems. The Trust's orthopaedic service uses a bespoke information system, known as BOIS and referrals through its orthopaedic outpatient services are registered through this system. Referrals received for community and mental health services are registered on the Trust's community information system, which is known as Paris.

We noted the myriad of referral routes into Belfast Trust's outpatients services. This multiplicity of referral routes and systems poses a significant challenge for administrators, managers and clinicians who may be reliant on two or three key individuals with expert knowledge of locally operating complex systems. Aspects of the Trust's referral systems are likely to include duplication and inefficiency, with local workarounds implemented to address the challenges encountered. This is likely to increase the complexity of locally operating systems and to add to challenges in assuring best practice at a system level across services and Divisions.

---

<sup>f</sup> When we use the term independent sector we are referring to those patients initially seen privately as opposed to within the HSC Services

We reviewed reports generated by various information systems and noted that, although current information systems generate reports of the numbers of referrals to outpatients services by profession of the referrer (i.e. GP, consultant, nurse, allied health professional (AHP), the Trust systems were unable to accurately identify those referrals to outpatients services arising from consultants or clinicians working in the Independent Sector. The Trust therefore does not have the information that it requires for oversight and assurance of patients re-designating from Independent Sector to HSC services.

Recommendation 1	Priority 1
<p>Belfast Trust should review and streamline its systems and process for receiving and managing referrals to its outpatients services. Accurate data and intelligence arising from streamlined referral systems should be used to inform oversight and assurance of the Trust's referral processes.</p>	

## 2.4 Triage

Triage is the process of assigning a level of priority to a referral to ensure that the patient is reviewed in order of their clinical condition / urgency. Referrals to outpatients services across Belfast Trust are triaged by hospital consultants or their authorised deputy. In some orthopaedic services delivered in Musgrave Park Hospital senior nurses undertake triage, guided by agreed protocols.

Outpatients referrals received by the Belfast Trust are categorised either as red flag <sup>[g]</sup>, urgent <sup>[h]</sup> or routine on the basis of information provided on the referral form. A referral may be categorised as a red flag either at the time of referral by a GP or during the triage stage by the hospital consultant. When a referral is identified as a 'red flag' the patient in question requires urgent investigation for suspected cancer.

Following triage, referrals categorised as urgent should be booked within the maximum waiting time (as agreed by the relevant services) from the date of receipt of referral. Similarly referrals categorised as routine, should be booked within the maximum waiting time agreed by the relevant service. The prioritisation of referrals, including those relating to patients transferring from the Independent Sector is completed by individual hospital consultants or their authorised deputy.

We noted the Trust's single clinician approach to the triage of referrals to its outpatients services, referrals are not routinely reviewed or assessed by more than one clinician.

<sup>g</sup> Patients referred with suspected breast cancer are referred as 'Red Flag'. This term has been adopted by Belfast Trust to identify suspect cancer patients.

<sup>h</sup> The definition of clinical urgency is defined by specialty / procedure / service. Patients are treated on the basis of their clinical urgency, with urgent patients seen and treated first.

We also noted the absence of a robust system to validate and assure decisions relating to the outcome of triage of referrals received. Although the Trust's Appointments Offices advised they could audit cases where the triage grading had been changed and they could review individual clinician triage patterns, we found that this approach was not often requested or undertaken in the context of confirming or assuring best practice.

Recommendation 2	Priority 2
Belfast Trust should develop and implement a wider team approach to assure best practice in the triaging of referrals received for its outpatient services; a team approach is particularly important for referrals received to high risk specialties such as antenatal obstetric care.	

## 2.5 Waiting lists

The Expert Review Team noted that waiting lists present a particular and significant challenge for outpatients services in Belfast Trust, and that there is a similar position across other HSC Trusts in Northern Ireland. Current Ministerial waiting time targets advise that by March 2019<sup>18</sup>, 50% of patients should be waiting no longer than 9 weeks for an outpatients appointment and that no patient should wait longer than 52 weeks. The Expert Review Team noted that at time of this review Belfast Trust was not achieving either of these targets. In its corporate performance report for July 2018 the Trust reported that 74% of patients on its outpatients waiting list at the end of May 2018, were waiting more than 9 weeks and that 31,882 patients were waiting longer than 52 weeks<sup>19</sup> for a first consultant led outpatient appointment.

We noted that challenges relating to excessive waiting times are included on the risk registers for all Directorates responsible for outpatient's services in the Trust. We met the Chief Executive of the Trust who emphasised his commitment to reducing waiting lists and implementing the 'Elective Care Plan: Transformation and Reform of Elective Care Services'<sup>20</sup>. We heard the Trust has established an Outpatient Modernisation Group, which has been tasked with modernisation of outpatients services across the Trust and with creating new ways of working in an attempt to manage services more efficiently and to increase capacity.

We heard of a number of initiatives to address the current waiting lists for outpatient services across the Trust, these include the establishment of mega clinics within orthopaedic services in Musgrave Park Hospital, the use of physiotherapists to undertake clinic assessments in orthopaedic services, and referral of patients with carpal tunnel syndrome to services within the Republic of Ireland. Although somewhat early in their development, we considered that initiatives such as these are promising, we heard positive feedback from multi-disciplinary staff involved in developing and delivering these services.

We noted the opportunity to increase skill mix and to provide career development for a range of staff through further development of new service initiatives. The Expert Review Team highlighted the critical importance of ensuring that all such service developments have a rigorous evaluation strategy agreed from the outset and of early proactive decisions, based on evidence, regarding value added and/or benefit gained from such service developments.

We noted that work has been progressed by the Trust's Outpatient Modernisation Group since its establishment. The Expert Review Team considered that the Trust could further support this group to expand and increase the pace of its work programme with a view to optimising capacity, further reducing waiting lists and delivering significant system-wide improvements across outpatient services.

### **Validation of Waiting Lists**

The Protocol<sup>i</sup> advises that all patients referred to the Trust should be placed on a waiting list for an outpatients appointment, hospital admission, diagnostic procedures or in-patient treatment, as appropriate to their clinical need and priority. It advises that a continuous process of validation of waiting lists should be in place, that validation of waiting lists should be undertaken on a weekly basis (as a minimum) and that waiting lists should be continually reviewed as waiting times reduce.

The Trust advised it introduced a process of validation of waiting lists in 2017. As part of this process, patients waiting for particular outpatients services were contacted by telephone to confirm their continuing need to be on the relevant waiting list, either for a first outpatients appointment or for a review appointment. The Trust reported this validation methodology is in place for a specific number of outpatients services, and to date has resulted in a 25% reduction in the numbers of patients waiting for the relevant service. We were informed that the current process of validation is conducted in writing to patients.

The Trust advised that monitoring of waiting lists (numbers waiting, time waiting and waiting time for each clinic) is managed by the relevant service directorate in the Trust, and is supported by information and intelligence supplied by the Directorate of Performance, Planning and Informatics. Several reports are regularly produced and these are used to inform and support management of waiting lists, including:

- Capacity / Demand Monthly Report is shared with Directorates or Divisions with a view to facilitating extra clinics where needed;
- Primary Target Listings Report is used to calculate demand, to confirm triage completed and that the patient is on correct list; and
- Back Log Review: Long Waits is shared with the relevant Appointments manager, Service Managers and Hospital consultants.

---

<sup>i</sup> The Integrated Elective Access Protocol issued by the DoH provides a standardised approach in respect of arrangements for access to elective services across Northern Ireland

Although current processes for validation of specific Trust waiting lists (by telephone and/or postal communication) is clearly a valuable exercise, the Expert Review Team determined that additional focus should be placed on the clinical component of any validation process or processes undertaken by the Trust. Validation should preferably include a robust method of securing information on each patient's clinical condition, thereby enabling a risk stratification of those patients in most urgent need of review.

Robust validation of current waiting lists will assist the Trust in securing a clear understanding of the risks and clinical needs experienced by patients awaiting review, will provide an accurate picture of the numbers waiting and the associated timescales, and will greatly assist the Trust in planning and delivering its outpatients services.

<b>Recommendation 3</b>	<b>Priority 1</b>
Belfast Trust should strengthen its systems for validation of lists of patients currently awaiting review and / or assessment through outpatients services; validation should include risk stratification, by clinical need and priority, of patients currently on waiting lists.	

### **Transfer of patients from the Independent Sector**

During our meetings with senior management and staff in the Trust we heard that referrals from the Independent Sector are handled in accordance with The Protocol<sup>j</sup>.

The Protocol advises that when patients are seen by a consultant in the Independent Sector and indicate that they wish to re-designate to an HSC service, a referral is initiated by the patient's consultant to the relevant HSC service. Following receipt, this referral is triaged by the Trust and a relevant priority is assigned, the patient joins the waiting list for the relevant outpatient for the relevant HSC service at an appropriate point (which is based on clinical need and urgency determined through the triage process).

Representatives from the HSC Board and PHA advised the Expert Review Team that they were aware of patients moving between the Independent Sector and Trusts. They considered that it was the responsibility of individual Trusts to provide assurance that there is no disadvantage to HSC patients already on waiting lists as a consequence of patients moving from the Independent Sector into the HSC.

<sup>j</sup> The Integrated Elective Access Protocol issued by the DoH provides a standardised approach in respect of arrangements for access to elective services across Northern Ireland

The Expert Review Team observed that at the time of this review the Trust does not have a sufficiently robust system in place to assure best practice in this context. The Trust does not have effective operating systems to ensure patients transferring from Independent Sector services are appropriately identified and / or captured at the time of redesignation, there is no system for validation of decisions made in respect of triage of clinical need and / or urgency following referral to the Trust and the Trust does not have a robust system to audit transfers from the Independent Sector.

During unannounced inspections, undertaken as part of this review, we examined the Trust's systems and processes to identify, capture and record information, with a particular focus on patients redesignating from the Independent Sector to the HSC.

We reviewed data from the Trust's PAS system relating to a four-day period during October 2018. Of the 500 outpatient attendances captured in the PAS system, less than 1% were registered under the code PTN (Private Transfer to NHS, a new code introduced by the trust in April 2018), indicating they had re-designated from the Independent Sector to HSC services.

We compared this finding to responses received to our patient survey (576 respondents) which indicated 5% of respondents had attended outpatients services in HSC following referral from care received in the Independent Sector. The Expert Review Team acknowledges these two groups are not directly comparable, however we note the difference between the survey findings (5%) and the inspection findings (1%) regarding patients moving from the Independent Sector. The Expert Review Team and our Inspection Team considered it is possible that use of the PTN code on the Trust's PAS system was not capturing all patients re-designating from the Independent Sector and that there was an under-ascertainment in this regard.

<b>Recommendation 4</b>	<b>Priority 2</b>
Belfast Trust should review its systems for identifying and recording information on patients transferring from the Independent Sector to Trust services; the Trust should ensure there is robust governance and oversight of all processes relating to transfer.	

## 2.6 Before the Appointment

During engagement with the Expert Review Team the Trust confirmed it follows The Protocol which advises the following booking arrangements for new patients and review patients:

### New Appointments

All new routine and urgent patients referred to the Trust are partially booked. This means a written invitation is issued to the patient, inviting them to telephone the Trust's Appointments Office to make an appointment, within two to six weeks of receipt of their invitation. Two invitation letters to attend an outpatients clinic are issued to each patient. If there is no response to either letter the patient is discharged and the patient's GP or referring healthcare professional is advised in writing of their discharge. Trust staff told us, that if the patient then subsequently contacts the Appointments Office within a reasonable timescale (usually up to four weeks of being discharged) staff will try to make another appointment for the patient.

### Review Appointment

Patients who require a review appointment are added to the review appointment waiting list and the majority are partially booked (i.e. a letter is issued requesting the patient to contact the Appointments Office to schedule their appointment, as described above).

We heard that a small number of specialist outpatient clinics book their own review appointments before the patient leaves the clinic in which they have been seen /assessed (for example: dermatology, hepatology and chest clinics). Other patients who have been seen in outpatients and require a review appointment are added to the review appointment waiting list for the relevant service and the majority are partially booked.

### Cancellations, Do Not Attends (DNA) and Cannot Attend (CNA)

There are a number of ways in which an appointment booked for a patient to attend an outpatients clinic may be cancelled. Appointments may be cancelled by the hospital, patients may not attend for their appointment without giving prior notice (do not attend or DNA) or patients may cancel their appointment and give prior notice to the Trust (cannot attend or CNA). These scenarios contribute to significant lost productivity for outpatients services across the Trust.

During 2017/2018, the Trust cancelled a total of 79,143 outpatients appointments per 100 referrals, equating to a hospital CNA rate<sup>k</sup> of 11.4. This cancellation rate is higher than the Northern Ireland average of 10.4.

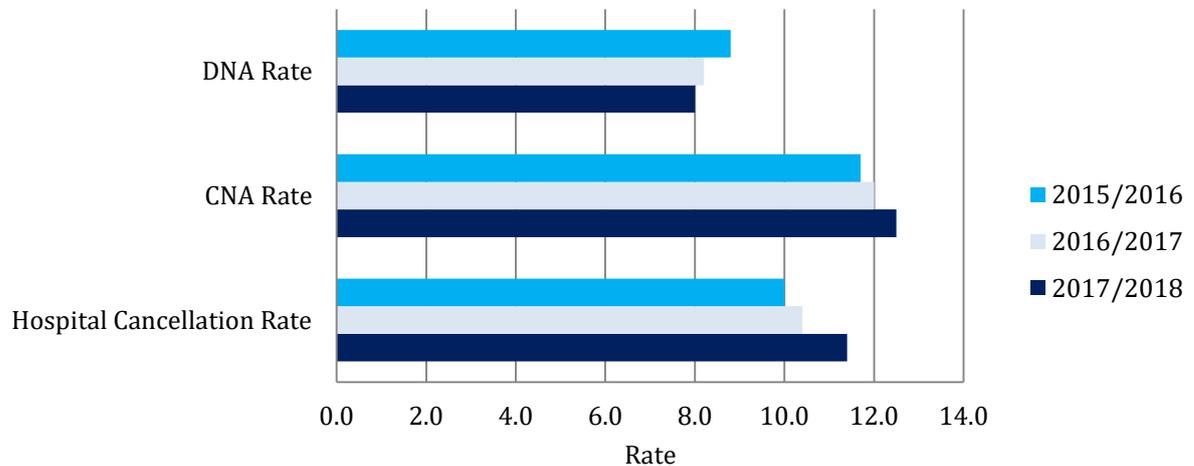
---

<sup>k</sup> The Department of Health calculate CNA rate using this equation:

$$\frac{\text{Number of cancelled appointments}}{\text{Total attendances} + \text{number of cancelled appointments}}$$

Figure 9 illustrates that the Trust's cancellation rate has increased over a recent three-year period.

**Figure 9: Outpatients Non-Attendance Rates at Consultant Led Services in Belfast Trust 2015/2016 to 2017/2018**



Source: Hospital Statistics: Outpatients Activity Statistics 2017/2018, Information and Analysis Directorate, Department of Health (NI)

Discussions with staff during our 'Review Week' indicated a number of reasons why a clinic may be cancelled by the Trust, for example: planned leave, unplanned leave and / or study leave on the part of the hospital consultant. Staff indicated that the most common reason the Trust cancels a clinic is staff leave requested outside of the agreed six-week notice period.

We noted that only 15.7% of respondents to our patient, carer and relative survey, indicated that when their appointment was cancelled, the reason(s) for cancellation were explained to them and their appointment was promptly re-arranged. During our focus groups with neurology patients and their relatives we heard of instances where clinics had been cancelled two and three times.

We asked staff how data on cancellations and non-attendance at outpatients appointments (DNAs and CNAs) were used to help inform planning and delivery of services as well as services improvements. We were advised that cancellation reports were run on a monthly basis and used by the local Appointments Office Teams to ensure PAS reflected the reason for cancellation correctly. During our engagements with Service Managers responsible for outpatients services across the Trust it was not evident that this information was routinely requested or received or consistently used by Service Managers to inform service planning and improvement.

The Expert Review Team acknowledged the work progressed by the Trust to reduce the number of outpatient appointments lost as a result of cancellations and/or non-attended appointments.

However they considered that the level of appointments cancelled or not attended results in significant lost productivity for the Trust, cancellation may also cause considerable inconvenience for patients and their relatives/carers. The Trust must ensure that timely information is generated and made available on the number of cancelled and non-attended appointments and must communicate this information in a useful format to the relevant Service Managers who have operational responsibility for planning and delivering outpatient services. In Section 3 (Well Led) and Section 4 (Safe and Effective Care) of this report we consider further how the Trust is addressing productivity lost by cancellations and non-attendances and how effectively information is being used in this regard.

<b>Recommendation 5</b>	<b>Priority 1</b>
<p>a) Belfast Trust should ensure that all outpatients services receive and actively use up-to-date information relating to productivity lost through clinics which are cancelled and / or not attended (DNAs and CNAs);</p> <p>b) The Trust should expedite its work to improve productivity and reduce the impact of cancellations and non-attendances at outpatient clinics.</p>	

## 2.7 At the Appointment

During inspections undertaken as part of this review we visited outpatients clinics at the Royal Victoria Hospital, the Royal Belfast Hospital for Sick Children, the Mater Infirmorum Hospital, Musgrave Park Hospital and Belfast City Hospital. We observed patients being seen by a variety of multidisciplinary professionals during their outpatient clinic attendance. We observed patients receiving information about their condition and any tests or treatments which they were receiving or were recommended, this information was usually provided verbally by specialist hospital teams and/or outpatients staff.

### Patients attending who are not booked

We identified a number of people attending outpatients services/clinic who had not been formally booked into the clinic on the day of their attendance. We learned this situation generally arose when a patient contacted a nurse or consultant with a concern relating to their known health condition; the nurse or consultant would subsequently have arranged for the patient to be accommodated at the end of the next planned outpatients clinic for the service in question. Our inspectors confirmed that a robust process was in place to capture and manage such short-notice attendances and that the patient's clinical notes were generally made available to support their attendance at the relevant clinic.

The Expert Review Team noted the dedication of many staff to ensuring patients who had reported a concern regarding their clinical condition were accommodated in as timely a way as possible.

Staff in some outpatients services initially reported that patients could potentially be added to or attend the end of an outpatient clinics and not be formally recorded in the Trust's information systems as having attended the relevant clinic. Inspectors monitored this throughout our unannounced inspections over eleven days in October 2018. Only a small number of patients were identified who were added at short notice to the end of clinics, all were noted to have valid reasons for attending, none of these were private/fee-paying patients and all were confirmed to be appropriately captured by the information system in operation for the relevant clinic.

Staff working in the orthopaedics outpatients service in Musgrave Park Hospital reported that patients presenting on the wrong date for their appointment and in the wrong location was a regular occurrence. Our inspectors observed this during our unannounced inspections in the hospital. Following discussion we noted that this was primarily related to content and format of appointment letters for orthopaedic clinics which are generated from the Trust's BOIS information system. All appointment letters, irrespective of the location of the orthopaedic clinic they relate to, have a large printed heading referring to Musgrave Park Hospital at the top of the letter. This results in some patients misreading the correspondence and presenting to Musgrave Park Hospital for their appointment rather than the specific location which is detailed within the body of the letter issued (which may not be Musgrave Park Hospital).

The Trust should address the potential for miscommunication in these letters and in agreeing a revised format will need to be cognisant of the main population groups likely to receive appointment letters for this service (will include elderly patients who have suspected or confirmed fractures). Our Inspection Team noted the helpful support and assistance provided by administration staff working in orthopaedic outpatients to patients presenting on the incorrect day or to the incorrect location for their appointment.

<b>Recommendation 6</b>	<b>Priority 1</b>
Belfast Trust should urgently review the content and format of appointment letters issued to patients attending orthopaedic outpatients services.	

## 2.8 After the Appointment: Follow-Up and Discharge

In July 2017, the Professional Record Standards Body (PRSB) published new standards in relation to outpatients letters<sup>21</sup>. These standards aim to improve communication between hospitals, other professionals and patients following outpatients appointments.

This was followed by the Academy of Medical Royal Colleges publication “Please, write to me” in September 2018, which offers guidance on issuing outpatients clinic letters directly to patients, rather than writing to their GP and sending a copy of the GP letter to the patient in question<sup>22</sup>.

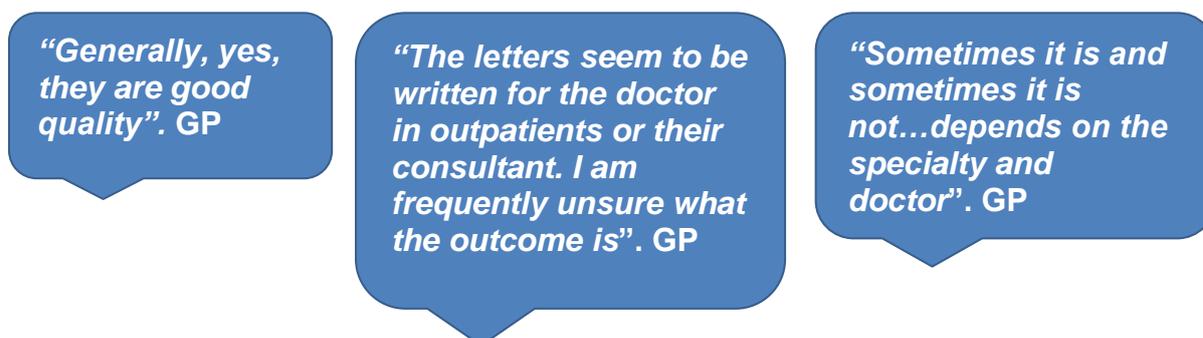
We noted a range of practices across the Trust in relation to communication with GPs following outpatients appointments. We noted an absence of clear operational standards for the Trust relating to the content, format and timelines for communication with GPs in this regard. Trust staff reported that each patient’s GP receives a letter detailing when, where and by whom the patient was seen, the diagnosis or differential diagnoses made and treatment planned or advised for the patient. A majority of clinic letters were described as typed by the relevant consultant’s secretary, added to the Trust’s Patient Centre (PC)<sup>1</sup> system and then uploaded to the NIECR. We noted that some services issued clinic letters in a timely manner, while for other services there was a considerable delay in issuing letters to the patients’ GP following the outpatient clinic. At the time of the Review we were not informed of any service that had agreed an approach to write directly to patients following their review at outpatients or to copy patients into the letter issued to their GP.

We heard that letters relating to patients in Musgrave Park Hospital were not immediately available on NIECR as they were created first on the local information system (BOIS), but that letters created on the Regional Information System for Oncology Haematology (RISOH) had been available to view on NIECR since 2018.

Through our online survey of GPs in Northern Ireland we noted that less than half of respondents (42%) reported they receive formal summary letters detailing their patients’ outpatients review from Belfast Trust in a timely way. However, when we asked GPs if the information they received in the letters was detailed enough for them to provide ongoing care, 11% of those who responded to this question (17 out of 150 responses) stated that the letters lacked sufficient detail for them to provide ongoing treatment.

### Figure 10: Feedback from our GP survey

**We asked: *Do you receive formal summary letters detailing the outpatients review from the Belfast Trust in a timely way?***



<sup>1</sup> Patient Centre is an electronic management system used in outpatients

During our engagement, Senior Trust staff acknowledged that systems and processes relating to discharge correspondence for patients receiving care in inpatient services were more robust than those for patients reviewed in outpatients services. We were advised that the Trust plans to undertake an audit of correspondence issued by outpatients services in order to describe current practices and to deliver improvements in the service.

The Expert Review Team noted that improvements have been made across inpatient services in the Trust, in relation to standardisation of content and timeliness of letters issued to GPs at the time of discharge. The Expert Review Team also noted that as part of the neurology recall patients were copied into communications relating to their outpatient review issued to the GP. We considered that the Trust will be in a position to identify important learning arising from these initiatives and to apply this learning across its outpatients services.

<b>Recommendation 7</b>	<b>Priority 1</b>
<ul style="list-style-type: none"> <li>a) Belfast Trust should review its current practice in relation to communication with General Practitioners and other referrers, following patients' attendance at outpatients services.</li> <li>b) The Trust should agree, implement and monitor a standard set of key performance indicators across its outpatients services to underpin improvement in its written communication following outpatients review.</li> <li>c) The Trust should evaluate the impact and effectiveness of directly including patients in clinical correspondence following outpatients review, to determine if implementing this approach would be of benefit across all its outpatients services.</li> </ul>	

## Section 3: Well Led

Effective leadership is essential to ensure a high quality and well-led service. We considered the leadership and governance structures, systems and processes within the Belfast Trust and in particular across outpatients services. We reviewed the extent to which these support the Trust to identify and manage risk and to fulfil its accountability and transparency commitments. We also reviewed the systems and processes the Trust uses to measure, monitor and evaluate performance of outpatients services and to provide assurance to the Trust Board and Executive Management Team.

### 3.1 Vision

Belfast Trust has identified that its first priority is to be one of the safest, most effective and compassionate healthcare organisations. This priority is underpinned by the Trust's aim to be in the top 20% of high performing Trusts with regard to safety and quality by 2020. We met with many executives, senior managers, managers and frontline staff across the Trust during this review. We were impressed by their dedication to delivering the Trust's ambition and by their commitment to continuously improve the safety, quality and experience of people who access and receive services from the Trust.

The Trust is currently in the second year of its Corporate Plan 2018/2021<sup>23</sup>. Through this plan it has acknowledged the central importance of its workforce and has signalled its intention to work collaboratively to address future health and care needs and to build shared solutions to ensure the effective delivery of a transformed service. The Trust has highlighted four aspects of service improvement as the building blocks for achieving its' vision. These are; skilled clinical leadership, cultural change, data linked to organisational goals and standardisation of processes where possible. Through our visits to the Trust, our meetings with staff and our inspections of services we saw a range of projects and prototypes progressing work on these aspects of service improvement.

### 3.2 Accountability and Governance Structure

The Trust's Assurance Framework 2017/2018 identifies the role of Trust Board as a collective responsibility to add value to the organisation by directing and supervising Trust affairs. The Board provides active leadership to the Trust, it sets the Trust's strategic aims and ensures the necessary financial and human resources are in place for the Trust to meet its objectives. Figure 11 describes the roles of senior leaders across the organisation.

**Figure 11: Trust Leadership Roles and Responsibilities**



Within the Trust’s devolved Directorate and Divisional structure and its collective leadership model, Directors have overall responsibility for their Directorate. Directors ensure staff within their Directorate understand and comply with systems for good governance. Each Directorate has its own operating and assurance structure and is supported by a Quality and Governance Manager.

Directorates are organised into Divisions, each with a Divisional Leadership Team that reports to and is collectively accountable to the relevant Director. Divisions are organised into Care Delivery Units, each with leadership teams that report to and are accountable to their Divisional Leadership Team. Leadership teams at Care Delivery Unit level are responsible for making decisions related to their particular area(s) and for working collaboratively with other teams within and across Directorates.

The Expert Review Team recognised and appreciated the Trust’s clear commitment to implementing its collective leadership strategy and its refreshed organisational accountability arrangements in a meaningful way. While arrangements were clear, or in the process of being clarified, through Directorate and Divisional structures we found they were not necessarily as clear for staff providing care and /or treatment in outpatients services/ departments.

The Expert Review Team recognised the significant importance of Sister / Charge Nurses to providing stable, effective leadership at local level in outpatients services/departments across the Trust.

Through our many engagements we did not find evidence that Sisters / Charge Nurses in outpatients settings were sufficiently connected into the Trust's collective leadership structures or that they had harnessed their collective expertise and experience to influence and deliver improvement at a system level in the Trust (beyond their individual immediate service demands and priorities).

<b>Recommendation 8</b>	<b>Priority 1</b>
Belfast Trust should identify and strengthen mechanisms to engage Sisters / Charge Nurses across outpatients services in its work programmes addressing collective leadership and organisational accountability.	

### 3.3 Delivering Services

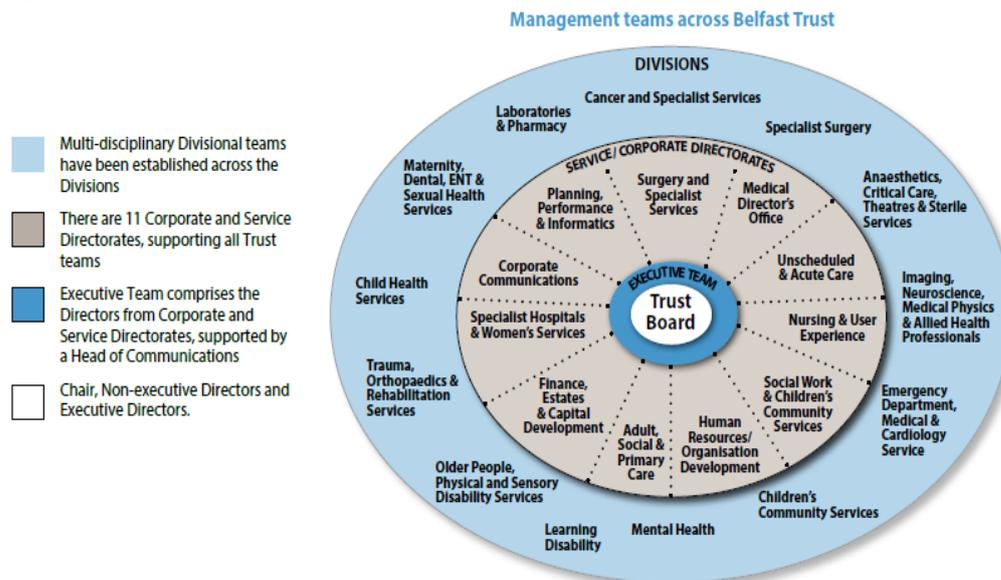
The Trust's corporate objectives are informed by the needs of its population, its organisation specific requirements, standards and targets set out in the DoH's annual Commissioning Plan, and priorities advised by commissioners (the HSC Board and the PHA). These objectives are articulated through the Trust's Corporate Management Plan 2018-21<sup>24</sup> and its Annual Report<sup>25</sup> and implemented through the Trust's Directorate, Division and care delivery unit / service plans, and through team and individual staff plans. The Trust has identified that it will deliver improvement in elective care during each year of its most recent Corporate Management Plan 2018-2021<sup>26</sup>, through building elective care capacity and improving outpatients, in-patient and day case waiting times.

The Trust delivers, manages and oversees its services through a Directorate structure, comprised of five service Directorates<sup>m</sup> and six corporate Directorates<sup>n</sup>, as illustrated in Figure 12.

<sup>m</sup> Service Directorates: Unscheduled and Acute Care; Surgery and Specialist Services; Specialist Hospitals and Women's Health; Children's Community Service; Adult Social and Primary Care.

<sup>n</sup> Corporate Directorates: Planning, performance and Informatics; Medical Directors; Nursing and User Experience; Human Resources/ Organisation development; Finances Estates and Capital Development; Corporate Communications; Planning Performance and Informatics.

**Figure 12: Belfast HSC Trust Management Structure**



Source: Belfast Trust Corporate Management Plan 2018-21

Outpatients services in the Trust are delivered mainly through four Directorates - Surgery and Specialist Services, Unscheduled and Acute Care, Specialist Hospitals and Women’s Health, Adult Social and Primary Care Services. The Performance, Planning and Informatics Directorate is an important partner to these service Directorates in the context of planning, scheduling, and operationally managing all outpatient services across the Trust.

Outpatients services are delivered in a range of locations in five main hospital sites across Belfast Trust. Each of the four service Directorates above is responsible for their own particular outpatients services. It follows that one outpatients clinic or department is likely to provide services for more than one service Directorate. For example Belfast City Hospital delivers outpatients services on behalf of Surgery and Specialist Services (breast surgery, neurology), Unscheduled and Acute Care (cardiology, respiratory), Specialist Hospitals and Women’s Health (gynaecology) and Adult Social and Primary Care (elderly care).

During meetings with staff the Expert Review Team received feedback indicating general support for the Trust’s service Directorate and Divisional operating structure. Clinicians told us that this model facilitates the care of patients at particular stages of their care pathway and also of patients who are moving between stages of care pathways. Managers told us this model facilitates integrated planning and delivery of Trust services.

Given the size and scale of Belfast Trust, the complexity of services the Trust delivers and the current service Directorate/ Divisions model it operates, the Expert Review Team noted that it was a challenge for senior managers in the Trust to have an accurate picture and maintain comprehensive oversight across all outpatients services they may be responsible for.

Recommendation 9	Priority 1
<p>a) Belfast Trust should complete a mapping exercise to understand in detail the operational, management and governance arrangements across all outpatients services it delivers.</p> <p>b) The Trust should assure itself that operational arrangements for all outpatients services are appropriately aligned across service Directorates and Divisions, so that care delivered in outpatients is consistency well governed.</p>	

### 3.4 Culture

The Trust described its ongoing work to develop a culture that reflects continuous improvement, person-centred care, and learning and development for all staff. Its corporate and strategic plans and associated documentation reflect this commitment. Many staff the Expert Review Team met during review meetings and our Inspection Team observed during unannounced inspections demonstrated the Trust values in action; respect and dignity, accountability, openness and trust, learning and development, and being leading edge.

The Expert Review Team met with the Trust Chair and two Non-Executive Director Members of the Trust Board. We appreciated their strong commitment to the Trust's values and to creating an open, transparent organisation in which everyone is empowered to speak up and challenge as necessary.

The Chair and Chief Executive described their regular visits to many frontline services across the Trust. They reflected on the openness of frontline staff they encounter during these visits and the willingness of staff to share what is good and what is challenging in the context of their work in delivering services. Members of the Executive Team described their regular leadership workarounds, highlighting the multiple purposes of these workarounds - to assess good practice; to identify challenges/issues; to celebrate success; to offer support and recognition to staff; and to engage with patients. The Expert Review Team recognised the Chief Executive's and the Executive Team's commitment to engaging with staff and patients across the Trust and to ensuring actions were progressed and improvements were made, as a result of learning identified during their visits with staff and patients, and following their walkarounds.

The Kings Fund has highlighted that 'leadership is the most influential factor shaping organisational culture, so ensuring the necessary leadership strategies, behaviours and qualities are developed is fundamental'<sup>27</sup>. The Trust has made a strong commitment to implementing a collective leadership model, a model which sees leadership as shared and distributed across the whole organisation and beyond.

In its Leadership and Management Framework 2016/ 2019<sup>28</sup> the Trust commits to creating a community of leaders which it defines as ‘leaders at all levels of the organisation working towards achieving high performance and improvement’.

Through meetings and engagements with staff the Expert Review Team heard about the Trust’s collective leadership model, adopted in 2016, and was encouraged by the positive reflections of many staff, including medical, nursing and other clinical groups, on implementation of this leadership model. We were advised of investments in teams at Directorate, Divisional and care delivery unit/service level, to enable a culture that engages and supports team members to find solutions and to improve together. We noted that each Collective Leadership Team is expected to include in its objectives a commitment to improving its effectiveness in working with other teams and organisations.

The Expert Review Team met with various Clinical Directors during our ‘Review Week’ who reported that the culture was changing across the Trust and that staff working in multidisciplinary teams were asking searching questions and providing challenge. We heard examples of service with good arrangements to support multidisciplinary working, for example the Trust’s pain services.

Senior managers shared their experience of an improved culture, which they described as having greater openness, more questioning and more solution oriented approaches to challenges encountered. However, the Expert Review Team received variable feedback from frontline staff across outpatients services regarding visits from, and opportunities to engage with, senior Trust managers. Some outpatients staff could not recall when they had last seen or met with their Director or relevant senior leader. While the Expert Review Team recognised that implementing its collective leadership strategy and model is work in progress for the Trust, we noted that the Trust has signalled its intention to give further thought as to how this model will operate in its community facing services. The Expert Review Team welcomed this acknowledgement on the part of senior Trust managers, given that the emphasis of organisational development work undertaken to date has been predominantly on inpatient services and areas.

<b>Recommendation 10</b>	<b>Priority 2</b>
<ul style="list-style-type: none"> <li>a) Belfast Trust should specify how its collective leadership strategy and model will specifically strengthen the delivery of safe, effective and compassionate care across outpatient services;</li> <li>b) The Trust should identify key measures to demonstrate the impact of its collective leadership strategy and model on outpatient services.</li> </ul>	

### 3.5 Service Performance

The Trust employs a variety of systems and processes to evidence its performance and to provide assurance that it is meeting its objectives, these are underpinned by its Performance and Accountability Framework<sup>29</sup>. During meetings with the Expert Review team staff described performance reporting arrangements which included meetings of Trust Board, the Chief Executive, the Executive Team, Directors, Divisional Managers, Governance Managers and a range of other staff.

The Trust prepares a regular Trust Board Performance Report<sup>30</sup> which is presented to the Executive Team and the Board. This corporate report is presented in two main sections. The first describes the organisation's performance in relation to key indicators of safety, quality and experience (SQE) including mortality, healthcare associated infections, elements of the safety thermometer, medicines and patient experience. The second section sets out Trust progress against key standards and targets contained in the DoH annual Commissioning Plan Directions.

The performance of outpatient services is included in performance reporting arrangements for the Director and Divisional Teams of the relevant services. Given that outpatient services are delivered through at least four service Directorates and at least five hospitals across the Trust, the Expert Review team was not confident that current reporting arrangements enable comprehensive oversight of performance across all outpatient services delivered by the Trust.

We received a copy of the Trust Board Performance Report, we noted clarity in its presentation and we welcomed the use of data to inform oversight and assessment of performance and progress toward improvement. However, the majority of data reported in this Performance Report relates to inpatient rather than outpatient services. The report includes information relating to waiting times but is limited in respect of other indicators of quality or effectiveness for outpatient services. Given the proportion of the Trust's activity delivered through outpatients and the increasingly complex nature of care and treatment provided by outpatients services, the Trust needs to determine how it will measure and report appropriate indicators specifically relating to performance of outpatients services.

During visits and inspections undertaken as part of this review the Expert Review Team sought evidence that data was informing local service delivery and improvement within and across outpatients services. Frontline staff with whom we engaged demonstrated limited knowledge or understanding of how their service performance was measured or reported. Most outpatients sites displayed performance information relating to hand hygiene only, some displayed information relating to environmental cleanliness, and a few displayed data relating to other aspects of performance (for example medicines use, patient experience). The Expert Review Team noted that, in general, staff displayed low curiosity in relation to how performance of their service was measured and evidenced, with the exception of data relating to

clinic activity and/or patient throughput. All staff delivering outpatients services will need to be supported to understand the importance of measurement to evidence the quality of care they provide.

Recommendation 11	Priority 1
<p>Belfast Trust should develop and implement a set of key indicators to assure its performance in relation to the care and / or treatment delivered through outpatients services. The Trust should not limit these indicators to activity data only. An agreed set of key indicators should be shared with the Trust Board and the Executive Team on a regular basis.</p>	

### 3.6 Quality Improvement

The Trust has identified that one of the key aspects of its Quality Improvement (QI) Strategy is to have an open, transparent and supportive organisation that is continually learning and sharing<sup>31</sup>. A range of QI training programmes<sup>o</sup> are available to Trust staff, corresponding with skills and knowledge from Level 1 to Level 3 of the Regional Quality 2020 Attributes Framework<sup>32</sup>. The Trust Board, Chief Executive and Executive Team have actively participated in QI training. The Expert Review Team noted the clear commitment the Trust has made, including at Board level to improving the services it delivers and to equipping its staff with appropriate skills and knowledge to deliver these improvements. These QI programmes assist the Trust in creating and shaping its culture and in equipping staff to operate effectively within and across its complex health and care environments.

The Expert Review Team met with staff from the Trust’s Human Resources and Organisation Development Directorate who highlighted the Trust’s three previous successful accreditations with Investors in People (IiP). We heard about the Trust’s plans to achieve re-accreditation with IiP Generation 6, staff highlighted that in this context a culture survey will be undertaken by the Trust during 2019.

#### Area of Good Practice

Building on learning from international best practice, nineteen staff from across the Trust have commenced work on a themed area of staff wellbeing described as ‘Joy in Work’. Staff have completed online training with the Institute of Healthcare Improvement (IHI) and have now developed a project charter and a programme structure to progress work in this area across the Trust.

<sup>o</sup> QI Awareness Training

Level 1: a) Safety Quality Belfast- Level 2 of Regional Q2020 Framework, b) Specialty Trainees Engaged in Leadership Programme.

Level 2: STRIDE- Level 2 Scottish Improvement Leader

Level 3: Scottish Coaching and Leading for Improvement programme- Level 1.5.

The Expert Review Team received a detailed list of QI projects and audits undertaken by Trust staff in relation to outpatients services from 2015 onwards<sup>33</sup>. Examples undertaken included: improving outpatients wait times in orthopaedics; increasing the use of standardised patient letters in the Royal Victoria Hospital fracture clinic; and improving attendance at renal screening in patients with diabetes on maintenance haemodialysis. These QI projects were spread across a range of outpatients services and specialities including: cardiology; community paediatrics; dermatology; gastroenterology; general medicine; gynaecology; haematology; neurology; obstetrics and gynaecology; ophthalmology; orthopaedics; otorhinolaryngology; paediatric haematology; paediatrics; respiratory; and rheumatology.

It is clear that significant audit and QI work has progressed by Trust staff across a range of outpatients services and locations. While the Expert Review Team noted the volume and range of audit and QI work progressed and that the Trust has active plans to undertake further work in this regard, it was apparent that that much of this work has been undertaken on a single service or single location basis. While this approach will identify learning and deliver improvements for particular services and specific locations/sites, the Expert Review Team considered there are challenges in continuing with this approach in the absence of an overarching strategic framework. Effective co-ordination of disparate audit and QI projects is likely to require resource (with potential for duplication of effort), learning and improvements identified are likely to continue to focus on individual services or sites and there is a risk that the potential to identify and implement important system level improvements is not realised. The Trust will need to move beyond an approach that identifies learning arising from audits or improvement projects in a single service or location, to one which has the potential to deliver system wide improvement.

<b>Recommendation 12</b>	<b>Priority 2</b>
Belfast Trust should adopt a strategic approach to audit and quality improvement work involving outpatients services, to align with the Trust's organisation-wide approach to quality improvement and to focus on both specific service or site improvement and system level improvement.	

### 3.7 Managing Risk

#### The Risk Management Strategy

Risk management is the identification, evaluation and prioritisation of risk to control the probability and the impact of an incident<sup>34</sup>. The Trust shared its Risk Management Strategy 2017 - 2020<sup>35</sup> (hereafter The Risk Strategy) with the Expert Review Team. The Risk Strategy outlines the Trust's philosophy and strategic context, and sets out the responsibilities of staff to ensure successful management of risk.

The Risk Strategy articulates the Trust's commitment to providing and safeguarding the highest standards of care for patients and service users, and to:

*“Do its reasonable best to protect: patient, service users, staff, stakeholders, other members of the public, its assets and reputation from risk which rises from its undertakings” [page 3 <sup>36</sup>].*

Within The Risk Strategy the Trust identifies how staff at all levels (senior management, frontline, locum and agency staff) have a responsibility to identify risk. It recognises that even with a robust assurance framework in place, it is impossible to eliminate all risk, and that systems and controls in place across the Trust should not be so rigid they would impede innovation and the imaginative use of available resources.

The Trust has identified five risk objectives which are aligned to its organisation objectives:<sup>37</sup>

- A Culture of Safety and Excellence – ensuring an open and learning culture with robust systems to provide safe, effective care;
- Continuous Improvement - be a leading edge Trust through improvement;
- Partnerships - working collaboratively with all stakeholders and partners to deliver our purpose;
- Our People - showing leadership and excellence through organisation and workforce development;
- Resources - making the best use of resources by improving performance and productivity.

## **The Trust Assurance Framework and Principle Risk Document**

The Trust has outlined that its Assurance Framework (hereafter The Framework) is a means by which the Board is assured of the effective identification and management of risk. The Framework enables the Board to review the principle risks to achieving the organisational objectives and identifies key controls through which these risks will be managed and mitigated.

## **Identifying Risk**

Risks are documented, collated and tracked through the use of risk registers at various levels within the Trust. Risk registers aim to provide assurance about the effective identification and management of risk. During this review we received and reviewed these registers at a number of levels; the Principal Risk Document and Corporate Risk Register, Directorate Risk Registers and Departmental Risk Registers. We also spoke to frontline staff about their role in risk identification and management.

## Principal Risk Document and Corporate Risk Register

The principle risk document outlines the main risks and related controls that the Trust had identified at the time of fieldwork for this review, these had been escalated through the organisation from the corporate risk register. We reviewed the principle risk document dated July 2018 and we noted two risks relating to outpatients services within Trust. The first was “the risk that patients who are not reviewed as clinically indicated could lead to clinical consequences and harm to patients”. The Expert Review Team noted that the Trust appreciated the risk that patients currently on its waiting lists could experience harm as a consequence of delays in receiving care and treatment. The second risk outlined was “the risk to the safety and quality of care provided due to the case load of a single consultant neurologist”. The Expert Review Team noted the Trust’s description of this risk in the context of services delivered by one Consultant Neurologist. Other than the risks above identified within the principle risk document no other risks were identified in the Trust’s corporate risk register specifically relating to outpatients services.

## Directorate Risk Registers

Directorate risk registers collate the risks and controls for services across an entire Directorate. Risk registers for three Directorates were reviewed, namely; Surgery and Specialist Services, Specialist Hospitals and Women’s Health and Unscheduled and Acute Care. We noted these were lengthy documents containing a large number of risks some of which had been on the register for long periods of time. Specifically relating to outpatients services, a range of risks were identified which related to waiting lists, non-adherence to regional guidance for decontamination of equipment, and physical accommodation.

## Departmental Risk Registers

During unannounced inspections undertaken as part of this review our Inspection Teams reviewed specific departmental risk registers for services delivered in outpatients services in the Royal Belfast Hospital for Sick Children, Belfast City Hospital and the Mater Infirmorum Hospital. The Expert Review Team noted a large number of risks documented in these risk registers. A particular risk, in relation to the decontamination procedures for transoesophageal probes, was documented on all three risk registers. While we noted some common risks documented in risk registers reviewed, we did not find evidence of monitoring risks across a number of outpatients services (within one or more Directorates in the Trust) or that risks pertaining to outpatients services were being considered collectively across Directorates within the Trust.

## Operational Level

The Trust advises that it employs a number of training programmes and approaches to actively promote and support a proactive approach to identification of risk and completion of risk assessments.

We noted the various risk templates ranging from health and safety to stress at work, which were available for staff on the Trust's intranet (the Hub). When our Inspection Teams spoke with frontline staff working in outpatient services across the Trust during unannounced inspections completed during this review, few had knowledge of or could describe the risks captured in the relevant risk registers or the main operational risks pertaining to their services.

## Auditing Risk

The Trust has designed and uses a specific tool to enable services to undertake a regular self-assessment of the main risks impacting on their delivery of care and treatment to patients. This audit tool is known as the Belfast Risk Audit and Assessment Tool (abbreviated to BRAAT). Services across the Trust use this tool to assess and describe their compliance against key policies, procedures, guidance and legislation across five main areas. These are risk management; health and safety; medical gases and devices; organisational issues/matters; and health and social care of patients and clients.

Internal validation of BRAAT audit returns is undertaken by the Trust's Health and Safety Team. Following forty validation visits at August 2018, the Trust indicated that 96% of the fifty-six areas that completed BRAAT had achieved substantive compliance with the relevant standards outline in the audit tool.

The Expert Review Team considered that the BRAAT assessment tool in its current format and as currently completed, although a useful tool for periodic assessment of particular risks, is not a means of ensuring timely regular assurance of the Trust's robust management and mitigation of risks arising in relation to outpatient's services.

## Communication of Risk

Senior managers described the Trust's weekly 'live' governance meeting. This is a one-hour teleconference meeting, held each Friday morning, with representation from governance managers and other senior staff across the Trust. Discussion at this meeting is proforma-guided and includes the following – incidents occurring that week, new serious adverse incidents (SAIs), new interface incidents, new early alerts, scheduled coroners cases and clinical negligence cases, complaints received, new/emerging corporate risks and RIDDOR<sup>P</sup> reportable incidents .

The Trust uses this teleconference as a mechanism to identify and report incidents and/or issues arising in clinical areas, the meeting also acts as a means of keeping people updated and building a shared understanding of new and emerging risks.

---

<sup>P</sup> RIDDOR stands for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Under RIDDOR, employers, self-employed people and anyone who's in control of a business' premises are legally required to report specified workplace incidents, which include acts of non-consensual violence to people who are at work.

We reviewed the terms of reference for this weekly meeting as part of our work during this review and we noted that as well as covering a range of governance issues, participants are informed of any new corporate risks identified since the previous meeting. The structured proforma supporting this meeting ensures that an agreed set of areas, through which risks may emerge, is visited and discussed by senior governance managers in the Trust on a weekly basis. Papers summarising the teleconference discussion are shared with the Chief Executive and the Executive Team, enabling clear upward communication of new or emerging risks in a clear and structured way. It was notable however, that the Expert Review Team could not identify how outputs from this meeting are shared and disseminated from executive level in the Trust to frontline staff delivering care and treatment across outpatient services.

Having looked across the various systems to identify and manage risk, as currently operating in the Trust, the Expert Review Team noted some challenges. While a number of risks relating to service activity and throughput were clearly identified in risk registers, other risks relating to the clinical aspects of services delivered in outpatient settings were not necessarily identified (for example – risks relating to adult safeguarding, as described in Section 4 of this report). While individual service Directorates had systems in place to identify and manage/mitigate risks relevant to their particular services, evidence of a systematic mechanism to scrutinise risks for services delivered through more than one service Directorate was lacking. The Expert Review Team and our Inspection Teams also noted a challenge in relation to the availability of clear concise information on risks (emerging or continuing) and meaningful dissemination of that information to build a shared understanding across operational and management staff.

<b>Recommendation 13</b>	<b>Priority 1</b>
<p>Belfast Trust should strengthen its approach to the identification and management of risk within and across the outpatients services it delivers by necessity this will include:</p> <ul style="list-style-type: none"> <li>a) A mechanism to ensure sharper focus for the known risks across the full range of Trust services delivered in outpatients settings;</li> <li>b) Progressing work to understand and mitigate new or previously unidentified risks, such as those described in this review;</li> <li>c) Ensuring that all staff delivering outpatients services are proactive in their approach to identifying risks as they emerge and to implementing systems to manage these risks; and</li> <li>d) Ensuring that the Executive Team and Trust Board are regularly updated and receive robust assurance regarding risks as they relate to outpatients services.</li> </ul>	

### 3.8 Supporting Appraisal

The Trust reported that all staff participate in an annual appraisal. This meeting involves discussion between each staff member and their line manager or professional lead. A personal development plan is discussed and a set of personal objectives aligned to service requirements and the Trust's overall objectives, is agreed. Generally the agreed personal objectives and personal development plan are to be delivered during the twelve months following the appraisal.

Staff from Belfast Trust's Human Resources who met with the Expert Review Team indicated that the Trust has an appraisal target (across staff across all levels and Directorates) of 80% completion, at the time of this review the Trust-wide appraisal completion was reported as just over 75%. The Trust's Annual Quality Report for 2017/2018 indicates the Trust had a 98.8% rate of completion of appraisal for medical staff in 2016, against the 95% target for completion set by the DoH.

During our unannounced inspections, Specialist Nurses with whom our Inspection Teams engaged indicated that in general their annual appraisals were conducted by the relevant Service Managers for the service, who may not necessarily have a clinical background. We did not generally find evidence of wider professional input to annual appraisal for Specialist Nurses and did not hear of any examples of medical staff contributing to or providing professional input to appraisal of their team's or service's Specialist Nurses. The Expert Review Team noted this as a missed opportunity to support the Trust's Specialist Nursing workforce and to strengthen governance relating to specialist services delivered.

Practice appraisal and revalidation are processes through which consultant medical staff evidence their continuing professional development and maintain their licence to practice with the General Medical Council. These processes are facilitated through a system of established Medical Appraisers and Responsible Officers (ROs), who validate that the required standards relating to good medical practice have been achieved.

We did not find well-established data and intelligence systems to evidence good medical practice or to identify potentially poor practice (at an early stage) in the context of undertaking annual whole-practice appraisal with medical staff across the Trust. While some information was made available by the Trust to support annual appraisal (for example – information relating to number of complaints received or serious adverse incidents reported), data relating to individual consultant activity, patient outcomes, procedures undertaken or treatment decisions made were not routinely available or supplied by the Trust. The Expert Review Team was advised that systems were in place to manage poor performance in respect of individual doctors, through medical and managerial lines of accountability and in line with the framework for Handling of Concerns about Doctors and Dentists in the HPSS 'Maintaining High Professional Standards'.

During the Expert Review Team’s meeting with the Trust’s Medical Director (who is RO for doctors connected to Belfast Trust) and Deputy Medical Directors, we heard about the Trust’s work to develop the sources and quality of Trust information routinely available to evidence each doctor’s medical practice at annual appraisal. Although the work was at an early stage at this time of this review, the Expert Review Team welcomed its commencement and highlighted that further development in this regard is essential to ensure Medical Appraisers and ROs are sufficiently sighted on each doctor’s practice to inform discussion and decision-making during whole-practice appraisal.

**Area of Good Practice**

The Trust’s Annual Report for 2017/2018 (2017-2018) describes the development of an electronic regional medical appraisal system which is scheduled to be introduced for testing in Belfast Trust and other HSC Trusts in early 2019. This system has been sponsored by the Regional Medical Leaders Forum and developed by the Western Trust, in conjunction with Business Services Organisation and other HSC Trusts. The electronic system will provide an easy to use interface to support completion of forms and upload of evidence for medical appraisal. The system will strengthen governance and oversight of systems delivering medical appraisal and will be of benefit with respect to staff working across or moving between organisations.

The Expert Review Team concluded that the two initiatives – developing and implementing the regional electronic medical appraisal system and strengthening the Trust data and intelligence system to inform medical appraisal – are central to ensuring that both medical appraisal and revalidation are robust processes moving forward. The Team commended the Trust’s recognition that system development in this context is required and welcomed the work initiated and commenced by the Trust prior to this review.

<b>Recommendation 14</b>	<b>Priority 1</b>
<p>Belfast Trust should expedite work to develop its internal information systems so that data on clinical activity and patient outcomes (by service, by team and by consultant) are routinely reported and shared; this information should be available to support annual whole-practice appraisal and revalidation, as well as service planning and development.</p>	

### 3.9 Incident management

In its Adverse Incident Reporting and Management Policy, Belfast Trust describes an Adverse Incident as “an event or circumstance that could have or did lead to harm, loss or damage to people, property, environment or reputation.”<sup>38</sup> The Trust reported that adverse incidents are managed in accordance with their documents: Adverse Incident Reporting Management Policy<sup>39</sup>, Reporting and Managing Incidents; Procedure for Grading an Incident; and Procedure for Investigating an Incident. The Trust also implements the HSC Board Procedure for the Reporting and Follow-up of Serious Adverse Incidents<sup>40</sup>.

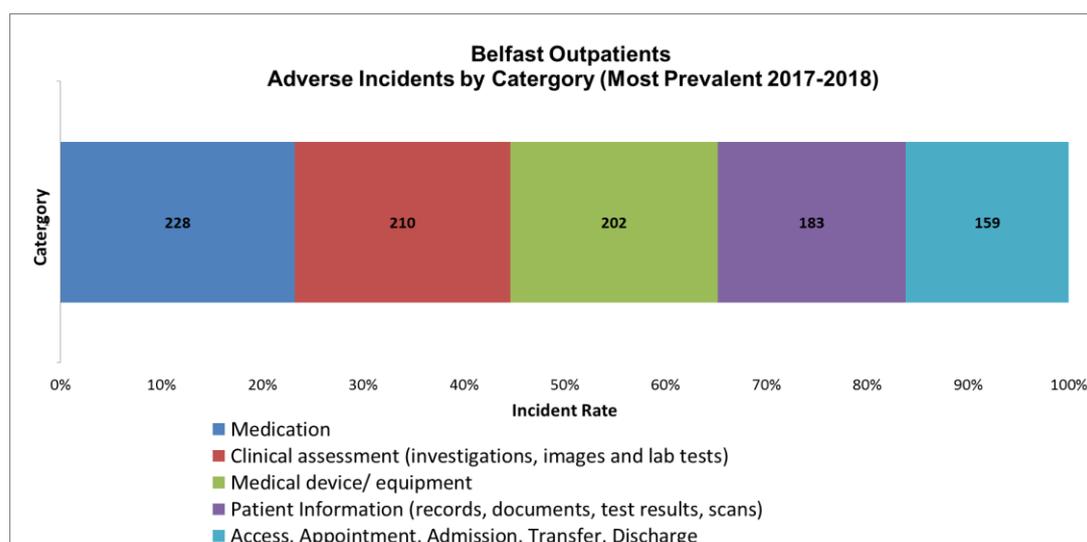
Belfast Trust uses the Datix electronic incident reporting system. All staff have access to the system through the Trust’s intranet, any staff member can and is encouraged to report an incident through this system. Each incident entered on to the Datix system must have an identified approver linked to it; this is often the line manager of the staff member who reported the incident. The ‘approver’ reviews the details of the incident, ensures that the information entered by the person reporting the incident is clear and that the correct ‘incident type’ has been selected on the system. The ‘approver’ then approves and categorises the incident and will instigate an investigation into the incident when/as required.

We heard that the Trust uses a severity / consequence scoring matrix to grade incidents, to determine the level of investigation required and to establish if the incident meets the threshold to be categorised as a Severe Adverse Incident (SAI). We received a copy of this matrix to inform this review. We also received the Trust’s Policy for Investigating an Incident (excluding SAI’s) which describes processes for robust and systematic investigation of incidents arising across the Trust.

This policy articulates four levels of investigation depending on the incident in question (ranges from insignificant to catastrophic), the seniority of the staff member accountable for investigating each grade of incident, the required investigation methodology and the processes for sharing actions and learning arising from the Trust’s investigation of the events in question. The policy advises that the Trust’s relevant Co-Director or Director is accountable for the investigation of incidents with a major or high risk and catastrophic or extreme risk grading.

The Expert Review Team reviewed information regarding adverse incidents (AI) relating to outpatients services - 1,559 adverse incidents were recorded during 2017/2018, this accounted for 4.9% of all the Trust’s adverse incidents reported that year. A summary of these incidents are illustrated in figure 13.

**Figure 13: Belfast Outpatients Adverse Incidents 2017/2018**



The Expert Review Team was advised that each service Directorate in the Trust has a Quality and Governance Lead, who is responsible for providing scrutiny and impartiality in assessing data and reviewing all incidents reported through their respective Directorate. It is the responsibility of these Managers, on behalf of their respective Director, to implement systems and processes to ensure that all adverse incidents, including Serious Adverse Incidents (SAI) within their Directorate are monitored and managed appropriately.

### Serious Adverse Incidents

The DoH define a serious adverse incident (SAI) as: *“any event or circumstance that could have or did lead to harm, loss or damage to people, property, environment or reputation”* which arises during the course of the business of an HSC organisation/ Special Agency or commissioned service<sup>41</sup>. An SAI must be reported to the HSC Board if the incident meets at least one of the SAI criteria as defined by the HSC Board within “Procedure for the Reporting and Follow-up of Serious Adverse Incidents, Nov 2016<sup>42</sup>”.

Investigations of an SAI are undertaken at three levels: Level 1 investigation-Significant Event Audit (SEA), the majority of SAI events will enter the investigation process at this level, and a SEA will immediately be undertaken to: assess why and what has happened; agree follow up actions and identify learning. If the SEA determines the SAI requires a more complex investigation, it will be progressed to either a Level 2 or Level 3 investigation. An SAI may also be categorised as a Level 2 incident from the outset (it is not essential to have undertaken a SEA at Level 1 prior to categorising an SAI as level 2). A Level 2 investigation is a Root Cause Analysis (RCA), which involves a systematic agreed methodology for identifying the root causes or an events which led to the incident occurring.

A Level 3 SAI investigation involves the independent investigation of an incident and is likely to involve a particularly complex event or incident, for example an event which involves multiple organisations or is high profile for a particular reason.

We reviewed SAIs identified and recorded by the Belfast Trust during 2017-2018 in Table 3. A total of eighty-six SAIs were recorded across the Trust during 2017/2018, of which two were identified and recorded in the context of outpatients services. Both were categorised at Level 1 (and hence had a significant event audit (SEA completed)).

**Table 3: Serious Adverse Incidents Belfast Trust 2017/ 2018**

Investigation Level	Total Number (Trust wide)	Total Number (Outpatients)
Level 1	69	2
Level 2*	13	0
Level 3 **	4	0
Total	86	2

**\*5 SAI Investigations were escalated from Level 1 to Level 2**

**\*\*3 SAI Investigations were escalated from Level 1 to Level 3**

**Source: Questionnaire returned from Belfast HSC Trust to inform this review (August 2018)**

The Expert Review Team was advised that Belfast Trust has well-established systems for receiving, reporting and sharing information relating to adverse and serious adverse incidents. Safety alerts received by the Trust are circulated to the Quality and Governance Manager for each Directorate. These are reviewed by each Governance Manager for information, dissemination and action as appropriate within their Directorate. Senior Trust staff advised that significant work is undertaken by Governance Managers in relation to investigating and reporting adverse incidents.

Governance Managers reported that they triangulate data relating to adverse incidents, complaints, litigation and coroners cases on a regular basis, the Trust's weekly 'live governance' meeting was identified as important to facilitating this triangulation of data and information. The Trust's Medical Director reviews incidents on a regular basis, including the grading assigned to incidents reported, a monthly report is prepared by the Corporate Governance Team.

The Expert Review Team had an opportunity to discuss these systems and processes with both governance and clinical staff in the Trust. The Review Team appreciated the considerable work undertaken by a range of staff and was impressed by the commitment displayed by all staff to sharing information in a timely and productive manner and to actively identifying and mitigating emerging risks. However, the Review Team considered that there is scope to strengthen partnership working between clinical and governance staff in this regard.

The Review Team heard of instances where there was a perception that governance rather than clinical staff determined the seriousness/category of adverse incidents identified within services in service Directorates. It was notable that participation in the Trust's weekly 'live governance' meeting was predominantly governance rather than clinical staff. The Expert Review Team would highlight the importance of senior Trust staff supporting and assuring active participation of a range of staff in all governance activities.

The Trust described a number of processes through which learning arising from adverse incidents and SAIs is shared, including lunch-time learning events which all professional staff can attend. During unannounced inspections our Inspectors saw evidence of learning arising from incidents discussed at the morning safety briefings within outpatients services and departments. Nursing staff confirmed that learning from incidents is discussed at team meetings, shared by email and included in the Trust's governance newsletter. Consultant staff whom our Inspectors met confirmed that information relating to incidents and SAIs is circulated in the form of a summary report addressing incidents, accidents and related themes, and that they would expect particular incidents relating to their individual practice would be discussed at appraisal.

The Expert Review Team acknowledged the systems in place to capture, collate and respond to adverse incidents, SAIs, complaints and other related events. They noted examples of learning shared through operational service delivery arrangements in various parts of outpatients services across the Trust. They also noted the proportionately low number of SAIs reported in the context of outpatients services delivered by the Trust over one financial year (two SAIs reported over a twelve-month period), and wondered if this was an accurate picture of the services in question. The Review Team did not see evidence of data and/or intelligence relating to incidents displayed in outpatients services or used in a proactive way to pre-empt risks and to inform measures to enhance patient safety and service quality. They determined that prevailing approach across outpatients services to identifying and responding to adverse incidents, SAIs, complaints and other such events typically reactive rather than proactive.

<b>Recommendation 15</b>	<b>Priority 1</b>
<p>Belfast Trust should strengthen its use of information and intelligence relating to incidents and complaints occurring in the context of outpatients services it delivers; the Trust should analyse this data and intelligence in a way that promotes a proactive approach to identifying risk and improving the quality and safety of outpatients services.</p>	

## Section 4: Ensuring Safe and Effective Care

Safety and effectiveness are cornerstones of high quality health care. To assess how the Trust's governance systems support safe and effective care we considered how these systems protect patients from abuse and avoidable harm, ensure care and treatment achieves good outcomes, promote good quality of life, and ensure that care delivered is based on the best available evidence.

### 4.1 Safeguarding

The practice of safeguarding is based on fundamental human rights and on respecting the rights of individuals, treating all persons with dignity and respecting their right to choose. Safeguarding should empower patients, including those at risk of harm, to manage their own health and well-being. It extends to intervening to protect people where harm has occurred or is likely to occur.

There are a number of regional and local policies, procedures and guidance in place within Belfast Trust, all have the specific intention of ensuring robust safeguarding practices. All HSC Trusts, including Belfast Trust, operate within the following guidance:

- Adult Safeguarding: Prevention and Protection in Partnership Policy (document issued by DoH, DHSSPS, July 2015)<sup>43</sup>;
- Adult Safeguarding Operational Procedures (issued by HSCB, September 2016) Adults at Risk of Harm and Adults in Need of Protection<sup>44</sup>;
- Co-operating to Safeguard Children and Young People in Northern Ireland (issued by DoH, August 2017)<sup>45</sup>;
- Protocol for Joint Investigation of Adult Safeguarding Cases (issued by Northern Ireland Adult Safeguarding Partnership, August 2016)<sup>46</sup>; and
- Regional Core Child Protection Policy and Procedures (issued by the Safeguarding Board for Northern Ireland (SBNI) December 2017)<sup>47</sup>;

Belfast Trust shared the following additional guidance documents with the Expert Review team and advised that all Trust staff were required to operate in accordance with these: Belfast Trust Adult Protection Policy and Procedures (issued by Belfast Trust, April 2013); and Intimate Care - Examination - Chaperoning Policy (issued by Belfast Trust, November 2012).

The Trust described safeguards within its recruitment process as set out in its organisational recruitment policy and procedures. Pre-employment checks are undertaken prior to an individual taking up a post in the Trust. The nature of pre-employment checks undertaken depends on the type of post to which the person is recruited and the expected level of interaction with patients and service users when the person is in the relevant post.

An alert list containing details of persons whose performance or conduct may place patients and/or staff at serious risk is also checked by the Business Services Organisation (BSO), Recruitment and Selection Shared Services Centre, prior to confirming successful appointments through the recruitment and selection process. Should a prospective candidate be on the alert list, recruitment may be suspended following discussion with the designated manager in the Trust depending on the nature of the concern identified and the particulars of the role in question.

The Trust has an adult protection policy and procedure in place<sup>48</sup>, which outlines the roles and responsibilities of staff in relation to the safeguarding of adults. This policy outlines five levels of staff training in safeguarding, which depend on levels of patient contact across the wide range of roles staff may occupy within the Trust and also on the likely responsibilities staff may have in the context of ensuring adults receiving services in the Trust are appropriately safeguarded.

In the context of caring for children, in our questionnaire, the Trust describes how all outpatients services staff are required to complete Child Safeguarding Training and refresher courses in accordance with DoH requirements. The Trust's Child Safeguard Training is informed by the Safeguarding Board for Northern Ireland's (SBNI) Child Safeguarding Learning and Development Strategy and Framework 2015/2018<sup>49</sup>.

The Trust initially reported that the majority of relevant staff working in the Royal Belfast Hospital for Sick Children had completed appropriate safeguarding training. During unannounced inspections of the Royal Belfast Hospital for Sick Children, undertaken as part of this review our Inspection Team found many examples of staff who had not been trained to Level 2 and staff who could not identify when they had last completed their training in safeguarding of children. The Expert Review Team was not assured that staff delivering outpatients services had updated their safeguarding training appropriately, many discussed safeguarding in relation to child protection only, rather than considering safeguarding in its wider, more holistic context.

In the context of ensuring safe care for adults attending outpatients services, the Trust's Adult Protection Policy and Procedures supplied to the Expert Team and to inform this review were dated 2013, and had an advised review date of 2015 (documentation provided middle 2018). Our Inspection Team could find no evidence to confirm that a review of this policy and procedures has been completed by the Trust.

During engagement with Trust managers and frontline staff across outpatients services, our Expert Review Team found it difficult to evidence a culture of safeguarding. Staff we spoke to indicated that they had undertaken safeguarding training, but despite this we found inconsistencies in their knowledge of local safeguarding arrangements.

Staff we encountered were aware of the presence of a safeguarding champion for children within the Trust, but were unable to advise us if a safeguarding champion for adults had been identified. The Expert Review Team were concerned that staff with whom they engaged were unclear of their potential roles and responsibilities in safeguarding and/or the triggers to identify and escalate safeguarding concerns.

Across adult and children's outpatients services in the Trust we found that staff were often unclear about the common signs or signals of a potential safeguarding concern, and were also unclear about the common triggers that could or would require escalation. Consequently, the Expert Review Team was not assured that safeguarding concerns would be appropriately identified, reported or escalated within outpatients services across the Trust.

We noted limited information in the form of posters or information leaflets available in the Trust's outpatients departments, to assist staff or service users. Senior managers told us that, in general, they felt frontline staff (including nurses) were confident in raising concerns relating to safeguarding. However, the Expert Review Team did not find evidence to support this assumption, noting staff reported inconsistently how they would report a safeguarding concern. Some staff reported that they would raise safeguarding concerns to their Team Leader or to the next person in the management structure while other staff indicated they may raise a concern with their Divisional Nurse.

We reviewed the Trust's risk registers in the context of identification and mitigation of risks relating to safeguarding of adults and children. The Unscheduled and Acute Care Directorate's risk register noted a risk in relation to systems for identifying vulnerable individuals in acute inpatient wards; this risk was not identified in the context of outpatients services.

The risk register we received from the Trust in relation to Unscheduled and Acute Care indicated that a lack of provision for adult safeguarding training in Allied Health Professions was identified and logged as a potential risk of harm to service users in June 2018. Further details in the register indicated that this risk had been escalated to Senior Management, with requests for funding to support training.

The risk register for the Specialist Hospital's Women's Health Directorate identified a risk relating to the Trust's inability to identify vulnerable children who are on the Child Protection Register and who present to an ED or to community services. A risk was noted on the Trust's Principal Risks and Controls Register in relation to children treated in areas of the Trust where clinical teams do not have the necessary training, including safeguarding. We noted that this risk had been retained on the risk register for a considerable time - it was created in May 2010 and was noted by the Expert Review Team in July 2018.

Overall, the levels of training, knowledge and awareness of staff across outpatients services in relation to safeguarding were a significant concern for the Expert Review Team; we could not be confident that safeguarding matters would be recognised or actioned appropriately in the context of outpatients services delivered across the Trust. This matter was escalated by RQIA’s Medical Director to the Trust’s Chief Executive and relevant Executive Directors. The Trust has since met with senior RQIA staff to discuss implementation of a targeted action plan to address these findings. RQIA continues to monitor the Trust’s delivery of improvements in this area in line with our established escalation policy.

Recommendation 16	Priority 1
<ul style="list-style-type: none"> <li>a) Belfast Trust should develop and implement a targeted action plan to improve knowledge and awareness of staff in relation to the safeguarding of adults and children receiving care and treatment in its outpatient services;</li> <li>b) The Trust must ensure it receives robust assurances in respect of compliance with best practice as advised by regional and local policies in this regard; and</li> <li>c) The Trust should review its risk register to ensure it is accurately capturing current risks relating to the knowledge and awareness of staff safeguarding roles and responsibilities.</li> </ul>	

## 4.2 Staffing

Within all areas of healthcare, staff are a critical element of delivering safe and effective care. Outpatient clinics across Belfast Trust are staffed by administrators, healthcare support workers, medical practitioners, nurses, porters, receptionists and a range of other specialist professionals including occupational therapists, physiotherapists, podiatrists, radiologists, social workers and speech and language therapists.

Ensuring sufficient numbers of staff are available across all healthcare settings is a significant challenge for those who are charged with managing and planning services. At the time of the review the DoH is actively undertaking a series of workforce reviews as part of continuing implementation of its Health and Well-being 2026 Delivering Together (2016) policy, to better understand our future workforce requirements.

During engagements with the Trust’s Executive Team and Senior Managers, the Expert Review Team was advised that there is a continuous assessment of staffing levels and that staff vacancies and absence rates are monitored on a monthly basis by care delivery/ service units, Divisions and Directorates across the Trust. Vacancies will be filled by locum, bank and/or agency staff where required and appropriate.

The Trust advised that a service gap continues despite the use of temporary staff and that outpatients clinics are adjusted to match staff availability, with some clinics reduced or cancelled if necessary. The Trust also reported continuing work with commissioners in the HSC Board and the PHA to progress service developments and investments aimed at enhancing staffing levels where particular needs are identified for particular services.

### **Effective Use of Medical Staff**

New service models to deliver more efficient outpatients services are currently being tested and developed by the Trust (for example virtual clinics, outreach clinics and mega clinics) in specialties such as orthopaedics. The Trust indicated these service models aim to enhance the use of multidisciplinary teams in delivering services and to increase capacity across outpatients services which have traditionally been medically led and delivered.

We met with the Trust's Clinical Directors who provided examples of service developments which include telephone clinics; joint specialty clinics (neurology and endocrine); expanded and new clinics in the community; one stop shop clinics (ophthalmology cataract clinic) and multi-professional leadership of new service models (Allied Health Professional led in the spine service).

The Expert Review Team was impressed by commitment demonstrated by both clinical and managerial staff to seek and identify alternative or new models to deliver outpatients services. We considered that there were significant opportunities for the Trust to capitalise on new ways of working and to fully exploit the skills of a range of professionals (for example Allied Health Professionals and Pharmacists). The Expert Review Team is of the opinion that the impact of these service developments to date has been relatively modest and would encourage the Trust to expand and accelerate its current outpatients reform and modernisation program.

Some clinicians described a sense of frustration regarding their efforts to develop new models for service and/ or workforce. They indicated planning is sometimes undertaken in a fragmented way across the Trust, lacking a holistic view of the multidisciplinary nature of the service in question. In general, clinical staff reflected that where clinical networks exist, for example in cancer or stroke services, there is a more holistic and streamlined approach to both service development and workforce planning, which in turn provides a much greater opportunity for success in service modernisation.

During our discussions with neurology consultants we heard about the impact of additional clinics operating as part of the neurology patient recall. It was clear that clinicians working in neurology had responded to the increased demands of undertaking the recall however, the Expert Review Team concluded that such a level of increased service input would not likely be sustainable beyond the acute phases of the patient recall in progress as fieldwork for this review was undertaken.

The Review Team acknowledged the DoH commissioned “Review of Neurology Services in Northern Ireland”, announced in July 2018, and anticipated this work would provide an appropriate forum to address neurology workforce planning in the context of a specialist regional service.

Overall, the Expert Review Team identified a lack of robustness in planning relating to capacity of the medical workforce across outpatients services in the Trust. This can be linked to the absence of an overarching strategic view of outpatients services across the Trust. We were unable to evidence effective oversight or systems to monitor and assure consultant caseloads, in particular oversight of outpatient caseloads and activity.

The Expert Review Team concluded there was an urgent need to collate and interrogate appropriate data relating to service activity and demand in order for the Trust to appropriately plan its medical workforce capacity. This is particularly important for services in which a significant proportion of activity and patient contact are likely to occur in outpatient settings.

<b>Recommendation 17</b>	<b>Priority 1</b>
Belfast Trust should ensure information relating to outpatient activity (by service, by team, by consultant) is collected, analysed and routinely shared; this data should be used to enable robust capacity planning and to inform future service development and modernisation of outpatient services across the Trust.	

### **Nursing Staffing**

There are currently no defined tools to determine optimal nursing staff levels for outpatients services as there are for some inpatient services. Trust Managers reported that Sisters / Charge Nurses in outpatients services play an important role in monitoring staffing levels within and across clinics on a daily and weekly basis. Trust staff confirmed that Sisters / Charge Nurses in outpatients services meet weekly to assess staffing levels, to identify any shortfalls and to progress required actions to maintain service continuity. Sisters / Charge Nurses described their escalation measures to senior management when staffing challenges for their service(s) cannot be resolved locally.

### **Specialist Nurses**

Specialist Nurses are nurses who have advanced skills in a particular area of practice. They frequently take a lead role in the delivery of aspects of a patient’s care and treatment, and are often involved in the education and support of patients in managing long-term conditions. Some Specialist Nurses who have undertaken additional training are also able to prescribe medicines.

The Expert Review Team noted a large number of Specialist Nursing roles within and across outpatients services visited and inspected as part of this review. There also was a wide variation in roles undertaken by, and a range of services led by, Specialist Nurses. These included, by way of example - baby hip clinics in Musgrave Park Hospital; asthma clinics in Royal Belfast Hospital for Sick Children; hepatobiliary clinics and macular injection clinics in Mater Infirmorum Hospital; venous thromboembolism, tissue viability and bowel cancer clinics in Belfast City Hospital; and cardiology and respiratory clinics in the Royal Victoria Hospital.

Members of the Expert Review Team and our Inspectors engaged with a number of Specialist Nurses during our meetings and inspections, finding that many worked across multiple sites and appeared to have large and variable caseloads. In general, the Review Team did not find robust oversight of the Specialist Nurses who delivered outpatients services across the Trust. Supervision was usually provided by a line manager who was not part of an outpatients service. The Review Team was advised that supervision of Specialist Nurses does not routinely involve peer review of case notes or a review of patient outcomes. Appraisal and agreement of personal development plans are generally undertaken in a uni-professional rather than multi-professional manner (service aligned medical staff are generally not involved in appraisal). We noted one example of good practice in the Belfast City Hospital, whereby the tissue viability Specialist Nurses' notes are reviewed every month by the professional lead in the outpatients clinic, thus providing an element of clinical oversight, review of patient outcomes and supported learning for Specialist Nurses delivering the service.

The Specialist Nurses whom the Review Team met described limited involvement in multidisciplinary team meetings and in case presentations, indicating that workload and time constraints prevented them from participating. Our Expert Review Team acknowledged this feedback in the context of general nursing staff; however the Review Team was concerned about the lack of participation of Specialist Nurses in these important learning opportunities within their services.

The Specialist Nurses in Neurology services reported significant workloads at the time of the Review. These Specialist Nurses described how their managers and colleagues had ensured they had additional support since the introduction of the patient recall.

The Expert Review Team concluded that there is considerable variation in Specialist Nursing roles and responsibilities across outpatients services and sites in Belfast Trust. Many Specialist Nurse roles have evolved over time, and are not clearly defined. This has resulted in weakness within the systems of support, supervision, appraisal, professional development and revalidation for this group. The quality of care delivered by this group of staff is not routinely reviewed. The Review Team recommended that the care and treatment delivered by Specialist Nurses in outpatients services requires much closer oversight and monitoring.

Recommendation 18	Priority 1
<p>a) Belfast Trust should ensure it develops and implements a robust system for oversight and monitoring of the quality of care delivered by Specialist Nurses and the related patient outcomes achieved across its outpatients settings;</p> <p>b) Specialist nurses should be appropriately supported to undertake their roles through effective supervision, professional development and support for annual appraisal and revalidation.</p>	

### 4.3 Peer Review

An essential part of assuring and improving the care delivered through any service is the ability to undertake a regular review of clinical practice(s) within that service.

During meetings with Trust staff, the Expert Review Team heard several examples of peer review and support for clinical decision-making which the Trust secures from external partners / hospitals outside Northern Ireland. These include - joint clinics for hepatology, supplemented by an ongoing partnership with King's College Hospital, London, for the management of transplant patients and; peer review of particularly complex cases in children's services with in-reach initiatives with quaternary specialist services in the UK, for example: metabolic, endocrine and urological. The Review team was also advised that there are up to fourteen links with specialist services in the UK and that there is also an endocrinologist linked to Great Ormond Street Hospital in London. Allied Health Professionals who met the Review Team also confirmed that a proportion of their cases are subject to peer review on an ongoing basis.

The Trusts Annual Quality Report of 2017/2018 describes recently implemented systems and processes to support how the Trust learns to proactively identify risk of harm and continually seeks best practice as an organisation. The annual report describes the appointment of a Clinical Lead for Morbidity and Mortality whose role is to review associated systems and processes and to share learning outcomes<sup>50</sup>.

During our review meetings and inspections, while many Trust staff described examples of clinical peer review in relation to particular services, the Expert Review Team was unable to evidence a systematic approach to deliver peer review of clinical practice across outpatients services.

Our Expert Review team viewed the potential for isolation of medical and/or specialist nursing staff in outpatients services as a particular risk for the Trust.

This risk is greatest where there is lone working outside a multidisciplinary team context, because of the nature of the specialty (can be highly complex), by the choice of the health professional or because of lack of governing systems across the service in question. This risk has been identified previously in the context of a patient recall in the Dental Hospital<sup>51</sup> in Belfast Trust.

<b>Recommendation 19</b>	<b>Priority 1</b>
Belfast Trust should develop, implement and assure a systematic approach to clinical peer review across its outpatients services.	

#### 4.4 Working with General Practitioners (GPs)

The Trust reported that the introduction of the Northern Ireland Electronic Care Record (NIECR), has greatly improved its communications with GPs. Most referrals to the Trust’s outpatients services originate from GPs. Formal clinical summary letters and hard copy Treatment Advice Notes (TANs) are predominantly used by the Trust to communicate back out with/to GPs; these will include the provision of information and outcomes in relation to individual patients.

Senior Trust staff told us that GPs contact the Trust through a variety of mechanisms including; emails, telephone calls and use of the Clinical Communications Gateway (CCG). The CCG is the national product across the HSC for the electronic exchange of clinical information. GPs can use CCG to send referrals to the Trust and also to monitor the progress of referrals.

The Medical Director and the Trust’s Clinical Director of Primary Care advised the Expert Review Team that the Belfast Trust is accessible and responsive to GPs. The majority of Trust staff with whom the Review Team spoke reported that they felt GPs were comfortable raising concerns with, or to, the Trust should the need arise.

In our online survey to GPs (to which 175 GPs responded), we analysed the findings of two groups of GP’s; those whose practices are based within the Belfast Trust geographical area (n= 68 respondents) and those whose practices are based in the catchment area of one of the other HSC Trusts in NI (n=99 respondents).

We asked GPs in both groups if they considered communication with Belfast Trust to be effective, a majority of these respondents (91% in each group: n=62: n=90) indicated that, from their perspective, communication in relation to Belfast Trust outpatients services was not effective. Table 6 describes survey responses from both groups of GPs.

**Table 6: Question: How effectively does Belfast Trust communicate information about its outpatients services to you?**

Question we asked	Not At All Effectively	Not So Effectively	Somewhat Effectively	Very Effectively	Extremely Effectively	GP Group Area
How effectively does the Belfast Trust communicate with you in relation to Outpatients services?	53%	38%	9%	0%	0%	Within Belfast Trust (n=68)
	57%	34%	6%	3%	0%	Other Trusts (n=99)

We then asked GPs if the Trust shared information in relation to their current range of outpatients services. Of those GPs whose practices are based within the Belfast Trust area- 76% of GPs (52 of 68 respondents) indicated that Trust services did not keep them updated regarding the current range of outpatients services. We then asked GPs who practices are based with the Belfast Trust catchment area if the Trust advised them of changes to services, for example- new / changed service models, changes to operating times etc., 92% (63 of 68 respondents) advised that they were not made aware of changes to services (Table 7).

**Table 7: Question: Does the Belfast Trust keep you informed of changes to outpatient services for example: change to opening times, new ways of working.**

Question we asked	Yes	No	Don't Know	GP Group Area
Does the Belfast Trust highlight to you anticipated changes to outpatients services, for example closures, openings, new ways of working?	2%	92%	6%	Within Belfast Trust (n=68)

The majority of GPs indicated that communication in relation to outpatients services in the Belfast Trust could be improved through:

- Comprehensive information about the current outpatient services available; specialties and sub-specialties, teams delivering care and current waiting times;
- Improved legibility and timeliness of TANs and formal clinic summary letters; and
- Provision of details for an agreed point of contact in the Trust to receive queries originating from TANs or clinic summary letters.

We asked both groups of GPs (those working in the Belfast Trust area and those working in another HSC Trust area) if they knew how to raise a concern or complaint about outpatients services.

Two thirds of respondents, 66% (40 out of 61 respondents) did not know how they could raise a concern in relation to outpatients services, and almost three quarters 72% (44 out of 61 respondents) did not know how to raise a concern or complaint regarding a member of the outpatient healthcare team, see Table 8 below.

**Table 8: Questions: Raising a concern about the Belfast Trust/ Belfast Trust staff member**

Question we asked	Yes	No	GP Group Area
Would you know how to raise a concern or a complaint about Outpatients in the Belfast Trust?	34%	66%	Both Groups (n= 61)
Would you know how to raise a concern or a complaint about the performance of a healthcare professional in Belfast Trust Outpatients?	28%	72%	

During this review the Expert Review Team identified divergence of perceptions on the part of the Trust and GPs regarding quality of communication with GPs in relation to outpatient services.

<b>Recommendation 20</b>	<b>Priority 2</b>
<p>Belfast Trust and the Health and Social Care Board should establish clear mechanisms by which the Trust and General Practitioners can engage and communicate in relation to outpatient services delivered by the Trust.</p> <p>The Trust should also assure itself that General Practitioners who may have a concern relating to services delivered have been provided with clear information regarding how to raise their concern.</p>	

## 4.5 Medicines Management

Only urgent medicines (which must be started without delay) and specialist medicines designated for Hospital Pharmacy supply are prescribed in outpatients services and subsequently dispensed by the Hospital Pharmacy Department. All other medication requirements for patients attending outpatients clinics are facilitated by the patient's GP following receipt of recommendation/advice in the form of a paper based outpatients TAN from the relevant outpatient clinic to the GP.

During inspections and review meetings, Trust staff confirmed that the majority of prescribing arising from outpatients services is undertaken by the patient's GP following receipt of recommendations from the outpatients doctor.

The TAN is used to communicate to the patient's GP, the details of diagnosis, treatment given at the outpatients clinic (if applicable) and the medication to be prescribed or adjusted (as applicable). The TAN is completed at the outpatient clinic and a copy is given to the patient to bring to their GP so that a prescription (if required) can be generated for the patient. If a prescription is generated then it is subsequently dispensed in a Community Pharmacy.

The Trust system operates in accordance with its Outpatient Treatment Advice Note Policy (October 2017). The TAN system is paper-based and the Trust currently has no effective method for oversight or assurance. We found no private prescriptions being issued through outpatients services during inspections undertaken as part of this review.

A regional "traffic light" system to manage the prescribing and supply of specialist medicines is in operation throughout Northern Ireland, this system is therefore the operational system within the Belfast Trust. Specialist medicines are classified either as Red List or Amber list. For Red List drugs the prescribing responsibilities reside with the consultant in charge or specialist clinician. Red list drugs often have particularly complex monitoring requirements necessitating specialist knowledge for the interpretation of results. Supply of Red List drugs is facilitated by the Hospital Pharmacy Department. For Amber List drugs it is recommended that the responsibility for prescribing be transferred with the agreement to the patient's GP and/or following establishment of "shared care" arrangements.

The Interface Pharmacist Network for Specialist Medicines oversees and monitors the Red/ Amber List and has developed patient-held monitoring booklets (for example: Methotrexate shared care monitoring booklet, Lithium Therapy Information Pack and regional shared care guidelines for specific medicines or therapeutic classes). A standardised specialist medicines prescription is utilised by all Belfast Trust and all HSC Trusts in Northern Ireland. This prescription includes a copy for the patient's GP. Arrangements for Red/Amber Lists are guided by the DoH Circular HSS (MD) 16/2003 entitled 'The Regional Group on Specialist Drugs – Implementation of Red/Amber Lists – 1 May 2003'<sup>52</sup>. In relation to the implementation of systems and processes relating to the red/amber lists, local oversight and assurance is achieved through the Interface Pharmacist in the Trust and the Trust's established Drugs and Therapeutics Committee.

For medicines stocked, prescribed or administered in outpatients, Trust staff reported that all medicines are managed as per the Trust's Medicine's Code. Each outpatients area has an agreed pre-printed "top-up" list of stock medicines to meet routine needs. Other items, required infrequently, can be ordered from the Hospital Pharmacy Department when needed using a Supplementary Order Book. If a medication needs to be administered to a patient during a clinic it will be prescribed on a specific Outpatient Kardex and the administration will also be recorded on this Kardex.

Any medicines identified on site visits were found to be stored appropriately, for example: oxygen cylinders stored correctly and clear signage in place. Inspectors also observed some pharmacists available in clinics to give advice, as needed. In the Mater Infirmorum Hospital, our Inspection Teams identified Patient Group Directions (PGDs) for the supply / administration of ophthalmology drugs which were out of date. Inspectors escalated this to Trust managers and this was immediately addressed with an extended date put in place for these drugs (to October 2019). However, upon return of the PGDs our Inspection Team evidenced that a number of additional PGDs in other categories were also past their expiry date. Inspectors brought this additional finding to the Trust's attention for immediate rectification. The Review team noted that the Trust's internal governance arrangements did not identify this matter as an area of practice requiring attention.

Trust staff advised that incidents relating to medicines are reported through the electronic Datix system. These reports are reviewed at Medical Risk and Safety Groups, which examine trends and also share learning.

We enquired if the Trust would be able to identify any unusual prescribing patterns in relation to drugs, either prescribed within outpatients services or advised to be prescribed by the patient's GP for a patient seen in outpatients. We were advised this would be very challenging for two reasons; prescribing is generally completed by the GP following receipt of the hard copy TAN; and the Trust's top-up system for managing stock medicines is unable to provide data at a level whereby individual consultants and their prescribing practices can be identified.

During our meeting with HSC Board, the Head of Pharmacy indicated they would expect to be advised about unusual prescribing trends in Primary Care local HSC Board Pharmacy and Medicines Management teams and individual GPs who are required to inform him if they have a concern. He concurred that the current system which employs paper based TANs issued from outpatients services to GPs poses a significant challenge for oversight and assurance of prescribing and use of medicines across outpatients services.

The Expert Review Team concluded that, while there is robust oversight of prescribing of specialist medicines in outpatients services, there is only limited oversight of all other prescribing in outpatients services. There is a significant weakness in monitoring and oversight of medicines prescribed or recommended to be prescribed in the context of the currently operating system (is based on TANs issued in hardcopy to GPs). This presents a significant risk to the Trust as it has very limited ability to oversee prescribing practice of individuals and/or services delivering outpatient care and treatment. In turn the Trust has a limited ability to identify any unusual prescribing practices and /or trends relating to medicines used in the context of outpatients services.

The absence of an electronic prescribing system within the Trust and across the region to include outpatient services is a key limiting factor in this regard.

<b>Recommendation 21</b>	<b>Priority 2</b>
Belfast Trust should develop a system or systems to enable appropriate oversight and assurance of prescribing and prescribing advice across the Trust's outpatient services. This should include the development and implementation of an interim electronic system to replace the current paper based Treatment Advice Notes.	

## 4.6 Records Management

Maintaining accurate and up-to-date medical records is a key patient safety measure, a communication aid and a core professional responsibility for clinical practitioners. All HSC organisations operate under DoH best practice guidance Good Management, Good Records, which provides a framework for consistent and effective records management.

Staff used a mixture of electronic and paper-based records when delivering care in outpatient services in Belfast Trust. The Expert Review Team was advised that recording of clinical data is managed by clinical staff using the Trust's Record Keeping Policy<sup>53</sup> (December 2017). All documentation created during a patient's treatment is filed in their paper-based hospital medical record. 'Digitally born' records, for example, laboratory reports, radiological images / reports can be re-produced, if/as required. Much of the digitally recorded data can also now be viewed via the NIECR.

The Review Team noted that there are several electronic systems in use across outpatient clinics. Staff reported that these systems are not fully integrated with each other and some are outdated such as the PAS and BOIS systems. The Trust reported that a new digital single electronic care record is currently being developed through the Encompass Programme and will be used across the HSC in Northern Ireland. The Review Team welcomed this development, however also recognised that full operation of this care record is some time away.

The Trust reported that security of records was maintained by strict protocols governing permissions for access to electronic systems and ensuring that all staff had appropriate mandatory training in data protection (update required every three years).

The Trust submitted a number of other internal policies which staff were required to adhere to in the context of best practice in management of records including:

- Records Management Policy (dated, May 2018);
- Transportation of Records Policy (dated, May 2018);
- Retention Disposal Schedule (dated, May 2018);
- Policy for Processing Requests for Access to Patient/Client and Personal Records (dated, May 2018);
- Policy on the Access to Data for Organisations External to the Trust (dated, May 2018); and
- Policy on the Data Protection and Protection of Personal Information (dated, May 2018).

The Expert Review Team also heard about the use of Radio Frequency Identification (RFID) for tracking and management of patient records in the Royal Victoria Hospital. Electronic chips are attached to patient notes which enable staff to locate these notes during transport or within the hospital with a “go find me scanner”.

The Expert Review Team noted that neurology services operating on the Belfast City Hospital and Royal Victoria Hospital sites had separate neurology clinical notes, these are in a blue file which is not enclosed within the main hospital record. Following a patient’s review at outpatients services, a letter dictated by the medical practitioner is saved onto a PC system and the NIECR, and a copy of this dictated letter is filed with the patient’s hard copy notes to ensure that information is available about the patient’s outpatients attendance to other healthcare professionals.

This practice may result in the neurology service not having up-to-date and accurate information in respect of the holistic care of patients. Similarly, other specialist services attended by the patient may not have comprehensive details of all activities relating to the patient’s neurology outpatients attendance or review. The Trust’s staff who are responsible for information governance described the practice of creating a separate record for a specialty as historic custom and practice. During meetings with the Medical Director and Deputy Medical Directors the risks associated with this practice were acknowledged.

The Expert Review Team concluded that there are significant risks associated with the practice of retaining separate patient notes for specialty outpatients services (including neurology, dermatology and rheumatology).

<b>Recommendation 22</b>	<b>Priority 1</b>
Belfast Trust should cease the practice of retaining separate paper-based notes for particular outpatients specialities; the Trust should develop a system whereby patient notes for all specialities as retained as part of an integrated hospital-wide record.	

## 4.7 Outcomes

The Belfast Trust reported that, in outpatients services, the patient's assessed need and resulting care and treatment was based on relevant legislation, standards and evidence-based guidance (for example: NICE Quality Standards).

To examine how the Trust assures patients have good outcomes, we reviewed the systems and processes underlying how the Trust collects and monitors evidence of the effectiveness of patient treatment, evaluates care against national and local benchmarks, and how the Trust uses audits to ensure effective care.

### Regional and National Benchmarks

The Trust recently participated in the Patient Experience Collaborative, a national exercise which involves an independent team collating patient feedback across ten domains (for example: information communication, staff attitudes and other elements of the patient experience) and comparing the outcomes against those measured at thirteen<sup>9</sup> other organisations across the UK. Insights from this exercise indicate the Trust continues to improve upon its baseline score recorded in November 2017 (classified as below national average) to above average in July 2018.

We found examples of the Trust participating in a number of benchmarking initiatives, such as:

- The Annual Parkinson's disease UK Audit;
- The UK and Northern Ireland Epilepsy and Pregnancy Register (hosted by the Belfast Trust);
- The National Audit of Seizure Management in Hospitals; and
- MS Base (an information database on Multiple Sclerosis) and the UK MS Register.

---

<sup>9</sup> The Trust's Annual Quality Report does not refer to these organisations by name

## Area of Good Practice

We note the Belfast Trust is a member of the NHS Benchmarking<sup>r</sup> Network, a national service that supports its members to improve the quality of health and social care services through the use of its benchmarking service and by sharing excellent practice. It has recently developed a range of tools to support benchmarking within outpatients in the following areas; profiling of service models, access and availability, activity, workforce, finance and quality. This project could provide a future opportunity for the Trust to benchmark its outpatient services against other similar types of services nationally.

We heard that the Trust has developed some dashboards to provide reports for individual outpatient specialities utilising information, such as the ratios of new to review appointments and number of DNAs but not specifically quality or outcome data. We were advised of plans to further develop and expand the development and implementation of these dashboards during 2018/2019.

In their response to our questionnaire, the Trust mentioned their participation in the national British Society for Rheumatology (BSR) gout audit, however, they acknowledge the more general review of Rheumatology care and treatment outcomes were “severely hampered” due to the lack of a local database and not being linked to a national database or audits.

We are encouraged by the Trust’s efforts to develop dashboards to enable reporting outpatients services activity at a speciality level, however the Expert Review Team felt that the inclusion of additional performance data for example: patient satisfaction rates, would prove invaluable.

## Patient experience

We asked 576 patients and relatives how satisfied they were that care was effective. Of the 526 (91%) who answered this question; 85% (447) reported that they were either satisfied or very satisfied.

Positive comments related to:

- Excellent treatment with real and consistent improvement in the patient’s condition;
- Knowledgeable staff who explained things well, listened to concerns, were reassuring, caring and made the patient feel at ease; and
- Clear information provided and explanation of process, with discussion facilitated and encouraged.

---

<sup>r</sup> <https://www.nhsbenchmarking.nhs.uk/projects/2017/4/10/outpatient-services>

Negative comments related to:

- A feeling of care falling short, repeated procedures and not having the problem investigated;
- Staff not listening to concerns, patients unhappy with treatment plans, staff not having enough time, not having read patient notes and a feeling of being disorganised and notes not being updated;
- Patient not fully informed, problems with getting results or results not being explained in easy to understand terms;
- Timeliness of treatment; appointments rushed; timeframes not provided for further investigation/treatment; and
- A lack of signposting and lack of car parking for disabled patients.

## Audit

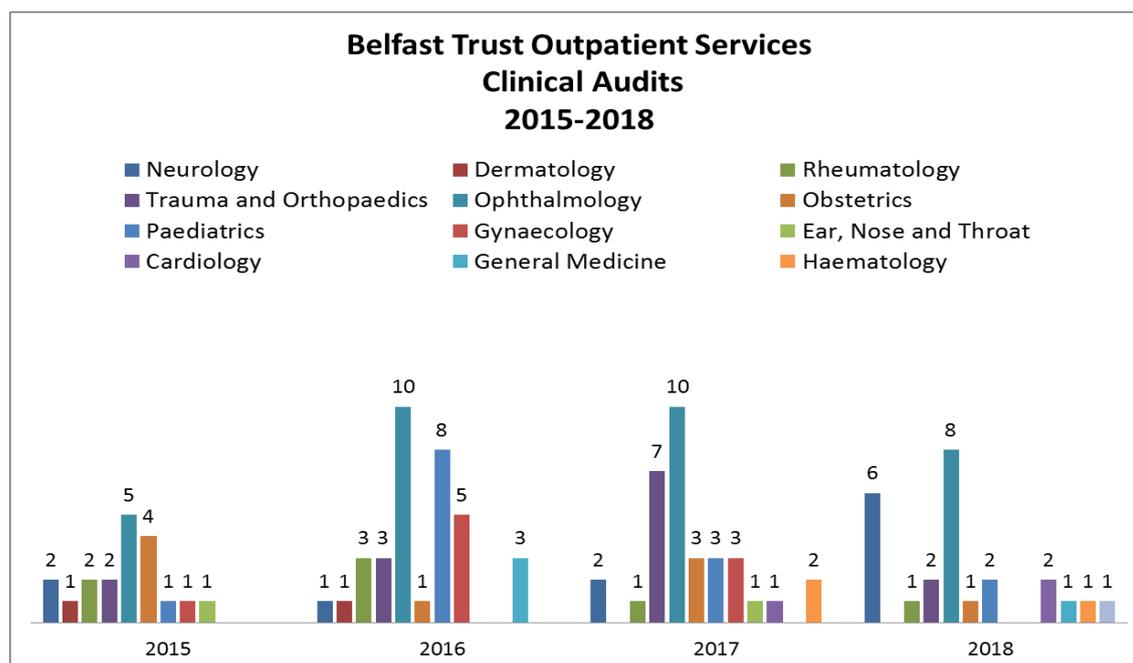
Clinical audits were undertaken within the Trust to assess performance against agreed standards. These would be undertaken in line with the Trust's Quality Improvement and Audit Policy, which aimed to provide a standardised approach.

In our meetings with senior staff, we were told that outpatients staff undertake clinical audits and used the findings for improvement of their services. Medical staff had protected time each month to complete such activities.

We were advised that staff in dermatology engaged in audits for the British Association of Dermatology, such as the National Audit of Psoriasis Management or the National Audit of Atopic Eczema. We heard that clinical audits were presented during Morbidity and Mortality meetings or monthly audit, governance or business meetings, for example, at the weekly meeting for neurosciences. In dermatology, we were told about local and regional audit and clinical governance meetings during the year.

The Trust submitted a list of over 100 audits which had been undertaken throughout high volume specialties in outpatients from January 2015 to July 2018. The clinical area these audits were undertaken in 2015-2018 are presented in Figure 14. We note an increase in audit activity from 2015 to 2018 in particular Neurology.

**Figure 14: Belfast Trust Outpatient Services Clinical Audits 2015-2018**



### Neurology Audits

We note the frequency of audit undertaken in Neurology services increased from the single example recorded in 2016 (neurosurgical management Normal Pressure Hydrocephalus) to six as recorded in 2018<sup>s</sup>. Audits undertaken in 2018 examined various aspects of Multiple Sclerosis, stroke, physiotherapy adherence and spasticity treatment provided by the Trust. Titles of the audits undertaken in Neurology services are presented by year in Table 9.

<sup>s</sup> August 2018- receipt of Trust data to inform this review

**Table 9: Titles of Audits undertaken in Belfast Trust outpatient services**

Audit Title		
Year	2015	Neurology Clinics Patient Satisfaction Audit of Prescribing Practice of Alemtuzumab in patients with Multiple Sclerosis
	2016	Audit of neurosurgical management of Normal Pressure Hydrocephalus (NPH)
	2017	Audit of red flag referrals to Belfast Trust neurology service Patient waiting from referral to being seen at Transient Ischemic Attack (TIA) Clinic
	2018	Audit of clinical status of patients with secondary progressive Multiple Sclerosis Audit of bone health monitoring in epilepsy patients Spasticity Clinic Audit Audit of adherence to the Northern Ireland care pathway for the use of fingolimod in patients with Multiple Sclerosis Physiotherapy and nurse-led neurological muscular clinic Decompressive Hemicraniectomy after Stroke

When we asked staff how they monitored the effectiveness and quality of the care and treatment that was being delivered, the majority of staff referred only to basic operational audits such as infection control and hand hygiene.

We welcomed the plans for development of specialty level dashboards and would encourage the Trust to expedite the development of these as a priority, ensuring outpatient indicators are included. These dashboards could include information such as number of incidents, attendances and cancellations, non-attendances, infection control, outcomes as captured through benchmarking activities, numbers waiting and patient satisfaction. This is vitally important in monitoring the quality of care delivered throughout the outpatient's service in the Trust.

<b>Recommendation 23</b>	<b>Priority 1</b>
<ul style="list-style-type: none"> <li>a) Belfast Trust should agree a range of key performance indicators across all its outpatient services;</li> <li>b) It should assure and govern these systems for service improvement;</li> <li>c) It should communicate these to services through specialty level dashboards; and</li> <li>d) For highly specialist areas these may include particular indicators relating to interventions, treatments and investigations requested/delivered within outpatients clinics.</li> </ul>	

## 4.8 Dealing with Complaints

Complaints offer an invaluable means of feedback to inform services and improve health and care. We sought to understand the Trust complaints system and how complaints were used to drive service development.

The Trust has a complaints department through which a patient or relatives can raise a complaint. The Trust provides clear information on how to make a complaint and indicates that the department will acknowledge these within two working days of receipt, and that it aims to provide a response within twenty working days. This excludes exceptional cases for example, when a complaint involves multiple services, in which case the Trust will explain this to the complainant.

From its Annual Quality Report (2017-2018) we note the Trust receives a substantial number of complaints annually. The Annual Quality Report details that it received 1,680 formal complaints in 2017/2018. We noted that the top five most frequently made complaints were in relation to waiting lists, delays, and cancellations of outpatients appointments.

During discussions with staff, we were told that complaints in outpatients were low in number and centred on waiting times for first outpatient appointments. They also included complaints received regarding car parking facilities. This was a particularly noted on the RVH site.

Though the Trust receives a large number of complaints, responses to our survey indicated that some respondents did not feel they would be able to make a complaint. We asked patients if you / your relative felt you had to make a complaint about the care received in outpatients, would you / your relative feel able to do so. Approximately a quarter of those who answered this question (540) indicated that they did not feel able to make a complaint (Table 10).

**Table 10: Question: if you wished to make a complaint about outpatient services would you feel able to do so.**

Question (answered by 540 respondents)	Yes, definitely	Yes, to some extent	No
If you / your relative felt you had to make a complaint about the care received in this outpatients clinic, would you / your relative feel able to do so?	52%	25%	23%

During our meetings with the Trust, we were told that they were receiving significant numbers of complaints in connection with the ongoing neurology patient recall exercise, which was placing complaint management systems and staff under pressure both within the central complaints department and in the neurology service. The substantial increase in the volume of complaints being received was impacting on the timeliness of response and required additional resources and the re-direction of resources from other areas in order to provide the necessary capacity to liaise with complainants, investigate concerns and issue formal responses.

Given the nature of the complaints connected with the recall, the Trust should ensure sufficient capacity exists to provide timely responses to complaints.

Through our questionnaire the Trust identified two mechanisms used to disseminate learning from complaints. The first concerns the Trust's complaints department which participates in the weekly Trust-wide governance teleconferences (previously mentioned in section 3.7 Managing Risk). These provide an opportunity to highlight trends in complaint topics, response times, risk grading, and identification of complaints in relation to an individual employee or department and multiple complaints for individual complainants.

The second involves the Trust's Service User Experience Feedback Group. We received this group's Terms of Reference to inform this review and noted that duties outlined include identifying trends and areas of concern in relation to the service user experience, monitoring high risk complaints including those under consideration of the Northern Ireland Public Service Ombudsman (NIPSO). The Terms of Reference also describe how this group ensure that lessons learned from service user experiences are shared with a Divisional Representative within the Trust and, where appropriate, across the HSC.

We recognise the Trust commitment to learn from complaints and that it manages a large volume of complaints annually. The increasing workload generated by the neurology patient recall is a challenge and the Trust should ensure the complaints are addressed in a timely way.

## **4.9 Infection Prevention and Control**

Infection prevention and control practices were examined as part of this review as this is an important element of providing safe and effective care. We reviewed the Trust's Annual Quality Report (2017-2018)<sup>54</sup>. The Trust's Quality Report outlines the Trust's commitment to reducing instances of Health Care Associated Infections (HCAI) which it will achieve through: engagement with risk assessment, hand hygiene, aseptic technique, antimicrobial stewardship and cleaning.

The Trust has a number of policies in place to assist and guide staff, which include a Hand Hygiene Policy, Aseptic Non Touch Technique (ANTT); and Antimicrobial Stewardship.

Supporting these efforts is the Health Care Associated Infection Improvement Team (HCAIIT) who have developed and shared a guide and associated tool to facilitate ward/ department "walkarounds". We received a copy of the HCAI guide and accompanying "walk-around" tool to inform this review. We consider the walk-around tool to be useful.

The Trust indicated in its response to our questionnaire that environmental audits are carried out on a monthly or quarterly basis depending on the level of risk attached to the area in which services are delivered.

The Trust described how these audits are conducted in accordance with the Trust Cleanliness Policy which includes the assessment of estate and cleaning issues. Performance reports are circulated to all areas and managers on a monthly basis.

Trust-wide infection prevention and control performance is discussed at monthly HCAI meetings chaired by the Director of Nursing and Patient Experience who has responsibility for infection prevention and control.

### **Area of Good Practice**

During the inspections we noted examples of good infection prevention and control practice, including:

- Monthly environmental audits relating to the Trust's Environmental Cleanliness Policy;
- Hand hygiene audits, carried out by a peer reviewer who was independent from the department being audited;
- Discussion of audit performance at the Health Care Associated Infection monthly meetings;
- Mandatory training for staff in infection prevention and control and monitoring of this;
- An Infection Prevention and Control link nurse in each department who shared good practice in relation to IPC standards;
- A dedicated Infection Prevention and Control Nursing Team which provided advice and expertise;
- "Walk-arounds" by senior management and improvement plans relating to hand hygiene, Aseptic Non Touch Technique and environmental cleanliness; and
- The presence of improvement plans to address poor practice that had been identified.

During inspections we noted that the majority of staff adhered to the dress code policy and we noted that Personal Protective Equipment was available in most of the outpatient facilities. We observed staff following the Seven Steps of Hand Hygiene regime throughout all areas inspected and we evidenced that staff across the outpatient sites had good knowledge of infection control.

We were confident that staff knew the appropriate measures required when a patient attended with a known or suspected infection risk and they advised the patient would be scheduled to attend at the end of the outpatient clinic in order to facilitate infection control measures before and after the appointment.

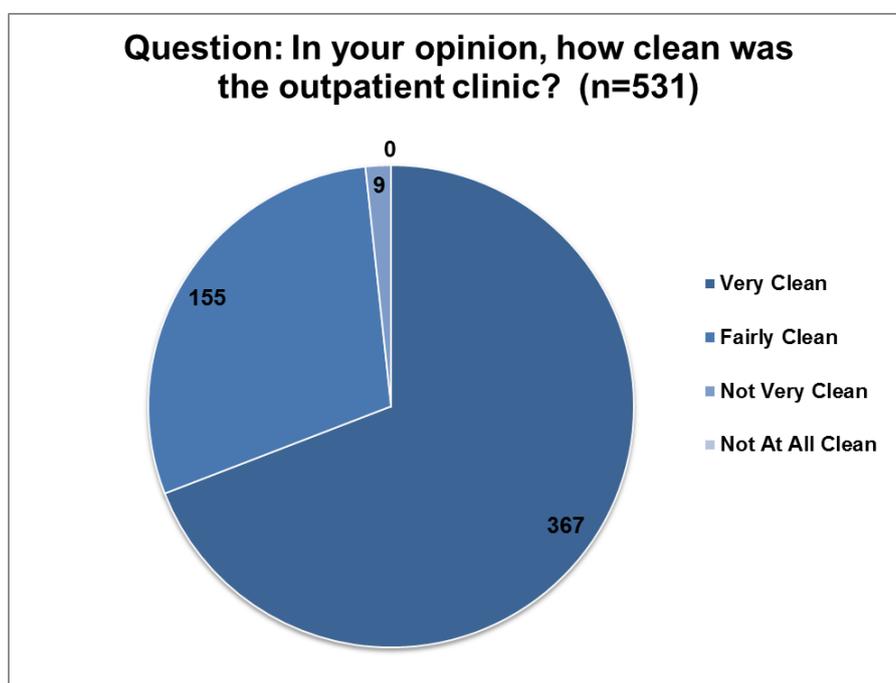
We were pleased to conclude that, in the main, arrangements for infection control across these varied outpatient sites were robust.

### 4.9.1 Environment

The environments in which services are provided will impact upon the safety, quality and experience of the care. We reviewed the environments in which the Trust delivers care and the policies, procedures and arrangements in place to ensure patient care is delivered in an environment conducive to their safe care.

In our patient and relatives survey we asked this group: “In your opinion, how clean was the outpatient clinic?” Of the 531 people who responded, 69% (n=367 people) considered the outpatient clinic to be very clean at their latest visit. Patient and relative responses are presented in Figure 15.

**Figure 15. Survey responses to the question: In your opinion, how clean was the outpatient clinic?**



We inspected the outpatient clinics using tools adapted from our hospital inspection programme. We included over 60 outpatient clinics across the following five sites: the Belfast City Hospital, Mater Infirmorum Hospital, Musgrave Park Hospital, the Royal Belfast Hospital for Sick Children and the Royal Victoria Hospital.

The outpatient departments were found to be generally clean, particularly in the Royal Belfast Hospital for Sick Children and in the Mater Infirmorum Hospital. There was some variation in the cleanliness of resuscitation trolleys across all five hospitals. Patient hoists and mobility equipment were often stored in corridors as a result of limited storage space. In particular, we noted a lack of appropriate environments for the care of patients attending the Royal Belfast Hospital for Sick Children for the treatment of bacterial infections.

We found examples of general wear and tear in the fabric of some buildings. Some areas within the Belfast City Hospital had small waiting areas and others (Wings E, F and G) were very spacious. We noted that the signage within the Belfast City Hospital was not particularly intuitive for patients to follow and the absence of private rooms and spaces for patient/ families who may receive bad news.

Car parking was frequently reported by both patients and staff as an issue across all sites, with the exception of Musgrave Park Hospital. Information gathered from our patient focus groups indicated that this issue resulted in significant additional stress for patients and their relatives. We acknowledged that space was limited for additional parking and that improving parking would present a significant challenge for the Trust.

Though in most areas the environment and equipment within outpatients was satisfactory and well maintained, some areas were in need of upgrading. Work should be undertaken to review signage (particularly within the Belfast City Hospital) to assist patients in locating the correct clinics. When planning outpatient services to meet the current and future needs of its population, the Trust should give consideration to the full range of alternative models of care such as virtual clinics and remote monitoring. This may optimise the use of limited hospital space for those clinics that must be provided within a hospital setting.

<b>Recommendation 24</b>	<b>Priority 2</b>
<p>Belfast Trust should further develop and expedite new models of working in outpatients services, such as the use of telephone and video appointments, remote monitoring, outreach clinics; new models for service delivery should be agreed with commissioners and consistently evaluated to demonstrate impact.</p>	

## Section 5: Compassionate Care

Governance systems should also ensure that care delivered by Belfast Trust is compassionate. Compassionate care ensures staff in outpatients services treat people with kindness, dignity, respect and empathy.

We examined the systems and process which ensure patients are fully informed about their treatment and that their views and the views of their relatives are gathered, analysed and used in a meaningful way to inform improvement in service. We also engaged specifically with patients and relatives to understand their experience of the care delivered and the extent to which their needs were met.

In its Corporate Management Plan 2018-2021, the Trust describes, “treating everyone with respect and dignity”<sup>55</sup> as one of its five core values. The Trust requires all staff to adopt a person-centred approach in their delivery of care. We looked for evidence that patients’ needs were met, that patients were involved in decisions affecting their care, that information concerning their care was provided and that services actively sought feedback from patients with a view to improving care delivered.

Our findings are presented under the following areas: meeting patient needs; providing patient information; personal and public involvement (PPI) and; patient feedback.



### 5.1 Meeting Patient needs

An essential aspect of providing compassionate care is recognising and addressing patient needs. The Trust advised that all staff in outpatients services are required to adhere to policies and procedures which protect patient privacy and dignity and submitted copies of policies relating to Intimate Care, Examination and Chaperoning (November, 2012); Adult Protection Policy and Procedures (April, 2013); and Regional Core Child Protection Policy and Procedures (December, 2017).

#### Inspection observations

During our inspections, we observed staff displaying courtesy and respect to patients. We noted staff were informative, friendly and respectful towards patients; even when working under pressure.

In Musgrave Park Hospital, we observed kindness shown towards patients by reception staff. We observed staff helping patients obtain transport home and/or re-arranging appointments if they had arrived at the wrong clinic / location.

In the Royal Belfast Hospital for Sick Children we spoke to many relatives who told us they were treated with respect and felt they had privacy to fully discuss their child's condition during outpatients appointments. In the Royal Belfast Hospital for Sick Children, the Expert Review Team found evidence of "What Matters to You..." cards, designed to understand what was important to patients in respect of the care delivered to them.

### **Area of Good Practice**

In the Mater Infirmorum Hospital, outpatient staff have adopted the Butterfly Scheme<sup>†</sup>. The Butterfly Scheme, a UK-wide initiative, advocates adaptations to the responses staff provide for patients who experience memory impairment, confusion and forgetfulness. Receptionists highlight applicable patients to nursing staff on arrival for their appointment while a butterfly badge worn by staff signals participation in the scheme. A butterfly label added to case notes helps other staff identify these patients. The Expert Review Team determined this to be an example of good practice in relation to ensuring patient dignity.

### **Patient Survey**

As part of our patient survey, we asked patients about their care and treatment. The majority of people who responded reported having had adequate time to discuss problems with professionals, felt they had been involved in their treatment and care, and had the reasons for treatment and next steps explained to them in a way in which they could understand. The results are presented in Table 11.

---

<sup>†</sup> The Butterfly Scheme aims to improve patient safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment and allows patients with dementia, confusion or forgetfulness to request that response via a discreet butterfly symbol on their notes.

**Table 11: Patient and relatives perception of care**

Question (answered by 526 respondents)	Yes, definitely	Yes, to some extent	No
Did you have enough time to discuss your health and/or medical problem with the doctor or nurse?	68%	25%	7%
Were you involved as much as you wanted in decisions about your care and treatment?	68%	21%	11%
Did the doctor or nurse explain the reasons for any treatment and / or next steps in a way that you / your relative could understand?	76%	18%	6%

We asked if patients and/or relatives felt that the level of care received during their most recent visit to outpatient services in the Trust had been compassionate; 86% (449 people of the 522 who responded to this question) stated that the care received had been compassionate. The full results are presented in Table 12.

**Table 12: Do you think care was compassionate?**

Question (answered by 522 respondents)	Very Satisfied	Satisfied	Neither Satisfied or Dissatisfied	Dissatisfied	Very Dissatisfied
Do you think the care you and/or your relative received was compassionate	56%	30%	6%	4%	4%

We also asked if the doctor and/or staff member had listened to what they had said during their appointment; 96% (501 people of the 522 who responded) agreed that this was the case. In addition to feeling listened to, 84% of respondents (438 people out of 522) indicated that the doctor and/or other staff asked them / their relative what was important to them in managing their condition or illness. The results are presented in Table 13.

**Table 13: Did the nurse/ Doctor listen to what you had to say and what was important to you?**

Question (Answered by n=522)	Yes, definitely	Yes, to some extent	No
During your/ your relatives appointment did the doctor or nurse listen to what you had to say	80%	16%	4%
Did the nurse / Doctor ask what was important to you in managing the condition or illness	57%	27%	16%

Further feedback from respondents described interactions with staff as “being helpful” and/or “going the extra mile”.

## Patient Focus Groups

Patients and relatives who took part in our focus groups told us that they felt they had been treated with dignity and respect. They described feeling that their voices had been heard, that they had been understood and that family members had been facilitated to attend appointments with them.

The majority of feedback received from our focus groups was positive. However, there were examples where patients and their relatives felt their experience had not been as compassionate as they would have liked.

We heard of a few examples where patients reported they were treated by staff who were too busy, with limited time to spend with them and/or their relatives resulting in patients and/or their relatives feeling that staff were, at times, impersonal.

We concluded that most staff were providing compassionate care across the Trust's outpatients services and endeavouring to meet patients' needs and we acknowledged this achievement in the context of services being extremely busy.

## 5.2 Providing Patient Information

Providing appropriately tailored information is vital to enabling a person to be an active participant in their care and treatment. Information about care, treatment procedures and investigations should be delivered in a way that meets the individual patient's needs and preferences.

### Verbal Information

During our inspections we often observed patients being provided with verbal information on their care and treatment from a consultant or nurse. We were advised that interpreters would be arranged for patients whose first language was not English.

### Written Information

The Trust told us that it uses EIDO Healthcare UK<sup>u</sup> to source the specific patient information leaflets which it uses. We examined one such example of a leaflet for Laparoscopic Hysterectomy which included patient information on consent. It also included details of the surgery, complications and expectations on returning to normal activities post-surgery.

The Expert Review Team agreed that this type of information leaflet was comprehensive and provided clear information for the patient.

---

<sup>u</sup> EIDO Healthcare is a commercial company that provides resources and support to help health professionals and has a library of approximately 400 treatment-specific informed consent patient information documents.

Written information was also found to be provided about referrals for joint injections in rheumatology clinics however, in general, it was noted that little formal written information was provided to those patients attending outpatient services.

### Other Information

We noted the Trust also utilised additional information services provided by many voluntary and charitable organisations. We heard an example of Brainwaves Northern Ireland, which provides tailored information leaflets for patients with brain tumours and offers patients additional information through its Facebook and Internet site.

### Additional Information Services

In our patient survey we asked patients and relatives about the amount of information they had received about their / their relatives' treatment during their outpatient appointment and 86% (451 out of 526 respondents to this question) felt they had received the right amount of information. The provision of formal written information provided to patients attending outpatient services was discussed during our meetings with senior managers. They recognised that provision of written information could be enhanced and the Medical Director told us that the review of all patient information leaflet requirements would be undertaken over the next six months with the aim of embedding a standardised approach. This work was already in progress as part of Personal and Public Involvement (PPI) activities and utilising a co-production approach involving service users.

#### **Area of Good Practice**

The Trust described an example of providing information in advance to adolescents attending mental health outpatient clinics. It involved developing a video featuring service users and staff and had been co-produced with patients and hosted on the Trust website.

We concluded that additional high quality written information would be valuable in ensuring greater involvement of patients in their care and treatment would be helpful for patients. (This would complement our earlier recommendation in Section 2.8 on directly including patients in clinical correspondence about their attendances at outpatients.)

We welcomed the Trust's plans to review and standardise patient information leaflets, using a co-production approach and agreed that the use of technology, such as videos and producing information online was valuable and should be further explored as part of this work.

<b>Recommendation 25</b>	<b>Priority 2</b>
Belfast Trust should optimise various communication media as a means of providing information about conditions, procedures and treatments to patients across its outpatients services.	

### Information Resources Developments

During our inspections and meetings, we heard of examples of specific information resources being developed. In the Royal Belfast Hospital for Sick Children all staff in outpatients services had undergone basic training in Makaton<sup>Y</sup>. This is a language programme designed to provide a means of communication to individuals who cannot communicate effectively by speaking. Feedback from staff indicated an improvement in communication was achieved.

In the Mater Infirmorum Hospital, we heard about Eye Clinic Liaison Officers who are able to provide advice and help patients understand their situation, for example: when advised that they will no longer be able to drive due to their eye condition. The Expert Review Team agreed that these Liaison Officers provide a useful, supportive service in outpatients in the Mater Infirmorum Hospital.

### 5.3 Enabling Personal and Public Involvement (PPI)

To deliver healthcare which meets the needs of the population, it is essential that the Belfast Trust include patients and relatives in design and commissioning of services. Patients and their relatives provide vital insight into how the service is operating and offered examples of how it may be improved.

The Health and Social Care Reform Act of 2009 requires PPI as a legal requirement for HSC services<sup>56</sup>. PPI is defined as "...the active and effective involvement of service users, carers and the public..." in HSC services<sup>57</sup>.

PPI enables organisations to ensure that its patients and their cares or relatives are fully involved and can influence the commissioning, delivery and evaluation of services. PPI has been shown to result in services becoming more responsive, with a reduction in complaints and an increase in the levels of satisfaction<sup>58</sup>.

---

<sup>Y</sup> Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

## Trust Structures

The Belfast Trust provided documentation detailing its organisation-wide framework to enable PPI and the Expert Review Team was informed of a number of mechanisms the Trust had in place. We heard about a number of active patient forums for PPI. For example, the Gynaecological User's Forum, the Human Immunodeficiency Virus (HIV) Service User's Forum and the Prosthetics Service User Forum. Other PPI committees and groups in operation included the Maternity Services Liaison Committee and the "Tell It Like It Is" groups in Learning Disability services.

It was apparent that not all Directorates have clearly established service user/ carer/ forums representing the range of specialties within it and we determined that further work is required in order to fully embed PPI within outpatients.

Specifically in relation to neurology, the Neurology Patient and Carer Forum provides opportunities for regular engagement for patients and families who access the neurology service. This Forum meets every three months, provides input regarding neurology and neurology disability services from a client perspective across Northern Ireland and helps to inform service planning within Belfast Trust.

The Expert Review Team concluded that the Trust's PPI arrangements were adequate in terms of the Trust assurance structure. We agreed that the Trust had begun its journey of developing an organisational wide PPI culture and we would encourage the Trust to continue to develop its' PPI activities into all Directorates and specialties including those delivering outpatients.

## 5.4 Seeking Patient Feedback

Patient feedback is an important source of information that drives improvements in the patient experience. The Trust told us about its' Service User Experience Feedback Group (SUEFG), created within the Trust's assurance framework structure. Established in 2018 and chaired by the Medical Director/ Non-Executive Director, this group, which meets six times a year, is tasked with providing assurance to the Learning from Experience Steering Group. The SUEFG collates information from compliments, complaints and 10,000 voices projects with Divisional representatives receiving reports detailing service user feedback on a monthly basis.

The Trust reported that outpatient services use a range of tools to engage with patients and relatives in order to obtain feedback. These included; patient focus groups facilitated by external organisations for example: the Patient Client Council and the Royal National Institute for the Blind; an electronic questionnaire for patients with pelvic floor conditions in the Royal Victoria Hospital. Staff in Royal Victoria Hospital demonstrated the use of several patient satisfaction surveys, the most recent of which examined information received in relation to appointments.

We also heard about the regular use of patient satisfaction surveys in the orthopaedics outpatient service in Musgrave Park Hospital.

A group of Consultant Neurologists we spoke to informed us of collaboration between the Trust and Parkinson's UK. This collaboration had facilitated qualitative feedback from neurology patient groups.

In our meeting with the Trust Medical Director, we heard about a system, which supported real-time user feedback, implemented across inpatient wards, in the first instance as part of national collaborative work within the NHS. The next phase of implementation was anticipated to involve outpatients Surgical Divisions.

### Service Developments Informed by Feedback

#### Area of Good Practice

Trust Senior Managers updated the Expert Review Team about a service development undertaken in 2016, whereby patient and staff feedback collected through a patient survey had resulted in improvements to services provided by Nephrology outpatient services in Belfast City Hospital in 2015.

When exploring satisfaction amongst patients attending the clinic, initial feedback indicated low levels of satisfaction amongst patients being treated in Nephrology: only 41% of patients sampled described being "very satisfied" with their outpatients appointment, while 72% described their experience at the clinic as "fair" as consequence of overcrowding and the waiting times (this document omitted sample size at baseline).

Additional feedback from staff working in the clinic identified its limited two-day a week schedule as a contributory factor and expansion of clinic days as a mechanism of improving patient experience.

In direct response, in 2016 the Nephrology service was moved from its' original location within Belfast City Hospital to the hospital's Renal Unit and appointment times were distributed throughout the week.

During follow-up in 2017, feedback from 41 patients sampled demonstrated that the service development had reduced over-crowding and patient waiting times. Patient satisfaction had also improved; 67% of those sampled at the time reported being "very satisfied" with their experience at the clinic. Additional feedback commended the clinic on its cleanliness and facilities.

The Expert Review Team was encouraged by opportunities in some services / locations for patients to provide real time feedback, but was unable to find evidence of uniform strategic mechanisms in place to ensure feedback is harnessed in a cohesive and strategic way in order to obtain feedback across all of outpatients services in the Trust.

<b>Recommendation 26</b>	<b>Priority 1</b>
Belfast Trust should develop and implement arrangements to obtain patient feedback in a co-ordinated and systematic way across all outpatient sites. Feedback received should be used to evidence quality of care delivered and to underpin service improvements as required.	

## Section 6: Conclusion

This review of governance in outpatients services in the Belfast Trust has provided detailed insights into the arrangements in place in respect of the governance of the care delivered within these services. The large number of individual specialities and number of sites visited as part of this review has enabled a comprehensive assessment across the Trust's outpatients services.

We inspected over 60 outpatient clinics across Belfast City Hospital, Mater Infirmorum Hospital, Musgrave Park Hospital, Royal Belfast Hospital for Sick Children and the Royal Victoria Hospital. We enlisted a comprehensive methodology, including engagement with a wide range of key stakeholders and site inspections and we can be confident that the findings of this review present an accurate reflection of the governance arrangements at the time of this review and their impact on patient care.

We observed many good examples of compassionate and patient-centred care being delivered and good compliance in respect of infection prevention and control practices and we received positive feedback from patients and relatives in this regard.

We recognise much work has been undertaken by the Trust with regard to implementing a comprehensive governance structure and quality assurance framework which has included its outpatients services. The new collective Leadership Model and its' focus on delivering a programme of Quality Improvement across the organisation was well regarded by Trust staff and the Review Team and showed early evidence of improvements across some services with potential for wider impact through greater involvement of clinical leaders and frontline service managers.

Though we commend the efforts of the Trust in relation to reforming its clinical governance and management structures, we found that outpatients services span a range of Directorates and specialties, involving multiple professional groups from a range of Directorates, often contributing to the same service.

As such, oversight arrangements can be complex and there is a risk of poor cohesion in the oversight and monitoring of the quality of care delivered to a specific group of patients by either an individual professional or a discrete clinic / service.

Many of the recommendations from this review relate to the use of information and data. We identified opportunities to improve the use of the available information about referrals to clinics, non-attendances at clinics and outcomes achieved for patients in respect of their condition, to drive improvements in the service delivery. We agreed that standardising and formalising mechanisms for patient feedback could ensure gathering of useful intelligence to support change and improvement in services.

Improved oversight and monitoring of services could be achieved by further developing systems for the collection, interrogation and communication of

data. This would enable the Trust to improve both its operational service planning and plans to reform and modernise services. Better use of data would also improve oversight in relation to referrals from the Independent Sector and monitoring of activity relating to the treatment of private patients within the trust.

Another key finding related to the prescribing recommendation(s) made to GPs through the use of paper based TAN's. The current system provides very limited assurance to the Trust regarding the prescribing practices of individuals or individual services delivering outpatient care compared to that which could be realised through investing in developing an electronic system.

This review highlighted the need for stronger team working within the outpatients service and the nurturing of a culture of constructive challenge between professionals. In these particular settings, individuals may be more susceptible to working as single clinicians, with fewer opportunities for peer challenge and review, than in the inpatient settings where multidisciplinary working is embedded to a greater extent.

We note that there are a considerable number of recommendations contained within this report and that in order for change to be meaningful and have desired impact they should be implemented in a co-ordinated and cohesive way with strong leadership and robust oversight.

Based upon our experience of regulating services across the HSC system, it is our view that the opportunities for strengthening governance highlighted within this review are applicable across the entire region. A regional approach to the reform and modernisation of outpatient services across the five HSC Trusts would ensure system wide change in line with the 2016 policy Health and Wellbeing 2026: Delivering Together.

We anticipate that the Belfast Trust will now fully consider these recommendations and the best mechanisms of implementing these in order to provide assurance of the quality, safety and effectiveness of the outpatients services it provides.

## Recommendations

Number	Recommendation	Priority
1	Belfast Trust should review and streamline its systems and process for receiving and managing referrals to its outpatients services. Accurate data and intelligence arising from streamlined referral systems should be used to inform oversight and assurance of the Trust's referral processes.	1
2	Belfast Trust should develop and implement a wider team approach to assure best practice in the triaging of referrals received for its outpatient services; a team approach is particularly important for referrals received to high risk specialties such as antenatal obstetric care.	2
3	Belfast Trust should strengthen its systems for validation of lists of patients currently awaiting review and / or assessment through outpatients services; validation should include risk stratification, by clinical need and priority, of patients currently on waiting lists.	1
4	Belfast Trust should review its systems for identifying and recording information on patients transferring from the Independent Sector to Trust services; the Trust should ensure there is robust governance and oversight of all processes relating to transfer.	2
5	a) Belfast Trust should ensure that all outpatients services receive and actively use up-to-date information relating to productivity lost through clinics which are cancelled and / or not attended (DNAs and CNAs); b) The Trust should expedite its work to improve productivity and reduce the impact of cancellations and non-attendances at outpatient clinics.	1
6	Belfast Trust should urgently review the content and format of appointment letters issued to patients attending orthopaedic outpatients services.	1

Number	Recommendation	Priority
7	<p>a) Belfast Trust should review its current practice in relation to communication with General Practitioners and other referrers, following patients' attendance at outpatients services;</p> <p>b) The Trust should agree, implement and monitor a standard set of key performance indicators across its outpatients services to underpin improvement in its written communication following outpatients review; and</p> <p>c) The Trust should evaluate the impact and effectiveness of directly including patients in clinical correspondence following outpatients review, to determine if implementing this approach would be of benefit across all its outpatients services.</p>	1
8	Belfast Trust should identify and strengthen mechanisms to engage Sisters / Charge Nurses across outpatients services in its work programmes addressing collective leadership and organisational accountability.	1
9	<p>a) Belfast Trust should complete a mapping exercise to understand in detail the operational, management and governance arrangements across all outpatients services it delivers; and</p> <p>b) The Trust should assure itself that operational arrangements for all outpatients services are appropriately aligned across service Directorates and divisions, so that care delivered in outpatients is consistency well governed.</p>	1
10	<p>a) Belfast Trust should specify how its collective leadership strategy and model will specifically strengthen the delivery of safe, effective and compassionate care across outpatient services; and</p> <p>b) The Trust should identify key measures to demonstrate the impact of its collective leadership strategy and model on outpatient services.</p>	2
11	Belfast Trust should develop and implement a set of key indicators to assure its performance in relation to the care it delivers through outpatients services. The Trust should not limit these indicators to activity data; these should be shared with the Trust Board and the Executive Team on a regular basis.	1

Number	Recommendation	Priority
12	Belfast Trust should adopt a strategic approach to audit and quality improvement work involving outpatients services, to align with the Trust's organisation-wide approach to quality improvement and to focus on both specific service or site improvement and system level improvement.	2
13	Belfast Trust should strengthen its approach to the identification and management of risk within and across the outpatients services it delivers by necessity this will include: a) A mechanism to ensure sharper focus for the known risks across the full range of Trust services delivered in outpatients settings; b) Progressing work to understand and mitigate new or previously unidentified risks, such as those described in this review; c) Ensuring that all staff delivering outpatients services are proactive in their approach to identifying risks as they emerge and to implementing systems to manage these risks; and d) Ensuring that the Executive Team and Trust Board are regularly updated and receive robust assurance regarding risks as they relate to outpatients services.	1
14	Belfast Trust should expedite work to develop its internal information systems so that data on clinical activity and patient outcomes (by service, by team and by consultant) are routinely reported and shared; this information should be available to support annual whole-practice appraisal and revalidation, as well as service planning and development.	1
15	Belfast Trust should strengthen its use of information and intelligence relating to incidents and complaints occurring in the context of outpatients services it delivers; the Trust should analyse this data and intelligence in a way that promotes a proactive approach to identifying risk and improving the quality and safety of outpatients services.	1

Number	Recommendation	Priority
16	<p>a) Belfast Trust should develop and implement a targeted action plan to improve knowledge and awareness of staff in relation to the safeguarding of adults and children receiving care and treatment in its outpatient services;</p> <p>b) The Trust must ensure it receives robust assurances in respect of compliance with best practice as advised by regional and local policies in this regard; and</p> <p>c) The Trust should review its risk register to ensure it is accurately capturing current risks relating to the knowledge and awareness of staff safeguarding roles and responsibilities.</p>	1
17	Belfast Trust should ensure information relating to outpatient activity (by service, by team, by consultant) is collected, analysed and routinely shared; this data should be used to enable robust capacity planning and to inform future service development and modernisation of outpatient services across the Trust.	1
18	<p>a) Belfast Trust should ensure it develops and implements a robust system for oversight and monitoring of the quality of care delivered by Specialist Nurses and the related patient outcomes achieved across its outpatients settings;</p> <p>b) Specialist nurses should be appropriately supported to undertake their roles through effective supervision, professional development and support for annual appraisal and revalidation.</p>	1
19	Belfast Trust should develop, implement and assure a systematic approach to clinical peer review across its outpatients services.	1
20	<p>Belfast Trust and the Health and Social Care Board should establish clear mechanisms by which the Trust and General Practitioners can engage and communicate in relation to outpatient services delivered by the Trust.</p> <p>The Trust should also assure itself that General Practitioners who may have a concern relating to services delivered have been provided with clear information regarding how to raise their concern.</p>	2

Number	Recommendation	Priority
21	Belfast Trust should develop a system or systems to enable appropriate oversight and assurance of prescribing and prescribing advice across the Trust's outpatient services. This should include the development and implementation of an interim electronic system to replace the current paper based Treatment Advice Notes.	2
22	Belfast Trust should cease the practice of retaining separate paper-based notes for particular outpatients specialities; the Trust should develop a system whereby patient notes for all specialities as retained as part of an integrated hospital-wide record.	1
23	<ul style="list-style-type: none"> <li>a) Belfast Trust should agree a range of key performance indicators across all its outpatient services;</li> <li>b) It should assure and govern these systems for service improvement; and</li> <li>c) It should communicate these to services through specialty level dashboards.</li> </ul>	1
24	Belfast Trust should further develop and expedite new models of working in outpatients services, such as the use of telephone and video appointments, remote monitoring, outreach clinics; new models for service delivery should be agreed with commissioners and consistently evaluated to demonstrate impact.	2
25	Belfast Trust should optimise various communication media as a means of providing information about conditions, procedures and treatments to patients across its outpatients services.	2
26	Belfast Trust should develop and implement arrangements to obtain patient feedback in a co-ordinated and systematic way across all outpatient sites. Feedback received should be used to evidence quality of care delivered and to underpin service improvements as required.	1

## References

---

- <sup>1</sup> Belfast Trust and Social Care Trust announce recall of 2500 patients following an independent review of patient notes (1 May 2018). Cited June 2019: Available from: <http://www.belfasttrust.hscni.net/about/3130.htm>
- <sup>2</sup> Belfast Trust and Social Care Trust announce recall of 2,500 patients following an independent review of patient notes (1 May 2018). Cited June 2019: Available from: <http://www.belfasttrust.hscni.net/about/3130.htm>
- <sup>3</sup> Department of Health announces Independent Inquiry Panel: Department of Health (10 May 2018). Cited May 2019: Available from: <https://www.health-ni.gov.uk/news/department-health-announce-independent-inquiry-panel>
- <sup>4</sup> Department announces a Regional Review of Neurology Services: Department of Health (31 July 2018). Cited May 2019: Available from: <https://www.health-ni.gov.uk/news/department-announces-regional-review-neurology-services>
- <sup>5</sup> RQIA Review of Intravenous Sedation Use in General Dental Practice (May 2009). Cited May 2019: Available from: <https://www.rqia.org.uk/RQIA/files/a7/a7d3371a-217b-49c4-88ca-9a98d5cbb6a7.pdf>
- <sup>6</sup> RQIA Follow-Up Review of Intravenous Sedation Use in General Dental Practice (December 2010). Cited May 2019: Available from: <https://www.rqia.org.uk/RQIA/files/cd/cd863673-670a-4855-985e-c67824c5c311.pdf>
- <sup>7</sup> RQIA Review of the Implementation of the Dental Hospital Inquiry Action Plan (July 2013) Overview Report (December 2014). Cited May 2019: Available from: <https://www.rqia.org.uk/RQIA/files/e2/e2968fd6-51f0-41a7-acfa-d34a66a7c86b.pdf>
- <sup>8</sup> RQIA Review of the Implementation of the Dental Hospital Inquiry Action Plan (July 2013) – Phase 2 (July 2017). Cited May 2019: Available from: <https://www.rqia.org.uk/RQIA/files/33/331ae69d-84ac-4ad1-ac13-4120b01a8a3c.pdf>
- <sup>9</sup> Outpatients: The Future: Adding Value through Sustainability: Royal College of Physicians (November 2018). Cited May 2019: Available from: <https://www.rcplondon.ac.uk/projects/outputs/outpatients-future-adding-value-through-sustainability>
- <sup>10</sup> Hospital Statistics: Outpatient Activity Statistics 2017/18, Information Analysis Directorate, Department of Health (NI) (August 2018). Cited May 2019: Available from: <https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-outpatient-stats-17-18.pdf>

---

<sup>11</sup> Outpatients: The Future: Adding Value through Sustainability: Royal College of Physicians (November 2018). Cited May 2019: Available from: <https://www.rcplondon.ac.uk/projects/outputs/outpatients-future-adding-value-through-sustainability>

<sup>12</sup> As above.

<sup>13</sup> Reproduced from: Royal College of Physicians. Outpatients: the future – adding value through sustainability. London: RCP, 2018. Copyright © 2018 Royal College of Physicians. Reproduced with permission.

<sup>14</sup> Belfast Health and Social Care Trust: About the Trust. Cited May 2019: Available from: <http://www.belfasttrust.hscni.net/about.htm>

<sup>15</sup> Hospital Statistics: Outpatient Activity Statistics 2017/18, Information Analysis Directorate, Department of Health (NI) (August 2018). Cited May 2019: Available from: <https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-outpatient-stats-17-18.pdf>

<sup>16</sup> Integrated Elective Access Protocol (IEAP): Department of Health, Social Services and Public Safety (April 2008). Cited May 2019: Available from: [https://www.health-ni.gov.uk/sites/default/files/publications/health/Integrated%20Elective%20Access%20Protocol%20-%20April%202008\\_0.pdf](https://www.health-ni.gov.uk/sites/default/files/publications/health/Integrated%20Elective%20Access%20Protocol%20-%20April%202008_0.pdf)

<sup>17</sup> Integrated Elective Access Protocol: Guidance for Staff. Belfast Health and Social Care Trust. Cited May 2019. Available from: [http://www.belfasttrust.hscni.net/pdf/Integrated\\_Elective\\_Access\\_Protcol\\_Screening\\_template\\_Jan\\_15\\_2.pdf](http://www.belfasttrust.hscni.net/pdf/Integrated_Elective_Access_Protcol_Screening_template_Jan_15_2.pdf)

<sup>18</sup> The Health and Social Care Commissioning Plan and Indicators of Performance Direction (Northern Ireland) 2018-2019. The Department of Health (2018). Cited May 2019: Available from: <https://www.health-ni.gov.uk/sites/default/files/publications/health/draft-CPD-2018-19.pdf>

<sup>19</sup> Belfast Trust Board Performance Report 2018/2019: April 2018-March 2019. Cited May 2019: Available from: <http://www.belfasttrust.hscni.net/pdf/Performance%20Report%20-%20Apr%202018%20-%20e2%80%93%20Mar%202019.pdf>

<sup>20</sup> Elective Care Plan Transformation and Reform of Elective Care Services. The Department of Health (February 2017). Cited May 2019. Available from: [https://www.health-ni.gov.uk/sites/default/files/publications/health/ECP-070217\\_0.pdf](https://www.health-ni.gov.uk/sites/default/files/publications/health/ECP-070217_0.pdf)

<sup>21</sup> Outpatient Letter Standards: Final Report accompanying Final version of Information Models: Professional Records Standards Body (July 2017) Cited June 2019: Available from: <https://theprsb.org/wp->

---

[content/uploads/2018/02/Outpatient-Letter-Standards-Final-Report-Draft-2.1-FINAL.pdf](#)

<sup>22</sup> Please, write to me. Writing outpatient clinic letters to patients. Guidance: Academy of Medical Royal Colleges (September 2018) Cited June 2019: Available from: <https://www.aomrc.org.uk/reports-guidance/please-write-to-me-writing-outpatient-clinic-letters-to-patients-guidance/>

<sup>23</sup> Corporate Management Plan 2018/ 2021. Belfast Health and Social Care Trust. Cited May 2019. Available from: <http://www.belfasttrust.hscni.net/pdf/2018-21%20Corporate%20Management%20Plan.pdf>

<sup>24</sup> Belfast Trust Corporate Management Plan 2018/2021. Cited May 2019: Available from: <http://www.belfasttrust.hscni.net/pdf/2018-21%20Corporate%20Management%20Plan.pdf>

<sup>25</sup> Belfast Trust Annual Report and Accounts 2017-2018. Cited May 2019: Available from: <http://www.belfasttrust.hscni.net/pdf/BHSCT%20Annual%20Report%20and%20Accounts%202017-18.pdf>

<sup>26</sup> Belfast Trust Corporate Management Plan 2018/2021. Cited May 2019: Available from: <http://www.belfasttrust.hscni.net/pdf/2018-21%20Corporate%20Management%20Plan.pdf>

<sup>27</sup> Leadership in Health Care: A summary of the evidence base (2015) Cited May 2019. Available from: [https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_summary/leadership-in-health-care-apr15.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_summary/leadership-in-health-care-apr15.pdf)

<sup>28</sup> Leadership[ and Management Framework 2016/ 2019. Belfast Health and Social Care Trust. Cited May 2019. Available from: [http://www.belfasttrust.hscni.net/pdf/Leadership\\_and\\_Management\\_Framework\\_final.pdf](http://www.belfasttrust.hscni.net/pdf/Leadership_and_Management_Framework_final.pdf)

<sup>29</sup> Performance and Accountability Framework (March 2018). Document submitted by Belfast HSC Trust to inform this review.

<sup>30</sup> The Trust Performance Report (May 2018). Belfast Health and Social Care Trust. Evidence submitted to inform this review

<sup>31</sup> Trust Board Report- Safety and Quality steering Group Assurance. Document submitted by Belfast HSC Trust to inform this review.

- 
- <sup>32</sup> Quality 2020 - a ten year strategy to protect and improve quality in health and social care in Northern Ireland. 14<sup>th</sup> October 2019. Cited May 2019. Available at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/Q2020%20Key%20Principles.pdf>
- <sup>33</sup> Quality Improvement Projects (July 2018). Document submitted by Belfast Trust to inform this review.
- <sup>34</sup> Risk assessment - A brief guide to controlling risks in the workplace. Health and Safety Executive (August 2014) Cited May 2019: Available from: <http://www.hse.gov.uk/pubns/indg163.pdf>
- <sup>35</sup> Risk Management Strategy 2017-2020. Belfast Trust (July 2017). Evidence submitted by Belfast Trust to inform this review.
- <sup>36</sup> Risk Management Strategy 2017-2020. Belfast Trust (July 2017). Evidence submitted to inform this review.
- <sup>37</sup> Belfast Trust Corporate Management Plan 2018-2021. Cited May 2019: Available from: <http://www.belfasttrust.hscni.net/pdf/2018-21%20Corporate%20Management%20Plan.pdf>
- <sup>38</sup> Adverse Incident Reporting and Management Policy. Belfast Trust. Document submitted by Belfast Trust to inform this review.
- <sup>39</sup> As above.
- <sup>40</sup> Procedure for the Reporting and Follow up of Serious Adverse Incidents. Health and Social Care Board (2016). Cited on May 2019: Available from: <http://www.hscboard.hscni.net/download/PUBLICATIONS/policies-protocols-and-guidelines/Procedure-for-the-reporting-and-follow-up-of-SAls-2016.pdf>
- <sup>41</sup> Procedure for the Reporting and Follow up of Serious Adverse Incidents. Health and Social Care Board (2016). Cited on May 2019: Available from: <http://www.hscboard.hscni.net/download/PUBLICATIONS/policies-protocols-and-guidelines/Procedure-for-the-reporting-and-follow-up-of-SAls-2016.pdf>
- <sup>42</sup> Procedure for the Reporting and Follow up of Serious Adverse Incidents. Health and Social Care Board (2016). Cited on May 2019: Available from: <http://www.hscboard.hscni.net/download/PUBLICATIONS/policies-protocols-and-guidelines/Procedure-for-the-reporting-and-follow-up-of-SAls-2016.pdf>
- <sup>43</sup> Adult Safeguarding: Prevention and Protection in Partnership Policy (DoH (DHSSPS, July 2015). Cited May 2019: Available from: <https://www.health-ni.gov.uk/publications/adult-safeguarding-prevention-and-protection-partnership-key-documents>

- 
- <sup>44</sup> Adult Safeguarding Operational Procedures (issued by HSC Board, in September 2016) Adults at Risk of Harm and Adults in Need of Protection (HSCB, September 2016). Cited May 2019: Available from: <http://www.hscboard.hscni.net/download/PUBLICATIONS/safeguard-vulnerable-adults/niasp-publications/Adult-Safeguarding-Operational-Procedures.pdf>
- <sup>45</sup> Co-operating to Safeguard Children and Young People in Northern Ireland (DoH, August 2017). Cited May 2019: Available from: [https://www.safeguarding.ie/images/Pdfs/National\\_legislation-NI/co-operating-safeguard-children-young-people-NI.pdf](https://www.safeguarding.ie/images/Pdfs/National_legislation-NI/co-operating-safeguard-children-young-people-NI.pdf)
- <sup>46</sup> Protocol for Joint Investigation of Adult Safeguarding Cases (Health and Social Care Board, August, 2016). Cited May 2019: Available from: <http://www.hscboard.hscni.net/download/PUBLICATIONS/safeguard-vulnerable-adults/niasp-publications/Protocol-for-joint-investigation-of-adult-safeguarding-cases.pdf>
- <sup>47</sup> Regional Core Child Protection Policy and Procedures (Safeguarding Board for Northern Ireland (SBNI) December 2017).
- <sup>48</sup> Adult Protection Policy and Procedures (2013) Belfast Trust. Document provided by Belfast Trust to inform this review.
- <sup>49</sup> SBNI Child Safeguarding Learning and Development Strategy and Framework 2015-2018: Safeguarding Board for Northern Ireland's (SBNI) (September 2015). Cited May 2019: Available from: <https://www.safeguardingni.org/sbni-learning-and-development-strategy>
- <sup>50</sup> Belfast Trust Annual Report and Accounts 2017-2018. Cited May 2019: Available from: <http://www.belfasttrust.hscni.net/pdf/BHSCT%20Annual%20Report%20and%20Accounts%202017-18.pdf>
- <sup>51</sup> Dental Hospital Inquiry: Executive Summary: Belfast HSC Trust (July 2011). Cited May 2019: Available from: [http://archive.niassembly.gov.uk/researchandlibrary/deposited\\_papers/2011/dp869.pdf](http://archive.niassembly.gov.uk/researchandlibrary/deposited_papers/2011/dp869.pdf)
- <sup>52</sup> The Regional Group on Specialist Drugs – Implementation of Red/Amber lists – 1 May 2003: HSS (MD)16/2003 (April 2003). Cited May 2019: Available from: <http://www.ipnsm.hscni.net/download/document-library/HSSMD1603.pdf>
- <sup>53</sup> Clinical Record Keeping Policy (December 2017). Document submitted to inform this review.

---

<sup>54</sup> Belfast Trust Annual Report and Accounts 2017-2018. Cited May 2019:  
Available from:  
<http://www.belfasttrust.hscni.net/pdf/BHSCT%20Annual%20Report%20and%20Accounts%202017-18.pdf>

<sup>55</sup> Corporate Management Plan (2018-20121) Cited May 2019: Available  
From: <http://www.belfasttrust.hscni.net/pdf/2018-21%20Corporate%20Management%20Plan.pdf>

<sup>56</sup> Health and Social Care (Reform) Act (Northern Ireland) 2009. Cited May  
2019: Available from: <https://www.legislation.gov.uk/nia/2009/1/contents>

<sup>57</sup> Personal and Public Involvement (PPI). HSC website. Cited May 2019:  
Available from: <https://www.publichealth.hscni.net/directorate-nursing-and-allied-health-professions/allied-health-professions-and-personal-and-publi-5>

<sup>58</sup> As above.

---

## Appendix One: Contributors

### Membership of Expert Review Team

Dr Lourda Geoghegan	Review Lead, Director of Improvement and Medical Director, RQIA
Mrs Patricia Crofton	Clinical Quality Lead / Specialist Neuroscience Nurse, The Walton Centre National Health Service Foundation Trust, Liverpool, England
Dr David Evans	Former Medical Director and Interim Chief Executive Northumbria Healthcare National Health Service Foundation Trust, England
Dr Donagh MacDonagh	GP, Elmwood Medical Practice, Dunluce Health Centre, Belfast and Primary Care eHealth Clinical Advisor, Health and Social Care Board
Mr Trevor Reaney	Former Chief Executive to the Northern Ireland Assembly
Mrs Amanda Stanford	Deputy Chief Inspector of Hospitals, Care Quality Commission, England

### Membership of Core RQIA Team

Dr Lourda Geoghegan	Director of Improvement and Medical Director (Chair)
Mrs Olive Macleod	Chief Executive
Dr Richard Gamble	Research Analyst
Mrs Jessica Greenaway	Administrative Assistant
Mrs Emer Hopkins	Deputy Director of Improvement
Ms Jennifer Lamont	Head of Business Support Unit
Mr Robert Mercer	Support Project Manager
Mrs Jacqui Murphy	Senior Project Manager
Mrs Rachel Stewart	Head of Information

---

## Membership of RQIA Inspection Team

Mr Hall Graham	Assistant Director, Improvement Directorate (Retired)
Mrs Sheelagh O'Connor	Senior Inspector, HSC Healthcare Team
Ms Jean Gilmour	Inspector, HSC Healthcare Team
Mr Thomas Hughes	Inspector, HSC Healthcare Team
Mrs Lynn Long	Senior Inspector, Independent Healthcare Team (until December 2018) and Assistant Director, Improvement Directorate (from May 2019)
Mrs Carmel McKeegan	Inspector, Independent Healthcare Team
Dr Leanne Morgan	ADEPT Fellow, Northern Ireland Clinical Leadership Fellows Programme (2018/2019)
Mrs Lorraine O'Donnell	Inspector, HSC Healthcare Team
Mrs Una O'Hagan	Inspector, Children's Team
Mrs Paulina Spychalska	Inspection Co-Ordinator
Mrs Judith Taylor	Inspector, Pharmacy Team



The **Regulation** and  
**Quality Improvement**  
**Authority**

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)