



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

# The Regulation and Quality Improvement Authority Three Year Review Programme 2012-2015 Public Consultation Document

September 2011



## Foreword

RQIA wishes to thank everyone who took part in the pre-consultation phase of the development of the next Three Year Review Programme 2012-2015 and those who submitted suggestions for review topics.

Section 4 of this document outlines a list of potential topics which RQIA is proposing to undertake during the 2012-2015 review period. This list has been compiled following a process of shortlisting and prioritisation, the details of which are outlined in Section 3.

From 12 September 2011 until 9 December 2011, RQIA is facilitating a formal consultation on the proposed Three Year Review Programme 2012-2015 and would welcome your views and comments on the proposed programme.

Comments can be submitted online via the RQIA website [www.rqia.org.uk](http://www.rqia.org.uk), by email to [consultation@rqia.org.uk](mailto:consultation@rqia.org.uk).

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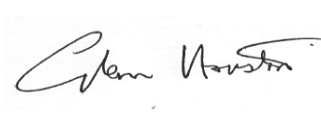
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# 1 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland and is an integral part of the health and social care structures. In its work RQIA encourages continuous improvement in the quality of services, through a programme of inspections and reviews.

RQIA was established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The vision of RQIA is to be a driving force for positive change in health and social care services in Northern Ireland.

This is accomplished by focusing on the delivery of a robust quality and regulatory framework which is fit for purpose. This will ensure that RQIA provides independent assurance about the quality, safety and availability of health and social care services in Northern Ireland; encourages continuous improvements in those services; and safeguards the rights of service users.

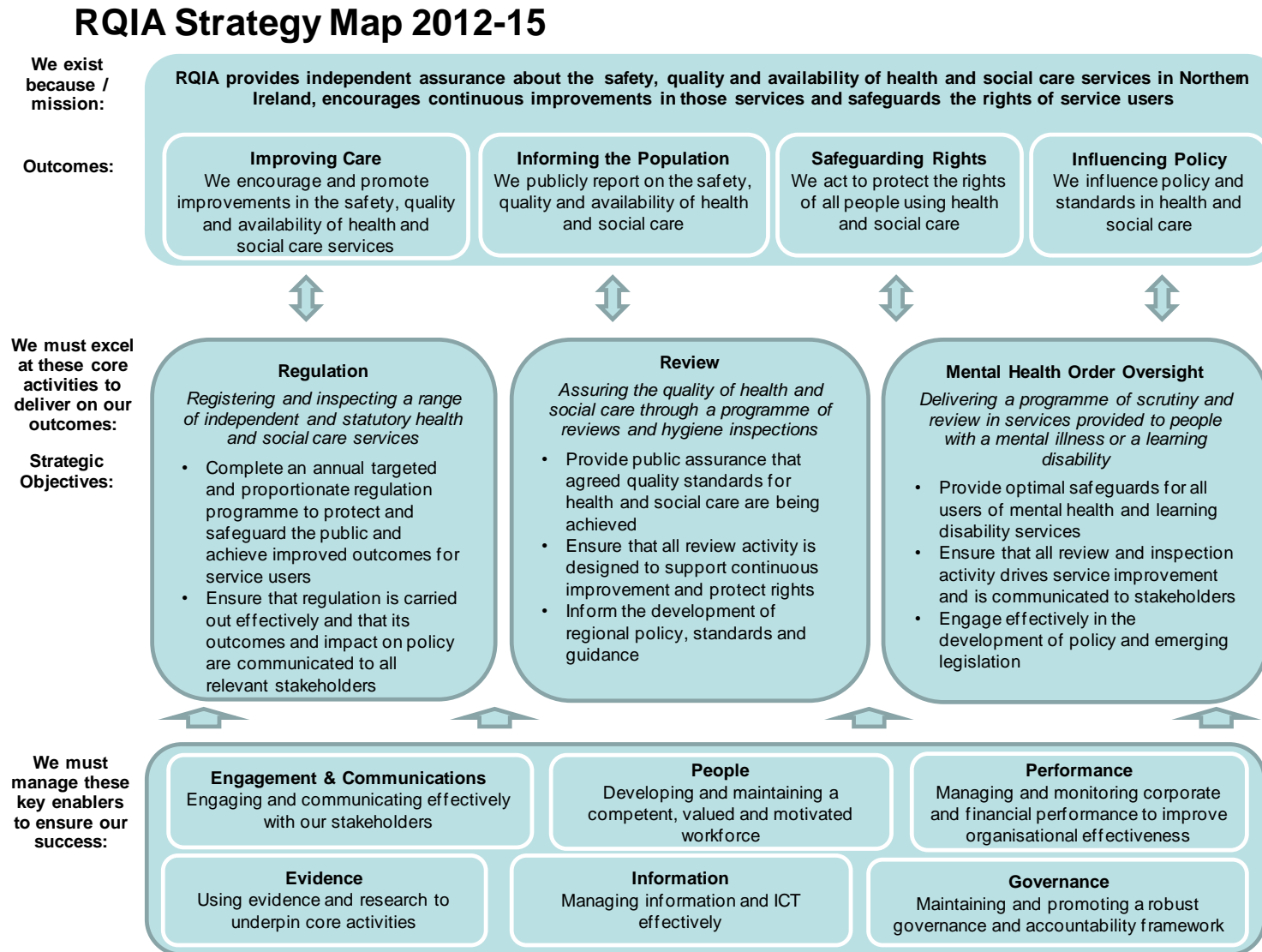
RQIA's Corporate Strategy 2012-2015, which is also currently under consultation, highlights the key internal and external issues and challenges facing the organisation. This provides the context for the representation of RQIA's strategic priorities in the form of a strategy map (Figure (a) – see overleaf), together with corresponding objectives and initiatives.

Four high level outcomes have been identified. These are integral components of what the organisation does and are critical to the success of RQIA and the delivery of the strategy. These are:

- **Improving care:** we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care.
- **Informing the population:** we publicly report on the safety, quality and availability of health and social care.
- **Safeguarding rights:** we act to protect the rights of all people using health and social care services.
- **Influencing policy:** we influence policy and standards in health and social care.

Achievement of these high level outcomes, underpinned by identified core activities and key enablers will help to drive the delivery of the corporate strategy.

Figure (a): RQIA Strategy Map 2012-2015



## 2 The Work Programmes of RQIA

RQIA carries out a number of programmes of work including: a programme of registration and inspection of services subject to regulation; a hygiene inspection programme; a mental health and learning disability programme; a programme of thematic reviews and a programme of inspections relating to Ionising Radiation (Medical Exposure) Regulations.

### 2.1 Inspections in the Regulated Sector

RQIA registers and inspects a wide range of health and social care services. These include: nursing homes; residential care homes; children's homes; day care settings; independent health care providers; adult placement agencies; domiciliary care agencies; nursing agencies; residential family centres; voluntary adoption agencies; and school boarding departments.

RQIA inspects nursing, residential care and children's homes at least twice a year, while other services are inspected at least once a year. During our announced and unannounced inspections we assess the quality of the services provided against minimum care standards.

Throughout our inspections, we aim to ensure the safety, comfort and dignity of those using these services. Following an inspection we ask the service provider to make any changes we consider necessary through a quality improvement plan and we publish this information in a report of our findings, on our website.

Where necessary, RQIA may take enforcement action to drive improvements. This includes the issue of notices of failure to comply with regulations; placing conditions on registration; imposing fines; or closing a service.

### 2.2 Hygiene Inspections

Infection prevention and hygiene inspections are part of an overall programme of initiatives developed by the DHSSPS, designed to reduce health care associated infections in Northern Ireland and provide public assurance about services. The RQIA infection prevention and hygiene team has contributed to the development and publication of the new DHSSPS Regional Healthcare Hygiene and Cleanliness Standards which now underpin the inspection programme.

A rolling programme of announced and unannounced hygiene inspections in acute and non-acute hospitals in Northern Ireland has been developed to assess compliance with the DHSSPS Regional Healthcare Hygiene and Cleanliness Standards. These inspections focus on cleanliness, infection prevention and control, clinical practice and the fabric of the environment and facilities. The announced inspection process examines the governance arrangements and systems in place to ensure hygiene and infection prevention and control policies and procedures are working in practice.

The inspection programme is planned to include both acute hospital settings and other areas including community hospitals, mental health and learning disability facilities,

primary care settings, the Northern Ireland Ambulance Service and other regulated services, as and when required. Inspections may be targeted to areas of public concern or themed to focus on a particular type of hospital, area or process.

### 2.3 Mental Health and Learning Disability Programme

RQIA also has a specific responsibility to assess the health and social care services, under The Mental Health (Northern Ireland) Order 1986, provided to people with a mental illness or a learning disability. Our responsibilities include promoting good practice; preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention in a hospital or guardianship; and preventing or redressing loss or damage to a patient's property.

We talk directly to patients and ask them about their experiences. This informs a wider programme of announced and unannounced inspections of these services. Using a human rights approach to inspection, we examine the quality of these services and make recommendations for improvement.

### 2.4 A Programme of Inspections in Relation to IRMER Regulations

RQIA is responsible for monitoring, inspecting and enforcing the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 to protect service users against the dangers of ionising radiation in medical settings.

Our inspections examine and report on arrangements in diagnostic radiology, nuclear medicine and radiotherapy departments in hospitals, dental practices and chiropractic services.

### 2.5 Independent Health and Social Care Reviews

RQIA reviews a wide range of services across health and social care. Our review programme takes into consideration relevant standards and guidelines, the views of the public, health care experts and current research.

During our reviews we examine the service provided, highlight areas of good practice and make recommendations for improvements to the service provider. We report our findings and share any lessons learned across the wider health and social care sector.

In addition, when required, we carry out reviews and investigations in response to specific issues of concern or failures in service provision.

## 3 Independent Health and Social Care Review Programme

### 3.1 Introduction

RQIA conducts a planned review programme to ensure that services reach the minimum standards contained within The Quality Standards for Health and Social Care, (published by the DHSSPS in March 2006) or other relevant Quality Standards. In conducting its reviews, RQIA uses a range of approaches including self-assessment, validation visits by panels of independent experts, involvement of lay people and service user feedback.

On completion of each review, a report of the findings and associated recommendations is provided to the Minister for Health, Social Services and Public Safety and to the relevant HSC Organisations. Reports from each review are publicly available on the RQIA website, [www.rqia.org.uk](http://www.rqia.org.uk).

Appendix A denotes a list of the reviews which have been carried out by RQIA since 2006.

The proposed review programme was developed using a tested methodology which ensured that reviews were comprehensively sourced, prioritised and appropriately balanced, across health and social care services.

### 3.2 Sourcing Potential Reviews

RQIA has a wide range of stakeholders and has engaged with them to develop the draft Review Programme 2012-2015. To obtain the views of stakeholders, RQIA facilitated a number of pre-consultation events over a seven week period. During this time, stakeholders were given the opportunity to make suggestions for potential review topics at public events, organised workshops, by post, email or online through the RQIA website.

At the end of the pre-consultation a significant number of suggestions for potential review topics were received.

RQIA also carries out reviews which are commissioned by DHSSPS in specific areas. These include both planned reviews and reviews in response to emerging events. These will be carried out in addition to those initiated by RQIA. Commissioned reviews are not subject to this consultation.

### 3.3 Shortlisting and Prioritising Potential Reviews

All suggestions received during the pre-consultation were reviewed and shortlisted against specific criteria to identify potential review topics.

- Topics that related to reviews already undertaken or planned were withdrawn
- Topics that related to planned work associated with regulation were withdrawn
- Topics that were similar were amalgamated into a single proposal

Possible topics were then considered to assess the availability of standards or guidelines to inform a review and the need to ensure the DHSSPS Quality Standards are covered in the review programme.

The list was then considered against the following criteria:

1. The issue is a recognised and/or national priority for safety and/or quality
2. Variations in quality create a major risk for the population affected
3. The issue is an area of significant or developing concern

The proposed list of potential review topics resulting from the shortlisting and prioritisation is outlined in Section 4 of this document.

### 3.4 Balancing the Review Programme

The list of possible topics for the review programme was examined to determine if it was balanced (see Figure (b)) in terms of:

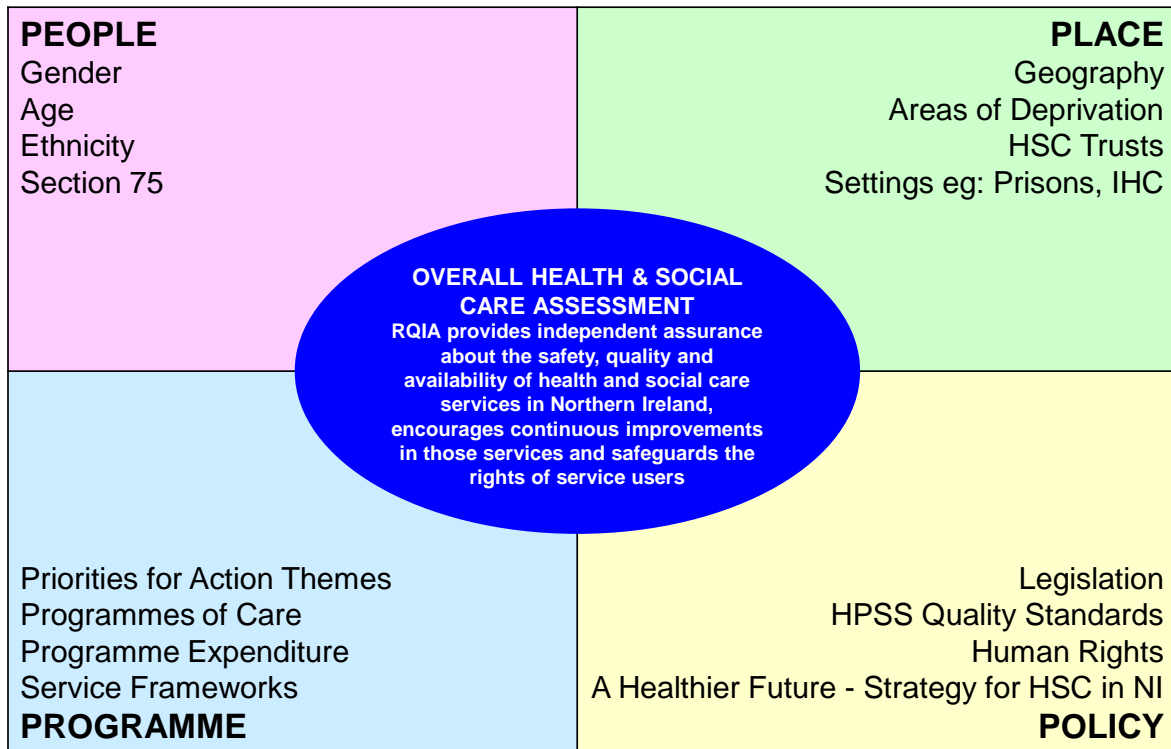
- **People** in respect of gender, age and ethnicity
- **Place** in respect of geography, areas of deprivation and different settings
- **Programme** in respect of Priorities for Action themes and programmes of care
- **Policy** in respect of legislation, HPSS Quality Standards and human rights

The intention is to ensure that the review programme is balanced and focused across all health and social care areas. This exercise took into account RQIA's other work programmes in relation to areas such as mental health and hygiene inspections in order to avoid duplication.

**RQIA would welcome comments during the consultation as to whether the proposed programme is appropriately balanced.**

### 3.5 Benefits Realisation

It is planned that RQIA's Review Programme Steering Group will continuously assess the benefits realised from its programme of activity, by undertaking an analysis against the four outcomes outlined in RQIA's corporate strategy. The analysis will assist in the development of all aspects of review activity.



**Figure (b): Balancing the Review Programme**

## 4 The Review Programme 2012-2015

### 4.1 Reviews Proposed for 2012-2015

The following reviews are being considered for inclusion in the review programme during the period 2010-12.

#### **A. Care of Older People in Acute Hospital Wards**

Older people are significant users of health services and in the coming years, a growing older population will need access to health care services.

Reports from the Healthcare Commission<sup>1</sup> and the Joint Committee on Human Rights<sup>2</sup> have highlighted issues in relation to the care of older people in hospitals including variations in dignity and respect with which older people are treated.

Patients have a right to experience respectful and professional care, in a considerate and supportive environment, where their privacy is protected and dignity maintained. These principles should be promoted and supported by all health and social care organisations and professional bodies, enabling staff to provide a quality service.

RQIA proposes to carry out a review of care the delivered to older people within acute hospital settings, through an assessment of the DHSSPS patient and client experience standards. These standards relate to: respect, attitude, behaviour, communication and privacy and dignity.

#### **B. Services for Stroke**

Stroke can affect anyone, at any age and at any time. In Northern Ireland, around 4,000 people each year have their lives and the lives of their families dramatically changed by stroke.

In 2008, the DHSSPS in collaboration with the Stroke Strategy Review Group produced guidelines for 'Improving Stroke Services in Northern Ireland'. The guidelines identified recommendations for improvements in the key areas of prevention, treatment and rehabilitation of stroke patients in a modern health service setting. They also defined standards for the delivery of these services.

RQIA proposes to undertake a review of stroke services in Northern Ireland. The review will assess the progress of implementation of the regional recommendations and an assessment of the standards in relation to prevention, treatment and rehabilitation of stroke patients, both in acute hospital and community settings.

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<sup>1</sup> Caring for dignity - A national report on dignity in care for older people while in hospital – September 2007

<sup>2</sup> Dignity in Practice: An exploration of the care of older adults in acute NHS Trusts – June 2011

### **C. Care of Patients with Learning Disabilities in Acute Hospitals**

Going into hospital is stressful for anyone. This experience is even more stressful for people with a learning disability, who may feel vulnerable, as they might find it difficult to communicate and find that hospital staff may not fully understand their needs.

While our health and social care policies recognise that people with learning disabilities are equal and valued citizens, studies have shown that they often find it difficult to get appropriate care in hospital.

In response to this, the Guidelines and Audit Implementation Network (GAIN) developed the guideline, 'Caring for People with a Learning Disability in General Hospital Settings'. These guidelines targeted the delivery of care to ensure that people with a learning disability get safe and effective care in hospital.

RQIA proposes to carry out a review to evaluate the HSC trusts' compliance with the GAIN guideline, 'Caring for People with a Learning Disability in General Hospital Settings'.

### **D. Palliative Care Services**

Palliative and end of life care is the active, holistic care of patients with advanced progressive illness. It is an integral part of the care delivered by all health and social care professionals, carers and family members, to those living with and dying from any advanced, progressive and incurable condition.

In March 2010 the DHSSPS launched "Living Matters, Dying matters: A Palliative and End of Life Care Strategy for Adults in Northern Ireland". The Strategy sets out a vision for palliative and end of life care across all conditions and care settings based on what people value most and expect from such care.

Driving the service improvement expectation of this vision requires ownership and leadership from across all commissioners and service providers. The roles and collaborative arrangements between public, independent, community and voluntary sector organisations are essential to delivering quality palliative and end of life care. The Strategy reinforces the need to continue to strengthen these partnerships through local and regional infrastructure and strategic plans.

RQIA proposes to carry out a review of the processes in place to ensure for effective implementation of "Living Matters, Dying matters: A Palliative and End of Life Care Strategy".

### **E. Dementia Care Services**

The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions. Symptoms of dementia include loss of memory, confusion and problems with speech and understanding.

Dementia affects people differently and can have a significant impact on their lives and the lives of their family members and carers. It is estimated there are 19,000 people in Northern Ireland living with dementia and as the population ages; dementia is becoming an increasing public health and societal issue. Providing care for people with dementia

poses challenges for service providers, whether in the statutory or independent sectors, to ensure people are supported to live with dignity and without stigma.

The National Institute for Health and Clinical Excellence (NICE) produced clinical guidelines for the care of dementia patients; NICE clinical guideline 42 – Dementia: Supporting people with dementia and their carers in health and social care. These guidelines make recommendations for the identification, treatment and care of people with dementia and support for their carers.

RQIA proposes to undertake a review of the provision of community services for people with dementia in HSC trusts using the framework of the NICE Dementia guidelines.

## **F. Sexual Health Services**

The Northern Ireland Sexual Health Promotion Strategy and Action Plan (2008-2013) was published in 2008. RQIA proposes to undertake a review of the organisational arrangements in place to take forward the implementation of the strategy and the progress made in relation to the action plan.

The review will also consider the availability and accessibility of sexual health services. Accessibility will be examined in respect of the population in general, with an emphasis for particular client groups, such as the young people and those with a physical disability.

The review will use the three themes from the DHSSPS Quality Standards:

- Accessible, flexible, responsive services
- Promoting, Protecting Health and Social Well being
- Effective Communication and Information

## **G. Respiratory Services Framework**

The Service Framework for Respiratory Health and Wellbeing for Northern Ireland was published in November 2009. An amended version was issued in April 2011. The framework sets out 55 standards in relation to prevention, diagnosis, treatment, care, rehabilitation and palliative care.

The aim of the service framework is that patients, carers and their families can understand the standards of care they can expect to receive. The framework is also designed to be used by health and social care organisations in planning and delivering services. Each standard is supported by levels of performance to be achieved over 3 years.

RQIA proposes to carry out a review of the systems and processes in place to take forward the delivery of the service framework. The review will focus on the effectiveness of communication and partnership working between relevant organisations that have essential roles to play to achieve the objectives of the framework.

## **H. Management of Controlled Drug Use in Hospitals**

The conviction of Harold Shipman in 2000 led to the government setting up a public inquiry to establish what changes to current systems should be made in order to safeguard patients in the future.

This led to the enactment of The Health Act in 2006 and subsequently to The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009.

The legislation has increased the control and governance arrangements in place for the management and use of controlled drugs across all health settings to ensure their safe and effective use. Subsequently the DHSSPS has published guidance on good practice for the management of controlled drugs in both secondary and primary care, which takes account of the legislative changes and developments in both professional practice and accountability.

The regulations require those using controlled drugs to have Standard Operating Procedures (SOPs) in place. These are one of the practical measures that will help to ensure good practice in the management of controlled drugs throughout the health and social care system.

RQIA proposes to review the organisational processes within health and social care trusts for the management of controlled drugs, in line with recent legislation. The review will also assess the effectiveness of communication and partnership working between relevant HSC organisations in ensuring the effective management of controlled drugs.

## **I. Nutrition in Hospitals**

Food hygiene and nutritional care has been a focus within hospitals since the publication of nutritional care guidelines by the Council of Europe in 2003 and in 2007 which prompted the introduction of the DHSSPS "Nursing Care Standards for Patient Food in Hospitals: Get Your 10 a Day". Recently the DHSSPS has built on these existing standards to develop the 'Promoting Good Nutrition' strategy.

The new strategy aims to improve the quality of nutritional care of adults in Northern Ireland through the prevention, identification and management of malnutrition in all health and social care settings including people's own homes. The strategy provides a framework where patients, relatives and carers can work with healthcare professionals to provide and improve the nutritional care of patients.

RQIA proposes to carry out a review of the 'Promoting Good Nutrition' strategy, with the aim of assessing the extent to which the strategy and underlying standards have been implemented and are being achieved throughout hospitals in Northern Ireland. This review will incorporate an assessment of governance arrangements in place in relation to nutritional care and incorporate service users' experiences of nutritional care in hospitals.

## **J. Discharge Arrangements from Hospital**

Current hospital practice seeks to reduce in-patient stay to a minimum length of time and so the need for effective discharge planning and post-discharge information is paramount. Effective communication between secondary and primary care is vital to ensure a smooth and seamless transition of care for all patients when they leave hospital.

Detailed and accurate documentation in a patient's health record is directly linked to the quality of care they receive and helps to reduce negative outcomes, by ensuring that all clinical staff caring for patients have access to the information they need to deliver a good standard of care.

In the past, immediate discharge summaries have been found to be deficient in content, with illegible information, incomplete patient details, lack of diagnosis and treatment provided and also missing details of follow up required. Another major issue with discharge documentation has been the provision of accurate medication information.

To redress these issues, the Guidelines and Audit Implementation Network (GAIN) introduced a Guideline on “Regional Immediate Discharge Documentation for Patients Being Discharged from Secondary into Primary Care”.

RQIA proposes to carry out a review of discharge arrangements in acute hospitals, including the implementation and use of the GAIN guideline on discharge documentation.

### **K. Access to Services by Disadvantaged Groups**

Tackling inequalities in health and social care is a key element of the work of the DHSSPS and health and social care organisations. ‘A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025’ is the regional strategy for health and wellbeing in Northern Ireland.

The strategy highlights the links between deprivation and ill health and the need to tackle the social, economic and environmental inequalities that impact on health and wellbeing. In order to tackle health inequalities, there has to be a focus on narrowing the health gap between disadvantaged groups, communities and the rest of the country.

RQIA proposes to undertake an independent review of the accessibility, and the arrangements in place for the delivery, of health and social care services in Northern Ireland for specific disadvantaged groups including ethnic minorities and migrant workers.

### **L. Suicide Prevention in the Community**

As a result of concern about the increase in the number of suicides in Northern Ireland, particularly among young people, the DHSSPS established a taskforce which developed a suicide prevention strategy, ‘Protect Life a Shared Vision - The Northern Ireland Suicide Prevention Strategy and Action Plan 2006-2011’.

RQIA proposes to review the progress of the implementation of the Suicide Prevention Strategy and Action Plan by relevant HSC organisations, with a particular focus on the arrangements in place for effective communication and partnership working.

### **M. Provision of Community Services for People with an Acquired Brain Injury**

The Public Health Agency has identified that approximately 2,000 people in Northern Ireland are living with the long-term effects of a brain injury. Brain injuries can have a number of different causes including falls, road traffic accidents or assault. The effects on the person with the brain injury and on their families can be life changing.

In 2008, the Minister for Health, Social Services and Public Safety commissioned a review of Services for People with Acquired Traumatic Brain Injury in Northern Ireland, from which an Acquired Brain Injury Plan was developed. Since the release of the Acquired Brain

Injury Plan, the Regional Acquired Brain Injury Implementation Group has been working to progress the recommendations.

RQIA proposes to undertake a review of the implementation of the Brain Injury Action Plan across HSC trusts and progress in developing services to meet the needs of people who have suffered a brain injury.

#### **N. Community Services for Learning Disability – Phase 2**

RQIA is currently working on a baseline review of community services for learning disability, which will precede and inform the development of a framework for learning disability services, planned by the DHSSPS.

After agreement with the DHSSPS, RQIA will revisit this area following the implementation of the developed framework for learning disability services. Within an agreed timeframe, RQIA will undertake a review of the implementation of the framework for learning disability services.

#### **O. Diabetic Retinopathy Screening Service**

Diabetic retinopathy is a leading cause of blindness in the United Kingdom in people of working age. Following advice from the UK National Screening Committee, a new Diabetic Retinopathy Screening Programme was launched in Northern Ireland in 2007. In the first full year of operation, 43,000 people with diabetes were invited to attend for screening.

RQIA proposes to carry out a review of the governance and quality assurance arrangements for this screening programme. The review will also consider the systems in place to ensure that all people with diabetes are invited to participate in the programme and the accessibility of the service to users.

#### **P. Northern Ireland Single Assessment Tool (NISAT) - Phase 3 - Post Implementation**

The DHSSPS commissioned RQIA to review the implementation of the Northern Ireland Single Assessment Tool (NISAT) across all five HSC trusts. NISAT facilitates the gathering of information in a systematic and ordered way and seeks to standardise and improve assessment practice, with a view to ensuring that individuals and their carers receive services which are responsive and appropriate to their needs. The tool was designed to capture the information required to enable professionals to provide a holistic, person centred proportionate assessment of the older person, focusing on the person's abilities and strengths.

Two phases of the overall review are being completed during the 2009/12 RQIA Review Programme:

- Phase 1 reviewed the care management practice, process and assessment tools in place for older people across the five HSC trusts prior to the implementation of NISAT
- Phase 2 audited the Carer's Support and Needs Assessment component of NISAT

RQIA will carry out Phase 3 of the review during 2012/15. This will be a comparison of the impact of NISAT on care management processes, against baseline information obtained

from Phase 1. The review will include an evaluation of the perceived benefits of using NISAT from the perspectives of the trusts, practitioners and service users.

### **Q. National Institute for Health and Clinical Excellence (NICE) Guidance**

A process for the endorsement of National Institute for Health and Clinical Excellence (NICE) clinical guidelines for application in Northern Ireland has been established by DHSSPS. RQIA proposes to review the effectiveness of the implementation process for NICE guidelines. This will be carried out as an area of focus within a number of the programmed reviews for which relevant NICE guidelines have been issued by DHSSPS. It is planned that this will include consideration of the NICE Dementia Guideline CG 42 (Review E above).

### **R. Governance Arrangements in Health and Social Care Organisations**

Health and social care organisations are responsible and accountable for assuring the safety, quality and availability of the services they commission and provide. Integral to this is effective leadership and clear lines of professional and organisational accountability, achieved through a robust governance framework.

A robust governance framework encompasses management structures and practices to ensure the core and supporting processes deliver high quality services to the public in as safe an environment as possible.

RQIA will review the governance arrangements within HSC organisations against the DHSSPS Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice. The review will include, but may not be limited, to the following areas:

- The reporting, investigation and learning from adverse incidents
- Complaints handling
- Human resources
- Whistle blowing
- Risk management
- Dissemination of alerts

### **S. Review of the Systems that Support Professional Regulation**

The Department of Health's white paper, "Trust, Assurance and Safety –The Regulation of Health Professionals in the 21<sup>st</sup> Century", published in February 2007, sets out a programme of reform to the United Kingdom's system for regulation of health professionals.

Professional regulation should create a framework which maintains the confidence of patients and the public in those who care for them. A system of revalidation seeks to focus on ensuring that health professionals routinely meet high standards and seeks to continually improve standards of care.

Professional regulation systems such as medical revalidation, are an integral component of effective governance and management arrangements, and the means by which organisations should be able to provide assurance for the public that all health professionals are up to date and fit to practice. The introduction of systems such as revalidation strengthen the mechanisms for assuring quality and safety of clinical care, and

provide organisations with a challenge which requires active clinical and managerial leadership

To underpin these systems of profession regulation, each organisation will need robust systems of clinical governance and where appropriate, appraisal.

As part of its 2009-2012 review programme RQIA carried out reviews of systems in trusts and primary care to assess readiness for medical revalidation. RQIA reviews are also relevant to the GMC process for granting “Approved Practice Setting” status for services in which newly registered doctors can be employed

RQIA will carry out a review assessing the processes that support medical revalidation and also approved practice settings. The review will encompass the systems that support professional regulation in other disciplines such as nursing and social work.

### **T. Oversight of Patient Finances in Residential Settings**

While there are mandatory controls in place in respect of the handling of residents’ monies in statutory homes, the Comptroller and Auditor General for Northern Ireland, criticised in a general report, the HSC trusts’ arrangements for the safeguarding of patients’ monies. The DHSSPS issued further circulars and guidance to ensure that financial controls are in place and resident’s interests are protected.

RQIA proposes to review the implementation of the DHSSPS circulars and guidance to ensure that trusts have robust governance arrangements and assurance processes aimed at the protection and management of patient and service user finances. The review is planned to cover hospital inpatient settings and the placement of service users in regulated establishments.

### **U. Review of Northern Ireland Guardian Ad Litem Agency**

The Northern Ireland Guardian Ad Litem Agency (NIGALA) was established as a special agency in 1996 following the introduction of the Children (NI) Order 1995. Guardians ad litem provide representation for some of society’s most vulnerable children who are subject to public law and adoption proceedings in Northern Ireland. The aim of NIGALA is to ensure the best possible outcomes in all court proceedings for each child.

RQIA proposes to undertake a review of the governance arrangements within NIGALA in respect of delivery of its duties and responsibilities against the DHSSPS quality standards framework.

## 5 Conclusion

### 5.1 Management of the Programme

The review programme will be managed by RQIA's Review Programme Steering Group and a project management approach will be adopted for each review. In conducting the reviews a range of tested methodologies will be applied, culminating in a process whereby benefits from each review are realised to ensure the outcomes within RQIA's Corporate Strategy are delivered. This will facilitate RQIA's aim of providing independent assurance about the safety, quality and availability of health and social care services in Northern Ireland; encouraging continuous improvements in those services; and safeguarding the rights of service users.

### 5.2 Other Considerations

Each review will involve specialist expertise drawn from within and outside Northern Ireland and will also rely on the appropriate use of lay reviewers who have experience and/or interest in a particular service area.

RQIA is also committed to continuing to work in partnership with other regulators and with organisations which exist to represent the views of service users.

Therefore, flexibility must underpin the review programme as the availability of reviewers and other professionals may have a potential impact on timescales. RQIA will manage these considerations by keeping the programme under review on a six-monthly basis.

This coherent and responsive strategic approach underpinned by active performance management at all levels, aligned to resource allocation and financial management within the organisation, will help to ensure that the programme is delivered and benefits realised.

## APPENDIX A – Previous RQIA Reviews

RQIA was established in 2005 and up until 2009, a selection of reviews to incorporate clinical and social care governance were undertaken, as follows:

- Review of the Lessons Arising from the Death of Mrs Janine Murtagh [October 2005]
- RQIA Governance Review of the Northern Ireland Breast Screening Programme [March 2006]
- Cherry Lodge Children’s Home: Independent Review into Safe and Effective Respite Care for Children and Young People with Disabilities [September 2007]
- Review of Clinical and Social Care Governance Arrangements in Health and Personal Social Services Organisations in Northern Ireland [February 2008]
- Review of Assessment and Management of Risk in Adult Mental Health Services in Health and Social Care Trusts in Northern Ireland [March 2008]
- Reducing the Risk of Hyponatraemia When Administering Intravenous Infusions to Children [April 2008]
- Clostridium Difficile – RQIA Independent Review, Protecting Patients - Reducing Risks [June 2008]
- Review of the Outbreak of Clostridium Difficile in the Northern Health and Social Care Trust [August 2008]
- Review of GP Appraisal Arrangements in Northern Ireland [September 2008]
- Review of Consultant Medical Appraisal Across HSC Trusts [September 2008]
- Review of Actions Taken on Recommendations From a Critical Incident Review Within Maternity Services, Altnagelvin Hospital, Western Health and Social Care Trust [October 2008]

RQIA then developed a formal review programme which has covered the period 2009-2012 and has incorporated service and thematic reviews, as well as general governance reviews. Those reviews within the 2009-2012 Programme have included:

- Review of Intravenous Sedation in General Dental Practice [May 2009]
- Blood Safety Review [February 2010]
- Review of Intrapartum Care [May 2010]

- Follow-Up Review: Reducing the Risk of Hyponatraemia When Administering Intravenous Infusions to Children [July 2010]
- Review of GP Out-of-Hours Services [September 2010]
- RQIA Independent Review of the McDermott Brothers' Case [November 2010]
- Review of HSC Trust Readiness for Medical Revalidation [December 2010]
- Follow-Up Review of Intravenous Sedation in General Dental Practice [December 2010]
- Clinical and Social Care Governance Review of the Northern Ireland Ambulance Service Trust [February 2011]
- RQIA Independent Review of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland [February 2011]
- A Report on the Inspection of the Care Pathways of a Select Group of Young People who Met the Criteria for Secure Accommodation in Northern Ireland [March 2011]
- An independent review of Reporting Arrangements for Radiological Investigations [March 2011]
- A Review of Child Protection Arrangements in Northern Ireland [August 2011]
- Review of Sensory Support Services [In progress]
- Vulnerable Adults [In progress]
- Care Management in respect of Implementation of the NI Single Assessment Tool (NISAT) [In progress]
- Mixed Gender Accommodation in Hospitals [In progress]
- Children Under 18 on Adult Wards [In progress]
- Carer's Issues [In progress]
- Revalidation in Primary Care Services [In progress]
- Learning Disability Community Services: Baseline Assessment [In progress]
- Risk Assessment and Management: Mental Health and Learning Disability [In progress]
- Review of Safeguarding Arrangements in Mental Health and Learning Disability Hospitals [In progress]

- The Patient Journey through the Accident and Emergency (A&E) Department [In progress]
- Hospitals at Night and at Weekends [In progress]
- Review of the Implementation of the Cardiovascular Disease Service Framework [In progress]



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