



THREE YEAR REVIEW PROGRAMME 2012-15

Assurance, Challenge and Improvement
in Health and Social Care

Foreword

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 was established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to undertake regulation of services and to drive improvements for everyone using health and social care. RQIA provides independent assurance about the safety, quality and availability of health and social care services in Northern Ireland.

This is RQIA's planned three year review programme covering the period 2012-15. The programme incorporates issues identified through consultation with service users, the public and other key stakeholders. It takes account of the work undertaken over the previous three years and covers a wide range of both in-patient and community based services.

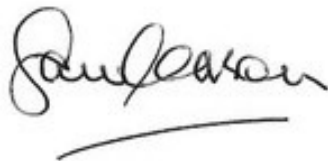
Our reviews are carried out by teams of independent assessors, most of whom are either experienced practitioners or experts by experience. Our reports are submitted to the Minister for Health, Social Services and Public Safety. Review reports are open documents, accessible to the public and available on the RQIA website.

Reviews are designed to identify areas of good practice, and to highlight gaps or shortfalls in services requiring improvement. A planned programme of reviews helps to ensure that the rights of service users are safeguarded. We can influence policy and service development by making specific recommendations about gaps in the policy framework and shortfalls in the quality or availability of services.

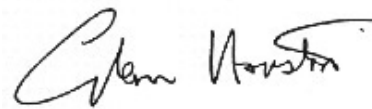
A robust and comprehensive planning approach has been used to ensure the programme covers relevant issues, in particular issues which have been identified through the public consultation. The consultation identified more topics than could be accommodated within the final programme. RQIA has prioritised those areas which are likely to have the greatest impact for patients and clients.

The publication of this programme will help RQIA to identify areas of collaboration, including joint working with other regulators and organisations which represent particular interests, as well as with the users of the services themselves. Continuous engagement with all of our stakeholders is vital and we acknowledge the commitment which the health and social care sector makes to engaging in this process.

Whilst delivering this challenging programme, we will continue to examine our methods of review and make sure that we build on the learning from previous experience. There will be times when we must respond to emerging events. The programme ensures that in addition to planned reviews, there will be capacity to respond to such emerging issues.



Dr Ian Carson
Chairman



Glenn Houston
Chief Executive

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1

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 services in Northern Ireland.

RQIA was established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive continuous improvements in the quality of services, through a programme of inspections and reviews.

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 safety, quality and availability of health and social care services in Northern Ireland; encourages continuous improvements in those services; and safeguards the rights of service users.

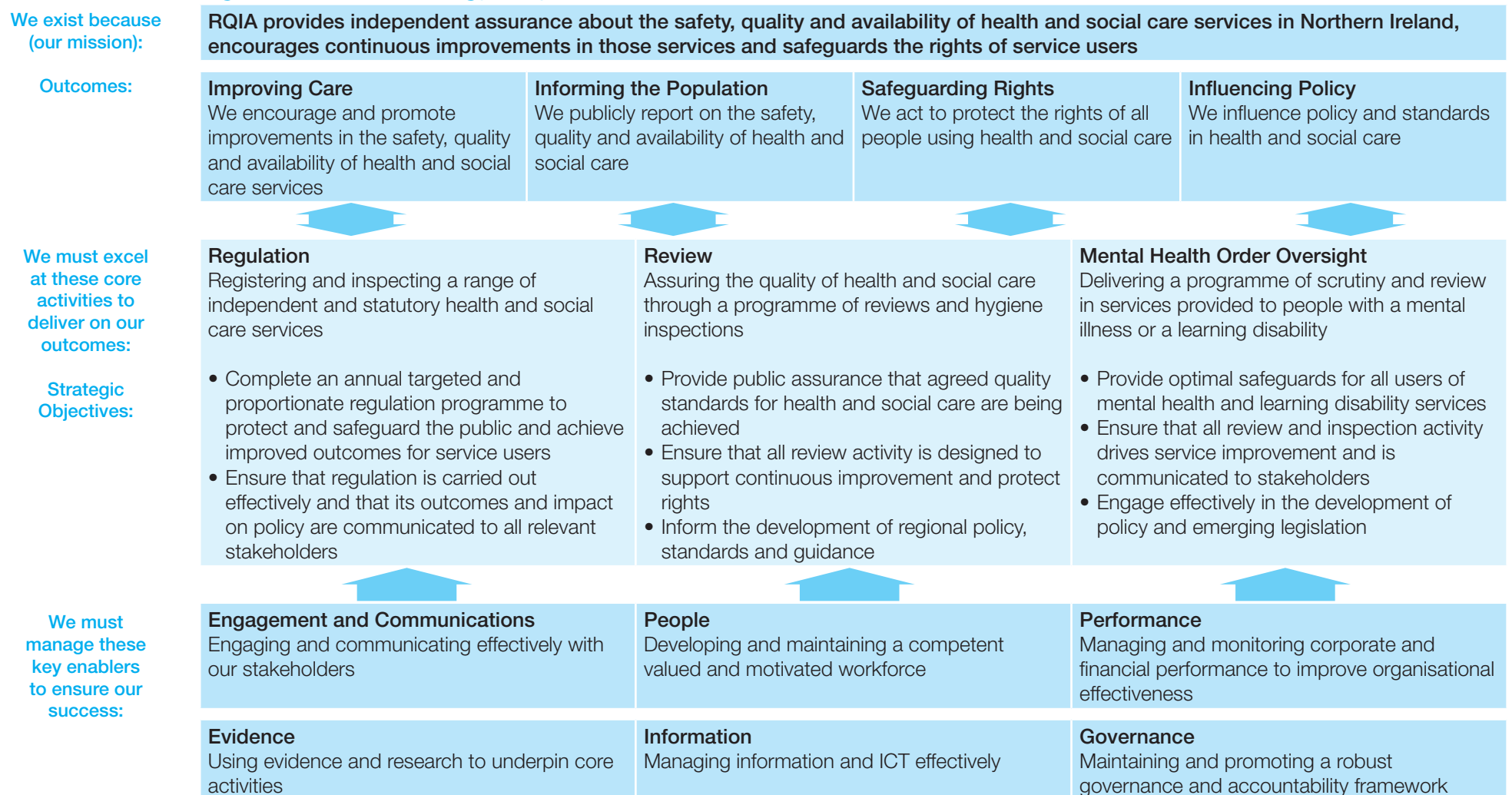
RQIA's Corporate Strategy 2012-15 highlights the key internal and external issues and challenges facing the organisation. This provides the context for the representation of RQIA's strategic priorities in the form of a strategy map (see Figure A), together with corresponding objectives and outcomes.

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, quality and availability of health and social care services
- **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
- **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 2012-15



2

The Work Programmes of RQIA

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

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; and voluntary adoption agencies. RQIA also inspects 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, wellbeing 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 www.rqia.org.uk.

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 Infection Prevention and Hygiene Inspection Programme

Infection prevention and hygiene inspections are part of an overall programme of initiatives, 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 Department of Health, Social Services and Public Safety (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 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 has a specific responsibility to assess 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 hospital or guardianship; and preventing or redressing loss or damage to a patient's property.

RQIA is also responsible for the oversight of health and social care in prisons, children's secure accommodation and mental health and learning disability facilities. Given this role, RQIA has been designated as a national preventive mechanism (NPM) by the United Kingdom (UK) government under the Optional Protocol to the Convention Against Torture (OPCAT). This aims to ensure the protection of the rights of those in places of detention.

The Mental Health and Learning Disability team talks directly to patients and asks 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 services and make recommendations for improvement.

2.4 A Programme of Inspections in Relation to Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)

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 all areas that use ionising radiation.

2.5 Health and Social Care Review Programme

RQIA's responsibilities incorporate 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.

3.1 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 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.

Appendix A lists the reviews which have been carried out by RQIA since 2005.

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

3.2 Sourcing Potential Reviews

RQIA engaged with its wide range of stakeholders to develop this review programme. 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 RQIA's 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 and in response to emerging events. These reviews are carried out in addition to those initiated by RQIA and details of the pre-planned reviews have been included in Section 4.

3.3 Shortlisting and Prioritising Potential Reviews

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

Possible topics were then considered to assess the availability of standards or guidelines to inform a review and the need to ensure The Quality Standards for Health and Social Care (DHSSPS) are addressed through the review programme.

The list was then considered against the following criteria:

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

3.4 Public Consultation

Using the shortlisted topics, RQIA produced a public consultation document to engage with stakeholders and seek their views on the proposed Three Year Review Programme 2012-15. Several comments were received during the consultation period and consideration was given to them to determine if any amendments were required to the proposed programme.

3.5 Balancing the Review Programme

The final list of topics for the review programme, including the reviews commissioned by the DHSSPS, was examined to determine if they were balanced (see Figure B) in terms of:

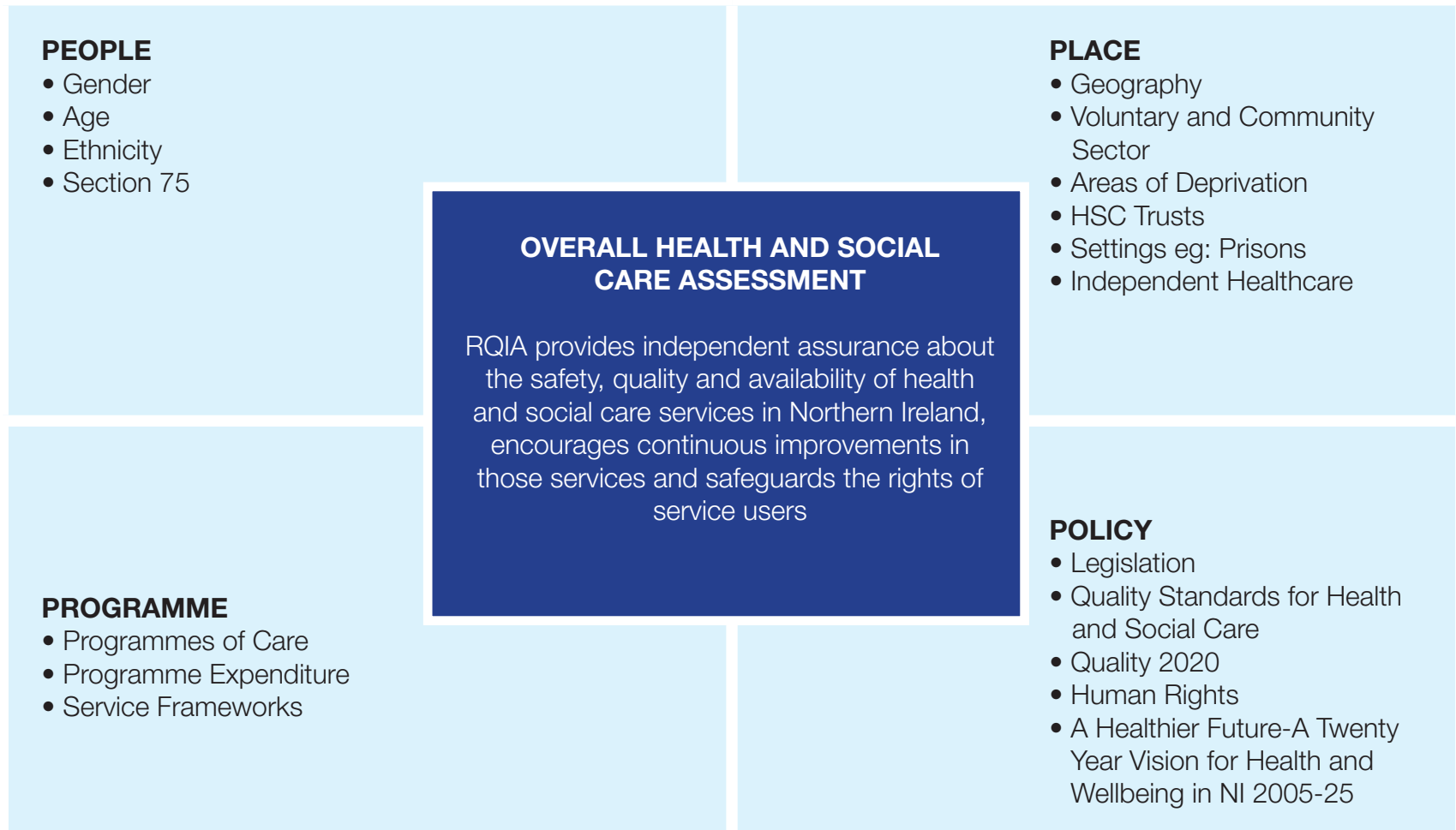
- **People** in respect of gender, age and ethnicity
- **Place** in respect of geography, areas of deprivation and different settings
- **Programme** in respect of programmes of care and service frameworks
- **Policy** in respect of legislation, The Quality Standards for Health and Social Care (DHSSPS) and human rights

The objective was 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 learning disability and infection prevention and hygiene inspections, in order to avoid duplication. Details of the balanced review programme are outlined in Section 4.

3.6 Benefits Realisation

RQIA's Review Programme Steering Group continuously assesses the benefits realised from its programme of activity, by undertaking an analysis against the four outcomes outlined in RQIA's corporate strategy. The analysis assists in the development of all aspects of review activity.

Figure B: Balancing the Review Programme



4

Review Programme 2012-15

4.1 Reviews for 2012-15

The following pages set out our planned review topics for each of the next three years, with a summary of the proposed focus for the review. While a summary has been included, the final terms of reference for each review will not

be determined until the planning stage of each individual review commences. Figure C outlines the reviews that are planned to be carried out in each year of the review programme.

Figure C: Review Programme 2012-15

2012-13	2013-14	2014-15
Care of Older People in Acute Hospital Wards	Access to Services by Disadvantaged Groups	Adverse Incident Management, Reporting and Learning
Hospitals at Nights and Weekends	Care of Patients with Learning Disabilities in Acute Hospitals	Advocacy Services for Children and Adults
Learning Disability Community Services: Phase I - Baseline Assessment	Discharge Arrangements from Hospital	Diabetic Retinopathy Screening Service
Management of Controlled Drug Use in Hospitals	Fostering and Adoption Services	Eating Disorder Services
National Institute for Health and Clinical Excellence (NICE) Guidelines: Topic to be confirmed	Governance Arrangements in Health and Social Care Organisations (including those that support Professional Regulation)	Learning Disability Community Services: Phase II
Oversight of Patient Finances in Residential Settings	Medicines Management in Primary Care	Maternity Services
Review of Northern Ireland Guardian Ad Litem Agency	National Institute for Health and Clinical Excellence (NICE) Guidelines: Dementia Care Services	National Institute for Health and Clinical Excellence (NICE) Guidelines: Topic to be confirmed
Risk Assessment: Addiction Services	Northern Ireland Single Assessment Tool (NISAT): Phase III - Post Implementation	Nutrition in Hospitals
Safeguarding Arrangements	Respiratory Service Framework	Palliative Care Services
Sexual Health Services	Respite Care / Short Break Provision	Provision of Services for People with an Acquired Brain Injury
Theatre Practice	Services for People with Stroke	Provision of Specialist Care Services for People in their own Homes

4.2 Reviews to be Undertaken during 2012-13

4.2.1 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 these services.

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 the care delivered to older people within acute hospital settings, through an assessment against the DHSSPS's Improving the Patient and Client Experience, November 2008. These standards relate to: respect, attitude, behaviour, communication, and privacy and dignity. This review will also include a nutrition element.

4.2.2 Hospitals at Nights and Weekends

The effective and safe management of patients in hospitals during the night and at weekends has emerged as a key challenge for the National Health Service (NHS) as well as for HSC organisations locally in recent years.

RQIA will undertake a review of hospitals at nights and weekends, looking specifically at those hospitals within HSC trusts which admit emergency medical and surgical patients.

The review will focus on the management, organisation and governance arrangements, within the identified hospitals, at nights and weekends (i.e.: out-of-hours), as well as considering elements of patient experience at nights and weekends in accident and emergency departments and acute medical and surgical wards.

4.2.3 Learning Disability Community Services – Phases I and II

Learning disability community services are currently provided across a variety of settings and by a number of statutory, private, independent and voluntary agencies. The Bamford Review of Mental Health and Learning Disability Services sets out guiding principles for the development of community services. These promote person-centred and needs-led approaches to service provision.

The Northern Ireland Programme for Government (2008-11) states: “By 2013, anyone with a learning disability is promptly and suitably treated in the community and no-one remains unnecessarily in hospital.”

This presents community services with the challenge of developing services tailored to meet the needs of both hospitalised individuals and service users who require assessment and/or treatment, some of whom present with severe challenging behaviours.

Phase I: In 2012, RQIA will report on its baseline assessment and review of the composition and function of HSC trust community learning disability services teams and the range of services provided and commissioned for adults with learning disabilities and children with disabilities. This review will consider the community teams and services which are not already the subject of RQIA regulations and inspections.

Some of the areas focused on in Phase I will include workforce required, the provision of services, unmet need and transitional arrangements.

Phase II: RQIA plans to revisit this area to carry out a review of the quality and availability of community services for those individuals with a learning disability against the DHSSPS service framework.

4.2.4 Management of Controlled Drug Use in Hospitals

Dr Harold Shipman’s conviction for murder 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.

This 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 primary and secondary 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. This is 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 HSC 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.

4.2.5 National Institute for Health and Clinical Excellence (NICE) Guidelines: Topics to be confirmed

In September 2011, the DHSSPS issued the circular NICE Technology Appraisals and Clinical Guidelines – New Process for Endorsement, Implementation, Monitoring and Assurance in Northern Ireland (HSC (SQSD) 04/11). This outlined the new process for the endorsement of the NICE guidance. It has been agreed the RQIA will inspect and report on the implementation of one to two clinical guidelines (CGs) each year. Clinical guidelines are pathways of care and may include guidance on specific drugs, however, drug therapies are only part of this type of guidance. The process for selecting the CGs to be reviewed has yet to be determined.

4.2.6 Oversight of Patient Finances in Residential Settings

There are mandatory controls in place in respect of the handling of service users monies in health and social care services. However, in the General Report on the Health and Social Care Sector by The Comptroller and Auditor General for Northern Ireland 2009, HSC trusts' arrangements for the safeguarding of service users monies were criticised. 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 in place aimed at the protection and management of patient and service user finances. This review is planned to cover hospital inpatient settings and the placement of service users in regulated establishments.

4.2.7 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 (Northern Ireland) 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.

4.2.8 Risk Assessment: Addiction Services

In July 2009, the DHSSPS Serious Adverse Incidents (SAIs) Review Group drew the attention of the HSC commissioners and service providers to their concerns at the number of cases of suicide of individuals with dual diagnosis of mental disorder and substance misuse. It was noted at that time that many of the HSC trusts' review reports into these incidents highlighted the issue of non-attendance at appointments and/or disengagement from services.

These concerns have been borne out by the recent review of SAIs by the Mental Health and Learning Disability team within RQIA, with a significant correlation of non-attendance and disengagement cited as a difficulty in the management of such cases.

In its previous review programme, RQIA carried out a review of the implementation of Promoting Quality Care - Guidance on Risk Assessment and Management in Mental Health and Learning Disability Services, commissioned by DHSSPS. This followed publication of the RQIA review of Risk Assessment and Risk Management in Adult Mental Health Services in 2008. This guidance has a specific addendum related to risk assessment and management in substance misuse services.

Following dissemination of the above guidance, RQIA reports and the trends identified through DHSSPS SAI reporting and those identified by the Mental Health and Learning Disability team, RQIA will undertake a further review of risk assessment and risk management in addiction services.

4.2.9 Review of Safeguarding Arrangements

This review, commissioned by DHSSPS, will examine the effectiveness of the safeguarding arrangements in place for children and vulnerable adults in mental health and learning disability hospitals in the five HSC trusts.

The areas which the review will cover will include:

- policies and procedures in place to prevent abuse
- risk assessment processes to prevent abuse
- recording and reporting mechanisms
- child and vulnerable adult protection procedures
- child and vulnerable adult protection training

The review will be undertaken through the RQIA Mental Health and Learning Disability programme of inspections. A range of performance indicators have been developed for examination during the inspection process which will focus on the human rights principle of protection.

4.2.10 Sexual Health Services

The Northern Ireland Sexual Health Promotion Strategy and Action Plan (2008-13) 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 on particular client groups, such as young people and those with a physical disability.

The review will use the three themes from The Quality Standards for Health and Social Care (DHSSPS):

- Accessible, Flexible and Responsive Services
- Promoting, Protecting Health and Social Well-being
- Effective Communication and Information

4.2.11 Theatre Practice

This review, commissioned by the DHSSPS, will report on:

- implementation of the WHO Safer Surgery Checklist
- use of the venous thromboembolism (VTE) assessment tool
- compliance with good practice on surgical procedures for both the retrieval and donation of transplant organs

The review will also examine initiatives such as:

- medicines management
- hygiene in theatres
- the role of the operating department assistant

4.3 Reviews to be Undertaken during 2013-14

4.3.1 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.

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 a review of the accessibility, and 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.

4.3.2 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. They may feel vulnerable, as they might find it difficult to communicate with hospital staff who 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. This guideline 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.

4.3.3 Discharge Arrangements from Hospital

Current hospital practice seeks to reduce inpatient stay to a minimum length of time and so the need for effective discharge planning and post-discharge information is paramount. Effective communication between hospitals 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. It 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 with the accuracy of medication information provided.

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

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

4.3.4 Fostering and Adoption Services

Approximately 2,500 children are looked after at any one time by HSC trusts in Northern Ireland. These children become looked after for a wide variety of reasons. Some to provide family support through voluntary agreements with their parents, others are looked after under court orders. For these children, the care system, through fostering, residential and respite care, provides the support and help they and their families need to resolve their problems and rebuild their family life.

Many children return home after a short period of time in care. However, other children remain looked after in the longer term.

a Adoption

Adoption is traditionally a means of providing a permanent family for a small, but significant, number of children who are unable to return to their birth parents.

Given the recent establishment of the Regional Adoption and Fostering Taskforce (RAFT) by the HSC Board it seems timely to reconsider the infrastructure of adoption services in Northern Ireland.

This review will examine the existing arrangements and exploration of potential restructuring with a focus on regional delivery of adoption services and their interface with voluntary adoption agencies.

b Fostering

Care Matters in Northern Ireland, as endorsed by the Northern Ireland Executive in 2009, sought to improve the placement choice, stability and experiences of children in care. Where children cannot be adequately cared for within their birth family it is imperative that the state moves swiftly to restore their sense of permanence, security and normality in an alternative family environment. This element of the review will assess the extent to which Care Matters policy is being adhered to across Northern Ireland, with a specific focus on the achievement of permanence for looked after children.

The review will make specific reference to the implementation of the Regional Permanence Policy developed by the HSC Board and assess the effectiveness of permanence planning mechanisms. The review will also consider the extent to which permanence and stability for children in care, whose assessed need is to remain in long-term fostering, might be enhanced by the introduction of a system of special guardianship (supported by a legal order).

This DHSSPS commissioned review is scheduled to commence in year 2013-14.

4.3.5 Governance Arrangements in Health and Social Care Organisations (including those that Support Professional Regulation)

The Department of Health's (DH) white paper: Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century, which was published in February 2007, sets out a programme of reform to the UK's system for regulation of health professionals.

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.

Professional regulation systems, such as medical revalidation, are an integral component of effective governance and management arrangements. They are also the means by which organisations should be able to provide assurance for the public that all health professionals are registered and fit for practice.

To underpin these systems of professional regulation, and to ensure the provision of high quality services, each organisation will need robust systems of clinical governance and, where appropriate, appraisal.

RQIA will review the governance arrangements within HSC organisations which are designed both to assure the quality of service provision and also to assure the public that all health professionals are fit to practice. The review will include, but may not be limited to, the following areas:

- reporting, investigation and learning from adverse incidents
- complaints handling and whistle-blowing
- human resources
- risk management
- dissemination of alerts

4.3.6 Medicines Management in Primary Care

The overarching aim of pharmacy / prescribing targets and standards in 2013-14 and 2014-15 is to:

- improve the quality and cost effectiveness of medicines management across the health and social care system;
- consolidate an evidence-based approach to medicines management, supporting consistently applied standards of practice and enabling access to the most clinically appropriate, safe and cost-effective interventions, with adjunctive support for patients and carers
- implement the recommendations for pharmacy set out in Transforming Your Care (DHSSPS, 2011), specifically:
- community-based support for medicines management in long-term conditions
- an expanded role in health promotion

The DHSSPS has commissioned this review which should investigate and bring forward recommendations on the prescribing performance of general practitioner (GP) practices/clinics in the interests of good governance and public accountability. This should include information at individual and comparative practice level to demonstrate:

- the degree of alignment to established prescribing guidelines
- compliance with policy on generic prescribing
- compliance with the prescribing formulary following publication
- prescribing volume
- costs/head of population at practice level

The review will assess whether the HSC Board has established clear ground rules that support the achievement of improved practice as well as holding prescribers to account. It will also consider the extent to which the HSC Board holds HSC trusts to account, particularly for prescribing, which has a direct effect on primary care.

The development of the HSC Board medicines management partnership scheme aims to draw on the potential for GPs and community pharmacists to work jointly on improvement initiatives, beyond those already established in their current contractual agreements. In this regard, the review will examine these arrangements.

4.3.7 NICE Guidance: Dementia Care Services

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. 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.

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.

4.3.8 Northern Ireland Single Assessment Tool (NISAT) - Phase III - Post Implementation

The DHSSPS has 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 were completed during the RQIA Review Programme 2009-12. They examined the care management practice, process and assessment tools in place for older people across the five HSC trusts prior to the implementation of NISAT; and the use of the carer's support and needs assessment component of NISAT.

RQIA will carry out Phase III of the review during 2013-14. This will be a comparison of the impact of NISAT on care management processes, against baseline information obtained from Phase I. The review will include an evaluation of the perceived benefits of using NISAT from the perspectives of the trusts, practitioners and service users.

4.3.9 Respiratory Service 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 are informed of 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 a three year period.

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.

4.3.10 Respite Care / Short Break Provision

This review has been commissioned by the DHSSPS and will be conducted across all HSC trusts and all programmes of care. Inconsistency of provision and inappropriateness of some respite services have been the subject of much complaint at trust and departmental/ministerial level.

In recognition, the DHSSPS has commissioned a report from the HSC Board as to how these issues are to be addressed. That report has been completed and makes six recommendations, which are now being implemented through two working groups, one each for adults and children. This review will be based on HSC Board's report on respite and will include an examination of carer's issues.

4.3.11 Services for People with Stroke

Stroke can affect anyone, at any age and at any time. Each year in Northern Ireland around 4,000 people 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: 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. It will also assess the implementation of the standards in relation to prevention, treatment and rehabilitation of stroke patients, both in acute hospital and community settings.

4.4 Reviews to be Undertaken during 2014-15

4.4.1 Adverse Incident Management, Reporting and Learning

The purpose of this DHSSPS commissioned review is to consider how effective the HSC is in reporting when things go wrong; reviewing what has happened and why; and then disseminating and learning the relevant lessons.

This will take account of the arrangements in place for handling serious adverse incidents (SAIs), other adverse incidents, near misses and complaints across all sectors.

In particular, it will review how successfully the Regional Adverse Incident and Learning System (RAIL) has been introduced and is operating. It will also evaluate the effectiveness of Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning, DHSSPS, April 2009 and the Early Alert System introduced in 2010.

4.4.2 Advocacy Services for Children and Adults

Following a workshop held by the Advocacy Northern Ireland workshop, and in light of the recommendations in the Bamford Review Report on Human Rights and Equality of Opportunity, the DHSSPS established an advocacy services working group.

It is chaired by the Patient Client Council (PCC), to develop principles and standards for the commissioning and delivery of advocacy services in a health and social care setting in Northern Ireland.

A draft Policy for Developing Advocacy Services - A Guide for Commissioners was published for consultation in June 2011, along with a draft action plan to support its implementation. It is intended that the final policy guide and action plan will be published in spring 2012. The aim of the policy guide is to help commissioners better understand and develop advocacy services in Northern Ireland. The action plan will largely be taken forward by the HSC Board and related organisations.

This DHSSPS commissioned review will assess the implementation of the policy guide and progress made in relation to its associated action plan.

The review will also consider the range and quality of advocacy services available to service users and carers, taking account of the different models of advocacy and the proposed principles and standards set out in the policy guide. It will evaluate in particular the effectiveness of arrangements put in place to:

- (i) monitor the adherence of advocacy service providers to the proposed principles and standards

- (ii) raise awareness of advocacy services, and the importance of independence, among health and social care professionals and service users and carers

4.4.3 Diabetic Retinopathy Screening Service

Diabetic retinopathy is a leading cause of blindness in the UK 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.

4.4.4 Eating Disorder Services

In recent years, and with the advice of the Regional Eating Disorders Network Group, eating disorder services in Northern Ireland have developed with the aim of treating more patients locally and in a community setting.

Four health and social care trusts each have a specialist eating disorder service for both adult (18+) and child and adolescent mental health service (CAMHS) (for under 18s), with the Belfast HSC Trust also providing these services for the South Eastern HSC Trust. These teams include consultant psychiatrists, eating therapists and dieticians. The adult specialist eating disorder teams plan and deliver treatment along a stepped model of care, as recommended by the Bamford Review and NICE guidelines.

For those patients who require inpatient treatment, this is facilitated in existing hospitals with in-reach support provided by specialist community-based eating disorder teams, thus providing a continuum of care when patients are discharged.

This review, commissioned by the DHSSPS, of the eating disorder service should focus on three themes from The Quality Standards for Health and Social Care (DHSSPS):

- Safe and Effective Care
- Accessible, Flexible and Responsive Services
- Effective Communication and Information

This will have a particular focus on locally based services.

4.4.5 Maternity Services

The Maternity Strategy for Northern Ireland published in 2012 aims to provide women, professionals, policy makers and commissioners with a clear pathway for maternity services, from preconceptual care through to postnatal care. It places an emphasis on early direct contact with a midwife and a better understanding of the role of the midwife and obstetrician.

It sets out clear recommendations for tackling public health issues such as: obesity, smoking and alcohol abuse in pregnancy; providing more choice; providing care closer to home; and ensuring safe, high quality care tailored to meet the needs of the woman.

This DHSSPS commissioned review, which will be carried out within two years of publication of the strategy, will focus on the implementation of the strategy.

4.4.6 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. This 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.

4.4.7 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 the effective implementation of Living Matters, Dying Matters: A Palliative and End of Life Care Strategy.

4.4.8 Provision of Services for People with an Acquired Brain Injury

The Public Health Agency (PHA) 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.

4.4.9 Provision of Specialist Care Services for People in their own Homes

RQIA currently regulates, registers and inspects care provision to people in their own homes through the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. This DHSSPS commissioned review will expand on that work to review a range of enhanced care pathways and packages delivered by integrated community teams which comprise a range of HSC trust services. These include district nursing, care management, allied health professional services and social work in each HSC trust.

The approach for the assessment of service user needs continues to be standardised through the development of the Northern Ireland Single Assessment Tool. It is anticipated that the approach in respect of the development and delivery of enhanced care packages will progressively be standardised across all care programmes. These include: older people, mental health, physical disability, children with complex needs, learning disability services.

As community integrated teams continue to be developed within HSC trusts, their operation should increasingly improve patient care and outcomes. DHSSPS needs to be assured that as care continues to shift into the community, and patients with increasingly complex needs are cared for in their own homes, that trusts can evidence the quality of these services.

They must also be able to demonstrate that the services are appropriately enhanced and developed to meet the needs of individuals, families and carers.

In this context, the review will be focused on a specific sample across an agreed care programme and conducted using a range of review methodologies. This may include the audit of the multidisciplinary teams' case files. The assessment framework will be based on key elements of service delivery, such as: referral protocols; assessment, planning and review documentation; and, care delivery against identified standards and clinical guidelines.

The review will complement RQIA's inspection of domiciliary care agencies against the relevant regulations and minimum standards and where appropriate the regulation of nursing agencies where those agencies are providing care directly into service users' own homes.

5.1 Management of the Programme

The review programme will be managed by RQIA's Review Programme Steering Group through a process whereby the benefits from each review are realised, to ensure the outcomes are delivered in line with RQIA's Corporate Strategy 2012-15.

A project management approach will be adopted for each review. A range of methodologies will be applied to ensure the reviews focus on the central issues and involve key stakeholders. They will also take advantage of opportunities to work in partnership with other regulatory bodies or organisations, which represent particular interests.

RQIA's reviews are carried out by teams of independent assessors - most are either experienced practitioners or experts by experience. Lay reviewers who have experience and/or interest in a particular service area are also involved.

While delivering this challenging programme, RQIA will continue to examine the methods of review and ensure learning from previous experience.

5.2 Improving the Patient and Client Experience

On 12 November 2008, DHSSPS launched new standards to promote patient and client dignity. Improving the Patient and Client Experience is a set of standards defining what patients should expect from health and social care staff. The standards are designed to ensure that patients receive care and treatment from staff, whether clinical or non-clinical, who carry out their job in a considerate, caring and professional manner.

RQIA is committed to ensuring that user engagement is an essential element throughout the programme. Where appropriate, each review will employ a variety of methods to ensure the views and opinions in respect of quality of care are harnessed from service users and their carers'. In order to take forward the specific element of patient and client experience RQIA will build this in as a formal component of a number of appropriate reviews throughout the three-year programme.

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.

5.3 Other Considerations

In conclusion, it is important to note that RQIA has, in the past, been commissioned by the DHSSPS to carry out specific reviews in response to emerging events. It is anticipated that the organisation will be commissioned to undertake further reviews of this nature. This, when it occurs, will result in the review programme being re-examined at that point to determine the impact upon the remainder of the programme.

Thus, flexibility will underpin the programme to ensure that in addition to the planned programme, there will be capacity to respond to these emerging issues. RQIA will keep the programme under review on a continuing basis.

RQIA is also committed to working in partnership with other regulators and with organisations which exist to represent the views of service users, including the PCC.

APPENDIX A

Previous RQIA Reviews

RQIA was established in 2005. During the period 2005-09, a selection of reviews were undertaken to incorporate clinical and social care governance:

- 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 General Practitioner Appraisal Arrangements in Northern Ireland [September 2008]
- Review of Consultant Medical Appraisal Across Health and Social Care 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]

In 2008-09, RQIA developed a formal review programme, which has covered the period 2009-12. This has incorporated service and thematic reviews, as well as general governance reviews. Those reviews within the 2009-12 programme 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 [September 2011]
- Review of Readiness for Revalidation in Primary Care Services [December 2011]
- Vulnerable Adults [February 2012.]
- Care Management in respect of Implementation of the Northern Ireland Single Assessment Tool (NISAT) Phase 1 [March 2012.]
- Mixed Gender Accommodation in Hospitals [To be published during 2012.]
- Children Under 18 on Adult Wards [To be published during 2012.]
- Risk Assessment and Management: Mental Health and Learning Disability [To be published during 2012.]
- Review of the Implementation of the Cardiovascular Disease Service Framework [To be published during 2012.]
- Learning Disability Community Services: Baseline Assessment [To be published during 2012.]
- Hospitals at Nights and Weekends [To be published during 2012.]
- Review of Safeguarding Arrangements in Mental Health and Learning Disability Hospitals [To be published during 2012.]



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