

Welcome to

**RQIA Mental Health and Learning
Disability Stakeholder Involvement Day**

7 Sept 2018

Welcome and Introduction

Dr Lourda Geoghegan

Inspection Update

Patrick Convery and Dr John Simpson

Mental Health and Learning Disability Inspections

The Journey So Far

**Patrick Convery
Assistant Director
&**

**Dr John Simpson
Sessional Consultant Psychiatrist**

Mossley Mill 7 September 2018

The Regulation and Quality Improvement Authority (RQIA)

- Mental health and learning disability responsibilities were transferred from the Mental Health Commission to RQIA on 1 April 2009 under the NI Health and Social Care Reform Act 2009
- Previously, inspections to MHLD hospitals were annual and usually two or three wards were visited by commissioners in one day.

Human Rights Themes 2009-14



- Adoption of the Rights based approach
- Key principles of:
 - Fairness
 - Protection
 - Autonomy
 - Dignity
 - Respect
 - Equality

MHLD Inspections Programme

- There is no statutory requirement for RQIA to undertake a minimum number of inspections
- Article 86 (2) (a) specifies the requirement '*to make inquiry into any case of ill treatment, or any deficiency in care and treatment*'.
- Undertaking inspections is one of the methods used to fulfil this statutory function

Principles

- Legislation
- Quality Standards
- Evidence
- Make improvements
- Personal and Public Involvement

Objectives

- Ensure patients are afforded due respect for individual human rights
- To promote positive patient experiences
- Make appropriate recommendations to improve patients experiences
- Provide feedback to wards



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN
Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí

MINISTRE O
Poustie, Resydènter Heisin
an Fowk Siccar

IMPROVING the Patient & Client experience

5 standards
**respect
attitude
behaviour
communication
privacy & dignity**



Royal College
of Nursing
Northern Ireland



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Right Touch Regulation

- proportionate
- consistent
- targeted
- transparent
- accountable

(Better Regulation Executive – Five principles of good regulation, 2000)

- agility

(Council for Healthcare Regulatory Excellence: Right-touch regulation, 2010)

How We Inspected

- Self assessment completed by the Ward Manager recording the Ward's compliance with each expectation statement
- Inspector assessed the ward's compliance with each expectation statement on inspection
- Inspectors made recommendations in accordance with the Quality Standards for Health & Social Care – Supporting Good Governance & Best Practice in the HPSS 2006
- 2014/15 year focused on 6 expectation statements

MHLD Inspections 2014-15




- The inspection theme was based on the Human Rights indicator of Autonomy
- Recruitment of Lay Assessors
- Implementation of easy read reports for each inspection undertaken

Copy of Easy Read Report



What we found when we visited **<NAME OF WARD HERE>**

Easy to read report

	<p><Name of Ward> <Address> <Address> <Address> <Address> <Postcode></p>																																										
	<p>Trust: XXXXX Health and Social Care Trust</p>																																										
<p>July 201X</p> <table border="1"> <thead> <tr> <th>Sunday</th> <th>Monday</th> <th>Tuesday</th> <th>Wednesday</th> <th>Thursday</th> <th>Friday</th> <th>Saturday</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td></td> </tr> <tr> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> </tr> <tr> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td>19</td> <td>20</td> </tr> <tr> <td>21</td> <td>22</td> <td>23</td> <td>24</td> <td>25</td> <td>26</td> <td>27</td> </tr> <tr> <td>28</td> <td>29</td> <td>30</td> <td>31</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	1	2	3	4	5	6		7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				<p>Date of RQIA inspection: XX MONTH 201X</p>
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday																																					
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	<p>Type of Ward: Eg Female admission</p>																																										

Changes to MHLD Inspection Process



Inspect

- Review of documentation and records
- Speak to patients, carers, families, staff, involve lay assessors
- Professional judgement

Engage

HSC Trusts, HSC Board, PHA, DHSSPS, PCC, Joint Protocol – Children's Commissioner/ YOYPIC, advocacy groups

Monitor

Incidents, complaints, duty calls, whistleblowing

Report

- Shorter reports – Easy Read
- Recommendations themed in priority order.
- Review for improvements
- Proposed introduction of rating system

Inspections 2015-16

- Pilot for a selected number of wards from September – December 2015
- Inspections were unannounced, multi-disciplinary (where possible), with lay assessor involvement
- Formal independent evaluation March 2016
- Full implementation from April 2016 onwards

Key Changes

- A cessation of completion of self-assessment documentation by trusts
- Information requested & analysed pre-inspection, from a variety of sources, including the trusts, the HSC Board and advocates, and information already with RQIA
- Areas identified for improvement, themed and allocated a priority 1, 2, or 3 status for implementation

Key Changes

- Report format simplified
- Trusts develop improvement plans & submit these to RQIA who will agree proposed actions and timelines for completion
- When necessary Trusts periodically submit update/progress reports, with supporting documentary evidence
- Following analysis of all relevant information, a decision will be made by RQIA regarding the frequency of future inspections

Inspection Theme – Person Centred Care

“Patients receive care and treatment designed to meet their individual needs with the intention of ensuring the best results for each patient”.

RQIA's Key Strategic Priorities 2015-18

Four Stakeholder Outcomes

- **Is Care Safe?**
- **Is Care Effective?**
- **Is Care Compassionate?**
- **Is the Service Well led?**

Four Stakeholder Outcomes



There are effective staffing arrangements in place to meet the needs of the patients

- Staffing levels
- Bank staff / agency staff
- Multi-disciplinary team
- Staff support
- Working relationships
- Management response to MDT suggestions and concerns

There are appropriate management and governance systems in place that drive quality improvement

- Management structure
- Role and responsibilities
- Training, supervision and appraisal
- Complaints and compliments
- Patient forum meetings
- Policies and procedures
- Action plans

There is effective leadership, management and governance which creates a culture focused on the needs and experiences of patients in order to deliver safe, effective, compassionate and well led care.



Thank you

Revised Methodology – The Hospital Inspection Programme Development and Process

Thomas Hughes

Acute Hospital Inspection Programme



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Background



- In April 2014 the Minister for Health, Social Services and Public Safety tasked RQIA to carry out a series of inspections in acute hospitals across Northern Ireland.



The aim of the Acute Hospital Inspection Programme is to:

- provide public assurance and promote public trust and confidence
- contribute to improvement in the delivery of acute hospital services

Four key inspection domains:

- Is care **safe**?
- Is care **effective**?
- Is care **compassionate**?
- Is the clinical area **well led**?

RQIA's acute hospital inspection programme is designed to support HSC trusts in understanding how they deliver care, identify **what works well** and **where further improvements are needed**.

A rolling programme of unannounced inspections commenced October 2015

Phase 1 – Inspections

(Surgical/ Medical/ Emergency Departments)

- Antrim
- Royal
- Ulster
- Craigavon
- Altnagelvin




Phase 2 - Inspections

(Surgical/ Medical/ Emergency Departments)

- Daisy Hill
- Mater
- Lagan Valley
- Royal Belfast Hospital for Sick Children (2)
- South West Acute
- Causeway



Inspection Tools

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ACUTE HOSPITAL INSPECTION PROGRAMME
STAFF INTERVIEW/FOCUS GROUP
NURSING STAFF
SUPPORT STAFF
 Questions/Key Lines of enquiry

Date:

Hospital:

Name of Inspector/Peer Reviewer:

INTERVIEWS

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Acute Hospital Inspection Core Indicators

Date:

Trust:

Ward:

Inspector/Peer Reviewer Name:

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Assurance, Challenge and Improvement in Health and Social Care

 The Regulation and Quality Improvement Authority

Patient/Structured Interview – Hospital Inspection Team

Inspection Information

Name of service: RQIA Inspection ID:

Inspection area: Name of interviewer:

Answer Score

1 2 3 4 5

Very Unsatisfied Very Satisfied

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Observation Sheet

Observer Name:

Ward No/Name:

Date:

Start Time: End Time:

Number of interactions observed:	Negative: (N5) Very Unsatisfied (1)	Neutral: (N) Unsatisfied (2)	Basic (BC) Satisfied (4)	Positive: (P5) Very satisfied (5)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Follow up:

Is follow up required: Yes ☐ No ☐

If yes, please provide details of actions taken and outcome or record ID on i-connect:


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XHSCT - XXXXXXXX Hospital

Unannounced Acute Hospital Inspection

Inspection Team Briefing Pack

Date XXXXXXXX

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ACUTE HOSPITAL INSPECTION PROGRAMME
Nursing Booklet

Date of inspection:

Name of Hospital:

Ward and Specialty:

Name of Inspector/Peer Reviewer:

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Acute Hospitals Inspection Programme
Medical Inspection Booklet:
Medical Ward

Date of inspection:

Name of Hospital:

Name of Clinician:

Inspection team includes:

- RQIA Inspectors/ EMT
- Peer reviewers, drawn from a range of professions appropriate to the review
- Senior Medical Clinicians
- NIMDTA Clinical Trainee Associates
- Nursing Students from QUB/ UU/ OU
- Lay assessor(s)
- Administrative support
- Observers



How we Inspect

- the use of data, evidence and information to inform the inspection
- core indicators
- feedback from patients, relatives/carers
- feedback from staff
- direct observation
- Quality of Interaction Schedule (QUIS) observation sessions
- the review of relevant documentation and patients care records



What the inspection may look like

- Unannounced
- Three days for the inspection
- Two/Three wards or departments inspected
- Focus groups day 2 of the inspection
- Discussions with trust senior managers/ executive teams/ board members
- Feedback - two tiered - ward/ executive teams



- Provides assurance of safe, effective, compassionate care (patients/ public/ DoH etc.)
- Patients/ carers/ staff - a voice in shaping improvements
- Opportunity for customer feedback
- Identified common areas for concern and areas for improvement
- Use of intelligence information to target resources
- Showcases trust QI work
- Shared learning across trust facilities



Any Questions ?



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Introduction to MHLD Inspection Methodology

Alan Guthrie

Mental Health and Learning Disability Inspections

The Journey Ahead

Alan Guthrie

MHLD Inspector

Mossley Mill 7 September 2018



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MHLD Inspections 2018/19: The Plan

- Moving from inspecting individual wards to inspecting MH/LD wards within a Trust at the same time.
- Inspections will be completed by multi-disciplinary inspection teams to include :
 - MHLD inspectors
 - Lay assessors
 - Psychiatrists
 - Others as required
 - Pharmacists
 - Peer reviewers
 - RQIA senior managers

Why Change?

- Introduction of MH inspections in 2016
- Moving to system approach
- Success of multi-disciplinary inspection teams
- Fairer way to inspect
- Enhances thematic analysis
- Facilitates systematic assessment and review
- Examines Models of care across Trusts and the region
- Integrating what we see at ward level, what we hear from staff and patients and what we read from a range of sources

The Model

- Reconfigured pre assessment document:
Reduces the volume of information required
- Inspections remain unannounced
- All MH acute care wards within a Trust will be inspected at the same time
- Reduces RQIA footfall and disruption to patients and staff
- Provide feedback SMT to SMT and locally to ward managers.

The Model (cont.)

- Continue to use the same indicators within the same domains
- One report
- Quality improvement
- Continued stakeholder engagement at all levels.

The challenges and opportunities

- Logistics and Trust facilities
- Specific care models(PICU/Dementia care/ addiction care etc.)
- Managing inspections in partnership with Trusts
- Mental Health model of care within each trust:
 - Acute care at home and the patient's journey
 - Further step down and MH models of care
- Opportunity for RQIA to develop its methods through your participation and feedback

Example

- Inspecting four wards across two sites
- System approach Vs individual wards
- Team with Sub-teams:
 - MHLD inspectors
 - Consultant psychiatrists
 - Peer reviewer
 - Lay assessors
 - Admin support

The Inspection

- Three days for the inspection
- No. of wards to be inspected
- One base to work from
- Debriefing regularly during inspection
- Focus groups and 1:1 discussions of the inspection
- Executive team feedback recorded and detailed factual accuracy note within 14 working days
- Discussions with trust senior managers/ executive teams/ board members
- Feedback – two tiered – ward/executive teams

The Benefits

- Provides assurance of safe, effective, compassionate care (patients/ public/ DoH etc.)
- Patients/ carers/ staff - a voice in shaping improvements
- Opportunity for feedback from all participants
- Identified common areas for concern and areas for improvement
- Use of intelligence information to target resources
- Showcases trust Quality Improvement work
- Shared learning across trust MH/LD facilities

Thank you

Group Work Exercise

Challenges and Expectations

- What are your initial thoughts on the model for inspection?
- How will this work for you in practice?
- Do you require any further information?
- Any further suggestions?

Next Steps

Patrick Convery

Next steps

- Evaluation of today's feedback to inform the inspection process
- Reflect and review inspection methodology as necessary
- Introducing of inspection methodology from October 2018
- Engagement and recruitment of Peer Reviewers to participate in the inspection programme

Peer reviewer contact person within RQIA -

siobhan.crilly@rqia.org.uk

Closing Comments

Dr Lourda Geoghegan



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Thank you