Urology Services Inquiry

UROLOGY SERVICES INQUIRY

USI Ref: Notice 27 RQIA of 2023

Date of Notice: 28th November 2023

Second Witness Statement of: Briege Donaghy

I, Briege Donaghy, will say as follows: -

Introduction

1. This is my second statement to the Urology Services Inquiry, which is intended to address several discrete issues.

The RQIA board/Authority during Covid

2. At paragraphs 10 and 11 of my initial statement to the Inquiry I discuss the membership of RQIA. I wish to set out, in some further detail, the structure of RQIA and issues which it experienced in 2020.

3. The Chief Executive position in RQIA was held by Olive MacLeod from July 2016 up until the week commencing 23 March 2020; at which point she was redeployed to the Public Health Agency (PHA) and officially left RQIA on 31 August 2020. Mr Dermot Parsons became Interim Chief Executive from late March 2020 to 31 July 2020, before he had a period of Personal Information redacted by USI absence and then officially left RQIA on 31 December 2021. Dr Tony Stevens was appointed as Interim Chief Executive by the Authority with approval from the Department, from 1 September 2020 to 30 June 2021, before I was appointed to the role of Chief Executive, from 1 July 2021 until present.

4. Under paragraph 7 of Schedule 1 of the 2003 Order, the Chief Executive is an employee of and appointed by the Authority, and is responsibile to it for the general exercise of its functions in accordance with a scheme of delegation set out in the Authority's Standing Orders. This appointment is subject to the approval of the

Department. The Chief Executive is also appointed by the Permanent Secretary of the Department as Accounting Officer for the RQIA and reports to the Permanent Secretary in respect of those functions.

5. In addition to Olive Macleod's redeployment in March 2020, RQIA experienced a loss of a number of other senior staff, either through temporary or permanent redeployment to places such as the Department or the PHA, following a request from the Department requiring RQIA to identify its clinical and social care staff. By this stage, the Department had also directed RQIA to suspend its inspections of registered services, as is referred to at paragraph 89 of my initial statement to the Inquiry. In April 2020, the then Interim Chief Executive developed and adopted, with the support of Assistant Directors, an Interim Management Structure.

6. RQIA is a relatively small organisation. The loss of experience of senior staff caused by these redeployments could not be replaced. Normal recruitment processes could not operate during the pandemic itself. Furthermore, the postholders retained their substantive posts on the understanding that they would return to these following redeployment. These redeployments had a material impact on the availability of senior management within RQIA, hence the need for an Interim Management Structure.

7. On 17 and 18 June 2020, the then-Acting Chair of RQIA, Mary McColgan and six Authority Members, resigned with immediate effect. Two other Members had resigned the previous week to take up other posts. These circumstances left the RQIA without an Authority and without any Members.

8. In their letters of resignation to the Minister, the ex-Members of the RQIA set out their reasons for stepping down. These reasons included the following (which are set out within the Nicholl Report):

    a. Concern at the lack of effort made by the Department to consult or engage with the Authority prior to making key decisions affecting the core purpose and statutory remit of the RQIA;

    b. Particular concern over the decision by the Department at the end of March 2020 to (1) redeploy the RQIA Chief Executive to the PHA and (2) appoint (and

extend the appointment of) an RQIA Interim Chief Executive without any communication with or involvement of the Authority; and

c. By excluding the Authority from involvement in any of these key decisions, the belief that the role of the Authority had been diluted and compromised.

9. On the day of the final Members' resignations, 18 June 2020, Christine Collins MBE was appointed as Interim Chair by the Minister, Robin Swann. An urgent Public Appointment process to enable the appointment of new Authority Members was then developed, agreed with the Office of the Commissioner for Public Appointments for Northern Ireland and put into effect. In the interim, two senior Department officials, whose roles were removed from those of the RQIA, so minimising any conflict of interest, were appointed as Temporary Authority Members from 14 August 2020 to enable the conduct of essential Authority business.

10. An Interim Six Member Authority, comprising individuals with legal, financial, medical, nursing, social work and administration/change management expertise, was appointed on 30th October 2020 for an initial term of 1 year. There was, therefore, a period of three months during the pandemic where the capacity of the Authority was diminished.

11. The Interim Authority appointed on 30 October 2020 was subsequently extended and continued in place until 31 January 2023, when it was replaced by a substantive 8 Member Authority following a Public Appointments process run in accordance with normal rules. The substantive Chair position was filled by Christine Collins MBE following a normal Public Appointments process, with effect from 1 October 2022.

12. As set out in the Nicholl Report, relations between the Authority (the RQIA Chair and Members), the RQIA Executive Management Team, and the Department had been dysfunctional for some time when the pandemic commenced. In this context, the resignation of the Acting Chair and Members, coupled with the other changes of senior personnel through redeployment, meant that RQIA did not have the full complement of strategic leadership and oversight required to effectively manage the organisation's "normal business" at that time (e.g. implementation of Internal Audit recommendations; financial control; oversight of performance management) and, clearly, a depleted Authority and senior management team will be affected by the impact and disruption

caused by the pandemic with the significant redeployment of staff, including most of the Executive/ senior team.

13. Following the resignations, RQIA's normal corporate governance arrangements were significantly rebuilt following an initiative by the Interim Chair, when the Interim Chief Executive went on long-term sick leave, to recruit Dr Tony Stevens, an experienced, recently retired HSC Trust Chief Executive as Interim Chief Executive. Dr Stevens was appointed by the Authority, and the appointment was duly approved by the Department in accordance with the 2003 Order, and Dr Stevens was appointed by the Permanent Secretary as Accounting Officer for RQIA. Dr Stevens worked to put in place a widely experienced senior advisory team (drawing in additional senior staff on a short-term basis from the HSC Leadership Centre, for example) to support the remaining RQIA management team (referred to as the Interim Management Structure); developed a Management Plan for the remainder of the 2020 to 2021 year; and a Transitional Plan and organisational restructuring for the 2021 to 2022 year. This enabled RQIA to re-commence its functions from a firm basis; with proper operational governance procedures in place. Meanwhile, the Interim Chair worked with the Interim Authority (from autumn 2020) to re-establish the Audit and Risk Assurance Committee, and the Business, Appointments and Remuneration Committee, to ensure strategic leadership and oversight of the RQIA's performance; and to support the Interim Chief Executive in taking forward the analysis required to reshape the RQIA. In addition, the Authority's Business Appointments and Remuneration Committee revised the Standing Orders of the Authority to ensure clarity of roles and responsibilities, to ensure appropriate schemes of delegation where in place.

Reviews carried out by RQIA

14. My initial statement refers to reviews that RQIA carried out in respect of statutory services. To update my earlier statement, an inspection of the system in the Southern HSC Trust was carried out during winter 2023. The report of this inspection was published on 17th January 2024 and is contained within **Exhibit BD32**.

15. At paragraph 46 of my original statement I have referred to RQIA's review, entitled 'The Review of the Governance of Outpatient Services in the Belfast Health and Social Care Trust (with a particular focus on Neurology Services and other High Volume

Specialties)', published February 2020. This is exhibited at paragraph 90 of my original statement.

16. At paragraph 84 of my original statement I have referred to the 'Review of Clinical and Social Care Governance Arrangements in Health and Social Care Trusts in Northern Ireland 2008 – Southern Health and Social Care Trust', which was exhibited to my statement.

17. RQIA also performed a "Review of Consultant Medical Appraisal Across HSC Trusts" in 2008 (as referred to at paragraphs 82 and 84 of my original statement). I would like to clarify that RQIA performed two further Reviews that included reference to Medical Staff Appraisal, one in 2010, from which there is a Review Report which is specific to the Southern Trust, and the next in 2017. For completeness, these are:

    a. Review of Consultant Medical Appraisal Across HSC Trusts, September 2008 (see paragraphs 82 and 84 of my original statement, now exhibited as **Exhibit BD33**);

    b. Review of Health and Social Care Trust Readiness for Medical Revalidation, December 2010 led to an overarching report and one specific to the Southern Trust (Ref **Exhibit BD34 and Exhibit BD35**);

    c. Review of Governance Arrangements in HSC Organisations that Support Progessional Regulation, January 2017 (Ref **Exhibit BD36**).

Further issues

18. In my original statement I have outlined the impact of the 2005 Regulations upon RQIA's regime of inspections of registered services. At present, RQIA is challenged to satisfy this requirement. This position has been set out on a number of occasions, including in correspondence which I issued to the Department's Director of Quality, Regulation and Improvement on 31st August 2022 (Ref **Exhibit BD37**).

19. At paragraph 85 of my original statement I have commented that *"The Authority is concerned that the complex work of undertaking reviews, drawing on specialist expertise and performing a robust and effective review, before making recommendations that, if implemented, will make a material difference to the quality of*

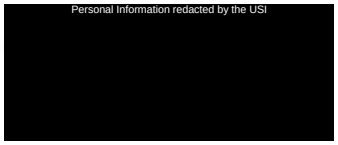
care and treatment provided, does not lead to any clearly and publicly recorded outcome". By this comment, I mean that RQIA is concerned that there is no public record of achievement or outcome of inspections or reviews once submitted to the Department.

20. I would like to clarify paragraph 89 of my original statement regarding the Hospital Inspection Programme. My original statement comments *"None are outstanding insofar as recommendations are concerned"*. On reflection, the question was about any outstanding 'reports' of the Hospital Inspection Programme. Therefore, this sentence should read *"None are outstanding insofar as inspection reports are concerned"*. I apologise for any confusion on this point.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed:



Date: 16th February 2024

The Regulation and Quality Improvement Authority

"Working Collaboratively to Reduce Harm" RQIA System Inspection of a Local Health and Social Care System - Southern Health and Social Care Trust Area

January 2024

Glossary of Terms

Term	Description
Health and Social Care (HSC)	Services available from health and social care providers across a variety of settings, including hospitals, care homes, agencies and community settings.
The Southern HSC Trust Area	The geographical area identified as a 'local health and social care system' for the focus of this review, within which a range of HSC services are provided by 'system partners'.
System Partner/s	A range of HSC organisations, agencies and registered providers, collaboratively delivering HSC care within the Southern HSC Trust Area, of which include: • Southern HSC Trust • General Practitioners (GPs) • Northern Ireland Ambulance Service (NIAS) • RQIA Registered Providers (both statutory service providers and independent sector providers)
The Southern HSC Trust	The Southern HSC Trust provides health and social care services across three council areas, namely, Mid Ulster; Armagh, Banbridge and Craigavon; and Newry, Mourne and Down. It delivers services from a number of hospitals, community-based settings and in some cases directly in individuals' homes.
HSC Trusts	Collective reference to all six HSC Trusts: • Northern HSC Trust • Belfast HSC Trust • Southern HSC Trust • South Eastern HSC Trust • Western HSC Trust • Northern Ireland Ambulance Service (NIAS)
Registered Providers	Establishments which are required to register with RQIA to provide health and social care services in Northern Ireland. For the purpose of this report, the registered providers referenced are: • domiciliary care agencies; • residential care homes; and • nursing homes.

Term	Description
Independent Sector Provider	An independent sector provider is a private sector healthcare company which can be contracted by an HSC Trust in the provision of healthcare, or in the support of the provision of healthcare. These companies may provide primary care or community care such as nursing, residential or domiciliary care.
Statutory Provider/s	RQIA Registered services, where an HSC Trust is the registered as responsible for this service.
Nursing Home	RQIA Registered, for defined categories of care - any premises used, or intended to be used, for the reception of, and the provision of nursing for, persons suffering from any illness or infirmity.
Residential Care Home	RQIA registered, for defined categories of care, which provides or is intended to provide residential accommodation with both board and personal care for persons in need of personal care.
Domiciliary Care Agency	RQIA registered agency, which provides a range of services put in place to support an individual in their own home (to include home care, personal care and other associated domestic services).
Categories of Care	Categories of care specify for whom the establishment is registered to provide a service. As per Part II Schedule 8 of The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005, residential care homes and nursing homes can register to deliver the following categories of care: • Old age not falling within any other category - I • Service users who are over 65 years of age but do not fall within the category of old age - E • Dementia - DE • Mental disorder excluding learning disability or dementia - MP • Mental disorder excluding learning disability or dementia – MP(E) • over 65 years learning disability - LD • Learning disability – over 65 years LD (E) • Physical disability other than sensory impairment - PH Physical disability other than sensory impairment – PH (E) • over 65 years past or present drug dependence - D • Past or present alcohol dependence - A • Terminally ill - TI • Sensory impairment - SI

Term	Description
Types of 'Service Users'	Service Users - individuals who receive care or services across a range of HSC services and settings. As this report refers to a range of HSC settings 'service users' is generally referenced as individuals who may access multiple services or settings in their journey Service users (in a specific HSC settings) include: • Patients – individuals who receive care or services from ambulance services, hospitals or nursing home settings • Clients – individuals who receive care or services from domiciliary care agencies • Residents – individuals who receive care or services from residential care home settings
Patient Flow	Efficient and appropriate utilisation of beds required to balance the demands of emergency and elective clinical activity.
Integrated Care System (ICS)	Integrated Care System. ICS NI is the new commissioning framework for Northern Ireland; it describes one system but local areas will be given responsibility for planning local services based on need and only those services that require a regional perspective will be planned regionally.
Acute Care at Home (ACAH)	Acute Care at home is a consultant led community service to deliver acute, non-critical care in the community. The service is available to older people in their own home or nursing or residential home.
PAS	Patient Administration System is an electronic based record management system.
Subject Matter Expert	Someone with specific knowledge in a specific area. Often their competencies are developed through years of on the job experience and education in their field.
Complex Discharge	A discharge is regarded as complex when it can only take place following the implementation of significant home based or community based services.
Simple Discharge	Any discharge which does not meet the definition of complex discharge.
Site control room	A designated room where meetings are held in relation to the flow of patients into and out of hospital. The site control meetings are attended by senior staff from each service division to provide information and support optimal decision making in relation to patient flow.

Term	Description
Encompass	Encompass is a Health and Social Care programme that will create a single digital care record for every citizen in Northern Ireland who receives health and social care. Encompass will be in use across all HSC Trusts in Northern Ireland to create better experiences for patients, service users and staff. Encompass will give patients and service users the ability to view and update their health information online wherever and whenever they like. It will also make it easier for HSC staff to view important information about their patients and service users both in a clinical setting and while working in the community.
Strategic Planning and Performance Group (SPPG)	The Strategic Planning and Performance Group plans and oversees the delivery of HSC services for the population of Northern Ireland. The Group is part of the Department of Health and is accountable to the Minister for Health. It is responsible for planning, improving and overseeing the delivery of effective, high quality, safe HSC services within available resources.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating, inspecting and reviewing the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA's reviews and inspections identify best practice, highlight gaps or shortfalls in services requiring improvement and protect the public interest. Our work is delivered by a core team of staff and may also be supported by independent assessors, who are either experienced practitioners or experts by experience. RQIA's inspection reports are available on our website at www.rqia.org.uk

RQIA is committed to conducting inspections and reviews, taking into consideration RQIA's four key domains:

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

RQIA would like to thank all system partners within the Southern HSC Trust Area, Care Opinion and service users and their relatives for contributing their time and providing evidence to support this work. RQIA recognises and commends the dedication and commitment of staff working across the Southern HSC Trust Area to deliver HSC services.

Contents

1. Executive Summary

This system inspection of the Southern HSC Trust Area is RQIA's considered response to the ongoing intelligence it receives in respect of seemingly intransigent system pressures, particularly as such pressures affect acute hospital services and its integration with community and social care services to meet service user needs. RQIA selected the Southern HSC Trust area for this system inspection, which was welcomed by the Southern HSC Trust.

As this inspection report is published, the system remains in a significantly difficult winter period, though we understand that such pressures are now an all year, persistent phenomenon. Ambulance services and Emergency Departments (EDs) carry a significant burden of the risk and it is most often in these settings that service users experience the impacts and harms associated with overcrowding, and delays in being able to respond to those who need their services in a timely way. While the impact and harms are most obvious in the ED and in ambulance response, it is understood the causative factors may not always originate in these settings.

RQIA's role is to provide an independent assessment of the extent to which independent sector providers comply with specific standards and regulations set out in legislation; and to monitor Health and Social Care Bodies, including HSC Trusts, who have a statutory duty, under that same legislation for these services, to meet the Quality Standards[1] set out for Health and Social Care in Northern Ireland.

There are five such Quality Standards which must be complied with. Where these minimum standards are not being met, then RQIA can ask the HSC Trusts (including NIAS), to take forward improvement actions across all of these areas:

- Corporate leadership and accountability of organisations
- Safe and effective care
- Accessible, flexible and responsive services
- Promoting, protecting and improving health and social well being
- Effective communication and information.

[1] Quality Standards for Health and Social Care (health-ni.gov.uk)

RQIA's programme of regulation and inspection differs between its registered independent sector providers and in monitoring the quality of services provided by HSC Trusts, because of the differences in legislation. This 'system inspection' sought to bring these different approaches together to enable a deeper understanding of the extent of shared responsibility across HSC Trusts and with independent sector providers, examining shared responsibility for service user safety, a person centred approach and shared risk management. It is RQIA's experience as a service and system regulator that only when the whole system (all of the organisations who collectively provide for the needs of the service user) pulls together with shared purpose, can the required progress be made against seemingly intractable problems.

The inspection found that the system was performing poorly against a full range of established regional targets. There were signs that it was not improving, and in some cases continuing to deteriorate, as evidenced by numbers of delayed discharges, ambulance response times, ambulance handover delays, times waiting for admission to a hospital bed and times waiting for triage in ED. Performance varies considerably across the week, including in respect of the number of simple discharges from hospital, indicating that despite significant increase in seven day working, twilight and weekend services, the commissioned funded full seven-day service to facilitate reliable discharges each day remains an aspiration.

In respect of working together as system partners to ensure timely and safe discharge from hospital, some positive examples are highlighted within the report, such as the proactive Intermediate Care Service; the Acute Care at Home Service; and the roles of the Discharge Expeditors and Patient Flow Teams within the Southern HSC Trust.

The inspection found that improvement was required in all aspects of working together across the system, as evidenced by access to quality information and appropriate sharing of this to enable informed decisions to be made. The quality of information shared with GPs and with registered providers of nursing homes, residential care homes or domiciliary care agencies, remained an ongoing challenge and the process of embedding the ethos of Discharge to Assess[2], and nurse led discharge required further focused work. In particular, the operation of the site co-ordination and control room in Craigavon Area Hospital was in the process of

[2] Quick Guide: Discharge to Assess (www.nhs.uk)

review and improvement, and staff required training and support as well as clear operational processes and guidelines, to enable effective execution of this function.

It is important to note that staff across the entire Southern HSC Trust, service users and families, engaged extensively with RQIA through the process of the inspection and were very well informed and exercised about these issues. The Southern HSC Trust is encouraged to continue its work in engaging with all groups of staff and service users and independent sector providers about these intractable issues and fully harness the insights and ideas from staff and service users that may help to address them.

The Integrated Care System Board, which has been established in Southern HSC Trust since May 2023, is embarking on a pilot of a new way of commissioning and planning services. This brings with it an important opportunity to scale up a new way of working together locally to commission and shape provision of services, monitor their performance and share the information which can drive forward truly effective integrated working.

The work of the Department of Health's Adult Social Care Collaborative in forwarding the reform of Adult Social Care Services, further to the Public Consultation 2022 is absolutely critical. This is in view of the enormous workforce challenges and the expansive gap in capacity in community based care, which in turn impacts on the speed at which people can leave hospital when they are in need of short term or long term packages of support at home.

The inspection makes 11 recommendations to support improvement. These are aimed at the Southern HSC Trust and the relevant system partners regulated by RQIA (both statutory HSC providers and independent sector providers). It is our view that even modest improvement in specific aspects of this system working collaboratively, has the potential to make life altering differences to those who may otherwise be delayed in receiving acute care when they need it.

In addition to these recommendations, it is recognised that far-reaching change is required across our wider HSC system to ensure collaboration and integrated working is embedded at every level, within every HSC Trust and service, and that social care reform moves at pace. As such, it is the view of RQIA that all possible influence should be levied from all system partners to support the Department of Health in the rapid delivery of this work.

2. Introduction and Background

2.1 Background

RQIA continues to receive intelligence indicative of sustained escalation of pressures across Northern Ireland's hospital system. During the Autumn of 2023, RQIA reflected on its recent inspection findings and considered how best to respond, recognising the complex system-wide causative factors which impact upon these issues. Rather than focus only on the inspection of the hospital-part of the system in isolation, RQIA undertook to develop a new approach - the examination of a local system. This first inspection of its type focused on the Southern HSC Trust Area.

A key aspect of this system inspection is the impact of, and reasons for, extended patient stays in hospital, beyond the point of when medical needs have been met (referred to as 'delayed discharges'). Across Northern Ireland, there could be in excess of 500[3] beds occupied by those who are medically fit and awaiting discharge, most waiting in excess of the regional agreed targets (4 hours for simple discharges and 48 hours for complex discharges[4]). A discharge is regarded as complex when it can only take place following the implementation of significant home-based or other community-based services (including residential care homes or nursing homes) or requires the installation of adaptations/provision of specialist equipment. Simple discharges are those not regarded as requiring these specialist provisions. Reasons for delayed discharge were reported as complex and multifaceted, ranging from a lack of suitable placements in residential care homes or nursing homes to availability of care packages and the service user/family choice of placement. RQIA is of the view that even a modest improvement in timeliness of safe patient discharge has the potential to make a life-saving/altering difference to someone in need of urgent medical care and reduce potential harm to those who remain inappropriately in acute hospital facilities, after they have been declared medically fit for discharge.

[3] SPPG Regional Delayed Transfer of Care Dashboard

[4] SPPG Delayed Transfers of Care from General Acute Sites Definitions June 2023, (Implemented August 23) noting that simple discharges target changed from 6hrs to 4hrs in August 2023

Similarly, in Northern Ireland, as we enter this winter period, the acute hospital system and ambulance service will continue to operate under the most severe pressure. The collective responsibility of all system partners who provide health and social care (be it acute, ambulance, community or residential social care) is to work together to reduce the harm caused as a consequence of delays in access to emergency care.

This report is focused on the mechanisms for ensuring timely discharges within the HSC system in the Southern HSC Trust Area, however it is intended that the learning derived from the review of this system can be utilised and reflected upon by HSC services within other locations across Northern Ireland.

Emergency Departments in Northern Ireland have recently participated in a Getting It Right First Time[5] exercise, which has examined the association between ED waiting times and mortality measures. At a time when it is clear that an unacceptable number of people are suffering preventable harm associated with delays in accessing the care they need [6], all HSC Trusts must be able to evidence that local systems are optimised through effective working relationships with system partners, to reduce harm caused by delays in accessing emergency care, and leaving acute care when those acute needs have been met. This requires collaborative partnership working from, and with, independent sector providers, such as residential care homes, nursing homes and domiciliary care agencies as well as services across the wider HSC system in Northern Ireland.

2.2 Overview of The Southern HSC Trust Area

The Southern HSC Trust is the largest provider of HSC services within the area. According to the Southern HSC Trust Annual Report[7] (published in November 2023), between April 2022 and March 2023 the Southern HSC Trust delivered services to a population of 388,688 people, employed 14,887 staff and spent around 2.6m every day delivering services. This includes:

- 199,558 outpatient appointments;
- 23,398 Acute Care at Home visits;

[5] Home - Getting It Right First Time - GIRFT

[6] Layout 1 (aace.org.uk)

[7] https://southerntrust.hscni.net/download/26/annual-reports/14371/annual-quality-report-22-23.pdf

- 158,854 ED attendances (3% increase from previous year); and
- 5,385 Domiciliary care packages.

When comparing the five HSC Trusts (excluding NIAS) in Northern Ireland in 2010-2020, the Southern HSC Trust has had the largest population increase (9.3% change, compared to 3% change in the Western HSC Trust area)[8]. Southern HSC Trust also had the smallest proportion of people over 65 of the five HSC Trusts.

Table 1: Population Information by Trust Geographical Area (NISRA).

Population Categories	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NI Complete
Total Population (2020)	359,230	480,194	364,191	**388,688**	303,207	1,895,510
Children (0-15 years)	69,754	97,761	73,105	**89,719**	65,477	395,816
Young Working Age (16-39 years)	124,472	138,700	101,817	**117,618**	89,149	571,756
Older Working Age (40-64 years)	109,164	157,719	119,586	**122,648**	98,872	607,989
Older (65+ years)	55,840	86,014	69,683	**58,703**	49,709	319,949
Population Change % (2010-2020)	3.30%	4.10%	5.30%	**9.30%**	3.00%	5%
Proportion of Older (65+ years)	15.54%	17.91%	19.13%	**15.10%**	16.39%	16.88%

Although the Southern HSC Trust has the smallest proportion of the population aged over 65 (2010-2020), the Southern HSC Trust further advised that the over 65 population in 2023 is 63,517 expecting to rise to 96,826 by 2043[9].

[8] NINIS: Northern Ireland Neighbourhood Information Service (nisra.gov.uk)

[9] 2018-based Population Projections for Areas within Northern Ireland | Northern Ireland Statistics and Research Agency (nisra.gov.uk)

Ambulance services within the Southern HSC Trust area are provided by the Northern Ireland Ambulance Service (NIAS). There is a Divisional Headquarters at Craigavon Area Hospital and six static ambulance stations (Craigavon, Armagh, Banbridge, Dungannon, Kilkeel and Newry). Additional response vehicles are located at various deployment points across Southern HSC Trust area, based on identified need. Ambulances are dispatched across the region in response to 999 calls based on the clinical need of the patient.

There are 94 community pharmacies[10] across the Southern HSC Trust area and 72 General Practices, which have around 425,000 registered patients. The General Practices are aligned to three federations, shown in Figure 1 (Armagh & Dungannon GP Federation (orange), Craigavon GP Federation (blue) and Newry & District GP Federation (green)), supported by the Southern Federation GP Support Unit[11].

Figure 1. Location of General Practitioners in the Southern HSC Trust Area

RQIA registers residential care homes, nursing homes and domiciliary care agencies as providers of service (registered providers). Registered providers of such services comprise

[10] Advised by the Department of Health Policy Area

[11] Federation | Southern Fsu | Northern Ireland

of both independent sector providers as well as statutory providers across the Southern HSC Trust area. Within the area there are 48 registered Nursing Homes, providing a total of 1960 beds, and 30 Residential care homes, providing a total of 608 beds[12]. There are also 18 domiciliary care agencies registered to provide home care packages to over 5000 people.

Figure 2: Location of Registered Domiciliary Care Agency Providers in Southern HSC Trust Area

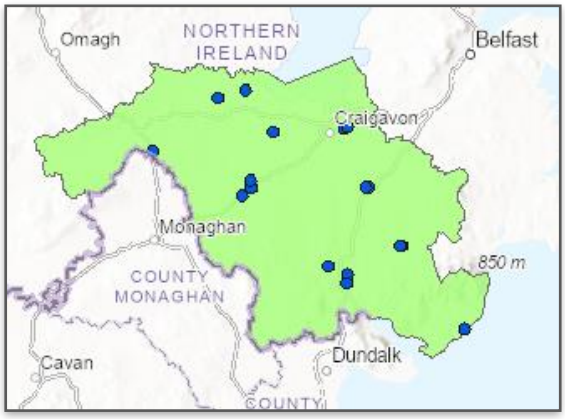
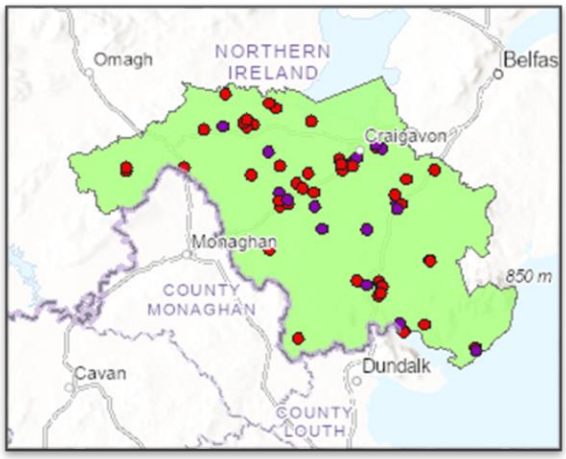


Figure 3: Location of Registered Nursing Home (Red) Residential (Blue) Care Home Providers in the Southern HSC Trust Area



[12] 4d5d1f7f-93a0-4812-b966-a073e1a333ed.pdf (rqia.org.uk)

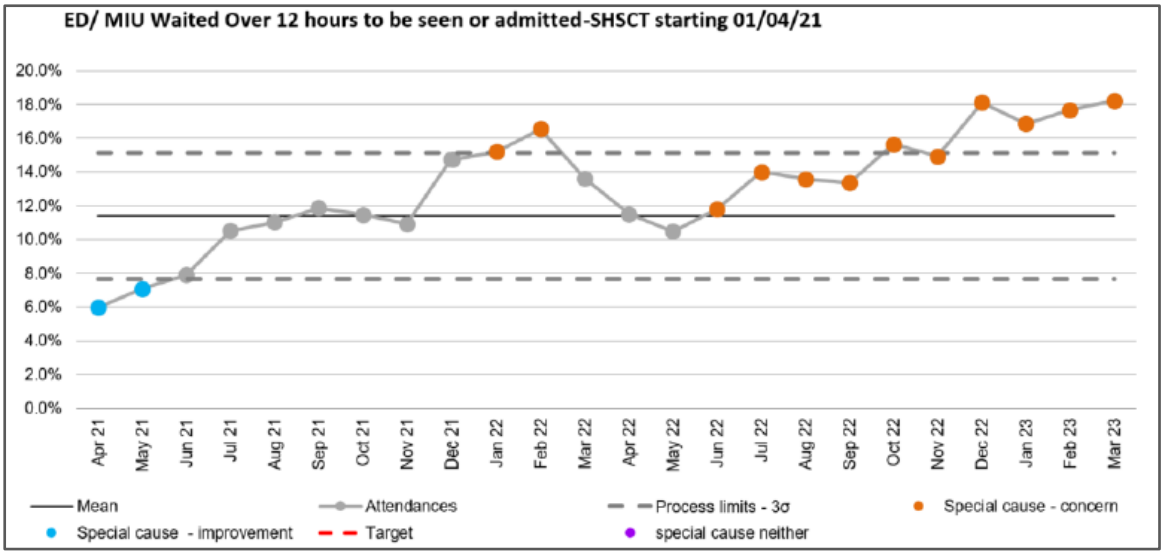
2.3 Impact of Delayed Discharge

RQIA often receives intelligence from a range of sources, including staff, service users, other regulators and trade union organisations, about the real harm caused to service users, and the impact on the safe delivery of care. RQIA has heard evidence of harm resulting from delayed community ambulance response, excessive waiting times in ambulances outside the ED and excessive waits for admission within an ED due to overcrowding. Staff within EDs have reported increases in hospital acquired infections, pressure sores, and incidences of delirium and deteriorating physical independence associated with protracted hospital stays and long waits in the ED, when waiting for admission to a hospital ward.

One strand of this inspection was a site visit to the ED in Craigavon Area Hospital. This ED was extremely overcrowded, with the equivalent of two wards of patients who required admission to a hospital ward, being cared for by the staff within the ED. On review of the information within the Southern HSC Trust Annual Quality Report (November 2023) the situation is not improving and appears to be escalating further as the service enters a new Winter season.

In the two EDs across the Southern HSC Trust (Daisy Hill Hospital and Craigavon Area Hospital) the time between triage and examination increased from an average of 63.2 minutes in (2021/22) to 65.5 minutes (2022/23). The number of people leaving the ED before treatment increased from 6.15% to 7.8% in the same period. It was observed that all HSC Trusts across Northern Ireland are experiencing a steep increase in waiting times and overcrowding in their EDs. In 2022/23, 14.7% of patients who attended the Southern HSC Trust EDs or Minor Injuries Units waited over 12 hours to be seen or admitted, representing a stark 22.4% increase from the 2021/22 position of 11.4%).

Table 2: Emergency Department and Minor Injuries Unit - Proportion who waited over 12 hours to be seen or admitted



On 4 October 2023, the Department of Health (DoH) in Northern Ireland published a collection of actions which spanned the whole system as part of its winter preparedness plan[13]. In parallel the DoH committed to publishing fortnightly the performance of HSC Trusts against a range of important targets for all HSC Trusts and Acute Hospitals in Northern Ireland. The bulletin published fortnightly by the DoH demonstrate that in the Southern HSC Trust, in respect of ambulance response time to calls in the community, that the average time for response for category 1 ambulance calls was 14 minutes (longest in comparison to the other four HSC Trusts) and category 2 ambulance calls was 55 minutes (second longest with the South Eastern HSC Trust at 1 hour 2 minutes). In respect of the time taken for patients arriving at ED by ambulance, to be handed over to hospital clinical teams in Southern HSC Trust, 18% of handovers exceeded 2 hours (second highest, with South Eastern HSC Trust at 46%).[14]

[13] doh-winter-plan-2023-24.PDF (health-ni.gov.uk)

[14] Unscheduled care service pressures – Discharge Rates for Patients who are Medically fit - Monday 30 October 2023 to Sunday 12 November 2023 | Department of Health (health-ni.gov.uk)

2.4 Inspection Terms of Reference

The agreed Terms of Reference for the RQIA Inspection of a local health and social care system within the Southern HSC Trust Area were designed to:

- Assess the effectiveness of integrated working between the Southern HSC Trust and the independent sector providers and statutory providers registered with RQIA, and Acute and Community Services, to address the issue of delayed discharges, within a local system;

- Assess the level of shared responsibility and management of risk across providers with a local system, in respect of the issues of delayed discharges, with its known impact on service user outcomes;

- Report on the perspectives of all relevant stakeholders including, GPs, Service Providers registered with RQIA (including both independent sector providers and statutory), NIAS, Commissioners (the SPPG), Trust Clinical Staff and Trust Management;

- Validate the number and category of available community beds, and other service capacity indicators, within the Service Providers registered with RQIA (including both independent sector providers and statutory) within this area, and the reasons for any underutilisation of capacity. (See RQIA published Census Report)

- Report on the experience of those service users who are delayed in their discharge and/or their relatives and the extent to which service user choice plays a part in effective discharge;

- Identify any opportunities for improvement/optimisation of discharges from hospital; and

- Publish a report of the findings including a Quality Improvement Plan, or escalation under RQIA's enforcement as required.

2.5 Inspection Methodology

This inspection methodology was designed to scrutinise the effectiveness of collaborative working of statutory bodies (Southern HSC Trust, NIAS) and registered service providers (independent sector providers) across the Southern HSC Trust Area. Views were also sought from GPs, service users and their relatives.

- Prior to inspection RQIA reviewed and assessed data collected by the Southern HSC Trust and the Strategic Planning and Performance Group (SPPG) of the DoH, on the factors reported as causing delays leaving hospital, such as availability of domiciliary care packages, availability of suitable residential care home and nursing home placements and service user choice.

- RQIA undertook a site visit to Craigavon Area Hospital on the 25, 26 and 27 September 2023 and scrutinised 19 individual service user journeys, engaging with a range of staff within the hospital and across independent sector providers involved in discharge planning.

- During the site visit RQIA observed the functioning of the Control Room, the arrangements for oversight of the site and the management of risk across the hospital.

- During October 2023 RQIA engaged with partners across the system to capture experiences associated with delayed discharges, to identify good practice and highlight opportunities for improved integrated working.

- Critically important to all of RQIA's assurance activities is the gathering of evidence to understand the experience of service users and their relatives. This included RQIA speaking to service users and relatives in the hospital as well as interviewing a number of people who had been previously discharged. Additionally, RQIA reviewed reports and evidence held by the Patient Client Council (PCC) and by 'Care Opinion'.

- During and following the site visit to Craigavon Area Hospital, engagements took place with a wide range of staff, both through group discussions and one to one engagement.

- An online feedback form was developed to enable staff across the entire Southern HSC Trust to share their views with inspectors and ideas for improvement, with over 100 staff responding.

- The inspectors were supported by a group of Subject Matter Experts across a range of relevant fields (GPs, emergency medicine, independent sector providers, Patient Client Council, and hospital management and site coordination). Subject Matter Experts were available during the inspection to answer specific questions, and provide constructive challenge and feedback on the outcomes of the inspection.

- Verbal feedback from this inspection was shared with Southern HSC Trust Senior Managers at an initial feedback session on the 15 November 2023, to provide an opportunity for challenge and to validate findings.

3. Inspection Findings

The findings of this inspection are outlined in accordance with the Terms of Reference under the two headings of 'Integrated Working' and 'Shared Responsibility and Management of Risk'.

3.1 Integrated Working

During the inspection RQIA sought evidence of the effectiveness of integrated working to assess how system partners worked together to achieve the mutual objective of expediting patient flow through the hospital.

Working arrangements between the Southern HSC Trust staff, GPs, NIAS and RQIA registered providers were explored. All system partners were observed to be working under significant and increasing pressures, were experiencing continued growth in demand for their services with subsequent unmet need, and all were directly impacted by the issue of delayed discharge. All partners demonstrated an acute understanding of the importance of the contribution they could make to alleviating pressures within the hospital system, the significance of their respective roles and the impacts of decisions they made.

3.1.1 Integrated Working: Information Sharing

Integrated working requires system partners to be well informed with appropriate, timely and quality information, to enable dynamic responses to escalating risk and to evaluate competing priorities. Within the infrastructure of the Southern HSC Trust Directorates of Adult Care Services, which includes; Medicine and Unscheduled Care; Surgery and Clinical Services; Adult Community Services; and Mental Health and Disability Services, all demonstrated a shared understanding of each directorate's priorities and pressures, and Senior Management Teams met regularly to respond to issues and share relevant information.

Opportunities were identified for improvement in information sharing related to inter-directorate working within the Southern HSC Trust. Staff from the surgery and clinical services directorate attended the control room and it was observed that there were, on each day of the visit, unoccupied beds which had been ring-fenced for pending admission for elective surgery.

It is understood that the Southern HSC Trust is required to take action to deliver increased levels of surgical activity and it is also noted there is a critical balance of risks to ensure that high priority elective surgeries can proceed as planned. There are material patient risks associated with cancelling such operations to allow for additional medical admissions. However, inspectors sought, but did not find, evidence that all available surgical bed capacity was being fully used on each day of the inspection across the site, or that sufficient focus was being given to the scrutiny of this capacity; as during the four daily Control Room meetings, little discussion or challenge was observed regarding these surgical beds. It is RQIA's view that better information sharing and scrutiny should be demonstrated to provide the Senior Management Team assurance of utilisation of all available capacity each day and thus support robust operational responses to escalating risk.

Recommendation 1

The Southern HSC Trust Directors responsible for elective and unscheduled care should ensure there is appropriate information captured and shared during site control room meetings to provide adequate assurance that all bed capacity within the hospital is used to best effect each day; and that there is an appropriate and balancing of risks between those waiting for admission with the Emergency Department and those waiting for admission to a bed to undergo elective surgery.

Effective integrated working begins with integrated planning, which in turn requires sharing of information about the challenges with, and the performance of, the local health and social care system. Similarly, accurate coding of the reasons that a person is delayed in their discharge allows staff to understand where the opportunities may lie for system improvement and better working together. Inspectors noted that for simple discharges, despite delay reasons being captured on Patient Administration System (PAS) information was not validated, and ongoing scrutiny of performance of simple discharge delays were neither requested, nor the reasons for delay interrogated or monitored. Information for the reasons for complex delays was, in contrast, widely reported within the Southern HSC Trust and shared onward to the regional dashboards and utilised in decision making. When inspectors reviewed a number of cases of patients who were delayed in their discharge, there were examples of some patients who were not medically fit for discharge, although they had been coded as such.

Integrated working requires a clear understanding of the available capacity across the entire system, both in hospital and to support placement in the community. Information about community bed availability in the Southern HSC Trust area, within Residential Care and Nursing Care Homes was gathered manually by staff through telephone calls and emails, with some teams and services duplicating in this process at times.

Neither the bed capacity reporting functionality within the RQIA Web Portal (discontinued from 6 November 2023), or the local Southern HSC Trust manual systems, could provide live or dynamic information on available bed capacity. As a result, staff within the Southern HSC

Trust could not reliably identify if an available bed, in a care home, was being held for a community admission or respite admission. Inspectors considered the current manual process to be time consuming, inefficient and often duplicated, both for the residential care home staff and nursing home staff and for those professionals seeking to identify placements for prospective residents.

Suggestions were made to inspectors that there would be merit in regional investment in an automated IT system to enable all HSC Trusts to track availability of beds (places) across the various categories of care and home types, and identify any specific recurring gaps in provision to enable both faster placements and better forward planning.

Recommendation 2

The Department of Health should consider investing in the development of an automated, live and dynamic IT system which is capable of reporting available bed capacity in residential care homes and nursing homes, across the range of categories of care. This would support quicker and more accurate decision making in discharge planning.

3.1.2 Integrated Working: Communication across the System

Direct communication between system partners is critical to support integrated working and becomes more even important when a system is operating under extreme pressure, as it was at the time of this inspection.

A positive finding related to GP liaison through the Associate Medical Director for Primary Care; this liaison role was found to be very much valued by both the Southern HSC Trust and GPs; RQIA viewed this as a demonstration of the importance with which the Southern HSC Trust held the relationships with its local GPs.

As part of this inspection evidence was sought of cross system communication and discharge planning to promote continuity of care and safe discharge. As an example, RQIA considered

the hospital discharge letter issued to a GP, containing critical information to support safe transfer of care. All HSC Trusts use an electronic document transfer system to send letters to GPs which requires verification and approval by the hospital doctor, to ensure a final and accurate version of the letter is issued. In September 2023, following a review of a local incident, the Southern HSC Trust identified that a large number of letters had not been verified and thus potentially had not been issued. This issue was known to have previously arisen in other HSC Trusts in Northern Ireland.

Of the letters which had been verified and received, GPs have described variability in the quality and accuracy of the information within these letters, which sometimes did not contain the relevant information highlighting the immediate actions required by the GP. It was described that service users may also misunderstand what actions are appropriate for follow - up by a GP and at times expected them to address issues that required follow up by specialist consultants. The risks of poor communication were described by GPs as potentially very significant.

More positively, inspectors also heard from the Southern HSC Trust GP liaison that efforts continue to be made to improve the GP letter template, the content and the detail within discharge letters; this remained an ongoing challenge with high turnover of staff, though evidence was provided that these issues were included within doctor's induction.

RQIA supports the view that service users are active partners rather than passive recipients of care and have a right to know what clinicians are writing about them[15], and as such is recognised good practice for patients to receive a copy of these letters. However, it was not observed as routine practice to copy these letters to patients, though it was reported that some patients are given a hard copy of their letter. RQIA understands that the regional system 'Encompass', which is currently being implemented across HSC Trusts, may support patients to be better informed and access such information about them.[16]

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[15] Adult patient perspectives on receiving hospital discharge letters: a corpus analysis of patient interviews | BMC Health Services Research | Full Text (biomedcentral.com)

[16] encompass Benefits – DHCNI (hscni.net)

Recommendation 3

The Southern HSC Trust should engage closely with its community of local GPs to work together to improve the content of and process for hospital discharge letters to support the safe transfer of care.

Recommendation 4

All HSC Trusts should work with all appropriate stakeholders to develop a clear local policy and implementation plan, which ensures that hospital discharge letters are copied to patients, in an accessible format when required, as key partners in their care.

Recommendation 5

All HSC Trusts must urgently establish a robust system of assurance and oversight of the validation and issuing of discharge letters to GPs at corporate, directorate and service level. If gaps in such assurance are identified, urgent action should be coordinated to address any backlogs of unissued letters, and local GPs and affected patients should be kept fully informed.

During the site visit to the Craigavon Area Hospital, inspectors observed timely and detailed planning documentation in place at ward level. However, they found that information was sometimes retained across different hard copy and electronic systems and was as result difficult to locate. Staff within wards were knowledgeable of each individual patient's plans and staff efforts to expedite discharge wherever possible were observed. In particular, the roles of the Expeditors and Patient Flow Teams in the Hospital were commended, and they

were observed to actively identify barriers to discharge, such as issues relating to test results or medications, and were actively progressing issues to free up potential beds sooner.

The Discharge Lounge is a designated area within the hospital where patients who are expected to leave the hospital that day can wait, vacating their bed for another patient to be admitted. The area was observed to be clean, well-appointed, utilised appropriately for suitable patients and was communicating and proactively sharing information with Patients Flow Teams to identify suitable patients. Though it could not accommodate patients on long term oxygen therapy, managers within the system were considering how this might be addressed. During the inspection days the Discharge Lounge opened at 9am and was observed not to be fully occupied by lunchtime.

Important information is detailed within transfer of care documentation completed by the Multidisciplinary Team within the hospital. This records the needs of patients, such as any requirement for rehabilitation, support, personal care and/or nursing needs required. These assessment documents are valuable sources of information to support a safe transfer of care. They enable registered providers to understand the needs of service users. However, domiciliary care agencies, and residential care home and nursing home providers universally described poor confidence in the accuracy and reliability of documentation completed in the hospital environment. By virtue of the different environments in which these assessments took place, it was indicated that assessment outcomes did not always transfer well to the care home or homecare settings. Examples were given of incidents which had arisen where there was a mismatch between required and assessed needs, or where essential equipment required was not available in advance of discharge. Such events were escalated back to Southern HSC Trust staff who sought to identify learning from such incidents.

The Northern Ireland Single Assessment Tool (NISAT) is designed for Social Work services to capture information required for holistic, person-centred assessment of the older person. A review of NISAT was one of the proposals resulting from the recent Public Consultation on Reform of Adult Social Care[17], undertaken by the Department of Health in 2022; the findings

[17] Consultation on The Reform Of Adult Social Care | Department of Health (health-ni.gov.uk)

of which were published in June 2023, and it is understood these are to be taken forward and implemented by an Adult Social Care Collaborative Forum.

Greater emphasis on supporting shared risk-taking and attention to person centred decision making was strongly endorsed by both Southern HSC Trust Senior Managers and independent sector providers. This, however, requires all system partners to embrace and embed the core concept of Discharge to Assess at scale. Patients leaving hospital often require short term personal care, and support or rehabilitation with a view to reducing support as soon as is practicably possible after the community-based needs assessments are completed and reviewed following discharge. Embedding 'Discharge to Assess' may require incentives for providers of domiciliary care to prioritise hospital discharges, who may have short term needs, above prospective/service users who may have longer term predictable needs. This may require consideration of enhanced rates for such short-term home care services.

Recommendation 6

All HSC Trusts should consider and review the process in hospitals for documenting care needs and the recommendations for ongoing interventions where care is being transferred to registered providers in the community. This review should consider if transfer of care documentation supports rapid, risk-based decision making and embeds the concept of Discharge to Assess.

The Southern HSC Trust's intermediate care service team was found to be well developed, operating at scale and highly regarded, and was observed actively in-reaching into the hospital reviewing data and pulling cases from the delayed discharge list. It is noted that workforce capacity was a key constraint in growing such capacity community services such as these.

3.1.3 Integrated Working: Understanding Capacity

All HSC Trusts are expected to operate in line with the Regional HSC Unscheduled Care Escalation Guidance. This was last updated in January 2023 and outlines all actions to be

taken locally within a hospital before seeking external interventions such as ambulance redirection to other hospitals. It describes the principles for how control rooms should operate. Some staff within the Craigavon site control room were not aware of this guidance, nor did they have a current and approved internal operating policy which specified thresholds at which required actions would be taken or where escalation internally and externally would take place. The following statement appeared in the September 2023 Performance committee report:

"The Trust has engaged external support and undertaken a diagnostic review of the control room, patient flow, length of stay and ward round process that highlighted a number of service improvement areas that the Trust is in the process of implementing". (September 2023)

The updated Regional HSC Unscheduled Care Escalation Guidance places responsibility on HSC Trusts to manage their own internal pressure and the thresholds at which they could escalate and seek intervention. This requires staff responsible for site co-ordination to have a clear operational procedure to enable them to execute and clearly record decision making, and any actions at each escalation threshold. The control room was found not to be operating in line with expected good practice. It was the view of inspectors that the site co-ordination meetings were not driving sufficient decision making and could have a greater impact on the overcrowded ED if they were operating more effectively.

The Southern HSC Trust uses a tool to monitor its ability to function safely, known as the Hospital Early Warning Score system (HEWS), with five levels ranging from low to extreme. On each day of RQIA's site visit it was at HEWS 'code black', indicating extreme levels, evidenced by the persistent over occupancy in the ED. RQIA has been advised that it is the Southern HSC Trust's intention to reform the operation of the control room and to align this with the operation of a new initiative "Regional Control Centre" to be hosted by NIAS on behalf of all HSC Trusts commencing in December 2023. It is understood this will mandate a particular set of metrics to be supplied at a defined frequency and must be implemented at pace. In June 2023 and September 2023, the Southern HSC Trust Performance Committee received assurance that improvement work was underway in relation to the control room; however, it was acknowledged further work was still required.

Recommendation 7

The Southern HSC Trust must immediately develop and implement a local escalation policy and operating procedure for its site control room. This should be supported this with effective induction and training of those staff charged with its operation and contributing to on-call on a day-to-day basis.

Inspectors reviewed the reporting of performance against the targets to meet simple discharges within 6 hours[18] and complex discharges within 48 hours. Wide variation in performance against the regional targets was noted month to month; reporting on performance was detailed, of good quality and there was evidence of additional analysis showing efforts to identify causes for variation and also to understand trends for specific groups such as those over the age of 85, and relationship between factors such as nosocomial (hospital acquired) infections. Although the Southern HSC Trust has advised of the occurrence of interface meetings, examples were not found to support that detailed information was actively shared externally from the Southern HSC Trust with relevant system partners who may have an interest because of their involvement in the local provision of services.

Being an effective system partner requires that the Southern HSC Trust evidences it is making best use of its available hospital capacity and taking appropriate action relative to the current risks in a consistent and transparent manner. The inspectors were of the view that significant improvement was required in the critical aspect of site co-ordination throughout the 24/7 period.

[18] (This Target changed from 6hrs to 4hours in August 2023)

3.1.4 Integrated Working: Working Together to Maximise Capacity

During the inspection consideration was given to the extent to which there was partnership and collaboration between the Southern HSC Trust and independent sector providers, in addressing the significant pressures and risks. It was considered that three distinct types of relationship exist between these partners of which different elements may dominate at different times. It is important that the relationship of mutual collaborator is nurtured and valued by ensuring involvement and engagement in forward planning and improvement of services. However, the Southern HSC Trust is also acting as a commissioner, contracting services from an independent sector provider and it is thus bound by legislative and statutory responsibilities to hold such providers to account. Finally, it was noted that both the Southern HSC Trust and the independent sector providers are also competitors with each other; the Southern HSC Trust is also a registered provider of residential care homes, nursing homes and domiciliary care services and there is a limited supply of skilled workers and staff for which both are competing. Though a partnership approach was recognised as beneficial it appears these competing priorities are difficult to balance at times. Though these agencies are system partners in the delivery of critical services, of most prominence seemed to be relationship of service provider and contractor.

Where independent sector Domiciliary Care providers were contracted by Southern HSC Trust, they described a lack of flexibility in respect of the detailed monitoring of the delivery of each service user call, which was monitored to the minute of delivery. Independent sector providers indicated that this approach lacked sufficient recognition of the ability to provide person centred care at times, when more or less time might be required as service users' needs change day-to-day.

The Southern HSC Trust took seriously their responsibilities to monitor and oversee the delivery of prescribed domiciliary care contracts. This was undertaken by monitoring of call times in line with contractual obligations and procurement guidance. Regular meetings took place with providers for this purpose but it was not clear the extent to which providers were also engaged in forward planning or service improvement. Though both Southern HSC Trust managers and independent sector provider service managers recognised the value and benefit of partnership working, the reality of exercising these competing and dual roles was challenging and likely to impact the degree to which collaborative planning and service

development was practical. Within internal Southern HSC Trust Board performance reporting there was a recognition by the Southern HSC Trust of the challenges facing the independent sector providers, particularly in relation to staffing and service fragility.

In the Southern HSC Trust there had been an increase year on year in the provision of domiciliary care with the delivery of 303,275 (11%) more hours in 2022/23 than the previous year and 713 service users were awaiting packages of care to be met (March 2023). Care capacity within the community is a critical constraint to supporting timely discharge from ED and hospital. Domiciliary care providers described sufficient demand to rapidly expand services, but sustaining such rotas was not possible due to lack of interest and response when recruiting staff for the current rates of pay and terms and conditions. The Southern HSC Trust equally indicated that it had identified it would need several hundred more staff to meet the current demand for domiciliary care, and that neither the workforce nor funding was currently available to meet this demand. This was reflected in a report to the Performance Committee in June 2023.

"*The fragility of the social care sector continues to present significant challenges impacting hospital discharges and community care. Despite delivering more domiciliary care hours, demand and the ability of the sector to secure workforce has seen an unprecedented number of unallocated domiciliary care packages. Providers are also highlighting the impact of the current cost of living crisis. Whilst bed places in independent Residential and Nursing Homes sector appear available, challenges in placing service users with challenging needs continues, and the need for 1:1 support.*"[19]

[19] Extract from June 2023 SHSCT Performance Committee Report

Recommendation 8

The Southern HSC Trust, and all HSC Trusts, should continue to strengthen and develop arrangements for collaborative planning with independent sector providers of domiciliary care agencies, residential care homes and nursing homes. This will ensure the harnessing of the collective intelligence of all providers, to ensure all opportunities for smoothing and expediting safe and timely discharge from hospital.

In June 2023, the DoH published the findings of its consultation on 48 proposals to reform Adult Social Care in Northern Ireland. These included a review of the aforementioned NISAT; proposals to improve pay and terms and conditions, and develop a workforce strategy for social care staff. Such reform is desperately required, in particular the workforce elements. Without progress on incentives to attract the required workforce, it will not be possible to grow the scale of the social care workforce to safely support hospital discharges, improve the flow through hospitals, reduce related overcrowding in EDs and reduce resultant harm to service users.

This situation cannot be unlocked without reform at policy and regional strategic level, in parallel with Trust level operational improvements. As such, it is the view of RQIA that all possible influence should be levied from all system partners to support the Department of Health in the rapid delivery of this work. In the absence of adult social care reform to build capacity, HSC Trusts may be forced to consider counter strategic decisions, such as increasing capacity in lower acuity hospital units.

3.1.5 Integrated Working: Understanding Categories of Care

Where placements are needed for service users with particular behavioural support needs in residential care homes and nursing homes, this was noted to be a key contributing factor accounting for delayed discharges. Registered providers felt acutely responsible for selecting service users only when the provider was satisfied they could meet their responsibilities to provide quality care that meets the service user's needs. When engaging with staff in the

hospital there was sometimes confusion and misunderstanding of needs associated with terms such as ‘supervision’, ‘monitoring’ and ‘one to one’ care.

When registering with RQIA, residential care homes and nursing homes are registered to provide care under different service types and in some cases specific designated categories of care. For example, residential care homes and nursing homes may be registered for ‘dementia’, ‘mental disorder’ or ‘elderly care’ categories of care. Inspectors found that there was a lack of understanding among those charged with assessing needs and planning discharges, of the effect of care home categories of care; they identified examples where registered providers had been asked to assess service users whose specialist/individual needs could not be met by that provider, contributing to the delay in discharge.

Southern HSC Trust managers expressed a desire for greater flexibility in respect of consideration of the application of the regulations which specify the categories of care under which each residential care home and nursing home can admit a service user, reporting this as a barrier to discharge in some cases. The extant care standards for residential care homes and nursing homes emphasise that where specialist care is required for a resident, the service must demonstrate it has the staffing levels and specialist skill set to safely deliver this care. Conversely it is possible that a prospective resident may have a diagnosis that has not yet translated to an expressed need for specialist provision and it is important that this distinction is understood to ensure service users are not denied placements within an environment which can demonstrate (and that RQIA is satisfied) that it can in-fact meet the individual’s needs without detriment to other residents.

RQIA can facilitate some flexibility by working with the providers to rapidly process a variation to the service’s registration, to add a category/categories of care, or place a special condition on the registration to support a situation where a residential care home or nursing home would like to admit a service user and can demonstrate they can be safely cared for in that environment.

Recommendation 9

RQIA must raise awareness, and develop guidance, for HSC Trusts and independent sector providers on how categories of care for residential care homes and nursing homes are considered (from point of registration). Such guidance will explain the difference between a diagnosis and an assessed need. This should emphasise available flexibility which can enable a residential care home and/or nursing home to meet the needs of a prospective resident and safeguard the needs of current residents.

The Care Standards for residential care homes and nursing homes also highlight the importance of independent sector providers ensuring staff are available to complete the necessary assessment as quickly as possible to avoid unnecessary delays in hospital. When inspectors reviewed cases that had been delayed in their discharge from hospital, a significant number was recorded as still awaiting assessment by the provider, which in some cases could take several days. Independent sector providers acknowledged it was challenging at times to be immediately available, during the week and at weekends to undertake these assessments. Sometimes when undertaking these at weekends, it was reported that the relevant staff within the hospital were not available to answer questions. It is very important that these assessments take place quickly so that inappropriate placements are discounted as early as possible.

Recommendation 10

Independent sector providers of residential care homes and nursing homes must ensure that they execute in full their responsibilities, as detailed in the care standards and respond in an efficient manner to a request to assess a prospective resident who may be delayed in hospital. In addition, the Southern HSC Trust should ensure it has the relevant personnel and information available to enable the assessment to be undertaken. Consideration may need to be given to a seven-day service to enable the efficiency of discharge to be undertaken at weekends.

3.2 Shared Responsibility and Management of Risk

3.2.1 Understanding of Risk in Emergency Departments and Ambulance Service

During the inspection engagement was undertaken across the system to seek evidence of the degree to which there was a shared sense of responsibility and risk in respect of overcrowding in ED, delayed discharges and resultant harm. In sharing risk, it was expected that partners within the system would be cognisant of, and take decisions based upon knowledge of, the likelihood of harms occurring in other parts of the system. It was very clear that staff within ED who were caring for the equivalent of two wards of medical or surgical patients in addition to triaging and treating those patients within the ED, felt that they carried a significant burden of risk. Through attendance at the Morbidity and Mortality ED meetings many examples were reviewed where there was potentially avoidable harm associated with overcrowding or delays and it was not evident how such risks and their impacts were communicated and shared across the system partners.

Likewise, the NIAS service representatives described very significant impacts and risks associated with delayed ambulance response times. They indicated they were reviewing increased numbers of serious incidents associated with delayed community response where time spent by ambulance crews at EDs had been identified as a key contributory factor to the lack of timeliness of response. They expressed that the extent of harm in the community as

a result of delayed response was poorly understood and therefore acknowledged across the system. Those NIAS staff who met with RQIA demonstrated a unique insight into variation in practice across HSC services across the region, differences in approaches to triage and viable alternatives to ED in each HSC Trust. NIAS was proactively working with a wide range of system partners, demonstrating excellent partnership working with HSC Trust services and others (including the Northern Ireland Fire and Rescue Service), and engaging to seek implementation of pathways for access to dignified bundles of care for patients waiting outside EDs in all Trusts across the region. There was a full appreciation of the importance of considering alternatives to conveyance to ED, but also frustration at regional variations and some protocols that continue to require conveyance where this may be avoided.

3.2.2 Managing Risk in Community Services

There were examples of positive and effective sharing and management of risk evidenced through Acute Care at Home Service. This is an award-winning service (Winners Deteriorating Patients and Rapid Response Initiatives at the Health Service Journals Patient Safety Award in 2021)[20] and is described across local system partners as being highly valued, responsive and flexible in providing medically led care to those at home, or in care homes, for those who became acutely unwell and who would otherwise have required hospital admission. Staff within the service reported seeing around 1700 patients annually, and having a demonstrable impact on admission avoidance and was much welcomed by both ED Doctors, GPs and providers of residential care and nursing care. Providers of residential care and nursing care services described unintended benefits across this working relationship with the team, such as transfer of knowledge and skills, increasing their confidence in caring for more unwell residents. Additionally, we heard that plans were being developed to establish a Virtual Frailty ward, that aims to optimise the treatment and management of service users living with frailty at home who previously may have remained in hospital for monitoring.

The model in the Southern HSC Trust was particularly successful in view of its highly experienced multidisciplinary team of specialist staff. Although capacity was noted to be a limiting factor, there was good communication across the system, showing a willingness to

[20] Acute Care at Home | Southern Health & Social Care Trust (hscni.net)

actively seek out new referrals that could avoid an admission. The GPs, independent sector providers and ED staff all highly valued this service. It is RQIA's view that this model is particularly successful because of its successful management of risk, excellent partnership working and flexible and pragmatic ethos underpinning delivery. Such 'Hospital at Home' type models have long been endorsed in Northern Ireland but practical models have varied in their implementation; this successful model should be considered for replication in other HSC Trusts.

Similarly, the Southern HSC Trust's Integrated Care Teams were observed to be actively working into the hospital and engaging across the community sector, to identify and support potential discharges and demonstrated a positive risk appetite and understanding of both the hospital and community aspects of the system.

Recommendation 11

All HSC Trusts should collaborate to review their Acute Care at Home or Hospital at Home Services and benchmark their practice, criteria and ethos to understand how these services can be developed to best support risk management, admission avoidance and discharges, with a particular focus of the needs of elderly citizens.

3.3 Working Together across the Southern HSC Trust to Manage Risk

3.3.1 Care Home Capacity Indicators Census

RQIA undertook a census on 27 September 2023 to validate the number and category of available beds in nursing homes and residential care homes and other service capacity indicators across RQIA registered providers (both independent sector providers and statutory) and the reasons for any reported underutilisation of capacity.

Providers of residential and nursing home care reported that on the census day there was available capacity with the Southern HSC Trust area, across all categories of care. The full report of this census is published in parallel to this system inspection report[21].

3.3.2 Views of Staff

During the inspection there was comprehensive engagement with a range of staff across both hospital and community based services provided by the Southern HSC Trust. Over 100 staff responded to RQIA's online feedback form during the inspection, including those from acute services, community based services, residential care homes and nursing homes. Many suggestions were made as to how the current system could operate better to support effective discharge from hospital.

- Health care professionals highlighted a need for better communication between health care professionals, including the sharing of information with care home staff and providing a full handover of care.

- Some suggested there needs to be open and transparent communication with families about what can realistically be expected of domiciliary care services.

- Many staff mentioned the constrained capacity of the system, in particular referencing severe workforce challenges constraining their ability to respond to all who need their services.

- It was reported that there is significant duplication within the system, and sometimes a view that too many people were involved in discharge planning. There was suggestion for improved collaborative decision making with full seven-day allied health professionals service to support timely assessments. It was reported both that there was a culture of risk averseness in stating patient's needs, and also that some patients were rushed out of hospital before they were ready.

[21] Regulation and Quality Improvement Authority - RQIA

- On speaking with staff within the hospital about specific discharges, it was clear that terminology around the requirement for supervision, monitoring or one-to-one support on discharge had caused some confusion and delay in the discharge planning process.

- Some reported that discharge planning could commence earlier rather than waiting for a patient to become medically fit.

- There was a recognition that there needed to be greater emphasis on Nurse Led Discharges.

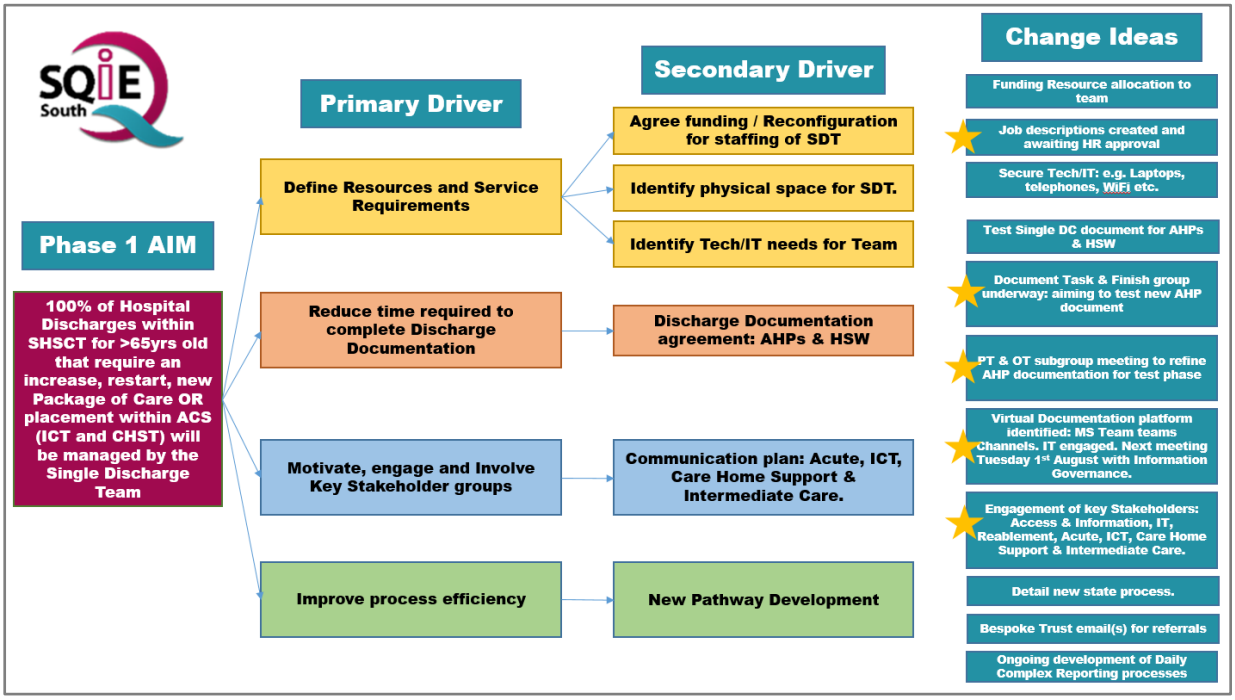
- Some staff also suggested there was a need for improved information for families about the discharge process and clearer information and reinforcements that refusing a suitable placement, where someone is medically fit, is not appropriate.

- The need for improvement in IT systems was referenced often as being critical to supporting improvement and management of the system.

- Pharmacy staff reported often feeling blamed for delaying discharges even though they may find that requests come to them very late in the day and there is difficulty contacting doctors to discuss issues with medications.

It was clear by the high levels of engagement and the constructive manner in which staff provided responses, and also sought out and spoke to inspectors, that they were highly engaged about the issue of delayed discharge and that they had many ideas about improvements that could be made within their own operational areas of responsibility. One example of an improvement which was considered during the inspection was a quality improvement project regarding 'Streamlining Discharge Processes'. Such initiatives are to be commended and whilst it was recognised this was work in progress it was likely that this type of approach will be beneficial and the Southern HSC Trust is encouraged to widely engage with staff to identify opportunities for further streamlining the discharge processes.

Figure 4: Southern HSC Trust QI Project: Streamlining Discharge Processes



3.3.3 Service User and Family Views

Specific work was undertaken to understand the experience of those service users who are delayed in their discharge and/or the experience of relatives/carers. Five patients were spoken with during the inspection and six carers (three were identified by the Southern HSC Trust. and three were identified to RQIA by the PCC. The findings across these various engagements were broadly similar:

- Individuals were knowledgeable about alternative treatment pathways to avoid attendances at EDs, and recognised the benefit of information signposting to alternative services such as minor injuries units which are provided at alternative sites to the main acute hospitals.

- The importance of clear public messages regarding alternative points of care and other services such as the Pharmacy First Service or their GP.

- Individuals highly valued the role of primary care and the capacity for GPs to provide holistic care in community settings, but experienced the pressures on the system and the difficulties and frustration for service users trying to access their GPs when feeling unwell.

- Unavailability of domiciliary care packages had been experienced often as a reason for delay in discharge from hospital.

- It was appreciated that extended stays in hospital often result in a deterioration in mobility and in some cases the cognitive and mental health of patients.

- Some experienced poor communication around care packages and there was a fear that a patient will go to the back of the waiting list for a package of care if they are discharged without one in place.

- Some families felt they could have facilitated an earlier discharge if they had some additional input and support at home, whilst waiting on a fuller care package, but not everyone was offered such support.

- Families reported that in cases involving terminally ill relatives, clear communication on what to expect was important, even when the messages delivered include difficult information about how things will deteriorate.

- Examples of both good communication with GPs, and difficulties in contacting GPs, was reported and highlighted.

- The role of the domiciliary care worker was valued and appreciated with some noting the poor profile of the profession in society, including inadequate remuneration for these valuable staff.

- Patients in hospital reported they were well informed regarding their plan and felt they were prepared for discharge. They had each received adequate information from the Multi-Disciplinary Team and were made aware if they were required to wait on transport / discharge letter / medications for home etc.

3.3.4 Regional Patient Client Experience Programme

There are two key regional initiatives led by the Public Health Agency (PHA), which support learning from service user, family and carer stories. Through this analysis RQIA gained insight into the experiences of discharge and explored what went well and identified areas for improvement. The key messages demonstrate what mattered most to service users, families and carers in relation to discharge from the acute setting within the Southern HSC Trust.

Care Opinion

Launched in August 2020, Care Opinion[22] is an independent feedback platform, where service users can share stories of their experience of HSC services across Northern Ireland. The purpose of the initiative is to enable impactful engagement with service users and the public, in a fully open and transparent way that supports meaningful feedback and drives service improvement.

Since implementation across the Southern HSC Trust there have been 54 stories identified which include reference to the process of discharge from the acute hospital setting. There are 27 stories that recorded a wholly positive experience with reflection on planning in partnership with service user and family, the positive impact of a discharge lounge, the role of intermediate care services such as Acute Care at Home to prevent unnecessary admission to hospital[23] and to support safe discharge to home. Seven stories reflected concerns about discharge without any family input, early discharge with no diagnosis or plan of care and sudden discharge with limited information.

Specific to care homes, 19 stories were identified which referred to experience of discharge and admission to a care home. The key messages from this information identified the importance of communication prior to discharge to inform the service user of where they are being discharged to, and providing information on the care home with the service user prior to

[22] Northern Ireland | Care Opinion

[23] The Acute Care at Home Team are enabled to provide outpatient parenteral antimicrobial therapy (the administration of IV antibiotics) which means that patients can be cared for in their own/nursing home.

discharge to relieve concerns and the inclusion of the family at discharge and during transfer to the care home. Stories also highlighted the attentiveness of the care home staff during admission, the provision of compassionate and holistic care, and the excellence of rehabilitation service as a step between hospital and home. Stories described input from Allied Health Professionals and the Care Home staff to support service users to regain strength and confidence to return home.

10,000 MORE Voices

Under the initiative 10,000 MORE voices, the Southern HSC Trust was part of a regional project entitled “Experience of Discharge (2018)”. There were 156 stories from service users, families and carers specific to discharge planning in the Southern HSC Trust in 2018. At that time, service users, families and carers emphasised the importance of being treated by staff who are respectful, caring and compassionate and who can provide them with information about their condition, treatment and care. They felt it was important to be kept up to date with their progress and what is happening during their hospital stay; to have consistent information about care, treatment and plans for discharge; and to be involved and supported in decisions about the plan for their discharge.

More specifically, they valued having a good plan in place for discharge, which includes the following:

- Care package in place prior to discharge if required
- Explanations about medications
- Advice on discharge
- Discharge arrangements for day of discharge
- Advice on after care and who to contact for follow up.

With reference to Southern HSC Trust stories the key areas for improvement evident were:

- Processes on the day of discharge, with references to delays in medicines and discharge letters and discharges late in the evening
- Challenges in organising discharge for patients residing outside of the Southern HSC Trust area

- Accessing packages of care to support timely discharge home
- Communication between teams for the discharge and also engagement with families in the planning of the discharge.

4. Conclusion

During this inspection there were many examples of individual parts of the system doing the right things within their individual spheres of day-to-day responsibility. The Southern HSC Trust had actively developed and committed alternatives to ED attendance and hospital admission, such as Ambulatory Care services, Acute Care at Home, Urgent Care Service, and Intermediate Care Services. Our observations in this inspection, and wider experience of working across the whole system, has shown that pockets of good practice do exist in all areas and organisations we visit. The barriers to achieve greater impact of many such initiatives was, at least in part, the ability to scale up and maximise the potential of proven new models.

This inspection also reinforced evidence from other sources, indicating that access to domiciliary care packages (support to people living in their own home) is a very significant barrier to timely discharge from hospital. The Southern HSC Trust staff spoke widely about the importance of home being the hub of care, and supporting people at home either through a supported discharge to assess ongoing needs, or by preventing admission through stepping up additional services, such as Acute Care at Home. Increasing capacity in these community based services was constrained by workforce challenges and funding both within more specialist health care roles and the critically important social care worker roles. There was frustration at the need for urgent reform of Adult Social Care, to grow this workforce and address payment rates and terms of conditions for social care workers and it is difficult to understand how the current crisis can be unlocked without such measures.

Residential care home and nursing home providers also described barriers to admission to their services which included the ability to recruit a skilled workforce in the current climate. In addition, whilst having an available bed/s they described other barriers such as categories of care and the care home environment as factors which could also impact potential admissions. These providers expressed the importance of undertaking the pre-admission assessment to ensure the placement was appropriate, with the appropriate information and personnel

available to enable the completion, whilst recognising the need for assessments to be undertaken in a timely manner.

There was a clear shared purpose across the Southern HSC Trust Senior Management Team and evidence of collective planning and problem solving within the Southern HSC Trust; though at a service delivery level the experience of staff was often one of disjointed working, where significant local and operational barriers to faster or more efficient discharges still existed.

The relationships and joint working between the Southern HSC Trust and independent sector providers of residential care homes, nursing homes and domiciliary care agencies was primarily found to be one grounded in contract management. This was evidenced in monitoring oversight of minutes delivered or placements made, procurement and cost/spend. There was recognition by both parties of the potential benefit of a partnership based approach, though this appeared to be difficult to balance at times. We did not find evidence of frequent local provider partnership style meetings, to allow free discussion about ongoing issues that were having an impact on patient flow and outcomes or collective exploring of matters that were inhibiting the local system from working to its optimum. There was no evidence presented of information being shared across the local system provider organisations about the collective performance of the services, patient experience and outcomes, or collective local planning.

We found gaps in information collected about delayed discharges and that continued work is required to improve the quality of the information gathered within the Southern HSC Trust and how it is used and shared, within the Southern HSC Trust and with partner organisations in the local system, to drive person-centred operational decision making, to inform needs assessments and service planning.

Most critically, the Southern HSC Trust is required to urgently improve its system of day-to-day acute hospital site co-ordination and the functioning of its hospital control room to ensure informed and rapid decisions are facilitated. This function must provide assurance that each hospital bed is being used appropriately, and must ensure that the ED is appropriately supported and does not continue to hold patients, carrying the burden of risk to patients that is associated with overcrowding. The management of patients that are accommodated at the

acute hospital site is a shared responsibility within the site, and the associated risks and harm that are experienced beyond the need for hospital care are a shared responsibility with partner organisations.

The solutions to these issues are widely reported. In 2014 RQIA published its Review of Discharge Arrangements from Acute Hospitals[24]. Disappointingly the opportunities for improvement identified in this system inspection mirror those earlier review recommendations. During this system inspection Nurse Led Discharge was not observed to be in place to any noticeable extent. Information and reporting on delays, both during the diagnostic/treatment journey and at the time for discharge, was incomplete and were not adequately informing the day-to-day decision making or forward planning, as observed in the hospital control room. The same issues presented again, with regards gaps in communication with GPs through late, or reported as inadequate, discharge letters. The system of preparing medication for discharge and ensuring team working to support a responsive pharmacy service, seven-day Allied Healthcare Professional working were again referenced as an obstacle to timely discharge.

At the centre of every discharge is a person, often at the most vulnerable point in their life, who is reliant on a system working together to support them in making the right decisions, and taking appropriate risks. Great care needs to be taken to ensure that the values of person centred care and service users being active partners in their care are not lost. Service users and their families valued good communication, transparent conversations and good information, to enable them to make the best possible decisions. Those with whom we spoke fully appreciated the importance of avoiding delays in hospital discharge, and recognised its impact on emergency care. We did not find that refusal to accept care home placements, by the service user or their family, was a frequent contributor to delays and this issue related to only a small number of cases on each day, but when this did occur, such delays could be lengthy.

[24] f62f6f24-2b4c-4608-ade5-9747c5d48d3e.pdf (rqia.org.uk)

Though there was knowledge by relatives of alternatives to hospital attendance and admission and the value of these, in particular the role of GPs, services were not always available when needed due to these also being under significant pressure and experiencing workforce issues.

This inspection sought to understand the issues of shared risk and shared responsibility focused around patient safety, and we did find a strong desire to work collaboratively across the system and examples where solutions were working well in pockets. To properly share responsibility and risk across a system requires shared information, good communication, and joined up planning to ensure the right resources, and workforce, are in the right place within the system. This requires action at both a strategic and local system level.

Though this inspection looked at shared responsibility at a local system, some of the issues hampering such a way of working are regional and require strategic action. These include the absence of the suitably skilled work force and the right strategic planning decisions to drive the funding to where it will deliver consistency in practice across the system to reduce demand for hospital services, and how care is prioritised and delivered.

The system subject to this inspection is also planned to be the pilot for the new Integrated Care System approach to planning and commissioning of services. Such an approach commits to reducing fragmentation in care by bringing all stakeholders together in respect of sharing information about the effectiveness of local services and assessing the needs of the local population and the impact of funding decisions.

At the conclusion of this inspection, Quality Improvement Plans (part of RQIA's regulatory work) will be issued to those partners with whom we engaged and who fall under the scope of RQIA's role, outlining where we believe they can take steps to work together to make improvements that can realistically be expected to achieve positive impacts. However, this does not mean that all responsibility is local and RQIA will continue to use the findings from this work to meet its own obligations to influence for action and change both at the strategic and local system level, and to highlight where regional system action is required.

5. Summary of Recommendations

Recommendation 1

The Southern HSC Trust Directors responsible for elective and unscheduled care should ensure there is appropriate information captured and shared during site control room meetings to provide adequate assurance that all bed capacity within the hospital is used to best effect each day; and that there is an appropriate and balancing of risks between those waiting for admission with the Emergency Department and those waiting for admission to a bed to undergo elective surgery.

Recommendation 2

The Department of Health should consider investing in the development of an automated, live and dynamic IT system which is capable of reporting available bed capacity in residential care homes and nursing homes, across the range of categories of care. This would support quicker and more accurate decision making in discharge planning.

Recommendation 3

The Southern HSC Trust should engage closely with its community of local GPs to work together to improve the content of and process for hospital discharge letters to support the safe transfer of care.

Recommendation 4

All HSC Trusts should work with all appropriate stakeholders to develop a clear local policy and implementation plan, which ensures that hospital discharge letters are copied to patients, in an accessible format when required, as key partners in their care.

Recommendation 5

All HSC Trusts must urgently establish a robust system of assurance and oversight of the validation and issuing of discharge letters to GPs at corporate, directorate and service level. If gaps in such assurance are identified, urgent action should be coordinated to address any backlogs of unissued letters, and local GPs and affected patients should be kept fully informed.

Recommendation 6

All HSC Trusts should consider and review the process in hospitals for documenting care needs and the recommendations for ongoing interventions where care is being transferred to registered providers in the community. This review should consider if transfer of care documentation supports rapid, risk-based decision making and embeds the concept of Discharge to Assess.

Recommendation 7

The Southern HSC Trust must immediately develop and implement a local escalation policy and operating procedure for its site control room. This should be supported this with effective induction and training of those staff charged with its operation and contributing to on-call on a day-to-day basis.

Recommendation 8

The Southern HSC Trust, and all HSC Trusts, should continue to strengthen and develop arrangements for collaborative planning with independent sector providers of domiciliary care agencies, residential care homes and nursing homes. This will ensure the harnessing of the collective intelligence of all providers, to ensure all opportunities for smoothing and expediting safe and timely discharge from hospital.

Recommendation 9

RQIA must raise awareness, and develop guidance, for HSC Trusts and independent sector providers on how categories of care for residential care homes and nursing homes are considered (from point of registration). Such guidance will explain the difference between a diagnosis and an assessed need. This should emphasise available flexibility which can enable a residential care home and/or nursing home to meet the needs of a prospective resident and safeguard the needs of current residents.

Recommendation 10

Independent sector providers of residential care homes and nursing homes must ensure that they execute in full their responsibilities, as detailed in the care standards and respond in an efficient manner to a request to assess a prospective resident who may be delayed in hospital. In addition, the Southern HSC Trust should ensure it has the relevant personnel and information available to enable the assessment to be undertaken. Consideration may need to be given to a seven-day service to enable the efficiency of discharge to be undertaken at weekends.

Recommendation 11

All HSC Trusts should collaborate to review their Acute Care at Home or Hospital at Home Services and benchmark their practice, criteria and ethos to understand how these services can be developed to best support risk management, admission avoidance and discharges, with a particular focus of the needs of elderly citizens.

Appendix One: References

1 Quality Standards for Health and Social Care, Supporting Good Governance and Best Practice In The HPSS March 2006 Quality Standards for Health and Social Care (health-ni.gov.uk) Cited on December 2023

2 *QUICK GUIDE: DISCHARGE TO ASSESS, TRANSFORMING URGENT AND EMERGENCY CARE SERVICES IN ENGLAND' available at Quick Guide: Discharge to Assess (www.nhs.uk) . Cited on December 2023*

3 *SPPG Regional Delayed Transfer Of Care Dashboard. Cited via SPPG December 2023*

4 *SPPG Delayed Transfers of Care from General Acute Sites Definitions June 2023, (Implemented August 23) Cited via SPPG December 2023*

5 *Getting It Right First Time (GIRFT) available at Home - Getting It Right First Time - GIRFT . Cited December 2023*

6 *"Delayed hospital handovers: Impact assessment of patient Harm" available at Layout 1 (aace.org.uk) . Cited December 2023*

7 *Southern HSC Trust "Annual Quality report 2022/23" available at https://southerntrust.hscni.net/download/26/annual-reports/14371/annual-quality-report-22-23.pdf . Cited December 2023*

8 *Area Profile Map View of HSC Trusts available at NINIS: Northern Ireland Neighbourhood Information Service (nisra.gov.uk) . Cited December 2023*

9 *All Areas – Population by Age and Sex (2018-2024) Data available at 2018-based Population Projections for Areas within Northern Ireland | Northern Ireland Statistics and Research Agency (nisra.gov.uk) cited January 2023*

10 *Advised by the Department of Health Policy Area*

11 *Sothern GP Federation Support Unit Website, available at Federation | Southern Fsu | Northern Ireland. Cited December 2023*

12 *'Findings of care Home Census'. Available at Regulation and Quality Improvement Authority - RQIA. Cited December 2023*

13 *Winter Preparedness Plan 2023/24, available at doh-winter-plan-2023-24.PDF (health-ni.gov.uk) Cited December 2023*

14 *Unscheduled care service pressures – Discharge Rates for Patients who are Medically fit - Monday 30 October 2023 to Sunday 12 November 2023, available at Unscheduled care service pressures – Discharge Rates for Patients who are Medically fit - Monday 30 October 2023 to Sunday 12 November 2023 | Department of Health (health-ni.gov.uk). Cited November 2023*

15 *BMC 'Adult patient perspectives on receiving hospital discharge letters: a corpus analysis of patient interviews', available at Adult patient perspectives on receiving hospital discharge letters: a corpus analysis of patient interviews | BMC Health Services Research | Full Text (biomedcentral.com). Cited December 2023*

16 *Encompass website, available at encompass Benefits – DHCNI (hscni.net). Cited December 2023*

17 Consultation on the Reform of Adult Social Care, available at Consultation on The Reform Of Adult Social Care | Department of Health (health-ni.gov.uk) Cited December 2023

18 *(This Target changed from 6hrs to 4hours in August 2023)*

19 *Extract from June 2023 SHSCT Performance Committee Report*

20 *'National Recognition for Patient Safety' article, available at Acute Care at Home | Southern Health & Social Care Trust (hscni.net). Cited December 2023*

21 *'Findings of care Home Census'. Available at Regulation and Quality Improvement Authority - RQIA. Cited December 2023*

22 *Care Opinion Website, available at Northern Ireland | Care Opinion. Cited December 2023*

23 *The Acute Care at Home Team are enabled to provide outpatient parenteral antimicrobial therapy (the administration of IV antibiotics) which means that patients can be cared for in their own/nursing home*

24 *'Review of Discharge Arrangements from Acute Hospitals' November 2014, available at f62f6f24-2b4c-4608-ade5-9747c5d48d3e.pdf (rqia.org.uk) Cited December 2023*

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The Regulation and Quality Improvement Authority

Review of Consultant Medical Appraisal

Across HSC Trusts

Contents

1. SETTING THE SCENE

1.1 The Roles and Responsibilities of the Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body, established with powers granted under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. It is sponsored by the Department of Health, Social Services and Public Safety (DHSSPS), with overall responsibility for assessing and reporting on the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 places a statutory duty of quality on Health and Social Care (HSC) organisations and requires RQIA to encourage continuous improvement in the quality of care and services throughout all sectors in Northern Ireland.

1.2 Context for the Review

Medical consultant appraisal was introduced on 1 April 2001 and it is a contractual requirement for all consultants and employers.

Appraisal for consultants is designed to be a professional process of constructive dialogue in which the doctor being appraised has a formal structured opportunity to reflect on his/her work and to consider how his/her effectiveness might be improved.

The aims and objectives of the appraisal scheme are[1]

- to review regularly an individual's work and performance, utilising relevant and appropriate comparative performance data from local, regional and national sources;
- to optimise the use of skills and resources in seeking to achieve the delivery of service priorities;
- to consider the consultant's contribution to the quality and improvement of services and priorities delivered locally;
- to set out personal and professional development needs and agree plans for these to be met;
- to identify the need for the working environment to be adequately resourced to enable any service objectives in the agreed job plan review to be met;
- provide an opportunity for consultants to discuss and seek support for their participation in activities for the wider HPSS;
- utilise the annual appraisal process and associated documentation to meet the requirements for GMC revalidation.

[1] Circular HSS (TC8) 3/01

The RQIA governance reviews in 06/07 assessed the achievement of HPSS Boards and Trusts against the first two themes of the HPSS Quality Standards[2];

- Corporate leadership and accountability of organisations;
- Safe and effective care.

Within the theme of Corporate Leadership and Accountability of Organisations a more detailed review was undertaken of appraisal of medical staff.

The 06/07 the RQIA overview report noted that there was significant variability in the uptake of consultant appraisal throughout the Trusts and at the time of the review there were a number of organisations that had not produced reports on consultant appraisal for Trust Boards. It was also noted that in some instances where reports had been produced, there was a lack of detail in several key areas.

The report recommended that all Trusts should ensure that annual consultant appraisals should be implemented as a matter of urgency (including appraisal for locum consultant staff employed for more than three months). The report concluded that the area of consultant appraisal would be the subject of further scrutiny within the 07/08 review programme.

As a follow up to these recommendations the RQIA decided to carry out a desktop review, (using self assessment declaration) of consultant medical appraisal in 07/08. This report outlines the outcome of the desk-top review.

This review takes account of the arrangements in:

- Belfast HSC Trust
- Northern HSC Trust
- Southern HSC Trust
- South Eastern HSC Trust, and
- Western HSC Trust

1.3 Self Assessment

Self assessment as a technique is used widely in health and social care regulation, accreditation and licensing across the UK and internationally. A self assessment proforma was developed (and submitted to trusts), based on the document "*Assuring the Quality of Medical Appraisal*" produced by the NHS Clinical Governance Support Team. The completed self analysis proforma together with supporting documentary evidence were returned to the RQIA for analysis. In meeting their legislative responsibility, the Chief Executive of each Trust signed a declaration confirming the accuracy of the self assessment return to RQIA.

[2] The Quality Standards for Health and Social Care. DHSSPS Mar 2006

1.4 The Report

The report will be made available to the general public in print, at www.rqia.org.uk and in other formats on request.

In conducting this review, the RQIA acknowledges the significant organisational changes resulting from the merger of Trusts. It also acknowledges that the methodology of this review has led to limitations in the quality of information supplied by the Trust. The review methodology was not conducive to in-depth analysis nor did it allow examination of the implementation of policies and procedures. The views of appraisers and appraises were not sought. Therefore, the analysis of the effectiveness of the consultant appraisal system is limited.

The self assessment pro-forma was designed to undertake an initial assessment of the process of appraisal for consultant medical staff. It was not intended to explore all aspects of *"Assuring the Quality of Medical Appraisal".*

Following evaluation of this review the RQIA will work with the GMC, NIMDTA, PMETB, the Beeches Management Centre and Trust Medical Directors to develop an appropriate review methodology to assure the quality of medical appraisal in Northern Ireland.

2. FORMAT OF REPORT

The Clinical Governance Support Team in its report "*Assuring the Quality of Medical Appraisal*"[3] defined four high level indicators that would provide an indication that high quality appraisals were being undertaken.

1. **Organisational Ethos**
   There is unequivocal commitment from the highest levels of the host organisation to deliver a quality assured system of appraisal that is fully integrated with other systems of quality improvement.

2. **Appraiser Selection, Skills and Training**
   The host organisation has a process for selection of appraisers and appraiser skills are continually reviewed and developed.

3. **Appraisal Discussion**
   The appraisal discussion is challenging and effective; it is informed by valid and verifiable supporting evidence that reflects the breadth of the individual doctor's practice and results in a Personal Development Plan (PDP) prioritising the doctor's development needs for the following year.

[3] Assuring the Quality of Medical Appraisal. NHS Clinical Governance Support Team. July 2005.

4. **Systems and Infrastructure**
   The supporting systems and infrastructure are effective and ensure that all doctors linked to the host organisation are supported and appraised annually.

Within each of the high level indicators there are supporting criteria some of which will be used to assess the quality of the Trusts' assessments of their appraisal systems and processes.

3. ORGANISATIONAL ETHOS

The document *"Assuring the Quality of Medical Appraisal"* requires that under the heading of Organisational Ethos it should be demonstrated that there is **unequivocal commitment** from the highest levels of the host organisation to deliver a **quality assured system** of appraisal that is **fully integrated** with other systems of quality improvement.

3.1 Evidence of Organisational Commitment.

In order to demonstrate organisational ethos and commitment to appraisal the Trusts were asked to:

1) submit copies of current policies and procedures for annual appraisal / supervision for consultants and doctors in training, together with an organisational chart demonstrating the lines of accountability for the overall quality of medical appraisal;

2) provide the name of the doctor who has responsibility for leadership and the development of the consultant appraisal process;

3) describe the process for quality assuring the consultant appraisal process; how it is in integrated with other processes for Continuing Medical Education (CME) and clinical governance, and the Trust's commitment to time and resources to support appraisal system;

4) provide evidence of lay and public involvement in the consultant appraisal system;

5) indicate if an annual report on consultant appraisal is presented to the Trust Board.

Summary of the analysis of the Trusts' returns

Policy - all Trusts submitted a policy for appraisal of medical consultants setting out lines of accountability and giving an overall description of the appraisal process. Four of these were in draft form. Only the Northern Trust had an approved policy.

Accountability - all Trusts have similar lines of accountability for the appraisal system, with the Chief Executives having overall accountability to the Trust Board.

Clinical Leadership - the Medical Director on behalf of the Chief Executive, was identified as the person responsible for ensuring the integrity of the appraisal process and for monitoring the quality of appraisals undertaken. Lead clinicians in each department / directorate have responsibility for ensuring that arrangements are in place for all medical practitioners within their area of responsibility to have an annual appraisal. Individual consultants

are responsible for participating properly in the appraisal process and for completing their agreed personal development plan.

Quality Assurance - all Trusts stated that they followed the "*Good Medical Practice"* guidelines and that they use the recommended documentation They also reported that training needs identified through PDPs are supported in terms of time and resources by the relevant clinical directorate.

Lay and Public Involvement - none was reported.

Annual Report to the Trust Board - only the Southern Trust had developed an Annual Report to be presented to the Trust Board in early 2008. The other Trusts had plans to report to their Boards at the end of the appraisal year.

Number of Appraisals not undertaken - Trusts were also asked to supply information on the percentage number of consultants who had not been appraised during the period 1 April 2006 - 31 March 2007. They were also asked to provide the reasons why appraisals had not taken place.

Table 1. Percentage of consultants not appraised

Trust	% consultants not appraised	% locums not appraised
Southern	13% (17/122)	43% (7/16)
South Eastern	Estimated 40-50%	Information not supplied
Western	47%	Information not supplied
Northern	12%	42%
Belfast	28%	Information not supplied

Trusts provided a range of reasons for non-appraisal which included:

- changes in medical personnel during RPA had adversely affected the completion of appraisals;
- loss of momentum as a result of delay in finalising GMC arrangements for revalidation;
- posts not filled permanently and turnover in locum staff;
- doctors appraised but not returning paperwork to Human Resources;
- Sick leave.

Table 1 highlights that consultant appraisals are not given a high priority in some Trusts.

In acknowledging the recent significant organisational changes as a result of the mergers of the 18 Trusts into five new Trusts this may not be unexpected. Nevertheless, consultant appraisal has been in place since 1 April 2001 and is a contractual requirement for all consultants and employers. A key feature of new registration arrangements introduced by the GMC is the concept of Approved Practice Settings which are organisations approved by the GMC as suitable for doctors new to full registration or returning to the medical register after prolonged absence from UK practice. One of the key criteria of an approved practice setting is a system of annual appraisal for individual

doctors based on the principles of "Good Medical Practice" which is quality assured by an independent body or organisation.

Appraisal is also an important feature of revalidation which is the process by which doctors will, in future, demonstrate to the GMC on a regular basis that they remain up to date and fit to practice.

3.2 Evidence of Quality Assurance.

The following criteria were used to assess the quality assurance arrangements in place in respect of medical consultant appraisal;

- there is evidence of lay and public involvement in the appraisal system;
- quality assurance processes should include
    - an annual self assessment audit;
    - a three yearly objective assessment of the appraisal system by an appropriate independent group;
    - review of feedback questionnaires from appraisees;
    - appraisal summary forms and Personal Development Plans are reviewed annually and feedback given to the individual appraiser.

The final two points may also be used to review appraiser skills.

Summary of analysis of Trusts' returns

There was little evidence submitted that Trusts carry out an annual audit of medical appraisal systems. In the main, Trusts described an aspiration to meet the criteria outlined above. The Southern Trust was the only Trust to indicate that it carries out a yearly audit of 10 appraisal folders using the Quality Assurance Toolkit.

3.3 Evidence of Integration

The following Criteria were used to assess Trust submissions on evidence of the integration of appraisal systems into quality improvement and governance systems in the organisations.

- the appraisal system is integrated with other quality improvement systems in the host organisation e.g. continuing professional development and training, clinical governance, management of impaired clinical performance, workforce planning and human resources, risk management, service development, complaints;
- clear policies on the management of situations where a doctor's fitness to practice is impaired, including guidance on referral to National Clinical Assessment Service (NCAS) and General Medical Council (GMC);
- clear guidance on suspending appraisal when fitness to practice issues make it inappropriate to continue.

Summary of analysis of the Trusts' returns

In the Southern Trust, the Annual Consultant Appraisal Report and Quality Improvement Plan are reviewed by the Trust's Senior Management Team, the Integrated Governance Committee and the Trust Board. Appraisal documentation reflects on relationships with patients and make reference to complaints and other governance processes.

In the Southern, South Eastern and Western Trusts there was an indication that the appraisal documentation also includes a statement of continuing Medical Education (CME) activities for discussion within appraisal. The Western Trust indicated that clinical governance issues are also covered by consideration of specific records of audits, clinical incidents, complaints and peer reviews.

The Northern Trust reported that a variety of governance processes are referred to appraisals. These include complaints, critical incident reporting and medico-legal claims. Doctors were expected to include this information in the appraisal documentation. The Trust also indicated that activity and outcome information was also used in the appraisal discussion where this is relevant and available.

All Trusts indicated that they had a policy in place to discuss problems arising from the appraisal process and for dealing with any underperformance issues identified during appraisal.

It is recommended in "Assuring the Quality of Medical Appraisal" that the appraisal system should be fully integrated with other quality improvement systems in the Trust. This should include in all cases, clinical governance information such as audit, adverse incidents, evidence of underperformance and complaints.

Trust self assessment returns and submitted appraisal policies do not demonstrate that the appraisal system has been sufficiently integrated with all other Trust quality improvement processes.

4. APPRAISER SELECTION, SKILLS AND TRAINING

All Trusts are required to have in place a process for selecting appraisers and ensuring that appraiser skills are continually reviewed and developed.

In order to demonstrate appraiser skills and training Trusts were asked to submit:

1) Procedures for selecting and recruiting medical staff appraisers (including job descriptions and person specification requirements);

2) A description of the training arrangements for medical staff appraisers;

3) A description of how medical appraisers were supported in their role;

4) Their policy on the minimum and maximum number of appraisals completed by each appraiser annually;

5) A description of the arrangements for assessing individual doctor's appraisal skills.

The Trusts' submissions were subsequently assessed against the following criteria

- recruitment of appraisers uses a defined person specification and job description (which are included in a wider person specification/job description if appraisal is part of a wider role);
- the appraiser must participate in initial appraiser training;
- there are systems to ensure that initial training effectively addresses appraiser needs;

Summary of analysis of the Trusts' returns

The Southern Trust indicated that it uses a generic person specification as proposed for all NHS organisations and generally the speciality lead adopts the role of appraiser with support of the Clinical Director / Associate Medical Director. All Trusts indicated that the job description for an Associate Medical Director (or equivalent) and Clinical Director also includes responsibility for appraisals.

The Belfast and Northern Trusts indicated that they only used experienced clinicians with extensive local knowledge as appraisers to ensure continuity in its first year of the Trust's existence

The South Eastern Trust appointed Clinical Managers through seeking expressions of interest from consultants working internally within the speciality or directorate. They did not have a specific policy for the recruitment of appraisers. In the Western Trust the generic NHS person specification was included in the policy document. The Medical Director took responsibility for recruiting appraisers through a process of volunteering or nomination by the clinical director.

All Trusts indicated that they used the formal training programme run by the Beeches Management Centre for the initial training of appraisers. Only the Belfast Trust indicated that the training was verified by senior medical managers.

None of the Trusts reported that they had adopted a formal process for selecting appraisers. This is something they may wish to consider as the Trusts mature following their establishment.

4.1 Evidence of Review and Development of Skills

The following criteria were used to assess evidence of the review and development of appraisal skills.

- there are systems in place for appraisal and performance management of appraisers;
- there are systems in place to ensure that appraisers participate in on-going training and development and that training is effectively addressing appraiser needs;
- there is guidance regarding the minimum and maximum number of appraisals per appraiser per year;
- there is a process for periodically assessing appraiser skills e.g. anonymous review of appraisal summary forms and PDP.

Summary of analysis of the Trusts' returns

The Southern Trust indicated that it undertakes audit to assess and summarise recurrent themes identified in the process for each appraiser. The Northern Trust stated that it had carried out an appraisee satisfaction survey in the past but had no current specific method for reviewing appraiser skills.

The remaining Trusts did not indicate that they had or were reviewing the skills of appraisers.

All Trusts indicated that appraisers receive on-going training but it is unclear from their submissions to whether this is a regular process, although the Northern Trust indicated that training is carried out on a three-yearly basis.

All Trusts stated that they have guidance in place on the maximum and minimum number of appraisals per appraiser per year.

Analysis of the information shows that there appears to be no formal process for review and performance management of appraisers and little evaluation of the effectiveness of the appraisal discussion. This is vital in informing issues to be covered in ongoing training and development of appraisers.

5. THE APPRAISAL DISCUSSION

It is a requirement that the appraisal discussion is challenging and effective. It should be informed by valid and verifiable supporting evidence that reflects the breadth of the individual doctor's practice and results in a PDP prioritising the doctor's development needs for the coming year.

In relation to the appraisal discussion, the self assessment pro-forma asked Trusts to:

1) Describe the process for reviewing Appraisal Summary Forms and PDPs;

2) Provide results of the most recent review of the appraisal forms in use, and any developmental action taken;

3) Describe the procedure followed should problems arise within the appraisal process;

4) Describe the process for dealing with serious underperformance issues identified during the appraisal discussion;

5) Describe arrangements in place to ensure that the needs of personal development plans are supported by the relevant clinical directorate;

6) Provide numbers of practitioners referred to NCAS or GMC as a result of an appraisal interview.

5.1 Evidence that the Appraisal Discussion is Challenging and Effective.

The following criteria were used to analyse the Trusts' self-assessment returns relating to the nature of the Appraisal discussion:

- the previous year's PDP is reviewed;
- a new PDP is produced;
- colleague and patient feedback is discussed;
- there is evidence of a change of appraiser after a maximum of three appraisals;
- performance management and development systems address challenge within the appraisal discussion.

Summary of analysis of the Trusts' returns

It would appear from the Trusts' submissions that there is evidence that individual PDPs developed at the time of appraisal are used to inform the appraisal discussion and in some instances are used to assess the appropriateness of continuing medical education of individual clinicians. Although there was evidence in Belfast, Western and South Eastern Trusts that senior medical managers review and sign off the PDPs, this needs to be formalised and integrated into the wider governance processes of the individual organisations.

It would appear that PDPs are not reviewed and feedback given to individual appraisers on content and quality.

There is no evidence within the Trusts' submissions that there is a change of appraiser after a maximum of three appraisals. It was indicated that this was difficult to achieve in the smaller sub specialities and in some small directorates.

5.2 Evidence of Valid and Verifiable Supporting Evidence

The following criteria were used to analyse the Trusts' returns relating to valid and verifiable supporting evidence of the clinician's practice at the time of appraisal.

- there is a core portfolio of supporting evidence which reflects the breadth of the doctor's practice and conforms to national, GMC and Royal College standards and guidance;
- the supporting evidence includes feedback from patients and colleagues;
- there is guidance and training for appraisers for situations when evidence is insufficient.

Summary of analysis of the Trusts' returns

Analysis of the Trusts' returns was inconclusive in providing assurance that evidence from patients and colleagues forms part of the appraisal discussion in all Trusts. However, the Western Trust indicated that patients and clients are involved in 360 degree feedback. The Belfast and Northern Trusts are piloting a programme of 360 degree feedback.

It is unclear if there is any guidance on what would be regarded as sufficient and appropriate evidence for an appraisal and also unclear if there is any guidance for appraisers for these situations.

6. SYSTEMS AND INFRASTRUTURE SUPPORTING APPRAISAL

6.1 Evidence of Effective Supporting Systems and infrastructure

It is a requirement that the supporting systems and infrastructure are effective and ensure that all doctors linked to the host organisation are supported and appraised annually.

The following criteria were used to analyse the Trusts' returns in respect of support systems and infrastructure;

- there is dedicated administrative support for the appraisal system;
- there is clearly identified managerial responsibility for the appraisal;
- adequate notice is given to prepare for the appraisal discussion;
- there is protected time for the appraisal discussion;
- there is guidance on potential conflicts of interest between appraiser and appraisee;
- there is guidance on the environment within which the appraisal discussion takes place;
- there is a system for handling complaints about appraisal.

Summary of analysis of the Trusts' returns.

Each Trust supplied an organisational chart that demonstrated the lines of managerial accountability and responsibility for the overall quality of medical appraisal. They also indicate that they provide guidance on appraisal planning and timescales for agreeing date of appraisal, sharing of documentation and setting of the agenda for the appraisal discussion.

Trusts also indicated that they provide clear guidance on potential conflicts of interest prior to the appraisal discussion and on any issues or difficulties arising from the appraisal discussion and clear guidance on an environment for the appraisal discussion that guarantees privacy and confidentiality.

It was notable that the Southern Trust reported that they had clearly identified four hours of Special Programmed Activity (SPA) time for appraisers. This was allocated for preparation and conduct of each appraisal. Appraisees were allocated eight hours of SPA time annually for appraisal.

Although guidance has been provided on conflicts of interest and issues arising at the time of the appraisal discussion, it is unclear from the self assessment returns if there was a formal appeals mechanism which appraisees can access after appraisal has taken place.

7. CONCLUSIONS

Annual appraisal for all doctors was a recommendation in the Chief Medical Officer's report "*Supporting Doctors, Protecting Patients*". Consultant medical appraisal was introduced in April 2001 and is now a contractual requirement for all doctors working in the NHS. Appraisal should be an integral part of an organisation's governance systems and processes. Satisfactory delivery of appraisal should be a factor in delivering the quality and safety agenda.

A DHSSPS review of medical appraisal in Northern Ireland was published in January 2006 and it made several recommendations in relation to Consultant appraisal:

1) Trusts should have written policies for appraisal covering all medical staff;

2) Job descriptions with specific competences should be created for appraisers and should be integral to all job descriptions for Medical Directors, Clinical directors and Heads of Department;

3) Training requirements, including update training should be specified and appraisers not meeting those requirements should be removed from the list of appraisers;

4) Trusts should develop a minimum data set to support appraisal which will help to ensure consistency easing time pressures;

5) Every Trust should produce an annual report for the Trust Board covering all doctors holding contracts of employment at the Trust and reporting uptake. The report should include an evaluation of the appraisal process, including those benefits arising for patients/carers and for doctors and should assess the extent to which objectives in Personal Development Plans align to the corporate agenda.

While some of these recommendations have been met / partially met a number still require further work to assure compliance.

The Trust returns indicate that in certain areas there is a significant shortfall in the number of consultants and possibly locums that have been appraised, this is concerning given the fact that the requirements for appraisal have been in place since April 2001.

There is an indication from Trusts that there are organisational structures in place demonstrating lines of managerial responsibility and accountability. However, there is no formal system for review and performance management of appraisers and there is little evidence of the evaluation of training and of the outcomes of the appraisal process.

This is the second occasion that RQIA have sought assurance on the structure and functions in HSC organisations in respect of consultant appraisal. Including the Departmental review published in 2006 it is the third time that the consultant appraisal system has been reviewed and recommendations made and yet this review indicates that there is still significant variability in the provision of consultant medical appraisal and also significant variability in appraisal systems across Trusts.

The RQIA acknowledges the difficulties associated with the merger of the Trusts and also has acknowledges that the review methodology has led to limitations in relation to the quality of information supplied by the Trusts. The desktop methodology does not permit in depth analysis of the appraisal system nor scrutiny of the effectiveness of the implementation of policies and procedures. It also does not include the views of appraisers and appraises. The effect of this is to limit the analysis of the effectiveness of the consultant appraisal system.

The self assessment proforma did not explore in sufficient detail all aspects of the document *"Assuring the Quality of Medical Appraisal"* and specifically did not investigate in sufficient depth the status of locum appraisal and appraisal for doctors in training.

In the future RQIA will:

1) consider a more robust methodology for further scrutiny of consultant medical appraisal including a refined self assessment document and visits to trusts by an RQIA review team;

2) work with other stakeholders such as the GMC and perhaps the Beeches Management Centre in developing a more robust assurance tool;
3) work with other agencies such as NIMDTA and PMETB to assure the quality of appraisal of all categories of doctors;
4) work with trust Medical Directors to develop a system for assurance of medical appraisal consisting of an annual electronic return with assurance visits on a periodic basis.

8. SUMMARY OF RECOMMENDATIONS

While there is an opportunity to make detailed recommendations across a range of key criteria in the delivery of effective consultant and locum medical appraisal systems this would be more appropriate following a more robust review.

Trusts should be aware that Consultant medical appraisal has been in place since April 2001 and is a contractual requirement for all doctors working in the NHS. Satisfactory delivery of appraisal is a significant part of the quality and safety agenda.

RQIA recommends that all Trusts should as a matter of urgency comply in full where possible with the four high level indicators outlined in *"Assuring the Quality of Medical Appraisal"* and with the sub criteria outlined within this report. Trusts should also note the recommendations contained in *"Assuring the Quality of Training for Medical Appraisers".*

Trusts should indicate how they propose to comply with the above criteria and how they will ensure that all medical personnel are appraised, in an action plan to RQIA no later than the 30th November 2008.

The Regulation and Quality Improvement Authority

Review of HSC Trust Readiness for

Medical Revalidation

Summary Report

For Northern Ireland

December 2010

Contents

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. In its work RQIA encourages continuous improvement in the quality of services, through a planned programme of inspections and reviews.

In 2005, RQIA was established as a non departmental public body (NDPB) 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 in Northern Ireland through four core activities:

- 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.

2. Context for the review

On 16 November 2009, the General Medical Council (GMC) introduced arrangements through which every doctor wishing to remain in active practice in the United Kingdom is required to hold a licence to practice. In the future, all doctors will be required to undergo a process of revalidation if they wish to retain their licence to practice. Final decisions on the nature and timing of the introduction of revalidation have not yet been taken. A GMC consultation on the way ahead closed on 4 June 2010.

The process of revalidation will involve each doctor collecting a portfolio of evidence over a five year cycle. This will be reviewed at annual appraisal, against standards set out by the GMC and relevant Royal Colleges. Participation in medical appraisal is a contractual obligation for every doctor working in HSC organisations.

Revalidation, as an integral component of effective governance and management arrangements, is the means by which organisations should be able to provide assurance for the public that all doctors are up to date and fit to practice. The introduction of revalidation strengthens the mechanisms for assuring quality and safety of clinical care, and provides organisations with a challenge which requires active clinical and managerial leadership.

In future, every doctor will be required to have a named responsible officer. The responsible officer will be a statutory position. Responsible officers will make revalidation recommendations to the GMC concerning doctors linked to their organisation.

On 23 June 2010, the Northern Ireland Assembly enacted legislation entitled The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010. The regulations come into operation on 1 October 2010 and require each designated body, including health and social care (HSC) trusts, to nominate or appoint a responsible officer.

To underpin the revalidation recommendations of responsible officers, each organisation will need robust systems of clinical governance and delivery of medical appraisal. The NHS revalidation support team (RST) has been developing guidance and tools to assist organisations in meeting the requirements of revalidation. To review the quality of the processes supporting revalidation, a specific tool, Assuring the Quality of Medical Appraisal for Revalidation (AQMAR) has been developed. This tool contains two sections: one to assess governance processes, and another to assess appraisal systems. RST recommends the use of evidence based self-assessment by organisations, with external review every three years.

RQIA has been working with the GMC, RST, Quality Improvement Scotland (QIS) and Healthcare Inspectorate Wales (HIW) to pilot an

approach to carrying out an independent external review of medical revalidation. The pilot in Northern Ireland includes the completion of self-assessment AQMAR tools by the HSC trusts, submission of evidence and validation visits to each trust. The pilot will also be subject to external evaluation by HIW to inform the future design of quality assurance processes.

Individual reports with recommendations have been prepared for each HSC trust. This report summarises the findings of the review across Northern Ireland. The report makes recommendations which the review team considers would be usefully taken forward collaboratively, at a Northern Ireland level.

3. Methodology

The methodology for the review comprised the following stages.

1. Completion by each HSC trust of the AQMAR self-assessment questionnaires developed by the NHS revalidation support team:

   - clinical governance self-assessment tool
   - medical appraisal self-assessment tool

2. Submission of completed questionnaires, together with supporting evidence, to RQIA.

3. Validation visits to trusts involving:

   - meetings with trust teams responsible for governance and appraisal systems
   - meetings with focus groups of appraisers
   - meetings with focus groups of appraisees

4. Sample audit of a small number of anonymised Part 4 appraisal forms and personal development plans (PDPs).

5. Preparation of feedback reports for each trust.

6. Preparation of a report of the review findings across Northern Ireland.

7. Evaluation of the process by HIW.

4. Membership of the Review Team

The review team which took part in the validation visits to the HSC trusts from 7 - 11 June 2010 included:

[redacted]	Safety Governance and Risk Facilitator, NHS Tayside
[redacted]	Clinical Lead, NHS Revalidation Support Team
[redacted]	Lay representative
[redacted]	Deputy Chief Executive, Healthcare Inspectorate Wales
[redacted]	Medical Director / Head of Service Improvement, RQIA
[redacted]	Head of Primary Care, RQIA

Project Support

[redacted]	Project Manager, RQIA
[redacted]	Senior Project Manager, RQIA
[redacted]	Project Manager, RQIA
[redacted]	Administration Support, RQIA

5. Review of Clinical Governance Systems

5.1 Organisational Clinical Governance Systems

The review team found that the five HSC trusts have developed an integrated approach to governance, which includes clinical and social care governance.

The review team considered that all trust structures have clearly documented lines of accountability. Trusts have recently reviewed their governance arrangements or were in the process of doing so at the time of the review. Committee structures and assurance frameworks have been, or will be, revised as a result of these reviews.

Each trust has clearly defined reporting arrangements for doctors, through clinical directors, to the medical director. The review team found that all trusts recognise that effective appraisal and revalidation systems for doctors are core components of governance for the organisation.

Trusts carry out annual internal scrutiny of their governance arrangements through a controls assurance system. There is external evaluation of governance arrangements by RQIA. Junior doctor training is subject to review by the GMC.

Each trust is required to nominate or appoint a responsible officer by 1 October 2010, following the enactment of The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010. The review team has recommended that each trust reviews its governance arrangements and documentation to reflect the role of the responsible officer.

5.2 Information Management Systems

The review team found that all trusts recognise the need to make accurate information available to provide doctors with the evidence they need to bring to the appraisal discussion. Trusts have also identified the need to establish information system support for the responsible officer in the delivery of appraisal and revalidation systems.

Trust information systems hold significant amounts of data, although relevant information is not always easily extracted to provide a report for an individual doctor. Some trusts have contracted for the provision of consultant-specific extracts of activity information reports from patient administration systems. Doctors advised the review team that this information was useful.

Trusts are implementing approaches to making information available to doctors on complaints and incidents, which are core components of the set of information each doctor should bring to appraisal. All trusts use the same information system to record incidents and complaints. The data may not always be linked to an individual doctor and therefore it can be difficult to provide individualised reports.

The review team found that trusts have identified the need to define an agreed set of core information, which should be made available from trust systems to both appraisers and appraisees, to inform appraisal discussions. The review team has recommended that each trust develops a protocol setting out the information which will be made available.

The management of an effective appraisal system across a large trust requires information support for planning and monitoring. All trusts have recognised this requirement and are considering or already implementing local solutions.

The review team welcomed the approach adopted in the Western HSC Trust, which has invested in a locally developed system to manage planning and record keeping for appraisal. This is already showing significant benefits in the completion of appraisal documentation and in facilitating individual feedback to doctors.

5.3. Clinical Risk Management/Patient Safety Systems

The review team found that trusts have prioritised risk management and patient safety, with active leadership at board and senior management level.

All trusts have risk management strategies and/or policies. Risks are assessed using standardised approaches and considered at appropriate levels in the organisation. Risk registers are in place at corporate and operational levels.

All trusts have established systems for incident reporting and recording. Trusts have put in place a range of local mechanisms to disseminate learning from incidents, for example through newsletters, or establishment of patient safety working groups to lead and coordinate action in specific areas.

Trusts have been taking forward specific patient safety initiatives, including locally determined initiatives and also as part of regional approaches.

Systems have been established to track progress on implementation of patient safety alerts and ensure action is taken.

The review team found that several trusts do not have formal systems in place to provide information for individual doctors on significant events, which can then be brought to the appraisal discussion. In some cases the onus is on the doctor to request the information. It can be difficult to generate information relating to individual doctors as the doctor's name may not be recorded on the database.

The review team was advised that, in general, there are no systems in place for the local collation of information which has been provided by staff in the trusts to national registries such as the drug reaction reporting system. There can also be limited feedback from these national systems to trusts. The review team has recommended that each trust should carry out an audit of the reporting arrangements to national and regional registries and patient safety reporting systems, to ensure that relevant information is also being forwarded to trust reporting systems.

5.4. Clinical Audit Systems

The review team found that there was clear evidence of commitment within trusts to the promotion of clinical audit. The arrangements for planning, coordinating and promoting clinical audit varied across the five trusts participating in the review.

The Belfast HSC Trust has integrated the clinical audit support arrangements from six legacy trust departments into a single audit department, and has developed a rolling audit programme. The Northern HSC Trust has established a clinical and social care audit and effectiveness strategy and prepares a comprehensive audit and effectiveness quality improvement plan. The South Eastern HSC Trust has established a multi-professional audit steering committee which monitors audit delivery across the trust. The Southern HSC Trust has a formal approval pathway for inclusion of possible clinical and social care audits in an annual effectiveness and evaluation work plan. The Western HSC Trust has a professional audit strategy in place and has established an audit steering group which organises an annual audit symposium.

In discussion, the review team found that there was, in general, a lack of clarity about the nature and extent of information derived from clinical audit which was required to support appraisal. Trust appraisal policies require doctors to bring information about their involvement in audit to appraisal, but systems are not sufficiently established to support this requirement. Audits are frequently carried out at team level and it can be difficult to gauge involvement by individual doctors.

The review team considers that guidelines should be developed regarding the provision of appropriate information about clinical audit which doctors should bring to appraisal. This would benefit appraisees, appraisers and responsible officers.

Recommendations

1. DHSSPS should establish a process to develop guidelines as to the provision of appropriate clinical audit information which doctors should bring to annual appraisal discussions.

5.5. Reporting and Managing Performance Concerns.

All trusts advised the review team that they follow regional guidance set out in Maintaining High Professional Standards within the HPSS (DHSSPS, November 2005) in relation to the reporting and management of performance concerns about doctors.

Trusts have established mechanisms to manage cases where concerns about doctors have arisen. All trusts have experience of using referral systems in relation to doctors in difficulty, including referral to GMC and use of the National Clinical Assessment Service (NCAS).

Trust appraisal policies set out procedures which appraisers should follow if performance, conduct or health issues arise during the appraisal discussion. Whistle-blowing policies and systems have been developed. There is limited assurance available on the effectiveness of application of whistle - blowing systems.

The review team has identified that there are no documented arrangements in some trusts, as to how the appraisal process is used to support doctors who are the subject of performance or disciplinary concerns. The review team has recommended that this is set out in trust appraisal policies.

5.6. Complaints Management Systems.

The review team found that all trusts have comprehensive policies and procedures in place for the management of complaints, which have been reviewed to reflect revised DHSSPS guidance on complaints.

All trusts have developed local initiatives to improve the management of, and learning from, complaints. For example, the Belfast HSC Trust is undertaking a one year pilot of the operation of a complaints final review group, to provide assurance to the trust board that every effort has been made to resolve complaints. The Northern HSC Trust has established a user feedback and involvement committee which reviews complaints to identify learning. The South Eastern HSC Trust has set up a lessons learned committee to replace the former complaints committee, as part of the trust drive to embed a culture of learning from complaints and incidents. The Southern HSC Trust has created a patient and user experience committee, to seek and provide assurance that the trust has effective mechanisms to capture the views and experiences of service users. The Western HSC Trust has carried out a survey of staff knowledge and attitudes to the complaints process, which revealed generally good awareness of arrangements for handling complaints.

The review team found that a significant challenge facing trusts was the provision of information about complaints to individual doctors to support appraisal, as the name of a specific doctor is frequently not referred to in a complaint. The Northern HSC Trust is rolling out a programme providing an annual summary of complaints to support appraisal. The review team has recommended that all trusts review their systems to determine the information which can be made available to individual doctors. In establishing systems, it is important to include statements of absence of complaints, where appropriate.

5.7. Continuing Professional Development (CPD) Systems.

A core component of the appraisal process is for the appraiser and appraisee to discuss engagement in continuing professional development, and to consider the doctor's personal development plan for the following year.

The review team found that trusts have, or are developing, policies or strategies which are relevant to the delivery of CPD for doctors.

For example, the Belfast HSC Trust has a learning and development strategy which specifically references support for appraisal and 360 degree feedback for doctors. The South Eastern HSC Trust has a consultant professional and study leave policy and is planning to develop a specific strategy for CPD. The Northern HSC Trust has a research and development policy and each clinical director is required to prepare a directorate report on appraisal and development needs. The Southern HSC Trust is in the process of developing a study leave/CPD policy for consultants and career grade doctors. The Western HSC Trust appraisal policy requires all doctors to provide evidence at appraisal that they have met relevant college or faculty criteria for CPD.

The review team found that, in general, there are no systems in place to assure the quality of the CPD which is being received by doctors, or that identified needs for development in the provision of CPD are systematically addressed.

Recommendations

2. DHSSPS should establish a review of the arrangements for delivery of CPD for career grade doctors in secondary care across Northern Ireland. This should also identify if CPD could be more appropriately targeted to meet the needs of doctors, as identified though the appraisal process.

5.8. Service Development, Workforce Development, Human Resource Management.

The review team found that all trusts have human resource strategies in place or in development. Human resource procedures are subject to annual assessment through controls assurance arrangements.

All trusts have systems in place to agree job plans for individual consultants. The review team was advised that in some trusts, job planning and appraisal discussion can take place at the same meeting. The review team considers that this may be difficult to sustain as appraisal is enhanced and becomes part of a five year process to build evidence towards revalidation. Job planning and appraisal are related but are different processes with different objectives. It is important that there is clarity regarding the different roles, and, if occurring at the same meeting that they are managed as separate processes.

In future, responsible officers will need to obtain information from previous employers about the involvement of doctors in appraisal, to inform recommendations to the GMC in relation to revalidation. The review team found that although trusts have recognised this issue, as yet there are no robust systems in place for this information to be captured.

The review team asked trusts to describe their arrangements for the recruitment and appraisal of locum doctors and the provision of exit reports when they leave the trust.

In relation to the appraisal of locums, interim guidance was issued by DHSSPS on 27 October 2006 (Circular HSS (TC8) 8/2006). In keeping with this guidance all trusts make arrangements for the appraisal of locums. In some trusts locums are appraised if employed for a minimum of three months, which is an enhancement over the six months set out in the guidance.

Arrangements for exit reports vary between trusts. Trusts do not always receive end of placement reports from locum agencies or previous employers and not all trusts have systems in place to provide exit reports for all locum doctors. The review team considers that it would be useful to standardise arrangements across Northern Ireland.

Recommendations

3. DHSSPS should review current systems for gathering and sharing information in relation to locum doctors, to ensure that these can support their future revalidation.

4. DHSSPS should review the interim guidance for the appraisal of locum doctors, issued in 2006, in the context of the appointment of responsible officers, and the future introduction of revalidation.

6. Review of Appraisal Systems

6.1 Organisational Ethos

There is unequivocal commitment from the highest levels of the responsible organisation to deliver a quality assured system of appraisal, in support of revalidation, that is fully integrated with local clinical governance systems.

The review team found that in all trusts there is evidence of strong commitment at senior level to the delivery of effective systems of appraisal, to underpin revalidation. The introduction of revalidation has been clearly identified as a priority for each organisation.

In each trust, the appraisal system is led by the medical director, supported by associate medical directors and clinical directors as appropriate. Doctors in management roles have their responsibilities in relation to appraisal set out in job descriptions.

In 2009 all trusts participated in a Northern Ireland pilot relating to revalidation in secondary care, which included testing of multi source feedback and collection of information to support appraisal.

The review team found that trusts recognised the need to effectively link systems for appraisal and revalidation with their integrated governance arrangements. For example, the Belfast HSC Trust has recently established a revalidation steering group, which has been tasked with consideration of linkages.

Each trust has a written appraisal policy and procedure. Medical directors have prepared or were in the process of preparing reports on appraisal for presentation to their trust boards. The review team considers that, in future, it would be helpful for medical directors to share their reports with medical directors of other trusts. These are a useful source of information on actions being taken, and may highlight common issues on which joint approaches could be adopted between trusts.

All trusts have invested in the development of their appraisal systems, but there is a general recognition that there will be a need for further investment to support the role of the responsible officer, to deliver enhanced appraisal to support revalidation.

6.2 Appraiser Selection, Skills And Training

The responsible organisation has a process for selection of appraisers. Appraisers undertake initial training and their skills are reviewed and developed.

The review team found that experienced groups of appraisers are present in all trusts. All trusts have also included responsibilities for appraisal in the job descriptions of medical managers.

The arrangements for recruitment and selection of appraisers did vary somewhat between trusts. Most trusts have developed, or were in the process of developing, person specifications and job descriptions for appraisers. The South Eastern HSC Trust has carried out an audit of all current appraisers in the trust, to determine if they meet the criteria set out in the person specification. The Southern HSC Trust has carried out a validation exercise of its list of appraisers as part of a review of the appraisal system.

Initial and update training is provided for appraisers either through the Beeches Management Centre or in-house. Appraisees advised the review team that they considered the training to be valuable, but it was suggested that an increased focus on developing the skills of the appraiser would be helpful. The Western HSC Trust maintains a database of all appraisers which sets out when full or refresher training was last provided.

Trusts provide access to training for appraisees about appraisal but the uptake can be poor. Some appraisees advised that they were not aware of this training opportunity and would have welcomed it.

Training is subject to evaluation and the content of training is refreshed. For example, a medical manager in the Northern HSC Trust has reviewed the content of the programme and it is to be updated to support enhanced appraisal.

Trusts are establishing initiatives which will support appraisers in their role. The Belfast HSC Trust has commenced a programme of appraiser workshops and the South Eastern HSC Trust is setting up a medical professional forum to include clinical managers and delegated appraisers.

The review team found that, in general, there are no systems in place to provide feedback to appraisers on their performance in the role, or to evaluate their skills. Appraisers advised that they would welcome this, in particular with the evolving role of appraisal in relation to revalidation.

Recommendations

5. The DHSSPS and trusts should consider establishing a collaborative initiative to enhance and evaluate the skills of appraisers to support revalidation.

6.3. Appraisal Discussion

The appraisal is informed by a portfolio of verifiable supporting information that reflects the whole breadth of the doctor's practice and informs objective evaluation of its quality. The discussion includes challenge, encourages reflection and generates a personal development plan (PDP) for the year ahead.

The review team found that all trusts have carried out audits of documentation relating to appraisal, or are planning to do so. The Belfast HSC Trust carries out an annual quality assurance audit, across a number of appraisals, to test the conformity of core documentation and evidence provided. The trust is planning to introduce an evaluation checklist for evidence to support revalidation. The Northern HSC Trust is carrying out an audit of Form 4s. The South Eastern HSC Trust has carried out an anonymous sampling exercise of appraisal forms and PDPs, and, as a result has developed guidance for appraisers. The Southern HSC Trust has carried out audits of appraisal forms, PDPs and appraisal folders. The Western HSC Trust carried out an audit of Form 4s in 2009 which led to a series of recommendations for improvement.

Appraisers and appraisees raised a number of concerns about the current arrangements including:

- There is a lack of clarity as to what information doctors should now bring to appraisal, as part of a portfolio to support future revalidation.
- The present documentation for the appraisal process is out of date and does not reflect the GMC domains of good medical practice or the building of evidence to support revalidation.
- It can be difficult to develop a meaningful personal development plan which meets both personal and trust objectives, during a period when resources are significantly constrained.
- There is no clarity as to what information should be brought from private practice or non-trust work as part of the evidence base to support whole practice appraisal.

All trusts provided the review team with a sample of anonymous Form 4s and PDPs to inform the review process. In general, all sections of the forms were completed but the quality of the submitted forms was variable and not all had actions agreed. All appraisals had been signed off appropriately and nearly all had a PDP attached. There was evidence that some doctors had completed 360 degree appraisal. These findings are in keeping with audits which have been undertaken by trusts. The review team recognises that the sample was small and not provided on a randomised basis. Nevertheless the team noted that the forms provided by the South Eastern HSC Trust, which has provided written guidance on documentation, were all comprehensively completed by both parties.

Recommendations

6. As a priority the DHSSPS should continue to progress the regional review of appraisal documentation, as part of the regional action plan on revalidation.

7. The DHSSPS should consider developing guidance on the provision of information from private practice and other non-trust work, which should be brought to the appraisal discussion in the context of revalidation.

6.4. Systems and Infrastructure

The management of the appraisal system is effective and ensures that all doctors linked to the responsible organisation are appraised annually

The review team found that mechanisms are in place in all trusts to strengthen the management of their appraisal systems. There are clear lines of accountability for the delivery of appraisal.

Trusts provided details of the number of doctors recorded as having completed an appraisal in the last appraisal period. The timing of the appraisal year differs between trusts. The information supplied is not strictly comparable as, at the time of the review visits, not all trusts had completed collecting data from the last round of appraisals. In some trusts, information was not available in relation to the appraisal of non consultant grades, including locums.

RQIA carried out a desktop review of consultant appraisal in 2008 and reported that, at that time, there was a significant shortfall in some trusts in the number of consultants who had been appraised.

From the information provided for this review there has been considerable progress in the engagement of consultants in appraisal. In the Western HSC Trust 53 per cent of consultants were recorded as having had an appraisal in 2007, but this had risen to 88 per cent in 2008. In the South Eastern HSC Trust, it was estimated that 50 to 60 per cent of consultants had been appraised at the time of the previous review, but the estimated position at the time of this review was that 82 per cent of appraisals had been completed, or were in progress. Eighty-one per cent of consultants in the Southern HSC Trust were recorded as completing appraisal in 2008-09. Seventy-one per cent of consultants in the Belfast HSC Trust were recorded as having had an appraisal in 2008-09, but from information supplied to the review team this may be an underestimate. In the 2008-09 period, the Northern HSC Trust performed well with 173 out of 179 consultants having completed an appraisal and with documented reasons for the six consultants who had not.

The benefits of having an information system to support the appraisal process were clearly demonstrated to the review team in the Western HSC Trust, as this gives a clear picture of the current position of each doctor in relation to appraisal.

The review team recognises the progress which has been made since the last review, but there are still a number of consultants who do not appear to be having appraisals and there is limited information in some trusts in relation to appraisal of locums and non consultant grades.

The review team has recommended that trusts carry out an audit, where this has not already been done, to identify the reasons why appraisals were not completed by individual doctors.

7. Conclusions

The aim of this review was to carry out an assessment of the current state of readiness of HSC trusts in Northern Ireland, in relation to the future introduction of revalidation of doctors. The review focused on the systems of governance and appraisal, which will be essential to support responsible officers in making recommendations to the GMC, on the revalidation of individual doctors.

The members of the review team consider that the processes of appraisal and, in future, revalidation, are important in reinforcing and maintaining public confidence in the medical profession.

In Northern Ireland, legislation has been enacted for the appointment of responsible officers in relevant organisations by 1 October 2010. At the time of the review visits, decisions as to the timing of introduction of revalidation had not been taken, and the outcome of the GMC consultation on the structure of revalidation was not known.

The review team found that all trusts have developed robust, integrated approaches to governance and has recommended that these governance arrangements should, in future, reflect the role of the responsible officer.

The review team found that there is strong commitment in all HSC trusts in Northern Ireland to ensuring they have effective systems of appraisal, and have made good progress towards preparing for revalidation. Since the last RQIA review of consultant appraisal across HSC Trusts (August 2008), in those trusts where uptake was low, there has been a significant increase in the number of doctors who have undertaken an annual appraisal. Trusts have introduced a number of innovative developments to enhance the management and delivery of their appraisal systems.

The review team has identified the need to standardise the provision of information to doctors to support the appraisal process. There is also a need to establish information systems to support responsible officers in the delivery and oversight of appraisal and revalidation.

The review team has made a number of recommendations for each individual trust. The team's recommendations for coordinated action at regional level include actions relating to audit, continuing professional development, appraisal of locum doctors, appraiser evaluation, appraisal documentation and information relating to practice of doctors outside the trust processes.

The review team considers that all trusts in Northern Ireland have action plans in place regarding revalidation which, when completed, will enable them to consider application for early adopter status. This is dependent on decisions having been taken on the timing of introduction of revalidation by the General Medical Council.

8 Summary of Recommendations

1. DHSSPS should establish a process to develop guidelines as to the provision of appropriate clinical audit information which doctors should bring to annual appraisal discussions.

2. DHSSPS should establish a review of the arrangements for delivery of CPD for career grade doctors in secondary care across Northern Ireland. This should also identify if CPD could be more appropriately targeted to meet the needs of doctors, as identified though the appraisal process.

3. DHSSPS should review current systems for gathering and sharing information in relation to locum doctors, to ensure that these can support their future revalidation.

4. DHSSPS should review the interim guidance for the appraisal of locum doctors, issued in 2006, in the context of the appointment of responsible officers, and the future introduction of revalidation.

5. The DHSSPS and trusts should consider establishing a collaborative initiative to enhance and evaluate the skills of appraisers to support revalidation.

6. As a priority the DHSSPS should continue to progress the regional review of appraisal documentation, as part of the regional action plan on revalidation.

7. The DHSSPS should consider developing guidance on the provision of information from private practice and other non-trust work, which should be brought to the appraisal discussion in the context of revalidation.

Review of Readiness for Medical Revalidation

Individual Trust Feedback Report

Southern Health and Social Care Trust

December 2010

Contents

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. In its work RQIA encourages continuous improvement in the quality of services, through a planned programme of inspections and reviews.

RQIA was established as a Non Departmental Public Body 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 in Northern Ireland through four core activities:

- 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.

2. Context for the review

On 16 November 2009, the General Medical Council (GMC) introduced arrangements though which every doctor wishing to remain in active practice in the United Kingdom is required to hold a licence to practice. In the future, all doctors will be required to undergo a process of revalidation if they wish to keep their licence to practice. Final decisions on the nature and timing of introduction of revalidation have not yet been taken. A GMC consultation on the way ahead closed on 4 June 2010.

The process of revalidation will involve each doctor collecting a portfolio of evidence over a five year cycle which will be reviewed at annual appraisal against standards set out by the GMC and relevant Royal Colleges.

In future, every doctor will be required to have a named responsible officer. The responsible officer will be a statutory position. Responsible officers will make revalidation recommendations to the GMC concerning doctors linked to their organisation. Following consultation, legislation has been enacted by the Northern Ireland Assembly allowing for the appointment of responsible officers by organisations in Northern Ireland by 1 October 2010.

To underpin the revalidation recommendations of responsible officers, each organisation will need robust systems of clinical governance and delivery of medical appraisal. The NHS revalidation support team (RST) has been developing guidance and tools to assist organisations in meeting the requirements of revalidation. To review the quality of the processes supporting revalidation, a specific tool, Assuring the Quality of Medical Appraisal for Revalidation (AQMAR), has been developed. This tool contains two sections; one to assess governance processes, and another to assess appraisal systems. RST recommends the use of evidence-based self- assessment by organisations, with external review every three years.

RQIA has been working with the GMC, RST, Quality Improvement Scotland (QIS) and Healthcare Inspectorate Wales (HIW) to pilot an approach to carrying out independent external review by healthcare regulators. The pilot in Northern Ireland includes the completion of self assessment AQMAR tools by the five health and social care (HSC) trusts, submission of evidence and validation visits to each trust. The pilot will be subject to evaluation by HIW to inform the future design of quality assurance processes.

This report has been prepared to provide feedback to the Southern HSC Trust on the findings of the review team in relation to the trust. RQIA will prepare an overview report on the state of readiness of systems in secondary care to support the introduction of revalidation of doctors in Northern Ireland.

3. Methodology

The methodology for the review comprised the following stages.

1. Completion by each HSC trust of two self - assessment questionnaires developed by the NHS revalidation support team:

   - clinical governance self-assessment tool
   - appraisal self-assessment tool

2. Submission of completed questionnaires together with supporting evidence to RQIA.

3. Validation visits to trusts involving:

   - meetings with trust teams responsible for systems
   - meetings with focus groups of appraisers
   - meetings with focus groups of appraisees

4. Sample audit of a small number of anonymous Part 4 appraisal forms and personal development plans.

5. Preparation of feedback reports for each trust.

6. Preparation of a report of the review findings across Northern Ireland.

7. Evaluation of the process by HIW.

4. Membership of the review team

The members of the review team who took part in the validation visit to the Southern Trust on Monday 7 June 2010 and Thursday 10 June 2010 were:

[redacted]	Safety Governance and Risk Facilitator, NHS Tayside
[redacted]	Clinical Lead, NHS Revalidation Support Team
[redacted]	Lay representative
[redacted]	Medical Director / Director of Service Improvement, RQIA
[redacted]	Primary Care Advisor, RQIA
[redacted]	Project manager, RQIA

5. Review of clinical governance systems

5.1 Organisational clinical governance systems

The Southern HSC Trust has developed an integrated governance strategy, which is designed to cover all domains of governance associated with the delivery of health and social care services. This includes clinical and social care governance. At the time of the review visit, the trust was undertaking a review of its governance arrangements.

Strengths

- The trust has comprehensive governance arrangements in place with clear lines of accountability and terms of reference for committees within the governance structure.
- A patient and client safety structure has been established reporting to the medical director.
- The trust assesses its level of compliance against controls assurance standards on an annual basis. It reported substantial compliance in 2008/09 against standards with improving scores and action plans to address issues identified during the assessments.
- The trust is subject to external review of its governance arrangements including reviews by RQIA.
- Quarterly reports on risk management, complaints, litigation and patient client safety are prepared and presented to the senior management team governance steering group.
- The trust developed a clear action plan following the RQIA review of consultant appraisal (2008).

Challenges

- The governance strategy has not been subject to an equality impact assessment; however an assessment will be undertaken at the next strategy review in late summer 2010.
- The trust will be required to appoint a responsible officer by 1 October 2010 and they will need to review how this new role is reflected in governance structures.

Recommendations

1. The trust should review its governance arrangements and documentation to reflect the establishment of the role of responsible officer from 1 October 2010.

5.2 Information management systems

In discussions with the review team, the trust senior management team recognises that an effective revalidation system will require comprehensive information to be supplied at an individual doctor level.

Within the Mental Health and Learning Disability Directorate (MHLD) the trust is piloting a model of providing information to doctors to support appraisal. It is planned to roll this model out across the trust during the next year.

Strengths

- The trust holds large amount of data in systems such as DATIX and is considering how to make relevant data available to doctors to support appraisal and revalidation.
- The trust has commissioned the provision of consultant level indicators which are extracted from PAS, and can inform appraisal and job planning processes.
- A pilot of information provision to support appraisal has been carried out in MHLD and a process has been agreed to roll this out.
- A central register of all clinical and quality indicators within the trust is being compiled, which sets out responsibilities for review of the indicators.
- The trust medical staff appraisal scheme sets out the security and access arrangements for appraisal documentation.

Challenges

- There is no written protocol as to what clinical, audit and incident related information will be provided from trust information systems to support appraisal. The trust has successfully piloted a model of information provision in mental health and learning disability.
- The trust does not have an information management system to support the responsible officer and clinical directors in regular monitoring of the uptake of appraisal. The system would also need to facilitate the responsible officer, appraisers and doctors in completion and retention of appraisal records.

Recommendations

2. The trust should review its capability of introducing information technology solution/s to support the responsible officer, appraisers and appraises in the management and delivery of appraisal.

3. The trust should develop a protocol setting out the information which will be provided to clinicians, from trust based systems, to inform the appraisal process.

5.3. Clinical risk management/patient safety systems

The Southern HSC Trust has a risk management strategy in place and an agreed policy on the management of adverse incidents. The risk management strategy clearly sets out areas of responsibility and processes for risk management at all levels of the organisation.

Strengths

- Patient safety is an identified priority for the trust board and senior management team.
- The trust actively maintains a corporate risk register.
- The trust reports on performance on priority areas in relation to improving patient safety.
- Complaints and incidents are discussed at directorate, divisional and speciality meetings. Action plan templates are completed to monitor delivery on lessons learned from incident reviews.
- Patient safety working groups are established to take forward action in target areas for improving safety.
- Risk management is subject to annual assessment though the controls assurance process.
- A new learning lessons model with an associated progress review template has been endorsed by the senior management team.

Challenges

- There is no routine system for the collation of information which has been provided by staff in the trust to national registries such as drug reaction reporting.
- There is no formal system to provide information for individual doctors relating to significant event reports, with the onus on the appraisee to provide the relevant information, except in mental Health and Learning Disability. This is to be extended for the 2010 appraisal cycle

Recommendations

4. The trust should carry out an audit of reporting arrangements to national and regional registries and patient safety reporting systems, to ensure that relevant information is also being forwarded to trust reporting systems.

5.4. Clinical audit systems

The Southern HSC Trust has not developed a specific strategy for clinical and social care audit. An annual work plan for audit has been developed to reflect clinical and social care governance priorities.

Strengths

- The trust has a formal approval pathway for clinical and social care audit for inclusion in its effectiveness and evaluation work plan.
- An effectiveness and evaluation team has been appointed to support the delivery of multi-disciplinary audit across service directorates, in line with identified priorities. The manager has responsibility for the delivery of national, regional and trust-wide multi-disciplinary audits.
- A database of clinical and quality indicators in the trust has been established within the Medical Directorate.
- Progress against the trust annual work plan is actively monitored.
- The trust medical staff appraisal scheme sets out the requirement for doctors to bring information about audits to appraisal.

Challenges

- The trust does not have a specific strategy for clinical and social care audit although there is an annual work plan.
- Clinical audits are frequently carried out at team level and it can be difficult to gauge involvement by individual clinicians to inform the appraisal process.

Note

The review team has found that, across trusts, robust systems for linking information on clinical audit into individual appraisal of doctors are generally not well developed. A recommendation will be made that this is taken forward at regional level.

5.5. Reporting and managing performance concerns

In relation to the reporting and management of performance concerns about doctors, the Southern HSC Trust follows regional guidance set out in Maintaining High Professional Standards within the HPSS (DHSSPS, Nov 2005).

The trust has a whistle blowing policy, a formal process for identification and management of underperforming doctors and a disciplinary policy.

The trust medical staff appraisal scheme states that:

'If an appraiser identifies aspects of a doctors conduct or health which may potentially be a serious cause for concern, the appraiser will inform the doctor that the appraiser's professional obligations require these concerns be shared with the clinical director/lead appraiser and associate medical director as soon as possible and in writing within five days'.

Strengths

- There is an agreed framework for the identification and management of performance concerns for medical staff.
- The review team was provided with examples where staff were aware of responsibilities and processes in relation to whistle blowing. These included examples where staff had used the system to indicate that they no longer felt capable of carrying out certain procedures, and wanted their scope of work adjusted accordingly.
- The trust has experience of using referral systems for doctors including the involvement of the National Clinical Assessment Service (NCAS).
- The trust appraisal policy sets out the arrangements for doctors' involvement in, or disengagement from, the appraisal scheme when there are concerns about fitness to practice.
- The trust appraisal policy separates the processes of job planning and appraisal, with job planning to be completed before appraisal.

Challenges

- In the emerging context of revalidation there is a need to review arrangements as to how appraisal is managed for doctors about whom there are performance concerns.

5.6. Complaints management systems

The Southern HSC Trust has a comprehensive complaints policy in place and has amended its complaints procedure to reflect new guidance from DHSSPS.

Strengths

- The complaints policy clearly outlines the responsibilities of all staff in relation to complaints and has been redrafted and takes account of regional guidance implemented in April 2009.
- The trust has established a patient and client experience committee, to provide assurance that the trust has effective mechanisms and systems in place to capture the views and experiences of service users.
- The senior management team receives quarterly reports, including information on complaints and commendations received by the trust.
- The trust has invested in training for staff in relation to complaints management.
- Complaints are recorded on the DATIX system and the trust will make information available to doctors to support appraisal.

Challenges

- At present it is the responsibility of appraisees to access and bring information regarding complaints to their appraisal except in Mental Health and Learning Disability Directorate.
- The trust has developed a draft learning lessons model, which is to be disseminated across the whole organisation.
- Complaints relating to clinical services frequently do not refer to individual doctors and so feedback to support appraisal can be limited.

Recommendations

5. The trust should review its systems to determine the information on complaints, which can be made available to individual doctors, to inform the appraisal process.

6. The trust should ensure that robust systems are in place to disseminate learning from incidents and complaints to all relevant staff.

5.7. Continuing professional development (CPD) systems

The Southern HSC Trust is consulting on a study leave/CPD policy for consultants and career grade doctors. The draft policy sets out the trust's commitment to staff development and agreed entitlements. The policy will be submitted to Senior management Team approval prior to implementation.

Strengths

- The trust is committed to establishing a fair and transparent system for granting study leave for doctors.
- The trust is seeking to identify the training needs of medical leaders as well as identifying a process to select and train future medical leaders.
- The trust draft study leave policy and application form require the doctor to declare external sources of funding for courses.

Challenges

- There are limited systems in place to assure the quality of the CPD which is being received by doctors.

Note

The review team has found that, in general, at trust level, there are few systems in place across Northern Ireland to assure the quality of CPD being received by doctors. A recommendation will be made that this is considered at a regional level.

5.8. Service development, workforce development, human resource management

The Southern HSC Trust has developed a draft learning and development strategy for the period 2010-2013.

Strengths

- The trust has established a medical leaders network, to bring together associate medical directors and clinical directors with the trust's senior management team, to discuss and develop medical leadership within the organisation.
- External reviews have been carried out on the roles of associate medical directors and clinical directors.
- The trust requires full reference checks for all new employees.
- The trust medical staff appraisal scheme clearly sets out the arrangements for involving locum doctors in staff appraisal.
- The trust completes exit assessment reports for all short term locum doctors.

Challenges

- The trust recognises that appraisal and job planning are separate processes.
- The trust has developed a useful checklist and an appointment form for locum appointments, although at present this does not include receipt of information in relation to last appraisal or exit reports from previous employers.

Recommendations

7. The trust should review its arrangements in relation to the employment of locum doctors, to consider requesting information relating to last appraisal and provision of exit reports from previous employers.

Note

The review team considers that the systems for gathering and sharing information with regard to locum doctors, to support their future revalidation, will require to be strengthened and recommends that this is considered at regional level.

6. Review of appraisal systems

6.1 Organisational ethos

There is unequivocal commitment from the highest levels of the responsible organisation to deliver a quality assured system of appraisal, in support of revalidation, that is fully integrated with local clinical governance systems.

The Southern HSC Trust has a comprehensive appraisal policy, which has been updated to reflect the introduction of revalidation.

The review team found that there was strong evidence of commitment for the appraisal process, from the chief executive and all members of the senior management team.

The review team felt that the trust had a good understanding of the appraisal process in that the trust feels it is a positive process to give doctors feedback on their past performance, to chart their continuing progress and to identify educational and development needs.

The review team felt that the trust had linked the processes of appraisal and job planning and had a good understanding of how in the future their appraisal and governance systems should also be linked.

In interviews with appraisers and appraisees, it was clear that the appraisers were aware of the purpose and value of appraisal, but it was not always clear that appraisees were as certain. All doctors interviewed felt that the appraisal process had improved since amalgamation of the trusts had taken place.

Both appraisers and appraisees felt that time was the biggest limiting factor in the appraisal process, both in time for the appraisal itself and also the time taken to prepare. Appraisers felt that more administration backup would be beneficial.

Strengths

- The trust has a comprehensive, recent appraisal policy, with clear lines of accountability, led by the medical director and supported by associate medical directors and clinical directors.
- Prior to the RQIA review the trust had already carried out a self assessment using AQMAR and developed an action plan to address any identified deficiencies.
- The medical director prepares a comprehensive annual report on appraisal for the Trust board, which is an example of best practice. It includes details of progress against the trust action plan on appraisal, the results of audits of folders, and appraisee feedback surveys.

- There is identified time set aside in their job plans, for appraisers to carry out their role.
- The trust has carried out a review of the appraisal system leading to validation of the list of appraisers.
- An equality impact assessment has been carried out on the appraisal policy.

Challenges

- The trust will need to review the availability of administrative and IT system support for the new role of responsible officer, to ensure delivery of statutory responsibilities in relation to revalidation.

Recommendations

8. The trust should plan to provide sufficient resources in terms of time, finance and administration to support the introduction of revalidation.

6.2 Appraiser selection, skills and training

The responsible organisation has a process for selection of appraisers. Appraisers undertake initial training and their skills are reviewed and developed.

Strengths

- Appraisers are recruited on the basis of a job description and personnel specification.
- The trust's list of appraisers has been validated and updated as part of a review of the appraisal system.
- Appraisal is included in the job descriptions of associate medical directors and clinical directors.
- Initial training on appraisal, for all new appraisers, is provided by the Beeches Management Centre.
- Update training is provided by the trust. Appraisers found both the initial training and the follow up training were extremely useful. Appraisers felt that the training provided by the trust could be developed to support enhanced appraisal.
- An anonymous survey of appraisees has taken place and was generally positive about the role of appraisers in the trust.

Challenges

- Appraisal training is available for appraisees but not everyone in the group of appraisees interviewed was aware that this training is available.
- There is a need to review and develop appraiser skills and provide feedback on performance. Both appraisees and appraisers felt this would be an extremely useful process.
- At present there is no interview/assessment process in the recruitment of appraisers.

Recommendations

9. The trust should review and further develop the follow up training it provides for appraisers.

Note

The review team has found that, in trusts, the systems to provide assurance on the performance of appraisers, and also feedback on that performance are generally not well developed. A regional recommendation will be made in this regard.

6.3 Appraisal discussion

The appraisal is informed by a portfolio of verifiable supporting information that reflects the whole breadth of the doctor's practice and informs objective evaluation of its quality. The discussion includes challenge, encourages reflection and generates a personal development plan (PDP) for the year ahead.

Strengths

- An audit of a sample of appraisal folders has been carried out by the trust.
- An appraisal discussion checklist has been developed.
- An audit of the quality of form 4s and PDPs has been carried out.
- The trust has taken part in a pilot of multi-source feedback. Both appraisers and appraisees considered this to be a valuable addition to the information supporting appraisal.
- Some appraisers and appraisees described their experience of appraising/being appraised by a doctor outside their speciality and this had been effectively carried out. This can facilitate the possibility of rotation of appraisers.
- The trust has systems in place to deal with non-engagement in the appraisal process.
- The appraisal policy describes the arrangements in place to deal with performance/other issues identified during an appraisal.

Challenges

- Appraisers and appraisees both raised issues relating to the development of a meaningful PDP. Attendance at courses may be limited by finance and it is sometimes difficult to combine a doctor's personal objectives with those of the directorate/trust.
- Appraisers and appraisees considered that the availability of information to support appraisal was an ongoing issue, but felt that steps that the trust was taking was making the process easier.
- Appraisees suggested that it would be useful in the information supplied for appraisal, to have peer comparison to show how the doctor compares with someone who carries out a similar role.
- There is a need to ensure that the role of the appraiser is reflected in their own appraisal and PDP.

Sample audit of form 4s

The trust submitted seven anonymised form 4s. There was a standardised template for the personal development plan (PDP). While the majority of sections had been completed by both parties, the quality of the submissions was variable. All appraisals had been signed off appropriately and had a completed personal development plan attached.

There was evidence that two doctors had been involved in a 360 degree appraisal exercise.

Recommendations

10. The trust should consider providing guidance to appraisers on how to complete appraisal documentation which would include examples of good practice.

11. The trust should ensure that the role of appraisers is reflected within their own appraisals.

Notes

The review team considers that at regional level there is an urgent need to review appraisal documentation, to meet the requirements for the four domains of good medical practice, and to support the process of revalidation.

The review team also considers that there should be guidance issued on the provision of information from private practice and other non-trust work, which should be brought to the appraisal discussion in the context of revalidation.

6.4 Systems and infrastructure

The management of the appraisal system is effective and ensures that all doctors linked to the responsible organisation are appraised annually.

In the Southern HSC Trust, in the year 2008/2009 the number of doctors who were eligible for appraisal was:

- consultants 149
- locum consultants 24
- SAS doctors 102

In the Southern Trust, in the year 2008/2009 the percentage of doctors who had had a completed appraisal was:

- consultants 81 per cent
- locum consultants 50 per cent
- SAS doctors 57 per cent

Strengths

- The trust has delivered appraisal to a significant percentage of consultants.
- There are detailed records available to the medical director on uptake of appraisal by directorate and grade of doctor.
- There is written guidance on dealing with complaints arising from the appraisal process.
- There are systems in place for the confidential storage of appraisal documentation.
- There are clear lines of managerial accountability for appraisal.

Challenges

- There is a need to identify the reasons why some doctors have not been appraised during the annual cycle, or where the appraisal has not been fully completed with a PDP.

Recommendations

12. The trust should carry out an exception audit, to identify reasons why appraisals were not completed by individual doctors.

7. Conclusions

The aim of this review was to carry out an assessment of the current state of readiness of secondary care trusts in Northern Ireland in relation to the introduction of revalidation of doctors. The review focused on the systems for governance and appraisal, which will be essential to support responsible officers in making recommendations to the GMC, on the revalidation of individual doctors.

The review team was pleased to find that the Southern HSC Trust has made good progress in preparing for medical revalidation and enhanced appraisal. There are comprehensive governance arrangements in place, with evidence of commitment from the senior management team to ensure successful implementation of revalidation. The trust has actively participated in the regional pilot of appraisal documentation and use of 360 degree assessment.

There is strong medical leadership and lines of accountability for the appraisal system, with measures in place for internal quality assurance and monitoring of appraisal uptake.

In 2008/09, 84 per cent of consultants were recorded as having a completed appraisal but only 50 per cent of locum consultants and 57 per cent of SAS doctors. There is a need to identify the reasons why some doctors have not had an appraisal, and the steps required to ensure that ongoing appraisal is in place to support revalidation.

The trust has identified the need to standardise the provision of information to individual doctors to support appraisal. The review team has recommended that the trust considers the provision of IT enabling solutions to support the role of the responsible officer in appraisal and revalidation, and to support appraisers and appraisees in gathering and recording evidence.

The review team found that there is a need to strengthen systems for supporting appraisers and providing them with feedback on their performance in the role.

The review team concludes that, on completion of the actions set out in the trust action plan for revalidation and the recommendations of this report, the Southern Trust could consider application to be an early adopter site for revalidation.

8. Summary of recommendations

1. The trust should review its governance arrangements and documentation to reflect the establishment of the role of responsible officer from 1 October 2010.

2. The trust should review its capability of introducing information technology solution/s to support the responsible officer, appraisers and appraises in the management and delivery of appraisal.

3. The trust should develop a protocol setting out the information which will be provided to clinicians, from trust based systems, to inform the appraisal process.

4. The trust should carry out an audit of reporting arrangements to national and regional registries and patient safety reporting systems, to ensure that relevant information is also being forwarded to trust reporting systems.

5. The trust should review its systems to determine the information on complaints, which can be made available to individual doctors, to inform the appraisal process.

6. The trust should ensure that robust systems are in place to disseminate learning from incidents and complaints to all relevant staff.

7. The trust should review its arrangements in relation to the employment of locum doctors, to consider requesting information relating to last appraisal and provision of exit reports from previous employers.

8. The trust should plan to provide sufficient resources in terms of time, finance and administration to support the introduction of revalidation.

9. The trust should review and further develop the follow up training it provides for appraisers.

10. The trust should consider providing guidance to appraisers on how to complete appraisal documentation which would include examples of good practice.

11. The trust should ensure that the role of appraisers is reflected within their own appraisals.

12. The trust should carry out an exception audit, to identify reasons why appraisals were not completed by individual doctors.

The Regulation and Quality Improvement Authority

Review of Governance Arrangements in HSC Organisations that Support Professional Regulation

January 2017

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland. RQIA's reviews aim to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest. The majority of our reviews are carried out by teams of independent assessors, who are either experienced practitioners or experts by experience. Our reports are submitted to the Minister for Health, Social Services and Public Safety, and are available on our website at www.rqia.org.uk.

RQIA is committed to conducting inspections and reviews and reporting on four key stakeholder outcomes:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Are services well-led?

These stakeholder outcomes are aligned with Quality 2020[1], and define how RQIA intends to demonstrate its effectiveness and impact as a regulator.

The review was undertaken by Dr David Stewart (Reviews and Medical Director, RQIA), Dr Gareth Lewis (Clinical Leadership Fellow, RQIA), and Ronan Strain (Project Manager, RQIA).

RQIA thanks all those people who facilitated this review through participating in discussions, interviews, attending focus groups or providing relevant information. We would particularly like to thank the following HSC organisations and Professional Regulatory Bodies for providing information to underpin the review process:

- Health and Social Care Trusts (HSC Trusts)
- Health and Social Care Board (HSC Board)
- Public Health Agency (PHA)
- Northern Ireland Blood Transfusion Service (NIBTS)
- General Medical Council (GMC)
- Northern Ireland Social Care Council (NISCC)
- Northern Ireland Medical and Dental Training Agency (NIMDTA)
- Nursing and Midwifery Council (NMC)
- General Dental Council (GDC)
- Pharmaceutical Society Northern Ireland (The Society)

[1] Quality 2020 - A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland - http://www.dhsspsni.gov.uk/quality2020.pdf

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Executive Summary

As part of its 2015-18 review programme, RQIA conducted a review of Governance Arrangements in HSC Organisations that Support Professional Regulation. The review examined the clinical and social care governance arrangements to consider if they were in keeping with the standards and guidelines set by HSC Organisations and Professional Regulatory Bodies, in order to provide assurances to the Northern Ireland public that all health professionals are registered and fit to practise.

Individual professionals are personally accountable for their professional practice and must participate in the activities required to maintain their registration with their professional regulator. HSC Organisations need to ensure that the professionals they employ are supported, monitored and facilitated to meet the requirements of their professional regulators.

RQIA found that all eight HSC organisations involved in this review had robust governance arrangements in place, to ensure essential requirements for professional registration and regulation are adhered to.

Each organisation had effective generic processes in place in relation to:

- Annual checks to ensure that professionals adhere to their registration requirements
- Handling concerns and complaints about individual performance
- Annual appraisal processes and supervision

For individual professions RQIA found that:

- Arrangements for the revalidation of medical staff were now embedded
- Systems were in place to take forward nursing revalidation
- There were arrangements and systems to support the registration of the social care workforce, to include social care workers
- Pharmacists, dentists and bio-medical scientists function in well-regulated environments

RQIA was also provided with examples which demonstrated that HSC organisations understand the importance of professional registration and regulation of their workforce. Registration and regulation is now regarded as a core component of provision across all services, and is recognised to be valuable in the context of service change, increasing demands and expectations, and growing complexity of service users.

Chapter 1: Introduction

1.1 Introduction

The Department of Health in England white paper: *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*, which was published in February 2007[2], sets out a programme of reform for the United Kingdom's system for regulation of health professionals.

In Northern Ireland, health and social care (HSC) 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 registration and revalidation, are a vital component of effective governance and management arrangements. Although these systems are the responsibility of the professional regulatory body, they should be complemented and mutually supported by the employing HSC organisation to assure the Northern Ireland public that all health professionals are registered and fit to practise.

To underpin these systems of professional regulation and to ensure the provision of high quality services, each HSC organisation needs robust systems of clinical governance and appraisal.

Enhancing and strengthening the process of appraisal requires clinical governance and quality improvement systems to function effectively in support. It is important for HSC organisations that appraisal operates effectively as an intrinsic part of their clinical governance and quality improvement systems.

Information requirements and arrangements for information sharing between these systems should be clear. Integration of these systems should help staff produce supporting information for their portfolio, where appropriate, but also enable performance concerns to be dealt with effectively, in a timely manner and not delayed until the appraisal discussion.

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228847/7013.pdf

1.2 Context of the Review

During the RQIA consultation to develop a prioritised programme of thematic reviews for the period 2015-18, RQIA was requested to review the governance arrangements in HSC organisations that support professional regulation.

There are increasing demands placed on health and social care services in Northern Ireland due to an ageing population, high patient expectations, increasing prevalence of chronic conditions, advances in technology and therapeutics, and changes in the way services are delivered.

It is clear that professional staff in Northern Ireland have many challenges ahead. It is important that the people of Northern Ireland are assured that staff are fit to practise and HSC organisations have robust governance processes in place to continue to be safe and effective.

In November 2009, the General Medical Council (GMC) commenced the work on arrangements through which every doctor wishing to remain in active practice in the United Kingdom is required to hold a licence to practise, by undergoing a process of revalidation.

Revalidation largely draws on existing clinical governance systems and relies on each doctor collecting a portfolio of evidence over a five year cycle to comply with standards set out by the GMC. In June 2010, legislation enacted by the Northern Ireland Assembly required each body designated by the legislation to appoint a Responsible Officer (RO). The RO is responsible for ensuring that effective clinical governance arrangements are in place and for making a revalidation recommendation to the GMC, concerning doctors linked to their organisation.

Between 2008 and 2011, RQIA carried out the following reviews that concluded that these processes were well established with effective leadership.

- Review of Appraisal Arrangements Provided by NIMDTA for Primary Care
- Review of Readiness for Medical Revalidation in the HSC Trusts
- Review of Readiness for Revalidation in Primary Care in Northern Ireland

Clinical governance and quality improvement systems should be reviewed regularly to ensure they are fit for the purpose of supporting professional regulation.

As part of its 2015-18 review programme, RQIA has carried out this review, to gain assurance as to the effectiveness of the existing governance arrangements in HSC Organisations that Support Professional Regulation.

The RQIA review focused on the following professions employed by commissioners (HSC Board & PHA) and providers (HSC Trusts):

- Doctors
- Nurses & Midwives
- Social Workers & Social Care Workers
- Pharmacists & Pharmacy Technicians
- Community Dentists & Dental Care Professionals

The review also focused on the Northern Ireland Blood Transfusion Service (NIBTS). The NIBTS is an independent, Special Agency of the Department of Health (DoH). It is responsible for the collection, testing and distribution of over 64,000 blood donations each year. The Service operates three mobile units at around 250 locations throughout the province. The NIBTS employs a number of medical and nursing professionals, as well as a large cohort of biomedical scientists and laboratory assistants. Biomedical scientists are required to be registered and regulated to ensure they are fit to practise. The review team acknowledged that the NIBTS operates within a highly regulated environment; however, the review team felt it was important to include biomedical scientists and laboratory assistants employed by NIBTS in this review.

The review did not focus on the following health professionals as these professions have been reviewed by RQIA throughout 2015:

- Allied Health Professions (AHPs)
- Northern Ireland Ambulance Service (NIAS)
- General Practitioners (GPs)

1.3 Terms of Reference

The Terms of Reference of the Review:

1. Review the effectiveness of the governance arrangements in place within HSC organisations which underpin systems of professional regulation for the following professions:

    - Medicine
    - Nursing and Midwifery
    - Social Work (to include Social Care Workers)
    - Pharmacy (to include Pharmacy Technicians)
    - Community Dentistry (to include Dental Care Professionals)
    - Biomedical Science (NIBTS Only)

2. To report on the findings, identify areas of good practice and, where appropriate, make recommendations for improvements if required.

1.4 Methodology

The review methodology was designed to gather information about current governance arrangements in HSC organisations (including those that Support Professional Regulation).

The methodology was as follows:

- Literature search/review to determine relevant areas in relation to clinical governance and professional regulation.

- Discussions with Professional Regulatory Bodies (GMC, NISCC, NMC, GDC, and the Pharmaceutical Society of Northern Ireland).

- Self-assessment questionnaire completed and returned by HSC Trusts, HSC Board, PHA, & the Northern Ireland Blood Transfusion Service.

- Formal Meetings with senior representatives from each HSC organisation's professional group.

- Focus groups with frontline staff.

- Regional Summit Event involving all relevant stakeholders, to present findings and draft recommendations.

- Publication of an overview report of the findings of the review.

Chapter 2: Findings

Findings from the review are presented in two sections:

1. Generic Governance Arrangements that Support Professional Regulation
2. Profession Specific Governance Arrangements that Support Professional Regulation

2.1 Generic Governance Arrangements that Support Professional Regulation

2.1.1 Registration

The review found that all HSC organisations have robust systems and processes in place, to ensure that employed professional staff adhere to their registration requirements on an annual basis. HSC organisations follow a Registration and Verification Policy which assures registration is addressed. The review also found that HSC organisations have policies for the employment of Locum and Agency Staff. For example, recruitment teams within each organisation carry out checks of professional registration and qualifications that are listed as essential criteria in job specifications. A copy of the applicant's qualification certificates and a print out from the professional body's website is also required and will be retained on their personnel file.

All HSC organisations maintain an alert letter database. This contains names of individuals who are under investigation, or who have been suspended or dismissed by an HSC employer, or who are considered by an employer to be a potential danger to the safety of patients, other staff or themselves. Recruitment teams check the alert letter database prior to forwarding a final offer to ensure that the applicant is not the subject of an alert.

All successful applicants are required to provide evidence of valid registration as part of normal pre-employment checks. Professional registration expiry dates are also recorded on the new HRPTS portal within HSC organisations, which are checked on a regular basis to ensure a registration has not lapsed.

HSC organisations are assisted by staff in the BSO Recruitment Shared Service Centre to subsequently check registration via the regulatory body's website checker, in order to confirm the applicant's registration remains valid on the date of the check.

Prior to any interview, the interview panel will review the application form to confirm live registration is in place and to discover whether the applicant has or has had any referrals to/investigations by the regulatory body. If it is noted that the applicant has declared any such issues, then the interview panel will explore this further with the applicant, at the end of the interview, having completed the normal assessment process. The panel will then decide if the

applicant is suitable for the post or not and will discuss how any issues relating to their practice can be accommodated in their role.

Following recruitment, staff will have their registration checked internally on a regular basis and reviewed at annual appraisal or supervision.

HSC organisations have mechanisms in place to check the status of staff by visiting online registers. For example, HSC Trusts are able to retrieve details for a number of staff at any one time, and be able to identify those medical staff who are:

1. registered with a licence to practise
2. registered without a licence to practise

In addition, HSC organisations have developed mechanisms to check staff registrations on a regular basis. Individual email reminders are also sent out to staff whose registration is due for renewal.

2.1.2 Handling Concerns and Complaints about an Individual's Performance

The review found that HSC organisations have effective internal and external processes and arrangements in place for handling concerns and complaints about individual performance. Where concerns are identified by a patient, service user or carer about the performance, conduct or competence of an individual staff member, the HSC Complaints Procedure[3] is used. Where concerns are identified regarding underperforming staff by other staff members, the organisation seeks to engage with the individual staff member to explore their presenting and underlying difficulties.

The review found that organisations follow the guidance of Maintaining High Professional Standards in the Modern NHS (MHPS)[4] framework in relation to specific concerns which are subsequently investigated following a defined procedure. Depending on the nature of the concern and the findings the organisation may then follow either disciplinary or capability procedures.

The capability procedure is used where there is evidence of a genuine lack of ability rather than a deliberate failure on the part of the employee to perform to standards of which he/she is capable. The aim of this procedure is to improve their performance through on-going monitoring and support.

The disciplinary procedure is designed to help and encourage all employees to achieve and maintain appropriate standards of conduct, performance and behaviour.

[3] https://www.health-ni.gov.uk/sites/default/files/publications/health/HSC-complaints-standard-and-guidelines-for-resolution-and-learning-updated-february-2015.pdf
[4] http://www.ajustnhs.com/wp-content/uploads/2012/05/Dept-of-Health-Discipl-Appeal-2005.pdf

Organisations may also seek to engage external organisations such as the National Clinical Assessment Service (NCAS)[5] which contributes to patient safety by helping to resolve concerns about the professional practice of doctors, dentists and pharmacists.

The review found that HSC organisations have various other policies and procedures in place that complement their procedures for managing concerns/complaints such as:

- Policy & Procedure for reporting & management of incidents
- Policy for completing IR1 incident form (near miss & incident record form)
- Whistleblowing Policy
- Working Well Together Policy
- Management and Handling of Complaints
- Disciplinary and Competence policies and procedures
- Procedures for Initiating and responding to referrals to Professional Regulatory Bodies and Independent Safeguarding Authority
- Requesting DoH to issue an ALERT

Senior staff within trusts, in conjunction with their HR Employee and Engagement team will investigate concerns about an individual's conduct and the potential impact on their fitness to practise. If this is found to be impaired and the individual is dismissed from employment, the case is forwarded to senior management to consider referral to the appropriate regulatory body.

The review found that many concerns or complaints are dealt with effectively at the time they are discovered and not delayed until an appraisal discussion. A collaborative decision is taken whether to refer individual workers to their regulatory body, following disciplinary or capability procedures. Regulatory bodies are automatically informed when a worker is suspended from work pending disciplinary/investigation action.

There are a variety of potential outcomes depending on the severity of the level of under-performance; for example, retraining, supervision, disciplinary action, change of duties, referral to occupational health, or referral to the relevant regulatory body.

The Whistleblowing Policy also provides guidance for staff on how to report concerns of wrongdoing, malpractice or inadequacies in the provision of services, and should provide protection for those staff that raise concerns.

[5] http://www.ncas.nhs.uk/

2.1.3 Sharing Internal and External Complaints and Incidents

The review found that HSC organisations have systems and processes for the collation, investigation and management of comments, complaints, incidents, serious adverse incidents (SAIs) and litigation.

Any internal or external complaints or incidents will be reported and managed initially via the organisation's incident reporting and investigation process and the DATIX system records and supports the management of these processes. Learning reports and outputs of DATIX are used to support a variety of governance structures and learning activities. Clinical Leads and senior staff investigate incidents and identify actions and learning.

The review found that HSC Trusts have a Safer Recruitment and Employment Alert Notice System Procedure that sets out the arrangements within their trust for the processing and issuing of Alert Notices.

Where a registrant receives sanctions, or is suspended or erased from the professional register by a regulatory body following a complaint or incident, senior management contact the DoH requesting the issuing of an Alert Letter to external bodies. Where circumstances dictate, a referral may also be made to the Independent Safeguarding Authority.

External complaints from service users/carers regarding staff are dealt with under the Regional Complaints in Health and Social Care: Standards & Guidelines for Resolution & Learning (DHSSPS 2009)[6]. Learning and/or concerns from complaints can be escalated to Assistant Directors and Executive Directors if required. Senior management teams work in collaboration with other multidisciplinary teams to monitor complaints/incidents regarding trends, risks and potential escalation.

Learning is also shared through appropriate governance arrangements such as, Lessons Learnt Committees, Newsletters and Lessons of the Month initiatives. Serious Adverse Incidents are also reported to external organisations; for example, HSC Trusts report to the HSC Board/PHA in line with an agreed SAI process.

[6] https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/HSC%20Complaints%20%20Standard%20and%20Guidelines%20for%20Resolotion%20and%20Learning%20-%20Updated%20February%202015.pdf

2.2 Profession Specific Governance Arrangements that Support Professional Regulation

2.2.1 Medical Profession

Generic Governance Arrangements

In the organisations that were the focus of this review, the review team acknowledged that medical professionals work in well-established regulated environments. However, it can be a challenge for these organisations to ensure all medical professionals have a full understanding of the governance arrangements, systems and processes within the organisation in which they work. The review also found concerns in relation to the transfer of timely and accurate information when medical staff move between HSC organisations, especially in relation to an individual's professional performance, complaints, and incidents.

Appraisal, CPD and Revalidation

The review found that all HSC organisations have appraisal systems and processes in place to annually appraise their doctors, and check they are up to date and fit to practise. Annual appraisal is a contractual requirement, and is seen by an increasing majority of medical staff as an essential part of their profession, and an opportunity to "showcase" their work. Evidence from the review highlighted a shift away from viewing appraisal and revalidation as a "tick-box" exercise, towards a process in which a quality portfolio was used to provide evidence of good clinical work and professional development.

HSC organisations have developed a range of policies covering appraisal and revalidation, for example, 'Medical Appraisal & Revalidation Policy' which is designed to strengthen the link between appraisal and revalidation. Some HSC organisations also maintain a webpage dedicated to Medical Appraisal and Revalidation which is the primary source of all relevant publications (trust and regional) and includes a range of supporting documentation and templates.

Registered doctors are required to follow CPD recommendations of the various Royal Colleges, for example, completion of 50 hours CPD per year, 25 hours of which must be externally accredited.

RQIA is aware that doctors typically have time set aside for non-clinical activity, however, during focus groups, some doctors highlighted difficulties with meeting their CPD requirements, within their allocated Supporting Professional Activity allowance and would welcome more protected CPD time within work.

Appraisal rates for 2013-14 and 2014-15 in HSC organisations ranged from 71% to 100% for all eligible medical staff.

Recommendation 1	Priority 2
RQIA recommends that HSC Trusts report profession-specific appraisal rates for all eligible professional staff in their Annual Quality Report.	

Revalidation was introduced in December 2012 and required all licensed doctors to demonstrate on a regular basis that they are up to date, fit to practise in their chosen field, and able to provide a good level of care. Licensed doctors have to revalidate every five years and this is supported by having annual appraisals based on the core guidance for doctors, *Good medical practice*[7]. Annual appraisal, in addition to being a contractual requirement, is a pre-requisite to securing a positive recommendation for revalidation. The review found that some HSC organisations have established dedicated revalidation support teams or departments to assure that doctors continue to meet the professional standards set by the GMC and the relevant Royal Colleges. Senior administrative/managerial support was felt by some HSC organisations to be essential in supporting delivery of medical revalidation locally.

To strengthen the appraisal process, HSC organisations have identified a number of Medical Appraisers who are required to undergo specific training. In addition, some HSC organisations have produced the following in an effort to deliver consistency:

- Appraiser and appraisee handbooks
- Good Practice Guidance for Completion of Clinical Appraisal Form 3 and PDP's
- A standardised 'Template for Assessing the Quality of Evidence for Appraisal and Revalidation'

These arrangements provide assurance for the public and patients that medical staff are supported in maintaining high professional standards in the workplace.

The review did find variances across HSC organisations in relation to electronic and paper based appraisal and revalidation portfolios. The majority of organisations would welcome a centralised electronic version, however, there does need to be a balance with face-to-face contact and the option of using paper and pen for some appraisers.

The review found that appraisal is an individual organisational activity, however, systems and processes are not standardised across organisations.

The review found that the Western HSC Trust has been working on developing revalidation systems, the utility of which could be explored by other HSC trusts/relevant HSC bodies.

[7] http://www.gmc.uk.org/The_Good_medical_practice_framework_for_appraisal_and_revalidation___DC5707.pdf_56235089.pdf

Support, Education & Learning

The review found that HSC organisations have varied systems and processes in place for educational governance and leadership to manage and deliver education, training, and CPD opportunities for their medical staff. Some have developed a number of initiatives and good practice which include:

- A Learning and Development Agreement for the provision of postgraduate medical training and education with NIMDTA. This agreement sets out the systems of education governance and leadership to manage and deliver education training and CPD opportunities for medical staff.
- Dedicated websites for doctors for all information pertaining to appraisal and revalidation, medical training and medical induction.
- Specific departmental induction programmes for each division, with a number of core mandatory training modules that doctors must complete as a condition of commencing employment.
- Induction meetings with the Medical Director for each new permanent medical member of staff. At this meeting initiatives such as Medical Leadership and Development programmes and Mentoring Schemes are highlighted.
- HSC Trusts operate an Appraisal Induction Scheme for all new starts, which encourages early development of a Personal Development Plan (PDP).
- Morbidity and Mortality (M&M) review meetings are also a core educational component for doctors. Work is ongoing in some trusts to support a regular M&M meeting for all doctors.
- Review of Complaints/Incidents/ SAIs. SAIs are screened by Associate Medical Directors and regional learning is shared in the form of 'learning letters' that are circulated by the HSC Board and PHA to all medical staff.
- Regular lunchtime Staff Grade and Associate Specialist (SAS) doctors' Link-Up sessions which are held across the trusts.
- In-house Medical Leadership and Development events.
- A standard process for applying for study leave and funding for doctors in training.
- Planned audit and review of all doctors' PDPs as part of an appraisal round.
- Departmental learning events for doctor's e.g. weekly journal clubs etc.

HSC organisations welcome the presence of a local GMC office in Northern Ireland and they have also developed close links with the GMC Employment Liaison Adviser. Organisations regularly engage with the GMC for guidance, support and to discuss cases of concern, fitness to practise thresholds, registration queries and to seek advice in individual circumstances.

The role of the GMC Liaison Adviser in Northern Ireland is to engage with medical staff in trusts, doctors in training and those who are new to United Kingdom practice. They provide practical support and targeted discussion around GMC standards, guidance and reviews.

The review team heard the experience of one doctor who was returning to work after raising a family. They faced a potentially complex journey to becoming reinstated on the medical register, being employed by a trust, and having to provide supporting documentation for a first appraisal. This doctor described a very positive experience from the initial support provided, through to an identity check with the GMC in Manchester and providing evidence of her CPD via a GMC smartphone application. The review team was impressed with the smoothness of the transitions between professional and regulatory governance arrangements and structures. The doctor was assured by these processes that she was both fit to practise and had clear evidence to support this.

2.2.2 Nursing and Midwifery Profession

Readiness for Revalidation

Revalidation for all nurses and midwives in the United Kingdom began to be compulsory from April 2016. In addition to demonstrating nurses' and midwives' ability to practise safely and effectively it is designed to encourage reflection upon, and living out the standards contained within the NMC Code[8].

This new process replaces the old post-registration education and practice (Prep) requirements. Nurses and midwives will have to revalidate every three years to renew their registration.

The review team was provided with evidence that relevant HSC organisations have put significant arrangements in place to become ready for NMC revalidation. These included:

- Base line assessments to identify current registrants e.g. Midwives, Nurses, Bank Only Nurses, and Bank Only Midwives
- Supporting and engaging nurses and midwives to assist understanding and application of the NMC's revised Code
- Scoping individual and managerial readiness to ensure timely revalidation
- Information and Awareness sessions delivered by NIPEC and NMC
- Development and implementation of guidance on collating feedback from patients and colleagues
- Supporting confirmers and third-party appraisers in their roles and ensuring they understand their responsibilities
- Supporting managers to put in place systems to facilitate discussions and confirmer meetings ensuring they understand their responsibilities
- Developing methods of assurance on consistency in confirmers'/ third-party appraisers' judgements
- Engaging with training providers, e.g. the Clinical Education Centre (CEC), to support revalidation learning and compliance activities
- Revalidation Implementation Groups will support implementation of the new arrangements across the directorates
- Ongoing development of a bespoke database to monitor revalidation status across the organisation (HRPTS functionality to capture high level nursing revalidation information was under development at the time of fieldwork)
- Monthly reporting to identify those whose annual fee and revalidation is due
- Communication strategies to alert registrants to the additional requirements and timescale for revalidation
- A Regional Revalidation Programme Board, Co-Chaired by the CNO and Director of Human Resources (DoH)

[8] https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

The review found that nursing and midwifery teams are becoming increasingly multidisciplinary, with collaborative working across specialities. For example, nurses working in multidisciplinary teams where the management is not nursing or midwifery led. The NMC revalidation process is registrant led and individual registrants are responsible for their own revalidation. However, significant work has been undertaken by HSC Trusts in order to support registrants to meet revalidation requirements. With regard to nurses working in primary care, the review team would also like to acknowledge the work of NIPEC and the PHA who undertook a programme of intensive work to communicate with and support practice nurses attached to GP practices with revalidation requirements.

During preparations for the introduction of NMC revalidation, significant steps were taken to ensure organisations representing all groups were informed and reminded of their responsibilities regarding the cascade of information.

Appraisal, Knowledge and Skills Framework (KSF) and Supervision

The review found that all HSC organisations have processes and systems in place for annual appraisal of all nursing and midwifery staff. Arrangements under Agenda for Change and the HSC KSF/Appraisal Policy require that all NMC registrants have a yearly appraisal meeting with their line manager. The standardised documentation which supports this process has been adapted to incorporate the NMC Code.

In 2007, the Chief Nursing Officer (CNO) for Northern Ireland published 'Standards for Supervision in Nursing' which requires nurse registrants to undertake a clinical supervision meeting with their line manager twice per year[9]. At the time of this review midwives were subject to the separate process of Statutory Supervision of Midwives through the Local Supervising Authority (LSA) in Northern Ireland (the Public Health Agency). The standards for supervision of midwives are set and monitored through the 'Midwives rules and standards' (NMC 2012). The LSA reports annually on supervision, and is audited by the NMC. Statutory supervision of midwives by the NMC is currently under review by government and will soon be subject to legislative change'.

Every three years, nurses and midwives need to revalidate in order to renew their registration. From April 2016, revalidation includes requirements in the previous three years for at least 450 practice hours and 35 hours of CPD, at least 20 of which must include participatory learning.

Feedback from frontline staff highlighted that supervision and annual appraisal are seen as a core component of their work, and contribute to high quality, effective and efficient revalidation every three years. Annual appraisal is a contractual requirement, while supervision is a standard set by the profession.

[9] http://www.nipec.hscni.net/work-and-projects/previousworkandprojects/supervision-standards-for-nursing-project/supervisionstandardsnursing-docs/

Support, Education & Learning

HSC organisations provide Nursing and Midwifery induction programmes three times per year for all new nursing and midwifery staff. As part of pre and post registration, all new nursing and midwifery staff undertake induction education programmes in medication management to meet NMC requirements.

During and following completion of their preceptorship period, nursing staff must complete an Intravenous Drug Administration course which is supported by a competency framework tool. All registered nursing staff update their training on administration of medicines on a three-yearly basis, as a mandatory requirement set by HSC Trusts.

The review also found that all HSC organisations have systems of educational governance and leadership to manage and deliver education, training, and KSF/CPD opportunities for registered nursing and midwifery staff. Education, training and CPD opportunities are managed in a variety of ways:

1. CPD opportunities are identified through the process of annual appraisal.
2. In house mandatory training is managed and delivered by the organisation using face to face and e-Learning methodologies.
3. Dedicated training teams manage targeted training e.g. Mentorship, Infection Control.
4. A Service Level agreement with the Clinical Education Centre (CEC) permits access to a variety of training courses; HSC organisations also engage with the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC).

The review highlighted that efforts are made to commission training for individual staff members, when requirements within their scope of practice have been identified at annual appraisal.

All registered nurses and midwifes are assigned to a senior member of the nursing/midwifery teams for induction, supervision, facilitation and critical companionship. On commencement of employment, each nurse/midwife is issued with an induction folder which contains a comprehensive training matrix.

2.2.3 Social Work Profession

Registration of the Social Care Workforce

The review found that HSC organisations welcomed the DoH decision to introduce compulsory registration of the whole social care workforce on a phased basis. Social workers have been required to register with the NISCC since 2005 and there has been a programme of roll out to 30,000 social care workers since 2009. It is anticipated the final groups of social care workers will be registered with the NISCC by March 2017. RQIA was informed that there is a differentiated approach to the registration and regulation of social workers and social care workers reflecting the differences in qualifications, training, levels of autonomy, responsibility, employment patterns and salary level with domiciliary care workers among the lowest paid within the social care family.

Whilst the review examined governance arrangements solely within HSC, the review team acknowledged that approximately two thirds of the social care workforce is employed in the independent sector (i.e. the voluntary and private sectors). The review team was provided with evidence that the roll out of compulsory registration has been to all social workers and social care workers irrespective of sector. Roll out of compulsory registration to social care workers has been on the basis of 'employed within prescribed settings', all of which are services regulated by RQIA.

Appraisal, Knowledge and Skills Framework (KSF) and Supervision

Annual appraisal for social care staff is undertaken through the Knowledge and Skills Framework (KSF), and a Personal Development Plan (PDP) is developed which addresses the particular needs of employees. All social work staff are expected to adhere to the DoH policy and standards for professional supervision of social workers. HSC organisations also have their own policies/procedures for supervision of social care workers in line with Minimum Care Standards for regulated settings[10].

Social workers and managers of social care settings are required to re-register every three years. All other social care workers are required to re-register every five years. All registrants are required to complete 90 hours of post registration training and learning within each registration period.

HSC Trusts are required to report to the HSC Board on the provision of professional supervision for social workers as part of Delegated Statutory Functions reporting and accountability arrangements. HSC Trusts also have arrangements in place for the completion of the Person-Centred Planning (PCP) and PDP processes. For example, individual Directorate Performance Scorecards incorporate data on PCP/PDP performance.

[10] https://www.health-ni.gov.uk/articles/care-standards

Directorate Accountability Reviews address Directorate scorecard returns including PCP/PDP completion.

HSC Organisations operate an appraisal and supervision policy for social workers in line with the DoH policy and standards for professional supervision of social workers. HSC organisations also have their own internal policy/procedures on supervision for social care workers in line with Minimum Care standards of regulated social care settings and what is required.

RQIA found a strong culture of supervision within social work. For all professionally qualified social workers this takes place on a monthly basis in a one to one session; however, for social care workers a mixed approach to supervision exists.

The Improving and Safeguarding Social Wellbeing: A Strategy for Social Work[11] sets out an agenda to strengthen the effectiveness of social work in improving outcomes for service users. One of the priorities of the Strategy is to ensure that professional governance arrangements, including professional supervision, support social workers to work to consistently high standards and manage risks effectively

Support, Education & Learning

The review found that HSC organisations have systems of governance and leadership to manage and deliver education, training, and CPD opportunities for Social Workers and Social Care Workers. For example, HSC trusts have dedicated Social Services Workforce Development and Training Teams which deliver the Personal Social Services Education and Training Strategy'[12], which provides a framework for education, training and continuous professional development opportunities.

Under the Scheme of Delegation for Statutory Functions, HSC trusts are required to maintain the training standards of their social care workforce, and to continue to address and meet strategic objectives and targets for training as set out by the DoH in Circular HSS (OSS) 1/2010 & 3/2012, and in the NISCC: "General Guidance Document for social work registrants and PRTL Requirements"[13].

The Post Qualifying framework, now renamed Professional in Practice (PiP)[14] Framework for Social Work Professional Development, supports social workers to comply with post-registration requirements and to gain recognition of their learning throughout their careers against a set of professional standards. For the vocational workforce, some HSC trusts have developed a Qualification and Credit Framework (QCF) Strategy 2015.

[11] http://www.niscc.info/storage/resources/2012april_dhssps_socialworkstrategy2012-2022_afmck1.pdf
[12] http://www.niscc.info/files/Workforce%20Development/2006_PSS_TrainingStrategy.pdf
[13] http://www.niscc.info/files/2012Jun_PRTLGuidanceforSocialWorkers.pdf
[14] http://www.niscc.info/files/PiP/Stepped_Booklet_web.pdf

The review found that there has been significant progress in areas such as the Domiciliary Care workforce with significant numbers of staff achieving the Level 2 award in End of Life Care. These frameworks ensure that staff are developed and practising in line with national occupational standards (NOS)[15].

The review also found that HSC Trusts target training towards particular groups, based on monitoring of adherence to strategic targets, which are reported on an annual basis to the HSC Board. HSC Trusts use this information to target training at particular groups to ensure that resources are being used effectively. The HSC Trusts have also developed a Post Qualifying Policy for social workers only, which specifies the roles and responsibilities of staff, line managers and training teams.

The review team was informed that the Circular HSS (OSS) AYE 2/2015[16] (Assessed Year of Employment of Newly Qualified Social Workers) states 'All newly qualified social workers should be clearly identified as such in the Human Resources information system in order that individuals can be tracked through to successful completion (of their AYE)'. There are also references to supervision, induction, professional development and performance appraisal of newly qualified social workers in this Circular.

[15] http://nos.ukces.org.uk/Pages/results.aspx?u=http%3A%2F%2Fnos%2Eukces%2Eorg%2Euk&k=Social%20Work
[16] http://www.niscc.info/storage/resources/2015_dhssps_aye_circular.pdf

2.2.4 Pharmacy Profession

Generic Governance Arrangements

In the organisations that were the focus of this review, the review team acknowledged that pharmacy professionals work in well-established regulated environments. Governance arrangements, systems and process are embedded within the pharmacy culture, and are seen as a core part of their functions.

Future Registration and Regulation of Pharmacy Technicians

Within Northern Ireland, pharmacy technicians are not required to register with the Pharmaceutical Society Northern Ireland (the Society) which is the regulatory body for pharmacists in Northern Ireland. In the rest of the United Kingdom technicians are required to register with the General Pharmaceutical Council (GPhC). The review found that both pharmacists and pharmacy technicians would welcome registration and regulation as it would recognise technicians as professional members of the pharmacy team. It would also provide a number of benefits for the technician, pharmacist and most importantly, service users.

Registration of technicians will contribute to improved patient safety by ensuring only those qualified, competent and under a duty to maintain high standards can work as pharmacy technicians. For example, it will allow technicians to up-skill in order to take on greater responsibilities and work within a structured career pathway. It will also allow pharmacists to delegate roles without fear of legal sanction and release time for pharmacists to deal with more patient facing activities. This may have an additional impact in reducing pressures on other parts of the health service. The review team was informed that a public consultation closed on 14 June 2016 in relation to the future functions of the Society. This included consideration of the registration and regulation of pharmacy technicians.

The DoH continues to take a considered approach to the issue of regulating pharmacy technicians in Northern Ireland. RQIA was informed that there will be a process of consultation and legislative change before any decisions to statutory regulate technicians is progressed.

Appraisal, KSF and Continuing Fitness to Practise

The review found that HSC organisations have systems and clinical governance processes in place to support their pharmacy staff with their KSF/appraisal and continuing fitness to practise requirements.

Registered pharmacists are required to complete 30 hours of CPD annually to maintain their registration with the Society. Pharmacists in the hospital service would welcome protected CPD time within work, rather than having to complete 30 hours in their own time.

For pharmacists, confirmation that CPD has been completed, submitted and passed is obtained during an annual appraisal to ensure continuing fitness to practise, as stipulated in the Society requirements. The Society publishes a list of pharmacists removed from its register and this list is checked against pharmacy staff employed by the organisation by pharmacy administration staff. Administration staff also check the register on a regular basis to ensure that all pharmacists are registered. Pharmacists are encouraged to avail of learning and development opportunities offered by both their organisation and the Northern Ireland Centre for Pharmacy Postgraduate Learning and Development (NICPLD).

The review team was provided with instances were pharmacists present a subject from their area of expertise at monthly clinical pharmacy meetings, which provides a CPD opportunity for colleagues. Occasionally a member of the trust consultant staff may also present at such a meeting, on a topic of interest to those attending.

As pharmacy technicians are not registrants, they are not required to complete a specific amount of annual CPD; however, within trusts, technicians are encouraged to avail of learning and development opportunities offered by the trust or by NICPLD. Whilst NICPLD workshops are no longer available for technicians they are encouraged to complete distance learning packages available to them.

Rebalancing Legislation & Consultation on the Future Functions of the Pharmaceutical Society Northern Ireland

A possible outcome of existing legislation is that a pharmacist may face criminal prosecution for a single dispensing error. This has long been a concern for pharmacists within Northern Ireland, and could also impact on future registered pharmacy technicians. Removing this barrier will help encourage a more open approach to error and near miss reporting, improve learning and promote a more transparent culture with ultimate benefits for patient safety.

The government is proposing a new defence against criminal prosecution for pharmacy professionals if they make an inadvertent dispensing error, subject to certain conditions. As a result, in February 2015, the Government launched a Consultation regarding the Rebalancing Medicines Legislation & Pharmacy Regulation[17], and sees the proposals set out in the consultation as a positive step towards a modern approach to healthcare regulation. The review team was informed that the DoH is already prioritising and progressing this work with regard to Northern Ireland.

During the review concerns were raised that having both the GPhC and the Society as regulators of a single professional body results in inconsistencies in approach. It also means that a pharmacist moving between jurisdictions

[17] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403387/consultation_doc.pdf

has to register with another entity and that any pharmacist working in both jurisdictions requires dual registration. The possibility of having a single pharmaceutical regulator for the whole of United Kingdom was welcomed.

2.2.5 Dental Profession

The review team acknowledged that the dental profession works in well-established regulated environments. Governance arrangements, systems and processes are embedded within the dental culture, and are seen as a core part of their functions. Both dentists and dental care professionals are required to register with the GDC. RQIA was advised that the registration of dental care professionals was viewed very positively by the profession.

Governance Arrangements and Structure of Community Dental Services

Within Northern Ireland there are two major branches of the dental profession (general dental practitioners sit outside the trust structures as independent practitioners):

1. Hospital Consultant Dental Service – based at the School of Dentistry (Royal Victoria Hospital, Belfast), Ulster Hospital (Dundonald), and Altnagelvin Hospital.

2. Community Dental Service – based at Health Centres and Health and Well-being centres across Northern Ireland.

In December 2014, RQIA published a report of a review of the Implementation of the Dental Hospital Inquiry Action Plan. That review assessed progress against the 45 recommendations contained in a report of an inquiry chaired by Mr Brian Fee QC. The action plan included many aspects that were to be assessed by this review of governance arrangements to support professional regulation and the review team considered that in light of this, it would not be necessary to include the School of Dentistry in this review.

The majority of Oral and Maxillofacial services in the Ulster and Altnagelvin Hospitals are provided by consultant staff who are both dentally and medically qualified. Although there are a number of singly qualified practitioners, the review team considered that the main issues for these services would be covered by the medical section of the report. This section of the review therefore concentrates on the community dental service provided by HSC Trusts.

Appraisal and Continued Professional Development (CPD)

The review found that all HSC organisations have systems of appraisal and clinical governance within their organisation. CDS Dentists undergo annual appraisal using a Regional Community Dental Service Appraisal Document in Northern Ireland. HSC organisations also ensure mandatory training is completed in line with organisational requirements.

Registered dentists are required to complete 250 hours of CPD every five years. At least 75 of these hours need to be 'verifiable' CPD. Dental Care Professionals must carry out at least 150 hours of CPD every five years. At least 50 of these hours need to be 'verifiable' CPD. CPD hours may be completed within working hours in HSC Trusts, especially for DCPs. Much of dentists' CPD is carried out in their own time. Dentists and DCPs would welcome protected CPD time within work, rather than having to complete these hours in their own time.

In addition, dentists in the CDS are funded to attend 21 study days over three years; however, as there is no funding for backfill, dentists find it difficult to attend. Study leave is granted to attend CPD appropriate to their job role. CPD attainment is checked during the appraisal process. Dental Care Professionals also undergo annual appraisal through the KSF framework.

Registered dentists and dental care professionals have a responsibility as individuals to maintain their own CPD. Dentists and DCPs make an annual self-declaration that they comply with CPD requirements as part of registration with the GDC.

2.2.6 Biomedical Science Profession

Governance Arrangements and Structure of Biomedical Medical Science

During this review, RQIA visited the Northern Ireland Blood Transfusion Service (NIBTS). The NIBTS is an independent agency which employs a number of biomedical scientists, Medical Laboratory Assistants and Laboratory Assistants.

The review team acknowledged that biomedical scientists and laboratory assistants within Northern Ireland work in well-established regulated environments, and are registered, regulated and inspected by a number of organisations such as, the Health and Care Professions Council (HCPC), The Medicines and Healthcare products Regulatory Agency (MHRA), and The Institute of Biomedical Science (IBMS).

Appraisal and Continued Professional Development (CPD)

The review found that the appraisal process within the NIBTS for biomedical scientists is organised and guided by their HR department, in line with the KSF framework.

Biomedical scientists are required to renew their registration every two years; in order to do this they must prove they have fulfilled the HCPC CPD requirements. These requirements are set out in a series of guidelines to improve professional development and patient care; however, no specific number of hours or course requirements are stipulated. Registrants are expected to keep a record of their own CPD and this is monitored through an HCPC audit of a random selection.

The review team was informed that the IBMS runs a similar system to the CPD scheme for biomedical scientists. They must achieve 250 CPD credits within five years. These credits are not based on hours; they are achieved by completing a variety of activities, each worth a certain number of credits, such as, attending a lunchtime seminar, giving a lecture/presentation to students or attending a conference. Once 250 credits have been achieved, the biomedical scientists will then submit an application for CPD validation to the IBMS, and achieve a diploma. The review team was informed that this is how the current scheme operates; however, the IBMS is moving to a new CPD scheme in summer 2016[18]. The IBMS CPD scheme encourages members to maintain, improve and extend their knowledge, skills and practice for the purpose of maintaining CPD.

Each biomedical scientist within the NIBTS undergoes an annual appraisal in the form of a 'Staff Development Review' (SDR) with their line manager. During this review, staff discuss training and/or CPD requirements they may have. Following this, a Personal Development Plan (PDP) is developed for each individual. On completion of departmental SDRs a Team Development Plan is then formulated, and these are used to complete a Corporate Training Needs Analysis.

During the SDR, staff may also add further personal objectives, for example, post entry qualifications, attendance at specific courses and conferences or participation in user groups, all of which will contribute to their CPD activities. Bi-monthly departmental meetings are held which also provide staff with a forum to discuss and share any CPD activities, concerns or suggestions.

The review also found that the NIBTS has the following recognised supervisors/trainers who deliver education, training and complete annual appraisal reports for individual biomedical scientists:

- A dedicated Laboratory Training Officer
- Two qualified IBMS Registration Portfolio verifiers
- Four University of Ulster trained mentors for placement students
- All HCPC registered staff will supervise training of trainee biomedical scientists and placement students to varying degrees depending on their job role.
- Annual appraisals for biomedical scientists and medical laboratory assistants are carried out by their line-manager, Deputy Head, or Head of Department depending on grade of staff.

[18] https://www.ibms.org/go/practice-development/cpd

Education and Learning

The review found that the NIBTS has systems and processes in place to manage and deliver education, training and learning opportunities for biomedical scientists.

The educational processes for laboratory staff take the form of on-going continuous improvement. This is led by the laboratory training officer and includes a programme of lunchtime seminars, mentoring for university placement students and a three yearly Quality Systems training programme, overseen by the Regulatory Affairs & Compliance department. In addition to this, all staff participate in their own individual CPD activities.

The Laboratory Manager is responsible for the management and professional development of all departmental staff. The Laboratory Manager delegates this role to the laboratory training officer and in cooperation with the laboratory training officer, will develop effective programmes of training for all laboratory staff and placement students.

The laboratory training officer develops induction programmes for all new members of staff and placement students and prepares a training plan for each member of staff/placement student. Each Department Head is responsible for delivery of training within his/her department and must ensure that training of biomedical scientists is delivered by HCPC registered staff.

NIBTS has been approved by IBMS as a training laboratory for pre & post registration Biomedical Scientists, and has the following systems and processes in place:

- Laboratory Training and Competency Policy
- Laboratory Training and Competency Procedure
- Corporate Induction Manual
- Laboratory Training Programme

Biomedical scientists have a responsibility to maintain a portfolio of Continuous Professional Development (CPD) in line with the requirements of the HCPC. This is subject to periodic review by the HCPC. In line with the 'Policy and Procedure for the Maintenance of Professional Registration', each biomedical scientist has a responsibility to ensure that HCPC registration is maintained.

Chapter 3: Conclusions

During this review, RQIA found robust clinical and social care governance arrangements within HSC organisations that support professional regulation. Organisations adhere to the requirements, standards and guidelines set internally and by Professional Regulatory Bodies to assure services users, carers and families that professional staff employed are fully fit to practise.

The review found that all eight HSC organisations involved in this review function in well-established regulated environments, with robust governance arrangements in place to assure essential requirements for registration and regulation are adhered to.

RQIA found that HSC organisations have engaged effectively with professional regulatory bodies such as the GMC, NISCC, NMC, GDC, The Society, and HCPC. Good links have been established to ensure continued registration of staff and HSC organisations are now informed in a timely manner of changes in guidelines. There is now effective joint working when dealing with concerns regarding underperforming staff and effective support is provided by regulatory bodies where appropriate. Some regulatory bodies however are perceived by staff to be more successful than others by virtue of local presence, provision of local engagement opportunities and provision of readily available professional guidance support and are perceived to provide better value for the annual retention fee paid.

RQIA was advised that a number of national and local initiatives are currently underway, for example, the intended UK-wide government consultation to explore reform of healthcare professional regulation. This will consider development of a national framework to assess which professional groups should be regulated and how. It is anticipated that the future direction of professions subject to professional regulation will be impacted by these initiatives. The review team considers that this needs to be accounted for during any review that takes place.

RQIA found strong commitment among HSC organisations to take forward professional registration and regulation of their workforce in Northern Ireland. This is an important element in providing assurance to the general public that the HSC workforce is fit for purpose and will continue to provide a high standard of care.

Appendix 1: Abbreviations Used

AHP	Allied Health Profession
AYE	Assessed Year in Employment
Belfast Trust	Belfast Health and Social Care Trust
BSO	Business Service Organisation
CDS	Community Dental Service
CEC	Clinical Education Centre
CNO	Chief Nursing Officer
CoDEG	Competency Development and Evaluation Group
CPD	Continuing professional development
DATIX	Healthcare Incidents, Patient Safety & Risk Management Software
DCP	Dental Care Professional
DoH	Department of Health, Northern Ireland
GDC	General Dental Council
GMC	General Medical Council
GP	General Practitioner
GPhC	General Pharmaceutical Council
HCPC	Health and Care Professions Council
HR	Human Resource
HRPTS	Human Resources, Payroll, Travel and Subsistence System
HSC	Health and Social Care
HSC Board	Health and Social Care Board
HSC Trusts	Health and Social Care Trusts
IELTS	International English Language Testing System
LD	Learning Disability
LTO	Laboratory Training Officer
MH	Mental Health
MHRA	Medicines and Healthcare Products Regulatory Agency
MLA	Medical Laboratory Assistant
M&M	Morbidity and Mortality
NCAS	National Clinical Assessment Service
NIAO	Northern Ireland Audit Office
NIAS	Northern Ireland Ambulance Service
NIBTS	Northern Ireland Blood Transfusion Service
NIMDTA	Northern Ireland Medical and Dental Training Agency
NIPEC	Northern Ireland Practice and Education Council
NISCC	Northern Ireland Social Care Council
NMC	Nursing and Midwifery council
NOS	National Occupational Standards
Northern Trust	Northern Health and Social Care Trust
NVQ	National Vocational Qualification
OCN	Open College Network
PALs	Procurement and Logistics Service
PDP	Personal Development Plan
PHA	Public Health Agency
PIP	Professional in Practice

Prep	Post-registration education and practice
PRTL	Post registration training and learning
The Society	Pharmaceutical Society Northern Ireland
QCF	Qualification and Credit Framework
QUB	Queens University
RO	Responsible Officer
RPS	Royal Pharmaceutical Society
RSSRS	Regional Shared Services Recruitment
SAI	Serious Adverse Incident
SBAR	Situation, Background, Assessment and Recommendation
SDR	Staff Development Review
SLA	Service Level Agreement
South Eastern Trust	South Eastern Health and Social Care Trust
Southern Trust	Southern Health and Social Care Trust
SCD	Special Care Dentistry
TOR	Terms of Reference
UUJ	University of Ulster
Western Trust	Western Health and Social Care Trust

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Assurance, Challenge and Improvement in Health and Social Care

The Regulation and Quality Improvement Authority

31 August 2022

Mr Andrew Dawson
Director of Quality Regulation and Improvement
Castle Buildings
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Dear Andrew

Re: RQIA Workforce Development , Strategic Outline Case (SOC)

As referred to in previous discussions and RQIA/DoH Liaison meetings, please find attached the RQIA Workforce Development, Strategic Outline Case (SOC). This has been a key piece of work identified by the Authority in order to: ensure we support and develop our existing workforce to meet the challenges of the complexities of regulation delivery; create a working environment that encourages, attracts and retains professional and support staff into a career in Regulation and Improvement; and assesses the workforce capacity required to deliver on our statutory requirements, responding effectively and promptly to risks and emerging issues across the health and social care regulatory scope.

We submit this SOC as part of a conversation in the developing role of Regulation and Improvement to support improving safety and quality across health and social care, and to informing and supporting service reform and transformation.

The current legislative framework sets out a frequency of inspection for some services. We have advised DoH that RQIA are not in a position to deliver of those quantums given our work is driven by intelligence gathering, from service users, providers and others, and much of our inspection and other regulatory work is required to respond to that assessed risk. There has been exceptional growth in reporting of concerns and information from service users, providers and others. This is to be welcomed in terms of recognising the role of regulation, despite bringing its challenges.

However as a starting point for this SOC we looked at the required annual frequency of inspection, and where it does not exist in the legislation, suggest an annual inspection at minimum for services, where frequency is not specified. We have

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The Regulation and Quality Improvement Authority

adopted this approach simply to gague as a first step what is the resulting expected workforce capacity , even though we would assert that such capacity should still be directed on a risk based approach, coupled in part with a reasonable frequency assessing compliance with standards for assurance.

As a result of the work, supported by HR Associate from Leadership Centre, the SOC sets out need for workforce expansion along side a conversation as to how to use existing resources most effectively, whilst the legislative framework remains as it is.

The methodology and rationale are set out in the SOC. We appreciate and welcome the need for challenge in this regard. RQIA have 137 headcount core staffing (this excludes Chief Executive and 3 Directors). We are actively ensuring we recruit and retain staff to our full funded capacity. I trust this SOC sets out our vison for optimising the ability of regulation and improvement to support the DoH in the assurances it requires across the system. We also recognise the need for refresh of the legislation , potentially extending scope and reach, and we look forward to supporting and assisting through informing such a review, from our experience and issues identified.

Please accept this SOC as part of a conversion to explore the role and development of RQIA. I should be grateful of the opportunity to explore this Strategic Outline Case with Department of Health colleagues, and to discuss any resulting next steps from our engagement. With our thanks.

Yours sincerely

Personal information redacted by USI

Briege Donaghy
Chief Executive

Enc. SOC