

# COMMISSIONING QUALITY SERVICES

The NHSSB's Commitment to Quality

December 2006



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## **Executive Summary**

This document outlines the context in which the Northern Health and Social Services Board (NHSSB) seeks to ensure that the services that it commissions for local residents are delivered to a recognised level of quality. All Health and Personal Social Services (HPSS) organisations are now subject to a statutory duty of quality which governs the approach to commissioning and delivering services. This document will highlight the importance of effectively integrating controls assurance policies (such as Clinical and Social Care Governance and Risk Management) with the government's agenda for reform, modernisation and efficiency within public services.

The Board's approach to commissioning and monitoring the quality of services reflects this integration of strategic policy and an existing commitment to high standards. An enhanced framework for monitoring services combines the need to ensure that services are efficient and accessible with a focus on clinical and social care standards and user experience. The importance of reflecting recognised quality standards and professional guidance when commissioning or monitoring services is central to this framework. The Board's complaints process and user involvement policy also have a crucial role to play.

Given the wide range of services commissioned, a process for identifying which areas to monitor in more detail has been established. This reflects the importance of Programme of Care (PoC) issues, identified risks or pressures, the role of the Senior Management Team and Board members and the need to work closely with other HPSS colleagues.

The outcomes of quality monitoring or improvement projects will be reported to Board members through the Risk Management and Clinical and Social Governance Committee as appropriate and will be summarised in an annual report. This document summarises the outcomes of projects undertaken during 2005/06.



## **1) Introduction**

The Board's mission statement is "to promote the health and well-being of the Board's resident population and secure a balanced range of health and social care services to the highest standards within available resources to meet the specific needs of the population."<sup>1</sup>

For many years this objective of ensuring that services met agreed standards within restricted budgets has been at the core of many commissioning decisions and would have been specifically stated in Service & Budget Agreements with the Trusts. In the past few years however, there has been an increasing national and international focus on improving health and social care provision, that demands a much more systematic and thorough approach. The new focus on quality can be labelled "quality improvement", "service improvement" or "modernisation". In reality however, the aims are the same: effective and efficient services that are timely, patient centred and safe. The 'Learning from Bristol'<sup>2</sup> report and many others have highlighted the need for cultural change in health and social care for these aims to be achieved. This requires not just finances, but a new way of thinking about how services can be delivered and their outcomes measured.

The Board has an extensive programme of investment associated with the reform and modernisation programme and the implementation of regional strategies such as 'Developing Better Services'<sup>3</sup>. Much of this investment can be monitored in terms of shorter waiting lists, reductions in delayed discharges, numbers of procedures or other similar measures. Whilst these can be seen as a measure of quality, the Board is committed to monitoring quality in the wider sense. This requires monitoring services to determine how they compare to recognised professional standards and ensuring that the views of service users are taken into account.

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<sup>1</sup> 'New Horizons: New Opportunities - Annual Report 2005/2006'. Published by the NHSSB Sept 2005.

<sup>2</sup> 'The Report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984-1995: Learning From Bristol'. Published by the Stationery Office July 2001.

<sup>3</sup> 'Developing Better Services'. Published by the DHSSPS June 2002.

This report is designed for three principle purposes. It will set the context within which quality monitoring and improvement plans are developed, outline our approach to implementing these plans and provide examples of the work undertaken by the Board and the outcomes that result.

The HPSS (Quality, Improvement and Regulation) (NI) Order 2003 imposed a statutory duty of quality on all HPSS bodies. Whilst accountability for this may lie with individual Chief Executives, the delivery of quality and service improvements is dependant on all staff within the Boards and Trusts. Chief Executives, Directors and senior managerial and clinical staff must however provide the leadership, vision and support for others to implement the changes necessary to improve services. There are many distinct initiatives, from a wide range of sources, influencing the drive for quality improvement and it is crucial that these are co-ordinated to maximise the outcomes and produce the culture change required.

Within the whole spectrum of current service delivery and development planning there is an increasing focus on the need for reform and efficiency. This inter-relation between delivering quality services and utilising resources effectively has been highlighted in several strategic reports. Sir Peter Gershon's national report<sup>4</sup> on producing greater efficiency in public sector services identified six areas in which resources could be released for service development priorities. In Northern Ireland, Professor John Appleby's review<sup>5</sup> of services in 2005 produced twenty-five recommendations that reflect the focus on reform, efficiency and service performance.

The DHSSPS, Boards and Trusts are working together to implement the reform and efficiency agenda and develop projects that will have specific outcomes designed to improve both the level and quality of service and how it is delivered. These projects incorporate themes that connect efficiency and quality:

- Improved ways of working – more productive use of staff time and more flexible utilisation of staff. Increased multi-

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<sup>4</sup> 'Releasing Resources to the Front Line: Independent Review of Public Sector Efficiency'. Published by HM Treasury July 2004.

<sup>5</sup> 'Independent Review of Health and Social Care Services in Northern Ireland'. Published by the DHSSPS and the Kings Fund August 2005. Available on both websites.

disciplinary and multi-agency working. Reduced levels of absenteeism.

- Redesigned work flows and patient pathways to reduce service bottlenecks.
- Adoption of best practice and adherence to service standards to improve quality and outcomes.

The core principles of Clinical and Social Care Governance (CSCG) are now a fundamental part of health and social care and the Board seeks to ensure that they are inherent in all aspects of the commissioning process. There has been much discussion about the need for a culture change within the service. The principles of CSCG call for a culture of openness and safety and a shift away from the traditional culture of blame. Patient safety should be at the core of services and the Board has an important role to play in promoting culture change through the commissioning process.

When the various strands of the commissioning process are examined it is possible to identify two principle areas on which the Board will focus to ensure that the services provided to the population are of a high standard and cost-effective. These illustrate how the various drivers for improvement can be combined and co-ordinated for best impact.

- Current services must be monitored to ensure that they are meeting the needs of the population and that the quality of service meets the standards that have been established. These standards can be drawn from several sources including regional or national strategies and guidance from professional bodies. The monitoring of these services can be difficult given the wide range of services provided by various organisations. However, the Board has developed a framework to promote an effective programme for monitoring services. In addition, staff from the Board, Trusts and other providers monitor services in a range of multi-organisational and multi-professional meetings. When services are not meeting quality or performance standards there must be a process that can be implemented to ensure that these are addressed.

- Service development is a core function for the Board and Trusts and in recent years there has been considerable investment in the commissioning of new or redesigned services. The various Directorates, Programme of Care (PoC) Teams and other commissioning groups have established processes for the allocation of resources for service developments. These should ensure that new services are designed to deliver high quality care and that it is possible to monitor outcomes.

## **2) Governance / Controls Assurance**

The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 imposed a 'statutory duty of quality' on HPSS Boards and Trusts. This means that each organisation has a legal responsibility for satisfying itself that the quality of care it provides meets a required standard. This requirement is just as important as the responsibility to demonstrate financial regularity and propriety. Organisations must ensure that there are visible and rigorous structures, processes, roles and responsibilities in place to deliver, monitor and promote safety and quality improvements in the provision of health and social care. This process is known as Governance.

The provision of a quality service within the HPSS must be seen within a wider framework, bringing together the various stands of governance activity within the Board. Of particular relevance are the standards relating to Clinical and Social Care Governance and Risk Management. This framework will assist the Board in pursuing continuous improvement in service delivery by providers.

Since April 2004 the Board's Chief Executive has been required to sign a Statement of Internal Control as part of the statutory accounts and annual reporting process. This statement confirms to the public that the Board has in place, and is constantly reviewing, the systems of internal control. It also determines that a risk and control framework is in place and that it is built on sound management practice and addresses the controls assurance standards.

A key element of the Board's control framework is evidence of compliance with the Controls Assurance Standards. Controls Assurance is the process that enables HPSS organisations to provide evidence that they are doing their reasonable best to manage themselves, meet their objectives and protect patients, clients, staff, the public and other stakeholders against risk of all kinds. All of the standards provide the focus for a common system of risk management across the HPSS.

The Board has a programme in place for self assessing the level of compliance with the controls assurance standards, as required by the DHSSPS, and has met the required levels of compliance with those standards applicable to the Board. Self assessment against these standards and meeting the expected level of compliance are also key indicators against which the Regulation and Quality Improvement Authority (RQIA) will monitor organisations. The local Trusts also have to demonstrate compliance with these standards, of which there are currently twenty one. Listed alphabetically, these are:

- Buildings, Land, Plant and Non-Medical Equipment
- Decontamination of Re-usable Medical Devices
- Emergency Planning
- Environmental Cleanliness
- Environmental Management
- Fleet and Transport Management
- Financial Management
- Fire Safety
- Food Hygiene
- Governance
- Health and Safety
- Human Resources
- Information and Communication Technology (ICT)
- Infection Control
- Management of Purchasing and Supply
- Medical Devices and Equipment
- Medicines Management
- Records Management
- Risk Management
- Security Management and
- Waste Management

Risk management is an essential element of the Board's corporate governance arrangements. It is the means by which risks that are present in the provision of health and social care are identified, analysed (in terms of their impact and likelihood) and controlled. An effective risk management process will proactively identify areas in which there may be a poor quality of service and hopefully implement measures to improve quality. Previously, these improvements may

have only occurred after the reporting of an untoward event or the receipt of a complaint.

In line with departmental requirements the Board adopted the Australia / New Zealand Standard or AS/NZS 4360: 2004. This provides a generic model for identifying, prioritising and managing risks whether at local or strategic level. A Risk Management and Clinical and Social Care Governance Committee has been established within the Board. This Committee meets regularly and is responsible for ensuring organisation wide systems are in place for the co-ordination and prioritisation of Risk Management and Clinical and Social Care Governance issues, which should also identify relationships with provider organisations in managing risk and promoting Clinical and Social Care Governance. A Risk Management Operational Group co-ordinates and resolves local issues and provides a route for significant local issues to influence the strategic risk profile.

The focus in recent years has been the co-ordination and implementation of our risk management processes ensuring they are fully integrated within the Board's corporate planning and decision-making processes; ultimately ensuring that initiatives taken to reduce risk have a positive impact upon the quality of services provided.

At the heart of the risk management process is the Board's risk register; a management tool that enables the Board to understand its comprehensive risk profile and details all risk information relating to the business objectives.

During 2006, the DHSSPS published "Establishing an Assurance framework: A practical guide for the management boards of HPSS organisations". The guidance gives advice on building an assurance framework and on harnessing existing risk management activity and performance management arrangements.

In considering this guidance, it was recognised the existing risk management processes and the corporate risk reporting arrangements, within the NHSSB, provided a solid foundation to take forward and develop a risk and assurance framework for the Board.

To this end, corporate risk register has been further developed and expanded to incorporate an assurance framework.

Clinical and Social Care Governance (CSCG) is now a major influence in the HPSS. It has been defined as “a framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.”<sup>6</sup>

The DHSSPS published Circular HSS (PPM) 10/2002 ‘Governance in the HPSS – Clinical and Social Care Governance: Guidelines for Implementation’ in January 2003. This outlined the initial steps in the implementation process and provided specific deadlines. Since April 2004 all providers are expected to comply with CSCG principles as part of their service agreement. Further Departmental guidance was issued in relation to Primary Care practitioners in February 2005. All Boards were required to carry out a number of actions in relation to the GMS Contract which placed a duty on GP Practices to have effective governance systems in place.

The Board has developed a well defined CSCG implementation process. A lead officer for CSCG was appointed, self assessments completed and departmental Action Plans developed. Given the close relationship between risk management and CSCG the NHSSB has established close working relationships between the two operational groups. The Risk Management and Clinical and Social Care Governance Committee oversees implementation. The CSCG Group has agreed a process that will involve the completion of specific quality improvement (QI) projects by Board staff each year. These projects can be purely internal to improve processes within the Board or can involve liaison with Trust colleagues to enhance service provision. Directorate staff are involved in an annual CSCG workshop and a CSCG report is produced each year.

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<sup>6</sup> G Scally & L J Donaldson (1998), ‘Clinical Governance and the Drive for Quality Improvement in the New NHS in England’. Published in British Medical Journal. BMJ 1998;317:61-65. Available at [www.bmj.com](http://www.bmj.com)

During 2005/06 the Family Practitioner Unit (FPU) at the Board visited every General Practice in the NHSSB locality and assessed the CSCG activity in each against a regional template. A summary of this activity was made and combined with the reports of the other three Boards to produce a regional report (Appendix 4). The FPU has established CSCG structures within its own organisation and within primary care.

During 2006 representatives from FPU's Clinical Governance Support Team were involved in the development of Primary Care Clinical and Social Care Governance Plans. These plans are being filled out by each GP Practice and assessed by FPU teams at the Annual Visit. The information from these plans will be collated into a summary report which will be shared with the relevant authorities.

Locally and at a regional level FPU's Clinical Governance Support Team are organising educational events and workshops raising the profile of CSCG and facilitating practices to implement effective CSCG frameworks. Further guidance was issued by the DHSSPS in September 2006 and FPU are working with the other Boards to produce a regional approach to monitoring CSCG in 2007/08.

A core principle of CSCG is the need to support culture change in health and social care services. It encourages the development of a no-blame, questioning, learning culture with excellent leadership and an ethos where staff are valued and supported. The development of a no-blame culture is essential if progress is to be made on the wider issue of patient safety. A system of reporting of incidents and near misses is a crucial factor in learning from previous experience and an important element in risk management. During 2006, the Board took action to strengthen its reporting systems in line with new guidance from the DHSSPS. A Serious Adverse Incident Review Group has been established to review incidents and ensure that appropriate actions are taken.

The culture of openness also refers to the sharing of best practice and the Board has established a Clinical and Social Care Governance Forum, which includes the CSCG leads from each Trust and LHSCG and the Northern Health and Social Services Council (NHSSC). The goals of the CSCG Forum are to:

- Share good practice in terms of what each organisation in the Forum is doing to strengthen CSCG arrangements and improve the quality of Clinical and Social Care
- Support each organisation in implementing the CSCG agenda by sharing ideas and lessons learned
- Agree an annual programme of Area-wide projects which would improve the quality of clinical and social care provided to patients
- Provide a Project-Board function to the Project Teams for Area-wide projects.

One of the key performance criteria analysed when assessing CSCG implementation is research and education. The latter is linked to the Knowledge and Skills Framework<sup>7</sup> introduced as part of Agenda for Change<sup>8</sup>. Crucial to the development of high quality services and meaningful, measurable standards is a programme of research within health and social services. The Board is involved with the Trusts and other organisations in a range of research projects. These are undertaken within the guidance in the DHSSPS 'Research Framework for Health and Social Care'. However, the outcomes of research locally, nationally and internationally will influence commissioning and service provision only if it is effectively communicated and shared within and between organisations and professional groups. Board staff are encouraged to identify new ideas and best practice, share them with others and ensure that they are incorporated in commissioning decisions.

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<sup>7</sup> 'The NHS Knowledge and Skills Framework and the Development Review Process'. Published by the Department of Health in October 2004.

<sup>8</sup> 'Agenda for Change'. Published by the NHS Staff Council Nov 2004.

### **3) Quality Standards and Professional Guidelines**

When examining service developments and quality improvement, health and social care professionals must take account of guidance, recommendations and advice issued by a range of professional organisations, public inquiries and voluntary bodies. These are all closely intertwined with the CSCG agenda and are often reflected in government publications.

Clinical and social care standards that are in existence will form a central element in NHSSB monitoring of the quality and effectiveness of services being delivered. These standards and guidelines can be identified from a variety of sources and monitoring of compliance with these can be co-ordinated at both the regional and Board level. It should be noted that whilst there is an expectation that Trusts will comply with these guidelines and recommendations, there can occasionally be resource implications that prevent full implementation.

The HPSS (Quality, Improvement and Regulation) (NI) Order 2003 aimed to enhance regional procedures for the review, development, communication and monitoring of guidelines and standards. The newly established Regulation and Quality Improvement Authority (previously the Health and Personal Social Services Regulation and Improvement Authority) has overall responsibility for monitoring and regulating the quality of health and social care services. The Regulation and Quality Improvement Authority (RQIA) has also taken over the role of the four Boards' Registration and Inspection (R&I) Units in ensuring that care homes meet the proper quality standards.

In Northern Ireland, the Clinical Resource Efficiency Support Team (CREST) has published a wide range of guidance since 1989. These publications include equipment surveys and protocols on the use of specific drugs, as well as guidelines for services such as:

- Guidelines for Prevention of Infection and Decontamination of Respiratory Equipment (2006)
- Guidelines for Investigation and Management of Transient Ischaemic Attack (2006)

- Guidelines for Chronic Kidney Disease (2006)
- Guidelines for Cardiac Rehabilitation (2006)
- Guidelines for the Diagnosis and Management of Coeliac Disease in Adults (2006)
- Guidelines on the Management of Cellulitis in Adults (2005)
- Guidelines for the Management of Obesity in Secondary Care (2005)
- Guidelines on the Management of Chronic Heart Failure in Northern Ireland (2005)
- Guidelines for the Management of Enteral Tube Feeding in Adults (2004)
- Management of Diabetes in Pregnancy (2001)
- Management of Severe Pre-Eclampsia and Eclampsia (2001)
- Consensus Guidance on the Management of Acute Stroke (1999)
- Guidelines for Wound Management in Northern Ireland (1998)
- Review of Adult Intensive Care Services in Northern Ireland (1998)

The Social Services Inspectorate (SSI) within the DHSSPS fulfils a similar role to SSI elsewhere in the United Kingdom. This role includes conducting inspections aimed at promoting quality standards, providing advice and promoting training. The SSI publishes a series of reports and standards for social care services that act as a framework for service provision and development. These include:

- Social Care Support Services for Carers of Older People (publication during 2006)
- Social Services Training (2005/06)
- Standards for the Inspection of Child Protection Service (2005)
- Regional Inspection of Services for Children with a Disability (2005)
- Challenge and Change – Inspection of Social Work and Related Services for Adults with Sensory Loss (June 2005)
- Standards for the Purpose of an Inspection of Social Work Services for People with a Sensory Impairment (Aug 2004)
- Inspection of Social Work in Mental Health Services (June 2004)

- Adopting Best Care (2002): Evaluation report on adoption services.
- From Dependence to Independence – Agenda for Action (2000): Standards for social work services for young disabled adults. Updated in 2003.
- Living with the Trauma of the Troubles (1998)

The new structures resulting from the HPSS (Quality, Improvement and Regulation) (NI) Order 2003 and the Review of Public Administration will, in due course, incorporate the work of CREST and other bodies such as the Regional Multi-Professional Audit Group (RMAG) in Northern Ireland.

Existing publications from CREST, SSI and a wide range of other sources can be used to establish standards for services and identify performance indicators. In the past two years a series of consultation documents aimed at establishing both specific care and general quality standards have been issued by the DHSSPS. The resulting standards will reflect best practice and will assist in the monitoring of service quality. They will provide:

- A system of self-assessment.
- Benchmark indicators for quality improvement.
- Staff with information on what to expect from quality organisations.
- Information for those using services on what they can expect from the service provider.

‘The Quality Standards for Health and Social Care’<sup>9</sup> were published by the DHSSPS in March 2006. These include five key quality themes which all HPSS organisations will be assessed upon by the RQIA.

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

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<sup>9</sup> ‘The Quality Standards for Health and Social Care – Supporting Good Governance and Best Practice in the HPSS’ – published March 2006. Available on the DHSSPS website.

- Effective communication and information.

The NHSSB completed the first stage of the self assessment programme in October 2006 and the RQIA will review progress against the standards during 2007.

RQIA will link closely with the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE). In this way quality improvements recommended in England can be incorporated into the HPSS and implemented by Trusts. This process will be assisted in the future by the development of Service Development Frameworks similar to the National Service Frameworks (NSFs) in England.

A formal link with NICE commenced in July 2006 and was formally launched by the Health Minister in November 2006. Previously NICE technology appraisals, clinical guidelines and interventional procedures were not technically applicable to Northern Ireland, but provided a model for services to study. The clinical guidelines, in areas such as diabetes, infection control, palliative care, head injury and cancer, promote high quality services. NICE guidance on the use of new and existing medicines and treatments is crucial in promoting the culture of patient safety. A process for reviewing and endorsing NICE guidance has been developed to allow implementation within the HPSS.

The DHSSPS signed a Service Level Agreement with SCIE in June 2004, extending its services to Northern Ireland. The SCIE emphasises the identification, development and dissemination of good practice in respect of a range of social care services. This will be an important resource for the NHSSB in commissioning services.

The 'NHS Plan'<sup>10</sup> highlighted the importance of developing National Service Frameworks as standards of best practice in care provision. These Frameworks can also be used as a basis for service development in the HPSS. For example the development of assertive outreach and crisis response services are key recommendations in the Mental Health NSF, and these are now operational locally. The NSF for Older People has models for the development of services

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<sup>10</sup> 'The NHS Plan'. Published July 2000. Available at the DoH website.

such as stroke and specialist falls that have been used as the basis for NHSSB service development funding.

Progress on the development of the NSFs in England:

- Long-term conditions - Published March 2005.
- Renal Services – Part 1 on dialysis and transplantation published January 2004 and Part 2 on chronic kidney disease, acute renal failure and end of life care published February 2004.
- Childrens' Services – Complete document published in September 2004, following on from 'Standards for Hospital Services' (April 2003) and 'Emerging Findings' (May 2003).
- Diabetes – Standards published December 2001 and delivery strategy published in November 2002.
- Older People – Published January 2002. Progress report released in 2003.
- National Cancer Plan – Published September 2000. A three year progress report was published in 2003
- Coronary Heart Disease – Published March 2000
- Mental Health – Originally published September 1999. Five-year review published December 2004.

Guidelines and recommendations on a wide range of issues are regularly published by all the relevant professional governing bodies, including the various Royal Colleges, Associations and advisory organisations. These publications provide a framework of protocols, quality indicators, standards, staffing levels, training requirements and other essential elements required to deliver a safe, high quality service. The models of care proposed by these professional bodies are seen as the ideal standard towards which services should be developed. In reality there may be factors such as cost and staff shortages that prevent the complete implementation of these standards.

The Department of Health and other NHS organisations and agencies in England, as well as the devolved governments in Scotland and Wales, have also produced reports that highlight new standards or improved ways of working that are important references for the HPSS in Northern Ireland. Whilst these may not apply directly to services in

Northern Ireland they can often provide examples of good practice that can be accessed and adapted to suit the HPSS.

In recent years, several highly public inquiries in both Northern Ireland and Great Britain have produced important quality improvement recommendations that need to be implemented by the DHSSPS, Boards and Trusts.

The public inquiry into the care of children receiving cardiac surgery at the Bristol Royal Infirmary between 1984 and 1995 was chaired by Professor Ian Kennedy. The subsequent report 'Learning from Bristol' (2001)<sup>11</sup> made a range of recommendations, many of which were aimed at ensuring a change of culture in the NHS. The report made a total of 198 recommendations focusing on patient centred care, staff, leadership, systems and facilities, safety, learning and accountability.

The issue of child protection has been central in many public inquiries. The publication of 'Lost in Care'<sup>12</sup>, the report by the Waterhouse inquiry into abuse of children in care in North Wales, and the subsequent DoH response 'Learning the Lessons'<sup>13</sup> resulted in new guidelines and procedures. These were further reinforced when 'The Victoria Climbié Inquiry' (2003)<sup>14</sup> conducted by Lord Laming produced 108 recommendations targeted at Social Services, Health care professionals and the Police. These emphasise the importance of better education, training and quality monitoring. The DHSSPS audited local services to assess the degree to which lessons can be learned from the messages arising from the Laming Report. An analysis of the responses and recommendations for action have been produced and will be implemented by the NHSSB.

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<sup>11</sup> 'The Report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984-1995: Learning From Bristol'. Published by the Stationery Office July 2001.

<sup>12</sup> 'Lost in Care – report of the Tribunal of Inquiry Into The Abuse of Children in Care in the Former County Council Areas of Gwynedd and Clwyd Since 1974'. Published February 2000. Available at DoH website.

<sup>13</sup> 'Learning the Lessons: The Government Response to Lost in Care'. Published June 2000. Available at DoH website.

<sup>14</sup> 'The Victoria Climbié Inquiry'. Report by Lord Laming published January 2003. Available from The Stationery Office or [www.victoria-climbié-inquiry.org.uk](http://www.victoria-climbié-inquiry.org.uk)

The Shipman Inquiry, chaired by Dame Janet Smith, published a series of reports between 2003 and 2005. The fifth report<sup>15</sup> is particularly relevant to the HPSS as it focuses on quality and clinical governance standards, patient safety and improvements in the handling of complaints. The General Medical Council is the focus for several recommendations in relation to fitness to practice and revalidation.

In Northern Ireland the publication of the 'Review of Health and Social Services in the Case of David and Samuel Briggs' (2003)<sup>16</sup> highlighted a range of issues to be reviewed by the DHSSPS. The recommendations in the report included:

- More effective monitoring of standards and quality of services by the Boards.
- Improved communication, supervision and training.
- Introduction of quality assurance processes.
- Review of 'serious incident' reporting, investigation and learning.

More recently, the RQIA has issued recommendations for services based upon reviews that they have undertaken. Organisational adherence to these recommendations will be a central issue during RQIA reviews being undertaken in early 2007.

- Recommendations for peri-operative services following the review of the death of Mrs Janine Murtagh<sup>17</sup>. These relate to consent, patient care, leadership and communication and policies and procedures.
- Recommendations for addressing concerns raised by a serious adverse incident report in the Breast Screening Service<sup>18</sup>. These relate to recruitment, accountability and competency.

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<sup>15</sup> 'Safeguarding Patients: Lessons from the Past – Proposals for the Future'. Shipman Inquiry led by Dame Janet Smith. Fifth Report published December 2004. Available at [www.the-shipman-inquiry.org.uk](http://www.the-shipman-inquiry.org.uk)

<sup>16</sup> 'Review of Health and Social Services in the Case of David and Samuel Briggs'. Review led by R J Lewis published by the DHSSPS in June 2003.

<sup>17</sup> 'Review of the Lessons Arising from the Death of the Late Mrs Janine Murtagh'. October 2005. Available on the Regulation & Quality Improvement Authority website.

<sup>18</sup> 'RQIA Governance Review of the Northern Ireland Breast Screening Programme – March 2006'. Available on the RQIA website.



## **4) Complaints Monitoring / User Involvement**

Patient centred care is now one of the key principles in health and social services and both the monitoring of complaints and user involvement are increasingly seen as being key elements in the improvement of HPSS services. At Trust level, user or patient involvement should lead to greater patient choice and participation in decisions on care. At a more strategic level, user or public involvement is about participation in planning and decision making. A central role for the service user is reflected in the CSCG agenda and in many of the publications from governmental, professional and other bodies.

As a commissioner of services the NHSSB has actively encouraged users of those services to make their views known. This has been achieved through the monitoring of complaints and by seeking user views on current services or before making key decisions. The need to incorporate user or carer views when determining the quality of services being delivered is widely recognised and the Board and Trusts are trying to develop procedures to ensure that this is done effectively.

The Board understands the importance of effective complaints handling, not only as a mechanism to identify areas where quality improvement is needed but also as part of the process to ensure that individual or public confidence in the HPSS is restored. The Office of the Convenor routinely screens those complaints that have not been dealt with to a complainant's satisfaction by the service provider. An annual report is produced which details the number and type of complaints generated within the Board area. Trusts are also asked to report any changes in service delivery that have resulted from a complaint. This ongoing monitoring process ensures that issues are identified and addressed to prevent reoccurrence.

The Board's 'Policy for Public Involvement' lays out its principles for ensuring effective and meaningful involvement in all aspects of its role. A Public Panel has been developed in a bid to ensure a dedicated resource is at hand on an ongoing basis. The Board

recognises and values the user contribution to the commissioning process. The benefits in terms of improved outcomes for patients, more appropriate use of services and the potential for greater cost effectiveness are substantial. The NHSSC also has an important role in representing the views of the public and the Board continues to work closely with the Council.

As part of the CSCG agenda, the Board intends strengthening the principles of openness, responsiveness and accountability. It is working with local Trusts to ensure that information is available to patients and carers in a wide range of formats. Access to information is frequently one of the main issues raised by service users. At the strategic level the Freedom of Information Act (2000), which came into effect on 1<sup>st</sup> January 2005, aims to promote greater openness in the public sector. A cultural change was already espoused in the 'Code of Practice on Openness in the HPSS'<sup>19</sup> and is a central theme in CSCG.

Information on the complaints process and user involvement can be obtained by contacting the Board's Consumer Services Manager. Further details on the implementation of the Freedom of Information Act can be obtained from the Information, Risk and Performance Management Directorate.

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<sup>19</sup> 'Code of Practice on Openness in the HPSS'. Published by the HSS Executive, October 1996. Available to order at DHSSPS website.

## **5) The Monitoring Process**

The Board has developed a new framework for monitoring services that incorporates experience from previous monitoring or quality improvement activities and reflects the links to controls assurance, clinical and social care standards, professional standards, user involvement and the complaints procedures.

For many years the Board undertook a programme of In Depth Monitoring (IDM) which involved Programme of Care (PoC) Teams and some Directorates undertaking a detailed review of specific services. These services would have been targeted as a result of concerns raised in complaints or from pressures or risks identified to the Board. They may also have been selected for IDM to ensure that the outcomes of investments were realised. The reports that resulted from IDM would include recommendations for further action. Whilst the IDM process was a useful quality monitoring and improvement tool, it was recognised that it was a very resource intensive approach that restricted the number of services that could be quality monitored.

The Board also has a responsibility to undertake a wide range of statutory monitoring that reflects service quality.

- The Social Services Directorate takes the lead on producing a series of statutory reports, including childrens' services, child protection, children leaving care and direct payments.
- The Public Health Directorate takes responsibility for monitoring the cervical and breast screening programmes and ensuring that immunisation targets are met and incidences of communicable diseases identified, controlled and investigated.
- The Nursing & Consumer Services produces a report on complaints and the Director is the Local Supervisory Authority for midwives.
- The Family Practitioner Unit has responsibility for monitoring the wide range of quality indicators as part of the Quality and

Outcomes Framework of the General Medical Services (GMS) Contract<sup>20</sup> that came into effect in April 2004.

The Board has had a strong performance management function in place for many years. This has included regular meetings with Trust colleagues to identify issues and the reporting of information / statistics to the DHSSPS on a regular basis. In particular, there has been a focus on reporting in relation to specific DHSSPS targets, such as those identified in 'Priorities for Action' (PfA) each year. This has entailed a strong concentration on issues relating to access or efficiency. For example lengths of waiting lists, time spent waiting, numbers of delayed discharges, level of service provided etc.

During 2005, the Board reviewed its monitoring processes and produced the 'NHSSB Framework for Monitoring Services Commissioned'. This document was subsequently endorsed by the Senior Management Team (SMT) and Board members. It was recognised that there were three inter-acting elements – access, efficiency and clinical and social care quality. Both access and efficiency were determined to be areas that were already well monitored and for which there were often readily identified measures to monitor against. They can both be seen as measurements of service quality in the respect that patients or clients may judge quality in respect of how long they have to wait for a service or commissioners may judge quality in terms of how cost-effectively a service is operated.

Clinical and social care quality is more problematic to define and often more difficult to identify measures that can be monitored. It includes 'quality' in two distinct areas:

1. In the context of how well services meet recognised professional standards or guidance from organisations such as NICE and CREST.
2. In terms of patient / client / carer experience of the service being received.

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<sup>20</sup> 'Investing in General Practice: The New General Medical Services Contract'. Published by the Department of Health in February 2003. 'Standard General Medical Services Contract'. Published by the Department of Health in October 2004.

The 'NHSSB Framework for Monitoring Services Commissioned' was developed to ensure that an effective programme of annual quality monitoring activity was initiated. This will incorporate the ethos of the IDM programme and the format of the Quality Improvement (QI) projects undertaken in 2005/06. The CSCG Group at the Board had initiated a number of short-term QI projects, led by the Board's PoC Teams, which had clearly defined quality improvement outcomes. The IDM programme will be discontinued as the new monitoring programme will ensure a more effective use of resources within the Board, whilst still maintaining a focus on quality outcomes.

PoC Teams will identify potential areas for monitoring having reviewed the following criteria:

- Number of people/patients affected – major health/care issue
- Cost of the service – high cost service
- Current risk rating – high risk service
- Contribution to PFA/other key targets
- Statutory requirement
- Realistic potential for significant improvement in quality
- Known variation in practice e.g. from Audit Office reports
- Evidence-based good practice standards exist e.g. NICE or CREST guidelines
- Independent Inquiry reports
- Theme in Complaints reports
- Theme from adverse incident reports
- Theme from consultation with the public/service users
- Results from previous audit/quality projects, in-depth monitoring
- Results from benchmarking exercises e.g. reference costs, CHKS analysis.

When the PoC Team have identified a number of areas for monitoring and secured SMT agreement, they will then develop a series of quality indicators for the selected services and ensure the co-operation of Trust colleagues in delivering the monitoring programme. As the Trusts are involved in a wide range of audits and performance improvement projects, every effort should be made to integrate activities. Where possible, the quality indicators should reflect information that is readily available to the Board or Trust through

existing information. Frequently, however, the information required to demonstrate compliance with evidence-based guidelines, such as those issued by NICE or CREST, will necessitate further participation of the clinicians involved in the service. Similarly, attaining patient or client views on the quality of the service will require the completion of surveys or interviews.

The results or recommendations arising from quality monitoring will be submitted to SMT and the Board's Risk and Governance Committee as appropriate and will also be summarised within this document annually (See Chapter 6).

## **6) Outcomes of Quality Monitoring / Improvement Projects**

During 2005/06 the Board carried out a number of IDM and QI projects which have resulted in improvements in quality and / or recommendations for future development.

In addition the Trusts continued with their own audit and service improvement activities. This included participation in Service Improvement Projects co-ordinated by the DHSSPS Service Improvement Team. An annual series of projects commenced in 2002/03 and details on their structure and outcomes can be found on the DHSSPS website. Causeway HSS Trust has also been involved in the 'Northern Ireland Best Practice Scheme' which is sponsored by the Office of the First Minister and Deputy First Minister. The aim of this scheme is to highlight and share good practice within the public sector as part of the strategy for reform and modernisation. The Trust worked in partnership with the Regional Supplies Service to develop an Electronic Materials Management system and a workshop was held in June 2006 to share the outcomes with other public sector organisations.

Seven IDM projects were identified for 2005/06 with five being undertaken by PoC Teams, one by the Nursing & Consumer Services Directorate and one by Causeway LHSCG.

- Improving services for disabled children in Antrim Area Hospital. Following completion of an SSI report, the Childrens' PoC Team reviewed services at Antrim Area Hospital and in conjunction with the Trust drew up an action plan to ensure that they met SSI standards. Improvements resulting included a discharge planning protocol and enhanced co-ordination between professional groups and Trusts.
- Evaluation of Multiple Sclerosis (MS) Nursing Service. Having funded the MS Nurse in 2003/04 the Physical Disability / Sensory Impairment (PDSI) PoC Team reviewed the outcomes in relation to NICE and NSF guidance. Good progress had

been made in many areas, particularly in relation to the provision of information to patients and their carers. A series of recommendations have been made on the future development of the post.

- Palliative Care. The Commissioning Team for Older People (CTOP) led on a substantial review of palliative care services to assess current provision and make recommendations for commissioning and developing future services. This project involved a large multi-disciplinary group and wide consultation.
- Services for people with a learning disability who have offended. The Learning Disability PoC Team are involved in an ongoing review of services that has involved the completion of a literature review and the completion of questionnaires. Following a series of focus groups and further discussions, recommendations for future developments will be issued.
- Use of adult mental health beds by patients aged under 16. The Mental Health PoC Team commenced a study of the extent of this problem and its impact upon services. The completed report will reflect Royal College of Psychiatrists guidance in its recommendations.
- Nursing handover. The Nursing & Consumer Services Directorate developed good practice guidance for nursing handover at ward level. This is aimed at improving patient safety and the quality of service provision.
- Impact of Junior Physiotherapist. The Causeway LHSCG reviewed the impact of two junior physiotherapists that they had funded. This illustrated the development of standardised protocols, improved induction and training and a reduction in waiting lists.

In addition to being involved in IDM projects during 2005/06 the PoC Teams had been asked to undertake a QI project within a limited timeframe. The Family Practitioner Unit and the Dental and Pharmacy Directorates also completed QI projects during 2005/06.

- Causeway Falls Service – CTOP and the Causeway LHSCG supported the completion of a QI project to improve the referral process for the Trust's falls team. Previous procedures had led to a high number of inappropriate referrals, inefficient use of professional time and failure to maximise patient outcomes. Following changes in the referral process and clarification of referral criteria there was a reduction in the number of inappropriate referrals. Initial evidence suggested a better utilisation of staff time. Further audit work was planned by the Trust to examine benefits for the team and clients.
- Therapy provision for those with a physical disability. The PDSI PoC Team were involved in establishing effective protocols and referral pathways for a physiotherapist funded to work as part of the physical disability social work team. The project resulted in improved communication and links between Trust staff, enhanced input for the physiotherapist and a higher standard of service provision. Plans were also developed for further audit work and the preparation of additional protocols.
- Pharmaceutical Advice to Registered Homes Service. The Board's Pharmacy Directorate undertook an audit of pharmacy service provision in relation to visiting and providing advice to registered homes. This indicated that the required level of service was often not being delivered. Improvements were made to the NHSSB database and a series of recommendations issued to pharmacies. This has resulted in an improvement in the number of visits and the amount of advice given.
- Prescribing of antibiotics by General Dental Practitioners. A limited audit of dental prescribing for common types of infection had indicated that in many cases the wrong antibiotic, dose or duration was being prescribed. The Board's Dental & Ophthalmics Directorate prepared and issued guidance based

on recognised standards to all dental surgeries. A follow-on audit has indicated a higher level of compliance with these standards.

- Anti-coagulation monitoring in Primary Care. Following a meeting in April 2005, to which all practices were invited to discuss the issue, it was agreed to update the relevant guidance and disseminate it to all stakeholders involved in Primary and Secondary Care. The guidance was issued in August 2006 and virtually all practices are incorporating anti-coagulation monitoring in their Clinical Governance Plans for 2006/07. A baseline assessment was carried out by the Family Practitioner Unit in April 2005 and forwarded to all practices and this is to be repeated early in 2007. However, some improvement has already been noted in this area and more is hoped for by 2007.
- COPD Services. The NHSSB area CSCG Forum had selected chronic obstructive pulmonary disease (COPD) services as an area for a QI project. A multi-disciplinary team from the NHSSB and local Trusts agreed 11 quality indicators that reflected national best practice recommendations. Medical records were examined to establish a baseline. The principle change was to develop a user-friendly care pathway and promote its use. Whilst some difficulties were experienced, mainly in relation to professional time constraints, a subsequent review of records demonstrated some improvements against the selected standards.
- Community Mental Health Nursing Service. To address a growing waiting list for access to this service the Mental Health PoC Team provided a temporary triage service to determine the impact for patients. Often this assessment and brief intervention facilitated discharge from the waiting list. The patients' GPs were kept well informed throughout the process. This resulted in a considerable reduction in waiting times and the service was well received by GPs and patients. The benefits of maintaining such an approach would need to be examined further.

## **Appendix A**

### **Glossary of Abbreviations**

CHI	Commission for Health Improvement
COPD	Chronic Obstructive Pulmonary Disease
CREST	Clinical Resource Efficiency Support Team
CSCG	Clinical & Social Care Governance
CTOP	Commissioning Team for Older People
DHSSPS	Dept of Health, Social Services and Public Safety
DoH	Department of Health
FPU	Family Practitioner Unit
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
HPSS	Health & Personal Social Services
ICT	Information and Communications Technology
IDM	In-depth Monitoring
KSF	Knowledge and Skills Framework
LHSCG	Local Health & Social Care Group
MS	Multiple Sclerosis
NHS	National Health Service
NHSSB	Northern Health & Social Services Board
NHSSC	Northern Health & Social Services Council
NICE	National Institute for Health and Clinical Excellence (previously National Institute for Clinical Excellence)
NPSA	National Patient Safety Agency
NSF	National Service Framework
PDSI	Physical Disability & Sensory Impairment
PfA	Priorities for Action
PoC	Programme of Care
QI	Quality Improvement
QOF	Quality Outcomes Framework
R&I	Registration and Inspection
RQIA	Regulation and Quality Improvement Authority
RMAG	Regional Multi-professional Audit Group
SCIE	Social Care Institute for Excellence
SMT	Senior Management Team

SSI

Social Services Inspectorate

## **Appendix B**

### **Useful Websites**

#### **Northern Ireland**

Best Practice Scheme	<a href="http://www.bestpracticeni.gov.uk">www.bestpracticeni.gov.uk</a>
CREST	<a href="http://www.crestni.org.uk">www.crestni.org.uk</a>
DHSSPS	<a href="http://www.dhsspsni.gov.uk">www.dhsspsni.gov.uk</a>
NHSSB	<a href="http://www.nhssb.n-i.nhs.uk">www.nhssb.n-i.nhs.uk</a>
RQIA	<a href="http://www.rqia.org.uk">www.rqia.org.uk</a>

#### **United Kingdom**

Clinical Governance Support Team	<a href="http://www.cgsupport.nhs.uk">www.cgsupport.nhs.uk</a>
Department of Health	<a href="http://www.doh.gov.uk">www.doh.gov.uk</a>
Dr Foster	<a href="http://www.drfooster.com">www.drfooster.com</a>
Healthcare Commission (Previously CHI)	<a href="http://www.healthcarecommission.org.uk">www.healthcarecommission.org.uk</a>
Health Care Standards Unit	<a href="http://www.hcsu.org.uk">www.hcsu.org.uk</a>
Institute for Innovation and Improvement (New site under development. Previously Modernisation Agency)	<a href="http://www.institute.nhs.uk">www.institute.nhs.uk</a>
Kings Fund	<a href="http://www.kingsfund.org.uk">www.kingsfund.org.uk</a>

Modernisation Agency (Information up to 30/06/05)	<a href="http://www.modern.nhs.uk">www.modern.nhs.uk</a>
National Patient Safety Agency	<a href="http://www.npsa.org.uk">www.npsa.org.uk</a>
National Institute for Health and Clinical Excellence	<a href="http://www.nice.org.uk">www.nice.org.uk</a>
NHS Confederation	<a href="http://www.nhsconfed.org">www.nhsconfed.org</a>
NHSScotland	<a href="http://www.show.scot.nhs.uk">www.show.scot.nhs.uk</a>
Safer Health Care	<a href="http://www.saferhealthcare.org.uk">www.saferhealthcare.org.uk</a>
Social Care Institute for Excellence	<a href="http://www.scie.org.uk">www.scie.org.uk</a>

### **International**

Agency for Healthcare Research And Quality	<a href="http://www.ahrq.gov">www.ahrq.gov</a>
Institute for Healthcare Improvement	<a href="http://www.ihl.org">www.ihl.org</a>
National Patient Safety Foundation	<a href="http://www.npsf.org">www.npsf.org</a>
World Alliance for Patient Safety (World Health Organisation)	<a href="http://www.who.int/patientsafety">www.who.int/patientsafety</a>

NB. Many of these websites, including the NICE website, contain very useful lists of links to other organizations and groups.

## **Appendix C**

### **Publications**

In addition to specific service standards from organisations such as NICE and CREST and professional guidelines there are a variety of reports that are of relevance when reviewing the quality of services.

Some of the major regional publications from the DHSSPS include:

- Children First (1993) : Strategy for the development of Early Years Services in Northern Ireland.
- Code of Practice on Openness in the HPSS (1996) : Basic principles underlying public access to information.
- Children Matter (1998) : Strategy for the development of residential childcare services in Northern Ireland.
- Partnerships in Caring (2000): Produced recommendations on the future provision of palliative care services.
- Facing the Future (2000): Reviewed services' ability to cope with peak periods and set out programme of action to improve capacity and responsiveness.
- New Targeting Social Need Action Plan (2001) : Established health action zones and focused on promoting social inclusion.
- Best Practice - Best Care (2001): Focused on methods of improving quality in the HPSS and led to the increased focus on CSCG and the establishment of several new organisations.
- Building the Way Forward in Primary Care (2001): Established LHSCGs as the focus for improvements in the delivery of primary care services.
- Investing for Health (2002): Established multi-agency groups to improve health and social wellbeing, reduce health inequalities and implement key public health objectives.
- Developing Better Services (2002): Focused on modernising hospitals and reforming structures to ensure that services are delivered safely, effectively and efficiently.
- Valuing Carers (2002): Focused on the need to support carers, recognising them as partners in care provision and highlighting investment requirements.

- Review of Community Care - First Report (2002): Focused on implementation of policies to improve services and identified areas for improvement.
- Information and Communications Technology Strategy (2002) : Focused on ICT proposals to modernise and improve the quality of services.
- Review of Renal Services (2003): Produced recommendations for the development of renal services.
- Breaking Bad News (2003): Regional guidelines on how to break bad news to patients, family and carers.
- Caring for People Beyond Tomorrow (2004): Strategy framework for the development of primary health and social care.
- A Healthier Future – A Twenty Year Vision for Health & Wellbeing in Northern Ireland 2005-2025 (2004). Strategic context for the future development of the HPSS.
- Good Management, Good Records (2004). Guidelines for managing records in the HPSS.
- Lymphoedema Services – Report of the Lymphoedema Services Review Group (2005). Recommendations for the future development of services.
- A Strategic Framework for Adult Mental Health Services (2005). First report from the Review of Mental Health and Learning Disability (NI) Team setting out a vision and recommendations for the development of adult mental health services.
- Independent Review of Health and Social Care Services in Northern Ireland (2005) : Review carried out by Professor John Appleby, focusing on resourcing and performance management.
- Caring for Carers – Recognising, Valuing and Supporting the Caring Role (2006) : Outlined recommendations for improving the quality of life of carers.
- Establishing an Assurance Framework: A Practical Guide for Management Board of HPSS Organisations (2006) : Guidance for Accountable Officers in relation to Statement of Internal Control

- Safety First: A Framework for Sustainable Improvement in the HPSS (2006) : Guidance on development of safe, high quality clinical and social care services.

National reports from the Department of Health in London include:

- A First Class Service- Quality in the New NHS (July 1998): Led to the creation of the National Institute for Clinical Excellence (NICE) and Commission for Health Improvement (CHI), the formulation of National Service Frameworks (NSFs) and a greater emphasis on patient and public involvement.
- An Organisation with a Memory – Report of an Expert Group on Learning from Adverse Events in the NHS (June 2000) : Recommendations from the Chief Medical Officer in relation to changing organisational cultures, improving reporting systems and learning from incidents.
- NHS Plan (July 2000): A wide-ranging reform and investment plan to radically change the NHS. Included major investments in facilities and staffing, standards for care, changes in practice and guidelines for inspection. Led to the establishment of the NHS Modernisation Agency.
- Building a Safer NHS for Patients: Implementing an Organisation with a Memory (April 2001) : Established the National Patient Safety Agency and a new national system for reporting and learning from error and adverse events.
- Wanless Report – Securing Our Future Health: Taking a Long Term View (Treasury Report - April 2002). This provided a vision for the NHS in twenty years and an estimate of the resources that would be required.
- Raising Standards- Improving Performance in the NHS (May 2003): This provided an overview of quality improvements and outlined how the NHS could deliver this agenda.
- NHS Improvement Plan – Putting People at the Heart of Public Services (June 2004): Set out priorities for the next four years with a focus on high quality, patient driven services.
- Choosing Health: Making Health Choices Easier (Nov 2004) : New strategy for public health, focusing on informed choice, personalisation and working together.

- Creating a Patient Led NHS – Delivering the NHS Improvement Plan (March 2005) : How to make a patient-led NHS a reality in the design, securing and operation of services.

Other organisations and NHS agencies have also published reports that highlight new standards or improved ways of working that are important references for the HPSS in Northern Ireland. Such bodies include the National Patient Safety Agency (NPSA), the Healthcare Commission (formerly the Commission for Healthcare Improvement – CHI) and the NHS Institute for Innovation and Improvement (formerly the Modernisation Agency). Some examples of such publications include:

- Creating the Virtuous Circle – Patient Safety, Accountability and an Open and Fair Culture. (The NHS Confederation, Sept 2003).
- Seven Steps to Patient Safety. (NPSA, April 2004).
- Ten High Impact Changes for Service Improvement and Delivery. (The Modernisation Agency, Sept 2004)
- Assessment for Improvement – Our Approach. (The Healthcare Commission, Nov 2004)
- Assessment for Improvement – The Annual Health Check – Criteria for Assessing Core Standards. (The Healthcare Commission, April 2005)
- Assessment for Improvement – The Annual Health Check – Measuring What Matters. (The Healthcare Commission, May 2005)
- Improvement Leaders' Guides. (The Modernisation Agency, May 2005)
- Building a Memory: Preventing Harm, Reducing Risk and Improving Patient Safety – The First Report of the National Reporting and Learning System and the Patient Safety Observatory. (NPSA, July 2005).

## **APPENDIX D**

### **REPORT OF NHSSB CLINICAL AND SOCIAL CARE GOVERNANCE REVIEW IN GENERAL PRACTICE**

#### **SUMMARY**

In NHSSB CSCG reviews were undertaken as part of the Annual Review Visit. The visits were carried out between October 05 and February 06. The review was undertaken by a Medical Adviser or GP with a special interest in quality, a Patch Manager and a Lay Assessor.

Clinical Governance activity within the Practice was assessed using a template devised at the Department which covered 8 areas of practice. Practices were also asked to submit a declaration signed by all partners to the effect that they were taking part in Clinical Governance activity.

#### **Criterion Based Audit**

Most Practices had completed the first data collection but many had not completed the audit cycle and their criteria for choosing the audit were unclear.

#### **Significant Event Auditing**

The majority of Practices produced SEA reports, however many did not have structured formats for choosing which events to analyse. The level of analysis was not very detailed. Very few Practices have any contact with social workers, formal or informal.

#### **User Involvement**

Most Practices performed well on the Patient survey criteria and the use of compliments and complaints to feedback to staff. Patient Participation Groups were uncommon as were self-help groups.

### Information and Research Governance

Practices performed well in this area with the majority having adequate systems in place to deal CMO letters, confidentiality and consent. Information was supplied to patients in the form of Practice leaflets, notice boards etc in most cases. Very few Practices took part in research and so did not have a policy on this issue.

### Education and Training

This was a very varied picture. Nearly all the Practices had had training in CPR, Health & Safety and Audit/ Governance. Very few had had training in Mental Health Procedures, Infection Control or Equality and Diversity. There was some confusion over training programmes for enhanced services and Practices did not always know that this is a requirement of providing the service.

### Professional Regulation

In most cases Practices were aware of the Professional regulation of GP Partners and permanent nursing staff. There were some gaps in the assessment of locum GPs although this was improving. Very few Practices employed temporary nurses or other professional staff.

### Risk Management

In NHSSB the Prescribing Advisers had developed and disseminated a prescription security policy for Practices over recent years which is why Practices have done so well in the first three criteria in this section. Risk registers were poorly understood and where they had been done they had an emphasis on premises and organisational risk rather than clinical risk.

### Complaints

Practices performed very well in this section and had effective complaints procedures in place.

In general all Practices are carrying out some Clinical Governance activity as many parts of the Quality and Outcomes Framework relate to Clinical Governance. Many Practices were using their NIMDTA folder as a basis for this activity. Some gaps in activity were identified and will be the focus for training and development activity next year.