

### **C.3 SUBMISSION TO IHRD IN RESPECT OF STANDARDS, GUIDELINES AND CLINICAL AUDIT**

#### **Introduction**

1. In 2001, the Department published a consultation report - "Best Practice – Best Care" (BPBC) – which focused on developing and disseminating clear service standards for health and personal social services, local accountability for the delivery of services and improving the monitoring and regulation of services.
2. BPBC was the Department's response to the challenge set by the NI Executive's first Programme for Government which included in its chapter "Working Together for a Healthier People", a commitment to put in place a framework to raise the quality of services provided to the community, and tackle issues of poor performance.
3. The developments that ensued from the implementation of BPBC set the direction for regional standards, guidance and clinical audit in the HSC. The implementation of Quality 2020, the 10-year strategy to protect and improve quality in Health and Social Care will further develop policy on standards and guidance for the HSC.
4. The paragraphs below provide more detail on the developments in standards, guidance and clinical audit through the work of the Department from BPBC onwards and, where appropriate, its links to UK initiatives.

#### **Best Practice – Best Care - 2001**

5. Best Practice – Best Care (BPBC) was issued for consultation in April 2001. It focused on developing and disseminating clear service standards for health and personal social services, local accountability for the delivery of services and improving monitoring and regulation of services.
6. In terms of standards, guidelines and clinical audit, BPBC laid the foundations for a number of initiatives:

- The establishment of Safety, Quality & Standards Directorate within DHSSPS as a single, easily accessible source for the production and dissemination of standards and guidelines;
- The introduction of Service Frameworks;
- The establishment of formal links with the National Institute for Health and Care Excellence (NICE) and the Social Care Institute for Excellence (SCIE) and the subsequent process of Departmental endorsement of NICE guidance for use in the HSC;
- The creation of the Guidelines and Audit Implementation Network (GAIN) as a single, regional body to facilitate regional audit and guideline development for the HSC;
- The establishment of the Regulation and Quality Improvement Authority (RQIA) and the suite of regulated services with corresponding regulations and minimum standards and;
- The establishment of the Northern Ireland Safety Forum.

**The Health and Personal Social Services (Quality, Improvement & Regulation) (Northern Ireland) Order 2003**

7. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 created the legal framework for raising the quality of health and social care services in Northern Ireland and extended regulation and quality improvement to a wide range of establishments and agencies. The Order also introduced a statutory duty of quality to be placed on HSS Boards, HSS Trusts and some special agencies with regard to services they provide.
8. In April 2005, the RQIA was established as a non-departmental public body of the DHSSPS as the regulator of health and social care services in Northern Ireland. For fuller information about RQIA refer to paper C.12.
9. RQIA has responsibility under Part III of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to regulate (register and inspect) a wide range of services delivered by

HSC bodies and by the independent sector. RQIA discharges its regulatory functions in accordance with the relevant statutory Regulations and the Minimum Care Standards published by DHSSPS.

### **Minimum Care Standards for Regulated Services**

10. Regulations relating to each type of setting subject to registration and inspection under the 2003 Order were developed as set out below:
  - Nursing Homes - The Nursing Homes Regulations (Northern Ireland) 2005
  - Residential Care Homes - The Residential Care Homes Regulations (Northern Ireland) 2005
  - Children's Homes - The Children's Homes Regulations (Northern Ireland) 2005
  - Nursing Agencies - The Nursing Agencies Regulations (Northern Ireland) 2005
  - Independent Healthcare Establishments - The Independent Health Care Regulations (Northern Ireland) 2005
  - Adult Day Care Settings - The Day Care Setting Regulations (Northern Ireland) 2007
  - Residential Family Centres - The Residential Family Centres Regulations (Northern Ireland) 2007
  - Domiciliary Care Agencies - The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
  - Adult Placement Agencies - The Adult Placement Agencies Regulations (Northern Ireland) 2007
  - Voluntary Adoption Agencies - The Voluntary Adoption Agencies Regulations (Northern Ireland) 2010
11. Standards for other services, such as Childminding and Day Care for Children Under Age 12, are linked to the Children (NI) Order 1995.
12. In 2003, the Department established a **Standards Development Task Group** to produce Care Standards for services that would be registered or inspected under the terms of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003. Project groups (made up of representatives of the then registration and inspection units, HPSS and independent and voluntary stakeholders as well as

service users) were established for each set of standards. Draft standards were produced and consulted upon during 2004. Costing of the implications of introducing the standards then had to be undertaken and while this work was carried out the Standards Development Task Group was stood down. It then took time to develop the necessary resource within the Department to take the work forward and given the delays the draft standards had to be reviewed again before they could be published.

13. Standards focus on the safety, dignity, wellbeing and quality of life of service users. They are designed to address variations in the standards of treatment, care and other services and to improve quality.
14. In 2008, Minimum Standards were published for Residential Care Homes, Nursing Homes, Nursing Agencies and Domiciliary Care Agencies. In 2011, standards were published for Residential Family Centres and 2012 saw publication of standards for Adult Day Care, and Childminding and Day Care for Children Under Age 12.
15. Published standards can be found at:  
<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-standards/sqsd-standards-care-standards.htm>
16. Standards for Independent Healthcare Establishments and Children's Homes are currently published for consultation and are expected to be finalised in Autumn 2013.
17. The consultation documents can be found at:  
[http://www.dhsspsni.gov.uk/index/consultations/current\\_consultations.htm](http://www.dhsspsni.gov.uk/index/consultations/current_consultations.htm)
18. The Department is currently reviewing the published standards for Nursing Homes and anticipates beginning work on standards for Fostering Agencies in 2013/14 when an RQIA review is complete and the regulations are being finalised.

## Quality Standards for Health and Social Care

19. The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) introduced a statutory duty of quality on the services commissioned and provided by the (HSS) Boards and Trusts. Post RPA (the Review of Public Administration), this statutory duty remains in place and in 2006 the Quality Standards for Health and Social Care were published.
20. The standards have five key quality themes:
- 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
  - Effective communication and information.
21. Criteria 5.3.1 (f) of the standard on safe and effective care states that:
- “The organisation has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure... promotion of safe practice in the use of medicines and products, particularly in areas of high risk, for example:*
- *intrathecal chemotherapy;*
  - *blood and blood products;*
  - ***intravenous fluid management;***
  - *methotrexate;*
  - *potassium chloride; and*
  - *anticoagulant therapy.”*
22. The Quality Standards are used by RQIA in their assessment of the quality of care delivered by the HSC and can be found at:
- [http://www.dhsspsni.gov.uk/qpi\\_quality\\_standards\\_for\\_health\\_social\\_care.pdf](http://www.dhsspsni.gov.uk/qpi_quality_standards_for_health_social_care.pdf)

## Service Frameworks

23. BPBC recommended the introduction of “service development frameworks” to cover the whole system of care for a particular service and provide a holistic

approach to the planning, delivery and monitoring of services. A Service Framework is a document which contains explicit standards underpinned by evidence and legislative requirements. Each Framework contains standards for service provision, along with associated performance indicators and targets. In addition to setting out the standards of care that patients, clients, carers and families can expect to receive they are used by commissioners, HSC providers, the RQIA, other providers and those organisations that are required to report on the performance and quality of services and care.

24. Development of Service Frameworks is undertaken in partnership with the HSC, service users and carers, and voluntary and community organisations. Where possible, development is linked to established networks and groups, e.g. Regional Cardiology Network, Northern Ireland Cancer Area Network and Regional Respiratory Forum.
25. Each Framework uses a multidisciplinary approach, recognising that the majority of care is delivered in the primary/community sectors with active participation of individuals and carers. In addition, Service Framework development recognises that care can go beyond traditional HSC boundaries and embrace interagency working as necessary.
26. A phased approach to Service Framework development was endorsed by the Service Frameworks Programme Board and Departmental Board in December 2006. The first round of Service Frameworks focused on the most significant causes for ill health and disability - namely; Cardiovascular Health and Wellbeing (published 2009), Respiratory Health and Wellbeing (published in 2009), Cancer Prevention, Treatment and Care (published 2011), Mental Health and Wellbeing (published 2011) and Learning Disability (published 2012).
27. Published Frameworks can be found at:  
<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-standards-service-frameworks.htm>

28. The second round was initiated in July 2007 when Dr McBride, Chief Medical Officer (CMO), wrote to the Chief Executives of the former HSS Boards and HSS Trusts, inviting them to propose further priority areas for Service Framework development. In July 2008, work commenced on two further Frameworks – for children and young people and older people. The Service Framework for Older People is due to be published on 26 September 2013 and the Department hopes to issue a Service Framework for Children and Young People for consultation in November 2013.
29. The draft Service Framework for Children and Young People includes a chapter on children and young people with acute and long term conditions. This section has standards and performance indicators on the topics below:
- Children and young people with acute health needs have access to high quality, evidence-based care and are treated as closely to home as possible;
  - Children and young people with long term conditions have access to high quality, evidence-based care and are treated as closely to home as possible;
  - Children and young people with long term conditions have access to timely, high quality transition planning to adult services; and
  - Children and young people with acute and long term conditions have access to healthcare in an environment which is safe and suited to their age and stage of development.
30. Service Frameworks are issued to the service via a letter from the DHSSPS Permanent Secretary. The HSC Board and Public Health Agency (PHA) is requested to nominate a lead professional to oversee the implementation of the Framework and develop an implementation plan. The Department holds the HSC Board and PHA to account as to the progress on Service Frameworks via the mechanism of bi-annual accountability meetings.
31. Each Framework has a life-span of three years. In the fourth year following publication, RQIA completes a review of the implementation of the Framework and submits its evaluation to the Department. This report is used as the basis of the review of the Framework which is then re-issued with revised standards

and performance indicators in the fifth year. The revised Cardiovascular Framework has recently been consulted on and it is intended to publish the revised version in the near future and work is ongoing on the review of the Respiratory Framework.

32. As well as standards for the specific conditions or client groups targeted by each Framework, all Service Frameworks contain a set of generic standards common to all sections of the population. These standards cover the following areas:

- Service user engagement and involvement;
- Communication;
- Healthy eating;
- Alcohol;
- Activity;
- Smoking;
- Carers;
- Safeguarding;
- Advocacy; and
- Palliative and end of life care.

### **Controls Assurance Standards**

33. In 2003-04 the Department introduced Controls Assurance Standards (CAS) to Health and Social Care organisations, now referred to as Arm's Length Bodies (ALBs). Controls Assurance is a process that aims to provide evidence that HSC bodies are doing their reasonable best to manage themselves in meeting their objectives to protect patients, staff, public and other stakeholders against risks of all kinds. It should not encourage organisations to be risk averse, but to take managed risks from an informed position. The CAS process helped the HSC to successfully embed good risk management practice into its everyday work. For fuller information on Controls Assurance Standards refer to paper C.13.



### **National Patient Safety Agency**

34. The National Patient Safety Agency (NPSA) was established by the Department of Health in England in 2001. The Department in Northern Ireland did not establish a formal relationship with the NPSA, however NPSA Guidance and Alerts were considered for their relevance to Northern Ireland. On 27 April 2007, National Patient Safety Alert (NPSA) 22 was issued to Trusts in Northern Ireland via Circular HSC (SQS) 20/2007. Subsequently an addendum to this circular covering the Paediatric Parenteral Fluid Therapy Wallchart was issued on 16 October 2007. HSC compliance with NPSA 22 was subsequently reviewed by RQIA in 2008 and there was a follow-up review in 2010. Fuller information on NPSA and the RQIA reviews is provided elsewhere in other focused submissions.

### **National Institute for Health and Care Excellence (NICE)**

35. The Institute was established in 1999 as a Special Health Authority with the remit to promote clinical excellence and the effective use of resources for people using the NHS in England and Wales. At that time it was known as the National Institute for Clinical Excellence. Over the years 'Health' was added to the name as they became responsible for Public Health guidance.

36. On 1 April 2013, NICE became a Non Departmental Public Body tasked with producing national guidance on the promotion of good health and the prevention and treatment of ill health, as well as a new responsibility for developing guidance and quality standards in social care for England. In recognition of this, the word 'Clinical' in the name has been changed to 'Care'.

37. NICE produces a range of guidance including:

- *Technology Appraisals* where NICE determines whether or not a drug, medical device or surgical procedure should be funded by the NHS, based on its cost-effectiveness;

- *Clinical Guidelines* on the management of specific diseases and groups of patients;
  - *Public Health Guidance* covers the promotion of good health and the prevention of ill health; and
  - *Interventional Procedures Programme* assesses the safety and efficacy of new interventional procedures. England, Wales, Scotland and Northern Ireland are full participants in this programme and fund NICE accordingly.
38. Apart from the Interventional Procedures Programme, NICE guidance is written for implementation in England; it does not automatically apply in NI and requires review before it can be endorsed for use in HSC.
39. The Department established formal links with NICE on 1 July 2006 whereby guidance (generally Technology Appraisals and Clinical Guidelines) published by the Institute from that date would be locally reviewed for applicability to Northern Ireland and, where appropriate, endorsed for implementation in HSC. This link has ensured that Northern Ireland has access to up-to-date, independent, professional, evidence based guidance on the value of health care interventions.
40. A new process for the endorsement, implementation, monitoring and assurance of NICE Technology Appraisals and Clinical Guidelines in NI came into effect on 28 September 2011, and is set out in circular HSC (SQSD) 04/11 which can be accessed via the Department's website at: <http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance/sqsd-guidance-nice-guidance.htm>.
41. Relevant policy and professional staff in the Department check each Technology Appraisal and Clinical Guideline to ensure that it is applicable to the legal and policy context in NI. When endorsed on the DHSSPS website there are links to any caveats explaining the relevant legal and policy context in NI. On rare occasions a particular section or

all of a piece of guidance may be excluded from endorsement because it would be illegal in NI. It should be noted that NICE does not allow its guidance to be amended for example to include the NI legal and policy context.

42. The Department assures itself as to the effective implementation of NICE guidance via the bi-annual accountability meetings with the HSC Board, Public Health Agency and Trusts. In line with the circular, the HSC Board has started to provide an annual report of their work to commission NICE guidance and assure its implementation in HSC Trusts. The HSC Board has introduced bi-monthly meetings with each Trust at Director level through which they seek assurances about implementation of guidance. Additionally, the Guidelines and Audit Implementation Network (GAIN) will be asked to audit the implementation of a small number of Technology Appraisals each year. RQIA will be asked to evaluate the implementation of a couple of selected Clinical Guidelines and they have recently published a baseline review of the processes involved in implementing NICE guidance in Northern Ireland.
43. The Department is currently reviewing the extant process of endorsing NICE guidance in order to reduce unnecessary bureaucracy and allow Trusts to begin implementation earlier. If approved, a new circular will be issued to update and replace circular HSC (SQSD) 04/11.
44. The next development planned is to consider the local endorsement, implementation, monitoring and assurance of Public Health Guidance. Preliminary work has indicated that this process may be similar to that for Clinical Guidelines.
45. The Department has also consulted the HSC and is reviewing responses on a new circular outlining a process for local participation in the Interventional Procedures Programme, as well as the dissemination

of Interventional Procedures Guidance to HSC and other relevant bodies.

46. In order to support the implementation of NICE guidance, the Department funds NICE to provide a NICE Implementation Facilitator to work with the HSC in NI.
47. The Department has highlighted the use of the IV Fluid wall-chart guidance in relation to relevant pieces of NICE guidance:
  - In April 2009, NICE issued Clinical Guideline No 84 – Diarrhoea and Vomiting Due to Gastroenteritis in Children Under 5. Following the procedures in place at the time, the Department subjected the guidance to local scrutiny and it was endorsed for application in Northern Ireland on 12 February 2010 including a caveat stating that “Where this guidance refers to the management of IV fluids, clinicians should apply the guidance in the wall chart on Parenteral Fluid Therapy for Children and Young Persons aged Over 4 Weeks and Under 16 Years.”
  - The same caveat was added to CMO’s letter (issued May 2011) endorsing NICE CG 102 - Management of Bacterial Meningitis and Meningococcal Septicaemia in Children and Young People Younger than 16 years in Primary and Secondary Care – as this guidance also makes reference to the use of IV fluids.
48. In September 2011, CMO wrote to the Chief Executive of NICE, Sir Andrew Dillon, on behalf of the four UK CMOs requesting that the Institute consider developing UK guidance on the use of IV fluids in children. This was followed up by a letter to Professor Sir Bruce Keogh, NHS Medical Director and co-chair of the National Quality Board, to bring the request to his direct attention. On 29 December, Professor Sir Bruce replied to Dr McBride advising that the topic of IV fluids in children would be referred to NICE to take forward. This

request was agreed and in August 2013, CMO wrote to the HSC advising that NICE was recruiting for members of the guideline development group and he encouraged clinicians from Northern Ireland to be involved. It is expected that this guidance will be published by November 2015.

49. Further information on the development of the guideline can be found on the NICE website at:

<http://guidance.nice.org.uk/CG/Wave0/655>

### **Social Care Institute for Excellence (SCIE)**

50. The Social Care Institute for Excellence (SCIE) is a charity which was established by Government in 2001 to improve social care services for adults and children in the United Kingdom. It achieves this by identifying good practice and helping to embed it in everyday social care provision.
51. SCIE provides a range of products and services for the social care sector including:
- Practical guides on major issues in social care and social work;
  - eLearning resources;
  - An online Social Care TV channel;
  - A database of good practice examples;
  - Briefings on developing research;
  - Self-assessment tools;
  - A comprehensive database of information (Social Care Online);
  - Tailored training and consultancy services;
  - Implementation support; and
  - From April 2013, senior partner in the NICE Collaborating Centre for Social Care.
52. Formal links between DHSSPS and SCIE were established in 2004 and a Northern Ireland Practice Development Manager was introduced in February

2010. Since then, SCIE has adapted relevant guidance for the legal and policy context in Northern Ireland (NI) and this is made available through the SCIE website.

53. SCIE has provided useful support over the years including:

- In 2005 SCIE gave an independent perspective as external 'critical friend' to Social Services in NI at government, commissioner and provider levels. SCIE also participated in the Northern Ireland Social Care Council's (NISCC) Review of Social Work Roles and Tasks – briefing DHSSPS on the England review 'Social work at its best', and the experience of the Scotland and Wales reviews.
- In 2008, SCIE published 'Looking out from the middle: User involvement in health and social care in Northern Ireland'. This report, produced in partnership with the Northern Ireland Social Care Council (NISCC) and the RQIA, looked at the development of the service user and carer involvement movement in Northern Ireland. An action plan was agreed that provides for a more consistent approach to user involvement in Northern Ireland.

54. The SCIE Board of Trustees has a representative from Northern Ireland. The SCIE NI trustee chairs the SCIE NI Steering Group which is supported and attended by SCIE and members include the Department, HSC, NISCC, RQIA and the independent sector. The Group advises on future work priorities. As part of the agreement with SCIE they produce guidance specifically for NI such as 'Social Care governance: A practice workbook (NI) (2<sup>nd</sup> edition)' and undertake NI evaluation projects such as the evaluation of therapeutic approaches to residential childcare in Northern Ireland. Usually two projects run concurrently over the period of a year.

55. SCIE's website provides more detail on its work in Northern Ireland:

<http://www.scie.org.uk/about/northernireland/index.asp>

### **Guidelines and Audit Implementation Network (GAIN)**

56. The Department recognises the benefits in regional audit where different Trusts can work together comparing practice and recommendations can be applied regionally. GAIN was established as a partnership body to the Department in 2007. Prior to this, there had been three discrete bodies responsible for regional audit and guideline development in Northern Ireland:
- The **Clinical Resource Efficiency Support Team (CREST)**;
  - The **Northern Ireland Regional Audit Advisory Committee (NIRAAC)**; and
  - The **Regional Multi-professional Audit Group (RMAG)**.
57. The **NI Regional Review of Clinical and Social Audit** commenced in 2004 and was tasked with making recommendations to the Department on future arrangements for the support of clinical and social care audit in Northern Ireland to support the agenda set out in Best Practice-Best Care.
58. One of the key findings was the need for a single regional audit focus, in place of the two existing committees (RMAG and NIRAAC).
59. CREST, NIRAAC and RMAG then agreed, by June 2006, to work together to establish a single focus for regional audit - integrated with Northern Ireland clinical guidelines development. The **NI Audit and Guidelines Implementation Project** was subsequently established in July 2006, with the aim to recommend future arrangements to support clinical efficiency and audit in the HPSS.
60. GAIN is expected to comply with its Management Statement, Financial Memorandum and Statement of Purpose. It is made up of four committees each with its own remit and membership.

*The **Strategic Committee** (Chair Dr Tom Trinick, Consultant Chemical Pathologist, South Eastern HSC Trust)*

61. The remit of the Strategic Committee is to be a "representative multidisciplinary team to promote leadership in safety and quality care through the development

and integration of regional guidelines and audit, and their implementation". This Committee determines the strategic direction of the GAIN work programme.

*The Operational Committee (Chair- Professor Robin Davidson)*

62. The primary role of the Operational Committee under the terms of reference is to adjudicate on the year's guideline and audit submissions. The assessment procedures are regularly reviewed to ensure transparency and fairness which is particularly important in a small region when, for example, Operational Committee members may also be part of a submission team. A new conflict of interest declaration mechanism has been introduced for Committee members.

*The Medical Devices Committee (Chair – Damien Carson, Consultant Anaesthetist, South Eastern HSC Trust)*

63. The remit of this Committee is to undertake evaluations of medical devices as agreed by the Operational Committee. However there are ongoing issues with identifying manufacturers of devices and the Committee is pausing until these have been resolved.

*The Clinical Audit Managers Forum (Chair – Nicola Porter, GAIN Manager)*

64. The remit of the Forum is to provide a joint working communication mechanism between GAIN and the HSC Trusts.

*Aims*

65. The overall aim of GAIN is to support the achievement of high quality health and social care through:
- The development and dissemination of best practice clinical and social care guidance where important gaps have been identified;
  - Audit to assure implementation of these and other guidance;
  - The survey and reporting on user assessments of medical devices; and
  - The provision of training for specific relevant skills.



### *Objectives*

66. In pursuit of its aims, GAIN has the following objectives:

- To prioritise and manage a regional programme of guideline development, multi-professional audit and medical device assessment across Northern Ireland. For guidance, ensure there is no overlap with work already being undertaken, or about to be undertaken, in the UK on best practice guidance such as NICE and SCIE;
- To promote a culture of using guidance, audits and medical device evaluations across the HSC, to improve quality outcomes for patients, clients and carers;
- To encourage participation by a broad range of staff groups in the development and implementation of guidance, multi-professional clinical and social care audit and medical device evaluation;
- To arrange training courses on specific relevant topics for HSC staff;
- To ensure transparency and equality in all its processes and to support good governance; and
- To plan and manage the use of allocated resources in order to obtain Value for Money (VFM) and effective budgetary management.

67. GAIN has completed 42 audits and 21 guidelines since its inception in 2007. It is currently undertaking a further 23 projects.

68. Clinical audit is a standard requirement for doctors and this is done routinely at a local level within Trusts. Evidence of participation in clinical audit is considered during the annual appraisal process for all doctors. It is also considered as part of the annual Record of In-Training Assessment for doctors in training (RITA).

69. Clinicians who are involved in GAIN projects receive no personal financial incentive and must complete them in addition to their clinical commitments.

70. GAIN advertises for applications for funding three times each year. Applications are considered from all areas of health and social care. The

Department retains the right to commission GAIN to undertake “top-down” audits where it has concerns. The Department funds GAIN and currently provides around £400k for GAIN each year and around half of this is allocated to project work. GAIN also provides support for Service Frameworks through benchmarking performance indicators and along with RQIA will be involved in the evaluation of the effectiveness of Trusts’ implementation of NICE guidance to provide independent assurance in addition to the extant accountability arrangements between the Department and HSC organisations.

71. In 2013/14, the Department will instigate a ‘quinquennial review’ of GAIN to evaluate its effectiveness since it was established and terms of reference are currently being agreed.

#### **GAIN Clinical Audits of the Use of IV Fluid Therapy Guidance for Children**

72. In February 2008, GAIN received an application for funding for an **audit of IV fluid use in hospitalised children**. The proposal was submitted by Dr Mike Smith, Consultant Paediatrician at Antrim Area Hospital on the foot of the 2007 guidance for IV fluid use in children.
73. The audit focused on children hospitalised with appendicitis and bronchiolitis – two conditions that can pose a high risk of hyponatraemia. There were several delays with the completion of the audit due to long-term staff illness and the pressures of other clinical work. The first incomplete draft of the report was received by GAIN in August 2011, although further significant work was required.
74. CMO on behalf of the Department, then commissioned a **further snapshot (or pilot) audit of compliance with the wallchart guidance on paediatric parenteral fluid therapy in children aged 4 weeks to 16 years cared for in non-specialist settings**. The purpose of the audit was to assess the situation using the most up-to-date data and evaluate the position for children admitted with **any** condition requiring IV fluid as part of their treatment and not only those with appendicitis or bronchiolitis. As per the wall chart guidance, this audit

excluded children cared for in specialist settings. Patients with liver, renal or cardiac disease were excluded in addition to those in Intensive Care Units.

75. The findings from the two audits are summarised below.

*Report A – Appendicitis and Bronchiolitis cases*

- This audit covered children hospitalised with appendicitis or bronchiolitis and treated with IV fluids during 2008. There were 585 patients fitting the criteria.
- Of note, the report found that overall, 19% of this group of patients received hypotonic IV fluids at some point during their hospitalisation (15% for appendicitis and 38% for bronchiolitis). The NPSA Safety Alert 22 states that where there is a high risk of hyponatraemia an isotonic solution should be used. High risk examples cover bronchiolitis and peri-operative use which would include having an appendix removed. None of the affected patients had any adverse clinical effects.
- Additionally, there were issues raised around the recording of fluid input and particularly output. Output was recorded in only 26% of appendicitis cases and in 18% of bronchiolitis cases on the first day and the levels decrease slightly by the last day. The assessment of urine output in ill children can be especially difficult and often there was only a record that the patient had passed urine but without the exact volume.
- In contrast to the later report, it should be noted that Plasma Glucose was not looked at in this report.
- Performance against other areas of the guidance was well over 90% but there is still scope for improvement.

*Report B – Pilot audit covering all conditions relevant to the guidance*

- This audit covered a wider range of conditions but a shorter period and in total 174 cases met the criteria. Of these only 21 cases had fluids given for more than 24 hours.
- During this more recent period appropriate fluids were given in all but one case and this was for a short period.

- Recording of fluid input and output was also much better in the recent audit although there is still scope for improving its documentation. The report recognised that it is difficult to accurately monitor output in young children and many clinicians make a judgement on whether the nappy is wet or dry.
- Plasma glucose was only measured in the later audit and compliance was low. However, the report notes that glucose is now routinely measured using a point of care test rather than sending samples to the laboratory unless greater precision is required. The report proposes that the wall-chart is updated to cover this innovation.
- While there is room for improvement to meet all standards measured by the audit, the wall-chart guidance is now better established in clinical practise in general wards and A&E in late 2011/ early 2012 than evidence from earlier year's data. Nevertheless given the low numbers on IV fluids for more than 24 hours the auditing of certain aspects was limited and further work is needed.
- A recent query has raised a question about patients with diabetic keto acidosis. They should have been excluded since there is separate guidance for these patients but they were not specifically mentioned in audit instructions. It may be that the results over-estimate the issues encountered and this will have to be considered in the design of the planned new audit.

76. The following actions, which were recommended by the audits, have been undertaken:

- The regional IV fluid balance chart recommended in the first report has been developed and issued to the service in a letter from Dr McBride in August 2013.
- The wall chart guidance was updated to remove the word 'plasma' from 'plasma glucose' so that it can accommodate modern practice such as point of care testing. The wall chart was then reprinted and distributed to the Trusts to replace the existing guidance.

- A new audit is being designed by the key experts in GAIN to ensure that there is a sufficient sample size to provide detailed results for all standards and that their measurement, which is not always straightforward, can be undertaken accurately.
- GAIN will lead the newly designed prospective rolling audit commencing as soon as possible but no less than 4 weeks after the regional fluid balance chart is implemented in all Trusts. There will be interim reports after 3 and 6 months data collection as well as the full report at the end of the audit period (possibly about 1 year). Also if there are any significant emerging findings from the audit of practice which do not meet the standards identified, they must be highlighted to Trusts and remedial action taken urgently.
- The planned audit has been added to and will also evaluate the use of the regional fluid balance charts.

### **Quality 2020 – Task Three – Standards and Guidance Policy Framework**

77. Quality 2020 – A 10-Year Strategy to Protect & Improve Quality in Health and Social Care in Northern Ireland (Q2020) – was launched in November 2011. In March 2012, an Implementation Plan was published, setting out the steps to deliver the five strategic goals of the strategy. These five goals are:

- Transforming the culture;
- Strengthening the workforce;
- Measuring improvement;
- Raising the standards; and
- Integrating the care.

78. Fuller information on the Q2020 strategy and its implementation is provided elsewhere in another of the focused submissions but the details below are specifically about Task 3 which relates to the development of a standards and guidance policy framework. The Task 3 project relates to the first objective of the standards work stream – *“we will establish a framework of clear evidence based standards and best practice guidance”*.

79. The project is split into 2 stages with separate objectives, timing and outcomes as follows:

Stage 1: Proposed Objectives / Terms of Reference

- To set out a Standards and Guidance Policy Framework that describes the current position as a starting point for the next stage;
- To identify relevant recommendations from the Francis Report as well as other reviews of social care and those carried out by RQIA in NI and consider how they should be taken into account in this project; and
- To scope out in more detail the next stage of the project and review objectives, timescales and outcomes for stage 2.

Stage 1: Outcome

1. A Standards and Guidance Policy Framework (current position).
2. A record of implications from the Francis Report and other reviews.
3. Detailed scoping of stage 2.

Stage 2: Proposed Objectives / Terms of Reference

- To map HSC Quality standards against relevant controls assurance standards to ensure that issues are covered in the appropriate place and consider whether any other standards need to be cross-checked;
- To identify any gaps or overlaps that exist and make recommendations to address these;
- To make recommendations where improvements are required in development, application or implementation and assurance of standards;
- To recommend a mechanism for channelling information about the changing models of care into the programme for the development and review of care standards;
- To develop an overarching policy framework identifying all mandatory, essential and desirable standards and guidance and the processes to ensure they remain relevant, evidenced based and up to date (improved version); and
- To make recommendations to maximise the effectiveness of the impact of standards on improving the health and social well-being of the people of

Northern Ireland. This phase of the project will make recommendations as to the potential for the Department to officially endorse guidance such as that produced by SCIE or GAIN or other recognised bodies.

#### Stage 2: Outcome

80. A Standards and Guidance Policy Framework (improved version), including recommendations from the above exercises and implications from the Francis Report and other reviews.
81. The project is expected to be complete in 2014 and will provide a framework for maximising the effective development, implementation, monitoring and assurance of standards and guidance for the HSC and is likely to include elements of the Department's response to the Francis Report.
82. The project team is lead by the Department and includes representation from the HSC Board, PHA and Trusts as well as bodies including NIPEC, RQIA, NISCC, GAIN, NICE and SCIE.

#### **Associated Papers**

83. There are no separate associated papers for this submission although relevant web links have been quoted and some of the associated papers for C.4 showing the timeline and explanatory notes for guidance and clinical audits are also relevant.

19 September 2013