

Bill, Jonathan

From: Bill, Jonathan
Sent: 25 May 2004 17:12
To: McCarthy, Miriam
Cc: McCann, Aidan; Briscoe, Maura; Moore, Janet
Subject: Interview with Impartial Observer

Miriam

Please find attached briefing on the quality agenda for inclusion in the briefing package you are putting together for Minister. Maura has already sent you briefing on the reporting of untoward incidents.

Jonathan



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DHSSPS

From: JP Bill

Quality & Performance Improvement Unit

25 May 2004

Dr McCarthy

**Issue: Ministerial Interview with the Impartial Reporter on the death of
Lucy Crawford**

Please find attached material on the Quality Agenda for inclusion in the briefing package you are co-ordinating for Private Office on the death of Lucy Crawford. The briefing includes sections on:

- Quality Agenda: General Background
- HPSS Regulation and Improvement Authority (HPSSRIA)
- Clinical & Social Care Governance
- Standards and Guidelines

In addition there is a Q&A brief.

Happy to discuss.

JP Bill



cc Mr McCann
Dr Briscoe
Ms Moore

DHSSPS

010-036-220

Background on the Quality Agenda

1. The NI Executive's first Programme for Government, included a commitment to put in place a framework to raise the quality of services and tackle poor performance across the HPSS. This framework was set out in 2001 in the consultation document – "Best Practice - Best Care".
2. The proposals in "Best Practice - Best Care" aimed to:
 - set clear consistent standards for services from a single source within the Department (a Standards and Guidelines Unit);
 - put in place clinical and social care governance arrangements, underpinned by a statutory duty of quality, to ensure local accountability for the services delivered;
 - extend regulation to cover a wider range of services; and establishing a more independent monitoring and inspection arrangement against the standards set; and
 - establish a single Authority (HPSS Regulation and Improvement Authority) to regulate services and inspect governance within the HPSS.
3. Subsequently the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 which came into effect in February 2003:
 - placed a statutory Duty of Quality on all HPSS providers;
 - strengthened the existing system of regulation and inspection by creating an independent Regulation and Improvement Authority; and
 - gave the Department powers to set minimum standards against which the delivery of health and social care services will be inspected and monitored.

HPSS Regulation and Improvement Authority (HPSSRIA)

1. The HPSSRIA is an independent, non-departmental public body, and will be accountable through the Department to Minister.
2. In delivering on its responsibilities, the HPSSRIA will exercise two main functions:
 - to inspect the quality of health and social care services provided by Health and Personal Social Services (HPSS) bodies in Northern Ireland. These inspections will address arrangements for clinical and social care governance within HPSS bodies.
 - to regulate (register and inspect) a wide range of health and social care services delivered by HPSS bodies and by the independent sector. Registration, inspection, complaints investigation will be carried out to consistent standards across Northern Ireland with the regulated services provided by both the HPSS and independent sectors being treated in the same way.
3. Mr Brian Coulter, recently appointed by Minister as the first Chairman of HPSSRIA, will take up post from the 1st June 2004. The Authority will assume powers on a staged basis from Spring 2005.

Clinical & Social Care Governance

1. Clinical and Social Care Governance is a framework within which HPSS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment.
2. Clinical and Social Care Governance is underpinned by a statutory duty of quality. The HPSSRIA will review governance arrangements within the HPSS and in cases where it finds problems with services, will have the ability to issue improvement notices and to bring this problem to the attention of the Department.
3. To help develop clinical and social care governance in Northern Ireland, the Department has engaged with the NHS Clinical Governance Support Team (part of the Modernisation Agency), to establish a similar multi-disciplinary Support Team for the HPSS. By linking up with the NHS in this way as we develop our own local arrangements, we will have access to several years of experience, knowledge and tools, as well as individual expertise.
4. In addition to leading the development and implementation of clinical and social care governance in the HPSS, it will work to sustain longer-term cultural change and organisational development so as to ensure continuous improvement in health and social care services.
5. The Acting Director of the Team, Ms Anne O'Brien, was appointed in January 2004. The rest of the staff will be in post by the end of June 2004.

Standards and Guidelines

1. HPSSRIA will monitor and inspect organisations against a wide range of standards. In the future, there will common standards of care against which providers will be measured. The new standards will provide service users with a clearer understanding of the quality of services they should receive and enable providers to self assess the quality of their service and help staff know what to expect of a quality organisation.
2. Standards will include “essential criteria” and “desirable criteria”. The essential criteria will be the minimum standards currently in place and used by various bodies involved in inspection and monitoring, in Northern Ireland and in England. They will form the regulated minimum standards against which the HPSSRIA will inspect and register premises and agencies. The desirable criteria will offer service providers guidance for improving their services and will allow the HPSSRIA to identify and report on good practice in service provision in keeping with its statutory duty to encourage improvement in the provision of services.
3. The full ranges of services, some of which will be regulated for the first time, for which standards are being developed are: -

Adult services

- Domiciliary Care Agencies
- Day Care Centres
- Residential Care Homes
- Nursing Homes
- Adult Placement Agencies
- Nursing Agencies
- Independent Hospitals
- Hospices
- Certain independent sector services such as cosmetic surgery; lasers treatment, endoscopy and in vitro fertilisation
- Independent Clinics

Children's services

- Adoption Agencies
 - Fostering Agencies
 - Services for children U12 including, childminders, crèches and playgroups
 - Children's Homes
 - Residential Family Centres
 - Residential Special Schools
 - Boarding Departments in schools and F.E. Colleges
4. The standards will be consulted on and published by April 2005 in tandem with the establishment of HPSSRIA.
5. The Department is currently considering a process to review, develop, maintain and update standards and guidelines issued by other sources including standard setting bodies such as the National Institute for Clinical Excellence (NICE) and Social Care Institute for Excellence (SCIE).

QUESTIONS & ANSWERS

- Q1. Why has it taken so long to make decisions on Best Practice-Best Care?
- A1. Since the consultation exercise was completed in 2002, there have been developments taking place elsewhere which could have a direct impact on the proposals set out in "Best Practice - Best Care". Of particular significance were changes to the directions and legislation governing NICE and the Commission for Health Improvement. Consideration of such developments needed to be taken account of before taking final decisions on the arrangements required for the HPSS.
- Q2. What has been done?
- A2. Legislation came into force in February 2003 placing a statutory Duty of Quality on all HPSS providers. We have also made progress towards establishing a new HPSS Regulation and Improvement Authority, developing standards against which to inspect and have put in place arrangements to support the HPSS in improving health and social care.
- Q3. What is the duty of quality on the HPSS?
- A3. By placing a statutory duty of quality on chief executives of HPSS organisations we will for the first time be able to ensure the quality of services delivered, in the same way that financial probity is adhered to. The introduction of clinical and social care governance will bring together all existing activity relating to the delivery of high quality services such as education, training, audit, risk management and complaints management.
- Q4. To which organisations will the statutory duty apply?
- A4. This statutory duty will cover both Health and Social Services and will apply to HSS Boards, HSS Trusts and those Special Agencies which provide services directly to users e.g. The Northern Ireland Blood Transfusion Agency.
- Q5. What is Clinical and Social Care Governance?
- A5. Clinical and Social Care Governance is a framework within which HPSS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment. Clinical and Social Care Governance is about organisations taking corporate responsibility for performance and providing the highest possible standard of clinical and social care.
- Q6. What role will standards and guidelines play in promoting quality in Health and Social Care services?

A6. Standards and guidelines are essential to both the regulation of services and also to the development of governance arrangements within the HPSS. Registration and inspection will be against compliance with minimum standards of care. Inspection of governance within the HPSS will also include assessing compliance against relevant standards and guidelines.

Q7. What are the functions of the HPSS Regulation and Improvement Authority?

A7. The core functions of the HPSSRIA are to:

- regulate services;
- conduct reviews;
- undertake investigations; and
- undertake inspections.

Q8. What will it actually do?

A8. The new Authority will have a key role in promoting the quality of services delivered here both by the HPSS and by the independent sector. This will be achieved through a combination of regulating a range of services and also inspection of the effectiveness of governance within the HPSS. The Authority will be required to advise and inform the Department with regard to the quality of services and to support service users by investigating complaints and ensuring adequate information is available to them. It will report on service performance against standards and the requirements set out in clinical and social care governance guidelines and will advise the HPSS and other service providers on how they can comply with those standards and governance requirements.

Q9. How will all this help service users?

A9. Service users will benefit from the new system in a number of ways. The regulation of services in accordance with published minimum care standards will mean that service users will know what they can expect from providers, wherever they are in NI. The same applies to the HPSS where standards and governance guidelines will also be published setting out the quality of services which users should expect to receive from the HPSS.

Q10. Why not regulate hospitals as well?

A10. The basic problem is that hospitals do not provide a service; they provide hundreds of different services.

Q11. What will the HPSS Regulation and Improvement Authority investigate?

A11. The HPSSRIA will have power to investigate, report and/or advise on matters relating to the delivery and management of health and social care services provided by or on behalf of one or more HPSS bodies at the request of the Department such as an investigation into a specific complaint or incident.

Q12. So if the HPSSRIA had been in existence it could have investigated the death of Lucy Crawford?

A12. Yes.

Q13. Would the new arrangements you have outlined, prevented events, such as the Lucy Crawford case, from happening?

A13. These arrangements, taken in conjunction with other initiatives will help to promote safety in the HPSS and should help minimise the risk of something going wrong and causing harm to a service user. No system could offer a total guarantee that nothing bad will happen. We can however make sure that through training, through good risk management, through governance and by independent inspection that the safety mechanisms designed to prevent such things from happening are as fail-safe as possible.