

The Regulation and Quality Improvement Authority

Acute Hospital Inspection Handbook

2015

Assurance, Challenge and Improvement in Health and Social Care

www.rqia.org.uk

The Regulation and Quality Improvement Authority

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

Our Vision

To be a driving force for positive change in health and social care services in Northern Ireland.

Our Mission

RQIA provides independent assurance about the safety, quality and availability of health and social care services in Northern Ireland, encourages continuous improvement in these services and safeguards the rights of service users.

RQIA operates within a value system that supports the belief that learning is at the heart of improvement. To ensure a clear focus on improvement, organisations need to have effective systems which can identify performance standards and support the learning necessary for improvement.

Our Values

Independence	upholding our independence as a regulator
Inclusiveness	promoting public participation and building effective partnerships internally and externally
Integrity	being honest, open, fair and transparent in all our dealings with our stakeholders
Accountability	being accountable and taking responsibility for our actions
Professionalism	providing professional, effective and efficient services in all aspects of our work – internally and externally
Effectiveness	being an effective and progressive regulator - forward-facing, outward-looking and constantly seeking to develop and improve our services

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1. Introduction

In April 2014 the RQIA was asked to put in place appropriate arrangements to deliver a rolling programme of unannounced inspections in acute hospitals in Northern Ireland.

In a statement to the Northern Ireland Assembly on the 1 July 2014 the Minister indicated that the programme of inspection will focus on a selection of quality indicators that will not be pre-notified to the trusts for each inspection, and no advance warning will be provided to trusts as to which sites or services within a hospital will be visited as part of an unannounced inspection. It is intended that the RQIA inspection reports will be published on a hospital-by-hospital basis as they are completed.

The aim of the Acute Hospital Inspection Programme is to:

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

In keeping with the aims of RQIA the Healthcare Team will adopt an open and transparent method for inspection using standardised processes and documentation.

We will continue to learn and adapt how the hospital inspection programme is put into practice, for example how we include a focus on particular care pathways or conditions in our inspections i.e. the thematic element of the inspection. We will undertake a short evaluation of the overall framework, and our core indicators, at the end of the first year inspection cycle.

2. Purpose of the Inspection Handbook

The purpose of this handbook is to inform all key stakeholders of the approach to be used for the delivery of the Acute Hospital Inspection Programme in Northern Ireland. Our key stakeholders include:

- members of the public
- service users and carers
- peer reviewers
- lay assessors
- DHSSPS
- HSC Board
- PHA
- HSC Trusts
- providers of education for health and social care

This paper should be read in conjunction with:

- RQIA Escalation Policy and Procedure.¹
- RQIA Enforcement Policy.²
- RQIA Policy and Procedure for Use and Storage of Digital Images.³

3. Inspection Framework

The RQIA Acute Hospital Inspection Programme is designed to support HSC Trusts to understand how they deliver care, identify what works well and where further improvements are needed. The framework is in line with Quality 2020 focusing on increasing the quality of care and reducing patient harm.

The inspection framework has been designed to support the Core Programme of Acute Hospital Inspections and to assess 3 key stakeholder outcomes

Is care safe ?	Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them
Is care effective ?	The right care, at the right time in the right place with the best outcome
Is care compassionate ?	Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

The inspection framework includes:

- The use of data, evidence and information to inform the inspection process
- Core Indicators
- Feedback from patients, relatives/carers
- Feedback from staff
- Direct observation
- Observation sessions (QUIS)
- The review of relevant documentation and patients care records

Supported by:

- The use of peer reviewers(staff who are engaged in the day to day delivery of health and social care)

¹http://www.rqia.org.uk/cms_resources/Inspection%20Process%20V2%205_1.pdf (Appendix 3)

²http://www.rqia.org.uk/cms_resources/Enforcement%201_Final%20Published%20Document_Enforcement%20Policy_04_04_2013.pdf

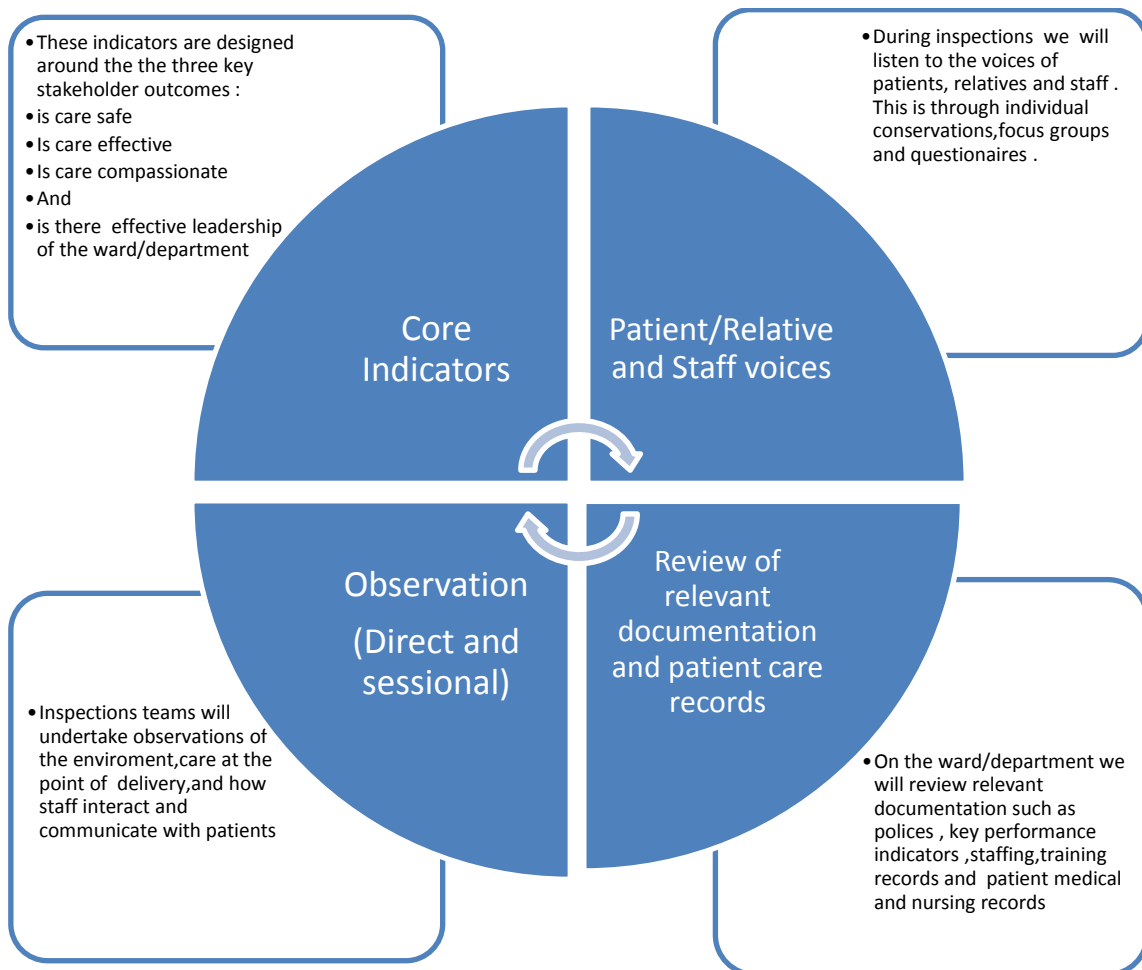
³<http://rqia-intranet.rqia.lan/Approved%20Policies%20and%20Procedures/Use%20and%20Storage%20of%20Digital%20Images%20Policy%20and%20Procedure.pdf>

- The use of lay assessors (who are service users and members of the public and who bring their own experience, fresh insight and a public focus to our inspections)
- Focused Themes

The Inspection Framework draws from a range of sources including DHSSPS standards and guidelines, NICE Guidelines and other relevant standards which are relevant to the delivery of safe, high quality care and treatment in a hospital setting. In addition the inspection teams will rely on other sources of published information such as HSC Trust Quality Reports.

To enable the inspection team to reach a rounded conclusion as to the performance of the wards or departments all of the above will be used to determine an overall outcome assessment of the area subject to inspection. The overall outcome of the area inspection will be based on the decision matrix shown below:

Decision Matrix



Each unannounced inspection will assess:

- An agreed list of core components
- A targeted theme

Additional targeted themes may be selected if evidence suggests that an inspection in a specific area is required.

A list of possible themes for future inspection is attached at Appendix 2. This list is not exhaustive and additional topics may be added during the 3 year life cycle of the Hospital Inspection Programme.

The purpose of this thematic review element is to drive improvement across a broader range of areas. This approach will help to ascertain compliance from staff to the chosen theme and identify areas where improvement is required. Some themes may require a more in depth review of, the Trust Management Systems, and the Trust Board's oversight of compliance in respect of governance and monitoring.

It should be noted that not all themes will be inspected and that themes chosen for inclusion in the inspection process may vary from trust to trust.

This model of inspection (Figure 1) uses a systematic approach to assessment and supports the embedding of practice and quality improvement. The design and the content of the programme is underpinned by a sound evidence base.

Figure 1:



Respecting diversity, promoting equality and ensuring human rights will help to ensure that everyone using health and social care services receives good quality care. RQIA have developed the inspection process to ensure that it considers a range of human rights principles. Using a human rights approach that is based on the rights that people hold, rather than what services should deliver, also helps us to look at care from the perspectives of people.

3.1 Planning the Inspection

Hospitals will be categorised dependent upon the number of beds and specialist areas. The number of inspections and wards/areas to be inspected will be proportionate to the type of services provided and the size of the hospital. A list of hospitals to be included in the inspection process is attached at Appendix 1. This will be kept under review to respond to changes in service delivery.

We use intelligence monitoring to decide when, where and what to inspect, This combines information from a wide range of sources, local insight and patient experience information to give our inspectors a clear picture of the wards/areas that may need to be inspected.

We will not inspect all the acute services within a trust. We will use intelligence monitoring to help us identify which areas we will focus on.

In Year 1, RQIA will inspect wards and departments in the following areas in each HSC acute hospital subject to inspection.

- Emergency Care
- Medical Care (including older people's care)
- Surgical Care

In subsequent years, other areas will be inspected, particularly if we identify areas where we have concerns, or where we believe the quality of care is compromised.

We will not be able to visit every ward at each inspection therefore these will be selected on a rolling programme; however we will consider various factors about risk, quality and the context of the services to help us select and prioritise the areas we visit.

These may include, for example, wards:

- where previous inspections or our intelligence monitoring has flagged a concern or risk
- about which we have received a complaint, there has been a safeguarding alert or we have heard from a whistle blower
- we have not inspected for a long period or have not previously inspected at all
- we have been made aware of areas of good practice
- a request has been made by the DHSSPS, HSC Board or PHA
- subject to media attention

RQIA also undertake other inspections and review activities that are not covered in this handbook, such as IPHT inspections and thematic reviews. We coordinate this activity to reduce the burden on HSC organisations.

3.2 The Healthcare Team

Acute Hospital Inspections will be carried out using a team of RQIA inspectors supported by peer reviewers and lay assessors.

Peer Reviewers: are drawn from a pool of Health and Social Care Professionals, including Clinicians, Nursing, Social Workers, Pharmacists and Allied Health Professionals, who are currently working within Health and Social Care in Northern Ireland. The peer reviewer's role is to provide an independent assessment of the organisation/service against identified standards/guidance as part of a multidisciplinary team. Peer reviewers are required to participate fully in all discussions and contribute to the Healthcare Team's assessment of the organisation/service subject to inspection. Their findings are used to support the inspector's judgement on the service and will also be incorporated into the inspection report.

Northern Ireland Medical and Dental Training Agency (NIMDTA) Senior Trainee: RQIA are working in partnership with NIMDTA and are hosting a senior trainee post as part of their clinical leadership and development programme. A senior trainee will be involved in our Acute Hospital Inspection Programme, thus providing medical representation and input to the team. This approach will bring consistency to the Healthcare Team and inspection process.

Student Nurses: RQIA are working in partnership with universities in Northern Ireland to provide opportunities for year three nursing students to participate, as observers, in the Acute Hospital Inspection Programme. Due to limitations imposed by study timetables, not all inspections will include a student nurse however RQIA will endeavour to do so when possible.

Lay Assessors: will support the inspection process by assisting with the collection of information using patient questionnaires. The information provided by patients and service users will be used to support the inspection findings and will also be included in the inspection report.

Generally an inspection team will include:

- the core team of RQIA inspectors
- peer reviewers, drawn from a range of professions appropriate to the review
- a NIMDTA senior trainee
- a student nurse (when available)
- lay assessor(s)
- an inspection coordinator/administrative support

All team members will be provided with an inspection information pack designed to provide information to help team members prepare for the inspection visit.

3.3 Unannounced Site Visits

Inspections will generally be within working hours including early mornings and evenings when required. Weekend and out of hours night time inspections will be considered as the programme develops. An inspection site visit will generally last three days, including deliberation, gathering of findings and the trust feedback session and if required, the visit may be extended.

Organisations will normally receive an email and telephone call by the Chief Executive of RQIA, or nominated person, 30 minutes prior to the team arriving on site. However, at weekends or outside normal working hours this may not be possible, inspectors will ask the reception to contact the site manager.

On arrival the Healthcare Team will make contact with the organisations nominated affiliate to provide details of the wards/areas to be inspected. This will allow the organisations the opportunity to identify a senior representative to contact the Healthcare Team or to arrange any special requirements.

On arrival on the ward/area to be inspected the Healthcare Team will, introduce themselves to the ward sister or nurse in charge. Inspectors will, dependent on the needs of the ward undertake a short briefing session for staff on how the inspection will be conducted.

The affiliate will be asked to provide a base room for the use of the Healthcare Team throughout the three day visit. This should be, as much as possible, within close proximity to the wards and should be capable of accommodating around 10/12 people.

The RQIA Inspection Co-ordinator will set up an inspection hub in the base room from which all inspection activity will be coordinated.

The affiliate will be asked to liaise with the Healthcare Team to co-ordinate a series of focus groups on day two of the inspection visit. An outline timetable for the focus groups along with suggested attendees will be provided. Each focus group will last for one hour.

The base room will be used for team debriefing and for staff interviews and focus groups as required.

3.4 Key Lines of Inquiry

To direct the focus of their inspection, inspection teams use core indicators to assess criteria alongside other supporting documentation.

Each indicator will correlate to one aspect the four domains of Safe, Effective, Compassionate care and Leadership and Management of the Clinical Area.

The core indicators are available from the RQIA website.

Having core indicators ensures consistency under each of the key objectives. This is vital for reaching a credible and comparable assessment and to provide evidence of ongoing improvement.

During the inspection, the core inspection framework will be used; this will be supported by a number of additional information gathering tools including:

- Inspection Documentation Checklist
- Quality of Interaction Schedule (QUIS)
- Patient and Relative Questionnaires

A copy of each of these tools is available from the RQIA website.

The core indicators are supported by a number of other investigatory processes including, observations of practice, staff interviews and/or focus groups and examination of supporting documentation.

This evidence will feed into the overall information gathered to assess the quality of care provided, the degree to which patients on the ward are being treated with dignity and respect and that their assessed/required care needs are being met in accordance with evidence based practice and guidelines.

The inspection will, where necessary, include photographs of the environment and equipment for reporting purposes and primarily as evidence of assessments made. Not all photographs taken will be used in the reports. Photographs will help to enhance specific learning arising from inspection. No photographs of staff, patients or visitors will be taken in line with RQIA policy and procedure on the Use and Storage of Digital Images.⁴

Each inspection will include a feedback session to outline key findings, any issues to be escalated or plans for follow-up or additional visits. Further analysis of the evidence will be required before a final outcome can be reached, and the report and action plan developed.

3.5 Judgment and Findings

The core inspection framework is designed around 14 core indicators, each underpinned by relevant criteria. Each indicator will correlate to one aspect the four domains of Safe, Effective, Compassionate care and Leadership and Management of the Clinical Area.

This will be denoted on the heading of each core indicator. The core indicators will be assessed in all inspections.

⁴<http://rqia-intranet.rqia.lan/Approved%20Policies%20and%20Procedures/Use%20and%20Storage%20of%20Digital%20Images%20Policy%20and%20Procedure.pdf>

Percentage scores are allocated to demonstrate a level of compliance. Each individual core indicator inspected will receive an individual score; the associated scores are then allocated as follows:

Our inspectors use professional judgement, supported by objective measures and evidence to provide an overall outcome, against each of our core objectives, to the ward/area we inspect. We award them on a four-point scale:

- **Excellent Compliance**
- **Good Compliance**
- **Partial Compliance**
- **Minimal Compliance**

Weighting of criteria has not been carried out; this may be considered in future versions of this document. If inspectors identify areas of immediate risk within the core indicators, this will be reported to the ward sister in the first instance to allow immediate action to be taken.

Each of the four domains will receive an overall score. A combined overall score will not be given.

The final outcome of the inspection will be based on the decision matrix to enable the inspection team to reach a rounded conclusion as to the performance of the wards or departments inspected. This means that all of the aspects outlined in the decision matrix will be used to provide an overall outcome. For example if an area achieves an excellent score in the core indicator document but negative results or serious concerns are raised in the other areas, the team may determine that on this occasion the result would be reduced. The team may also, based on the same principles raise an overall score. The details and reasons for this decision will be clearly identified

3.6 Escalation

During inspection it may be necessary for RQIA to implement the RQIA Escalation Policy and Procedure. The process is outlined in the escalation flowchart (Appendix 3) and detailed in the RQIA Escalation Policy and Procedure.⁵

3.7 Reporting and Action Planning

For each inspection, we produce a report to cover all the wards/areas we have inspected. The report will be clear, accessible and written in plain English; it will also include the scores achieved.

Our reports focus on our findings in relation to our three key objectives. We describe the good practice we find, as well as any concerns we have. In our reports we clearly set out evidence to support our findings.

⁵http://www.rqia.org.uk/cms_resources/Inspection%20Process%20V2%205_1.pdf (Appendix 3)

The organisation will receive the draft report including a Quality Improvement Plan (QIP) within 20 working days in line with RQIA regulatory processes.

The QIP should have the proposed action recorded and returned with the draft report.

The organisation will agree the factual accuracy of the draft report and return the signed Quality Improvement Plan to the RQIA within 10 working days of receiving the draft report.

The Healthcare Team will work with organisations to discuss and correct any agreed errors of accuracy/ fact in preparation of the final report. In the event that agreement cannot be reached RQIA will append the communication, outlining any outstanding issues that have not been agreed.

The organisation and DHSSPS will receive the final open inspection report five working days prior to its publication and making it accessible in the RQIA website.

A follow up visit may be required if serious concerns regarding patient/client care are identified.

The need for this follow up inspection will be escalated to the trust Chief Executive and the time scale for the follow up inspection will be dependent on the concerns identified.

If a second follow up inspection is required, and the required improvement is not identified RQIA will consider what action is appropriate dependent on the issues still outstanding. This may include escalation to the DHSSPS, an improvement notice or further inspection.

Organisations should commence work on the findings of the inspection as soon as the inspectors have given the initial feedback at the end of the inspection and formalised on receipt of the inspection report.

In line with the RQIA core activity of influencing policy, RQIA may formally advise the DHSSPS, HSC Board and the Public Health Agency of a requirement to take account of emerging evidence which may have implications for best practice.

3.8 Follow Up Actions

The type of follow up will be dependent upon the severity of the issues identified at the inspection and subsequent action taken by the organisation.

The follow up may involve:

- Communication with the organisation either in writing or verbally
- Meeting with organisational representatives
- A follow up inspection
- Evoking the RQIA escalation policy

Follow Up Indicator	Action
The QIP is not produced within the agreed timescale	A member of the Healthcare Team will contact the organisation and determine the reason for the delay; if a valid reason is given the timescale will be reset. If no valid reason is given this should be escalated to the RQIA Director of Reviews and a letter sent to the Chief Executive of the organisation requesting the QIP to be completed and returned to RQIA. If after an agreed period, the QIP is still not produced a formal letter will be sent by the Chief Executive of the RQIA to the Chief Executive of the trust indicating the timescale for resolution. This will be copied to the DHSSPS, HSC Board and PHA.
The QIP is inadequate or not fully completed	The QIP is returned to the organisation for clarification or amendment for a maximum of two times. This may also be accompanied by a phone call to the trust to discuss any areas requiring clarification.
The QIP is still inadequate or not fully completed	A formal letter will be sent by the Chief Executive of the RQIA to the Chief Executive of the organisation indicating a timescale for resolution and the procedure for escalation if required.
Significant patient/client safety concerns are identified during the inspection	These will be highlighted at the formal feedback session and a letter will be sent by the Chief Executive of the RQIA to the Chief Executive of the organisation and copied to the DHSSPS, HSC Board and PHA.

A follow up inspection may be undertaken dependent upon the severity of the findings and based on risk assessment and professional judgement. Onward communication on action taken will be communicated as outlined in the escalation policy.

The key indicators below may indicate that a follow up inspection is required:

- if any two sections of the core inspection framework do not meet minimum requirements i.e. there are major weaknesses that require urgent attention and the overall score for the area requires improvement
- if high risk indicators within the core inspection framework do not meet minimum requirements
- if the overall score, against any one of our core objectives, does not meet minimum requirements
- a follow up inspection is required based on professional judgement

- if a serious issue is identified on inspection which may require a more in depth inspection
- a serious issue not included in the core inspection framework may be identified during an inspection which may require some level of follow up, the type of follow up will be dependent on the level of risk identified.

If a follow up inspection is required, this will be undertaken four to 12 weeks after the inspection. Further follow up inspections may be arranged if required.

3.9 Enforcement: Improvement Notices

Where we have identified serious concerns RQIA can decide to issue an Improvement Notice under Article 39 of the 2003 Order. We use 'Improvement Notices' to tell providers if they fail to comply with the minimum standards issued by the DHSSPS.

The RQIA enforcement policy⁶ describes our powers in detail and our general approach to using them.

The decision to issue an improvement notice will be taken following discussion and agreement between the relevant inspector(s) and his/her line manager. The line manager will discuss the areas of concern and confirm the decision to issue the improvement notice with the relevant director.

When a decision has been made to issue an improvement notice, the relevant director will forward a letter to the trust chief executive confirming RQIA's intention to issue the notice and inviting them to a meeting, to discuss the areas of concern.

The purpose of this meeting is to:

- Inform the trust Chief Executive of RQIA's concerns about the failure(s) to meet specific standards.
- Provide the trust Chief Executive with an opportunity to highlight any new facts to RQIA and to identify areas that have been resolved.
- Inform the trust Chief Executive of RQIA's decision to issue the required notice(s).
- Inform the trust Chief Executive of the referral of the notice(s) to the relevant stakeholders and the publication of the notice(s) on the current enforcement activity page of RQIA's website.

A file record will be made of the meeting, which will include any decision made and actions agreed.

Following the meeting with the trust Chief Executive, the relevant Director or the Head of Programme will write to the trust chief executive confirming the decisions and actions agreed within three working days.

⁶http://www.rqia.org.uk/cms_resources/Enforcement%201_Final%20Published%20Document_Enforcement%20Policy_04_04_2013.pdf

If the trust Chief Executive does not attend the meeting, a record of all attempts to contact them will be retained in the relevant file. In the absence of co-operation by the trust Chief Executive, the relevant Director and Head of Programme will discuss and agree options. A letter confirming the decisions made and any actions agreed will be forwarded to the trust chief executive.

When a decision is made to issue an improvement notice, the notice will be completed by the relevant inspector(s). One improvement notice will be completed for each minimum standard breached.

The improvement notice(s) will be accompanied by a covering letter and will be delivered by email in accordance with RQIA's ICT Security Policy.

We follow up any concerns or enforcement action. If the necessary changes and improvements are not made, we can escalate our response, gathering further information through a focused inspection. However, we always consider each case on its own merit and we do not rigidly apply the enforcement rules when another action may be more appropriate.

Appendix 1: Hospitals to be included in the 3 year Inspection Programme

Larger Acute Hospitals

Hospital	Trust	Inspection Schedule*
Royal Victoria Hospital	BHSCT	Minimum of 2 inspections over 3 years. 3 areas on each inspection.
Belfast City Hospital	BHSCT	
Antrim Area Hospital	NHSCT	
Ulster Hospital	SEHSCT	
Craigavon Hospital	SHSCT	
Altnagelvin Hospital	WHSCT	

Smaller Acute Hospitals

Hospital	Trust	Inspection Schedule*
Musgrave Park Hospital	BHSCT	Minimum of 1 inspection over 3 years.
Daisy Hill Hospital	SHSCT	
Causeway Hospital	NHSCT	
Mater Hospital	BHSCT	2 or 3 areas on each inspection.
South West Acute Hospital	WHSCT	
Downe Hospital	SEHSCT	
Lagan Valley Hospital	SEHSCT	
Royal Belfast Hospital for Sick Children	BHSCT	

Other Hospitals

Hospital	Trust	Inspection Schedule*
Mid Ulster Hospital	NHSCT	RQIA may inspect these hospitals if information indicates an inspection is required. These will continue to be subject to the regular inspections under the hygiene programme.
Whiteabbey Hospital	NHSCT	
South Tyrone Hospital	SHSCT	
Tyrone County Hospital	WHSCT	

* The inspection schedule above may vary dependent on availability and resources

Appendix 2: A List of possible themes for the Hospital Inspection Programme SAFE

- 1. Falls**
- 2. Learning from SAI's**
- 3. Fluid Management in Adults & Children**
- 4. Responding to the Deteriorating Patient**
- 5. Junior Doctors awareness of Incident Reporting**
- 6. Right Patient, Right Blood**
- 7. PHA: Learning Letters**
- 8. Medicine Combinations**

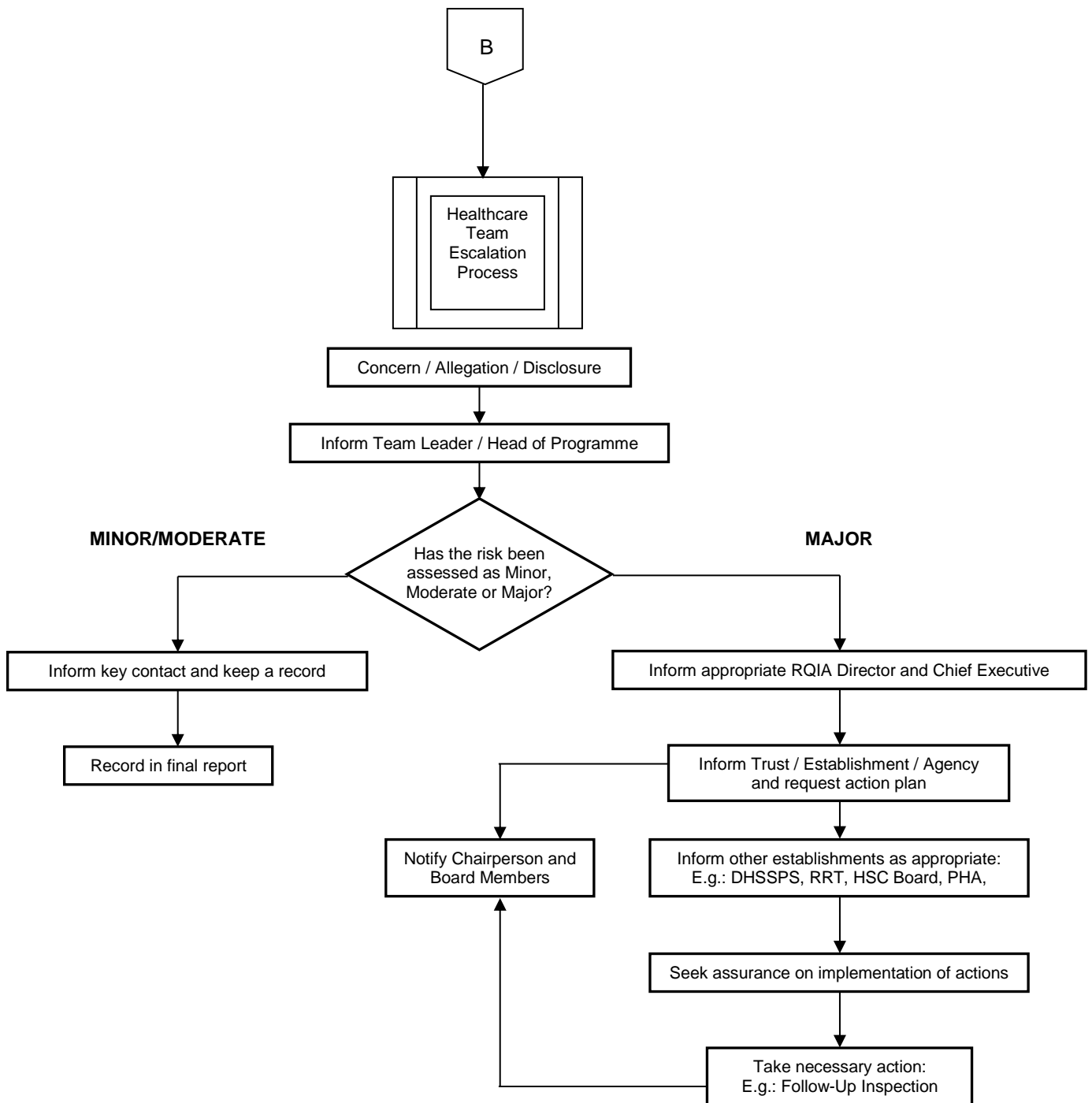
EFFECTIVE

- 1. NICE Guidance Implementation**
- 2. Previous RQIA reports**
- 3. Dementia and acute delirium**
- 4. Diabetes**
- 5. Discharge Planning/Movement from ICU**
- 6. Management of Waiting Lists**
- 7. Effectiveness of Ward Rounds**
- 8. Preparation for Theatre**
- 9. Patient Flow**
- 10. Response to Escalation**
- 11. Communication and Handover of Clinical Duties for junior medical staff
(task book)**

COMPASSIONATE

- 1. Access to Specialist Services**
- 2. Trust progress in implementing patient/client participation from Board to Ward**
- 3. Implementation of DHSSPS standards (dignity & privacy)**
- 4. Patients Voice in Care**
- 5. Care of the Dying**

Appendix 3: Escalation Flowchart





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