The Regulation and Quality Improvement Authority

Review of HSC Trusts' Readiness to comply with an Allied Health Professions Professional Assurance Framework

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Assurance, Challenge and Improvement in Health and Social Care

The Regulation and Quality Improvement Authority

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Section 1 Introduction

1.1 Background

In September 2012, the organisation of International Chief Health Professions Officers (ICHPO) provided an agreed definition of allied health professions:

"Allied health professions are a distinct group of health professionals who apply their expertise to prevent disease transmission, diagnose, treat and rehabilitate people of all ages and all specialties. Together with a range of technical and support staff they may deliver direct patient care, rehabilitation, treatment, diagnostics and health improvement interventions to restore and maintain optimal physical, sensory, psychological, cognitive and social functions."[1]

Allied health professionals (AHPs) in Northern Ireland are a diverse group of clinicians working in a range of disciplines to deliver treatment and care to service users, across a wide range of services, in a variety of different settings and across all age groups. AHPs play key roles and add critical value across the full spectrum of primary and secondary care settings, with roles in prevention, diagnosis, treatment and care. At March 2011, in Northern Ireland there were 4,022 therapists and therapy support staff in the HSC workforce (3,391 whole time equivalent).

In addition to their core clinical roles, AHPs help people to prepare for the journey from hospital to home, to return to work and to participate in community life. AHPs also have an essential role in addressing health inequalities through designing and communicating important public health promotion and prevention messages to service users, carers and other partners working both with individuals and the wider community.

The AHP workforce has an important part to play in optimising and supporting the health and wellbeing of our population through:

- undertaking roles in health promotion, health improvement, diagnosis, early detection and early intervention
- supporting service users to avoid illnesses and complications enhancing rehabilitation and re-ablement to maximise independence
- supporting people of all ages to manage long term conditions
- contributing to physical and sensory disability services, mental health and learning disability services and palliative and end of life care
- providing essential support to children and young people living with complex disabilities, their families and carers

[1] **http://www.ichpo.org/wp-content/uploads/group-documents/1/1328090343-ConferenceReport2010.pdf**

The AHP workforce in Northern Ireland comprises of the following 12 distinct disciplines.

- **Art Therapists** provide a psychotherapeutic intervention which enables service users to effect change and growth by the use of art materials to gain insight and promote the resolution of difficulties.

- **Dieticians** assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. Provide practical guidance to enable people to make appropriate lifestyle and food choices.

- **Drama Therapists** encourage service users to experience their physicality, to develop an ability to express the whole range of their emotions and to increase their insight and knowledge of themselves and others.

- **Music Therapists** use music, with an individual or group of service users, to improve functioning and develop potential in a number of skill areas impaired by disability, illness or trauma. These areas include communication, physical, emotional, mental, social and cognitive skills.

- **Occupational Therapists** promote health and well-being though occupation. The primary goal of occupational therapy is to enable service users to participate in the activities of everyday life, by modifying the occupation or the environment to better support their occupational engagement.

- **Orthoptists** diagnose and treat eye movement disorders and defects of binocular vision.

- **Orthotists** design and fit orthoses (callipers, braces etc.) which provide support to part of a patient's body, to compensate for paralysed muscles, provide relief from pain or prevent physical deformities from progressing.

- **Physiotherapists** use a holistic approach in the preventative, diagnostic and therapeutic management of disorders of movement or optimisation of function, to enhance the health and well-being of the community from an individual or population perspective.

- **Podiatrists** assess the vascular, neurological and orthopaedic status of the service users lower limbs to diagnose and treat diseases and conditions affecting the feet.

- **Prosthetists** provide care and advice on rehabilitation for service users who have lost or who were born without a limb, fitting the best possible artificial replacement.

- **Diagnostic radiographers** employ a range of imaging techniques to produce high quality images of injury or disease, often interpreting the images so that correct treatment can be provided.

- **Therapeutic radiographers** are the only health professionals qualified to plan and deliver radiotherapy in the treatment of cancer. They manage the care pathway through the many radiotherapy processes, providing care and support for service users throughout their treatment.

- **Speech and language therapists** (SLTs) are concerned with the management of speech, language, communication and swallowing in children and adults. SLTs also provide training for the wider workforce.

1.2 Context for the Review

AHP Strategy

In February, 2012, Improving Health and Wellbeing through Positive Partnerships: A Strategy for the Allied Health Professions in Northern Ireland 2012-2017, was launched by the Department of Health, Social Service and Public Safety (DHSSPS). The strategy was developed primarily for the AHP groups working in the statutory sector. However, it is recognised that the principles apply equally to the voluntary, community and independent sectors and in education.

The purpose of the strategy is to provide a framework to guide the DHSSPS, the HSC Board, the Public Health Agency (PHA) and HSC trusts in designing, delivering, reviewing and integrating models of care. It also provides opportunities for learning and development, that will help AHPs and therapy support workers, deliver high quality outcomes for service users.

The strategy was written for the AHP workforce, irrespective of the discipline or care sector within which individuals work. Its aim is to provide a high level road map for the AHPs for the next five years. It focuses on the roles and responsibilities of the AHP workforce at all levels and how these can be developed to enhance the planning and delivery of AHP practices, that support the health and social wellbeing of the population of Northern Ireland.

The strategy is set in the context of increasing demand for skills and expertise of AHPs across care pathways, due to the increasing size of the population, the increasing proportion of older people with a concomitant development of long-term conditions. It also reflects the need for robust AHP leadership within HSC organisations, to ensure that AHPs have the right skills, in the right place, at the right time.

Recent policy has been to facilitate the provision of services in the community, moving away from dependence on hospital services, with patients having better access closer to their own homes.

The role of many AHPs has changed to reflect this with more services being provided as part of multidisciplinary teams. At a time of increasing financial pressure any strategy or associated action plan has to ensure that resources are allocated effectively and efficiently.

The strategy sets out a vision for the development of the AHP workforce. The vision states that by continuing to work in partnership with colleagues, other professionals, other agencies and, most importantly, service users of all ages, families and carers; AHPs will actively enhance people's lives through the planning and delivery of high quality and innovative diagnostic, treatment and rehabilitation services and practices that are safe, timely, effective and focused on the service user.

The strategy is based around four strategic themes, which reflect and support the strategy's vision and values:

1. Promoting person-centred practice and care
2. Delivering safe and effective practice and care
3. Maximising resources for success
4. Supporting and developing the AHP workforce

The strategic themes are underpinned by 40 actions, at strategic, organisational and individual levels.

The Professional Assurance Framework for AHPs

DHSSPS has developed a Professional Assurance Framework for AHPs which is part of the overarching HSC Framework (2011), which details the statutory requirements placed upon the HSC by the Health and Social Care (Reform) Act (NI) 2009. The Professional Assurance Framework for AHPs builds on the direction and description of roles and responsibilities across HSC organisations and provides assurance that effective processes are in place and implemented, to develop, support and monitor workforce compliance with agreed accountability and governance frameworks. The Professional Assurance Framework for AHPs (July 2013) is currently in draft form and is expected to be launched in 2016.

The framework for AHPs is underpinned by legislation and a range of DHSSPS policies and standards, along with professional standards developed by the professional and regulatory bodies for AHPs.

The framework describes and clarifies a systematic approach to supporting AHPs within the HSC, to fulfil their professional roles. This framework has been developed in partnership with the DHSSPS, PHA and HSC trusts, and will remain under review to reflect improvements or changes to professional standards of practice.

It is the responsibility of HSC trust boards (through the executive director with responsibility for AHP governance) in each organisation to ensure compliance against the standards and principles within the Professional Assurance Framework for AHPs, and to report on these (through the executive director with responsibility for AHP governance), as required by the DHSSPS (Lead AHP Officer), through the PHA Director of Nursing and Allied Health Professions.

In addition, the principles within the Professional Assurance Framework for AHPs must be applied by those who commission services outside the HSC (i.e. PHA, HSC Board and HSC trusts) from the education, voluntary, independent and private sector, as a means of assuring the safety and quality of professional standards provided by those organisations.

The Professional Assurance Framework for AHPs includes the following:

- entry into employment as a registered AHP
- maintenance of registration
- quality of AHP practice
- managing professional performance

RQIA Review

The PHA has produced an action plan in order to deliver the DHSSPS AHP strategy. Objectives set out in the action plan include:

- ensure clarity of AHP professional governance arrangements
- ensure that there are robust processes in place to identify all AHPs contracted within HSC in Northern Ireland to meet statutory requirements

RQIA will assess governance arrangements in the trusts in relation to AHPs, using the DHSSPS draft Professional Assurance Framework for AHPs. RQIA will also assess the five HSC trusts' readiness to comply with the draft framework. As part of this review, RQIA will also assess the arrangements in place in HSC trusts to ensure that AHPs meet the requirements to maintain their professional regulation. The report will enable trusts to assess their current position in relation to the framework and highlight areas that require additional focus.

1.3 Terms of Reference

1. To profile the AHP services provided in acute and community settings across the 5 HSC trusts.
2. To establish a baseline of five HSC trusts readiness to comply with the draft Professional Assurance Framework for AHPs (July 2013).
3. To review the arrangements in place in HSC organisations to ensure that AHPs are able to meet the requirements to maintain their professional regulation.

4. To report on findings and make recommendations in a single report for publication.

1.4 Exclusions

Circulars, guidance, standards, reviews and reports which are issued during the course of this review will not be assessed as part of this review, but will be highlighted for consideration in the future.

1.5 Review Methodology

The review was conducted using the collection of evidence through written submissions and semi structured interviews.

The review process included the following stages:

1. Development of a questionnaire based on the draft Professional Assurance Framework for AHPs, to include profiling of trust AHP services.
2. Completion of questionnaire by five HSC trusts.
3. Meetings with representatives of the trusts and HSC Board.
4. Production and publication of a report with recommendations from the findings of the review.

Section 2 Findings from the Review

2.1 Profile of the Allied Health Professional Workforce

Table 1: Number of whole time equivalent AHPs employed directly by the five HSC trusts, as of 1 September 2015.

	Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust
Art Therapists	0	0	0	0	0.5
Dieticians	77.5	36	39	30	33
Drama Therapists	0	0	0	0	0
Music Therapists*	0	0	0	0	0
Occupational Therapists	267	189	145	158	116
Orthoptists	5.6	7	5	4	7
Orthotists*	0	0	0	0	0
Physiotherapists	340	146	162	167	117
Podiatrists	56	44.4	32	29	29
Prosthetists*	0	0	0	0	0
Radiographers: Diagnostic Therapeutic	 206 82.5	 97 0	 99 0	 145.3 0	 124.5 14
Speech and Language Therapists	123	90	66	59	56

*****Regionally contracted services

Belfast Health and Social Care Trust

AHPs in the Belfast Trust are directly employed under a variety of operational structures and comprise staff from seven of the 12 AHP professions:

- dieticians
- occupational Therapists
- orthoptists
- physiotherapists
- podiatrists
- radiographers – diagnostic and therapeutic
- speech and language therapists

The majority of AHP staff employed directly by the Belfast Trust are operationally and professionally managed by the professional head of service for that group. There are, however, devolved operational arrangements in place in some sectors, which have a reporting line to the professional head of service, through agreed organisational arrangements.

Since 2013, the Executive Director of Nursing has been responsible for professional assurance of AHP services, as detailed within the regional AHP strategy. The professional reporting structure is through each professional head of service to the AHP lead and onwards to the Executive Director of Nursing with input, as required, from the relevant operational directors for the specific staff group.

It has been agreed that in future, AHPs will provide an annual professional report into the Trust Assurance Framework to include the remaining five AHP professions outlined in the strategy:

- art therapists
- drama therapists
- music therapists
- orthotists
- prosthetists

At present no staff working under these protected titles are directly employed by the trust. Sessions are provided to the trust under contract, by music therapists, prosthetists and orthotists. It is recognised by the Belfast Trust, that professional accountability for these services provided by AHPs, working under these protected titles lies with the AHP lead and onwards to the executive director. However, further work is required to put the necessary operational processes in place, to fully implement the required assurance arrangements.

Northern Health and Social Care Trust

In the Northern Trust seven professions have a professional head of service who holds professional governance accountability for the individual profession. These are:

- dietetics
- occupational therapy
- orthoptics
- physiotherapy
- physiotherapy
- podiatry
- speech and language therapy
- radiography (diagnostic)

All AHP staff working under the protected titles for these professions (including AHP staff on multidisciplinary teams managed by other professionals), are professionally accountable to the professional head of service through a professional line manager. Currently the Northern Trust does not directly employ any art therapists, drama therapists, music therapists, therapeutic radiographers, orthotists or prosthetists.

If staff in these five groups are employed or contracted, the lead for AHPs is informed by the relevant director or assistant director. The AHP lead will work with the contracts manager or operational manager to ensure robust governance arrangements are in place.

The Executive Director of Nursing and User Experience has professional governance responsibility for AHPs through the AHP lead. Assurance reports are provided to the AHP Forum, a sub-committee of the Clinical Governance Steering Group.

South Eastern Health and Social Care Trust

The South Eastern Trust employs an Assistant Director of AHPs who reports to Director of Primary Care and Older People and Executive Director of Nursing.

Southern Health and Social Care Trust

The seven professions directly employed by the Southern Trust are as follows:

- Dietetics
- Occupational Therapy (OT)
- Orthoptics
- Physiotherapy
- Podiatry
- Speech and Language Therapy (SLT)
- Radiography (diagnostic)

Each professional group has a head of service, accountable for professional governance issues.

Registered AHP and support staff who are part of a multidisciplinary team may be operationally managed by other professionals, but are professionally accountable to the professional head of service, through a delegated professional line manager.

At present, the Southern Trust does not directly employ any art therapists, drama therapists, music therapists, therapeutic radiographers, orthotists or prosthetists. However, the trust is phasing in arrangements to provide professional governance assurances for these disciplines. This will be developed in line with the regional assurance frameworks for these regionally contracted services and will be included in the remit of the Assistant Director for AHP governance and the Executive Director of Nursing and AHPs.

The professional heads of service provide governance assurance reports to the trust lead AHP who acts as the single point of contact for the senior management team, through the Executive Director of Nursing and AHPs on all issues related to AHP professional practice.

Western Health and Social Care Trust

In the Western Trust dieticians, occupational therapists, orthoptists, physiotherapists, podiatrists, and speech and language therapists report to a professional head of service through to the trust's AHP lead, who reports to the Executive Director of Nursing and AHPs.

The Western Trust has an external contract with Music Therapy NI which delivers music therapy to clients within Spruce House, Altnagelvin Hospital and to a mental health ward within the Waterside Hospital.

The Adult Mental Health directorate employs an art therapist who is operationally managed through the psychology team. Diagnostic radiographers have professional reporting arrangements through to a professional head of service in the Acute Directorate. An orthotic service is provided through a private company contract arranged by the Business Service Organisation (BSO). The trust does not recruit operationally, or professionally manage, this professional staff group.

The Radiotherapy Service in the Western Trust is due to become operational in Oct 2016. The Professional Assurance Framework for therapeutic radiography in the Western Trust is currently being developed in advance of this date. Progress is monitored on a bi-monthly basis by the designated AHP Consultant at the PHA via the Regional Radiotherapy Programme Board. The Head of Service for therapeutic radiography is a member of the Regional Radiotherapy Programme Board.

2.2 Entry into Employment as a Registered Allied Health Professional

The draft DHSSPS Professional Assurance Framework for AHPs states:

> The following describes the systems HSC organisations must have in place, standards that must be adhered to and areas of best practice which HSC organisations should have systems in place to ensure:
>
> a. All appointments to posts where there is a requirement to be a Health and care Professions Council (HCPC) registered AHP must adhere to organisational Human Resources policies and procedures which must include a robust selection process. Any interview must include a HCPC registered AHP from the appropriate profession.
> b. Core professional elements must be included in all HCPC registered AHP job descriptions.
> c. Each organisation must have a system for ongoing validation and monitoring of professional registration of AHPs with the HCPC. Registration should also be checked prior to confirmation of employment.
> d. The development and subsequent employment of all new temporary and permanent AHP (including agency) posts must be endorsed by the Professional Head of Service and AHP Trust Lead before advertisement by the organisation.

e. Best Practice – Organisations should consider inclusion of the following:
   i. Questions that prompt disclosure of previous disciplinary or conduct issues prior to employment.
   ii. Requests for at least one professional reference prior to appointment to a clinical AHP post.

All trusts advised the review team that their recruitment and selection policies and procedures are robust. The trusts described annual audits, training and checks in place to ensure that appointments to posts where there was a requirement to be a Health and Care Professions Council (HCPC) registered adhere to organisational human resources requirements. Current HCPC registration is an essential requirement included in job specifications, and must be declared on the regional application form used by all trusts. Most trusts described performing an online registration check prior to interview and that the new employee on the day that they started employment was required to bring current evidence to prove they were currently registered with the HCPC.

The review team was advised that with the exception of the Western Trust, all trusts conduct six monthly checks of all registrants. HCPC alerts forwarded to trusts were a crucial part of trust checks. The Northern Trust advised the review team they had requested that HCPC sends all correspondence and emails to the lead AHP; however email correspondence is still being delivered to an open email address. The review team considered that trusts should work with the HCPC, to ensure that email alerts were forwarded to the most appropriate point of contact.

With the modernisation of processes across the HSC, the trusts are all using a new system to manage most aspects of human resources, payroll and travel. The review team believes there could be benefit in including HCPC registration status and evidence within this to reduce the administrative burden and streamline the processes.

Trusts provided examples where AHPs had not re-registered with the HCPC. All trusts were aware the rate of incidence of non-registration, and described locally approved processes for managing the situation. A common reason for non-registration was a change in personal details affecting the direct debit payment process. All trusts ensured that the unregistered employee was suspended without pay with immediate effect and not reinstated until HCPC registration was provided. AHP staff are also advised directly of their responsibility to maintain their registration.

Recommendation 1
HSC trusts should consider requesting a change to the HRPTS system allowing registration with HCPC to be recorded, and allowing for more efficient monitoring.

Disciplinary and conduct issues must be declared on the regional application form. During interviews, the Southern Trust and Western Trust confirmed that interviewees are asked to confirm their current status regarding disciplinary, conduct and criminal issues and explain any gaps in their employment history. Referees are asked specific questions regarding disciplinary and conduct issues.

All trusts confirmed that two references were required for clinical AHP posts, with one reference being from the most recent employer. All cited that under certain circumstances a professional reference was not always possible, for example, some applicants may not have had a previous employer. In these circumstances an alternative reference source was regarded as acceptable such as personal or academic references.

The Professional Assurance Framework for AHPs suggests that successful applicants should have one professional reference. In discussions with trusts the review team was advised that there was some confusion regarding the definition of a professional reference. The review team considers that further regional clarity was required.

Recommendation 2
DHSSPS should review the Professional Assurance Framework for AHPs and provide guidance on the definition of a professional reference.

All trusts confirmed that core professional elements are included in all HCPC registered AHP job descriptions.

The Northern Trust advised the review team that it has conducted an audit of its registration and validation policy. This audit may prove useful to other trusts, and if replicated would permit other trusts to check their own policies for adherence and effectiveness. Twice yearly, the Southern Trust reports compliance on its adherence to validation and monitoring of professional registration as a quality indicator. The DHSSPS could consider adding good practice measures when making additions to assurance framework.

Recommendation 3
DHSSPS should consider adding to the AHP professional assurance framework a requirement for auditing the procedures for assurance of registration.

2.3 Maintenance of Registration

The draft DHSSPS Professional Assurance Framework for AHPs states:

> The following describes the systems HSC organisations must have in place for ongoing validation and monitoring of HCPC registration. HSC organisations should ensure they:
>
> a. Have a system in place for the ongoing monitoring of the status of all AHPs registration including any specific annotation requirements e.g. prescribing.
> b. Have a system in place to confirm that AHP staff have appropriate continuing professional development to ensure fitness to practice within specific roles. This should link to supervision and appraisal processes.

Monitoring of AHP registration was evident in all five trusts. Trusts' responses confirmed they remind staff of their responsibility to maintain their registration.

All trusts described an HCPC two year registration cycle for AHPs and the email alert system from HCPC confirming registrations. Four trusts told the review team or submitted policies to confirm that professional heads of service also conduct twice yearly checks on current registration status. The Western Trust indicated that it intends to introduce six monthly checks of AHP registration.

AHP staff, qualified as non-medical prescribers, must submit to their professional head of service annually evidence of their prescribing course certificate of accreditation and evidence of HCPC registration which has the prescriber status annotated. The PHA holds a regional database of all AHP prescribers and ensures planned updates and monitoring arrangements are in place.

Continuing Professional Development

The trusts described a range of measures that included annual appraisal, regular professional supervision in line with the regional AHP supervision guidelines and random audits. The trusts informed the review team of audit processes and monitoring through accountability reviews that ensure fitness to practice associated with specific AHP roles.

Where AHPs are working in a devolved structure and operationally managed by someone outside their profession, a personal development plan is devised collaboratively with the designated Professional AHP Manager. This is then monitored through adherence to supervision policies and appraisal systems, with both line manager and professional manager working with the individual AHP staff member.

All trusts have procedures in place for their current staff AHP groups.

Should they in the future directly employ AHPs from those groups not currently directly represented in the trusts, a review of their governance arrangements will need to be undertaken.

2.4 Quality of Allied Health Professional Practice

The draft DHSSPS Professional Assurance Framework for AHPs states:

The following describes the systems HSC organisations must have in place, standards that must be adhered to when safeguarding areas of best practice and service redesign/development. HSC organisations should ensure safe effective AHP practice by having systems in place to ensure the application of the following measures:

a. Appropriate professional governance arrangements led by the Executive Director with responsibility for AHP Governance across the span of the HSC organisation. These arrangements must be supported by sufficient appropriate resources and infrastructure including recognised lines of Lead AHP professional accountability across the range of AHP professions.
b. Confirm the inclusion of AHPs in internal organisational accountability and assurance processes.
c. Ensure proposed changes to AHP models of practice are endorsed by the professional Head of Service and AHP Trust Lead.
d. Ensure that there are mechanisms in place to embed best practice in service redesign and development across AHP practice. Where appropriate his should include policies, standards from DHSSPS regulatory and professional bodies and direction from the AHP Regional Strategic Workforce Development Group.
e. Through the Executive Director with responsibility for AHP Governance HSC organisations will ensure that all service plans, local or regional take cognisance of the requirement to fulfil professional standards of AHP practice, e.g. Population Plans, Local Health Economy Plans.
f. Have in place a Competency and Governance Framework for the delegation of tasks to AHP support staff.
g. Comply with Service Level Agreements with e.g. DHSSPS/ Trusts/ Universities for student placements.
h. Ensure arrangements are in place to fulfil statutory functions and to ensure compliance with delegated statutory responsibilities.
i. Through the Executive Director with responsibility for AHP Governance, HSC organisations will monitor and report on patient/client focused standards and other indicators, illustrating any emerging trends or learning and action taken in relation to AHP practice including:
    i. Personal and Public Involvement
    ii. Patient, Client Experience standards
    iii. RQIA Inspections
    iv. Incidents and Serious Adverse Incidents
    v. Complaints and compliments

vi. Workforce plans including staffing levels, skill mix, new roles and use of agency
vii. Interagency working such as Education, Housing Executive, etc.
viii. Risk Management.

Lead AHP

All five trusts identified their Director of Nursing as the accountable officer for AHP governance across the 12 AHP professions, however radiographers in the Western Trust are accountable through the Director of Acute Services.

Four trusts named and described the role of their Lead AHP as the person who leads the strategic direction of AHP services and influences overall strategic leadership and direction with their trusts. The Western Trust has three AHP leads, with separate reporting structures for diagnostic and therapeutic radiographers. At the time of the review, the Western Trust was implementing changes to its structures, which will identify one AHP lead who will fulfil their role for all 12 professions.

The review team considered that there should be a single lead AHP with responsibility for all 12 AHP professions. This individual will fulfil the role and report through to one director of AHP governance. Where a trust has separate arrangements for radiography, not within the remit of the AHP lead, this does not meet the requirements of the Professional Assurance Framework.

Recommendation 4
All HSC trusts should review their governance accountability arrangements for AHPs ensuring one AHP lead is responsible for all 12 AHPs.

Prosthetists are employed under a regional contract arranged by BSO Procurement and Logistics Service. Orthotists are employed in Belfast, Northern and Southern trusts under two different regional contracts with two organisations, SG Bull and Opcare. The review team was informed of differing governance arrangements, it considered these were not always clear or consistent. The review team believes adopting a regional approach with one trust taking the lead for orthotists or prosthetists governance arrangements may reduce duplication of effort across the five trusts. The review team recommends a review of the governance arrangements for regional contracts, to ensure these are in line with the draft Professional Assurance Framework for AHPs.

Recommendation 5
All HSC trusts should review the governance arrangements for AHPs provided by a regional contract, to ensure they meet the requirements of the draft Professional Assurance Framework for AHPs.

Heads of Service

All HSC trusts have heads of service in place for the seven AHP professions they directly employ. These are the lead professionals for their relevant AHP group, and are accountable for governance arrangements. Deputies have been identified to cover absence.

There are no heads of service in the HSC trusts for orthotists, prosthetists, art, drama or music therapists. Prosthetists are employed under a regional contract with SG Bull in the Belfast Trust and Southern Trust. In the Belfast Trust, Northern Trust and Southern Trust music therapists are employed under individual contracts on a trust by trust basis usually from the same provider (Every Day Harmony formally known as the Northern Ireland Music Therapy Trust).

The Western Trust is the only trust to employ an art therapist, managed by the psychology team. None of the trusts employ drama therapists.

Professional Governance Accountability Arrangements

All trusts have professional governance accountability arrangements in place which are set out in 2.1.

Organisational Accountability and Assurance Processes

Belfast Health and Social Care Trust

Within the Belfast Trust's assurance sub-committee structure, the governance steering group provides assurances to the trust board on recruitment and employment matters, including fitness to practice issues. The trust has an AHP case review monitoring process, reported through this group. In addition, the AHP lead will, in the future, provide a professional update report to be presented at the trust assurance committee.

The trust recognises that assurance arrangements will also need to include any AHP services provided under contract.

Northern Health and Social Care Trust

The Northern Trust reported having a Governance Assurance Framework to provide assurance to the trust board.

The Northern Trust has an AHP Forum (AHPF) a sub-committee of the Clinical Governance Steering Group, chaired by the lead for AHPs.

On a biannual basis, the head of service for the individual professions completes an internal reporting template, which reports progress against the DHSSPS AHP Strategy Action Plan. In the Northern Trust a collated return is provided to the PHA from the Lead AHP, via the Executive Director of Nursing and User Experience who has professional governance responsibility for AHPs. Heads of service also provide governance reports to their directorate governance meetings, through their operational assistant director line manager. The Lead for AHPs completes a twice yearly return which is included in the trust assurance report to the DHSSPS.

South Eastern Health and Social Care Trust

Within the Primary Care Directorate, the Assistant Director of AHPs reports to the Director of Nursing. Quarterly Governance meetings are held at which the Assistant Director of AHPs presents a governance report for AHP professions. Each Lead Professional completes an individual governance report for their profession, which populates the overall AHP report. An AHP Forum meets fortnightly and identifies common themes and shares any learning. At the time of the review, the trust informed the review team that from September 2015 the radiography profession completed of governance reports in a similar format.

Southern Health and Social Care Trust

The Southern Trust informed the review team that the Senior AHP Governance Forum (SAHPGF) is part of the trust's integrated clinical and social care governance structures. Twice yearly monitoring reports and evidence are compiled by the professional heads of service which are validated by the lead AHP and presented to the trust's governance committee by the Executive Director of Nursing and AHPs. Reports include:

- core AHP and profession specific quality indicators
- compliance with the Regional AHP Strategy that focuses on professional governance and regulatory issues for approval for sharing with the PHA
- compliance reports against a range of internal and external professional assurance reviews.

Western Health and Social Care Trust

A proposal to identify organisational accountability assurance processes for the 12 AHP professions is to be presented for approval at trust's SMT meeting in November 2015. The review team considers that the trust's governance of AHP practice would be strengthened with the introduction of a trust wide model for professional assurance.

Best Practice and Service Redesign

The review team was advised that heads of service and lead AHPs embed best practice within all trusts.

Trusts also assured the review team that lead AHPS would be involved in any service redesign and that they would ensure that best practice would be embedded. Trusts submitted a range of evidence which included policies, standards, guidelines, reviews and professional bodies' codes of ethics and standards of practice. In each trust learning from serious adverse incidents (SAIs), audits, complaints, compliments and patients stories was reported to the review team.

Trusts presented a range of quality improvement initiatives to the review team. Examples were: the Belfast Trust's work in radiology on infants' hips; the Northern Trust held an AHP Best Practice Event (attended by representatives from the PHA, HSC Board and DHSSPS) to share new initiatives across AHP services. They hope to repeat similar events with input from nursing, medicine and social care; the Southern Trust referred to Team Talk, a trust-wide initiative involving AHPs where the chief executive encourages ideas from staff suggestions; the Western Trust discussed a project where its physiotherapists triage musculoskeletal referrals.

The South Eastern Trust advised the review team of a number of quality improvement projects, which included attainment of a Scottish fellowship by an AHP, and a quality improvement award for a specific part of prison healthcare. AHPs have access to the trust's quality improvement (QI) centre, with 43 AHPs completing the QI programme and an OT project winning the trust annual award. There have been 29 AHP applicants for a quality improvement project group.

The review team agreed that the work of the five trusts could be enhanced by sharing their information across their respective organisations.

Recommendation 6
The trusts should create opportunities to share information about service improvements and good practice across the five AHP leads and through networking opportunities for clinical staff.

Recommendation 7
The DHSSPS should consider including a section within the Professional Assurance Framework that encourages HSC trusts to share their learning and best practice developments.

Service Plans to Include the Standards of AHP Practice

Trusts described to the review team that their service plans, take cognisance of the requirement to meet the professional standards of AHP practice. Executive directors with responsibility for AHP governance, supported by lead AHPs are involved in the development of service plans.

Any development of regional or local service plans is guided by professional standards, National Institute for Health and Care Excellence (NICE) clinical guidelines and informed by workforce planning, capacity and demand.

Delegation of Tasks to AHP Support Workers

The Northern Trust, Southern Trust and Western Trust stated that individual services have competency frameworks for their support staff to enable them to carry out delegated tasks appropriate to their level. In the Southern Trust, the lead AHP is a member of its education training workforce development committee, overseeing integrated training plans for support staff.

In the South Eastern Trust, AHP professional leads monitor the skill mix and ensure that support staff are an integral part of the AHP workforce. The Belfast Trust reported having a competence based induction and training process to ensure that support staff have the necessary skills. Across the five trusts, delegation is undertaken at a local level within the service, specific to the area of work, and is monitored through normal supervision processes. All AHPs, in line with HCPC requirements, are aware of their responsibilities when delegating tasks to support staff. These are monitored through supervisory and appraisal processes.

Service Level Agreements (SLA)

Four trusts (excluding Northern Trust) confirmed that they have signed an agreement with the DHSSPS and the University of Ulster regarding the provision of placements for undergraduate students. The university provides an annual report to the DHSSPS and this is shared with the trust AHP leads, although the Belfast Trust cannot confirm receipt of this report. At present, there is no formal assurance reporting arrangement in place for this SLA. It was reported to the review team that the lead AHP officer at the DHSSPS plans to formalise this SLA with the trusts.

There is also an SLA between the Northern Ireland Housing Executive (NIHE) and HSC trusts, outlining arrangements for housing adaptations services relating to occupational therapy practice. At the time of the review this was subject to regional consultation. Once finalised, this will replace arrangements previously in place between legacy trusts and Health and Social Services Boards.

Recommendation 8
As part of the review process associated with the service level agreements with the Northern Ireland Housing Executive and the Ulster University, it is recommended that the service level agreements include an annual assurance process and timeframe for reporting to the DHSSPS.

Under the Chronically Sick and Disabled Person's (NI) Act (1978) Sections 1 and 2, and Article 15 of the Health and Personal Social Services Order 1972, the DHSSPS has a statutory duty for assessment of need and for provision of housing adaptations either directly or through other agencies. It has delegated responsibility for this statutory duty to the HSC Board and HSC trusts. The review team was advised that community occupational therapists are the trusts' nominated officers to assess the need for provision of housing adaptations. Accountability for the management of this responsibility is taken forward through supervision, mentoring, caseload management, major works forums and housing adaptations panels. The trusts also described a process to determine the housing adaptions requirements in cases of challenging and complex needs.

Occupational therapists follow the guidance provided by the Inter-Departmental Review of Housing Adaptations Services – Adaptations Design Communication Toolkit, which sets out the designation of delegated statutory function as follows: "The assessment for and provision of housing adaptations requires effective joint working at several organisational levels between housing, health and social care to improve standards and make the best use of available resources."

The review team was advised that statutory requirements were also associated with assessment of children for a statement of special educational needs. Overall responsibility for these children lies with the Education Authority. Trust AHPs are often required to provide reports for the assessment of children for statements of Special Educational Needs (SEN) and may provide witness evidence at SEN Tribunals. This is an Education Authority statutory process and through the use of guidance in line with the statutory requirements, AHPs are required to provide reports within a specific timeframe. AHPs are also required to provide reports for and participate in child protection case conferences. Guidance is provided in Trust Safeguarding Policies. AHPs also provide reports and participate in adult safeguarding procedures, including completion of Northern Ireland Single Assessment Tool (NISAT) and carers assessment processes which are reported through statutory functions reporting arrangements.

The review team found variation in the depth of knowledge of the different statutory functions relating to AHPs and concluded it would be helpful to have a shared set of key governance duties.

Recommendation 9
HSC trusts should develop clarification as to AHP statutory and associated governance duties.

Reporting on Patient and Client Focused Standards and Other Indicators Personal and Public Involvement (PPI), Patient Client Experience, RQIA Inspections and Reviews.

Belfast Health and Social Care Trust

In the Belfast Trust, all employees, including AHPs, are required to work within the agreed frameworks, policies and procedures for these areas. The review team was advised that in the Belfast Trust the AHP role is pivotal in delivering client centred practice, and AHPs had representation on all relevant groups.

The Belfast Trust suggested to the review team that achievement of an agreement regionally regarding the assurance reporting requirements associated with the five AHP services provided on contract would support consistency and reliability in terms of professional assurance.

Northern Health and Social Care Trust

The Northern Trust described to the review team the AHP involvement in PPI. The trust's User Feedback and Involvement Committee, includes in its membership the executive director of nursing and user experience with professional governance responsibility for AHPs. The trust's Improving Patient and Client Experience Steering Group, is chaired by the Deputy Director of Nursing and the serious adverse incident review group attended by the lead for AHPs were all part of the monitoring and reporting processes.

South Eastern Health and Social Care Trust

The trust submitted a report template to the review team, which demonstrated that all of these areas are addressed in quarterly AHP governance reports and by monthly primary care governance reports for SMT.

Southern Health and Social Care Trust

The assistant director for AHP governance is a member of trust's PPI forum and professional heads of service are members of directorate and divisional PPI groups. The lead AHP is a member of the patient and client experience forum and AHP activity is an integrated component of reporting arrangements. The trust also demonstrated to the review team that the lead AHP and heads of service were actively involved in using service user views in a range of workforce planning activities that include demand capacity planning modelling.

Western Health and Social Care Trust

At present the Executive Director of Nursing and AHPs provides assurance for the AHP professions managed by the six heads of service (dieticians, occupational therapists, orthoptists, physiotherapists, podiatrists, and speech and language therapists) as a member of the trust PPI group. AHP professions sitting in other directorates give assurance through their operational directorate governance arrangements. It should be noted that these have been described as weak in terms of the professional assurance by the trust, and an improved model is under consideration.

Across the five trusts, person centred practice was not always evident or demonstrated at service or at an individual or practitioner level. With more in depth research across AHP services, it is considered that more examples might be available from both a wider number of multidisciplinary teams that AHPs contribute to and from the individual review of clinical practice through the use of a record keeping audit process. It would be helpful to review AHP practices and services to explore opportunities to increase person-centred practices. The review team also thought the Western Trust should consider making this electronically retrievable so as to reduce the administrative burden and reliance on paper base systems i.e. optimising use of technology

Recommendation 10
HSC trusts should use professional clinical supervision to gather evidence of person centred practice while maximising the use of available technology.

Risk Management

All HSC trusts informed the review team that AHPs adhere to the requirements of trust Risk Management Strategies. From front line registrant to lead AHP, AHPs have the capacity to input to service, directorate and corporate risk registers. All risk registers are reviewed by professional and operational heads of service, assistant directors and directors with agreed action plans in place and routinely monitored.

All risk management pertaining to professional practice is overseen by professional heads of service. Where challenges or risks present these are escalated to lead AHPs and then through to the executive director responsible for AHPs.

Clinical Audit

Belfast Health and Social Care Trust

Each year, each professional head of service develops an audit programme which includes a sample of patient and client records. Heads of service may also initiate clinical audits which are determined on the basis of need or to address specific areas. Examples were: patient and client safety; compliance with agreed standards; to inform quality improvement processes or to baseline services undergoing change.

There is currently no formal reporting process in place for all AHP audit activities. Each professional head of service is required to declare to the AHP lead, that they can ensure that there is evidence of audits of patient records as part of the AHP strategy implementation compliance response.

Northern Health and Social Care Trust

Each year, the Northern Trust holds an audit and evaluation symposium to raise awareness regarding audit and quality improvement activity, share good practice and learn from others' experiences.

The trust has a process in place for staff to register planned audit or quality improvement projects and to report on completed activity. Heads of service undertake clinical audit on a two-year cycle. Clinical audit also forms part of clinical supervision.

Staff involved in audits are encouraged to complete and return audit outcome and action plan summary forms. Audit results are also considered at team and directorate level. Information on audit activity is prepared for consideration within the trust's assurance framework committee structure.

South Eastern Health and Social Care Trust

The South Eastern Trust advised that each profession has identified audit facilitators who meet as part of multi professional audit committee. In addition each profession undertakes professional audit.

The South Eastern Trust reported to the review team that it monitors and reports on audits using safety, quality and the patient client experience standards (SQE); audit cycle; multi professional audit days; and summary forms (completed after audit).

Southern Health and Social Care Trust

The Southern Trust clinical effectiveness manager oversees an annual work plan that encompasses AHP audit activities. Audit is reported at directorate level or through the AHP lead for corporate professional audit activity programmes. Audit activity is often multidisciplinary. The professional head of service and lead AHP actively influence professional audit themes. Professional supervision processes also involve assessment of audit activity. A draft trust-wide clinical audit strategy for all staff is being progressed within Southern Trust.

Western Health and Social Care Trust

The Western Trust reported that there were strong processes in place to undertake clinical audit across all professions. This is managed, reviewed and discussed on a quarterly basis by the Head of AHP Services with their six professional leads and also by the head of radiography with their team. The review team noted this was not as yet in place for therapeutic radiography.

Across the six AHP professions in the Western Trust, there is a quarterly report via directorate governance structures. In diagnostic radiography, a quarterly report is provided via the acute governance structures. There is also a regular radiology governance meeting and quality meeting.

At the time of the review an audit plan was not yet in place for therapeutic radiography. Discrepancy meetings are also used to share learning from these episodes.

Recommendation 11
Western Trust should develop an audit plan for therapeutic radiography.

2.5 Managing Professional Performance

The draft DHSSPS Professional Assurance Framework for AHPs states:

HSC organisations should ensure the effective management of professional performance is achieved through the performance section. The following describes the systems HSC organisations must have in place/standards that must be adhered to so that safe, effective and high quality practice is attained in the following areas:

a. Provide access to appropriate induction, preceptorship and return to work programmes.
b. Ensure effective supervision arrangements are in place.
c. Ensure that AHP staff have appropriate clinical and professional training appropriate to their job roles/clinical specialism's.
d. Monitoring and reporting on the following registrant focused indicators, highlighting any emerging trends or learning and action taken in relation to AHP practice:
    i. Capability Procedures
    ii. Disciplinary Actions
    iii. Fitness to practice including referrals to the HCPC.
e. Where an AHP is subject to an investigation or disciplinary process a HCPC registered AHP must be a member of the investigating or disciplinary panel.
f. HSC organisations will ensure that there is a system in place to certify that all Trust referrals to the HCPC must be reviewed and signed off by the Trust Executive Director with responsibility for AHP Governance and ensure that all subsequent communication from or to the HCPC is copied to the Executive Director with responsibility for AHP Governance.
g. Where appropriate referral should also be made to the Independent Safeguarding Authority and consideration given to the need to request the issue of an Alert letter through the Lead AHP Officer, DHSSPSNI.

Through the semi-structured interview process, the review team was assured by the five trusts that AHPs in each trust are aware of their values and mission statements.

It was agreed there was no need to have separate values and mission statements for AHPs to achieve effective management of professional performance. The Southern Trust informed the review team that the trust values were included in all job descriptions.

The trusts informed the review team that professional heads of service ensure that each new member of staff completes a professional induction programme in addition to the trusts' corporate induction. Return to work programmes are available. The Northern Trust and Southern Trust also described keep in touch days designed to support staff on extended leave, such as maternity leave.

The trusts reported that heads of service apply supervision policies and procedures that are aligned with the regional AHP supervision policy. Biannual audits of supervision are or will be conducted in line with regional policy. In Belfast Trust heads of service currently provide an update as part of the twice yearly AHP Strategy monitoring process. Formal audits of compliance are not currently in place as the required regional supervision training has not yet been rolled out. Where identified by the trusts as an issue, the review team was advised that action plans are in place to address non-compliance. The review team and the trust representatives consider the need for this process to be implemented for the AHP services provided to the trusts under external contract.

Recommendation 12
HSC trusts should review the supervision arrangements for AHP services provided to the trusts under external contract.

Appropriate clinical and professional training needs are identified through supervision and appraisal. All AHPs are required to have an annual appraisal, and twice yearly accountability reviews to monitor compliance with the appraisal requirements. The majority of trusts described to the review team processes that ensured joint arrangements were in place, when required, in the appraisal and supervision processes to ensure both professional and operational input.

All trusts described similar processes using appraisal and supervision to establish their own trusts' training needs. This information was reported by the trusts, to inform the regional Education Commissioning Group (ECG). The trusts highlighted that the work of the ECG did not address the training needs of AHP support workers. One trust described to the review team how it was proactive in obtaining places for support workers on AHP training courses.

Recommendation 13
The DHSSPS should review the inclusion of training needs of AHP support workers in the remit of the Education Commissioning Group.

All trusts described, and in some instances shared with the review team, their capability procedures and disciplinary procedures including the role of AHP leads. All trusts were able to provide evidence of subsequent monitoring and reporting of capability and disciplinary actions. If required, human resource departments support the professional managers in these situations. The trusts also described how their policies and procedures addressed areas such as fitness to practice, making referrals to professional bodies such as HCPC, Police Service of Northern Ireland (PSNI) or the Independent Safeguarding Authority and consideration of alerting the DHSSPS lead AHP officer.

The trusts considered that their existing assurance structures (described in this report) would communicate and cascade emerging trends and learning to all AHPs. The review team was told that emerging trends are identified from a large number of sources common to all trusts, including: AHP quality indicators; lessons learned from regulatory bodies; supervision; complaints; SAIs; patient stories; PPI forums; incidents; and issues raised by staff. All trusts provided the review team with working examples of their response to an emerging trend. Examples included: in the Southern Trust area how to raise concerns about collaboratively working with private practice AHPs (now a draft regional procedure awaiting launch); and in the Western Trust the use of iPads in clients' homes to reduce the number of occupational therapy assessments.

The review team was provided with examples of sharing of good practice by trusts. The review team considers that the creation of more opportunities for AHPs to share would be beneficial to the service.

Recommendation 14
HSC trusts are encouraged to find more internal opportunities for sharing good practice and emerging trends of practice.

All HSC trusts confirmed to the review team that an HCPC registered AHP would be a member of any investigating or disciplinary panel.

Four trusts referenced their policy or procedure that states that all trusts' referrals to HCPC must be reviewed and signed off by the trust's executive director with responsibility for AHP governance. Procedures ensure corporate responsibility and assurance through the logging and action planning for any correspondence to or from the HCPC that is copied to the trust's executive director with responsibility for AHP governance.

2.6 Reporting Process and Mechanism

The draft DHSSPS Professional Assurance Framework for AHPs states:

> Through the Executive Director with responsibility for AHP Governance HSC Boards must regularly be assured about the standards of professional AHP practice within the HSC organisation. The reporting process must include regular reports on AHP practice and statutory functions in the areas outlined within this framework, including mechanisms for escalation and an agreed professional communication process both internally and external to the organisation.
>
> The HSC Framework document (2011), Paragraph 6.14, specifies that it is the responsibility of the PHA to monitor and report to DHSSPS on Trust compliance with accepted professional standards for AHP practice including professional regulation, training and development. As such Trusts through the Executive Director with responsibility for AHP Governance and endorsed by Trust Boards must submit those reports detailed at paragraph 17 to the PHA (Director of Nursing and AHPs, and Assistant Director of AHPs and Personal and Public Involvement (PPI)) who will provide assurance to DHSSPS (Lead AHP Officer).
>
> HSC organisations will provide monitoring biannual reports against this Professional Assurance Framework to the Director of Nursing and AHPs and Assistant Director of AHPs and PPI (PHA). The reports should clearly outline adherence to the standards/systems and good practice outlined in this document.
>
> The PHA will submit these reports to the DHSSPS to inform the normal governance process identifying any areas of concern and actions taken.
>
> The PHA has a responsibility to assist and support HSC Executive Directors with responsibility for AHP Governance where there are any issues.
>
> If RQIA, within the inspection process, identify concerns related to professional AHP standards, these should be reported directly to the Executive Directors with responsibility for AHP Governance within that organisation in the first instance. Where remedial action is not taken forward, RQIA will escalate that concern to the PHA (Director of Nursing and AHPs).

Belfast Health and Social Care Trust

An accountability review process is undertaken across directorates twice yearly, which includes details of compliance with trust policies and procedures and includes details of workforce, performance and quality and safety.

The relevant executive director shares the AHP strategy action plan monitoring template with the executive team twice yearly.

A reporting mechanism for AHPs to the trust's assurance committee is under development.

Northern Health and Social Care Trust

An AHP forum, a subcommittee of the clinical governance steering group is part of the trust assurance framework. The review team was told that the AHP forum supported corporate governance arrangements, specifically in relation to statutory functions. Workforce development, continuous professional education and development and assurance ensures that professional and regulatory body standards are in place and adhered to.

South Eastern Health and Social Care Trust

The South Eastern Trust has a biannual accountability review chaired by its chief executive. This includes an update of compliance with the AHP management plan in a report provided for the trust board. A monthly primary care performance meeting monitors a scorecard containing information regarding AHP targets. Governance reports also contain a section on how the trust is meeting its statutory functions.

Southern Health and Social Care Trust

The Southern Trust reported that a senior AHP governance forum is an integrated part of their governance structures. The lead AHP reports through the executive director biannually to trust SMT as part of a quality indicator report. The trust governance committee receives reports against a range of core AHP and profession specific quality indicators, to give an assurance on standards of professional practice, to support safe and effective patient and client care. A biannual report to support the trust's compliance with the regional AHP strategy focuses mainly on providing assurances regarding professional standards. In addition, the Lead AHP reports on the progression of an internal trust AHP review encompassing professional standards and guidelines through the actions of the AHP professional practice group.

Western Health and Social Care Trust

As noted earlier, the reporting process for the Western Trust is its assurance framework. A proposal to identify organisational accountability assurance processes for the AHP professions is to be presented for approval at trust's SMT meeting in November 2015. AHP assurance processes are not yet in place yet for therapeutic radiography.

All trusts confirmed to the review team that biannual reports are made to the PHA, to support the trusts' compliance with the regional AHP strategy. These reports focus mainly on professional standards, regulation, training and development. Other compliance reports are submitted to the PHA regarding workforce data and regional prioritised education training programme plans, to support safe and effective care.

These are approved by each trust SMT and trust governance committees, to satisfy a range of internal and external targets for professional governance, workforce development and planning and training. At the time of the review this was not yet in place for therapeutic radiography.

If during the inspection process RQIA identifies concerns related to professional AHP standards, RQIA would contact either the AHP policy officer at the DHSSPS or the relevant professional body, HCPC.

2.7 Escalation Professional Communication

The draft DHSSPS Professional Assurance Framework for AHPs states:

> Trusts will have in place a system which ensures that Executive Directors with responsibility for AHP Governance have a mechanism to raise issues of significant professional concerns with the Chief Executive.
>
> Executive Directors with responsibility for AHP Governance will utilise as appropriate the Early Alert system to the DHSSPS through the relevant Policy Lead and where appropriate the Early Alert system to the DHSSPS through the relevant Policy Lead and where appropriate, Lead AHP Officer within DHSSPS.

The trusts informed the review team that the executive director with responsibility for AHP governance will raise concerns with the appropriate operational directorate and with their chief executive, via the executive management team or directly with the chief executive if required.

The trusts stated that their executive director with responsibility for AHP governance will contact the relevant policy lead at the DHSSPS, if required.

The Northern Trust and Southern Trust described to the review team the policies within their trusts that formalised this process. These included a policy for AHP referral to HCPC and an early alert process flowchart.

Trusts also informed the review team that there is no specific DHSSPS guidance regarding issuing alerts involving AHPs to the Lead AHP Officer. The DHSSPS confirmed that this would be issued to the trusts in the future.

Recommendation 15
The DHSSPS should provide the trusts with guidance on issuing early alerts.

2.8 Professional Communication

The HSC Framework document describes the complex accountability structure between the key organisations within the HSC system. The document also makes clear the expectation from the Department that all stakeholders will work together in a spirit of co-operation and that DHSSPS, PHA and HSCB must work together to support providers to improve performance and where there are issues deliver desired outcomes.

An agreed system of professional communication is central to the delivery of this objective.

When an issue of significant professional concern is identified in a HSC organisation the Executive Director with responsibility for AHP Governance will inform the Lead AHP Officer, DHSSPS and Director of Nursing and AHPs, PHA. Where regional action is required the Lead AHP Officer may instruct the Director of Nursing and AHPs, PHA to co-ordinate action/response to minimise or remove risk of harm to services users and/or HSC organisations or may instruct RQIA to take forward an inspection as appropriate.

The review team considered that staff were enthusiastic and demonstrated a commitment to ensuring that the professionalism of AHPs was maintained and that the role of AHPs was promoted and understood in order to deliver the right outcomes for people.

Good governance relies on good communication and the trusts are endeavouring to ensure that there is an appropriate level of professional communication at all levels in the trusts. The review team was concerned when informed by the trusts of a degree of confusion as to which external organisation (PHA, HSC Board, DHSSPS) was responsible for monitoring. Clarity was also required on reporting arrangement for trusts.

Recommendation 16
The DHSSPS should ensure the Professional Assurance Framework explicitly states the process for accountability involving AHPs.

Section 3 Updating the Professional Assurance Framework for Allied Health Professionals

During the feedback from each of the five trusts to the review team, all conveyed their appreciation of the content of the draft Professional Assurance Framework for AHPs. Some of the comments to support the overall aims, content and structure were;

"It made me think of all 12 AHPs as a whole not in a silo."

"Basis on which to develop consistent assurance for AHP practice."

"The AHP framework is not a leap from practice."

"The framework enables the AHP impact and value to be demonstrated at trust level and raised profile with the public."

"We need to get better at demonstrating and showing the need for AHPs."

"The review process helped identify mechanisms still needed to be put in place."

"Helped to address gaps, needs more collaborative working between health, housing executive, education and criminal justice."

"Demonstrates the assurance of responding to emerging trends and innovative practice."

"Recognition for the AHP autonomous practice."

"AHPs should think more strategically and contribute to wider services."

"Self-assessment process useful for assurance – AHP services are undertaking appropriate governance."

Suggested changes to the framework were made by all the trusts:

- The Professional Assurance Framework for AHPs should have a reference to the development of leaders and managers in quality improvement and quality assurance.

- SEHSCT indicated that the Professional Assurance Framework for AHPs should include the components of their governance report.

- The Professional Assurance Framework for AHPs should be explicit in terms of the statutory function requirements for AHPs.

- The Professional Assurance Framework for AHPs should include guidance on the planned monitoring mechanism for trusts in regard to the Professional Assurance Framework.

Section 4 Conclusions

The Professional Assurance Framework for AHPs, is designed to provide assurance that effective processes are in place within HSC trusts, to develop, support and monitor workforce compliance, within agreed governance frameworks. This review was designed to examine trusts' readiness to comply with the AHP Framework, which supports their ability to fulfil their professional roles. The review also provided an opportunity for trusts to comment on the structure and content of the framework, prior to its publication.

All trusts supported the development of the AHP Framework and considered that in addition to supporting professional roles, it also would raise the profile of AHPs within the trusts. Historically, AHPs tended to act in their individual professional groups and they also considered that the framework would facilitate their ability to act as a single more cohesive grouping.

All trusts recognised that, although the majority of their AHP professions are covered by robust professional assurance arrangements, there was still much work to be done. Arrangements for regionally contracted AHPs such as orthotists, prosthetists, drama and music therapists will require to be reviewed to ensure they meet the requirements of the framework. Professions not directly employed by any trust will need to have arrangements put in place as part of their contractual arrangements to ensure sound governance is in place.

The review team considered that trusts could share the burden of governance arrangements for these contracted services. Instead of each trust making its own arrangements for each profession, one trust could take the lead, standardising processes and avoidance of duplication.

The Western Trust acknowledged its current gaps and was changing its structures at the time of this review. The trust intended to have professional accountability arrangements for AHPs in place by November 2015. Following discussions with trust staff, the review team considered that elements not already in place should be delivered before the publication of the Professional Assurance Framework for AHPs.

The review team considered that all trusts had robust employment processes in place that met the requirements of the AHP Framework. The review team recommended that a change be made to the HRPTS system to allow registration of AHPs with the HCPC to be recorded. All trusts had robust procedures in place to assure maintenance of registration with HCPC.

All trusts had appointed appropriate professional leads for the groups directly employed by them and the review team considered that clear organisational and accountability processes had been developed.

The review team was informed by staff that AHP leads would be involved in any service redesign, ensuring that best practice was embedded. Many examples of good practice were shared with the review team.

However the review team considers that more opportunities should be made available for AHPs to share these good practice initiatives and learning, both internally within their trusts and regionally across all trusts. The Professional Assurance Framework for AHPs could assist this process by inclusion of a section on sharing learning and best practice arising from emerging trends, audits, service improvements or quality improvement initiatives.

AHPs have lead responsibility for a number of trust statutory functions. The review team considered that knowledge of these statutory functions varied between trusts and it was not always clear that trusts understood their responsibilities in this area.

All trusts had appraisal and supervision policies in place and all trusts had an audit programme in place which includes AHP audit activities. However, person centred practice was not always evident or demonstrated by the trusts. The review team considered that with more in-depth research, more examples might become evident, from a wider number of multidisciplinary teams to which AHPs contribute. It would then be useful to review AHP practices and services looking for opportunities to increase person centred practice. This could be one of areas considered for inclusion in any shared learning events. The review team also considered that training needs of AHP support workers should be addressed.

The review team noted that the trusts acknowledged a range of factors that are considered under the banner of effective management. However there is a need for consistency and clarity of what this means.

The review team agrees that the Professional Assurance Framework for AHPs provides a basis on which to develop consistent assurance for AHPs and clarification where there are areas of weakness.

The review team made 16 recommendations for improvement.

Section 5 Summary of Recommendations

Recommendation 1
HSC trusts should consider requesting a change to the HRPTS system allowing registration with HCPC to be recorded, and allowing for more efficient monitoring.

Recommendation 2
DHSSPS should review the Professional Assurance Framework for AHPs and provide guidance on the definition of a professional reference.

Recommendation 3
DHSSPS should consider adding to the AHP professional assurance framework a requirement for auditing the procedures for assurance of registration.

Recommendation 4
All HSC trusts should review their governance accountability arrangements for AHPs ensuring one AHP lead is responsible for all 12 AHPs.

Recommendation 5
All HSC trusts should review the governance arrangements for AHPs provided by a regional contract, to ensure they meet the requirements of the draft Professional Assurance Framework for AHPs.

Recommendation 6
The trusts should create opportunities to share information about service improvements and good practice across the five AHP leads and through networking opportunities for clinical staff.

Recommendation 7
The DHSSPS should consider including a section within the Professional Assurance Framework that encourages HSC trusts to share their learning and best practice developments.

Recommendation 8
As part of the review process associated with the service level agreements with the Northern Ireland Housing Executive and the Ulster University, it is recommended that the service level agreements include an annual assurance process and timeframe for reporting to the DHSSPS.

Recommendation 9
HSC trusts should develop clarification as to AHP statutory and associated governance duties.

Recommendation 10
HSC trusts should use professional clinical supervision to gather evidence of person centred practice while maximising the use of available technology.

Recommendation 11
Western Trust should develop an audit plan for therapeutic radiography.

Recommendation 12
HSC trusts should review the supervision arrangements for AHP services provided to the trusts under external contract.

Recommendation 13
The DHSSPS should review the inclusion of training needs of AHP support workers in the remit of the Education Commissioning Group.

Recommendation 14
HSC trusts are encouraged to find more internal opportunities for sharing good practice and emerging trends of practice.

Recommendation 15
The DHSSPS should provide the trusts with guidance on issuing early alerts.

Recommendation 16
The DHSSPS should ensure the Professional Assurance Framework explicitly states the process for accountability involving AHPs.

RQIA Published Reviews

Review	Published
Review of the Lessons Arising from the Death of Mrs Janine Murtagh	October 2005
RQIA Governance Review of the Northern Ireland Breast Screening Programme	March 2006
Cherry Lodge Children's Home: Independent Review into Safe and Effective Respite Care for Children and Young People with Disabilities	September 2007
Review of Clinical and Social Care Governance Arrangements in Health and Personal Social Services Organisations in Northern Ireland	February 2008
Review of Assessment and Management of Risk in Adult Mental Health Services in Health and Social Care Trusts in Northern Ireland	March 2008
Reducing the Risk of Hyponatraemia When Administering Intravenous Infusions to Children	April 2008
Clostridium Difficile – RQIA Independent Review, Protecting Patients – Reducing Risks	June 2008
Review of The "Safeguards in Place for Children And Vulnerable Adults in Mental Health and Learning Disability Hospitals" in HSC Trust	June 2008
Review of the Outbreak of Clostridium Difficile in the Northern Health and Social Care Trust	August 2008
Review of General Practitioner Appraisal Arrangements in Northern Ireland	September 2008
Review of Consultant Medical Appraisal Across Health and Social Care Trusts	September 2008
Review of Actions Taken on Recommendations From a Critical Incident Review within Maternity Services, Altnagelvin Hospital, Western Health and Social Care Trust	October 2008
Review of Intravenous Sedation in General Dental Practice	May 2009
Blood Safety Review	February 2010
Review of Intrapartum Care	May 2010
Follow-Up Review: Reducing the Risk of Hyponatraemia When Administering Intravenous Infusions to Children	July 2010
Review of General Practitioner Out-of-Hours Services	September 2010
RQIA Independent Review of the McDermott Brothers' Case	November 2010
Review of Health and Social Care Trust Readiness for Medical Revalidation	December 2010
Follow-Up Review of Intravenous Sedation in General Dental Practice	December 2010
Clinical and Social Care Governance Review of the Northern Ireland Ambulance Service Trust	February 2011
RQIA Independent Review of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland	February 2011
A Report on the Inspection of the Care Pathways of a Select Group of Young People who Met the Criteria for Secure Accommodation in Northern Ireland	March 2011
An Independent Review of Reporting Arrangements for Radiological Investigations – Phase One	March 2011
Review of Child Protection Arrangements in Northern Ireland	July 2011
Review of Sensory Support Services	September 2011
Care Management in respect of Implementation of the Northern Ireland Single	October 2011

Review	Published
Assessment Tool (NISAT)	
Revalidation in Primary Care Services	December 2011
Review of the Implementation of the Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults	February 2012
RQIA Independent Review of Pseudomonas - Interim Report	March 2012
RQIA Independent Review of Pseudomonas - Final Report	May 2012
An Independent Review of Reporting Arrangements for Radiological Investigations – Phase Two	May 2012
Mixed Gender Accommodation in Hospitals	August 2012
Independent Review of the Western Health and Social Care Trust Safeguarding Arrangements for Ralphs Close Residential Care Home	October 2012
Review of the Implementation of Promoting Quality Care (PQC) Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services	October 2012
Review of the Northern Ireland Single Assessment Tool - Stage Two	November 2012
Review of the Implementation of the Cardiovascular Disease Service Framework	November 2012
RQIA Baseline Assessment of the Care of Children Under 18 Admitted to Adult Wards In Northern Ireland	December 2012
Safeguarding of Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals in Northern Ireland, Overview Report	February 2013
Independent Review of the Governance Arrangements of the Northern Ireland Guardian Ad Litem Agency	March 2013
Independent Review of the Management of Controlled Drug Use in Trust Hospitals	June 2013
Review of Acute Hospitals at Night and Weekends	July 2013
National Institute for Health and Care Excellence Guidance: Baseline Review of the Implementation Process in Health and Social Care Organisations	July 2013
A Baseline Assessment and Review of Community Services for Adults with a Learning Disability	August 2013
A Baseline Assessment and Review of Community Services for Children with a Disability	August 2013
Review of Specialist Sexual Health Services in Northern Ireland	October 2013
Review of Statutory Fostering Services	December 2013
Respiratory Service Framework	March 2014
Review of the Implementation of NICE Clinical Guideline 42: Dementia	June 2014
Overview of Service Users' Finances in Residential Settings	June 2014
Review of Effective Management of Practice in Theatre Settings across Northern Ireland	June 2014
Independent Review of Arrangements for Management and Coordination of Unscheduled Care in the Belfast Health and Social Care Trust and Related Regional Considerations	July 2014
Review of the Actions Taken in Relation to Concerns Raised about the Care Delivered at Cherry Tree House	July 2014
Review of Actions Taken in Response to the Health and Social Care Board Report Respite Support (December 2010) and of the Development of Future Respite Care/Short Break Provision in Northern Ireland	August 2014
Child Sexual Exploitation in Northern Ireland - Report of the Independent Inquiry	November 2014
Discharge Arrangements from Acute Hospital	November 2014

Review	Published
Review of the Implementation of the Dental Hospital Inquiry Action Plan 2011	December 2014
Review of Stroke Services in Northern Ireland	December 2014
Review of the Implementation of GAIN Guidelines on Caring for People with a Learning Disability in General Hospital Settings	December 2014
Baseline Assessment of Access to Services by Disadvantaged Groups in Northern Ireland (Scoping Paper)	December 2014
Review of the Care of Older People in Acute Hospitals	March 2015
RQIA Quality Assurance of the Review of Handling of all Serious Adverse Incidents Reported between January 2009 and December 2013	December 2014
Review of the Diabetic Retinopathy Screening Programme	May 2015
Review of Risk Assessment and Management in Addiction Services	June 2015
Review of Medicines Optimisation in Primary Care	July 2015
Review of Brain Injury Services in Northern Ireland	September 2015
Review of the HSC Trusts' Arrangements for the Registration and Inspection of Early Years Services	December 2015
Review of Eating Disorder Services in Northern Ireland	December 2015
Review of Advocacy Services for Children and Adults in Northern Ireland	January 2016
RQIA Review of the Implementation of the Palliative and End of Life Care Strategy (March 2010)	January 2016
Review of Community Respiratory in Northern Ireland	February 2016
An Independent Review of the Northern Ireland Ambulance Service	March 2016

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