Independent Neurology Inquiry (INI) Report Recommendations

Overarching INI Implementation Plan – July 2023

Contact

If you would like to provide any feedback or comments on the INI Implementation Plan, please do so by emailing neurologydoh@health-ni.gov.uk **no later than 18th August 2023.**

Permanent Secretary Foreword

Patients rightly expect and deserve to be treated in a safe environment within our Healthcare Organisations. It is accepted that the events which led to the recall of patients of Dr Michael Watt, a former consultant neurologist, let many patients and their families down.

In recognition of this, on behalf of the Department of Health I want to apologise to all those patients and families affected. I acknowledge the stress and anxiety caused to everyone involved and appreciate that it has been an extremely difficult time for this affected. It is for this reason that I welcome the report of the Independent Neurology Inquiry (INI), its recommendations and this overarching INI Implementation Plan.

The Department of Health is committed to overseeing the implementation of this significant programme of work and will work in partnership with our stakeholders to take forward each of these recommendations. I am also assured that the Healthcare Organisations, the General Medical Council (GMC) and the Independent Healthcare Providers are also committed to progressing this programme of work. I believe that with an ongoing and genuine commitment to the implementation of the INI Report recommendations, together we will progress to implement the necessary improvements to health care services and systems and to help restore public confidence and further mitigate the risk of these types of incidents recurring. Patients and patient safety will be at the forefront of all this work and we will undertake further engagement with those affected as we move forward.

A Programme Board has been established to oversee this programme of work. The Programme Board will provide regular updates throughout the duration of this programme. We are also using lessons learnt from implementation of the Inquiry into Hyponatraemia Related Deaths (IHRD) and other Inquiries and Reviews to develop a comprehensive and coherent programme of work across the Department in order to help ensure a robust implementation of the INI programme.

Since the neurology recall commenced, work has been progressed to implement a number of recommendations arising from the INI Report. Implementation of all recommendations will be subject to formal, standardised and robust assessment which will examine evidence of implementation and impact against an assurance framework and we will report on progress once that assessment has been completed in the autumn.

PETER MAY
Permanent Secretary

Background

The Independent Neurology Inquiry (INI) was established by the Permanent Secretary of the Department of Health in May 2018. This was part of a series of actions taken in response to the recall of neurology patients by the Belfast Health and Social Care Trust.

The inquiry was converted from a non-statutory public inquiry to a statutory Public Inquiry in December 2020 by the Minister of Health, to ensure that the Inquiry had unfettered access to all documentation.

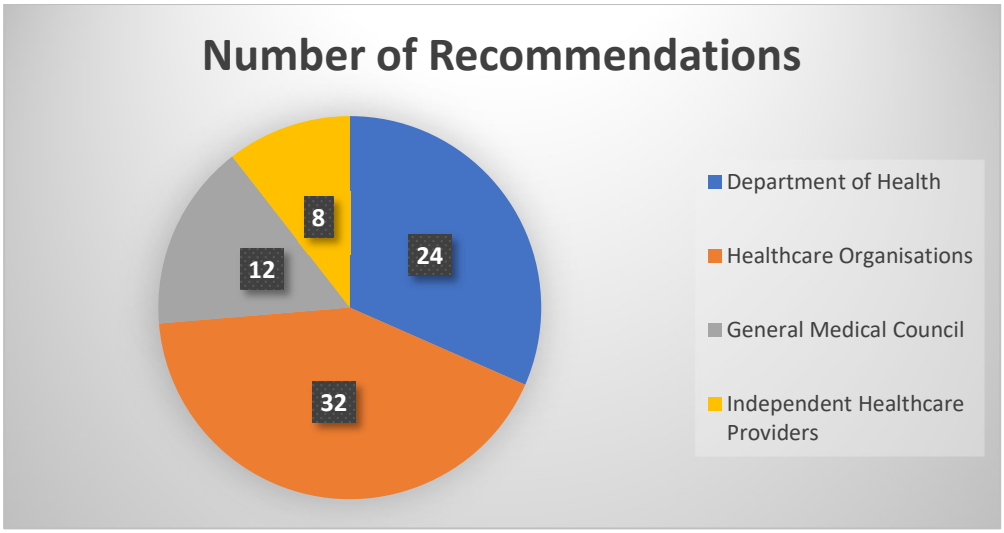
The Inquiry had a focus on governance. It was not responsible for the recall of neurology patients, for making decisions in relation to the clinical practice of Dr Watt or for a compensation scheme.

INI Implementation Programme

The report of the Independent Neurology Inquiry was published on 21 June 2022 and includes a total of 76 recommendations. A copy of the recommendations can be found at **Annex A**. These recommendations, with an overarching principle to enhance patient safety, are directed towards the Department of Health (recommendations no.1 to 24), Healthcare Organisations (recommendations no.25 to 56), the GMC (recommendations no.57 to 68) and Independent Healthcare Providers (recommendations no.69 to 76).

All 76 recommendations have been accepted in principle.

The GMC published their response to the INI report in December 2022. A copy of their response can be found at https://www.gmc-uk.org/-/media/documents/gmc-response-to-independent-neurology-inquiry-report_pdf-95329362.pdf



A Programme Board has been established and will oversee the implementation of the 76 recommendations within the INI Report, in line with their agreed Terms of Reference. A copy of the Terms of Reference can be found at **Annex B**. The Programme Board structure is outlined and available at **Annex C.**

The INI Implementation Programme will provide the strategic vision including the planning, delivery and long-term sustainability to ensure the effective implementation of the INI Report recommendations.

The INI Implementation Programme continues to be developed in the absence of a Minister or Executive; the authority for the Programme is provided by the Permanent Secretary of the Department of Health.

Themes and Workstreams

The principal theme that cuts across all the recommendations, whether expressly or implicitly, is the paramountcy of **patient safety** in all decisions and at every level within Healthcare Organisations.

The recommendations have been classified into two overarching themes, “Assurance and Accountability” and “Information and Data Management”. Each of the 76 recommendations have been delegated to 5 workstreams; Workforce, Quality & Safety, Governance, Information Systems and Information Sharing. The table below details each recommendation by organisation and workstream.

Each workstream will have a nominated Departmental policy lead, who will work in collaboration and engage with the relevant organisations and stakeholders, to drive forward and progress each of the recommendations as part of their portfolio of work.

Theme	Workstream	Recommendations by Organisation			
		Department of Health	**Healthcare Organisations**	**General Medical Council**	**Independent Healthcare Providers**
Assurance and Accountability	Workforce (MHPS, Appraisals)	1, 8, 9, 10, 16, 17, 18	39, 40, 41	1	
	Quality & Safety (Complaints & SAIs)	4, 5, 6, 7, 23	30, 31, 32, 33, 37		71, 72
	Governance	2, 3, 14, 15, 19, 20, 21, 24	25, 27, 34, 38, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54	57, 58, 62, 63, 64	70, 73, 75, 76
Information and Data Management	Information Systems	12, 13			
	Information Sharing	11, 22	26, 28, 29, 35, 36, 55, 56	59, 60, 61, 65, 66, 67, 68	69, 74

Theme One: Assurance and Accountability

It is imperative that our health service has robust assurance and accountability processes in place, to ensure that the circumstances leading to the neurology recall do not recur.

The Assurance and Accountability theme will comprise recommendations falling under the Workforce, Quality & Safety and Governance workstreams. These workstreams will incorporate a number of major reviews including: the Appraisal process, Complaints, Maintaining High Professional Standards (MHPS) and Serious Adverse Incidents (SAIs) which will be led by the Department of Health and will support the implementation of the recommendations within the INI report.

Workforce Workstream

The Workforce workstream will incorporate recommendations within the INI report in relation to the Maintaining High Professional Standards (MHPS) and the Appraisals processes for medical staff. It will aim to ensure that effective processes are in place that should ensure the safety of patients and fair treatment of clinicians.

In light of recommendations within the INI Report and issues raised during the Urology Services Inquiry, the Department recently commissioned a review of the MHPS and this work is currently underway. A project team, project Steering Group and an

external Review Panel have recently been established to take forward this review as a priority.

The Department has indicated that a review of the current guidance for medical appraisals will take place and when constituted, the review will take cognisance of the recommendations within the INI report.

The Department of Health and the General Medical Council (GMC) welcome Recommendation One and recognise that work to deliver the intent in full will comprise a number of complex matters to be considered. This includes clarifying the roles of appraisal and revalidation and how they interact with wider local clinical governance systems, which can assure the implementation of best practice and help identify aberrant practice. The Department of Health will engage with HSC organisations to consider the policies and processes for medical appraisal and will also engage with the GMC on how these distinct policies and processes inter-relate with policy and processes underpinning revalidation.

The Department and the GMC are therefore committed to continuing to work together to implement Recommendation One and to ensure that key areas of mutual interest are actively considered (including clinical practice, probity, health, and behaviour) and are at the centre of the work required to fully implement this recommendation.

Quality & Safety Workstream

The Quality and Safety workstream will aim to review and enhance relevant policies and processes to help reduce adverse events and to improve protections for patient safety in the provision of healthcare. This workstream will address recommendations relating to Serious Adverse Incidents (SAIs) and Complaints.

Recommendations arising from a number of Inquiries and Reviews have provided a clear and strong evidence base underpinning the need to redesign the current approach to learning following adverse and serious adverse events or incidents. These include the RQIA review of Systems and Processes for Learning Serious Adverse Incidents, and relevant recommendations from the INI and IHRD Inquiries. A project to redesign the existing SAI procedure is currently underway and is being progressed by the Department as a priority.

The Department is working with Health and Social Care (HSC) Trusts to consider how best to implement recommendations from the INI report related to HSC complaints handling. Further, the Northern Ireland Public Services Ombudsman's (NIPSO) office has announced that HSC Trusts will be the next sector to be taken in the rolling programme of work to reform complaints handling processes across the public sector. This work is being taken forward under NIPOS's remit to act as the Complaints Standards Authority for Northern Ireland, as set out in the Public Services Ombudsman Act (Northern Ireland) 2016. The Department of Health and NIPSO will

work together to develop the complaints handling procedures for the HSC sector. This work will take account of the related INI recommendations as appropriate.
The Department has committed to reviewing the Early Alerts protocol to ensure that it remains current and that guidance is available to support operation. The purpose of the protocol is to provide a channel which enables senior HSC staff to notify the Department in a prompt and timely way of events or incidents which have occurred in the service. The protocol emphasises the principle of 'no surprises' and supports an integrated approach to communications. Departmental officials are assessing the scope of the review of the protocol and next steps required.

Governance Workstream
The Governance workstream will aim to address those recommendations within the INI Report that cover a range of processes relating to the management of concerns raised, roles and responsibilities, lone working and also the introduction of any new therapies or practices. It will aim to ensure that appropriate governance processes are in place across all these areas, to ensure effective accountability, transparency, fairness and responsibility and to ensure that Patient Safety is at the forefront.

Specific actions within a detailed Action plan will help to improve the existing governance systems which will pave the way for more efficient processes and provide patients with greater confidence in our healthcare system.

The benefits and outcomes expected from the three workstreams within the Assurance and Accountability theme are detailed in the diagram below.

Theme Two: Information and Data Management

It is recognised through the INI Report that appropriate information was not always shared at the appropriate time. Equally it was not always shared with the most appropriate people.

The Information and Data Management theme will comprise recommendations falling under the Information Systems and Information Sharing workstreams.

It is believed that change in respect of information sharing and information systems will better support the ability to identify pattern recognition of unusual practices and therefore enhance patient safety.

Information Systems Workstream

The Information Systems workstream will aim to address those recommendations within the INI Report in respect of the establishment of new Information Systems required or appropriate use of those in existence.

This workstream will seek to ensure that the Encompass Transformation Programme (based on the Epic Electronic Patient Record solution (EPR)) is accessible by a wide range of health and social care professionals. The programme will see the replacement of 20+ older information systems before the end of 2025.

The Department's Chief Digital information Officer has initiated a project to determine the technical, cyber, and professional governance requirements for secure access by independent healthcare providers, or those organisations operating outside of Northern Ireland, to the personal, sensitive health & social care information to be held in the encompass solution. The outcome of that project will inform the technical enablement project. The importance of this work to provide a comprehensive EPR for the benefit of NI citizens is widely acknowledged.

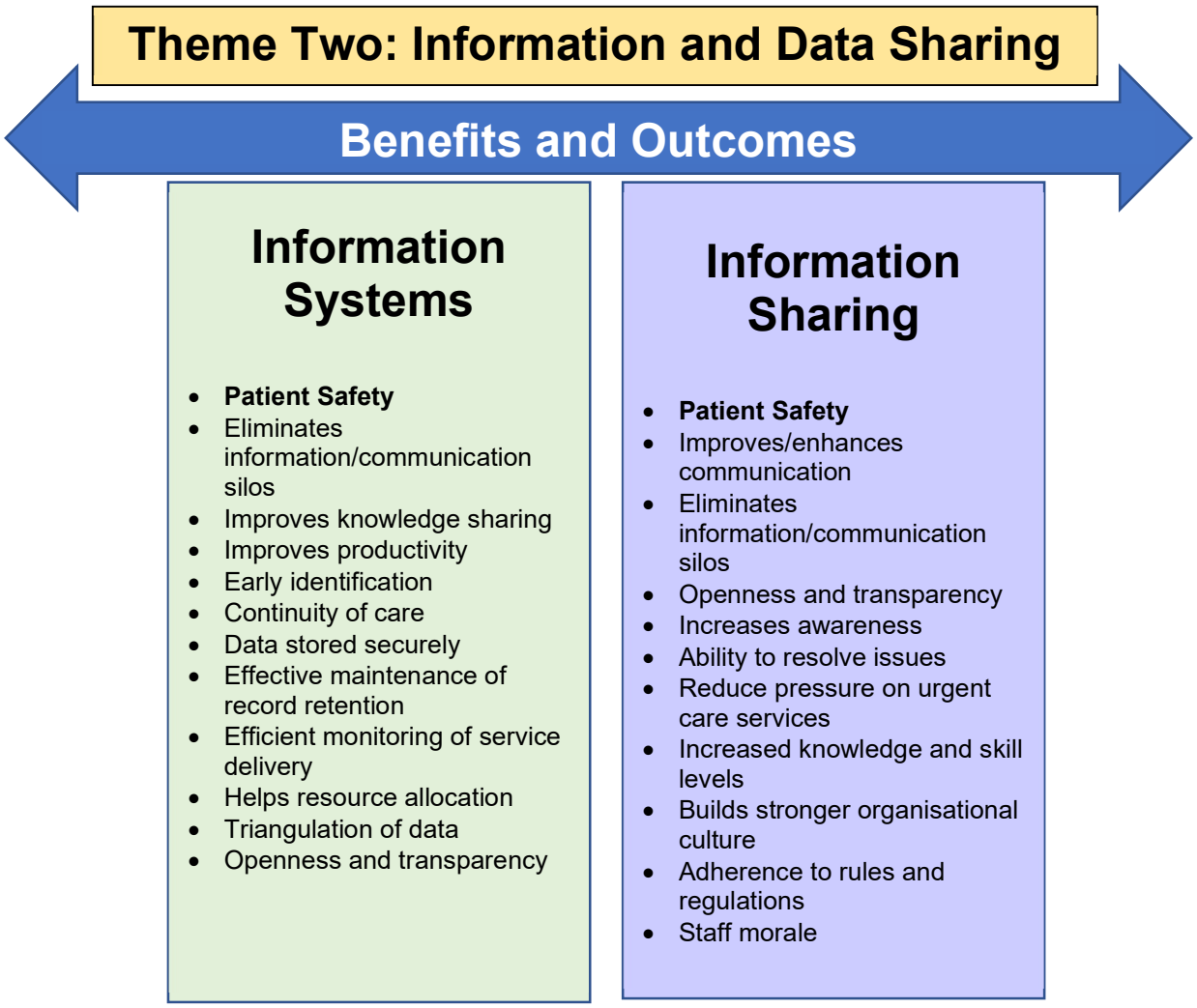
Information Sharing Workstream

The Information Sharing workstream will aim to address a number of recommendations within the INI Report in respect of the appropriate use and best practice for the sharing of information, in relation to both patients and clinicians.

It was evident from the INI report that a number of opportunities were missed and had the right information been available to the appropriate persons, issues may have been identified sooner.

There are procedures already in place for the sharing of information, however this programme of work will strive to ensure that the systems in place are working effectively and that all HSC obligations under Data Protection legislation & the Common Law Duty of Confidentiality are considered alongside Patient Safety.

The benefits and outcomes expected from the two workstreams within the Information and Data Sharing theme is detailed in the diagram below.



Assurances

A proportionate level of independent assurances is essential to ensuring public confidence that the INI recommendations have been implemented on a sustained basis. The Programme Board will be responsible for the oversight of the implementation of the 76 recommendations within the INI Report.

The Board will provide challenge and rigour in the decision making and assurance processes. An Assurance Sub Committee of the Programme Board will allow Members to monitor progress against plans and ensure action is taken where required. The Assurance Sub Committee will assess if a recommendation has been implemented and propose approval to the Programme Board at timely intervals.

A robust Assurance Framework is currently being developed to support a detailed Action Plan which will be published in due course. The Assurance Framework will provide a structured means of identifying and mapping the main sources of

assurances and will include an Assurance Matrix which will comprise of a checklist for each recommendation/action in respect of:

- The defined Objectives for each recommendation
- The Internal Processes required to ensure the delivery of the objective
- The Level of Evidence required to provide assurance on implementation of the recommendation
- The identified Risks, mitigation measures and estimates of residual risk

Timeframes and Next Steps

The Department of Health has engaged with Healthcare Organisations, the GMC and Independent Healthcare Providers to consider each recommendation and an up to date position against each recommendation has been provided by each respective organisation.

Each organisation has confirmed their commitment to work together with the Department of Health to ensure that the INI Report is implemented in accordance with the overarching INI Implementation Plan and to finalise a detailed Action Plan for publication in early Autumn 2023, which will be implemented in line with the agreed Assurance Framework.

The next key stage will therefore be twofold:

- To produce a detailed Action Plan which will outline the specific actions required against each recommendation; and
- To produce an Assurance Framework to sit alongside the Action Plan. The Assurance Framework is intended to be practical and proportionate, to provide an independent objective examination of evidence against the intention behind each recommendation and the actions undertaken.

This work will also determine timeframes to complete the INI Implementation Programme which is expected to take a phased approach (Short, Medium and Long Term). It should be noted that certain recommendations may be categorised within the "Long Term" phase however consideration will be given to determine any short or medium term interim measures to be achieved, which will be captured and detailed within the Action Plan.

Engagement

The Department remains committed to providing oversight of the INI Implementation programme, in line with the overarching INI Implementation Plan, to produce an agreed Action Plan and a robust means of ensuring and quality assuring delivery of the INI Report recommendations.

The Department appreciates the importance of engagement throughout all stages of this programme of work. On completion of the work required to produce the Action

Plan and Assurance Framework it is intended that the Action Plan will be shared with stakeholders for their comment, prior to final sign off by the Programme Board and publication.

The Programme Board will carry out an assessment of which elements of the recommendations can be enhanced using a coproduction approach. This assessment will be considered further as the work on the Action Plan and Assurance Framework develops.

The Department continues to engage with stakeholders through the Patient Client Council (PCC) Neurology Engagement Platform which is a positive and constructive forum providing a centralised hub for communication amongst patients and stakeholder organisations.

The Department also intends to launch a new INI Implementation programme webpage on the Departmental website. This will help to support effective communication and provide relevant information and updates on the programme of work to stakeholders.

The Department will continue to work with the relevant organisations to implement the INI Report recommendations and will continue to engage with stakeholders to ensure progress updates are provided during the lifetime of the INI Implementation Programme.

All feedback received regarding the overarching INI Implementation Plan is welcome. Any comments and feedback received through stakeholder engagement, will be considered to support the finalisation of the INI Action Plan and Assurance Framework, prior to publication.

If anyone wishes to provide feedback and/or comments relating to the INI Implementation Programme you can email neurologydoh@health-ni.gov.uk. Feedback and comments are requested **no later than the 18th August 2023.**

Annex A

Rec. No.	Recommendation	Healthcare Organisation	Workstream
1	The NI Department of Health and the GMC should issue a joint public statement for the benefit of public and patients making clear the extent to which they consider whether the processes of medical appraisal and revalidation, currently extant, are sufficient to ensure that aberrant practice will be identified. If those processes are in themselves inadequate, the statement should specify what mechanisms should be put in place to achieve this necessary objective.	NI Department of Health & General Medical Council	Workforce
2	The NI Department of Health should remind healthcare organisations that, whilst they should work collaboratively with the GMC, it is the healthcare organisations that remain responsible for the safety of their patients and accountable for managing their employees.	NI Department of Health	Governance
3	The NI Department of Health should ensure that healthcare organisations in their management of clinicians, or any other employees, apply the following principles:	NI Department of Health	Governance
3 (I)	'You cannot unknow what you know'. (Anyone made aware of any patient safety issue must appropriately address it, and not avoid it). Conversations cannot be regarded as "informal" or "off the record", with no action taken.	NI Department of Health	Governance
3 (ii)	Where a healthcare professional raises a concern with a clinical director and lead clinician (or any other manager), then the responsibility for dealing with the concern should rest with the person receiving the concern. The detail of the concern should be discussed with a senior medical manager (Medical Director or Deputy Medical Director).	NI Department of Health	Governance
3 (iii)	When a patient safety issue is raised, a comprehensive file note should be retained in a place where it can be easily accessed and interrogated by the relevant personnel, as discussed in the legal advice at Appendix H.	NI Department of Health	Governance
4	The NI Department of Health should review its guidance in relation to complaints, to ensure that patient safety is the overriding objective.	NI Department of Health	Quality & Safety
5	The NI Department of Health's performance management of Trusts' response to complaints should not overly focus on timelines and resolution. Greater emphasis should be placed on learning, detecting misconduct or poor practice and improving services.	NI Department of Health	Quality & Safety

Rec. No.	Recommendation	Healthcare Organisation	Workstream
6	The NI Department of Health should make clear how, when investigating complaints, healthcare organisations should detect and investigate poor practice.	NI Department of Health	Quality & Safety
7	The NI Department of Health should update its guidance to ensure that the view of the clinician who is the subject of a complaint should always be sought and taken fully into account but should never be determinative of the healthcare organisation's response.	NI Department of Health	Quality & Safety
8	The NI Department of Health should ensure that all employing organisations have in place an appraisal process, which enables them to better assure patient safety, in line with the accountability of the organisation. This process should be the same type of process as for all other employees and should be conducted routinely by the line manager, who should take expert specialist advice if required.	NI Department of Health	Workforce
9	The NI Department of Health should update appraisal guidance and documentation to ensure that when the line manager conducts the appraisal, the appraisee should certify that they have declared any risk to patient safety of which they are aware. This should include the details of all complaints and concerns in relation to their own practice, but also any concerns they have regarding any other clinician's practice.	NI Department of Health	Workforce
10	The NI Department of Health should ensure that if any clinician who, as part of their continuing professional development, believes that it would also be beneficial to have a developmental reflective appraisal performed by another clinician within the same specialty or subspecialty, then the employing organisation should encourage, support and facilitate this.	NI Department of Health	Workforce
11	The NI Department of Health should oversee the putting in place of a formal protocol to assist clarity of understanding and timely sharing of information between Independent Healthcare Providers and Responsible Officers. The overriding objective of the protocol should be to enhance patient safety through a consistent spirit of openness and transparency.	NI Department of Health	Information Sharing
12	The NI Department of Health should ensure that all healthcare providers, both NHS and independent sector, will have full and unhindered access to the integrated Electronic Care Record, having sought the relevant permissions from the patient (with an appropriate division of costs).	NI Department of Health	Information Systems
13	The NI Department of Health should ensure that until the electronic care record is available, then there should be direct access to patient notes and records between the NHS and the independent sector to facilitate patient safety, having sought the relevant permissions from the patient.	NI Department of Health	Information Systems

Rec. No.	Recommendation	Healthcare Organisation	Workstream
14	The NI Department of Health should review and evaluate the progress made by the Belfast Trust in developing new information gathering and governance processes.	NI Department of Health	Governance
15	The NI Department of Health should emphasise to healthcare organisations the potential dangers of lone working and to develop guidance on the many ways in which it can be avoided.	NI Department of Health	Governance
16	The NI Department of Health should ensure that the confidentiality dimension of the MHPS process is always subordinate to patient safety considerations.	NI Department of Health	Workforce
17	The NI Department of Health should review paragraph 39 of MHPS and issue guidance on the appropriate balance between confidentiality for the clinician and safety for the patients.	NI Department of Health	Workforce
18	The NI Department of Health should oversee the establishment of a group to consider the balance between the fair treatment of clinicians and the safety of patients under MHPS. The group should focus on reducing the complexity of processes and re-evaluating the degree of confidentially. The group would benefit from input from appropriate experts to include Human Resource expertise and Medical Directors.	NI Department of Health	Workforce
19	The NI Department of Health should initiate a detailed review in relation to the role of clinical directors and clinical leads to address issues arising from this report and their training needs.	NI Department of Health	Governance
20	The NI Department of Health should ensure that Trust Boards have a Safety and Quality Sub-Committee, which has a similar status to the Audit Committee	NI Department of Health	Governance
21	The NI Department of Health should clarify with the Trust Boards the nature of their accountability for patient safety.	NI Department of Health	Governance
22	The NI Department of Health should issue guidance to healthcare organisations about the information to be given to patients when a clinician's practice is restricted in any way.	NI Department of Health	Information Sharing
23	The NI Department of Health should review (and if necessary, change) the early warning alert process and the serious adverse incident process to assure itself that these processes are clear, well understood and operate in the interests of patients.	NI Department of Health	Quality & Safety
24	The NI Department of Health should remind commissioners of healthcare that they have a responsibility to commission safe care and, therefore, to be assured of the safety provided by any Independent Healthcare Provider.	NI Department of Health	Governance

Rec. No.	Recommendation	Healthcare Organisation	Workstream
25	Healthcare organisations should collate, store and have readily available all relevant information in relation to a clinician's practice.	Healthcare Organisations	Governance
26	Healthcare organisations should ensure that if their Medical Director, or any other senior manager, becomes aware of a concern about a clinician in another healthcare organisation, then they should promptly inform the Medical Director of that clinician's employer, and also the clinician's Responsible Officer. They are not required to exercise judgement, merely to pass on the information.	Healthcare Organisations	Information Sharing
27	Healthcare organisations should recognise that when it proves necessary to restrict part of a clinician's practice, then there may or may not be implications for other aspects of his/her practice. Healthcare organisations should take immediate steps to assure themselves that other aspects of the practice are safe, and if in doubt, should restrict the whole practice until the necessary assurance has been gained.	Healthcare Organisations	Governance
28	Healthcare organisations should ensure that in the event of any form of restriction being imposed on a clinician, the GMC is immediately informed of that restriction.	Healthcare Organisations	Information Sharing
29	Healthcare organisations should ensure that when they are asked to disclose information about a clinician's practice to the GMC, the information is fulsome, accurate and up to date, and no judgement is applied to its likely relevance.	Healthcare Organisations	Information Sharing
30	Healthcare organisations should promptly investigate patient safety concerns. The existence of a separate legal process (such as a Coroner hearing or litigation including criminal proceedings) should not prevent a healthcare organisation from investigating promptly patient safety concerns, including concerns about a clinician's practice, and without waiting for the outcome of any separate legal process. The paramount concern should always be the safety of patients.	Healthcare Organisations	Quality & Safety
31	Healthcare organisations should ensure that when there is a clinical component to the complaint, the response to the complainant should be signed off by the Clinical Director, who should be accountable for the quality of the response. The Clinical Director should determine whether they are competent to assess the quality of the response themselves, or whether they need help and support from elsewhere. They may find the support internally within the Trust, but if the issue appears to be a serious one, or if the expertise does not exist within the Trust, then the Clinical Director, in liaison with the Medical Director, should have the option to seek independent advice from elsewhere.	Healthcare Organisations	Quality & Safety

Rec. No.	Recommendation	Healthcare Organisation	Workstream
32	Healthcare organisations should ensure that complaints are either upheld, dismissed or appropriately determined and this conclusion shared with all parties including the complainant.	Healthcare Organisations	Quality & Safety
33	Healthcare organisations should ensure that any investigation undertaken into patient safety issues has clear terms of reference, a robust process and the findings recorded and kept on file	Healthcare Organisations	Quality & Safety
34	Healthcare organisations should ensure that when it proves necessary to take advice from an external expert, then clear terms of reference should be developed so that all relevant questions are posed and fully addressed.	Healthcare Organisations	Governance
35	Healthcare organisations should share necessary data to ensure patient safety. Data protection concerns should be subordinate to patient safety.	Healthcare Organisations	Information Sharing
36	Healthcare organisations should make clear to their employees or clinicians that when an issue is raised that might have patient safety implications then a robust process needs to be put in place to provide positive assurance that patient safety is secure, rather than assuming that there is an alternative explanation.	Healthcare Organisations	Information Sharing
37	Healthcare organisations should ensure that when a patient or their family are seen following a complaint, then an agreed process needs to be followed. The individuals meeting with the patients, or their carers, should be clear about their roles, about what is to be said to the patients and carers, and the desirable outcomes. A comprehensive note of the meeting should be made and retained.	Healthcare Organisations	Quality & Safety
38	Healthcare organisations should clarify their own policies regarding raising concerns and communicate details of these to their employees on a regular basis.	Healthcare Organisations	Governance
39	Healthcare organisations should provide both the appraiser and the appraisee with all relevant information in advance of an appraisal being carried out, with all such information being retained. The appraisal folder should not be treated as confidential to the appraisee.	Healthcare Organisations	Workforce
40	Healthcare organisations should ensure that refusal or failure by a clinician, without good reason, to carry out an annual appraisal should result in a careful scrutiny of the clinician's broader practice by the organisation, who should regard the failure to follow policy as a performance issue. The healthcare organisation should also notify the GMC of all such occurrences without delay.	Healthcare Organisations	Workforce

Rec. No.	Recommendation	Healthcare Organisation	Workstream
41	Healthcare organisations (employers) Boards, or at least one designated nonexecutive member of a Board, should be made aware of the fact that a consultant has had their practice partially or wholly restricted. (In some circumstances this requirement may be met by the MHPS process).	Healthcare Organisations	Workforce
42	Healthcare organisations should make every effort to provide consultants with opportunities to avoid lone working. It should be made clear that consultants do not have the right of veto, and that complicated “workarounds” are rarely required or acceptable.	Healthcare Organisations	Governance
43	Healthcare organisations should make it clear that all managers have a responsibility to ensure and assure themselves of patient safety. This is a proactive process to be undertaken by general managers as well as clinical managers.	Healthcare Organisations	Governance
44	Healthcare organisations should make it clear that it is the role of all managers to balance competing demands and to be held to account for doing so appropriately.	Healthcare Organisations	Governance
45	Where a healthcare organisation establishes any committee or group to assist with the management of concerns in relation to a clinician’s practice, they should ensure that it has clear terms of reference, robust processes and a widespread understanding of their remit and role. Adequate minutes should be retained detailing the decisions taken and clearly setting out any action points arising. If the role of the Committee is advisory, then this should be made clear in the terms of reference, with particular clarity in relation to whom the Committee is advising and whether, in any circumstances, it has executive responsibility. Any clinician whose practice is being considered at such a group or committee described above should be informed and provided with appropriate details.	Healthcare Organisations	Governance
46	Healthcare organisations should make it clear to clinicians that they are expected to follow national and local patient management guidelines. (If there are pressing reasons in an urgent case then a consultant can prescribe outside the guidelines and explain fully in the notes why they have done so, expecting to be held to account for their decision).	Healthcare Organisations	Governance
47	Healthcare organisations should ensure that if a consultant’s clinical practice is clearly different from that of his or her peer group without immediately obvious explanation, then the matter should be investigated to provide assurance that the practice is safe (the assumption should be that it may not be safe, and this assumption remains until assurance has been gained). Independent Healthcare Providers should inform the Responsible Officer.	Healthcare Organisations	Governance

Rec. No.	Recommendation	Healthcare Organisation	Workstream
48	When a healthcare organisation becomes aware, by any means, of an unexplained and marked change in a clinician's practice, then the management within the relevant service area should assure themselves that such a change is justified, with the main concern being patient safety	Healthcare Organisations	Governance
49	Healthcare organisations should have an enforceable process and policy for the introduction of new procedures, which should include the requirement for peer review and signing-off by the Clinical Director/Lead. (The NI Department of Health should assist by developing, in consultation, a specimen policy).	Healthcare Organisations	Governance
50	Healthcare organisations should have a process and policy for the introduction of new drugs, which should include peer review and Pharmacist input, and be summarised in an enforceable formulary.	Healthcare Organisations	Governance
51	Healthcare organisations should ensure that newly introduced therapies are the subject of early clinical audit processes.	Healthcare Organisations	Governance
52	Healthcare organisations should ensure that all patients undergoing procedures of any type should be subject to a standard booking process.	Healthcare Organisations	Governance
53	Healthcare organisations should recognise that, whilst patient consent to review their notes is always desirable, if there are urgent matters of patient safety to be resolved then the need for consent should be overridden. The decision to do this should be endorsed by an appropriate non-executive director.	Healthcare Organisations	Governance
54	Healthcare organisations should make certain that those to whom a clinician is managerially accountable should be made aware of any restriction, sanction or warning in place.	Healthcare Organisations	Governance
55	Healthcare organisations should ensure that when they are asked to disclose information about a clinician's practice to the GMC, that such information is fulsome, accurate and up to date, and no judgement applied to its relevance.	Healthcare Organisations	Information Sharing
56	Healthcare organisations should liaise when a clinician's practice is restricted and should follow any restriction that has been imposed.	Healthcare Organisations	Information Sharing
57	The GMC should work with organisations such as the Faculty of Medical Leadership and Management, experienced Responsible Officers, representatives of the independent sector and lay representatives to review the existing revalidation guidance and determine the minimum data set for every doctor required to enable Responsible Officers to make the necessary judgement about recommendation for revalidation.	General Medical Council	Governance

Rec. No.	Recommendation	Healthcare Organisation	Workstream
58	The GMC should update its guidance to Responsible Officers to ensure that they have sufficient information provided directly from independent healthcare providers.	General Medical Council	Governance
59	The GMC should disclose to the Responsible Officer all the information it holds about a doctor to enable the Responsible Officer to make a fully informed judgement about their recommendation for revalidation.	General Medical Council	Information Sharing
60	The GMC should ensure that Responsible Officers are aware that failure by a clinician to engage with appraisal can result in the withdrawal of their licence to practice without engaging Fitness to Practise procedures.	General Medical Council	Information Sharing
61	The GMC should have the name of every doctors' Responsible Officer prominently displayed on their website. They should periodically remind doctors of the need to inform either the Responsible Officer or a senior medical manager (Medical Director or Deputy Medical Director, who should share information with the Responsible Officer) if they have a concern about a doctor's practice.	General Medical Council	Information Sharing
62	The GMC should remind doctors that they have a professional duty to report concerns and have a low threshold for doing so. They are not required to investigate themselves, merely to report.	General Medical Council	Governance
63	The GMC should hold doctors who fail to report concerns to account.	General Medical Council	Governance
64	The GMC should review Paragraph 25(c) of Good Medical Practice to assess the effectiveness of the advice contained within that paragraph and publish its conclusions.	General Medical Council	Governance
65	The GMC should consider establishing a helpline to help doctors in relation to the handling of concerns.	General Medical Council	Information Sharing
66	The GMC should review its practice in relation to the retention of historical information held in relation to individual clinicians, including previous referrals from employers (and others), with a view to strengthening pattern recognition by the GMC itself.	General Medical Council	Information Sharing
67	The GMC should notify every organisation in which a clinician practices of the existence of any warning it issues, clarifying its impact and purpose and the consequences of further issues emerging.	General Medical Council	Information Sharing

Rec. No.	Recommendation	Healthcare Organisation	Workstream
68	When the GMC reviews its own decision-making under Rule 12 of its Fitness to Practise Rules, it should publish the outcome of the review.	General Medical Council	Information Sharing
69	Independent Healthcare Providers should publish the criteria used, which allow clinicians to practice on their premises.	Independent Sector	Information Sharing
70	Independent Healthcare Providers should ensure that full compliance with all these criteria should be continually monitored and enforced. If a clinician fails at any time to fully conform with the criteria, then they should be immediately stopped from practising in the relevant Independent Healthcare Provider and the clinician's Responsible Officer informed.	Independent Sector	Governance
71	Independent Healthcare Providers should require clinicians to immediately notify them of any complaints or concerns received in respect of their work at the private clinic or private hospital.	Independent Sector	Quality & Safety
72	Independent Healthcare Providers should, themselves immediately inform the clinician's Responsible Officer of the existence and detail of all complaints or concerns in relation to the clinician.	Independent Sector	Quality & Safety
73	Independent Healthcare Providers should ensure that their Boards and Governance Committees keep detailed notes in respect of the investigation, outcome and any action points relating to complaints or concerns about an individual consultant/ clinician.	Independent Sector	Governance
74	Independent Healthcare Providers should provide the Responsible Officer with the full report that follows any investigation into a complaint or a concern, as soon as it becomes available. (The fact that litigation or a court hearing is pending does not constitute a valid reason for deferring sending the relevant information to the Responsible Officer).	Independent Sector	Governance
75	Independent Healthcare Providers should accept responsibility for all aspects of patient safety within their organisation. The clinical governance arrangements of all Independent Healthcare Providers, including a named accountable officer, should be clearly stated on their website.	Independent Sector	Governance
76	Healthcare organisations should join the relevant trade association or representative body and follow the standards it sets.	Independent Sector	Governance

Annex B

DOH INQUIRIES IMPLEMENTATION PROGRAMME MANAGEMENT BOARD –

TERMS OF REFERENCE

Background

The Department has decided to amalgamate the Inquiry into Hyponatremia Related Deaths (IHRD) and the Independent Neurology Inquiry (INI) programme boards into a single DoH Inquiries Implementation Programme Management Board (IIPMB). The primary reasons are to enhance alignment across the Department and to ensure best use of resource in implementing recommendations and in monitoring implementation.

There is potential also in due course to consider bringing oversight of the implementation of other Public Inquiries (such as the Urology Services Review and Muckamore Abbey Hospital Inquiry) under the scope of this programme management board. This would result in one DoH Inquiries Independent Programme Management Board (IIPMB).

Role and Membership

The initial, core role and purpose of the IIPM will be to formally oversee and receive assurance on implementation of the recommendations arising from the IHRD and INI reports.
The IIPM Board's role, remit and membership will be kept under review and will be refined as appropriate, for example as other Public Inquiries report and publish findings.
The Board will be chaired by the Permanent Secretary and membership will comprise key policy and professional leads from the across the Department including SPPG; Trust representatives and Independent Members. The initial Board membership is set out at **Table 1** below.

Membership will be reviewed by the Chair supported by the DoH Secretariat at least every 6 months.

Table 1 - DOH Inquiries Implementation Programme Management Board (IIPMB) Members

Name	Role
Peter May	Chair, DOH Permanent Secretary
Professor Sir Michael McBride	Chief Medical Officer
Jim Wilkinson	Head of Health Care Policy Group
Lourda Geoghegan	Deputy Chief Medical Officer
Sharon Gallagher	Deputy Secretary SPPG
Maria McIlgorm	Chief Nursing Officer

Chris Hagan	Medical Director
Brian O'Hagan	Independent Board Member (Service Users)
Peter McBride	Independent Board Member (Being Open)
Patricia Donnelly	Independent Board Member (Assurance)
Roisin Coulter	Trust Chief Executive
Kieran McAteer	DoH Policy Lead
Robbie Davis	DoH Policy Lead

Board Attendees

Board attendees will include personnel who attend and participate in some/ all Board meetings but who are not decision-making members of the IPMB and do not have a core policy making input.

These include:

- Delivery partner organisations (that is, for example, stakeholders with direct responsibility for implementation of recommendations allocated to them) will be invited to attend the DOH IIPMB meetings as required to provide updates and assurance to the Board on progress of implementation of recommendations. In relation to INI implementation, delivery partners include GMC, RQIA, Independent Sector.
- Policy leads from across the Department – those responsible for taking forward substantive policy work required to implement recommendations – will also be invited to attend Board meetings as required to provide updates and assurance to the Board on progress of implementation of recommendations.
- Where relevant, other Independent Experts who assist the Department with progressing work with implementation may also be invited to attend.

Terms of Reference

The key Terms of Reference for the Board are:

1. To oversee the development and delivery of plans to implement the actions and recommendations that fall within the IHRD and INI reports.

2. To ensure that relevant interests are represented and involved in the detailed work taken forward as part of the implementation programmes, in a spirit of co-production.

3. To ensure that key linkages are maintained within and between the two programmes, working with all relevant stakeholders.

4. To provide challenge and ensure rigour when receiving assurance in relation to implementation of recommendations.

5. To receive verbal and written updates regarding progress on implementation from lead delivery partners.

6. To commission the establishment of discreet project task and finish groups, as required.

7. To be assured of the arrangements for effective communications and engagement strategies in relation to implementation.

8. To work within the ethos set out in the recommendations from the IHRD and INI reports, and in line with the programmes spirit of co-production.

9. To provide updates to the Minister as appropriate.

The Terms of Reference will be kept under review and refreshed as needed.

Governance Arrangements for IIPMB

Board Quorum

A quorum refers to the minimum number of Board members that must be present for official business to be carried out. The quorum needs to be present throughout the meeting for each item of business. The Chairperson shall ensure that the required quorum is present throughout each meeting. The quorum for each IIPMB meeting will be a majority of the total number of members. For a 13 member board the quorum will be 7 members.

Board Chair and Meeting Arrangements

The IIPMB will be chaired by the DoH Permanent Secretary or an appointed deputy. Meetings will be held approximately every 2 months. A draft note of each meeting will be circulated to members in advance of the next meeting. Secretariat will be provided by DoH.

Agenda management

It may be relevant at times to invite only restricted membership to discuss and to decide upon certain agenda items. If this circumstance arises, this will be agreed in advance with the Chair and communicated to members.

Non-Departmental Members of IIPMB

Non-departmental members of the Board will be expected to provide their experience and perspective to the meetings with a whole system approach and not solely represent their individual organisations.

Thematic reporting

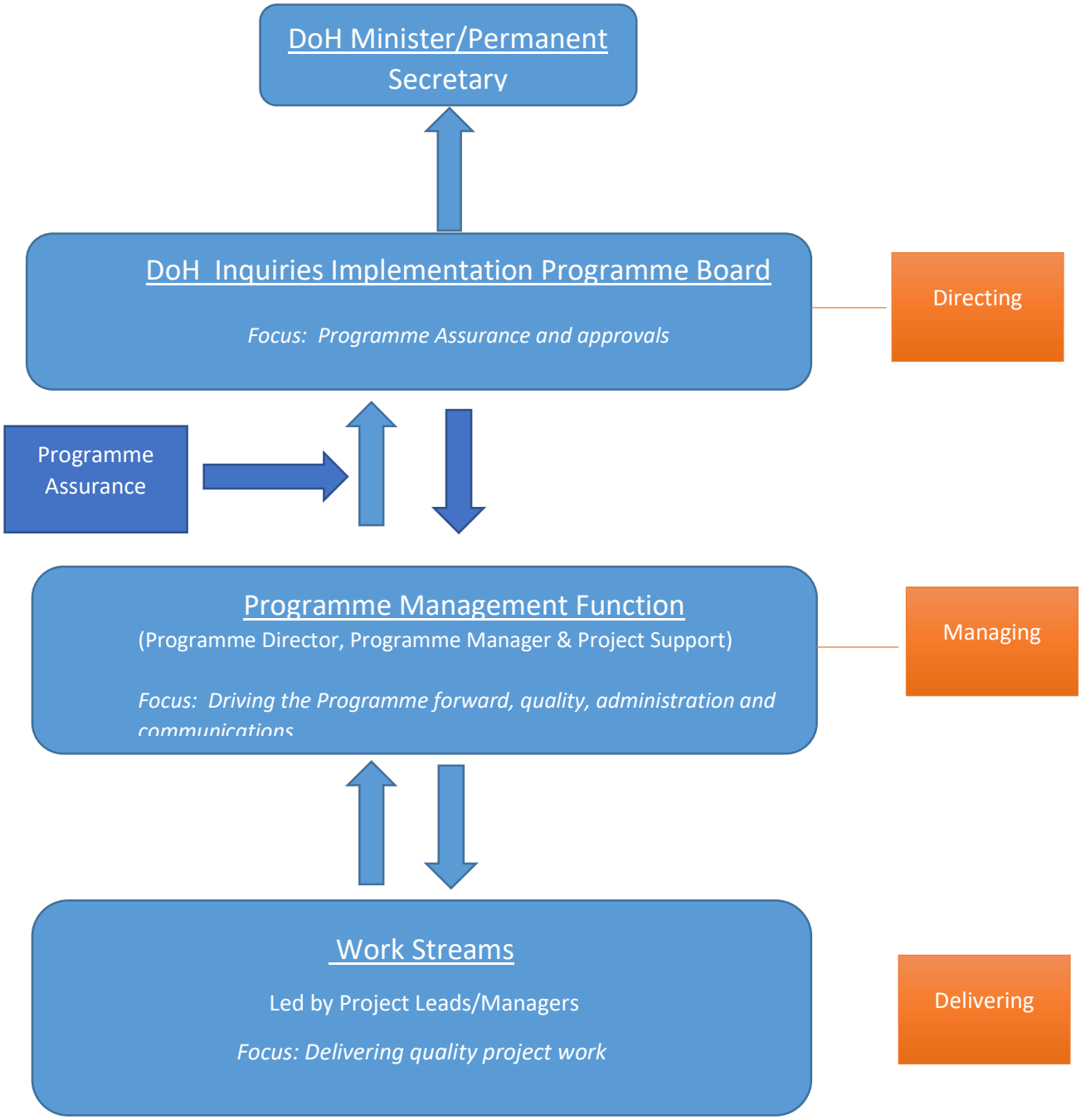
Implementation of recommendations will be monitored and progress reported to the Board on a thematic basis. This will facilitate enhanced joined-up working across the Department and with delivery partners and help ensure coherent implementation.
Thematic workstreams/ headings will be kept under review and updated as required.

Interfaces and Interdependencies

The role of the Board will be to receive relevant updates on the extant policy arrangements within DoH. Where this is the case, the Board will receive periodic updates on implementation progress. There will be other policy areas involved across the Department as INI implementation gathers momentum. This dynamic and interface with extant DoH policy arrangements will require ongoing attention and can be considered and interfaces defined on a case-by-case basis as needed.

Conflict of Interest

Board Members will be expected to declare any conflict of interest in advance of the agenda item and take the appropriate action to manage any conflict of interest. Each item of this kind should be clearly defined prior to discussion.

Annex C

DOH INQUIRIES IMPLEMENTATION PROGRAMME MANAGEMENT BOARD PROGRAMME STRUCTURE