The Regulation and Quality Improvement Authority

AGENDA

RQIA Board Meeting
Board Room, RQIA, 9th Floor, Riverside Tower, Belfast
24 September 2015, 11.15am

PUBLIC SESSION

	Item	**Paper Ref**	
1	Welcome and Apologies		11.15am
2	Minutes of the meeting of the Board held on Thursday 9 July 2015	Min/July15/ public	11.20am **APPROVE**
3	Matters arising from minutes		11.25am
4	Declaration of Interests		11.30am
5	Chairman's Report **Chairman**	A/09/15	11.35am **NOTE**
6	Chief Executive's Report **Chief Executive**	B/09/15	11.40am **NOTE**
7	Director of Regulation's Report **Director of Regulation and Nursing**	C/09/15	11.45pm **NOTE**
8	Finance Report **Director of Corporate Services**	D/05/15	11.50pm **NOTE**
9	Corporate Performance Report **Director of Corporate Services**	E/05/15	11.55pm **APPROVE**
10	RQIA Board Workshop – Summary Report **Chief Executive**	F/05/15	12.55pm **APPROVE**
11	Management and Handling of Complaints Policy and Procedures **Chief Executive**	G/05/15	13.40pm **APPROVE**
12	Guidelines and Audit Implementation Network **(Presentation by Dr T Trinnick and Nicola Porter)**	Presentation	13.50pm **NOTE**

13	Annual Progress Report 2014/15 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 **Director of Corporate Services**	H/05/15	14.10pm **NOTE**
14	Any Other Business		14.20pm

Date of next meeting: 15 October 2015

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 September 2015
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / July15 / public
Author	Hayley Barrett
Presented by	Dr Alan Lennon
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 9 July 2015
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the minutes of the Board meeting of 9 July 2015.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

The Regulation and Quality Improvement Authority

PUBLIC SESSION MINUTES

RQIA Board Meeting
Boardroom, 9th Floor, Riverside Tower, Belfast
9 July 2015, 12.30pm

Present

Dr Alan Lennon OBE (Chair)
Seamus Magee OBE
Norman Morrow
Patricia O'Callaghan
Denis Power
Mary McColgan OBE
Robin Mullan
Dr John Jenkins CBE
Stella Cunningham
Gerry McCurdy
Daniel McLarnon

Officers of RQIA in attendance

Glenn Houston (Chief Executive)
David Stewart (Director of Reviews and Medical Director)
Maurice Atkinson (Director of Corporate Services)
Kathy Fodey (Director of Regulation and Nursing)
Theresa Nixon (Director of Mental Health, Learning Disability and Social Work)
Stuart Crawford (Planning & Corporate Governance Manager)
Malachy Finnegan (Communications Manager)
Hayley Barrett (Board and Executive Support Manager)

Apologies

Lindsey Smith
Sarah Havlin

1.0 Agenda Item 1 - Welcome and Apologies

1.1 The Chairman welcomed all Board members and officers to the meeting. Apologies were noted from Ms Lindsey Smith and Mrs Sarah Havlin.

1.2 The Chairman welcomed Ms Esther Boyd from BSO Internal Audit to the meeting in relation to the Board Effectiveness Audit.

2.0 Agenda Item 2 - Minutes of the meeting of the Board held on Thursday 14 May 2015 (min/May15/public)

2.1 The Board **APPROVED** the minutes of the meeting of the Board held on Thursday 14 May 2015.

3.0 Agenda Item 3 - Matters arising from minutes

3.1 Board members noted that all actions except 34 and 89 are now completed.

3.2 The Director of Reviews and Medical Director advised Board members that in relation to action 34 a paper will be presented to the Board on 24 September 2015.

3.3 The Director of Mental Health, Learning Disability and Social Work informed Board members that action 89 will be discussed at the Board meeting on 24 September 2015.

3.4 <u>Resolved Action (98)</u>
The Board and Executive Support Manager will amend the dates of actions 34 and 89.

4.0 Agenda Item 4 - Declaration of Interests

4.1 The Chairman asked Board members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders. No declarations were made.

5.0 Agenda Item 5 - Chairman's Report (E/07/15)

5.1 The Chairman invited comments on his report from Board members.

5.2 The Chairman informed Board members that on 7 July 2015 he attended a meeting, accompanied by the Chief Executive, with Mr D McLaughlin, owner of Bloomfields Nursing Home. This was part of an ongoing 'getting to know the industry' approach by the Chairman.

5.3 The Chairman advised Board members that he had received an invitation from Care Quality Commission (CQC) to take part in an inspection, accompanied by Dr John Jenkins, in the Queen Elizabeth Hospital, Gateshead, in September 2015. RQIA's interest will be to look at how CQC assess the leadership domain and how an overall rating for quality is arrived at from the inspection.

5.4 The Chairman informed Board members that on 8 July 2015 he attended the Accountability meeting at the DHSSPS, along with the Chief Executive. A minute of the Accountability Review will be shared with Board members once received from DHSSPS.

5.5 The Chairman advised Board members that the minutes and actions arising from the Board Workshop on 11 June 2015 will be approved at the Board meeting on 24 September 2015.

5.6 <u>Resolved Action (99)</u>
The minutes and actions arising from the Board Workshop on 11 June 2015 to be approved at the Board meeting on 24 September 2015.

5.7 The Board **NOTED** the Chairman's Report.

6.0 Agenda Item 6 – Chief Executives Performance Dashboard (F/07/15)

6.1 The Chief Executive introduced his report and highlighted to Board members the new format from page 9 onwards. The Chief Executive informed Board members that high level performance indicators will be refined with the Executive Management Team.

6.2 The Chief Executive informed Board members that the Regulation Directorate Improvement Programme and the inspections programme are currently on track for 2015-16.

6.3 The Chief Executive informed Board members that a response from DHSSPS to the MHLD new inspection methodology was received on 4 June 2015. The proposal to test an overall rating for quality will involve further consultation with DHSSPS. In the interim, MHLD will proceed with the new inspection process, focusing on safe, effective and compassionate care.

6.4 The Chief Executive informed Board members of three new vacancies arising within RQIA; two posts within MHLD. These posts are subject to considerations of the vacancy controls forum.

6.5 The Director of Corporate Services updated Board members in relation to the Shared Services Scoping Study which is due to be completed by September 2015. Board members will be updated of any outcome from the shared services questionnaire and scoping study.

6.6 <u>Resolved Action (100)</u>
Board members will be updated in relation to the Shared Services questionnaire and scoping study.

6.7 The Chief Executive advised Board members to notify him of any proposals for improvement to the Chief Executives Performance Dashboard.

6.8 The Board **NOTED** the Chief Executive's report.

7.0 Agenda Item 7 – Director of Regulation and Nursing's Report (G/0/15)

7.1 The Director of Regulation and Nursing introduced her report and informed Board members that the report includes three sections; Registration, Inspection and Enforcement.

7.2 The Director of Regulation and Nursing informed Board members that a consultation process is currently underway regarding the future of Statutory Residential Care Homes for older people.

7.3 The Director of Regulation and Nursing advised Board members that the inspections for Quarter 1 are currently on target. The report includes outputs from the Quality Improvement Steering Group in relation to the report format, duty system and inspection methodology.

7.4 The Director of Regulation and Nursing referred to the enforcement activity which had taken place since the previous Board meeting. The Director of Regulation and Nursing updated Board members in relation to two enforcement panels which had met to consider the registration of a Registered Manager and Registered Persons; a notice of decision was issued from both panels.

7.5 The Director of Regulation and Nursing informed Board members that the Enforcement Policy is currently under review with two Board members involved in the process. There was a useful discussion of the role of Board members in Enforcement and Decision Making Panels. The Director of Regulation and Nursing advised that a revised enforcement policy will be brought to the RQIA Board for approval in October.

7.6 **Resolved Action (101)**
The Director of Regulation and Nursing will present the revised Enforcement Policy and Procedures to the Board on 15 October 2015.

Resolved Action (102)
7.7 **The Chairman asked Board members, Gerry McCurdy and Sarah Havlin, to readdress Board member involvement in the enforcement process.**

7.8 Board members **NOTED** the Director of Regulation's report.

8.0 Agenda Item 8 – Draft Risk Management Strategy (H/07/15)

8.1 The Chairman advised that the Draft Risk Management Strategy requires further amendments and he will meet with the Chief Executive and the Chair of Audit Committee to take this forward.

8.2 The Draft Risk Management Strategy will be brought to a future meeting of the RQIA Board for approval.

9.0 Agenda Item 9 – Corporate Risk Assurance Framework (I/07/15)

9.1 The Chairman advised that the Corporate Risk Assurance Framework requires further amendments and will be considered along with the Draft Risk Management Strategy. Any revisions to the Corporate Risk Assurance Framework will be brought to a future meeting of the RQIA Board for approval.

9.2 Board members agreed that the eight risks which appear on the Corporate Risk Register were relevant and appropriate. However, a review of risk appetite may result in additional risks being added to the Corporate Risk Register.

9.3 The Corporate Risk Assurance Framework will be brought to a future meeting of the RQIA Board for approval.

9.4 **<u>Resolved Action (103)</u>**
The Chairman, Chief Executive and Chair of Audit Committee will meet to review and amend the Risk Management Strategy and Corporate Risk and Assurance Framework which will be presented to RQIA Board at a future meeting for approval.

10.0 Agenda Item 10 – Draft PPI Action Plan (J/07/15)

10.1 The Director of Corporate Services introduced the Draft PPI Action Plan and advised Board members that the action plan was approved by the PPI Forum on 18 June 2015; two Board members are involved in the Forum.

10.2 A Board member outlined the approach taken to PPI to date and proposed that personal and public involvement be mainstreamed into core business.

10.3 The Chief Executive advised that progress on the PPI Action Plan will be included in the quarterly updates of the Corporate Performance Report.

10.4 Following discussion Board members agreed that the PPI Action Plan would be incorporated into the Business Plan as soon as is practical and not treated as separate.

10.5 Board members **APPROVED** the Draft PPI Action Plan.

10.6 **<u>Resolved Action (104)</u>**
The Planning and Corporate Governance Manager will incorporate the PPI Actions into the quarterly updates of the Corporate Performance Report.

11.0 Agenda Item 11 – Update on the preparations for the new hospital inspection programme (K/07/15)

11.1 The Director of Reviews and Medical Director introduced his paper and advised a further update would be presented to the Board in Quarter 3.

11.2 The Director of Reviews and Medical Director informed Board members that over the last three months five pilot inspections have been completed; one in each trust area and the RQIA Reviews team has engaged with other regulatory bodies to include Healthcare Improvement Scotland and Care Quality Commission.

11.3 The Director of Reviews and Medical Director advised Board members that he attended and observed at an inspection with Healthcare Improvement Scotland and two inspectors from the Review team also attended an inspection in England with Care Quality Commission.

11.4 The Director of Reviews and Medical Director informed Board members that the tools for inspection will be reviewed and revised where necessary and presented to the Board for approval before onward submission to DHSSPS and the trusts.

11.5 Following discussions, Board members **NOTED** the Update on the preparations for the new hospital inspection programme.

11.6 <u>Resolved Action (105)</u>
The Director of Reviews and Medical Director will provide a further update on the preparations for the new hospital inspection programme in Quarter 3.

12.0 Agenda Item 12 – Quality Assurance on Reviews (L/07/15)

12.1 The Director of Reviews and Medical Director introduced the paper on Quality Assurance on Reviews and advised that this will be included in the review manual.

12.2 The Director of Reviews and Medical Director informed Board members that the paper outlined the roles of Board members in the review process and the important contribution of Board members in ensuring that review reports are standardised, clear and concise.

12.3 Following discussion Board members proposed amendments. The Director of Reviews and Medical Director will review the comments, amend the document and circulate the revised copy to Board members.

12.4 Board members **APPROVED** the Quality Assurance on Reviews, subject to inclusion of the proposed amendments.

13.0 Agenda Item 13 – Audit Committee Business (M/07/15)

13.1 The Chair of the Audit Committee informed Board members that the minutes from the Audit Committee meeting held on 23 April 2015 were approved by Committee members on 25 June 2015.

13.2 The Chair of the Audit Committee advised Board members that the Annual Report and Accounts were approved by Audit Committee members on 25 June 2015.

13.3 The Chair of the Audit Committee informed Board members that Audit Committee members met with Internal and External audit prior to the meeting. Internal and External Audit acknowledged the contribution of the RQIA Finance Team and RQIA staff.

13.4 The next Audit Committee meeting will be on 22 October 2015.

13.5 Board members **NOTED** the Audit Committee Business.

14.0 Agenda Item 14 - Any Other Business

14.1 The Chief Executive recommended that Mr Tom Trinnick and Nicola Porter present to the Board the work of GAIN.

14.2 The Director of Mental Health, Social Work and Learning Disability to present to the Board the range of mental illnesses which are common and subject to treatment both in-patient and in community settings.

14.3 The Chairman brought the public session of the Board to a close at 3.40pm.

Date of next meeting:

Thursday 24 September 2015, RQIA Boardroom

Signed _____

Dr Alan Lennon
Chairman

Date _____

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion
34	14 November 2014	A paper on the implementation of RQIA recommendations following Review Reports will be provided to Board meeting.	Chief Executive	24 September 2015.
89	25 March 2015	The Director of Mental Health, Learning Disability and Social Work will provide Board Members with an overview of Mental Health conditions and service provision in Northern Ireland.	Director of Mental Health, Learning Disability and Social Work	24 September 2015.
98	9 July 2015	The Board and Executive Support Manager will amend the dates of actions 34 and 89.	Board and Executive Support Manager	24 September 2015
99	9 July 2015	The minutes and actions arising from the Board Workshop on 11 June 2015 to be approved at the Board meeting on 24 September 2015.	Board and Executive Support Manager	24 September 2015.
100	9 July 2015	Board members will be updated in relation to the Shared Services questionnaire and scoping study.	Director of Corporate Services	24 September 2015.
101	9 July 2015	The Director of Regulation and Nursing will present the revised Enforcement Policy and procedures to the Board on 15 October 2015.	Director of Regulation and Nursing	15 October 2015
102	9 July 2015	The Chairman asked Board members, Gerry McCurdy and Sarah Havlin, to readdress Board member involvement in the enforcement process.	Chief Executive	12 November 2015
103	9 July 2015	The Chairman, Chief Executive and Chair of Audit Committee will meet to review and amend the Risk Management Strategy and Corporate Risk and Assurance Framework which will be presented to RQIA Board at a future meeting for approval.	Board and Executive Support Manager	12 November 2015

104	9 July 2015	The Planning and Corporate Governance Manager will incorporate the PPI Actions into the quarterly updates of the Corporate Performance Report.	Planning and Corporate Governance Manager	24 September 2015.
105	9 July 2015	The Director of Reviews and Medical Director will provide a further update on the preparations for the new hospital inspection programme in Quarter 3.	Director of Reviews and Medical Director	12 November 2015

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 September 2015
Title of Paper	Chairman's Report
Agenda Item	5
Reference	A/09/15
Author	Dr Alan Lennon
Presented by	Dr Alan Lennon
Purpose	To inform the RQIA Board of the Chairman's external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	Between 21 July 2015 and 31 August 2015, I attended 5 meetings on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable

CHAIRMAN'S REPORT

Meetings attended below:

- 21 July – Esther Boyd (Internal audit)
- 11 Aug – Lesley McGarrity, Domestic Care NI
- 12 Aug – Donna Willis and Irene Hewitt – Kings Fund re Culture Assessment Tool
- 21 Aug – Assessment of Non Exec Chair – DHSSPS
- 27 Aug – Kathy Fodey, Joanne Mills and Fiona Goodman

Welcome back to all board members, hoping that you have enjoyed your summer break.

There have been a couple of initiatives requested by the Department involving RQIA/GAIN on which I've corresponded separately. These are very much part of a developing role for RQIA and are greatly welcomed. On foot of my Board briefing, a board member, quite understandably, queried the nature of the RQIA/GAIN relationship, given the separate references made to each. My explanation is that it is, particularly initially, important to maintain the well recognized public/professional GAIN brand, albeit within a RQIA context. In all other respects GAIN is fully integrated.

The internal audit report on the RQIA Board has been issued and will, initially, be reported to the Board Audit Committee. There are no priority 1 weaknesses and the few priority 2 weaknesses are self-reported.

Glenn and I have been discussing the outworking of the June Board workshop and he is bringing forward proposals in the 4 key strategic areas discussed. We have had further discussions on KPIs which remain a work in progress.

Glenn and I met with Lesley McGarrity, Domestic Care NI, to hear her views on domiciliary care from an independent provider's perspective. In that context, I recently attended, and Glenn spoke at, a conference on this subject organized by the Commissioner for Older People, Northern Ireland (COPNI). This conference was attended by representatives of the DHSSPS, HSC Board and Trusts, Age NI and the Age Sector Platform. Issues discussed included: commercial viability, commissioning policy and practice, funding, quality of service, staff qualifications, roles of the various organisations, including RQIA.

With Glenn and the other members of the Executive Management Team, I met with Dona Willis and Irene Hewitt of the King's Fund. I requested the meeting on foot of a presentation by the King's Fund to the Five Nations Heads of Inspectorate Forum in May 2015, which focused on Leadership in the NHS, referencing the CQC's well-led domain in acute hospitals. At the end of September, along with John Jenkins, I'll be taking part in a CQC hospital inspection to see the "well-led" domain assessment in action.

On Sept 8th I am meeting with all the managers of the Care Circle Group. The Group wishes to engage with RQIA in exploring what excellence looks like in the care home sector.

All these activities are designed to inform our thinking in respect of: leadership and quality improvement in the context of our new and existing health and social care, inspection processes.

I was invited by the Children's Care Team to hear their views on a strategic approach to their service. Essentially the approach involves reviewing the whole system from policy makers to action on the ground, to establish expectation and responsibilities at every level, and causes of poor performance in the system, as a whole. This is a very exciting concept and I hope that we can get something to a board meeting in the near future.

In all our inspection contexts, inspection of individual institutions should pay due regard to wider context and interactions with other parts of the system, to maximize the potential for overall improvement.

DR ALAN LENNON

Chairman

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 September 2015
Title of Paper	Chief Executive's Performance Dashboard
Agenda Item	6
Reference	B/09/15
Authors	Executive Team
Presented by	Glenn Houston
Purpose	To present a summary of performance and key risks across our core activities.
Executive Summary	Updates are provided in respect of the following – • Regulation • Reviews • Mental Health & Learning Disability • Quality Improvement Workstreams • Finance
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **COMMENT** on the Chief Executive's Performance Dashboard.
Next steps	Not applicable

CHIEF EXECUTIVE'S PERFORMANCE DASHBOARD

Performance Area		Commentary	
Regulation	***Is the programme of work in Regulation on track?***	***Update***	Improvement activity continues with steady progress across all work streams. The working group reviewing the enforcement policy have identified a number of options with regard to the membership of review panels and an options paper is being drafted for Board consideration.
		***Significant risks, issues or concerns* for escalation to the Board**	Enforcement activity in children's services is impacting on the inspection plan for the year, as defined by the statutory minimum number of inspections. Inspection of children's services requires a specific skill set and we plan to increase the complement of bank inspectors to include individuals with the relevant skills and experience.
Reviews	***Is the programme of work in Reviews on track?***	***Update***	Since the last Board meeting in July 2015, two review reports have been published by RQIA: • Review of Medicines Optimisation in Primary Care • Quality Assurance of the Review of the handling of all Serious Adverse Incidents reported between 1 January 2009 and 31 December 2013. Reports for the remaining reviews from the 2012/15

Performance Area		Commentary	
			programme are being completed for publication. Fieldwork has been completed on the first two reviews from the 2015/18 programme; on Advocacy Services, and on Early Years Services. RQIA has provided advice to the Prison Review Report Oversight Group on the remaining recommendations which had been allocated for independent assessment. A pilot inspection took place in each trust during the development phase for the new programme of hospital inspections. This programme is on course to introduce the new inspections in October 2015. There has been an excellent response to the request for peer assessors to take part in the programme. Initial awareness sessions have been carried out for those who responded to this request.
		***Significant risks, issues or concerns* for escalation to the Board**	No issues to report.
Mental Health & Learning Disability (MHLD)	***Is the programme of work in MHLD on track?***	***Update***	11 inspections were completed in July and 7 in August. Lay assessors were engaged and delivered key messages for improvement on 3 inspections in July and 6 in August.

Performance Area		Commentary	
			The pilot of the methodology for inspection commenced on 7 September 2015. To date 2 inspections have been completed. Discussions have been held with Professor Roy McConkey to agree the format for the final evaluation of the pilot in December 2015.
		***Significant risks, issues or concerns* for escalation to the Board**	Progress on the new Mental Capacity Legislation may be impacted by the present political situation. There are currently 3 vacant posts within the MHLD directorate. These include 1 Band 7 Inspector, 1 Band 8A Senior Inspector, and 1 Band 3 Administrator. These posts are currently going through the recruitment process. An unannounced inspection of Lime Ward, Tyrone and Fermanagh Hospital, Western Health and Social Care Trust was undertaken by MHLD inspectors. A letter of escalation was issued to the CE of the Western Health and Social Care Trust. A follow up meeting was arranged with senior trust representatives on 28 July 2015 by MHLD staff. An unannounced inspection of Beech Ward, Tyrone and Fermanagh Hospital, Western Health and Social Care Trust to follow up on 32 recommendations made following the inspection on the 25 and 26 February 2015. A letter of escalation was issued to the CE of the Western Trust on the 24 July 2015 and a meeting was held with senior trust staff by MHLD team on 28 July.

Performance Area		Commentary	
Quality Improvement Programme	***Is the Quality Improvement Programme on track?***	***Update***	The Quality Improvement Steering Group met on 20 August 2015 to review progress on the three overarching Quality Improvement Projects and the work of the STEP Steering Group.
		***Significant risks, issues or concerns* for escalation to the Board**	The HROD Manager post is vacant and will adversely impact on our ability to deliver the actions in the new HROD Strategic Framework and Action Plan 2015-16 and HROD-related actions in the Business Plan 2015-16. It may also impact RQIA's capacity to meet statutory duties in relation to Equality and DDA. The Executive Management Team has agreed to fill the post of HROD Manager and the recruitment process will commence in September.
Finance	**Are we on target to achieve break-even?**	***Update***	RQIA is forecasting breakeven at year end. The Savings Plan to achieve the recurring 3% reduction to the RRL is on track. See Agenda item 8 – Summary Finance Report (as at 31 July 2015).
		***Significant risks, issues or concerns* for escalation**	None, subject to capital funding being made available for the iConnect Project Manager's contract.

Performance Area		Commentary	
		to the Board	
Other significant issues or emerging risks for escalation to the Board	• Capital funding needs to be secured to extend the iConnect Project Manager's contract to March 2016. A business case has been submitted to the Programme Management Unit, DHSSPS and to DFP. We have responded to a series of comments from DFP, a revised version of the business case has been re-submitted to take the Project Manager's contract up to March 2016 taking account of the revised go-live date for the iConnect web portal (January 2016). We are therefore now awaiting approval of the business case by DFP. • A review of administrative structures is on-going which may impact on a range of core functions including Finance, Human Resources, ICT, health and safety, premises and information governance. BSO has indicated that they will develop "service offerings" for these functions in late September/ early October for discussion and agreement in October/November with a view to BSO delivering these functions for RQIA from April 2016 onwards. On 11 September 2015 RQIA was made aware of a data incident which is currently being investigated in accordance with RQIA's procedures.		

Appendix 1

The Regulation and Quality Improvement Authority

RQIA's Performance Dashboard - Monthly KPIs

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Number of complaints about RQIA received and resolved

Reporting Frequency: Monthly

Owner: Chief Executive

How do we measure this:

Number of complaints about RQIA received

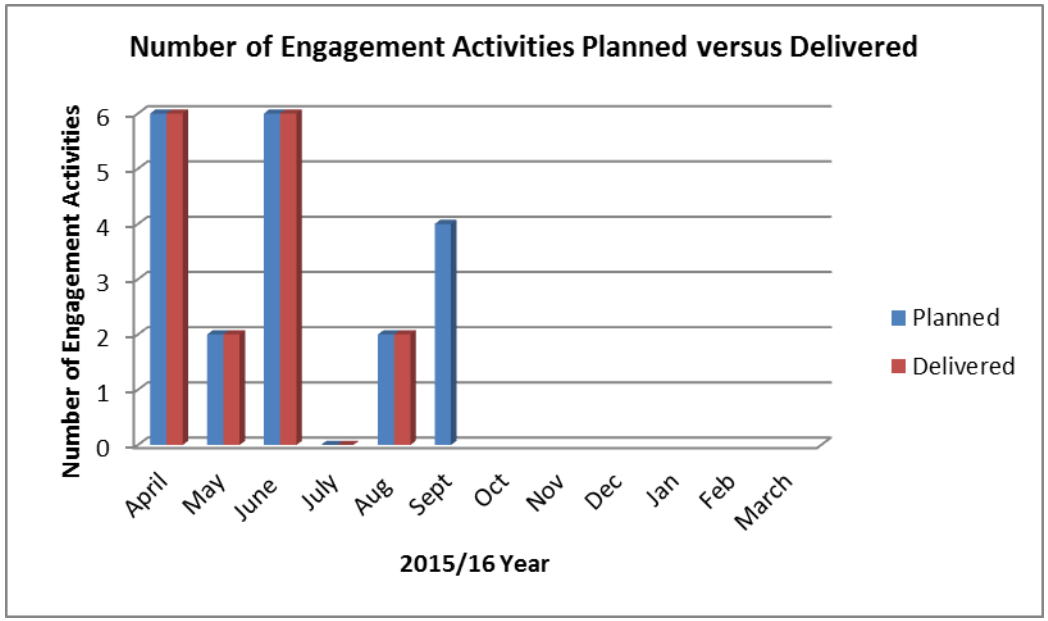
Number of complaints received and Resolved												
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Number received	0	1	1	0	0							
Resolved at stage 1	0	0	1	0	0							
Resolved at stage 2	0	0	0	0	0							
With Ombudsman	0	0	0	0	0							

Summary

An anonymous complaint in relation to a staff member was also followed up and closed in May. One complaint received about a member of RQIA staff received in June and was resolved at Stage 1 early resolution.

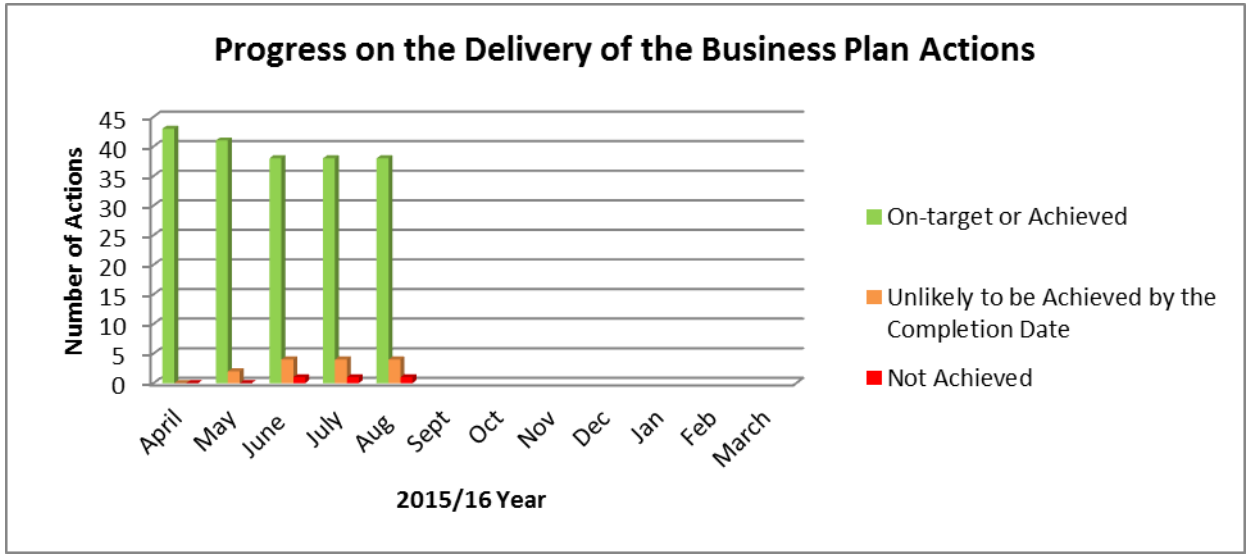
Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Public and professional engagement activities (including the public's perception of RQIA)	
Reporting Frequency: Monthly	**Owner: Chief Executive**
How do we measure this: **Number of public and professional engagement activities planned versus delivered** **Annual omnibus survey**	
RAG Rating:	**Summary** **The graph above shows the number of engagement activities planned and delivered between April and August, and the planned activity for the remainder of Quarter 2. Between April and August RQIA successfully delivered all planned engagement events.**
Exception Report:	

Traffic Light (Red-Amber-Green) Rating System

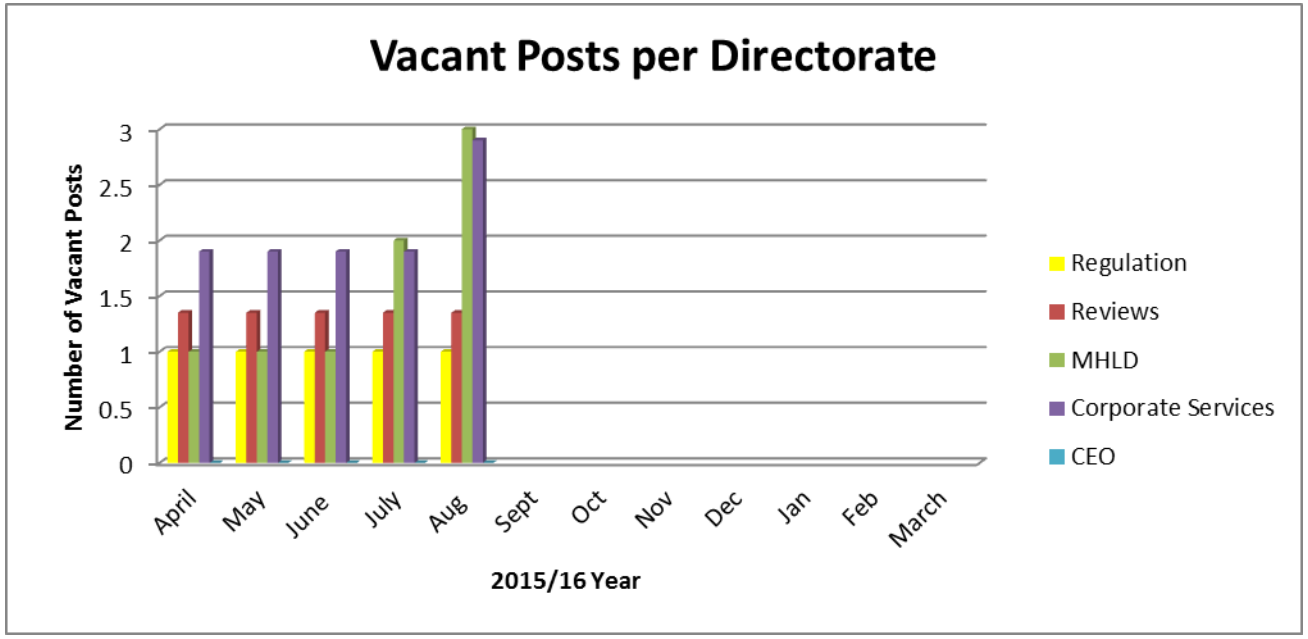
- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Progress on the delivery of the Business Plan	
Reporting Frequency: Monthly	**Owner: Chief Executive**
How do we measure this: **Number of actions from the RQIA Business Plan that have been delivered or are on target for completion**	 **Summary** **There are a total of 43 actions within the RQIA Business Plan 2015-16 of which by the end of August 38 are on-target, 4 are unlikely to be achieved and 1 action has not been achieved**
Exception Report: **Unlikely to be Achieved - (2.2) RQIA is unable to report against this measure until the Department signals its intention to review the legislative framework.** **(3.4) The HR&OD vacant post will impact on the successful delivery of the HR&OD Annual Plan. On the advice of the Steering Group, the**	

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Action Plan will be revised with realistic timescales to reflect this vacancy. **(4.3) Good progress is being made in implementing the agreed actions. However a number of key actions are behind schedule.** **(6.5) This action reflects the content of RQIA's MSFM. It will require a significant investment of time and resource to deliver.** **Not Achieved – (7.1) The Risk Management Strategy requires further revisions and is to be submitted to the Audit Committee and the Board in Quarter 3 for approval.**

Key Performance Indicator: Vacancies per Directorate	
Reporting Frequency: Monthly	**Owner: Director of Corporate Services**
How do we measure this: **Number of vacancies as per Directorate**	

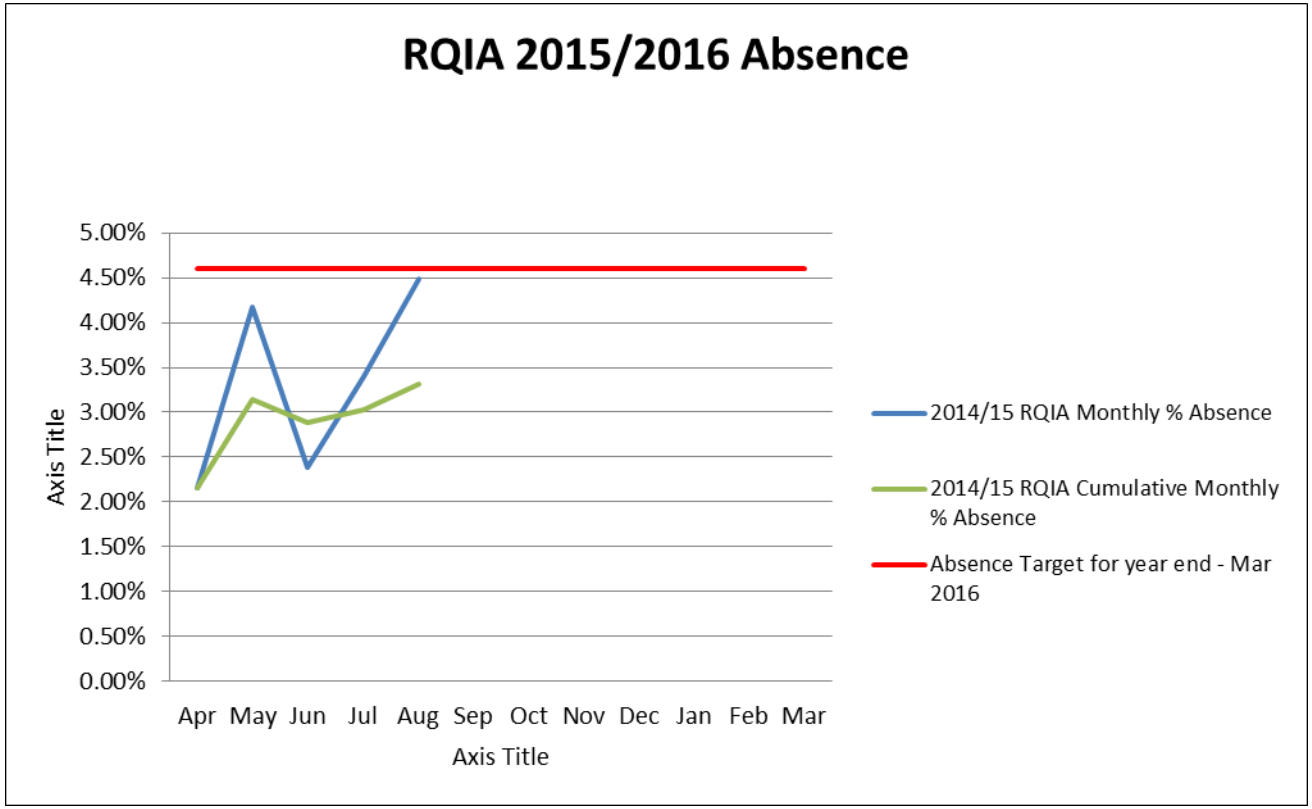
Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

	Summary **August vacant posts:** **Regulation – 8B Head of Programme** **Reviews – 0.45 of a Band 7 Project Manager post and 0.9 of a Band 3 Admin post** **MHLD –Band 7 Mental Health Officer post, a Band 3 Project Assistant post and a Band 8A Senior Mental Health Officer post** **Corporate Services – Band 3 Admin post, 0.5 of a Band 2 Receptionist post and 0.4 of a Band 4 (job share) PA post and a Band 7 HR&OD Manager post**

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Sickness Absence	
Reporting Frequency: Monthly	**Owner: Director of Corporate Services**
How do we measure this: **Sickness absence figures, achieved versus 4.6% target**	
RAG Rating:	**Summary** **By the end of August RQIA had a cumulative total of 3.32% which is below the sickness target of 4.6%.**

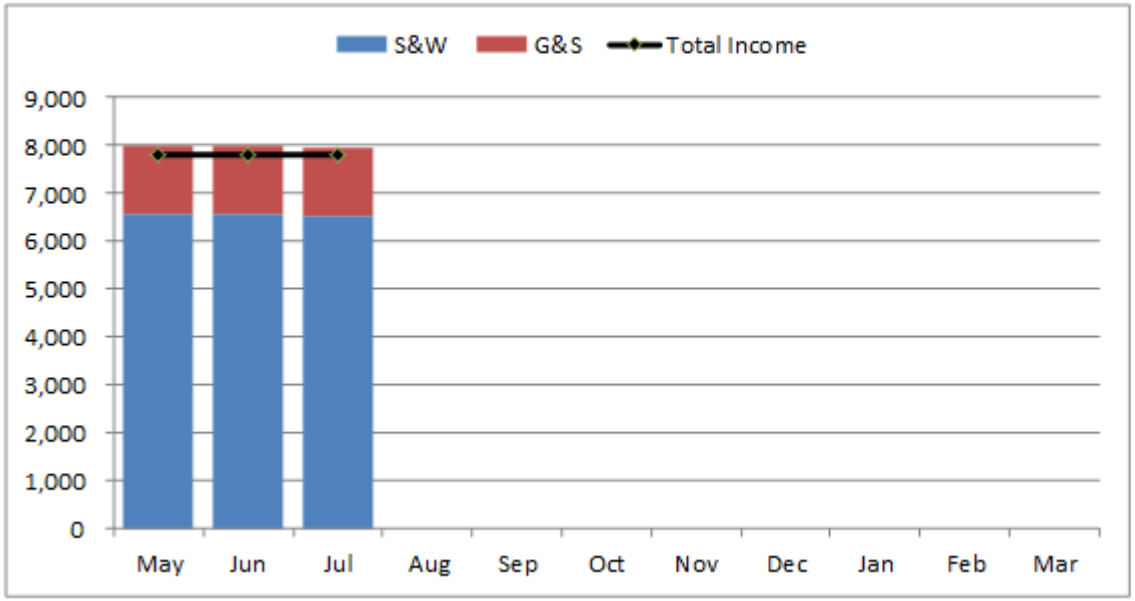
Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Financial Position Forecast

Reporting Frequency: Monthly	**Owner: Director of Corporate Services**
How do we measure this: **Forecast expenditure versus total authorised spend**	
RAG Rating:	

Monthly Forecast of Year End Position



	Jul £'000
Expenditure	-
S&W	6,521
G&S	1,451
Total Expend	7,972
	0
Income	0
Other Income	895
RRL	6,903
Total Income	7,798
	0
Surplus/(Deficit)	(174)

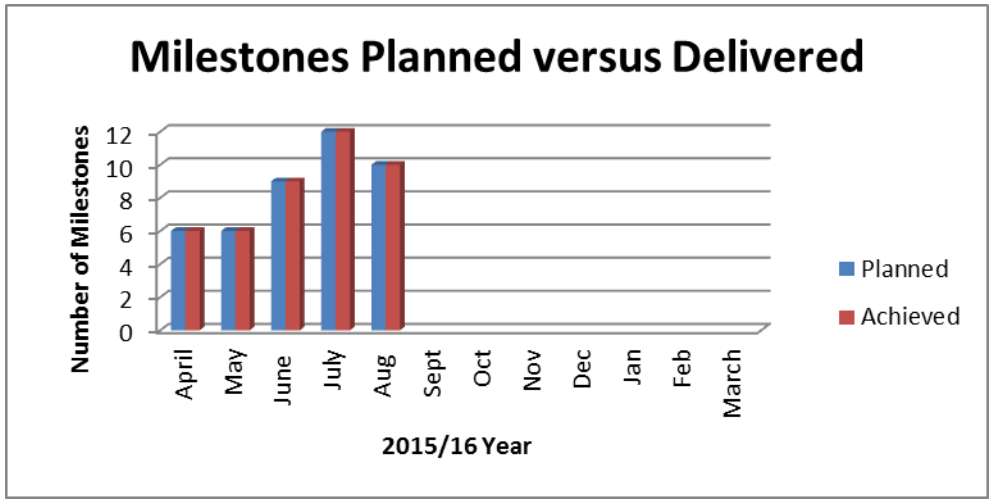
Summary

The RRL as at July excluded £38k in relation to a Clinical Excellence Award and £146k to cover the increase in Employer Superannuation Contributions (Total £184k). Funding for the Employer Superannuation Contributions was received in September and the funding for the Clinical Excellence Award is expected imminently.

Note: The figures for August's financial position will not be available until the middle of September.

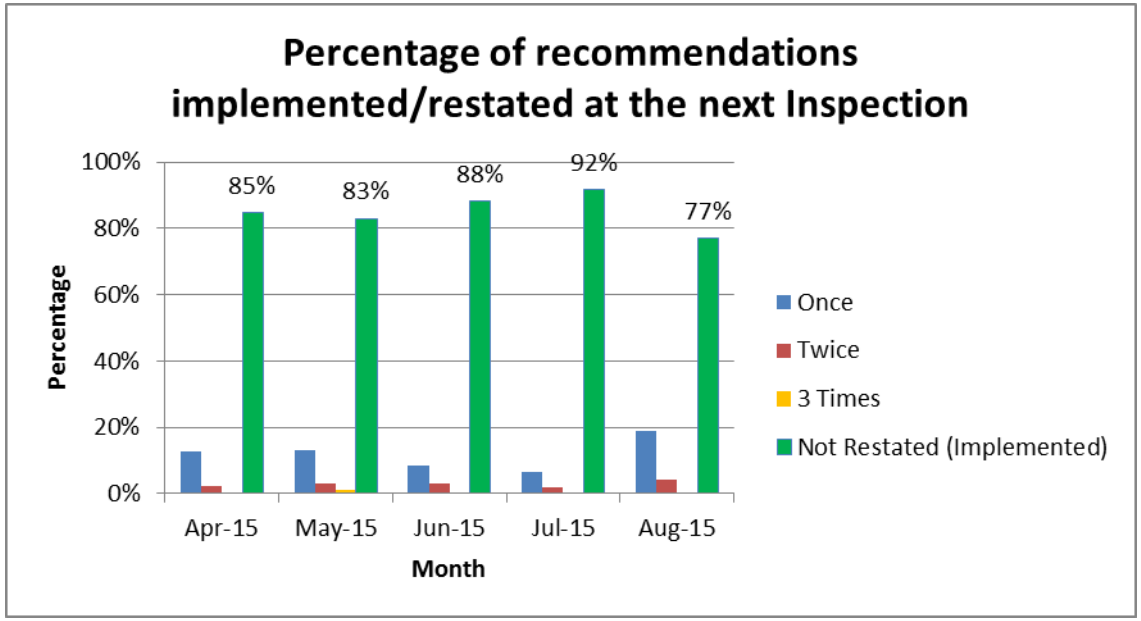
Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Regulation Improvement Programme	
Reporting Frequency: Monthly	**Owner: Director of Regulation and Nursing**
How do we measure this: **Number of milestones planned and met, monthly & YTD**	
RAG Rating:	**Summary** **Project Initiation Document was approved in August and has been dessiminated to all staff within the Regulation Directorate. Separate senior management (change managers) are now meeting fortnightly outside of the normal Senior Manager Team meetings to steer and deliver the Regulation Improvement Plan.** **Note: The planned milestones for the remainder of 2015/16 year will be incorporated into the table in September.**

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Exception Report:	
Key Performance Indicator: Percentage of recommendations and requirements restated at the time of the next inspection	
Reporting Frequency: Monthly	**Owner: Director of Regulation and Nursing**
How do we measure this: **Total number of recommendations and requirements restated for the 1st, 2nd and 3rd time**	

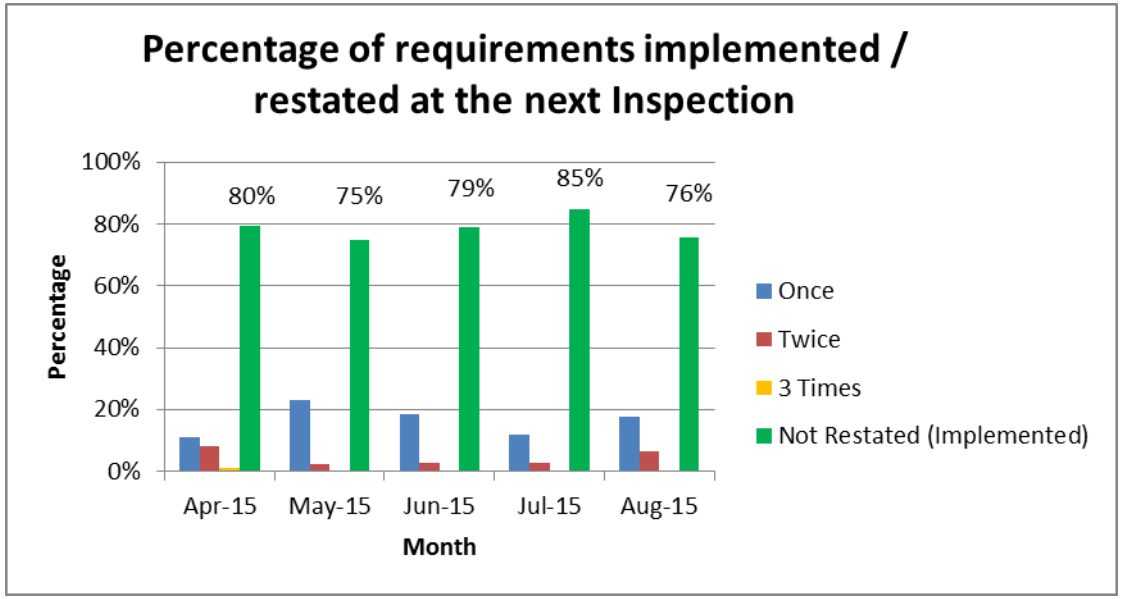
Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

A breakdown of the recommendations restated are:

	Implemented		Restated Once		Restated Twice		Restated 3 Times	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
April	216	85%	32	13%	6	2%	1	0%
May	307	83%	48	13%	11	3%	4	1%
June	325	88%	31	8%	11	3%	1	0%
July	221	92%	16	7%	4	2%	0	0%
August	184	77%	45	19%	10	4%	0	0%

The cumulative total for restated requirements at the end of August is implemented 1,253 (84.6%), once 172 (12%), twice 42 (3%) and 6 times 3 (0.4%)



Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Summary

A breakdown of the requirements restated are:

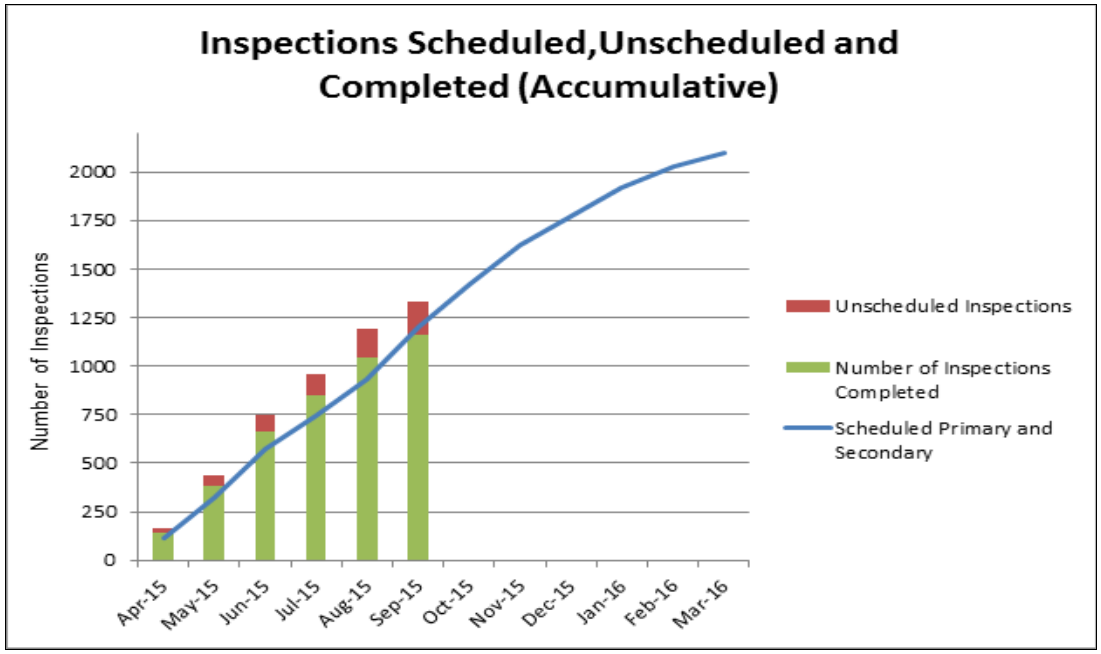
	Implemented		Restated Once		Restated Twice		Restated 3 Times	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
April	144	80%	20	11%	15	8%	2	1%
May	174	75%	54	23%	5	2%	0	0%
June	270	79%	63	18%	9	3%	0	0%
July	209	85%	29	12%	7	3%	1	0%
August	103	76%	24	18%	9	7%	0	0%

The cumulative total for restated requirements at the end of June is implemented 900 (78.7%), once 190 (17%), twice 45 (4%) and 3 times 2 (0.3%)

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Regulation inspection progress on planned inspection activity for the year	
Reporting Frequency: Monthly	**Owner: Director of Regulation and Nursing**
How do we measure this: **Number of inspections completed planned versus completed**	
RAG Rating:	**Summary** **In August 219 inspections were planned and 203 in relation to primary and secondary inspections were completed and updated on iConnect.** **There is a delay between the time of the inspection and when it is updated on iConnect which means a slight variance between the two figures is anticipated. This KPI is on target.**
Exception Report:	

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Hospital Inspection Project (HIP) progress on milestones

Reporting Frequency: Monthly

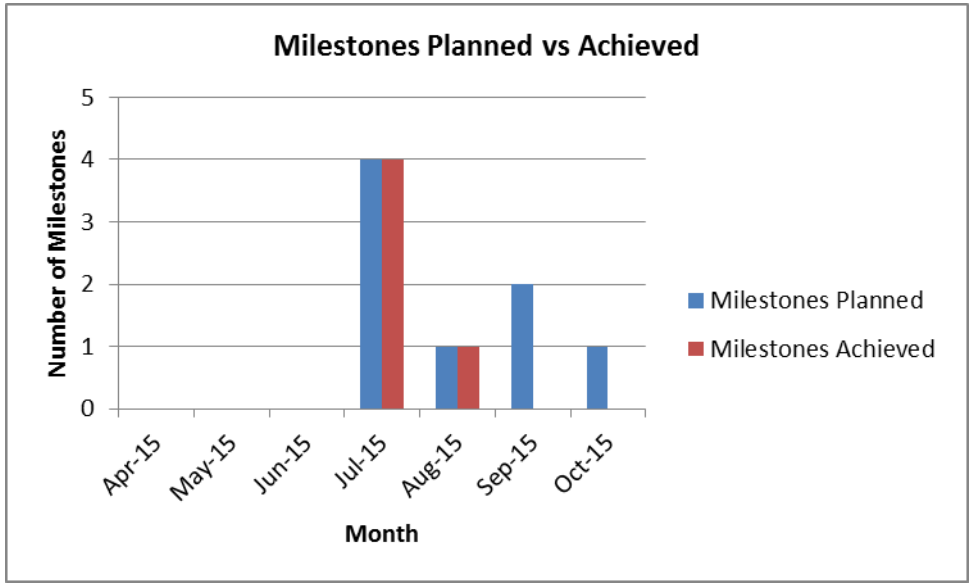
Owner: Director of Reviews and Medical Director

How do we measure this:

Number of milestones planned and met, monthly & YTD

This project is due to be completed in October 2015

RAG Rating:



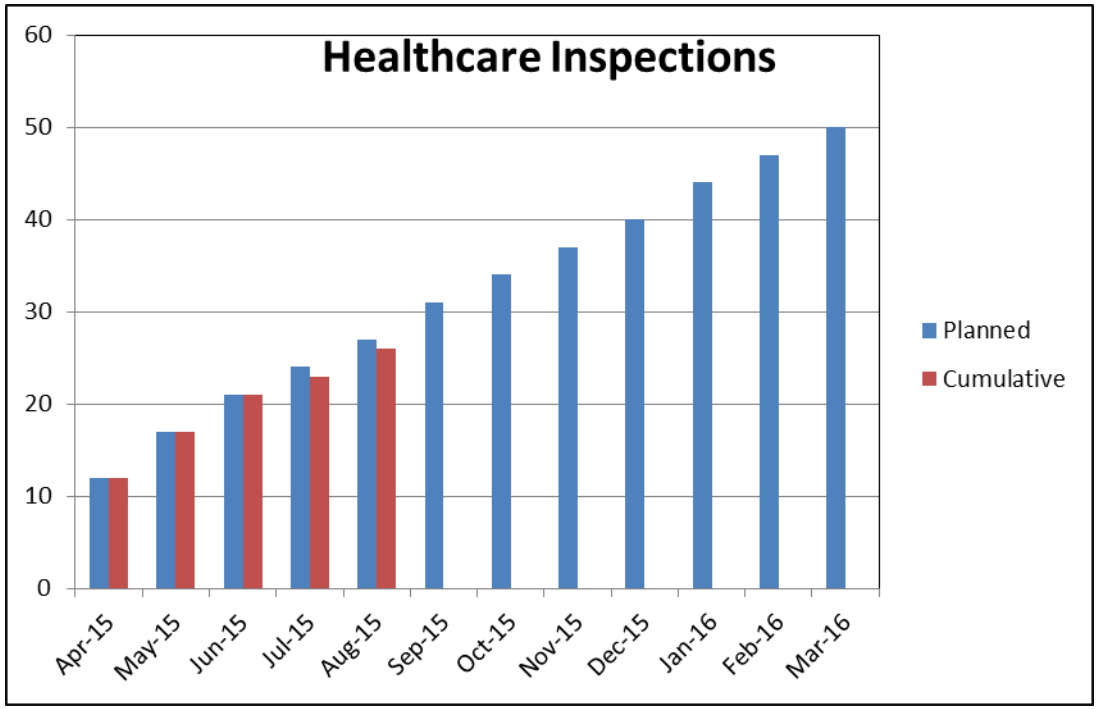
Summary

- **There were 5 milestones scheduled to complete between July and August 2015.**
- **Those due to complete from September 2015 onwards are currently projected to be achieved.**
- **This project is scheduled to complete in October 2015.**

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Healthcare inspection progress on planned inspection activity for the year	
Reporting Frequency: Monthly	**Owner: Director of Reviews and Medical Director**
How do we measure this: **Number of inspections planned and delivered**	
RAG Rating:	**Summary** **By the end of August 2015, 26 out of 27 planned inspections had been completed. It is anticipated that**

Traffic Light (Red-Amber-Green) Rating System

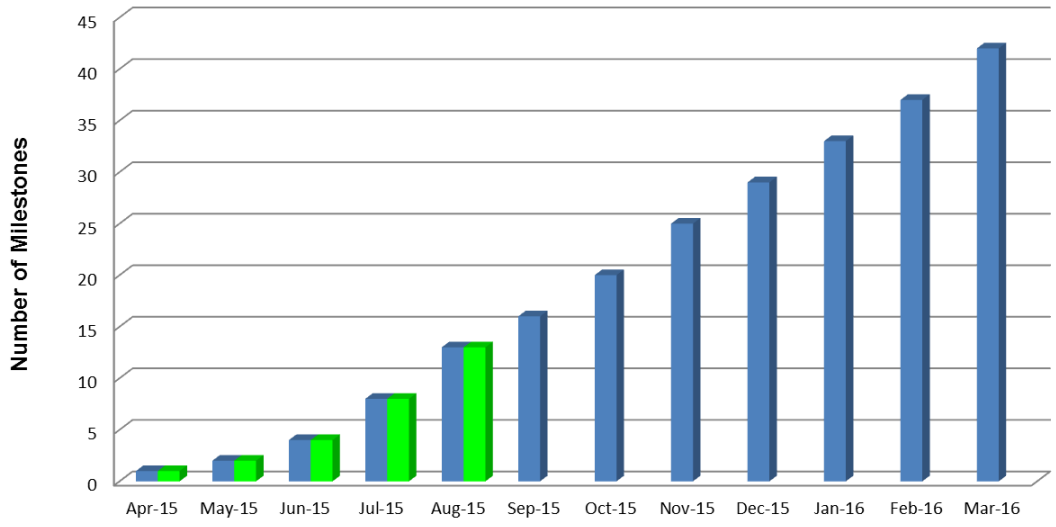
- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

	the overall plan of 50 inspections for the year will be achieved.
Exception Report:	

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Review Programme progress on milestones	
Reporting Frequency: Monthly	**Owner: Director of Reviews and Medical Director**
How do we measure this: **Number of milestones planned and met, monthly & YTD**	
RAG Rating:	



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Milestones Planned (Cumulative)	1	2	4	8	13	16	20	25	29	33	37	42
Milestones Achieved (Cumulative)	1	2	4	8	13							

Summary

Milestones of the RQIA Review Programme cover a Delivery Plan agreed for 2015/2016 and for individual reviews: Project Briefs agreed; Fieldwork commenced; First Draft of Review Reports completed and Review Reports being submitted to the DHSSPS. The Review Programme is on track.

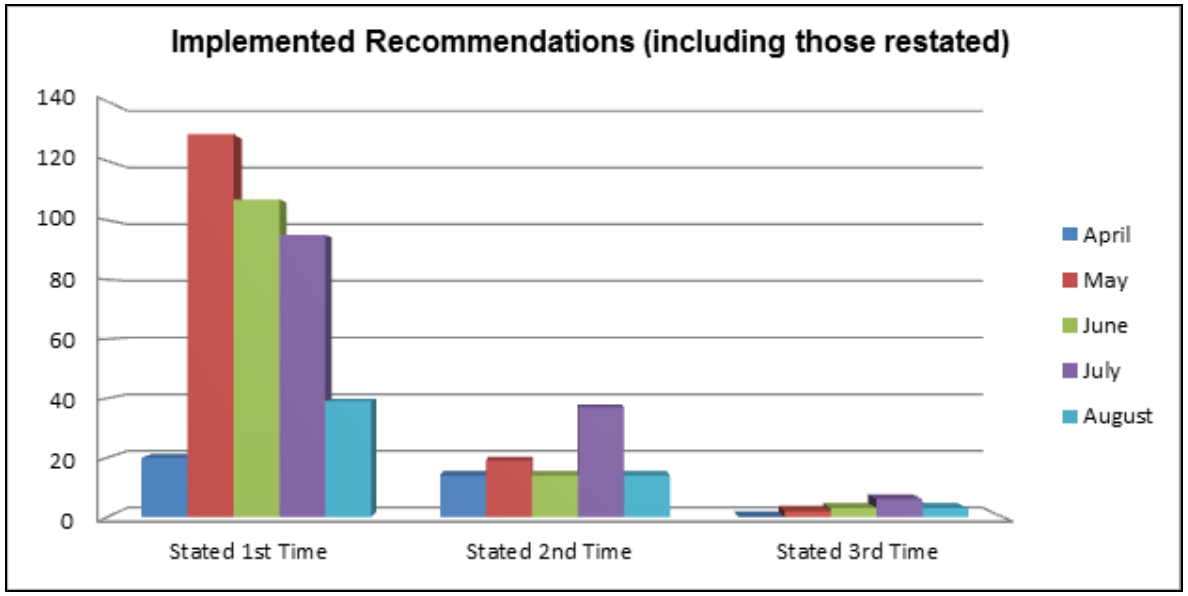
Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Exception Report:	
Key Performance Indicator: Number of MHLD recommendations implemented from previous inspection (includes recommendations restated more than once)	
Reporting Frequency: Monthly	**Owner: Director of MHLD**

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

How do we measure this: MHLD total number of recommendations restated and restated for the 2nd time	 **Summary** **The chart and table show the number of inspections that were implemented after being stated once, twice and third time.**

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

	1st Time	2nd Time	3rd Time
April	20 (44%)	14 (31%)	0
May	129 (63%)	19 (9%)	2 (1%)
June	107 (63%)	14 (8%)	3 (2%)
July	95 (52%)	37 (20%)	6 (3%)
August	39 (54%)	14 (19%)	3 (4%)

Exception Report:

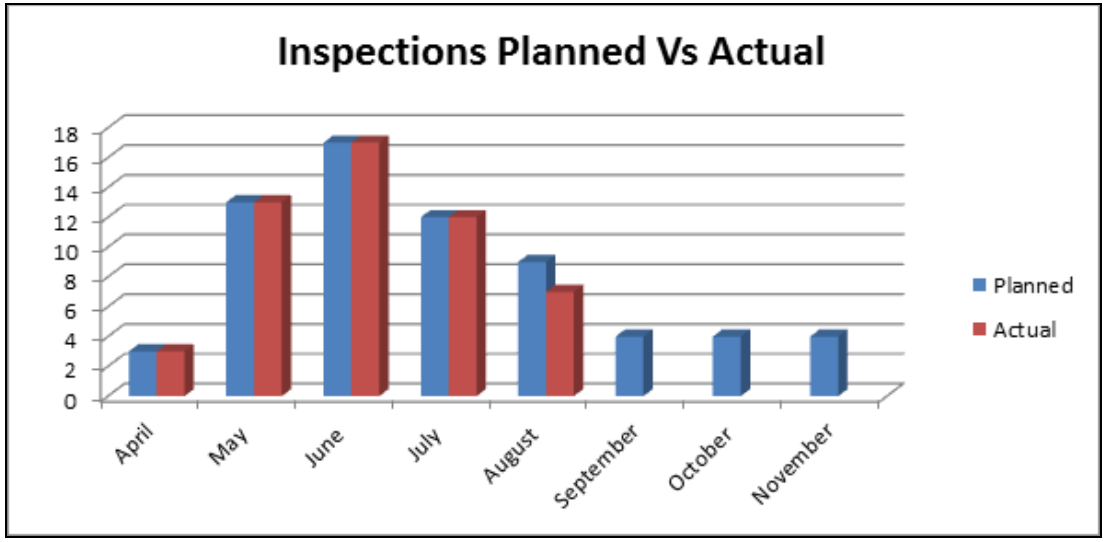
Key Performance Indicator: MHLD inspection progress on planned inspection activity for the year

Reporting Frequency: Monthly

Owner: Director of MHLD

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

How do we measure this: **Number of inspections completed planned versus completed**	
RAG Rating:	**Summary** **In August 2 planned inspections could not be undertaken due to operational and estates issues. Both inspections have been rescheduled to January 2016.** **For the period September to January 12 pilot inspections will be undertaken using new methodology.**
Exception Report:	

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 September 2015
Title of Paper	RQIA Director of Regulation and Nursing Report on Registration, Inspection and Enforcement Activity
Agenda Item	7
Reference	C/09/15
Author	Kathy Fodey
Presented by	Kathy Fodey
Purpose	To inform the Board on relevant registration, inspection and enforcement activity since the last board meeting.
Executive Summary	An overview of registration, inspection and enforcement activity
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the updated RQIA Report from the Director of Regulation and Nursing.

Introduction

This report summaries the activity of Regulation Directorate over the year 1 April 2014 to 31 March 2015. The report provides an overview of registration and inspection functions along with a review of enforcement activity.

The report provides a synopsis of:-

- Registration
    - Overview of the process for cancellation of registration
- Inspection
    - Overview of improvements to inspection methodology from 2014/15 Directorate Improvement Programme
- Enforcement
    - Overview of enforcement activity

Executive Summary

At this point in quarter 2, we are on target to meet the statutory number of inspections as set out within the Fees and Frequencies of Inspections Regulations (DHSSPS 2005). Additional inspections beyond the statutory minimum were focussed on establishments and agencies where concerns had been identified.

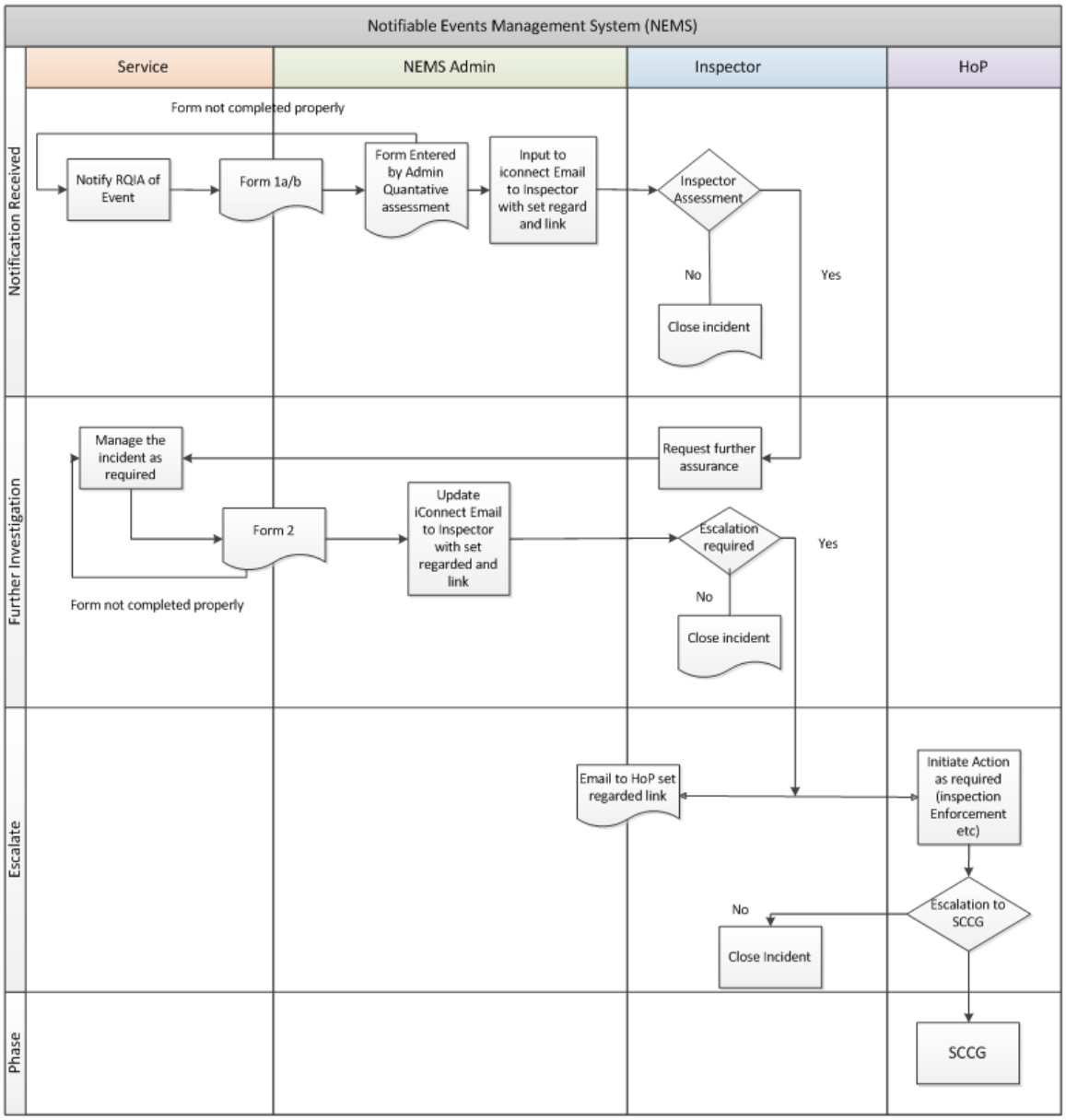
Areas where additional inspection, enforcement activity and / or staff absence is beginning to impact include Children's Services (2.5 wte inspectors for and Domiciliary Care Agencies (1.6 wte inspectors for 122 services). Additional resource in the form of bank staff, coupled with a reprioritisation of the three year Estates and Finance inspection schedules are being deployed to manage the projected shortfall

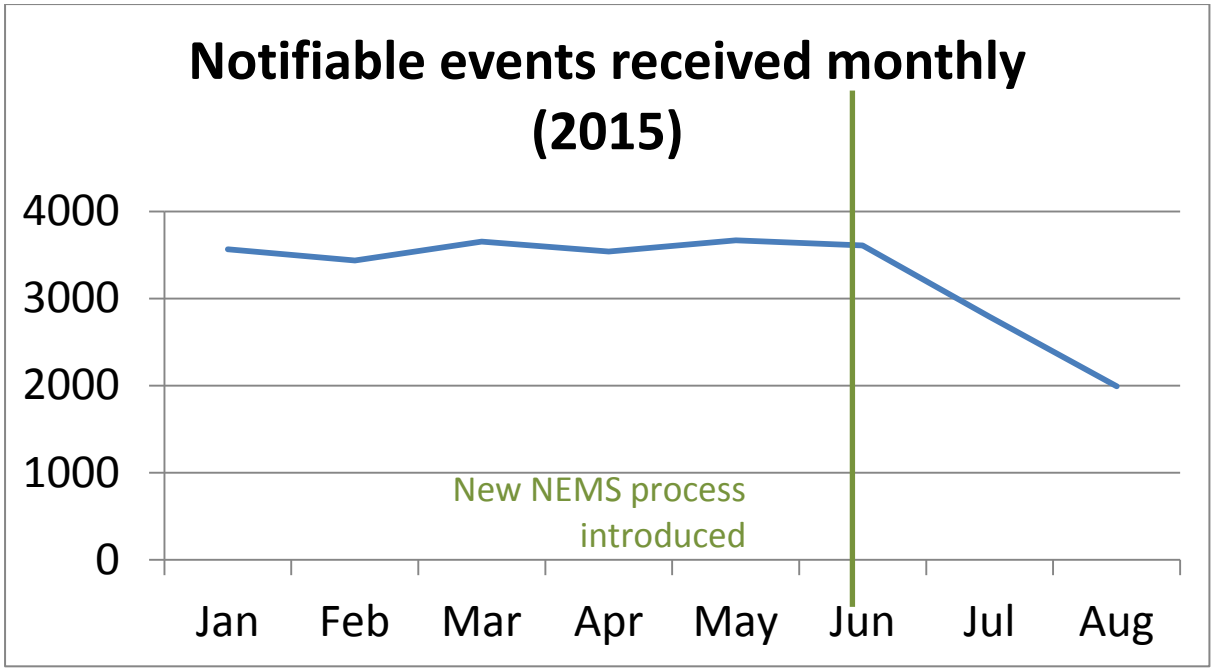
Kathy Fodey

Director of Regulation and Nursing

Section 1: Registration

Incidents Management
Following the completion of an improvement work stream that focussed on Notifiable Events Management System (NEMS). A new streamline process was introduced for inspectors to manage notifications.





This graph demonstrates the reduction in the number of inappropriate notifications made to RQIA. Inspectors are contacting managers and providers to raise awareness of the importance of appropriate reporting.

Further improvement work in the form of revised Guidance for Providers will further inform and improve our processes.

Section 2: Inspection

Day Care Settings

This report provides an overview of day care provision and summaries the activity for the year April 2014- June 2015. The terms “day care setting” “day care services” and “day care” are used interchangeably throughout the document.

Definition

Within the HPSS Quality, Improvement and Regulation (Northern Ireland) Order (2003), Article 2 (2) defines a “day care setting” a:

- a place where persons in need of prescribed services may attend for the purposes of assessment, rehabilitation or counselling but where they are not provided with board or accommodation.

The Day Care Setting Regulations (Northern Ireland) came into operation on 30th April 2007 and required day care settings to be registered with RQIA. These were followed in 2012 by the DHSSPS Day Care Setting Minimum Standards.

A widely accepted definition of day care is that it “offers communal care, with paid or voluntary caregivers present, in a setting outside the user’s own home. Individuals come or are brought to use the services, which are available for at least four hours during the day” (Tester 1989).

Day care services are provided by different providers and include Health and Social Care Trusts, independent providers or voluntary organisations. Most day centres operate from Monday to Friday 9-5 with currently one centre opening on a Saturday morning. Attendance at centres can vary from half a day to five days per week.

Providers

Day care is provided in a range of settings that include: purpose built day centres; residential care or nursing homes; church halls; leisure centres and other community centres.

Services are designed to meet the assessed needs of the following groups;

- Adults with learning disability
- Adults with enduring mental health
- Older people
- People with physical and/or sensory impairment
- People with dementia

Research on the benefits of day care has demonstrated that attendance at day care often delayed admission to institutional care and that day care interventions were effective in reducing depression in family carers of vulnerable older adults. (Mental Health In Later Life Inquiry (MHILLI)

The term “day care” covers a diverse range of services and activities and people attend day care for a number of reasons and different purposes. It can be viewed as a preventive measure to reduce admissions to hospital or long term care.

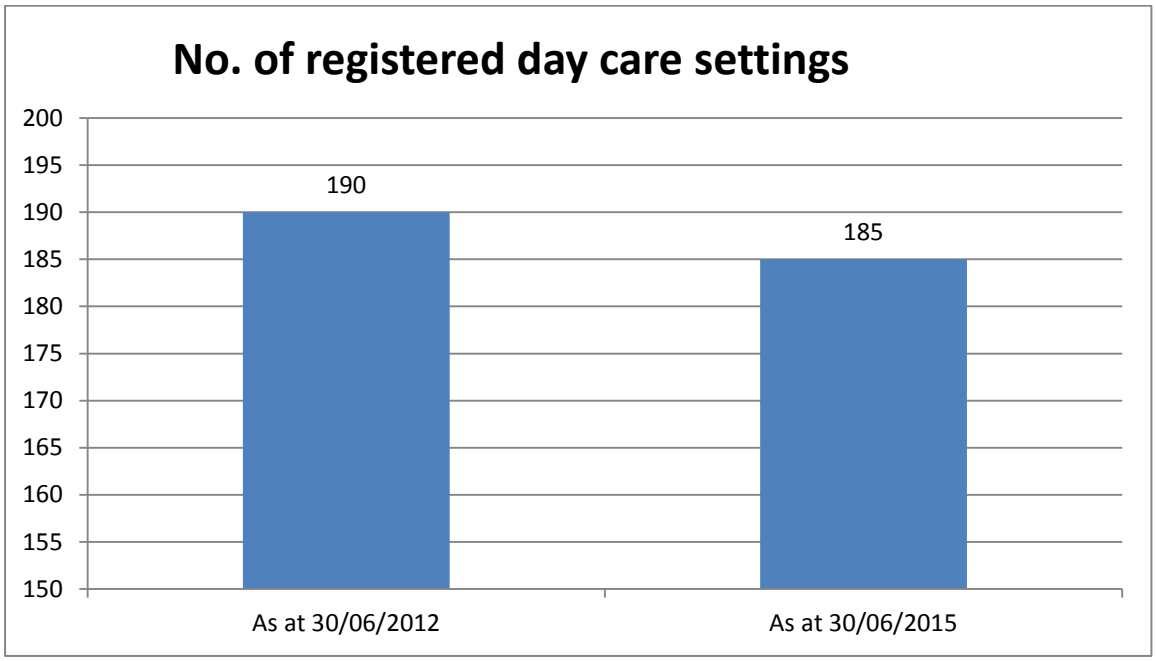
Day care offers people who attend the opportunity to;

- participate in a range of activities that provide physical and mental stimulation
- social contact and motivation;
- reduce isolation and loneliness
- maintain and/or restore independence
- provide respite for carers
- assist with recovery and rehabilitation
- enable monitoring of mental health
- provide personal care services
- promote health and nutrition
- contribute as well as receive.

Issues identified through regulatory activities

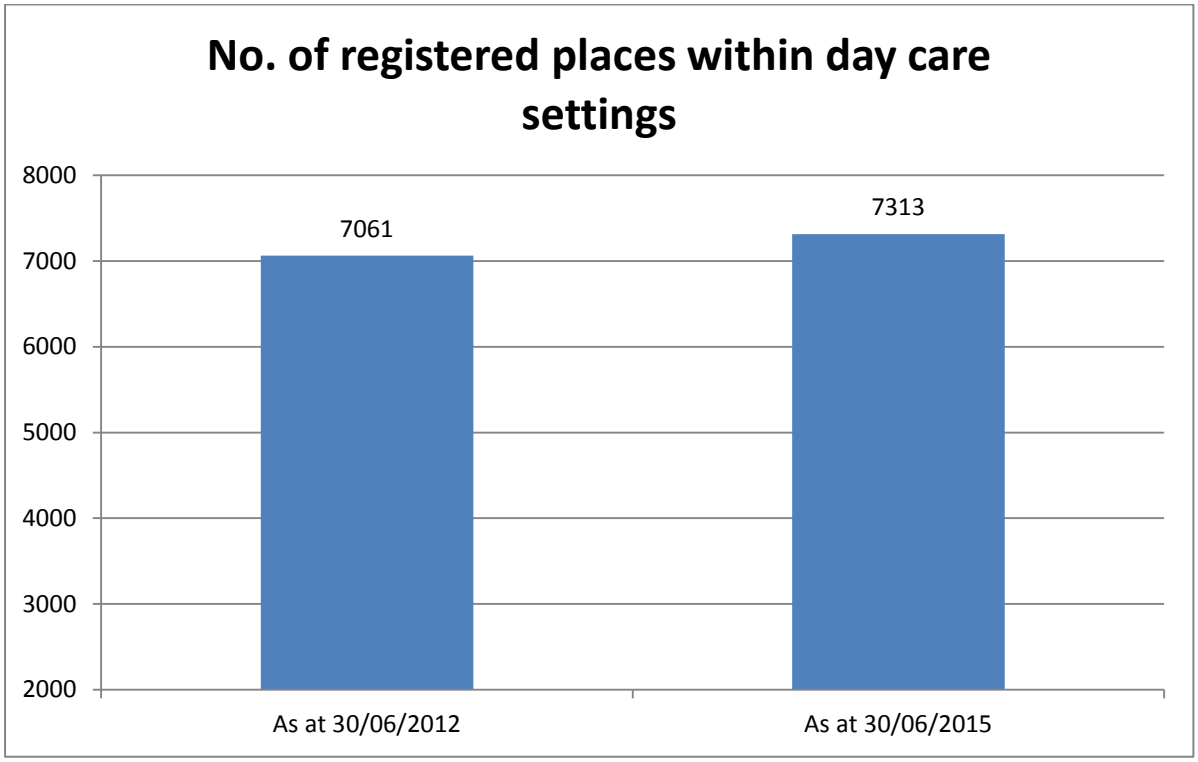
- Over the years there has been a noted increase in those people who have complex needs
- Increase in challenging behaviours
- Registered managers with responsibility for several services
- Lack of training for staff particularly in the independent/voluntary sector
- Increase in queries from providers wanting to move from regulated services to unregistered day time opportunities without clear understanding of same
- Parents of young people not wanting traditional day care.

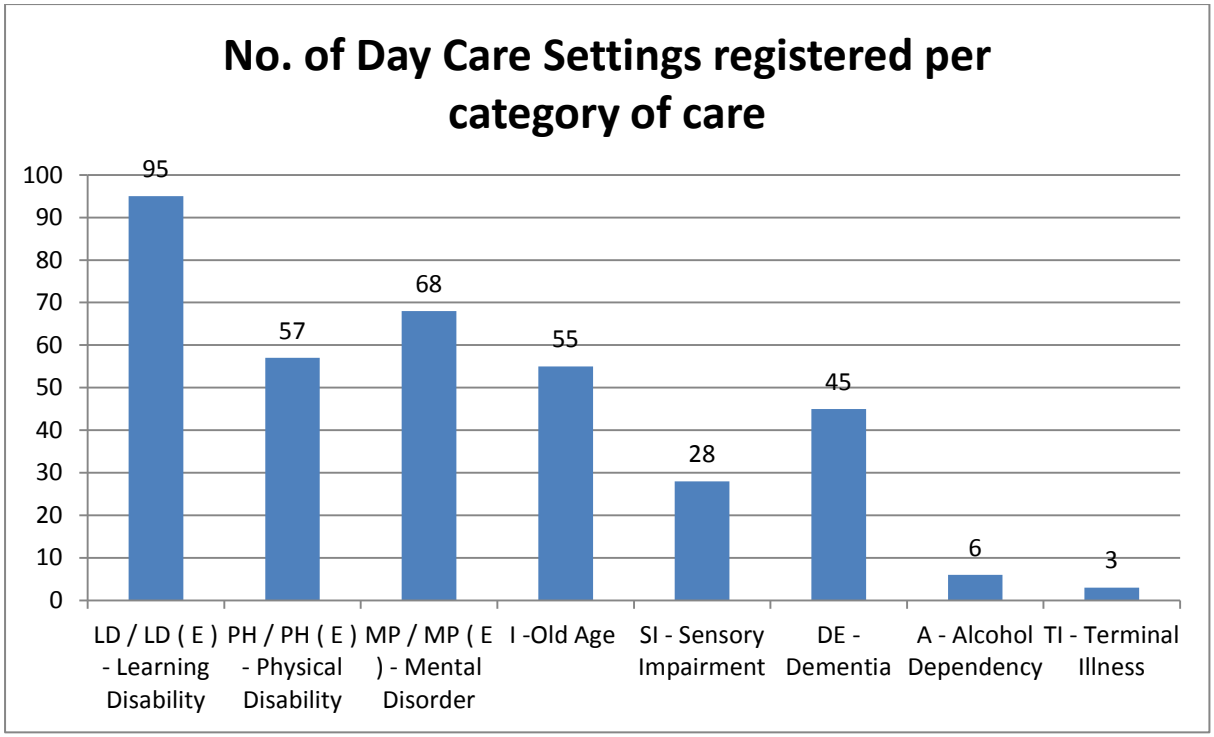
Registered Services



RQIA currently have **185 registered facilities** and provide places for **7300 adults** within the varying categories of care.

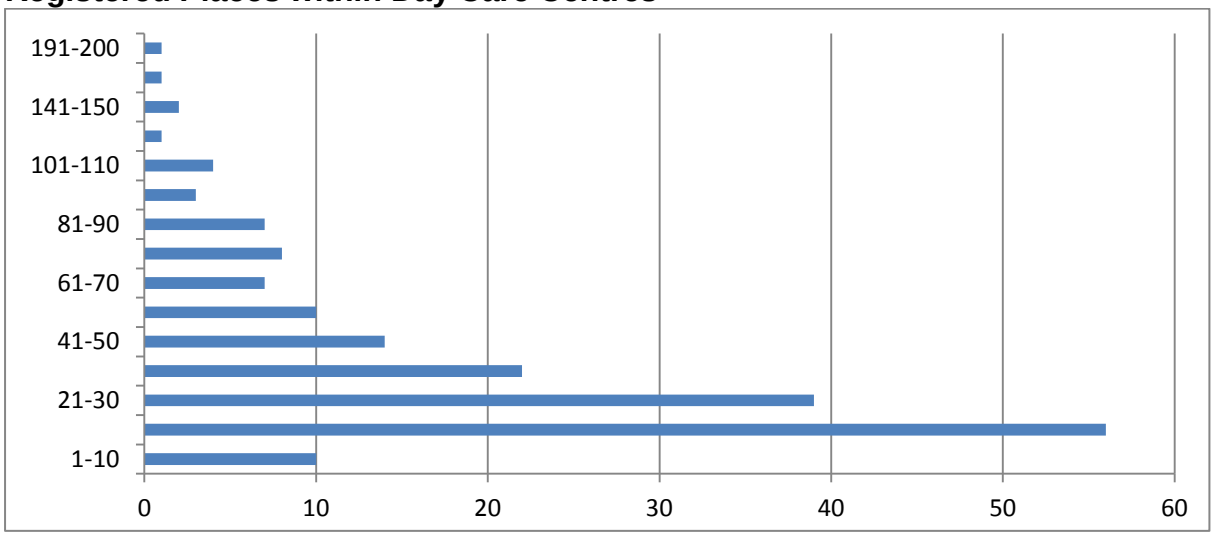
These figures represent **a reduction of 5** in terms of the **number of registered day care facilities** with an **increase in places provided of approximately 250** since 2012.





This table above profiles the categories of care across the 185 registered day centres. Although there are no categories of care specified in the regulations for day care settings, each service produces a statement of purpose that details the needs of the service user the centre is designed to meet and sets out how these needs will be met.

Registered Places within Day Care Centres



The table above describes the number of registered places within centres registered with RQIA. The largest number of centres accommodate 11- 20 people with only a handful accommodating more than 120 people.

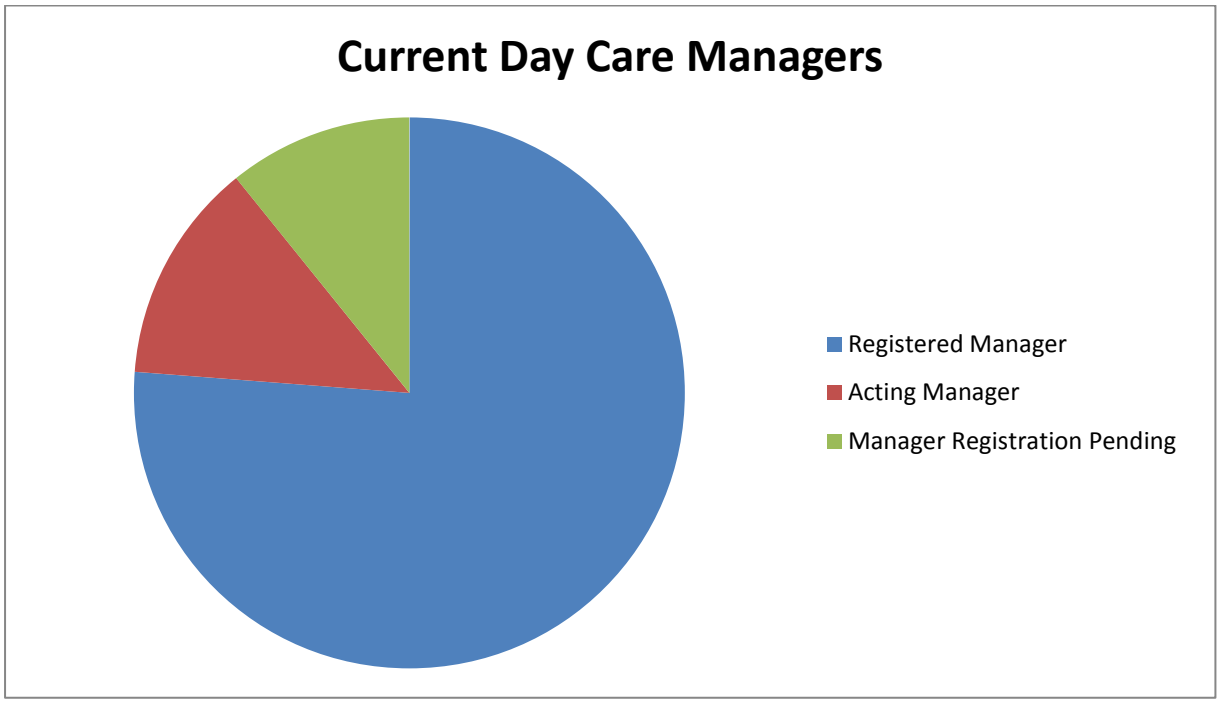
At the time of registration, day centres are advised of the maximum number of people they can accommodate on a daily basis. This means, in some centres, that the people accommodated each day changes and therefore the service is provided overall to a larger number than the daily maximum.

However, on any given day the number cannot exceed the registered number of places.

Registered managers

The management arrangements with day care settings are as follows;

- Registered managers **141**
- Acting managers **24**
- Managers pending registration **20**



Section 3: Enforcement

Overview of Enforcement Activity as at 15 September 2015

Enforcement Panels

One enforcement panel has met since the last Board update:

- Notice of proposal to place a condition on the registration of five registered dental practices relating to a dental practice: Outcome: Notice of Decision issued. Representation Not Upheld.

Children's Services

Establishment / service	Enforcement / Concern	Update
South Eastern Trust Area	28 July 2015 Three Failure to Comply notices issued relating to - Placement of child beyond stated 4 weeks / 90 days in 3 months - Breach of statement of purpose	Compliance required by 1 September for Notice (1) Compliance required by 28 October 2015
Western Trust Area	21 August 2014 Failure to Comply notice issued relating to - Placement of child beyond stated 4 weeks / 90 days in 3 months - Breach of statement of purpose	Compliance required by 2 October 2015
South Eastern Trust Area	29 July 2015 - Concerns identified in relation	

Dental Practices

Establishment / service	Enforcement / Concern	Update
Ballymena Dental Care, R McMitchell Dental World Ltd	25 June 2014 Notice of Decision issued to refuse an application for registration	Appeal lodged with Care Tribunal: 25 July 2014 Action: Further letter sent to Care Tribunal on 25 June 2015 requesting that case be listed for hearing Update: 24 June 2015: Interim Orders imposed on Mr McMitchell by General Dental Council
Donaghadee Dental Surgery, R McMitchell Dental World Ltd	4 March 2014 Notice of Decision issued to refuse an application for registration.	Appeal to Care Tribunal lodged: 18 March 2014 Care Tribunal deferred judgement until October 2014 on a commitment from the provider that he would achieve compliance with regulations. 23 October 2014. Necessary certificate obtained by RQIA. No further action permissible by RQIA until Care tribunal made a determination or the case is withdrawn by Mr McMitchell. June 2014 RQIA submitted statements to Care Tribunal Action: Further letter sent to Care Tribunal on 25 June 2015 requesting that case be listed for hearing Update: 24 June 2015: Interim Orders imposed on Mr McMitchell by General Dental Council
Dundonald Dental Surgery, R McMitchell Dental World Ltd	13 June 2014 Notice of Decision issued to refuse an application for registration	Appeal lodged with Care Tribunal: 8 July 2014 Action: Further letter sent to Care Tribunal on 25 June 2015 requesting that case be listed for hearing Update: 24 June 2015: Interim Orders imposed on Mr McMitchell by General Dental Council

Crutchley RJ Dental Practice	27 April 2015 Three Failure to Comply Notices issued relating to - Policies and procedures - Maintenance of equipment - Reusable medical devices	Compliance achieved with notice (01) 29 July 2015 Compliance achieved with notices (02),(03) 14 August 2015
Bradbury Dental Surgery Belfast R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration	Representation made and considered. Notice of Decision issued. Period of 28 days to make appeal to the Care Tribunal
Crumlin Road Dental Surgery Belfast R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration	Representation made and considered. Notice of Decision issued. Period of 28 days to make appeal to the Care Tribunal
Glen Dental Surgery, Belfast R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration	Representation made and considered. Notice of Decision issued. Period of 28 days to make appeal to the Care Tribunal
Lisburn Dental Surgery, Lisburn R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration	Representation made and considered. Notice of Decision issued. Period of 28 days to make appeal to the Care Tribunal
Mountpottinger Dental Surgery Belfast R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration	Representation made and considered. Notice of Decision issued. Period of 28 days to make appeal to the Care Tribunal

Domiciliary Care Agencies

Establishment / service	Enforcement / Concern	Update
Potens Domiciliary Care Agency, Derrygonnelly Mr Neill Wadge	01 May 2015 One Failure to Comply Notice issued relating to - safety and security of service user property	Compliance achieved 20 July 2015
MPA Home Care DCA Londonderry Mrs Mary Pat O'Kane	12 August 2014 Failure to Comply notice issued relating to - quality monitoring of services	Compliance required by 11 November 2015

Independent Healthcare

Establishment / service	Enforcement / Concern	Update
The Skin Clinic Belfast Mrs Grace Anne-Marie O'Kane	7 August 2015 Notice of Proposal to refuse to register an application for registration	Compliance achieved and registration approved.

Nursing Homes

Establishment / service	Enforcement / Concern	Update
Maine Nursing Home, Randalstown Adarra Developments Ltd	June 2013: Two conditions on registration 1. hours worked by the nurse manager will be supernumerary 2. regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. July 2014, Notice of Proposal to cancel registration of Adarra Developments Ltd October 2014: Following consideration of representation on 15 August 2014 RQIA decision making panel decided not to implement the NOD and the NOP was withdrawn	October 2014 the proprietors of Maine Nursing Home appeared at Antrim Courthouse on 27 October 2014 to answer charges in relation to the death of a resident which occurred on 8 April 2013. Update: Court date 12 October 2015
Colinvale Nursing Home, Belfast Mr Raymond Murphy	Previous enforcement activity 2014/15: 17 Failure to Comply Notices issued relating to breaches in care, estates, pharmacy and finance regulations. A total of 16 inspections were undertaken over the course of the inspection year and improvements were made in all areas sufficient to lift all Notices. Conditions were placed on registration of the home to include the cessation of admissions and these were removed in April 2015 14 September 2015 Four failure to Comply Notices issued relating to - care practice - care planning - management - staffing	Compliance with FtC notices 1 and 3 required by 1st October Compliance with FtC notices 2 and 4 required by 15th October

	Conditions placed on registration to: (01) No new admissions (02) nurse manager to take control of the day to day management and control of Colinvale Court. (03) Reg 29 visit reports to be submitted to RQIA	
Ard Mhacha House Mrs Victoria Craddock, Countrywide Care Homes Ltd	24 March 2015 Three Failure to Comply Notices issued relating to: - Statement of purpose - Health and welfare - Medicines management 26 June 2015 Notice of Proposal to place conditions on registration - Admissions to home will cease until compliance with specific actions stated in FTC(01) fully met. - Provider must ensure reg. 29 reports are submitted to RQIA on a monthly basis until further notice.	Notice 03 Compliance achieved 28 May 2015 Notice 02 extended, compliance achieved 18 June 2015 Notice 01 extended, compliance not achieved by 26th June, which led to the issue of NOP to place conditions on registration. Compliance achieved with Notice (01) on 23 July and NOP withdrawn
The Graan Abbey, Enniskillen Carewell Homes Ltd	16 June 2015 One Failure to Comply Notices issued relating to: - Restrictive practice	Compliance achieved 18 August 2015
Cregagh Nursing Home Belfast Spa Nursing Homes Ltd	9 July 2015 One Failure to Comply Notices issued relating to: - Medicines administration	Compliance not achieved on 11 September 2015 Notice (01) extended. Compliance required by 10 October 2015

Residential Care Homes

Establishment / service	Enforcement / concern	Update
Bawn Cottage Residential Care Home, Hamiltonsbawn Mr N and Mrs M Wylie	31 January 2014 Prosecution action ongoing	Court date 29 September 2015
Hebron House Residential Care Home, Markethill Mr N and Mrs M Wylie	31 January 2014 Prosecution action ongoing	Court date 29 September 2015
Ross Lodge/Ross House RCH, Dervock Mr and Mrs McKinney	27 March 2015 NoP To cancel registration of Mrs Joyce McKinney as registered manager	New Registered Manger appointed and application made for registration

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 September 2015
Title of Paper	Summary Finance Report
Agenda Item	8
Reference	D/05/15
Author	Jonathan King
Presented by	Maurice Atkinson
Purpose	To present RQIA's summary financial position as at 31 July 2015 along with other pertinent financial information.
Executive Summary	Forecast breakeven
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this update.

FINANCE REPORT

Funding / Revenue Resource Limit (RRL)

RQIA received notification of its 2015/16 RRL on the 9th February 2015. This allocation included a recurrent reduction requiring RQIA to achieve 3% savings and a recurring increase in relation to the transfer of the Guidelines and Audit Implementation Network (GAIN).

On the 2nd September RQIA also received a non-recurring allocation to cover the increased employer contributions in relation to public service pensions during 2015/16.

RQIA's current RRL position is summarised below:

	£
2014/15 RRL C'Fwd	6,703,729
Savings Requirement - 3.0% (Recurring)	(201,112)
GAIN transfer of Funding (Recurring)	400,000
Employer Pension contribution increase	148,202
2015/16 RRL	7,050,819

It is anticipated that a further £38K will be received non-recurrently to fund a Clinical Excellence Award increasing RQIA's RRL for 2015/16 to £7,088,895.

Revenue Position

RQIA's expenditure up to and including July 2015 equalled £2.54 million compared to income of £2.61 million creating a year to date under spend of £64K. The year to date under spend is generated mainly through slippage on vacant posts and partly through the timing of non-pay expenditure.

The forecast outturn expenditure based on July's Departmental monitoring return was £7.97 Million. At the 31st July confirmed funding, anticipated funding, and anticipated income equalled £7.98 Million leading to a forecast surplus of just over £10K. This forecast position is based on a number of operational assumptions in relation to both expenditure and income.

Capital Resource Limit (CRL)

RQIA's current CRL allocation stands at £29,730 for 2015/16. This relates exclusively to the Website Replacement Project and it is anticipated that the full £29,730 will be utilised by the 31st March 2016. The project is scheduled to complete in 2016/17 at a total estimated cost of £39,730. The balance of required funding has been earmarked for 2016/17.

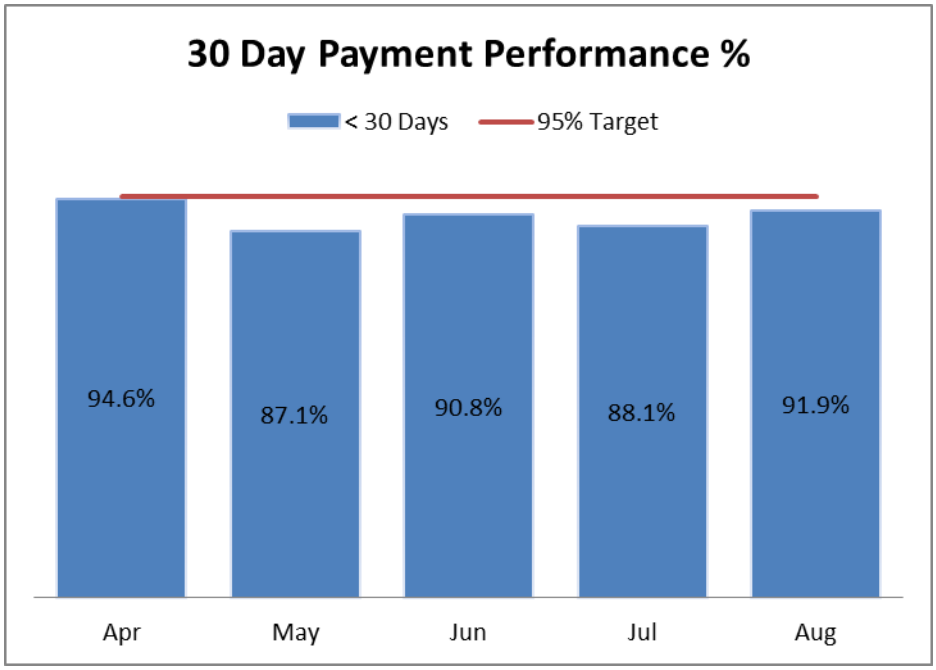
A further combined bid has been submitted for funding in relation to iConnect project management support and the implementation of an updated iConnect enforcement module.

Prompt Payment Compliance

The prompt payment target requires the payment of 95% of invoices within 30 days of receipt of goods/service or receipt of invoice, whichever comes later. A second target was agreed with the Department to pay 70% of invoices within 10 days.

From April to August BSO Shared Service's (SS) paid 512 invoices on RQIA's behalf, of which 463 were processed within the 30 day target. Therefore cumulatively to August our prompt payment percentage equals 90.4%.

The following graph summarises the monthly 30 day performance:



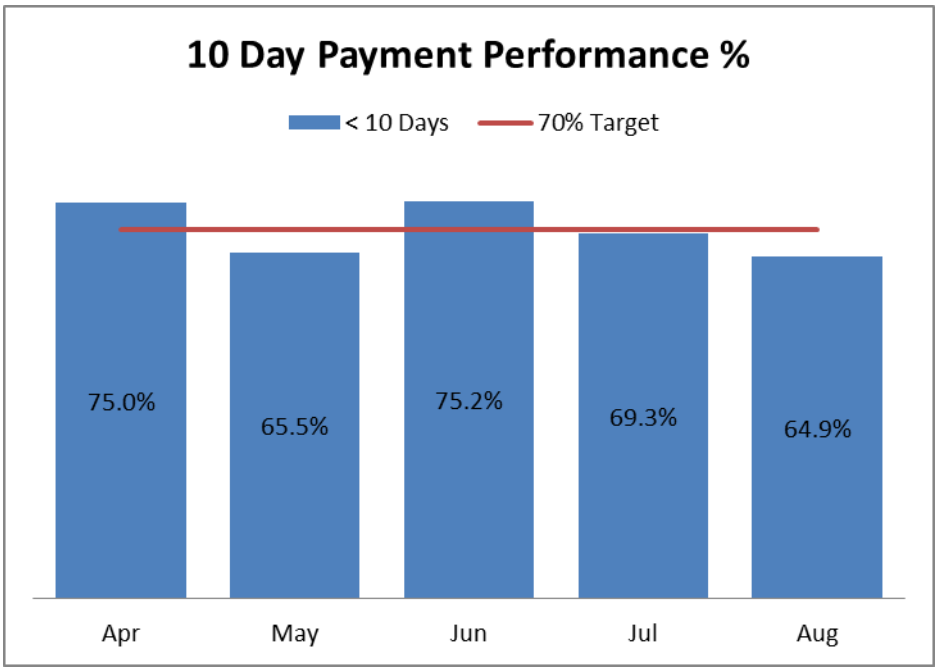
RQIA Finance initiated a number of measures to improve payment performance in 2015/16. These include active management of all invoices travelling through the FPM system, revision and issue of procurement guidance, reissue of eProcurement system (EPS) guidance (plus staff training planned for October 2015), creation of a procurement resource on the staff

intranet, and detailed late payment analysis and remedial action with authorising managers as required.

Although our performance remains below target the current cumulative position of 90.4% represents a much improved position from 2014/15 which on a monthly basis generally scored in the low eighties.

Of the 512 invoices paid by SS's over April to August 360 were paid within 10 days. This equates to a cumulative 10 day prompt payment performance of 70.3% meeting the required target. This position also represents a marked improvement from 2014/15.

The following graph summarises the monthly 10 day performance:



Outstanding Annual Fees (Debtors)

All Annual Fee invoices for 2015/16 were issued in Quarter 1. As at the 31st August 82% of Annual Fee income had been received leaving £148K still to be recovered. This performance is similar to previous years.

First Reminders were issued at the start of September with final reminders due to be issued on the 25th September. It is anticipated that full recovery will be made in advance of financial year-end.

All outstanding Annual Fees for 2014/15 have been recovered.

Recommendation

It is recommended that the Board **NOTE** the Finance report including Procurement Assurance.

Maurice Atkinson
Director of Corporate Services

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 September 2015
Title of Paper	Corporate Performance Report
Agenda Item	9
Reference	E/05/15
Author	Stuart Crawford
Presented by	Director of Corporate Services
Purpose	The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan linked to its strategic themes as described in the Corporate Strategy 2015-18. The report will present a **cumulative** picture of corporate performance and summarise key achievements and issues.
Executive Summary	At the end of the first quarter of 2015-16, 89% of the actions within the Corporate Performance Report are on target for completion.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the Corporate Performance Report

The **Regulation** and **Quality Improvement Authority**

Corporate Performance Report 2015-16
Quarter 1: April - June 2015

Assurance, Challenge and Improvement in Health and Social Care

Contents Table

Introduction **3**

Summary of Traffic Light Rating System **4**

Headline achievements **4**

Performance Report **5**

Strategic Theme 1: Deliver Operational Excellence **6**
Strategic Theme 2: Develop and Execute New Capabilities **14**
Strategic Theme 3: Use Resources Effectively **20**
Strategic Theme 4: Continuously Improve Key Systems and Processes **27**
Strategic Theme 5: Develop and Enhance Effective External Relationships **33**
Strategic Theme 6: Focus Improvement Activities on Outcomes **39**
Strategic Theme 7: Actively Lead Change and Manage Risk **44**

Summary of Actions that require Exception Reports **49**

Progress of outstanding actions from RQIA's Corporate Performance Report 2014/15 ..... **50**

RQIA Strategy Map 2015-18 ..... **52**

Introduction

Purpose

The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan, linked to its strategic objectives and priorities as described in the Corporate Strategy 2015-2018.

RQIA's Strategic Map as detailed in **page 52** is a visual representation on one page creating an integrated and coherent picture of the organisation's forward strategy.

This report will present a **cumulative** picture of corporate performance and summarise key achievements and issues across the financial year to date.

Traffic Light (Red-Amber-Green-Blue) Rating System

The Traffic Light rating system is an indication of the level of confidence that Actions identified in the Business Plan will be delivered by the completion date.

The Traffic Light rating operates as follows:

- action has not been achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by year end.
- action unlikely to be achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by the completion date or by when the action will be achieved.
- action forecast to be completed by the completion date
- action completed

Exception Reporting

Exception reporting will occur as noted above. It should be succinct and structured in terms of providing a reason for the exception, identifying actions to address the situation and highlighting any emerging organisational risk as a consequence of the exception. In addition, it should make clear if the action has been cancelled or if the timeline has been extended.

Frequency of Reporting

The report will be produced on a quarterly basis for consideration by the Board.

Summary of Traffic Light Rating System (Period Ending June 2015)

The table below shows a summary of the Traffic Light rating assigned to 43 actions within the Business Plan for the period ending June 2015.

Traffic Light	Period Ending June 2015	Period Ending September 2015	Period Ending December 2015	Period Ending March 2015
Red	1 (2%)			
Amber	4 (9%)			
Green	38 (89%)			
Blue	0			

At the end of the 1st quarter of 2015/16, 89% of the actions within the Business Plan were reported as green or blue.

Headline achievements within the quarter for the period ending *June 2015*

Strategic Publications (Approved and Published)

- RQIA Corporate Strategy (2015/16 – 2017/18)
- RQIA Three Year Review Programme (2015/16 – 2017/18)
- Mental Health & Learning Disability Performance Report (2014/15)

Business Priorities

- RQIA Annual Business Plan 2015/16 completed
- RQIA Savings Plan 2015/16 approved by DHSSPS
- ICT Strategy & Action Plan
- Corporate Performance Report (Q4) 2014/15
- Communications Action Plan 2015-16
- Regulation Directorate Improvement Plan

Reviews Published (Q1)

- Diabetic Retinopathy Screening (May 2015)
- Joint Inspection report of Woodlands Juvenile Justice Centre (May 2015)
- Risk Assessment: Addictions Services (June 2015)

Notable Events

- GAIN transfer from DHSSPS to RQIA
- Programme of pilot inspections for new acute hospitals inspection programme
- RQIA 10 Year Celebration (April 2015)
- MHLD Roadshow (April 2015)
- RQIA with IHCP - Joint Workshop for registered providers (May 2015)
- UK Heads of Inspectorates Conference (May 2015)
- Senior Managers Workshop (May 2015)
- RQIA Board Workshop (June 2015)
- NI Assembly Reception for Regulators (June 2015)

Performance and Exception Report

Strategic Theme 1: Deliver Operational Excellence

Action 1.1

Implement a strategic review of inspection systems and processes as set out in the Regulation Directorate Improvement Plan

How do we measure this?

- Evaluation of year 1 actions successfully implemented and monitored through the Strategic Improvement Steering Group
- Increase the number of unannounced inspections of care homes to a target of 80% of all inspections
- All draft inspection reports completed within the 28 day timescale (target 100%)

Owner

Regulation and Nursing Directorate

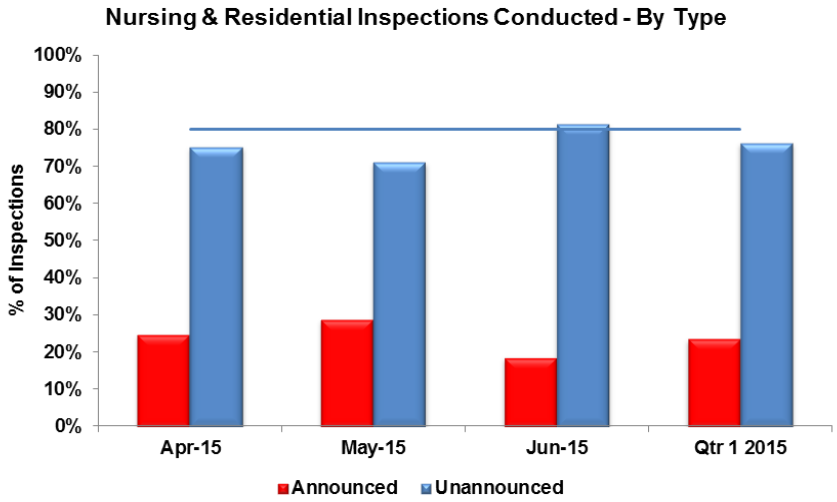
BRAG Rating:

The trend's illustrate increases in the measures performance

Quarterly Performance

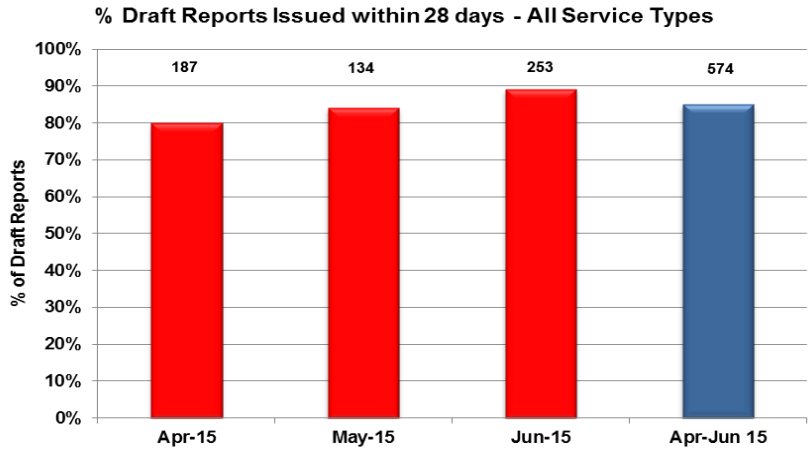
The table below illustrates the percentage of unannounced inspections completed during quarter 1 with a cumulative total of 76% achieved. This trend continues to improve with a cumulative total of unannounced inspections increasing to 78% by the end of August.

Measures with Future Reporting Dates	
Measure	**Report Date**
Attainment of satisfactory assurance through the internal audit of inspection systems and processes	Quarter 4
A revised system of reporting compliance with requirements and recommendations	Quarter 4



Strategic Improvement Steering Group

The Regulation Directorate Improvement Plan Phase 2 continues to progress on target for completion in March 2016



The cumulative total of draft inspection reports produced on target by the end of Quarter 1 is currently 85% and continues to operate at this level throughout August. This is a substantial increase of 9% from the 2014/15 cumulative total.

Action 1.2

Complete the planned programme of reviews set out for 2015-16 in the 3 Year Review Programme 2015-18

How do we measure this?

- All reviews completed within the specified timeframe for each review
- The recommendations to improve services, as set out in RQIA review reports endorsed by the Minister for implementation

Owner

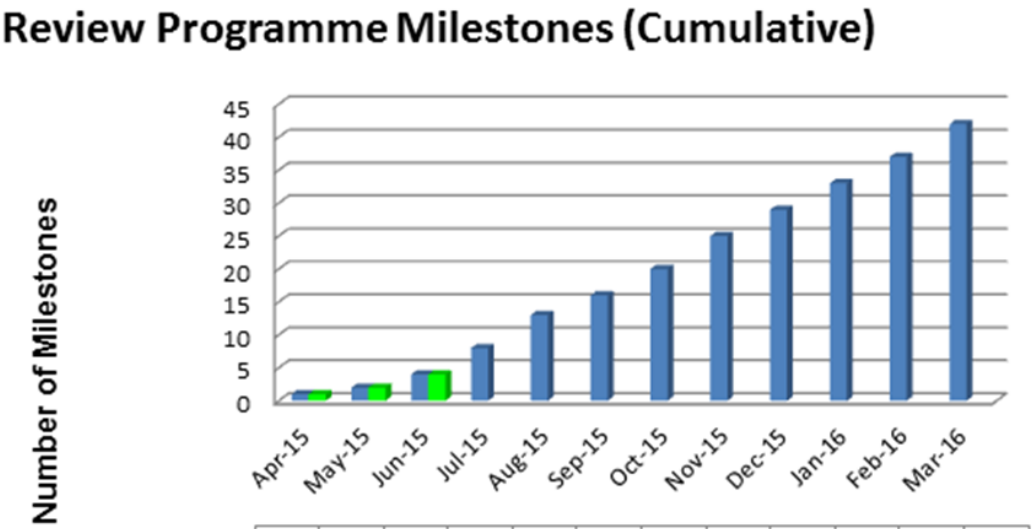
Reviews Directorate

BRAG Rating:

All milestone's for reviews are on target

Quarterly Performance

The schedule and timeframe for each review for 2015-2016 was agreed in April 2015. Review reports containing recommendations to improve services will be submitted to Minister from Quarter 2, commencing with the Review of HSC Trusts Early Years Services. All milestones for the Review Programme are on track as detailed in the table below. This measure is also reported via the Chief Executive's monthly KPI report.



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Milestones Planned (Cumulative)	1	2	4	8	13	16	20	25	29	33	37	42
Milestones Achieved (Cumulative)	1	2	4									

Action 1.3

Complete the planned programme of inspections of statutory healthcare

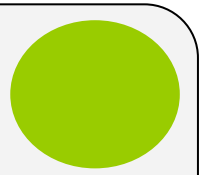
How do we measure this?

- An annual inspection plan developed for 2015-16
- 100% of inspections carried out as set out in the annual inspection plan

Owner

Reviews Directorate

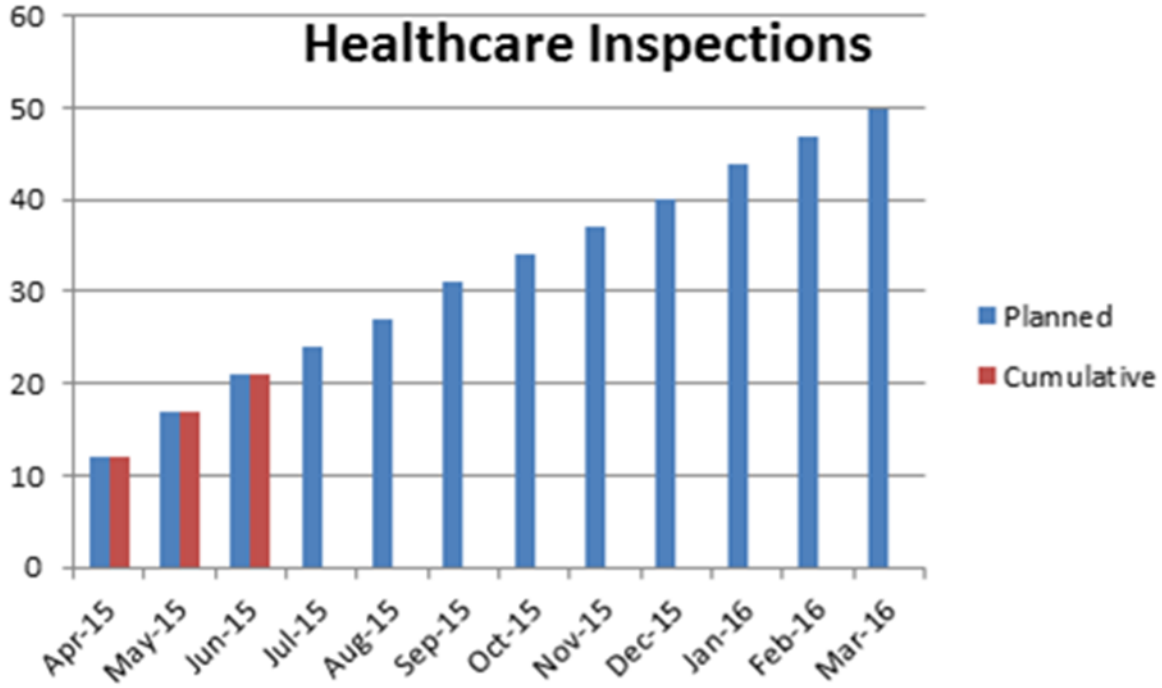
BRAG Rating:



All inspections completed on target

Quarterly Performance

The Annual Inspection Plan was developed and agreed in Quarter 1. As illustrated in the table below, all milestones for the programme of inspections of statutory healthcare (including infection prevention and hygiene, augmented care, prison healthcare and IR(ME)R) are on track. This measure is also reported via the Chief Executive's monthly KPI report.



Action 1.4

Carry out a baseline review of systems and processes of quality improvement in HSC

How do we measure this?

- A baseline assessment of the current systems and processes which support quality improvement within HSC organisations

Owner

Reviews Directorate

BRAG Rating:

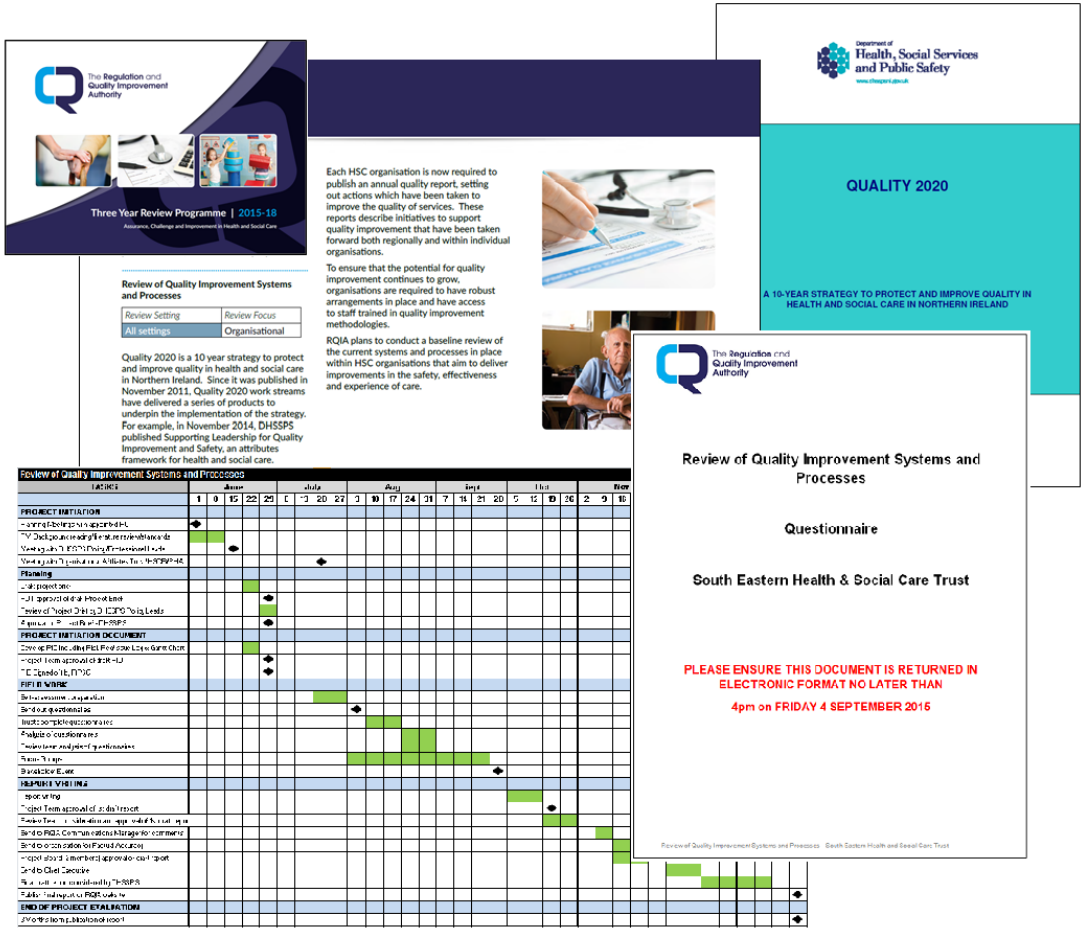
Review on target for completion

Quarterly Performance

A baseline assessment of the current systems and processes which support quality improvement within HSC organisations

This review is currently on track with terms of reference and a methodology agreed. Fieldwork is planned to take place in Q2 and Q3. The planned date of January/February 2016 for submission of the review report to Minister is set out in the Review Plan for the year.

A review of quality improvement systems and processes throughout Health and Social Care is being undertaken in line with RQIA's 3 Year Review Programme



Action 1.5

Assess the impact of RQIA Reviews in driving quality improvement in HSC Services

How do we measure this?

- A system for prioritisation of review recommendations agreed
- 100% of review reports from 2015-16, where appropriate, will contain recommendations prioritised in line with the agreed system

Owner

Reviews Directorate

BRAG Rating:

The prioritising system is developed and the first review is completed

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
To evaluate the impact of the system for prioritisation of review recommendations	Quarter 4

System for prioritising review recommendations

A system for prioritisation of review recommendations was developed during Quarter 1.

Recommendations from the first review report drafted in 2015-16 have been prioritised using the developed system.

A look-back exercise, using five review reports published in 2012-13 is also underway, involving RQIA and external organisations to test the system.

Results from this initial PDSA cycle running during Quarter 2 will be considered and learning taken forward as appropriate.

100% of review reports, where appropriate, will contain recommendations prioritised in line with the agreed system

Recommendations from the first review report drafted from the 2015-16 programme, on Early Years Services, have been prioritised using the developed system.

Action 1.6

Redesign the format of review and inspection reports to better reflect the 3 stakeholder outcomes, safe care, effective care and compassionate care

How do we measure this?

- 100% of RQIA inspection reports contain requirements and recommendations prioritised in respect of the potential to impact on safe, effective and compassionate care
- 100% of RQIA review reports contain recommendations themed, where appropriate, in respect of their potential to impact on safe, effective and compassionate care

Owner

Chief Executives Office

BRAG Rating:

The pilot is on target for completion

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Evaluation report of the benefits of the revised inspection and review reports (80% user satisfaction)	Quarter 4

100% of RQIA review reports contain recommendations themed, where appropriate

A methodology is being piloted using a PDSA Improvement Cycle approach which will result in the format of inspection and review reports and their recommendations, where appropriate, being themed to better reflect the 3 stakeholder outcomes of safe, effective and compassionate care. The pilot is on target for completion by the end of Quarter 2.

100% of RQIA inspection reports contain requirements and recommendations prioritised

Regulation - From Quarter 1 all inspection reports have been restructured to address the 3 stakeholder outcomes of safe, effective and compassionate care.

MHLD - A pilot for the new methodology for inspection is due to commence in Quarter 2. From Quarter 2 all inspection reports will be prioritised in relation to safe, effective and compassionate care.

Action 1.7

Introduce and pilot the new inspection methodology in MHLD facilities, providing a rating for quality against the 3 stakeholder outcomes

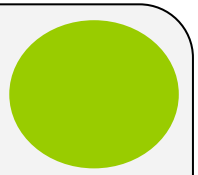
How do we measure this?

- 100% of MHLD inspection reports to be available in draft within 28 days, and returned to RQIA with a completed quality improvement plan (QIP) within 56 days from the date of the inspection
- 100% of MHLD inspection reports accompanied by an easy read version available on the RQIA website
- A minimum of one inspection of all MHLD wards completed by year

Owner

Mental Health, Learning Disability and Social Work Directorate

BRAG Rating:

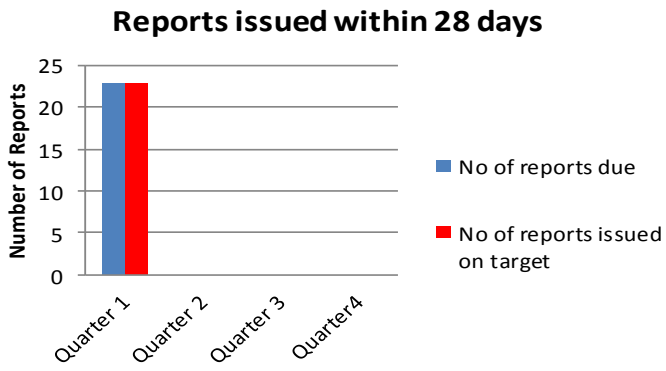


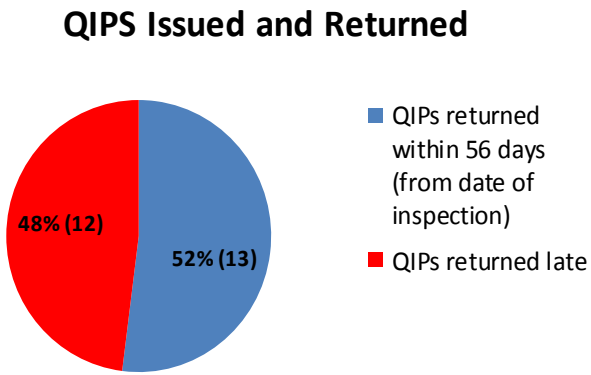
100% of draft reports issued, produced in an easy read format and all scheduled inspections completed

Quarterly Performance

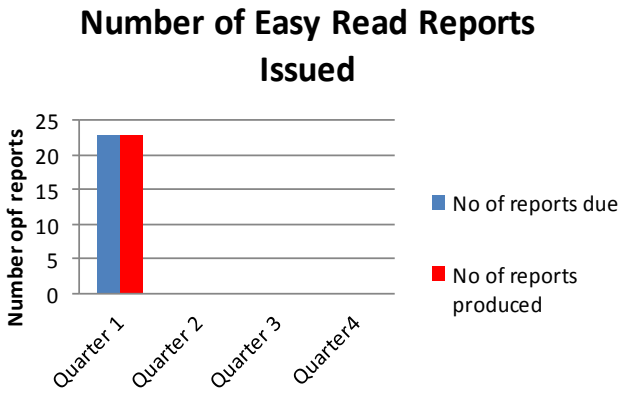
Measures with Future Reporting Dates	
Measure	**Report Date**
Introduced and piloted a revised Inspection methodology	Quarter 2
Pilot inspection methodology formally evaluated	Quarter 4
Establish baseline performance of services inspected in 2015-16 using the revised methodology against the new MHLD Rating System	Quarter 4
Introduce a revised system of reporting compliance with recommendations	Quarter 4

As detailed in the column and pie chart below, by the end of quarter 1, 100% of reports were issued within 28 days and 52% of QIPs were returned from the service provider within 56 days from the date of the inspection.

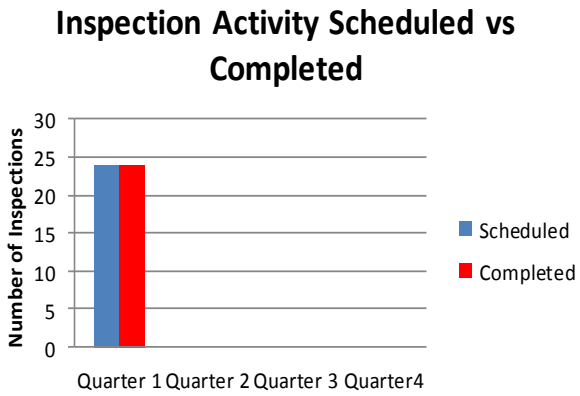




By the end of quarter 1, 100% of easy read reports were issued and published on RQIA's website.



By the end of quarter 1, a total of 24 scheduled inspections were completed on target.



Action 1.8

Improve RQIA's internal quality assurance systems and processes for inspection and review reports

How do we measure this?

- Revised and robust quality assurance framework approved by the RQIA Board

Owner

Chief Executives Office

BRAG Rating:

The revisions to the quality assurance systems and processes are on target

Quarterly Performance

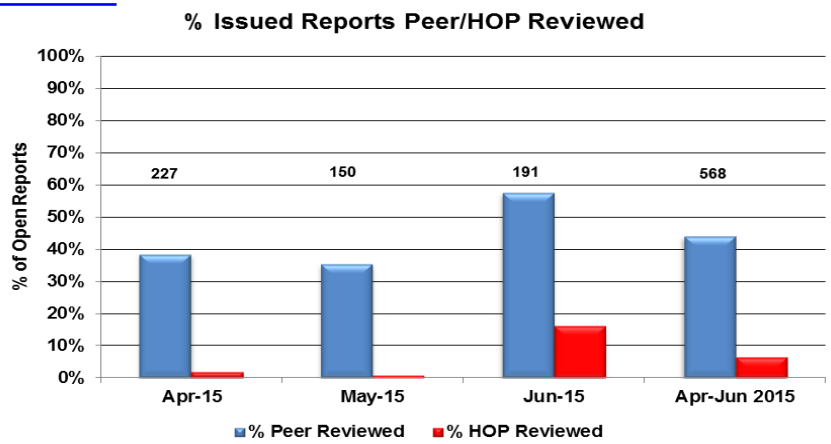
Measures with Future Reporting Dates	
Measure	**Report Date**
Agreed year 1 actions from the quality assurance framework successfully delivered on target	Quarters 2-4
Evaluation of the effectiveness of the year 1 actions	Quarter 4

Revised and robust quality assurance framework

Reviews - Approaches to improving internal quality assurance systems have been implemented, with processes for RQIA Board oversight and input approved by the RQIA Board in June 2015.

Quality assurance system for formatting of review reports by admin staff is currently being reviewed and will be revised to introduce an improved QA Checklist and to ensure adequate time is allocated for formatting.

Regulation - The chart bellows depicts the number and percentage of issued regulation reports that have been peered / HOPs reviewed.



MHLD - All staff have been trained in the new inspection methodology and arrangements for Peer Review of reports have been agreed.

A new process has been agreed for the internal monitoring of Guardianship Applications and Renewals.

MHLD directorate has benchmarked its operational processes and systems against the ISO 17020 standard and has drafted an action plan to take forward issues requiring improvement.

A project is being initiated to use the LEAN Methodology to review the practice used to review screening of treatment plans procedures in terms of effectiveness.

Strategic Theme 2: Develop and Execute New Capabilities

Action 2.1

Develop and implement the new hospital inspection methodology and programme

How do we measure this?

- The methodology for a new programme of hospital inspections formally agreed
- Evaluate the pilot of the new hospital inspection methodology to inform roll out of the programme

Owner

Reviews Directorate

BRAG Rating:

All measures on target for completion

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
An acute hospital in each HSC trust subject to an inspection using the agreed methodology	Quarter 4

Methodology for a new programme of hospital inspections

A Project Board has been established with representation from RQIA's executive officers and Board and also with other relevant HSC organisations. This project is also a work-stream monitored by the RQIA Strategic Improvement Steering Group.

This measure is on target for approval of the methodology by the Project Board on 4 August 2015.

Pilot of the new hospital inspection methodology

On target: The pilot was completed, with continued evaluation using a PDSA Improvement Cycle approach to refine the methodology.

During the pilot phase, an acute hospital in each trust was included in the pilot inspection process.

Action 2.2

Proactively engage with DHSSPS and other stakeholders in the processes to review the legislative framework and standards for regulation of health and social care in Northern Ireland

How do we measure this?

- RQIA's proposals to amend the legislation to enable us to deliver an intelligence and risk based regulatory system are accepted by DHSSPS

Owner

Chief Executives Office

BRAG Rating:

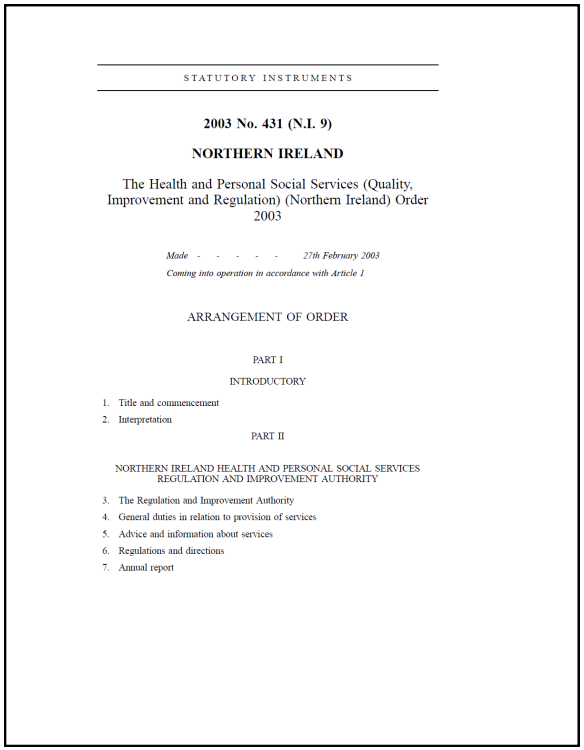
Measure targets unlikely to be met

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
RQIA's contribution to the development of new and revision of existing DHSSPS minimum quality standards which underpins RQIA regulatory activities	Quarter 2

RQIA is unable to report against this measure until the Department signals its intention to review the legislative framework and standards for the regulation of health and social care in NI.

RQIA was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003



STATUTORY INSTRUMENTS

2003 No. 431 (N.I. 9)

NORTHERN IRELAND

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

Made - - - - - 27th February 2003

Coming into operation in accordance with Article 1

ARRANGEMENT OF ORDER

PART I

INTRODUCTORY

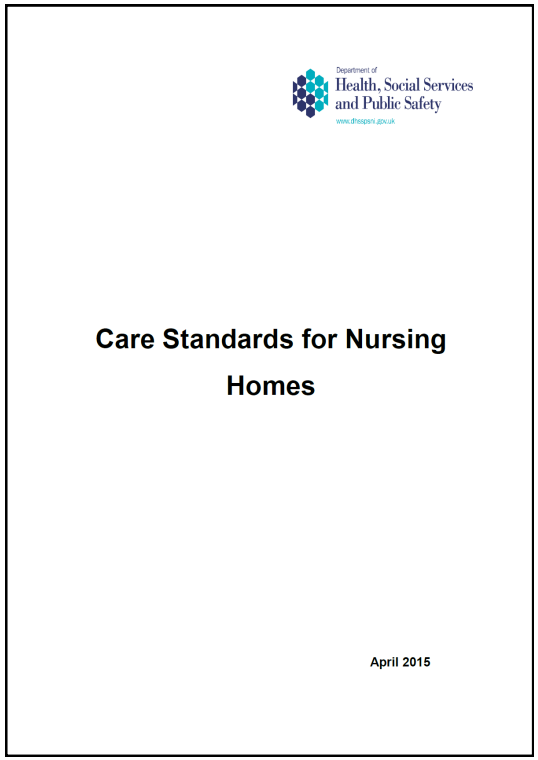
1. Title and commencement
2. Interpretation

PART II

NORTHERN IRELAND HEALTH AND PERSONAL SOCIAL SERVICES REGULATION AND IMPROVEMENT AUTHORITY

3. The Regulation and Improvement Authority
4. General duties in relation to provision of services
5. Advice and information about services
6. Regulations and directions
7. Annual report

Care Standards for Nursing Homes



Department of Health, Social Services and Public Safety
www.dhsspsni.gov.uk

Care Standards for Nursing Homes

April 2015

Action 2.3

Complete a programme of inspections of all regulated sector services using the new inspection methodology

How do we measure this?

- All registered providers to receive at least one or two inspections in line with the statutory minimum frequencies (target 100%)
- Number of recommendations and requirements restated at the time of the next inspection
- Number of service providers subject to enforcement

Owner

Regulation and Nursing Directorate

BRAG Rating:

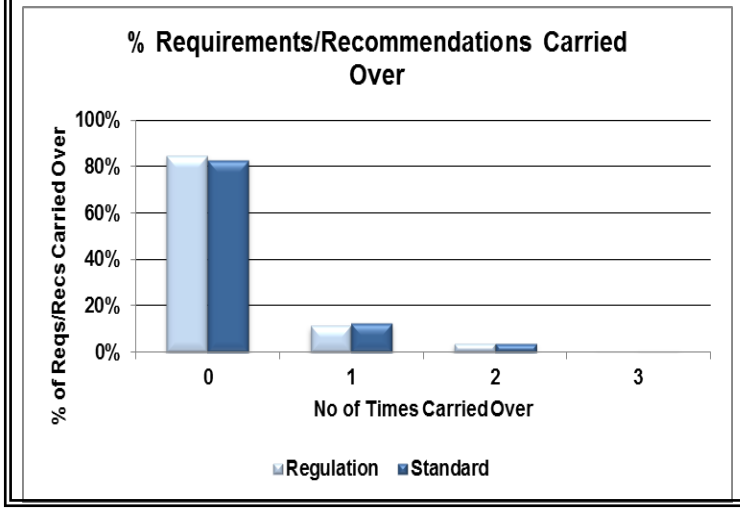
All measures on target for completion

Quarterly Performance

In Quarter 1, 320 registered services had received the minimum number of inspections required by the Fees and Frequencies of Inspections Regulations.

Service Type	No of Registered Services at 30/06/2015	Services Which Had Minimum Stat 2015/16	% Services Which Had Minimum Stat 2015/16
Adult Placement Agency (APA)	4		0%
Childrens (CH)	49	7	14%
Day Care Setting (DCS)	185	56	30%
DCA-Conventional	122	27	22%
DCA-Supported Living	184	51	28%
Independent Clinic (IC)	5	2	40%
Independent Hospital (IH)	45	9	20%
Independent Hospital (IH) - Dental Treatment	376	98	26%
Independent Medical Agency (IMA)	5		0%
Nursing (NH)	264	40	15%
Nursing Agency (NA)	33	4	12%
Residential (RC)	199	26	13%
Residential Family Centre (RFC)	1		0%
Voluntary Adoption Agency (VAA)	4		0%
Overall Total	**1476**	**320**	**22%**

By the end of Quarter 1, 82% of recommendations/ requirements were implemented by the date of the next inspection



Number of service providers subject to enforcement

During quarter 1 RQIA commenced enforcement action against eight registered services.

In addition, enforcement actions that commenced prior to 1 April 2015 in respect of 21 services continued.

By the end of quarter 1 enforcement action was ongoing at a total of 15 services.

Action 2.4

Contribute to the development of an effective regional response to the recommendations identified in the Donaldson report (The Right Time, The Right Place December 2014)

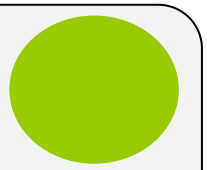
How do we measure this?

- Evidence of participation in DHSSPS led working groups

Owner

Chief Executives Office

BRAG Rating:



Evidence provided of engagement with DHSSPS led working groups

Quarterly Performance

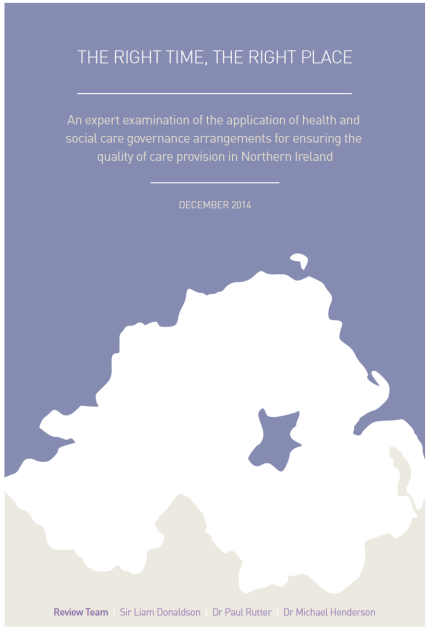
Measures with Future Reporting Dates	
Measure	**Report Date**
Evidence of proposed changes to the legislative framework impacting on Regulation of HSC Trusts	Quarter 3

Evidence of participation in DHSSPS led working groups

RQIA has submitted a formal response to the DHSSPS led consultation on the Donaldson Report and Recommendations in Quarter 4 2014-15.

RQIA (GAIN) has been asked to take forward specific work in consultation with other HSC organisations in relation to serious adverse incidents reporting and distilling learning from adverse events including sudden unexplained deaths.

DHSSPS has written to RQIA to undertake a review of whistleblowing in HSC organisations in accordance with recommendation 5 'Better Regulation' of the Donaldson Report.



Action 2.5

Contribute to the development of the new Mental Capacity legislation and associated codes of practice and agree a plan for its introduction

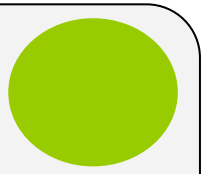
How do we measure this?

- Evidence of RQIA's influence with the development of the legislative framework and the associated codes of practice from its participation in multi-agency working groups
- The degree to which RQIA staff have attended training in the correct legal application of the Mental Capacity Act (as the codes and regulations are developed)
- Evaluation of state of readiness and identification of any risks which might impede effective delivery

Owner

Mental Health, Learning Disability and Social Work Directorate

BRAG Rating:



Quarterly Performance

Evidence of RQIA's influence with the development of the legislative framework

A meeting is planned for the 28 July 2015 with the representatives from the Department Of Justice regarding the interface aspects of Mental Capacity Bill (Part 9 -powers of the police)

RQIA staff training in the correct legal application of the Mental Capacity Act

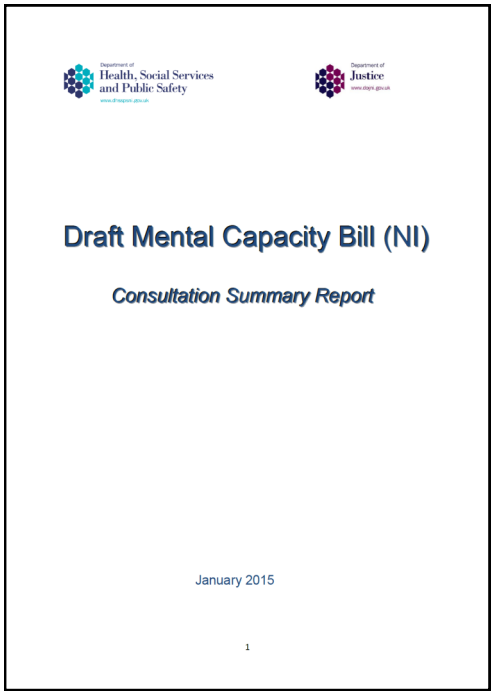
A staff training will be developed as soon as the regulations and provisions of the new Mental Capacity legislation are agreed and shared by DHSSPS.

Evaluation of state of readiness

The delivering of each phase and the entire project within the required timescales is dependent on DHSSPS timetable and progress.

This work-stream is currently monitored through the RQIA strategic Improvement Steering Group.

RQIA provided a response in Q3 2014-15 to the DHSSPS consultation on the draft Mental Capacity Bill (NI)



Department of Health, Social Services and Public Safety

Department of Justice

Draft Mental Capacity Bill (NI)

Consultation Summary Report

January 2015

1

Action 2.6

Transfer and clarify the roles and responsibilities of GAIN into RQIA and deliver an agreed and effective programme of GAIN guidelines and audits in the first year following transfer

How do we measure this?

- Proposals for revised arrangements for carrying out the functions of GAIN, following transfer of responsibility to RQIA, have been endorsed by key stakeholders following consultation

Owner

Reviews Directorate

BRAG Rating:

GAIN responsibilities successfully transferred

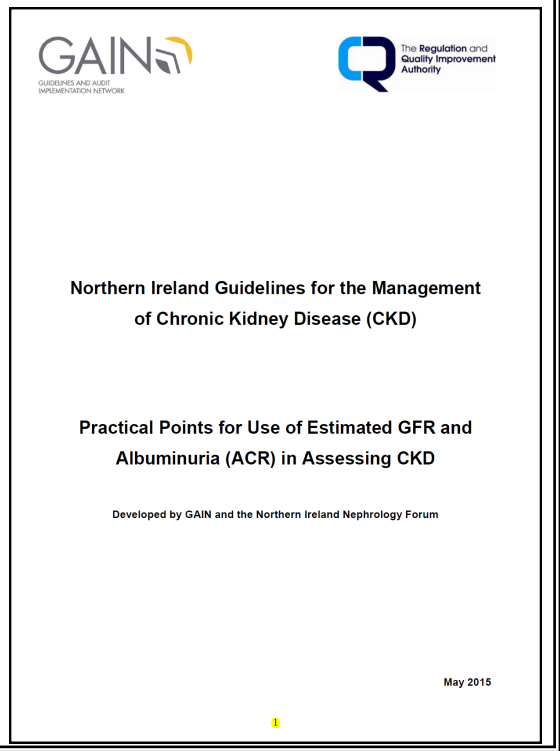
Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
An assessment of progress towards achievement of NICE accreditation for GAIN guidelines	Quarter 4

Transfer of GAIN to RQIA was completed in April 2015.

A project to progress the revised arrangements for carrying out the functions of GAIN, following its transfer to RQIA, has been established and is underway.

In quarter 1 an audit of all existing GAIN projects was completed.


GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

The Regulation and Quality Improvement Authority

Northern Ireland Guidelines for the Management of Chronic Kidney Disease (CKD)

Practical Points for Use of Estimated GFR and Albuminuria (ACR) in Assessing CKD

Developed by GAIN and the Northern Ireland Nephrology Forum

May 2015

Strategic Theme 3: Use Resources Effectively

Action 3.1

Pilot and evaluate a revised intelligence and risk based approach to inspection of regulated services

How do we measure this?

- New system of risk assessment developed
- Number of unscheduled inspections undertaken in response to public concerns and whistleblowing

Owner

Regulation and Nursing Directorate

BRAG Rating:

Measures on target for completion

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Training for regulation staff completed	Quarter 4
Evaluation and review of pilot	Quarter 4

New system of risk assessment developed

This work-stream was established with RQIA's Regulation Directorate. The team are reviewing RQIA's Inspection Planning Tool (IPT) to incorporate greater use of intelligence in the measurement of risk before, during and after the inspection. The revised IPT is due to be piloted in by the Domiciliary team in Quarter 2.

Number of unscheduled inspections undertaken in response to public concerns and whistleblowing

Service Type	Purpose of Inspection			Total
	Follow up	Enforcement Monitoring (FTC)	Whistleblowing	
Adult Placement Agency (APA)	0	0	0	0
Boarding School (BS)	0	0	0	0
Childrens (CH)	4	0	0	4
Day Care Setting (DCS)	1	0	0	1
DCA-Conventional	4	1	0	5
DCA-Supported Living	0	1	0	1
Independent Clinic (IC)	0	0	0	0
Independent Hospital (IH)	0	0	0	0
Independent Hospital - Dental Treatment	1	1	0	2
Independent Medical Agency	0	0	0	0
Nursing (NH)	13	8	1	22
Nursing Agency (NA)	1	0	0	1
Residential (RC)	6	3	4	13
Residential Family Centre (RFC)	0	0	0	0
Voluntary Adoption Agency (VAA)	0	0	0	0
Young Adult Supported Accommodation	0	0	0	0
Total	**30**	**14**	**5**	**49**

Action 3.2

Improve inspection productivity of regulated services

How do we measure this?

- See attached table

Owner

Chief Executives Office and Regulation and Nursing Directorate

BRAG Rating:

Measures on target for completion

Quarterly Performance

The following measures will be incorporated into future performance reports

Measures with Future Reporting Dates	
Measure	**Report Date**
A framework for assessing inspection productivity	Quarter 3
An initial assessment of productivity using an agreed matrix	Quarter 4

A work-stream has been established as part of the Regulation Improvement Plan to undertake a review of the Band 7 Inspector's role. This will include workloads, caseloads, responsibilities etc. The preliminary work for the work-stream will commence in Quarter 2.

Action 3.3

Proactively engage with DHSSPS to review the Fees and Frequency of Inspection Regulations (NI) 2005

How do we measure this?

- Evidence of engagement with DHSSPS to revise the scheme of charges in the Fees and Frequency of Inspection Regulations (initiate engagement)

Owner

Chief Executives Office and Regulation and Nursing Directorate

BRAG Rating:

Measure on target for completion

Quarterly Performance

This work-stream is being led by DHSSPS.

The Chief Executive and Director of Regulation and Nursing represent RQIA at the meetings of the steering Group.

The first meeting took place in Quarter 1 and a project plan has been devised for Quarters 2-3.

Fees and Frequencies of Inspections Regulations (Northern Ireland 2005)

STATUTORY RULES OF NORTHERN IRELAND

2005 No. 182

HEALTH AND PERSONAL SOCIAL SERVICES

The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005

Made - - - - - 30th March 2005

Coming into operation 1st April 2005

ARRANGEMENT OF REGULATIONS

PART I
GENERAL

1. Citation, commencement and application
2. Interpretation

PART II
FEES

3. Registration Fees
4. Variation fees
5. Annual fees

PART III
FREQUENCY OF INSPECTIONS

6. Frequency of inspections

The Department of Health Social Services and Public Safety, in exercise of the powers conferred on it by Articles 6(1)(e), 13(2), 16(3) and (5), 17(3), 40(7) and 48(2) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003(a), and of all other powers enabling it on that behalf, hereby makes the following Regulations:

(a) S.I. 2003/431 (N.I. 9)

Action 3.4

Develop and commence implementation of a Human Resources and Organisational Development (HR&OD) Annual Plan (2015-16) to support RQIA's changing business needs

How do we measure this?

- A HR&OD Annual Plan (2015-16) approved

Owner

Corporate Services Directorate

BRAG Rating:

Measures on target for completion

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
% of year 1 actions of the HR&OD Annual Plan (2015-16) successfully implemented by year end	Quarter 2
Results of annual staff pulse survey	Quarter 4

HR&OD Annual Plan (2015-16)

A Strategy Steering Group was formed to oversee the development of the HROD Annual Action Plan 2015-16. The Group is chaired by the Chief Executive and membership consists of The Executive Management Team and two Board members. A final draft of the HROD Annual Plan was considered by the Steering Group on 24 July 2015 following workshops, focus groups and consultation with staff and TU-side.

Risk

The HR&OD vacant post will impact on the successful delivery of the HR&OD Annual Plan. On the advice of the Steering Group, the Action Plan will be revised with realistic timescales to reflect this vacancy. In addition it is intended that during Quarter 2 RQIA will obtain support from the HSC Leadership Centre to develop the Workforce Plan 2016-17. The EMT has agreed that the HR&OD Manager post should be filled and the post will be advertised in September.

Action 3.5

Produce an agreed budget and savings plan based on 3% reduction to our RRL and manage RQIA's finances within the revenue resource

How do we measure this?

- Resource needs are established with DHSSPS

Owner

Corporate Services Directorate

BRAG Rating:

RRL received and budgets are on target for establishment by quarter 2

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Directorate and team budgets established	Quarter 2
Deliver savings and achieve an end of year break-even position on income and expenditure	Quarter 4
Achieve an unqualified audit opinion of final accounts	Quarter 4

Resource needs are established with DHSSPS

RRL from DHSSPS received in February 2015 and RQIA has developed a Savings Plan 2015-16 in order to deliver a 3% recurring reduction in its budget. A Vacancy Control Forum continues to meet on a regular basis to make decisions about vacant posts and the use of the Voluntary Exit Scheme.

RQIA's Vacancy Control Forum established in Quarter 1.

RQIA is forecasting breakeven on income and expenditure. This is also reported via the Chief Executive's monthly KPI report and this is also reported via the Summary Finance Report to the Board.

Action 3.6

Establish a workforce plan to deliver the organisation's key strategic and business objectives

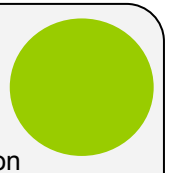
How do we measure this?

- See attached table

Owner

Corporate Services Directorate

BRAG Rating:



The Workforce Plan on target for completion by quarter 4

Quarterly Performance

The following measures will be incorporated into future performance reports

Measures with Future Reporting Dates	
Measure	**Report Date**
• A workforce plan for 2016-17 approved by the RQIA Board	Quarter 4

The HSC Leadership Centre will support RQIA in developing its Workforce Plan. A draft proposal has been developed by the HSCLC and this action is on target for completion by quarter 4.

Action 3.7

Produce a zero based budget for 2016-17

How do we measure this?

- See attached table

Owner

Corporate Services Directorate

BRAG Rating:

Zero based budget on target for completion by quarter 4

Quarterly Performance

The following measures will be incorporated into future performance reports

Measures with Future Reporting Dates	
Measure	**Report Date**
Zero based budget 2016-17 approved by the RQIA Board	Quarter 4

The zero based budget is on target for completion by quarter 4 and will be completed in parallel with the Workforce Plan.

Strategic Theme 4: Continuously Improve Key Systems and Processes

Action 4.1

Implement a programme of key strategic and quality improvement work streams

How do we measure this?

- See attached table

Owner

Chief Executives Office

BRAG Rating:

Work-streams and measures are on target for completion

Quarterly Performance

The following measures will be incorporated into future performance reports

Measures with Future Reporting Dates	
Measure	**Report Date**
Attainment of core objectives in each strategic work stream	Quarter 2
Attainment level achieved in the EFQM assessment in 2015-16 (Baseline: Bronze 2012 / target Gold 2016)	Quarter 3
Evidence of improved performance in measuring safe, effective and compassionate care impacting on outcomes for service users	Quarter 4

The Strategic Improvement Steering Group currently monitors 3 work-streams.

Work-stream 1 - Regulation Directorate Improvement Plan Phase 2 (Due for completion March 2016) – Project Brief to Project Board June 2015, work-stream themes agreed and mapped to business plan objectives, change managers identified and work-stream membership identified.

Work-stream 2 - Development of a new Hospital Inspection Programme –on target for final handover of Inspection Programme September/October 2015.

Work-stream 3 - Preparation for the Implementation of the Mental Capacity Legislation – Phase I of the 2 year project commenced. Participation in DHSSPS Working Group has considered the actions needed to implement the Mental Capacity Bill, to establish high level related costs, both in the initial set up phase, and recurrently when the Bill is operational, as relevant to the role and functions of RQIA. Awaiting communication from DHSSPS which will signal the commencement of phase 2, due before the assembly again 23rd September. Risk: The NI Assembly may not approve the Bill for enactment.

Actions within the Business Plan that are monitored by the Strategic Improvement Steering Group include: 1.8, 21., 2.3, 3.1 and 3.2.

Action 4.2

Enhance our capacity and capability to access and act on information and intelligence

How do we measure this?

- See attached table

Owner

Chief Executives Office

BRAG Rating:

All measures are on target for completion

Quarterly Performance

The following measures will be incorporated into future performance reports

Measures with Target Dates	
Measure	**Target Date**
RQIA receiving and analysing relevant information and intelligence	Establish current position and action plan Quarter 2 Progress reported Quarters 2 - 4
RQIA implementing new data related services meeting the needs of all staff	
RQIA disseminating information appropriately to other HSC organisations and to regulated services	
Independent audit providing a satisfactory level of assurance of RQIA's internal systems and processes quantitative and qualitative analysis of notifiable events, complaints and whistleblowing disclosures reviewed prior to inspection	Quarter 4

In Quarter 1 two work-streams have been agreed for 2015-16 in order to further enhance our capacity and capability to access and act on information and intelligence:

1. Carry out an assessment of the sources of external information which would be of potential use to inform RQIA's review and inspection processes and establish links, where required, to secure access to relevant information, which is not already in the public domain.
2. Establish a pilot project, potentially involving relevant statutory and academic partners, to explore the potential for access and analysis of data held within the Regional Data Warehouse which could inform the regulatory processes for nursing and care homes.

These work-streams will be progressed in Quarters 2-4.

Action 4.3

Develop and commence implementation of a new Information and ICT Plan 2015-16

How do we measure this?

- Information and ICT Plan 2015-16 approved by the RQIA Board
- % of Information and ICT actions successfully implemented
- % of staff satisfaction with the Information and ICT service

Owner

Corporate Services Directorate

BRAG Rating:

Very positive results from the ICT staff survey

Quarterly Performance

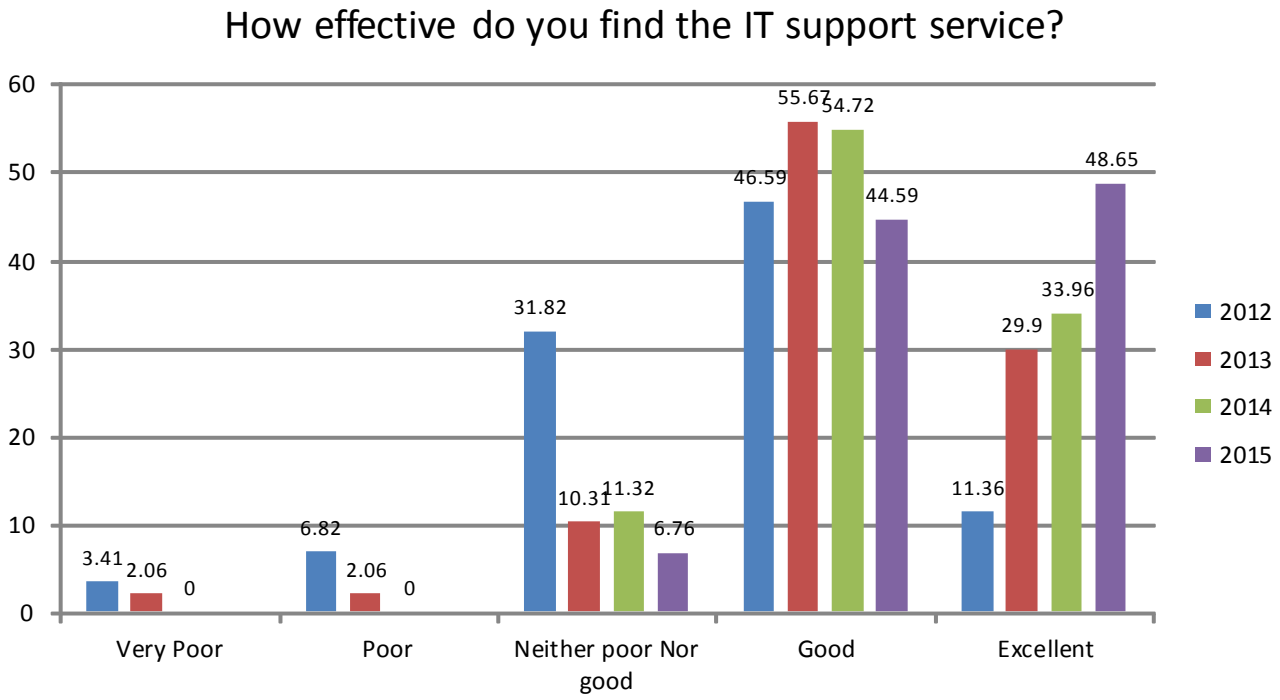
% of Information and ICT actions successfully implemented

Good progress is being made in implementing the agreed actions. However a number of key actions are behind schedule e.g. the development of an iConnect Strategic Roadmap and associated business cases; the enhancement to the enforcement module on iConnect is subject to business case approval and the iConnect web portal will now go live in January 2016 rather than November 2015. The long term sickness of the Head of Information has impacted on our ability to meet the deadlines in the Information and ICT Action Plan.

In the 2015 ICT Staff Survey 93.24% staff rated the ICT service as "Good to Excellent" (up 4.56% on 2014) and 0% rated it poor/very poor.

Information and ICT Plan 2015-16
Approved by RQIA's Board on 11 June.

% of staff satisfaction with the Information and ICT service



Action 4.4

Implement the Sustainability Action Plan 2015-16

How do we measure this?

- Sustainability Action Plan approved
- % of actions in the Sustainability Action Plan successfully implemented

Owner

Corporate Services Directorate

BRAG Rating:

Very positive results all actions implemented on target

Quarterly Performance

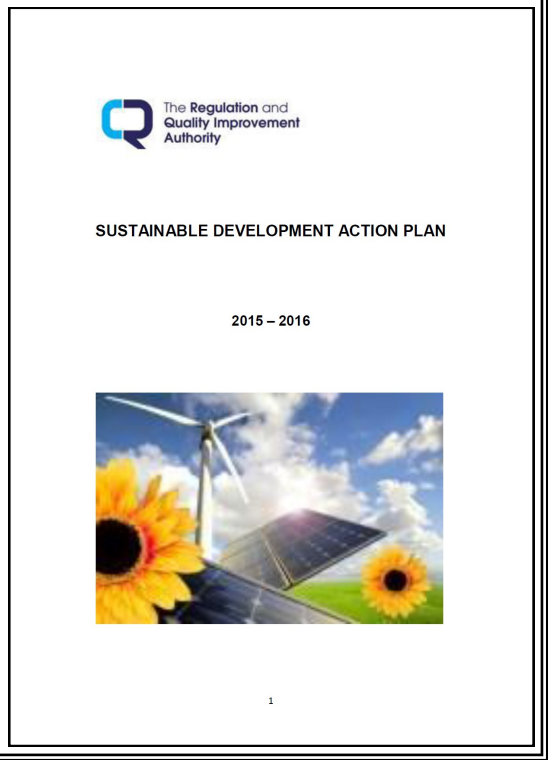
Sustainability Action Plan

The Sustainability Action Plan 2015-16 was approved in June by the EMT

% of sustainability actions successfully implemented

By the end of Quarter 1, 100% of the actions to be implemented within that quarter were completed. These include:

- Send out recycling waste information to all staff
- Meet Eurest and pursue Food for Life Catering Mark at Riverside Tower
- Join external Sustainable Development bodies, i.e Climate Change & Health Partnership


The Regulation and Quality Improvement Authority

SUSTAINABLE DEVELOPMENT ACTION PLAN

2015 – 2016

1

Action 4.5

Implement an agreed action plan to take forward the recommendations in the Independent Landscape Review of RQIA commissioned by DHSSPS

How do we measure this?

- See attached table

Owner

Corporate Services Directorate

BRAG Rating:

On target for achieving the measure

Quarterly Performance

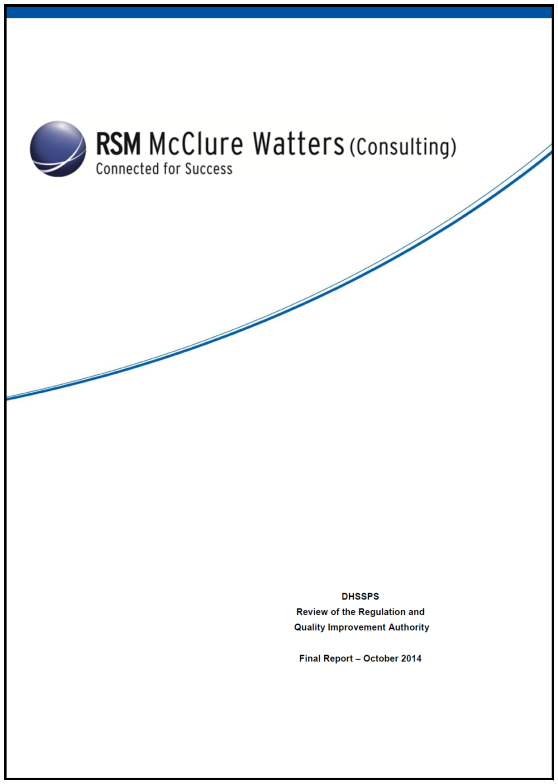
The following measures will be incorporated into future performance reports

Measures with Future Reporting Dates	
Measure	**Report Date**
% of actions in the Action Plan, that are under RQIA's direct control, successfully implemented	Quarter 4

There are 22 actions from the recommendations in the Independent Landscape Review of RQIA commissioned by DHSSPS that are under RQIA's direct control.

The status of the implementation of the actions will be reported from Quarter 2. A Progress Report will be presented to the Audit Committee on 22 October 2015.

Landscape Review of the RQIA issued October 2014



Action 4.6

Contribute to the development and improvement of DHSSPS regional policies and standards

How do we measure this?

- See attached table

Owner

Chief Executives Office

BRAG Rating:

Measures on target for completition

Quarterly Performance

The following measures will be incorporated into future performance reports

Measures with Future Reporting Dates	
Measure	**Report Date**
Evidence of RQIA utilising the revised policies and standards for regulation of health and social care	Quarter 4

During Quarter 1 RQIA responded to the following DHSSPS Consultations

Strategic Theme 5: Develop and Enhance Effective External Relationships

Action 5.1

Embed Personal and Public Involvement (PPI) into RQIA's core activities

How do we measure this?

- Personal and Public Involvement (PPI) Action Plan 2015-16 approved by the RQIA Board

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
% of 2015/16 actions in the PPI plan successfully implemented on target	Quarters 2-4

The PPI Annual Action Plan was approved by the PPI Forum on 18 June, to go to the Board for Approval on 9 July 2015.

By the end of Quarter 1 100% of actions that were due to be implemented were successfully signed off.

These actions include:

- PPI Forum approval of the PPI Annual Action Plan
- Lay Assessor Involvement in Inspection and Review (100%). Lay Assessors feedback stated that they had a very positive experience to date, felt valued and supported by RQIA staff)
- 16 inspections completed in Quarter 1 with lay Assessor Involvement
- 2 Lay Assessors attended and presented at an RQIA MHLD Conference in March 2015
- In April 2015 a workshop was held with Lay Assessor's to develop core questions was facilitated

Action 5.2

Develop an effective communications and stakeholder engagement plan

How do we measure this?

- Revised communication framework developed by EMT and approved
- DHSSPS approval of the RQIA business case for new website

Owner

Chief Executives Office

BRAG Rating:

All measures implemented on target

Quarterly Performance

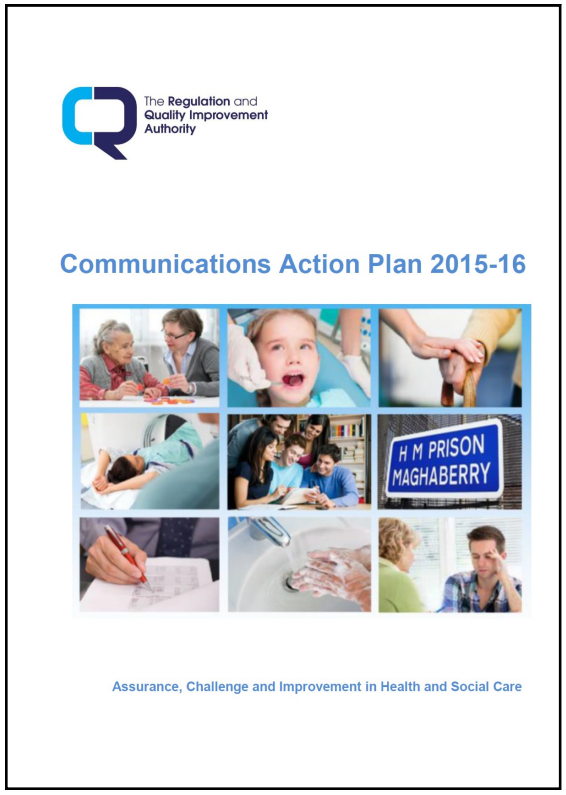
Measures with Future Reporting Dates	
Measure	**Report Date**
A new RQIA website is operational	Quarter 4

Revised communication framework developed by EMT and approved

Communications Action Plan 2015-16 was approved by Executive Management Team on 10 June 2015

DHSSPS approval of the RQIA business case for new website

The business case for funding the replacement website was submitted to DHSSPS in Q1. Notification of approval by DHSSPS was received on 22 July 2015.



Action 5.3

Disseminate evidence of best practice through the delivery of roadshows, seminars and conferences for key stakeholders

How do we measure this?

- Number of stakeholder engagement interactions undertaken by RQIA
- Degree of participant satisfaction as captured through attendance surveys

Owner

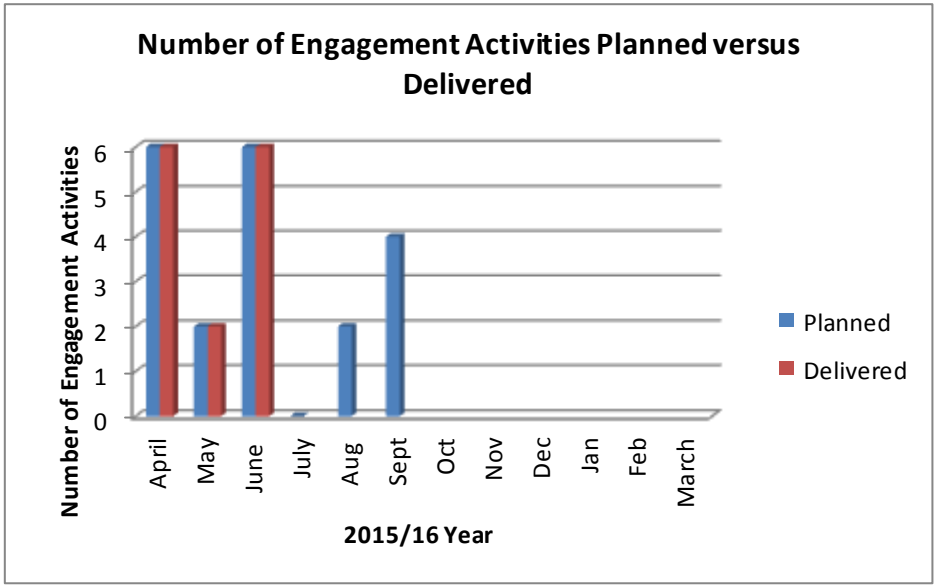
Chief Executives Office

BRAG Rating:

Measures on target for completion

Quarterly Performance

The graph below shows the number of engagement activities planned and delivered in Quarter 1 and the planned activity for Quarter 2. In Quarter 1 RQIA successfully delivered all planned engagement events.



In Quarter 1 took part in a number of engagement activities including a MHLD Roadshow held in April 2015 and the Joint Workshop for registered providers held with IHCP held in May 2015.

Action 5.4

Develop and implement a revised framework for engagement and collaborative working with other relevant regulatory organisations

How do we measure this?

- Benchmark RQIA's effectiveness as an NPM

Owner

Chief Executives Office

BRAG Rating:

Measures on target for completion

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
A framework agreed setting out how RQIA will engage with each relevant organisation	Quarter 2
Individual agreements (MoUs / information sharing agreements) with relevant	Quarter 4
A framework to convene a risk summit and	Quarter 4
Outcome of the benchmarking published	Quarter 4

Benchmark RQIA's effectiveness as an NPM

As part of the NPM business plan 2014/15, both RQIA and CQC have agreed to benchmark each other's STP self-assessment tool scores in respect of their compliance with NPM requirements. Both organisations completed their assessment in Quarter 4 2014-15 and the results were shared with each other for benchmarking purposes.

The outcome of benchmarking for RQIA

RAG Rating	Score
Not currently compliant	1
Partially compliant	5
Fully compliant	53

The outcome of benchmarking for CQC

RAG Rating	Score
Not currently compliant	0
Partially compliant	7
Fully compliant	52

RQIA scored fully compliant with 53 out of 59 NPM self-assessment statements. Areas for action have been identified and a revised action plan has been agreed.

Monitoring Places of Detention Fifth Annual Report 2013-14 (Issued December 2014)

Action 5.5

Establish effective outcome focussed relationships and functions with related ALBs

How do we measure this?

- See attached table

Owner

Chief Executives Office

BRAG Rating:

Measures on target for completion

Quarterly Performance

The following measures will be incorporated into future performance reports

Measures with Future Reporting Dates	
Measure	**Report Date**
The quality and quantity of engagement with other ALB's	Baseline agreed Quarter 2 Progress reported Quarters 3 - 4

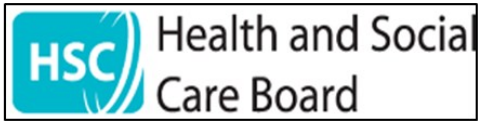
In Quarter 1:

RQIA established a Joint Clinical Fellowship in conjunction with the General Medical Council (GMC) and Northern Ireland Medical and Dental Training Agency (NIMDTA)

Completed a joint inspection of Maghabery Prison with HMIP, CJI and ETI.

Hosted the 5 nations Head of Inspectorate Forum with ETI and CJI

Some of the HSC based organisations which RQIA continues to work closely with



Action 5.6

Participate appropriately to deliver the aims and objectives of Quality 2020

How do we measure this?

- RQIA's participation in Quality 2020 work streams documented in the RQIA Annual Quality Report

Owner

Chief Executives Office and the Regulation and Nursing, Mental Health, Learning Disability and Social Work, Reviews and Corporate Services Directorates

BRAG Rating:

Actively participating in Quality 2020 task groups and initiatives

Quarterly Performance

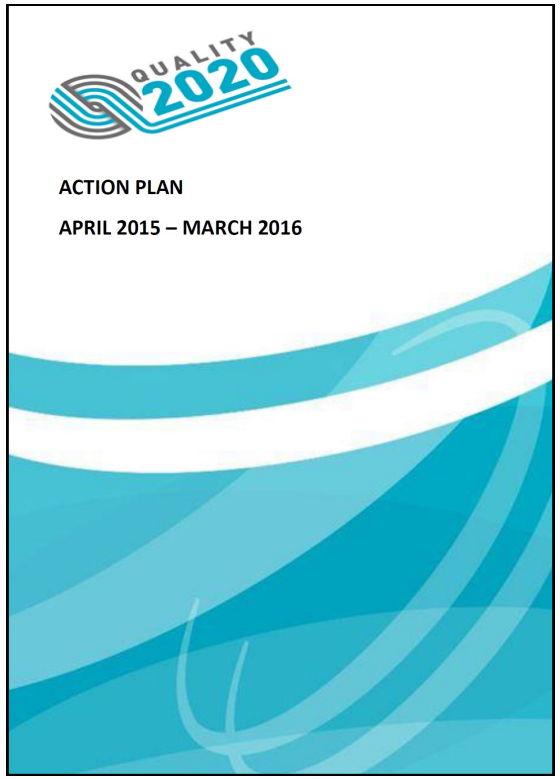
RQIA is currently participating in several Quality 2020 task groups and initiatives including:

Task Group 2: To produce a Minimum Data Set for Trust Annual Quality Reports

Task Group 4: To take forward the Attributes Framework for Leadership in Quality Improvement within the appraisal process in RQIA

Task Group 13: To develop a common curriculum for patient safety in undergraduate and postgraduate education programmes for health and social care in Northern Ireland.

RQIA's Quality Report 2014-15 will be presented to the Board on 15 October 2015.



Strategic Theme 6: Focus Improvement Activities on Outcomes

Action 6.1

Involve lay assessors in the service user aspects of RQIA inspections and reviews

How do we measure this?

- The number of inspections and reviews which have involved lay assessors

Owner

Chief Executives Office

BRAG Rating:

All measures on target for completion

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Survey evaluating the experience of lay assessors engaged in inspections and reviews	Quarter 4

The number of inspections and reviews which have involved lay assessors

16 inspections were completed in Quarter 1 with lay Assessor Involvement.

Lay assessor's Robert Watson and Alex Parkinson provided an presentation about their development journey at the RQIA Staff Away Day in April 2015

Action 6.2

Use external expertise to identify evidence of best practice and areas of improvement in health and social care

How do we measure this?

- Survey of the experience of external experts engaged in RQIA reviews and inspections

Owner

Chief Executives Office

BRAG Rating:

The survey on target to be embedded within the Reviews Directorate

Quarterly Performance

Survey of the experience of external experts

A questionnaire is currently being used in IPHT inspections and has been adapted for use in RQIA reviews. The questionnaire is on target for being implemented in the reviews directorate from Quarter 2.

In Quarter 1 RQIA along with CJI and ETI hosted the 5 Nations Head of Inspectorate Forum in Belfast.

This event included inputs from Katy Steward (Kings Fund) on the theme of CQC's 'Well Led Domain' and Maria Jennings (Food Standards Agency) on the theme of 'Driving Improvement through Inspections'.

Further follow-up meetings have been arranged for Quarter 2.

Five Nations Head of Inspectorate Forum

Action 6.3

Work jointly with the HSC Leadership Centre and relevant academic institutions and other organisations to extend our contribution to the health and social services body of knowledge

How do we measure this?

- See attached table

Owner

Chief Executives Office

BRAG Rating:

All measures on target for completion

Quarterly Performance

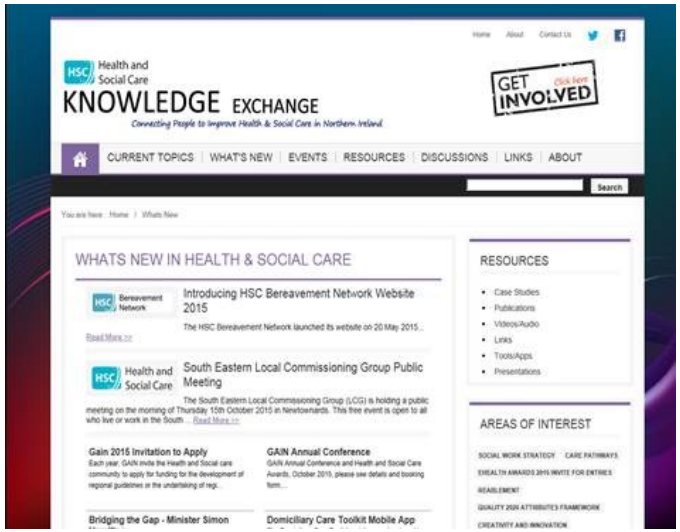
The following measures will be incorporated into future performance reports

Measures with Future Reporting Dates	
Measure	**Target Date**
Level of internal or available expertise	Establish baseline Quarter 2 Progress reported Quarters 3 - 4
Contributions through seminars, papers and reports	
Feedback from service delivery staff and stakeholders	

Following discussion with the team responsible for the HSC Knowledge Exchange Website, arrangements have been established for RQIA Reviews and other RQIA documents such as the Three Year Review Programme to be made accessible through the site. The site also shares information about upcoming events which can include RQIA events such as the GAIN Annual Conference. HSC Knowledge Exchange publishes a weekly email bulletin to inform all registered users about events and recent publications. RQIA can be provided with information from the Knowledge Exchange Team as to the use of the site to access information relating to our activities.

RQIA is participating in a Quality 2020 Working Group to consider the curricula for undergraduate and postgraduate students in medicine, nursing and pharmacy in relation to patient safety.

HSC Knowledge Exchange Website



Action 6.4

Prepare for formal accreditation with the International Standard EN ISO/IEC 17020:2012

How do we measure this?

- See attached table

Owner

Chief Executives Office

BRAG Rating:

BRAG Rating to be provided in Quarter 4

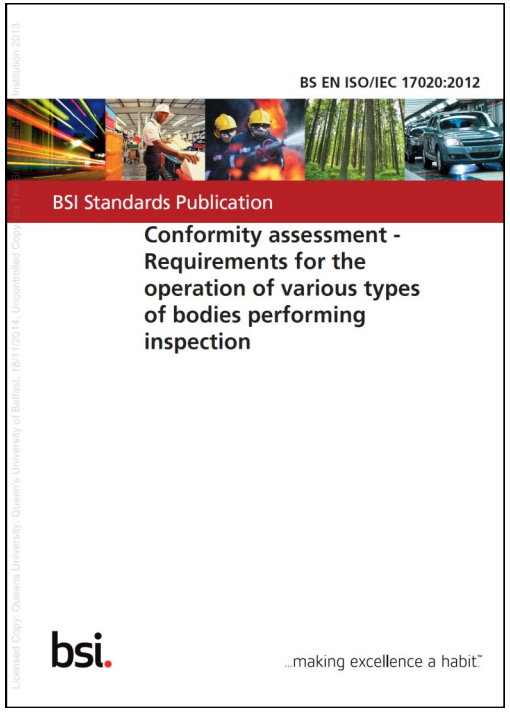
Quarterly Performance

The following measures will be incorporated into future performance reports

Measures with Future Reporting Dates	
Measure	**Report Date**
Assessment of readiness to apply for accreditation against the International Standard EN ISO/IEC 17020:2012	Quarter 4

A project will be initiated in October 2015 to assist the Executive Team and RQIA Board in identifying RQIA's readiness to apply for ISO accreditation. This will involve research into the most appropriate ISO accreditation, taking into consideration the perceived benefits alongside the challenges and cost to the organisation.

The project will be managed by the organisation's Senior Project Manager and involve the new RQIA Intern. An Options Paper will be presented for consideration in Quarter 4.



Action 6.5

Research and develop an agreed approach to conducting an overall assessment of health and social care in NI

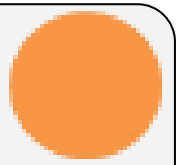
How do we measure this?

- See attached table

Owner

Chief Executives Office

BRAG Rating:



Measures unlikely to be achieved

Quarterly Performance

The following measures will be incorporated into future performance reports

Measures with Future Reporting Dates	
Measure	**Report Date**
An appropriate methodology identified and agreed with DHSSPS and the RQIA Board	Quarter 4
A timeframe for completion of an overall assessment identified and agreed with the RQIA Board	Quarter 4

This action reflects the content of RQIA's MSFM. It will require a significant investment of time and resource to deliver an overall assessment of health and social care in NI.

Strategic Theme 7: Actively Lead Change and Manage Risk

Action 7.1

Implement a robust Risk Management Strategy

How do we measure this?

- Revised Risk Management Strategy approved by the Audit Committee and RQIA Board
- Implementation of the recommendations from a programme of risk based internal audits focused on the operational work of the RQIA
- Attainment of substantive compliance with the Risk Management Controls Assurance Standard (CAS)

Owner

Corporate Services Directorate

BRAG Rating:

The target date for Board approval of the Risk Management Strategy was not met

Quarterly Performance

Revised Risk Management Strategy

The Risk Management Strategy requires further revisions and is to be submitted to the Audit Committee and the Board in Quarter 3 for approval.

Attainment of substantive compliance with the Risk Management CAS

Achieved substantive compliance (87%) in Risk Management in 2014-15. The table below details compliance scores for the 10 CAS completed by the RQIA. This table will be updated in Quarter 4.

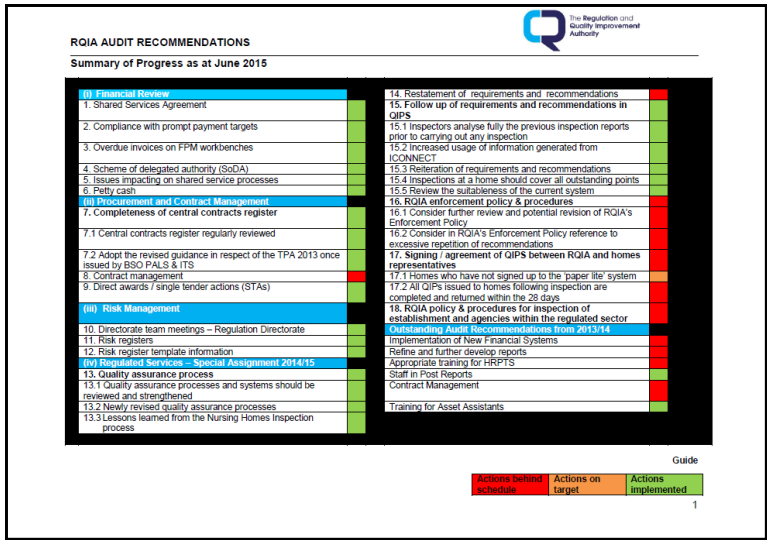
Standard	Level of Compliance
Financial Management	85%
Management of Purchasing & Supply	82%
Governance	86%
Risk Management	87%
Health & Safety	88%
Security Management	87%
Fire Safety	89%
Information Management	86%
Information Communications Technology	82%
Human Resources	86%

Implementation of the recommendations from a programme of risk based internal audits

By the end of Quarter 1, 72% (13) recommendations were implemented and 28% (5) were behind target.

2 outstanding recommendations from the previous year were implemented and 4 remain outstanding.

Summary of the implementation of audit recommendations reported to RQIA's Audit Committee on 25 June 2015



RQIA AUDIT RECOMMENDATIONS

Summary of Progress as at June 2015

(i) Financial Review	
1. Shared Services Agreement	
2. Compliance with prompt payment targets	
3. Overdue invoices on FPM workbenches	
4. Scheme of delegated authority (SoDA)	
5. Issues impacting on shared service processes	
6. Petty cash	
(ii) Procurement and Contract Management	
7. Completeness of central contracts register	
7.1 Central contracts register regularly reviewed	
7.2 Adopt the revised guidance in respect of the TPA 2013 once issued by BSO PALS & ITS	
8. Contract management	
9. Direct awards / single tender actions (STAs)	
(iii) Risk Management	
10. Directorate team meetings – Regulation Directorate	
11. Risk registers	
12. Risk register template information	
(iv) Regulated Services – Special Assignment 2014/15	
13. Quality assurance process	
13.1 Quality assurance processes and systems should be reviewed and strengthened	
13.2 Newly revised quality assurance processes	
13.3 Lessons learned from the Nursing Homes Inspection process	
14. Restatement of requirements and recommendations	
15. Follow up of requirements and recommendations in QIPS	
15.1 Inspectors analyse fully the previous inspection reports prior to carrying out any inspection	
15.2 Increased usage of information generated from ICONNECT	
15.3 Reiteration of requirements and recommendations	
15.4 Inspections at a home should cover all outstanding points	
15.5 Review the suitableness of the current system	
16. RQIA enforcement policy & procedures	
16.1 Consider further review and potential revision of RQIA's Enforcement Policy	
16.2 Consider in RQIA's Enforcement Policy reference to excessive repetition of recommendations	
17. Signing / agreement of QIPS between RQIA and homes representatives	
17.1 Homes who have not signed up to the 'paper lite' system	
17.2 All QIPs issued to homes following inspection are completed and returned within the 28 days	
18. RQIA policy & procedures for inspection of establishment and agencies within the regulated sector	
Outstanding Audit Recommendations from 2013/14	
Implementation of New Financial Systems	
Refine and further develop reports	
Appropriate training for HRPTS	
Staff in Post Reports	
Contract Management	
Training for Asset Assistants	

Guide

Actions behind schedule	Actions on target	Actions implemented

1

Action 7.2

Implement revised enforcement and escalation policies and procedures, taking account of the learning from previous experience

How do we measure this?

- See attached table

Owner

Chief Executives Office

BRAG Rating:

BRAG Rating to be provided in Quarter 2

Quarterly Performance

The following measures will be incorporated into future performance reports

Measures with Future Reporting Dates	
Measure	**Target Date**
Number of formal enforcement actions taken	Progress reported Quarters 2 - 4
Number of improvement notices issued	
Number of escalations to HSC bodies	
Numbers of relevant staff trained in the application of the new policies	

Work-stream 1 (Regulation Directorate Improvement Plan Phase 2) of the Strategic Improvement Steering Group involves competing a review of the enforcement and escalation policies and procedures. This piece of work is on target for completion by Quarter 4 work-stream membership identified.

Action 7.3

Review effectiveness of all Board committees and working groups

How do we measure this?

- See attached table

Owner

RQIA Chair

BRAG Rating:

All measures on target for completion

Quarterly Performance

The following measures will be incorporated into future performance reports

Measures with Future Reporting Dates	
Measure	**Report Date**
Recommendations for improvement in relation to committees, working groups and performance reporting agreed at Board level and implemented	Quarter 2
Completed annual Board Effectiveness Survey	Quarter 4
Board and executive feedback on the implementation of these recommendations	Quarter 4

The Chairman has completed appraisals of all Board members. Committee membership is established for the Audit Committee, Appointments and Remuneration Committee and of Board Working Groups, including the Strategic Improvement Steering Group.

Board members are involved in the following committees and working groups:

- Audit Committee
- Appointments and Remuneration Committee
- Part II / Part IV Panels
- PPI
- Enforcement Panels
- HR&OD Strategy Steering Group
- Quality Improvement Steering Group
- Enforcement Policy
- Acute Hospital Inspection Programme

Action 7.4

Using evidence from available sources and drawing from our own experiences, and from the experiences of other UK regulatory authorities, devise and test a new performance rating system in residential care and nursing homes using the three outcomes of safe, effective and compassionate care

How do we measure this?

- See attached table

Owner

Chief Executives Office and Regulation and Nursing Directorate

BRAG Rating:

All measures on target for completion

Quarterly Performance

The following measures will be incorporated into future performance reports

Measures with Future Reporting Dates	
Measure	**Report Date**
Draft paper on a new performance rating system for reporting the outcomes of inspections of residential care and nursing homes	Quarter 2
A timeframe approved by the RQIA Board and agreed with DHSSPS to consult stakeholders on the option of introducing a new performance rating system in residential care and nursing homes	Quarter 3

In Quarter 1 the Regulation Directorate completed all inspections with the new inspection report template which rates all previous recommendations and requirements as either met, partially met or not met.

The MHLD have revised their inspection reports which has been shared with DHSSPS and will be piloted in Quarter 2 with a 3 step prioritising system for rating recommendations. The MHLD inspection reports will also rate previous recommendations as either met, partially met or not met.

Action 7.5

Review and revise RQIA's Performance Management Framework

How do we measure this?

- Revised performance management framework approved by RQIA's Board

Owner

Corporate Services Directorate

BRAG Rating:

Measure on target for completion

Quarterly Performance

The following measures will be incorporated into future performance reports

Measures with Future Reporting Dates	
Measure	**Report Date**
Revised performance management framework approved by RQIA's Board	Quarter 3

In Quarter 1 the Chief Executives Report incorporated a range of Corporate KPI's to be reported to RQIA's Board monthly.

RQIA's Board also receives a monthly Regulation Directorate Progress Report and a new format for the quarterly performance reporting was developed.

Summary of Actions that require Exception Reports

Actions		Progress	Exception Report: Reason / Action / Emerging Risk	Page Number
2.2	Proactively engage with DHSSPS and other stakeholders in the processes to review the legislative framework and standards for regulation of health and social care in Northern Ireland		RQIA is unable to report against this measure until the Department signals its intention to review the legislative framework and standards for the regulation of health and social care in NI.	15
3.4	Develop and commence implementation of a Human Resources and Organisational Development (HR&OD) Annual Plan (2015-16) to support RQIA's changing business needs		The HR&OD vacant post will impact on the successful delivery of the HR&OD Annual Plan. On the advice of the Steering Group, the Action Plan will be revised with realistic timescales to reflect this vacancy. In addition it is intended that during Quarter 2 RQIA will obtain support from the HSC Leadership Centre to develop the Workforce Plan 2016-17. The EMT has agreed that the HR&OD Manager post should be filled and the post will be advertised in September.	23
4.3	Develop and commence implementation of a new Information and ICT Plan 2015-16		Good progress is being made in implementing the agreed actions. However a number of key actions are behind schedule e.g. the development of an iConnect Strategic Roadmap and associated business cases; the enhancement to the enforcement module on iConnect is subject to business case approval and the iConnect web portal will now go live in January 2016 rather than November 2015. The long term sickness of the Head of Information has impacted on our ability to meet the deadlines in the Information and ICT Action Plan.	29
6.5	Research and develop an agreed approach to conducting an overall assessment of health and social care in NI		This action reflects the content of RQIA's MSFM. It will require a significant investment of time and resource to deliver an overall assessment of health and social care in NI.	43
7.1	Implement a robust Risk Management Strategy		The Risk Management Strategy requires further revisions and is to be submitted to the Audit Committee and the Board in Quarter 3 for approval	44

Progress of outstanding actions from RQIA's Corporate Performance Report 2014/15

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
1.1.3	Publish inspection reports on all regulated sector service inspections on the RQIA website and within pre-set reporting targets (excluding children's services). **(March 2015)**		It is suggested that we remove this action from the outstanding actions table as it is currently being managed through the Business Plan action 1.1 'Implement a strategic review of inspection systems and processes as set out in the Regulation Directorate Improvement Plan'.
2.1.6	Complete the planned reviews as set out in the 2014-15 schedule. **(March 2015)**		Out of the 8 planned reviews in the 2014-15 schedule, 5 have been completed. During the year additional work was carried out on a CSE Enquiry, Unscheduled Care review and an audit of SAI processes. The Review of Nutrition in Hospitals will be taken forward as part of the new Hospitals Inspection Programme. The remaining 2 reviews (Palliative Care Services and Community Respiratory Services) had completed their fieldwork during Q1 of 2015-16.
2.1.8	Complete the planned programme of infection prevention/hygiene inspections, to include augmented care settings, for 2014-15. **(March 2015)**		The core programme of inspections was completed on target in 2014/15 . 6 planned augmented care inspections are included in the plans for 2015/16 which are on target for completion. This will be monitored in relation to Action 1.3 'Complete the planned programme of inspections of statutory healthcare'.
3.2.9	Participate in planned review programme (where applicable to MHLD services) to include: phase 2 of learning disability community services **(March 2015)**		DHSSPS agreed that phase 2 of Learning Disability Community Services should be undertaken as part of the 2015-18 Three Year Review Programme. It is suggested that we remove this action from the outstanding actions table as this review has now been scheduled in 2015/2016.
4.2.2	Upgrade/replace RQIA website and intranet. **(March 2015)**		It is suggested that we remove this action from the outstanding actions table as it is currently being managed through the Business Plan action 5.7 'Develop an effective communications and stakeholder engagement plan'.
5.2.2	Participate in HSC-wide staff survey. **(Dec 2014)**		The DHSSPS HSC-wide staff survey did not happen during 2014-15. To ensure that RQIA has consistent data relating to staff development and satisfaction an internal pulse survey was completed in Q3. It is suggested that we remove this action from the outstanding actions table.

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
6.1.2	Develop a corporate scorecard based on a best practice framework. **(Sept 2014)**		A corporate scorecard was developed and incorporated into the Chief Executives Report from July 2015.
8.1.2	Implement the new i-Connect system. **(Sept 2014)** **Revised date January 2016**		The core iConnect system (Phase 1a) went 'live' on 30 June 2014. Following extensive discussions between RQIA, ITS and Sysco, the Security Architecture Plan for the iConnect web portal (Phase 1b) was agreed in December 2014. However, the original go-live target date of November 2015 is no-longer achievable. The web portal will now go-live in January 2016. An addendum to the Business case and a bid for capital funds for the Project Manager post for 2015-16 have been submitted and we are awaiting the outcomes. It is suggested that we remove this action from the outstanding actions table as it is currently being managed through Information and ICT Plan in action 4.3.
9.1.4	Complete an annual test of the business continuity plan and implement amendments. **(DO)** **(March 2015)**		The annual BCP was completed on 27 April 2015

RQIA Strategy Map 2015-18

Vision

Purpose

Stakeholders Outcomes

Strategic Themes

Values

To be a driving force for improvement in the quality of health and social care in Northern Ireland

RQIA is the independent health and social care regulator in Northern Ireland.
We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports

Our stakeholders require us to make independent and robust assessments to determine:

Is Care Safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them

Is Care Effective?
The right care, at the right time in the right place with the best outcome

Is Care Compassionate?
Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

To deliver our corporate strategy over the next three years, RQIA will focus on the following themes:

Delivering Operational Excellence
Improving the delivery of our core functions, taking account of best practices

Develop and Execute New Capabilities
Adapting our inspection and review programmes to address emerging needs and priorities

Use Resources Effectively
Concentrate our talents and resources where they are most required, in activities which have the greatest impact for service users

Continuously Improve Key Systems and Processes
Developing and delivering quality improvement workstreams

Focus Improvement Activities on Outcomes
Pursuing opportunities to drive quality improvement across health and social care

Develop and Enhance Effective External Relationships
Communicating effectively with all our stakeholders, and sharing information with other organisations

Actively Lead Change and Manage Risk
Implementing RQIA's strategic change programme, whilst managing known risks and maintaining a strong focus on our core activities

Independence « Inclusiveness « Integrity « Accountability « Professionalism « Effectiveness

Vision

Purpose

Stakeholders Outcomes

Strategic Themes

Values

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 September 2015
Title of Paper	RQIA Board Workshop – Summary Report
Agenda Item	10
Reference	F/05/15
Author	Glenn Houston
Presented by	Glenn Houston
Purpose	The RQIA Board held a workshop on 11 June 2015 to consider four strategic themes. This paper sets out a summary of the inputs, key discussion points and proposed actions arising from the workshop.
Executive Summary	A workshop attended by the RQIA Board, and the Executive Management Team on Thursday 11 June 2015 focused on four strategic themes: • Positioning RQIA as an effective health and social care regulator • Developing a robust approach to quality improvement, measuring and reporting outcomes • Using information to provide an intelligence based approach to regulation and to inform RQIA's activities in both quality improvement and quality assurance • Identify future workforce requirements, in terms of both organisational structure and skill sets, in meeting the existing and future business needs of RQIA. The paper sets out proposed actions in the context of the RQIA Corporate Strategy and the Annual Business Plan (2015/16) in relation to

	these themes. It is proposed that the stated actions ar taken forward by RQIA in conjunction with the wider programme of activities described in the RQIA Business Plan 2015/16. It is proposed that the RQIA Board monitors progress against the stated actions as part of RQIA's overall performance monitoring framework.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the RQIA Board Workshop – Summary Report.

The Regulation and Quality Improvement Authority

RQIA Board Workshop

Cultra Manor

Thursday 11 June 2015

(Summary Report)

Introduction

The workshop attended by the RQIA Board, and the Executive Management Team on Thursday 11 June 2015 focused on four strategic themes as follows –

- Positioning RQIA as an effective health and social care regulator
- Developing a robust approach to quality improvement, measuring and reporting outcomes
- Using information to provide an intelligence based approach to regulation and to inform RQIA's activities in both quality improvement and quality assurance
- Identify future workforce requirements, in terms of both organisational structure and skill sets, in meeting the existing and future business needs of RQIA.

This paper sets out a summary of the inputs, key discussion points and the proposed actions arising from each of the four strategic workstreams.

The proposed actions are set in the context of the RQIA Corporate Strategy and the Annual Business Plan (2015/16).

It is proposed that the stated actions will be taken forward by RQIA in conjunction with the wider programme of activities described in the RQIA Business Plan 2015/16.

The RQIA Board will monitor progress against the stated actions as part of RQIA's overall performance monitoring framework.

Strategic Theme 1

Positioning RQIA as an effective health and social care regulator.

This session was led and facilitated by Quintin Oliver of Stratagem.

The four prompt questions for this session were as follows:-

- How can RQIA position itself in the public domain as an effective and respected regulator of health and social care?
- How can RQIA ensure success in taking forward the six actions in the Business Plan related to enhancing effective external relationships?
- What else can RQIA do within capacity and available resource to enhance its public profile?
- What partnerships and networks should RQIA actively build and participate in to strengthen its roles and functions in regulation?

Quintin Oliver focused his opening remarks on 'the headroom for the organisation going forward' and how RQIA intends to occupy that space.

He advised that organisations have a tendency to conform to one of three natural states:-

- Shaping the future
- Adapting to the future
- Reserving the right to play

He compared Quality 2020 with the NHS Scotland 2020 Framework for Quality, Efficiency and Value which sets out a number of desired outcomes for the people of Scotland: -

- Increase health / life expectancy
- Reduce inequality in life expectancy
- Improve perceptions of health
- Reduce alcohol and drug misuse
- Improve mental health

Quintin challenged us to think of successful organisations in the public spotlight and the characteristics which have enabled these organisations to achieve success in their respective spheres of influence.

The table discussions identified four examples: -

- Belfast Metropolitan College
- PSNI
- Apple
- Belfast Healthy Cities

The positive characteristics which were associated with these organisations were –

- Clear sense of mission and purpose
- Good at handling transformational change
- Good leadership and good relations between Board & Executive
- Appetite for risk taking / risk management
- Responsive to customers' needs and requirements
- Managing the business in times of austerity
- Ability to work with other organisations effectively to increase leverage

Quintin referred to RQIA's three stakeholder outcomes of safe effective and compassionate care and highlighted the potential of this as an appropriate strapline to facilitate our mission and vision going forward.

Quintin challenged us to consider how we can make the most of the opportunities in the Donaldson Report, Transforming Your Care and in Quality 2020 to position RQIA more effectively in an agenda setting role.

He proposed that RQIA needs to be pro-active in winning and retaining legitimacy along with its mandate for quality assurance and quality improvement.

Proposed actions: -

1.0 Position RQIA effectively in strategic discussions in respect of for example the Donaldson Report, Quality 2020 and Transforming Your Care.

2.0 Review the impact of our engagement with the wider public by undertaking regular surveys of how the public view RQIA's impact on driving improvements in health and social care.

3.0 Implement the RQIA Communications Action Plan 2015-16 to increase our public profile through effective use of print, broadcast and social media.

Strategic Theme 2.

Developing a robust approach to Quality Improvement; measuring and reporting outcomes.

This session was led by the Chairman, supported by the Chief Executive.

Members had received a copy of the Chairman's paper 'RQIA and Quality Improvement – Proposals for Change' (18 May 2015).

The five prompt questions for this session were as follows:-

- What is the strategic role for RQIA in promoting quality improvement?
- How can we strengthen our focus on QI across the range of RQIA's activities going forward?
- How can we strengthen partnership working with other HSC bodies involved in promoting and delivering QI, for example, the HSC Safety Forum, IHI (Triple Aim), Health Foundation, Kings Fund etc?
- What steps can we take to implement the specific actions relating to QI in the RQIA Corporate Strategy and Business Plan?
- How can we measure and report on quality assurance and QI going forward?

The Chairman opened the discussion with reference to a power-point presentation drawing from references to quality improvement by The Health Foundation, The Institute for Healthcare Improvement and NHS Scotland's paper 2020 Framework for Quality, Efficiency and Value.

The key points from the presentation were:-

- Patients follow a care pathway
- We must audit at systems level and at the interfaces (e.g. between primary and secondary care)
- We need to be mindful of boundary issues
- We are required to report on quality improvement
- Leaders in the sector are receptive to new ideas
- Plan Do Study Act cycles (Deming) are an appropriate methodology for taking forward small and large scale improvement within RQIA
- The Juran Quality trilogy (Quality Planning, Quality Control and Quality Improvement) is relevant to designing a strategic approach for RQIA in considering how to maximise its impact in health and social care improvement
- Audit tools exist to facilitate and measure effective approaches to QI

The summaries of the key points arising from the table discussions in this session are attached at appendix 1.

Proposed actions: -

1.0 In 2015/16 complete a baseline review of the Quality Improvement systems and processes in HSC bodies, and to assess the view of stakeholders as to how quality improvement initiatives could be enhanced.

2.0 Engage proactively with organisations which have a remit for QI to consider opportunities for a joined up approach to future activities and to avoid unnecessary duplication of roles.

3.0 Establish an RQIA Strategic Working Group to focus on developing our approaches to quality improvement in all areas of activity.

Strategic Theme 3.

Using Information and ICT to create an intelligence-based approach to inspection and quality improvement.

This session was jointly led by Dr John Jenkins, Board member, and Maurice Atkinson, Director of Corporate Services.

Power-point presentations were made by Sandra McElhinney (Head of Information) and Craig Young (ICT Procurement and Implementation Project Manager).

The four prompt questions for this session were as follows:-

- How can RQIA make best use of data held by other organisations to support our roles and functions?
- Does RQIA have the necessary capacity to process information provided by third parties?
- What skills does RQIA need to develop to make effective use of potential external sources of data to inform our assessments about safe, effective and compassionate care?
- How can RQIA data be used more effectively to help drive quality improvements in services for patients and clients?

Participants had received a copy and were briefed on the content of the RQIA Draft Information and ICT Strategic Framework and Action Plan (2015-16).

Four strategic themes were outlined as follows:-

- Developing and maintaining a modern ICT infrastructure.
- Using technology as an enabler of improvement.
- Valuing and utilising information to support the delivery of RQIA's priorities.
- Ensuring that information governance requirements and standards are met.

Participants were apprised of the pathway for the implementation of I-connect, its current functionality and of the on-going work to implement the web portal.

Participants were apprised of the Department's intention to complete a scoping exercise on the future arrangements for the organisation and delivery of support services to the smaller arms-length bodies covering the following areas of activity:- ICT, Business Accounting, Corporate Services, Finance / financial services and Business Intelligence.

Dr Stewart, Medical Director and Director of Reviews, made a presentation on useful sources of information to support RQIA roles in regulation and quality improvement. He identified a number of organisations which collect and collate information which may be of use to RQIA in the discharge of its roles and functions. These include DHSSPS (Information Analysis Directorate), Regional Data Warehouse, National Audits and Registries, Confidential Inquiries and information from independent sources such as CHKS.

Dr Stewart identified three key challenges for RQIA going forward:-

- How to become more aware of the information available now, and in the future, which is relevant to support RQIA.
- How to access and build the skills required to garner, link, synthesise, present and use data effectively.
- How to develop our staff to ensure they can assess how information is being used to support quality improvement during reviews and inspections.

The summaries from the table discussions for session three are included at appendix 2.

Proposed actions:-

1.0 Implement the RQIA Information and ICT Strategic Framework and Action Plan (2015-16).

2.0 Carry out an assessment of the sources of external information which would be of potential use to inform RQIA's review and inspection processes and establish links, where required, to secure access to relevant information, which is not already in the public domain.

3.0 Establish a pilot project to explore the potential for access to and analysis of data held within the Regional Data Warehouse which could inform the regulatory processes for nursing and care homes.

Strategic Theme 4.

Workforce requirements in terms of both organisational structures and skill sets in meeting the existing and future business needs of RQIA.

This session was led by Norman Morrow, Board member, and Maurice Atkinson, Director of Corporate Services.

Participants had access to the RQIA Workforce Profile (April 2015).

At the time of the Board workshop RQIA employed 145 staff deployed over the five directorates as follows:-

- Office of Chief Executive (4.0wte)
- Corporate Services (25.0wte)
- Reviews (18.45wte)
- MHLD (19.0wte)
- Regulation (92.89wte)

The largest group of staff in the RQIA workforce is inspectors who are employed on the NHS Agenda for Change Terms and Conditions of Employment.

At the time of this workshop RQIA had had a further cost saving target set by DHSSPS of 3%, and a vacancy controls forum was in place. Proposals for a voluntary exit scheme for the arms-length bodies, including RQIA, were in development but had not been communicated to any of these bodies.

Norman led the discussion with reference to a power-point presentation which covered the key aspects of the HROD Strategic Framework and Action Plan.

The presentation included reference to the draft HROD strategy being developed with the support of Board members (Norman Morrow and Gerry McCurdy) and had taken account of independent Investors in People (IiP) feedback report.

A number of organisational challenges (both external and internal) were identified which are impacting on our ability to deliver our strategic and business objectives: -

- Political uncertainty
- Public and stakeholder expectation
- External scrutiny of the regulator
- Challenging landscape (e.g. Donaldson review)
- Ambitious change and improvement agenda
- Managing both planned and unplanned work
- Expanding role (e.g. taking on GAIN and Part II / Part IV doctors)
- Shift of emphasis to QI and QA

Three scenarios were considered in the table discussions:-

Scenario 1; RQIA as an organisation with a focus on outcomes
Scenario 2; RQIA as an organisation with a focus on quality improvement in health and social care.
Scenario 3; RQIA as an organisation with a focus on collaborative practice.

Participants were invited to consider what needs to be done to help build capacity and capability of the organisation, to deliver an outcomes based focus, develop and sustain a QI approach and collaborative practices.

The ideas which were generated from the table discussions were as follows:-

Outcomes Focus: -

- Gap analysis / appropriate skill sets
- Data analytics (obvious gap)
- Business improvement and project management skills
- Secondments from HSC trusts / to create a suitable skill mix and build capacity
- Making best use of the NHS Leadership Framework
- Outsourcing some functions
- Benchmarking with other similar organisations

Quality Improvement: -

- Significant way forward
- Major opportunity to be grasped
- Importance of conceptual buy-in
- Scenario planning and practical examples
- Models and exemplars in HSC trusts
- Quality Improvement skills / asking the right questions
- Importance of using research and supporting staff to develop QI approaches
- QI is everybody's business
- Success breeds success
- Communication / story boards and team presentations

Collaboration: -

- Drawing on the skills and attributes of Board members
- Testing concepts with pilot projects (e.g. rating systems)
- Hosting events with and learning from other UK regulators
- Opportunities for secondments / clinical fellowships etc
- Developing effective relationships with others such as COPNI

Proposed actions:-

1.0 Deliver the 3% recurring cost reduction in 2015/16 and utilise the available workforce to best effect in delivering the actions set out in the Corporate Strategy and Business Plan.

2.0 Develop a workforce plan taking account of skill mix, skill sets and gaps and:

- **to identify the current and future workforce needs and requirements of the organisation**
- **to consider how to flex capacity and capability by the use of a range of employment models**

Strategic Session 2 – Developing a robust approach to Quality Improvement; measuring and reporting outcomes

1	**What is the strategic role for RQIA in promoting quality improvement?** • Becoming a go to organisation for dissemination of good practice quality initiatives information etc. • To be a source of knowledge repository and national benchmarking • Incentivising the drive for quality improvement • Creating a regulatory environment which promotes a positive journey towards excellence • Collaboration with organisations to encourage and support improvement practice • Proactively leading stimulating change in service improvement (reviews) • Influencing and coercing improvement practice
2	**How can we strengthen our focus on quality improvement across the range of RQIA's activities going forward?** • Promoting the message that RQIA is in the improvement business • Celebrating / promoting excellent practice • Representation in appropriate forums / platforms • Where we fit and how we add value to others input • Effective partnerships with other actors in this space • Improve information gathering and sharing to educate • Know what we need to deliver and define it • Match our role to expectations • Design our processes aligned to our role and with outcomes focused on stakeholder expectations • Take opportunities for staff to receive training in recognised quality improvement programmes • Tailor inspection reports to acknowledge good practice / Quality Improvement

3	**How can we strengthen partnership working with other HSC bodies involved in promoting and delivering quality improvement, for example, the HSC Safety Forum, IHI (Triple Aim), Health Foundation, Kings Fund etc.** • Dissemination of learning • Strategic alliances • Joint initiatives • Need for quality improvement hub to capture information positioning (RQIA could lead and host) • Define partners • Link nationally; primarily Scotland • Improved use of knowledge exchange website • Knowledge Exchange • Social Communication / Twitter • Define who they are and what we need to do in each partnership • Strategic partnership relationships – stakeholder analysis • What is worth getting involved in? • Non-traditional networks • Social medial networks
4	**What steps can we take to implement the specific actions relating to quality improvement in the RQIA Corporate Strategy and Business Plan?** • Discussion on 6.5 of Business Plan – how to conduct an overall assessment of Health and Social Care • Kathy Fodey provided a model in relation to children's services • Define what it is as a Board • Establish a working group / workstream or add it to the strategic steering group remit • Resource it • Build up expertise, educate staff • Set up principles, test it and evidence it • Carry out baseline review of systems and processes in partnership with key stakeholders • Increate our awareness of approaches including Triple Aim
5	**How can we measure and report on quality assurance and quality improvement going forward?** • Annual quality report • Baseline quality improvement approach in care sector • Baseline quality improvement review – Trusts • Benchmarking (RQIA aware and on top of)

Strategic Session 3 – Using Information and ICT to create an intelligence based approach to inspection and quality improvement

1	**How can RQIA make best use of data held by other organisations to support our roles and functions?** • Mapping exercise building on that presentation • Facility available and lot of data available – we need to be selective use of it • Goldilocks solution (using information selectively) • Prestage – searching for relevant articles of information – got a profile on • Capacity to gather and use available data sources appropriately / structure • We are required to do a quality role / referral importance • Comparison with other UK regions • Taking a report and using information to provide an xxx / state of nation • Is the information as well developed on the regulated sector? (care homes and domiciliary care agencies) • Where do we have a footfall – should analysis of information and xxx • Key indication – what is not xxx happening
2	**Does RQIA have the necessary capacity to process information provided by third parties?** • Two data analysts • Need to change how we process information • Specialist function: need to strengthen process / collection • Need to have skills to asks “right questions” • Developing into a huge warehouse of information • Business intelligence – hard to build capacity internally (core process) • What is available / what to use to best effect / drawing the right conclusions • eg: 5000 complaints Board job
3	**What skills does RQIA need to develop to make effective use of potential external sources of data to inform our assessments about safe, effective and compassionate care?** • Need people who can interpret / analyse information • Specialist activity • Possible “outsourced people” (NISRA) • Resource is needed for Reviews team in Acute hospital inspections • Take inspector – would they know what information should be available to them? • Huge warehouse of information to be drawn on but do we have the capacity? • NISRA – specialist skills

4	**How can RQIA data be used more effectively to help drive quality improvements in services for patients and clients?**
	
	• Safety data / professional alert
	• We do some analysis, reporting and sharing could be better managed and consistent way – make raw data available for others to self-service and tie information report back on their analysis eg research students
	• Finding new ways of sharing good practice – use RQIA data to drive service improvement
	• Trend data to analyse common problem in order to drive productivity of xxx and sign posts to best practice service improvement
	• Better analysis of existing information within regulated services
	• Looking at trends – from inspection and review to identify gaps / opportunities where RQIA can add value to improving health outcomes
	• RQIA data input to existing data warehouses
	• HSC information, knowledge and intelligence hub
	• National Mapping agreement
	• NISRA
	• Do data analysis
	• Could be better managed
	• Where are the good bits in this
	• Trend data we own but haven't analysed
	• Warehouse of data – need to look at this
	• Gaps and opportunities to improve health
	  ○ NISRA
	  ○ National Mapping agreement
	• Can we make our raw data available to others
	• Research: one off sum of money

Strategic Session 4 – Identify future workforce requirements, in terms of both organisational structures and skill sets

Quality Improvement - Relating to Health and Social Care

Seen as a major opportunity and a strongly recommended way forward

1. People require training in QI techniques:

- knowledge of problem-solving, tools and techniques.
- training needs is currently in diagnostic phase which needs worked-through and further development.

2. Need for staff to have conceptual buy-in to allow them to understand why QI is being adopted, what it is, how it works in practice and how they can take part.

- use of practical examples/ scenarios of how QI would improve care Safety, Compassion and Effectiveness should be used.
- skills capacity and knowledge to be built on and developed.
- South Eastern Trust seen as a role model and exemplar in the area of QI. The programme is led from "the top" and is used effectively down-through all levels in the organisation.

3. QI Training for staff should be role-specific.

- there is a requirement to 'ramp up' awareness and capability of improvement techniques specific for those who will lead improvement actions and for those who will be team members.
- Such training to cover: Project design; Analytical skills; problem solving techniques; control charts; data analysis; root-cause analysis; investigative questioning and observation.
- Training for inspectors should be specific to their area of inspection, such as Prisons, Acute Hospitals, Care Homes, MHLD etc.

Strategic Session 4 - RQIA as an organisation with a focus on **collaborative practice** in health and social care services

- Need some discussion about what is 'collaborative' practice
- RQIA sits a bit in isolation; RQIA is often kept at arm's length
- Challenge the external view of RQIA as regulator
- Retraining our space to do this

- Collaboration within HSC 'formerly' noted mind set in Department to exclude us e.g. not part of 2020 because of regulator role.

- Strategy – when to go in and keep distance. Need to negotiate this with organisations e.g. CSE and Regional coordination group.
- RQIA needs to articulate this.

How to induce collaborate?

- Invite other organisations to collaborate with RQIA
- Could we be seen to be risk averse
- RQIA has a unique strength to bring to collaboration but not in a comprising way

The Quality Improvement route may facilitate this focus on 'adding value' to others work e.g. the meerkat approach

Focussed discussion of skills

- Develop political influencing skills of staff with emphasis on holding their own and represent RQIA
- Developing political 'nuance' the Board can do this and staff could learn from Board members
- Mini workshop with Board member to lead discussion. Create a safe space to help with succession.
- Use 'real life' examples and discuss transferability
- Possibility of joint projects with HSC, residential homes e.g. of developing outcomes with organisations with will then be inspected by RQIA
- Collaborative projects with commissions, children's justice and education inspectorate, this links to Quality Improvement 'do what you can'
- Links also with EPSO
- Could develop close links with Review team positive experience with 'whole systems'
- Talked about RQIA willing partners to develop rating
- Good example of collaborative opportunity but not adopting a censorial approach
- Opportunity to work with independent health care provider

Exemplar organisation – these examples illustrate recognition of positive engagement already

- Knowledge Hub was considered to be an example of organisation children's services planning
- Secondments to Public Health agency (2 year)
- Collaborating with QUB to look at culture within children's home – PHD for members of staff
- Hosted UK Inspectors – Justice and Health Care across UK and Ireland 'to how regulate in austerity'
- Examples of learning from Human Embryology – knowledge transfer from other organisations

Establishing priorities

What would system get most benefit from with RQIA involvement?

- How to get recognition for contribution
- Could see Board and PH using RQIA's information more fully and be regarded as offering 'adding value'

Considered needed to relate to the public

- Community pharmacy projects with focus on community development
- Is this a role for RQIA and untapped community partnerships e.g. domiciliary care?
- The contribution is one of understanding e.g. pharmacy services in Balmoral
- This involves broader focus e.g. inspectors collaborating on health outcomes e.g. healthy eating, reviewing menus, smoking, support for service users
- Opportunity to help public to help themselves with safe space to focus on outcomes

Strategic Session 4 - Building Capacity and Capability in RQIA

We need to consider what our core responsibilities are and what processes we have and determine if they are fit for purpose for the future delivery of our functions.

This will require us to look at the structures of all teams in RQIA and if we need to e.g. upskill our staff to perform more effectively to build capacity.

- We can only design a model of provision that will meet our needs after we review our gap analysis.
- This will allow us to forecast our HR requirements.

We may also need to:

- perhaps use extended working hours in terms of how we use staff across the organisation.

- consider the skill sets required to capture and make use of or employ more data analysts who can synthesise information to provide us with key intelligence to inform our inspection and review programme. The information analyst role requires both review and further enhancement to meet the needs of all Directorates.

- review the provision of legal services and the adequacy of this in terms of meeting our needs (or give consideration to the employment of our own legal advisors).

- consider secondments from Trusts, e.g. experienced staff fresh from practice, as some of our inspection staff may not have been engaged in fieldwork for many years.

- consider business improvement knowledge, as a core competency. This should be reviewed at appraisal/performance reviews.

- define our core competencies in line with the business improvement plan for Improvement Leadership Development, using the NHS Leadership Attribute Framework and ensuring delivery on outcome based performance.

- consider the opportunities we can create to make a tangible difference to how we get the message of improvement to stakeholders e.g. high level summit event and conferences/workshops about issues that regionally require a focus.

- consider what can we do within our resource envelope e.g. not necessarily replace like with like when we have vacancies

- ensure staff are outcome focused using evidence based outcomes in their feedback

One of the examples given about skill mix was e.g. finance inspections role. If the majority of what they review could be done by a lower grade skilled e.g. Band 6 officer who can consult with a Band 7, this could this free up some capacity to do more finance inspections.

The possibility of outsourcing some functions was raised in terms of undertaking discreet pieces of work e.g. focused inspections/audits.

We need to be more agile and give reward/recognition. We have good staff moving on to other external posts and we need to consider how we manage this challenge in terms of successor planning.

Staff need to have the ability and competence to gather evidence in an 'outcome focused way and write reports which are easy to understand in terms of demonstrating safety, effectiveness and compassion. The capability internally to demonstrate outcomes by way of data measurement, will assist us in building better inspections outcomes.

We should look at exemplary organisations, both outside health and social care e.g. education providers or others who have received awards for excellence and consider what we could use to excel using e.g. some of their methodologies.

We could also consider creating more work shadowing opportunities for our staff in other sectors to enhance their awareness, knowledge, and skills.

Vision

Purpose

Stakeholders Outcomes

Strategic Themes

Values

To be a driving force for improvement in the quality of health and social care in Northern Ireland

RQIA is the independent health and social care regulator in Northern Ireland.
We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports

Our stakeholders require us to make independent and robust assessments to determine:

Is Care Safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them

Is Care Effective?
The right care, at the right time in the right place with the best outcome

Is Care Compassionate?
Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

To deliver our corporate strategy over the next three years, RQIA will focus on the following themes:

Delivering Operational Excellence
Improving the delivery of our core functions, taking account of best practices

Develop and Execute New Capabilities
Adapting our inspection and review programmes to address emerging needs and priorities

Use Resources Effectively
Concentrate our talents and resources where they are most required, in activities which have the greatest impact for service users

Continuously Improve Key Systems and Processes
Developing and delivering quality improvement workstreams

Focus Improvement Activities on Outcomes
Pursuing opportunities to drive quality improvement across health and social care

Develop and Enhance Effective External Relationships
Communicating effectively with all our stakeholders, and sharing information with other organisations

Actively Lead Change and Manage Risk
Implementing RQIA's strategic change programme, whilst managing known risks and maintaining a strong focus on our core activities

Independence « Inclusiveness « Integrity « Accountability « Professionalism « Effectiveness

Vision

Purpose

Stakeholders Outcomes

Strategic Themes

Values

POLICY AND PROCEDURE ON THE MANAGEMENT AND HANDLING OF COMPLAINTS AGAINST RQIA

Policy Type:	**Operational**
Directorate Area:	**All Directorates**
Policy Author / Champion:	**Jill Munce, Complaints and Representations Manager/ Glenn Houston, Chief Executive**
Date(s) Equality Screened:	**9 August 2010; 20 July 2011; 21 October 2014**
Date(s) Approved by Executive Team:	**25 August 2010; 9 September 2015**
Date(s) Approved by Board:	**3 September 2010; 1 September 2011**
Date of Issue to RQIA Staff:	
Date(s) of Review:	
Date(s) of Re issue to RQIA Staff	

CONTENTS

		Page
SECTION A		
1.0	**Introduction**	**1**
2.0	**Scope**	**1**
3.0	**Policy Statement**	**2**
4.0	**Responsibilities**	**2**
5.0	**Training**	**3**
6.0	**Monitoring/ Evaluation of Policy**	**3**
7.0	**Equality Statement**	**4**
8.0	**Review of the Policy**	**4**
9.0	**Development and Consultation**	**4**
SECTION B		
The Complaints Procedure		**5 - 10**
Stages of the Complaints Procedure		**11 - 16**
Appendices		**17**

1 Flowchart for Handling Complaints at Stage 1
2 Flowchart for Handling Complaints at Stage 2
3 Written Complaints Record Form (for internal recording purposes)
4 Stage 1: Complaint Agreement Proforma
5 Proforma for Recording Non Investigation of Complaint Decision
6 Monitoring Action Plan
7 Employee Support
8 DHSSPS Guidance on the Handling of Unreasonable, Vexatious or Abusive Complainants
9 Implementation Plan

SECTION A

1.0 Introduction

This document is the Policy and Procedure on the Management and Handling of Complaints against RQIA (Complaints Policy and Procedure).

RQIA recognises the importance of having an accessible and impartial process for dealing efficiently and effectively with complaints about its own performance.

The purpose of this policy and procedure is to provide a mechanism for complaints to be addressed in a timely and effective manner.

RQIA is committed to listening to people with whom we have contact, and learning from their experiences of interacting with RQIA.

RQIA's Complaints Policy and Procedure has been developed around four key principles:

- openness and accessibility – flexible options for pursuing a complaint and effective support for those wishing to do so
- responsiveness – providing an appropriate and proportionate response
- fairness and independence – emphasising early resolution in order to minimise strain and distress for all
- learning and improvement – ensuring complaints are viewed as a positive opportunity to learn, and to improve services.

It should be noted that any investigation carried out under the provisions of this Policy and Procedure will not hinder or inhibit the progress of enforcement or escalation activities carried out by the RQIA, under the requisite enforcement or escalation policies and procedures.

2.0 Scope

All employees are required to adhere to this policy and procedure.

This policy should be read in conjunction with the following documents: RQIA Disciplinary Procedure and RQIA Grievance Procedure (Refer to Section B 1.7.1and B 1.7.2), Data Protection Act 1998 and Human Rights Act 1998 (Refer to Section B 1.8) and the Enforcement Policy and Procedure – Regulated Sector (Refer to Section B 1.7)

3.0 Policy Statement

RQIA welcomes comments and complaints, as a source of information about the public's experience of engaging with the organisation. RQIA takes all complaints seriously.

RQIA will try to reach an early resolution to complaints, through engagement with the complainant and thorough investigation.

In taking forward any complaint, RQIA may, where appropriate, seek legal advice.

Any conflict of interest should be identified as soon as possible to RQIA's Complaints and Representations Manager.

RQIA aims to provide the highest possible standard of service in the management of complaints. All complaints received by RQIA will be responded to promptly, in accordance with the timescales stipulated in the Department of Health and Social Services and Public Safety (DHSSPS) Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning (2009).

The outcomes of a complaint will be communicated to the complainant and, where appropriate, RQIA will provide an apology for any action or omission which may have given rise to a complaint about its services.

RQIA will monitor complaints to ensure consistency of approach and any action required to effect improvements is taken in a timely manner.

Definition of a complaint

The following definition is taken from the DHSSPS guidance document (Complaints in Health and Social Care: Standards and Guidelines for Resolution & Learning, 2009):

A complaint is - "an expression of dissatisfaction that requires a response".

4.0 Responsibilities

4.1 **RQIA Board -** is responsible for approving this policy and procedure and holds the Chief Executive accountable for its implementation.

4.2 **Chief Executive -** has overall responsibility for the handling and consideration of complaints about RQIA.

4.3 **Directors** - are accountable for the management of complaints within their own areas of specific responsibility. This includes ensuring that complaints are dealt with promptly and action is taken to disseminate any learning, to avoid any likelihood of recurrence of the complaint.

4.4 **Heads of Programme –** may be responsible for carrying out investigations at Stage 1 and ensuring that local resolution has been fully exhausted. They will draft a report and a proposed response to the complainant for consideration by the Chief Executive.

4.5 **Complaints and Representations Manager -** has overall day to day responsibility for the implementation of the Complaints Policy and Procedure and is responsible for coordinating the complaints arrangements and managing the process.

The Complaints and Representations Manager is responsible for the effective reporting and management of the systems and processes for handling complaints.

4.6 **RQIA's Chair** - is responsible for convening a Stage 2 Complaints Panel.

4.7 **Stage 2 Complaints Panel** - is responsible for reviewing the process of investigation and resolution at Stage 1. The Panel will provide a report for RQIA's Chair detailing the Panel's findings, conclusion and any actions to be taken.

4.8 **Chair of the Stage 2 Complaints Panel** - is responsible for coordinating with the Complaints and Representations Manager, the arrangement of any Complaints Panel meetings.

4.9 **Serious Concerns and Complaints Group (SCCG) -** is responsible for agreeing the recommendations contained in the action plan arising from complaint investigations, and the implementation of these by the operational teams. This group is chaired by RQIA's Chief Executive.

4.10 **Complainants** – will be asked to respond to RQIA in a timely manner, as necessary to provide any additional information required to support the investigation of their complaint.

5.0 Training

RQIA will ensure that all staff are aware of the Complaints Policy and Procedure and steps will be taken to promote awareness of the complaints policy during the induction of staff into the RQIA. (Refer to the Implementation Plan in Appendix 9).

6.0 Monitoring/Evaluation of Policy

This policy will be monitored on a regular basis by the Chief Executive. The implementation of the policy and procedure and any deficiencies

within the policy will be noted by the Chief Executive and any proposed amendments will require to be approved by the Board.

7.0 Equality Statement

This policy was equality screened in October 2014. It was considered to have a neutral impact for equality of opportunity and therefore does not require to be subjected to an equality impact assessment.

8.0 Review of the Policy

This policy will be formally reviewed three years following date of approval.

9.0 Development and Consultation

This policy has been developed in consultation with staff within RQIA, Board members and shared with the Joint Negotiation and Consultative Forum.

SECTION B: The Complaints Procedure

1.0 Background to the Complaints Procedure

1.1. Who can complain?

Anyone directly affected by the way in which RQIA has carried out its functions, or anyone acting directly on such a person's behalf, may make a complaint under RQIA's Complaints Policy and Procedure. This includes individuals or a relevant person acting on behalf of an organisation.

1.2 How can complaints be made?

Complaints should be made in writing, either by letter or email, to RQIA's Complaints and Representations Manager at the following address:

RQIA Complaints and Representations Manager
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

By email: info@rqia.org.uk

Complaints initially received by email will be acknowledged by a letter, and complainants will be asked to provide a contact address to the Complaints and Representations Manager. All subsequent correspondence regarding the investigation of the complaint and the reporting of the outcome of a complaint will be responded to by a letter to the complainant or, with the consent of the complainant, a letter to the complainant's representative.

If a person feels unable to communicate a complaint and requires assistance to submit their views in writing, the staff of the Patient and Client Council (PCC) can offer independent advice and support. (Refer to Section B 1.12)

1.3 Timescales within which complaints will be considered

A complaint should be made as soon as possible after the action giving rise to it, normally within six months of the event. However, in exceptional circumstances, if a complainant can demonstrate that they became aware of the circumstances relating to the complaint after 6 months, the Chief Executive can use discretion to extend this time limit to a period not exceeding 12 months.

1.4 Timescales within which complainants will receive a response

Correspondence will be sent as follows:

- a written acknowledgement will be sent to the complainant within two working days of receipt of complaint
- if a Stage 1 investigation is undertaken, the findings will normally be sent to the complainant within 20 working days of receipt of a complaint
- if a Stage 2 review is undertaken, the findings will normally be sent to the complainant within 40 working days of receipt of a request for a Stage 2 review.

Complainants will be advised by the Complaints and Representations Manager if there is likely to be a delay in responding to their complaint within the specified timescales and, where reasonably practicable, will keep the complainant informed about the progress of the investigation.

1.5 Complaints about RQIA

Complaints may be about any aspect of RQIA's business, but usually refer to the way RQIA has carried out, or failed to carry out, any aspect of its work and usually fall into one of two categories:

- complaint concerning an individual employee
- complaint relating to how RQIA conducts its business

The complainant will be asked what they would like to see happen as a result of having made a complaint.

1.6 Complaints that RQIA will not investigate

RQIA will not investigate complaints that are considered vexatious. Any such decision will require the authorisation of the Chief Executive and this will be recorded on the relevant template. (Appendix 5)

Where a complaint is of a vexatious nature, it will be dealt with in accordance with the DHSSPS guidelines (Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning, 2009) set out in Appendix 8.

Unreasonable, vexatious or abusive complainants, along with threats or abuse of staff, will not be tolerated and, where appropriate, will be referred to the Police Service of Northern Ireland.

1.7 Matters Excluded from this Policy and Procedure

The following matters are excluded from this policy and procedure:

- Any matter relating to a representation will be considered in line with the RQIA's Enforcement Policy.

- Any matter about which a group of service providers or their representative body has an issue of general concern. This should be raised directly with RQIA's Chief Executive for consideration and resolution.

- Any matter relating to employee relations, either in respect of a dispute regarding a contract of employment or representations from applicants about the interview and selection process. These will be dealt with under the RQIA human resources policy and procedures.

- Any matter relating to the content of inspection reports. The appropriate way to seek a correction of inaccuracy with the content of a draft inspection report is through the process of proposing factual accuracy changes and/ or making comments within 28 days of the issue of the draft inspection report.

- Any matter arising out of RQIA's alleged failure to comply with data subject requests made under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000. These matters will be considered under the Data Protection Act and the Freedom of Information Act respectively.

- Any matter which is being or has been investigated by the Northern Ireland Commissioner for Complaints (Northern Ireland Ombudsman).

- Any matter which is the subject of an independent inquiry or legal proceedings.

1.7.1 Staff Grievances

RQIA has procedures for handling staff grievances and therefore internal complaints of this nature are not covered by this policy.

1.7.2 Disciplinary Procedure

A complaint in relation to a member of staff will firstly be considered under the Complaints Policy and Procedure and if it is to be investigated under the Disciplinary Procedure, the member of staff will be informed.

1.7.3 An Investigation by Professional Regulatory Bodies

The complainant and the member of staff involved in the complaint should be advised that any information obtained during a complaints investigation may be passed to any relevant regulatory body.

1.7.4 Legal Action

If a complainant's initial communication is received by RQIA through a solicitor's letter, the inference should not necessarily be that they have decided to take legal action. Complainants will be asked to confirm if litigation is pending against RQIA, or due to be initiated. In such circumstances, the complaint investigation should cease under the RQIA's Complaints Policy and Procedure.

1.7.5 Statutory Obligations

In fulfilment of its statutory obligations, RQIA will, where necessary, liaise, with other investigatory agencies, e.g. PSNI, Police Ombudsman, the Coroner and the Prisoner Ombudsman, to agree the conduct of the investigation.

1.8 Consent and Confidentiality

RQIA staff must be aware of the legal and ethical duty to protect the confidentiality of third party information. The legal requirements are set out in the Data Protection Act 1998, and the Human Rights Act 1998. The common law duty of confidentiality must be observed. Ethical guidance is provided by the respective professional bodies.

Complaints by a third party should be made with the written consent of the individual concerned, unless the individual is not capable of giving consent, lacks capacity or is deceased. RQIA staff should ensure that, where necessary, they receive written copies of consent from the person on whose behalf the complaint is being made, except in the specific circumstances outlined above.

A third party's consent is required if his/her personal information is to be disclosed with a clear explanation of the purpose of seeking the information. This will be recorded by the Complaints and Representations Manager.

1.9 Reporting Requirements

In line with the DHSSPS guidelines (Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning, 2009), RQIA must prepare reports at regular quarterly intervals for the Board's information. The Complaints and Representations Manager will collate information on complaints for the Board, RQIA's Annual Report and

Accounts and RQIA's Annual Quality Report and will maintain a register of all complaints.

These reports will specify the number of complaints received about RQIA and addressed within the provision of the RQIA Complaints Policy and Procedure. The reports will also identify to whom lessons learned have been disseminated, within an agreed timescale.

The Board will be kept updated on the type of complaints, and how recommendations have been implemented.

1.10 Learning from Complaints

All recommendations arising from investigations of complaints will be outlined in an action plan (refer to Appendix 6) by the Complaints and Representations Manager. The Complaints and Representations Manager will bring the action plan to the Serious Concerns and Complaints Group and discuss this with the relevant directors. Once agreed, each director will ensure that actions plans are implemented within their respective areas of responsibility.

It is important to identify areas of learning from complaints investigations/ reviews and disseminate this learning to all relevant staff groups, in order to improve performance and reduce the likelihood of any recurrence of the actions/omissions giving rise to the complaint.

1.11 Supporting Complainants and Staff during Investigations

Advice and assistance is available to complainants at any stage in the complaints process from the Complaints and Representations Manager by contacting RQIA on tel: (028) 9051 7500.

In addition, independent advice and support for complainants is available from the Patient and Client Council (PCC). Details are available from the RQIA's Complaints and Representations Manager, or can be obtained on the PCC website www.patientclientcouncil.hscni.net.

RQIA recognises that being the subject of a complaint can be distressing to staff. Sources of support that are available to staff are outlined in Appendix 7.

1.12 Former employees of RQIA

Where a former employee of RQIA is subject to a complaint and the complaint investigation remains ongoing when they are no longer an employee, they will be informed of the outcome at the conclusion of the investigation.

If a former employee is subject to a complaint, consideration will be given to contacting them as part of any investigation or review.

2.0 STAGES OF THE COMPLAINTS PROCEDURE

RQIA aims to provide full, fair, timely and appropriate responses to those who make a complaint.

2.1 Oral Complaints/Concerns/Comments

All oral complaints about RQIA, or RQIA members of staff, should first be directed to the Complaints and Representations Manager, who will advise the complainant of the complaints process and request confirmation of the complaint in writing. The complaint will follow the stages within RQIA's complaints policy and procedure.

2.2 Anonymous Complaints

Any anonymous complaints should in the first instance be directed to the Complaints and Representations Manager, who will notify the relevant line manager, where appropriate, for investigation within, RQIA. All issues raised will be reviewed and an investigation carried out, as appropriate. RQIA cannot respond to an anonymous complaint as they cannot contact the complainant.

2.3 Written Complaints

If the complainant wishes to make a written complaint he/she can write to the RQIA's Complaints and Representations Manager.

The two stages used by RQIA to resolve complaints are as follows:

Stage 1: Local Resolution
- Early Resolution
- Formal Resolution

Stage 2: Review by a Stage 2 Complaints Panel

2.4 Stage 1: Early Resolution

2.4.1 The complaint should be made to the RQIA Complaints and Representations Manager who will acknowledge the complaint in writing within 2 working days of receipt of complaint.

The Complaints and Representations Manager will notify the relevant line manager within one working day of receipt of the complaint.

- If the complaint relates to a member of staff within RQIA, below Director level, the Complaints and Representations Manager will notify the relevant line manager (investigating officer)
- If a complaint relates to a Director, the Chief Executive will designate an investigating officer.

- If a complaint relates to the Chief Executive, RQIA's Chair will designate a Board member as investigating officer.

2.4.2 Stage 1 is expected to be completed within 20 working days of receipt of a complaint received by RQIA. Every effort will be made to inform the complainant of the findings within this timescale. If the investigating officer cannot complete his/her investigation within 20 working days he/she should inform the Complaints and Representations Manager, who will advise the complainant. (Refer to Section B 1.4)

2.4.3 The investigating officer is required to familiarise themselves with the relevant documentation relating to the complaint, along with documents relating to any relevant regulated or inspected services involved.

2.4.4 If the complaint is about the actions or omissions of a member of staff, the member of staff involved will be informed of the nature of the complaint by the relevant investigating officer and unless determined otherwise, will be given a copy of the letter of complaint, within 2 working days of the receipt of the complaint. The staff member will be advised of the type of investigation that will be undertaken (following the investigating officer's contact with the complainant) and will also be informed of the outcome, any further action to be taken, and support that can be provided. (Refer to Appendix 7)

2.4.5 This stage of the procedure must be used to seek resolution to the problem at the point where it arises. The investigating officer should make contact with the complainant by telephone, in writing or a face to face meeting within four working days of receipt of the complaint being received in RQIA. If resolution is achieved at this stage, the investigating officer will write to the complainant to confirm the resolution. This letter will be copied to the Chief Executive and to the Complaints and Representations Manager who will record on the complaints database that the complaint was resolved by early resolution.

2.4.6 Following contact, if the investigating officer cannot resolve the complaint informally, he/she will arrange a date for a meeting with the complainant, normally within six working days of receipt of the complaint being received in RQIA. They will also inform the Complaints and Representations Manager by email that the complaint requires to be taken to formal resolution stage.

2.4.7 Where early resolution is not deemed appropriate, this should be recorded in writing by the investigating officer and they should proceed to Stage 1: Formal Resolution.

2.5 Stage 1: Formal Resolution

2.5.1 A meeting will be held between the investigating officer and the complainant, to give the complainant an opportunity to clarify his/her matters of dissatisfaction, together with their desired outcomes. The

complainant and investigating officer will complete the 'Complaint Agreement Proforma' as required. (Refer to Appendix 4)

2.5.2 The investigating officer will contact any other relevant persons to arrange a date to interview them, to gain a full understanding of events surrounding the complaint. He/she should be contacted normally within seven working days of receipt of the complaint and a date for interviews to take place should be arranged within nine working days of receipt of a complaint being received in RQIA.

2.5.3 The investigating officer should appoint a note taker who will record each of the interview statements. After completion of any interview, the investigating officer will arrange for the note taker to type up the interview statements. These will be sent to interviewees for factual accuracy checking, their signature and return to RQIA (investigating officer) within an agreed timeline.

2.6 Reporting on the Outcome of the Investigation

2.6.1 The investigating officer should produce a clear report, demonstrating that conclusions are based on clearly stated evidence and differentiating between fact and opinion. It is essential that any conclusion/ recommendations are substantiated and clearly linked to findings.

2.6.2 The investigating officer will draft a letter to the complainant for the Chief Executive's consideration, detailing any findings, conclusions and any recommendations for RQIA. This letter should be completed within fifteen working days of receipt of the complaint.

2.6.3 The letter of response to the complainant must make explicit the findings to each aspect of the complaint and indicate whether the complaint (or each element of the overall complaint) is upheld or not upheld. If a complaint contains more than one element, or if some elements are upheld and others not upheld', the letter must clearly state whether the complaint was fully or partially upheld.

2.6.4 Where the complaint is fully or partially upheld, the letter to the complainant should contain an expression of apology.

2.6.5 The Chief Executive will forward the final agreed response to the complainant and any person subject to the complaint, normally within twenty working days of the receipt of the complaint.

2.6.6 The Chief Executive, in the final agreed response, will advise the complainant that if they are not satisfied with the response, they can write to RQIA's Chair of RQIA (within seven working days from the date the letter of findings was issued by the Chief Executive) to request a Stage 2 Review by the Complaints Panel. The complainant must outline the specific areas of dissatisfaction with the Stage 1 investigation and what resolution he/she seeks.

2.7 Stage 2: Review by the Stage 2 Complaints Panel

2.7.1 Where the complainant requests a Stage 2 Review by the Complaints Panel, the RQIA Chair, in consultation with the Complaints and Representations Manager, will acknowledge receipt of this letter within two working days.

2.7.2 The Stage 2 Review is normally expected to be completed within forty working days of RQIA's Chair receiving the request for the complaint to be progressed to Stage 2.

2.7.3 RQIA's Chair will convene a Stage 2 Complaints Panel and agree with the Complaints and Representations Manager, a date for the panel to meet, which will normally be within five working days of receipt of the request for a Stage 2 Review.

2.7.4 The Stage 2 Complaints Panel will consist of at least two board members and a director (not involved in the Stage 1 investigation). RQIA's Chair will ensure there is a balance of gender on each Panel and will nominate a Board member to chair the panel. If the complaint involves a Director or the Chief Executive, the Stage 2 Complaints Panel will comprise three Board members.

2.7.5 If in the event that all directors have previously been involved with the Stage 1 investigation, RQIA's Chair can, if he/she so chooses, appoint another board member to the Stage 2 Complaints Panel.

2.7.6 RQIA's Chair, with support from the Complaints and Representations Manager, will provide the Stage 2 Complaints Panel with all relevant information relating to the investigation of the complaint at Stage 1.

The terms of reference for the Stage 2 Complaints Panel will be:

1. To examine the previous process of investigation and resolution.

2. To consider whether the findings at Stage 1 were fair reasonable and proportionate, and made in accordance with the evidence presented.

2.7.7 At the initial meeting (normally within five working days of receipt for a Stage 2 review), the Stage 2 Complaints Panel will review all relevant documentation relating to the complaint, the areas of dissatisfaction cited by the complainant with the Stage 1 investigation, and the resolution sought.

2.7.8 The Stage 2 Complaints Panel should convene a second meeting, normally within five working days of the initial meeting. At this meeting, if the Stage 2 Complaints Panel concludes that the Stage 1 investigation process was followed correctly, or alternatively, that any defect in the

process has not had a material effect on the outcome, the panel will proceed to consider the evidence and, having considered all the evidence available at Stage 1, will complete its report confirming whether or not the outcome was fair, reasonable and proportionate and made in accordance with the evidence presented.

2.7.9 If the Stage 2 Complaints Panel finds an issue in the manner in which the complaint was investigated and this has had a material effect on the outcome of the Stage 1 investigation, the Stage 2 Complaints Panel will have the opportunity to meet with the investigating officer from Stage 1 to seek further clarity.

2.7.10 A letter should then be prepared for RQIA's Chair to send to the complainant, detailing the panel's findings, conclusions and any recommendations for RQIA, within 35 working days (from the receipt of the request for a Stage 2 review).

2.7.11 RQIA's Chair will forward the final agreed letter to the complainant indicating the findings of the panel, within 5 working days from receiving the Stage 2 Complaints Panel draft letter and report. The letter will also be copied to the Chief Executive, who will determine onward distribution. The letter will advise the complainant that if he/she remains dissatisfied, they have the right to refer their complaint to the Northern Ireland Commissioner for Complaints (Northern Ireland Ombudsman).

2.8 The Northern Ireland Commissioner for Complaints (Northern Ireland Ombudsman)

If a complainant remains dissatisfied with the outcome of a Stage 2 Review from RQIA they may wish to refer their complaint to the Northern Ireland Ombudsman.

The Northern Ireland Ombudsman is independent and investigates complaints of maladministration against any public body. The Northern Ireland Ombudsman will not generally investigate a complaint until it has first been progressed through local procedures.

Contact details for the Northern Ireland Ombudsman are as follows:

In person: The Ombudsman Office
Progressive House
33 Wellington Place
Belfast

In writing: The Ombudsman
Freepost RTKS-BAJU-ALEZ
Belfast
BT1 6BR

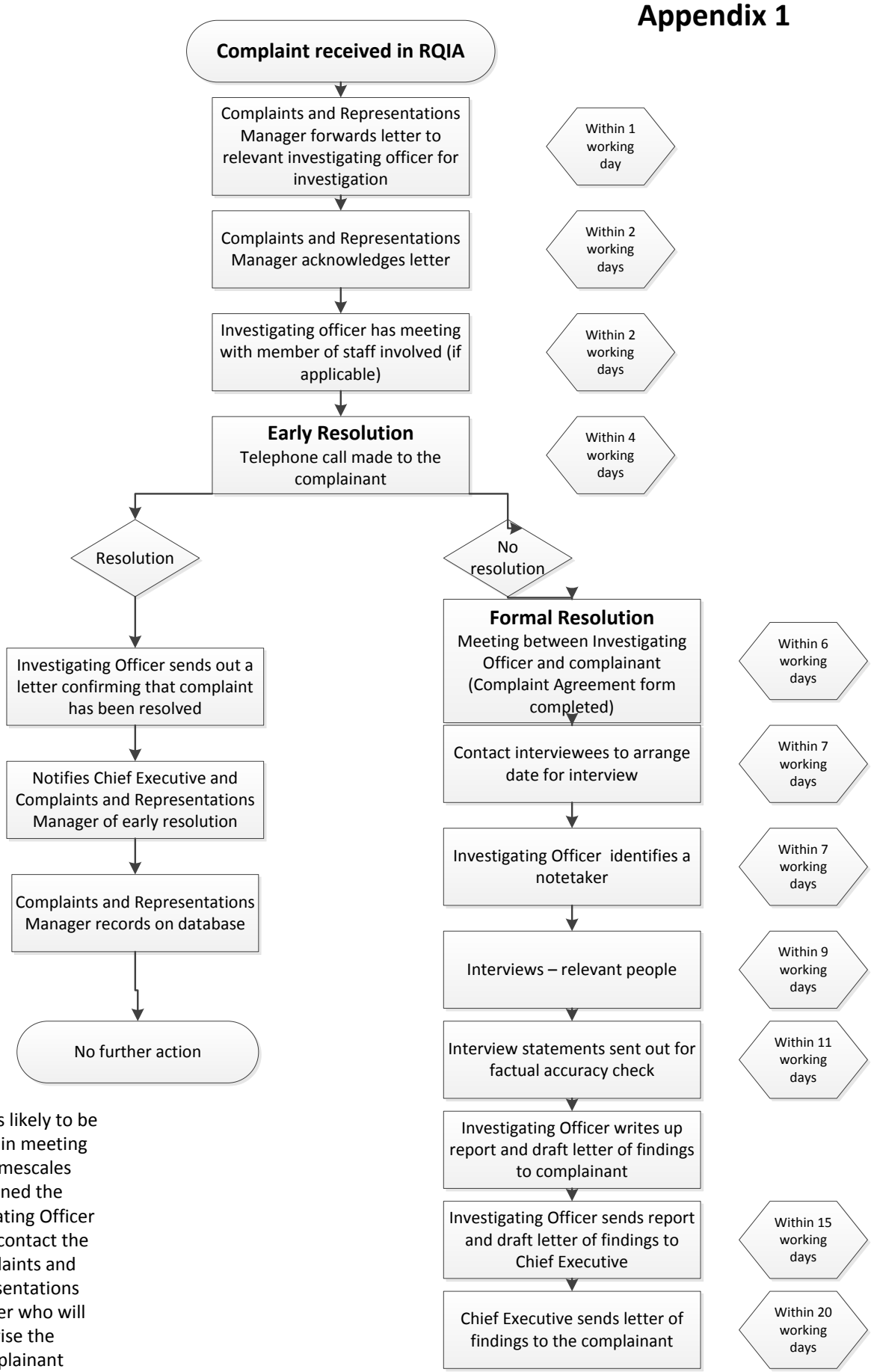
Telephone: 0800 34 34 24 (free-phone number)
Or 028 9023 3821 (switchboard)

Fax: 028 9023 4912

Email: ombudsman@ni-ombudsman.org.uk

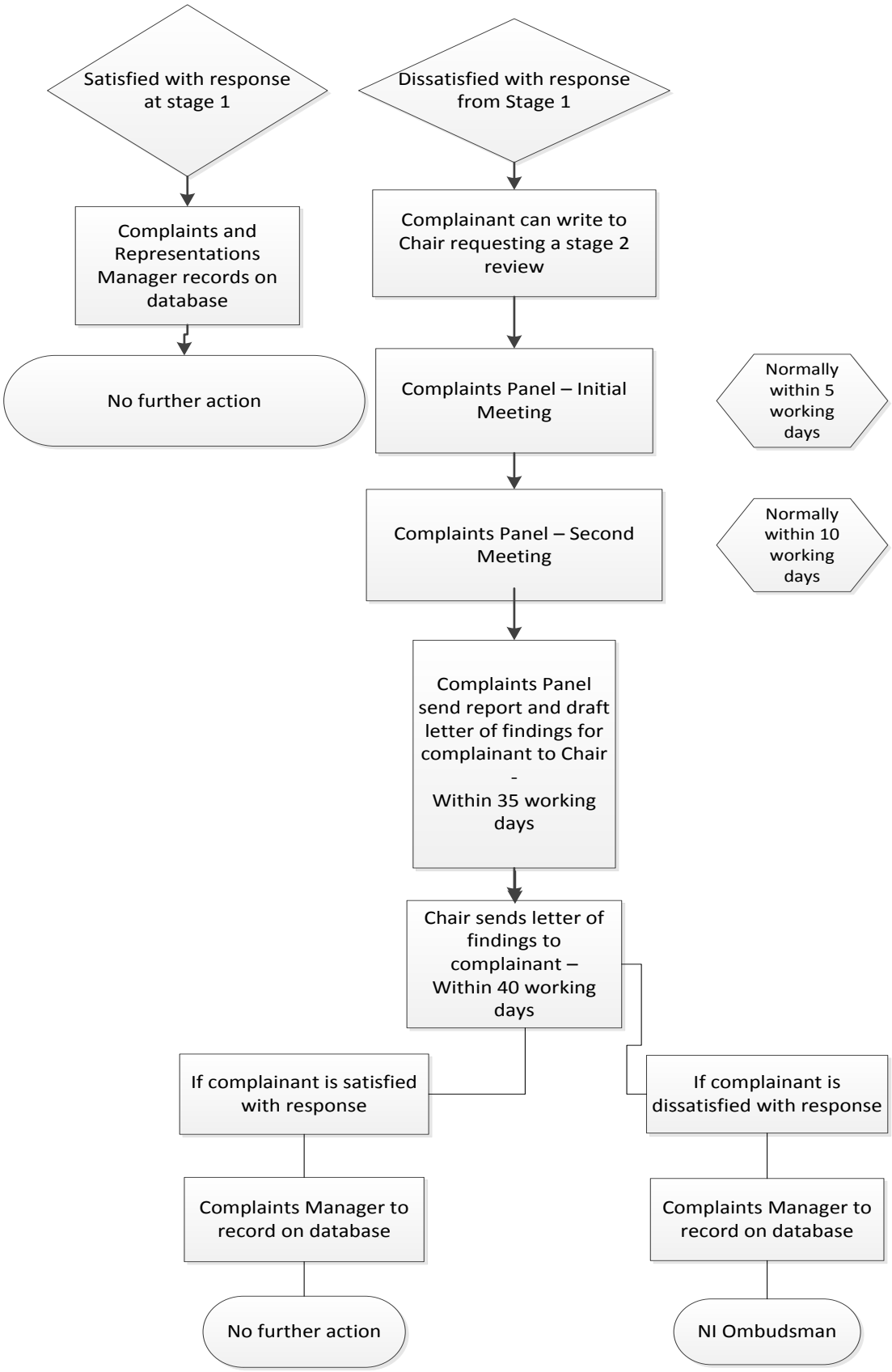
APPENDICES

Appendix 1



If there is likely to be a delay in meeting the timescales outlined the Investigating Officer should contact the Complaints and Representations Manager who will advise the complainant

Appendix 2


Satisfied with response at stage 1
Dissatisfied with response from Stage 1
Complaints and Representations Manager records on database
Complainant can write to Chair requesting a stage 2 review
No further action
Complaints Panel – Initial Meeting
Normally within 5 working days
Complaints Panel – Second Meeting
Normally within 10 working days
Complaints Panel send report and draft letter of findings for complainant to Chair - Within 35 working days
Chair sends letter of findings to complainant – Within 40 working days
If complainant is satisfied with response
If complainant is dissatisfied with response
Complaints Manager to record on database
Complaints Manager to record on database
No further action
NI Ombudsman

The Regulation and Quality Improvement Authority

Appendix 3

Complaints Record	
Ref No: _____	**Date Received: _____**
Date acknowledged: _____	**Within 2 days:(Y/N) _____**
STAGE 1	
Date passed to Investigating Officer: _____ **Name of Investigating Officer: _____**	
Early Resolution	
Date of Tel Call: _____ Resolved:(Y/N) _____ **Date letter sent to complainant: _____** **Date Complaints and Representations Manager informed: _____ _____** **Date recorded on database by Complaints and Representations Manager: _____**	
Formal Resolution	
Date of meeting with complainant: _____ **Interviews required: (Y/N) _____ Date for Interviews: _____** **Date statement sent to interviewee (s) for factual accuracy: _____** **Date statement returned by interviewee: _____** **Report and draft letter of findings sent to CE: _____ Within 15 working days: ____ (Y/N)** **Date response sent to complainant: _____ Within 20 working days: _____(Y/N)**	

Delay in responding to complainant within 20 working days: _____(Y/N)

Reason for delay in responding to complainant:

_____
_____
_____
_____

Date complainant was informed of delay: _____

Overall Findings: _____ **(Upheld/ Not Upheld/ Partially Upheld)**

Date recorded on database by Complaints and Representations Manager: _____

STAGE 2

Date request received for Stage 2 Review: _____

Date acknowledged: _____ **Within 2 days: (Y/N)** ____

Chair of Complaints Panel: _____

Members of Complaints Panel: _____

_____

_____

Date of Complaints Panel initial meeting: _____
(Within 5 days)

Date of Complaints Panel second meeting: _____
(Within 10 days)

Date report and proposed draft letter sent to Chief Executive: _____ **Within 35 days: (Y/N)** _____
Date letter of findings sent to complainant: _____ **Within 40 days:** _____**(Y/N)**
Reason for delay in responding to complainant: _____ _____ _____ _____ **Date complainant was informed of delay:** _____
Date recorded on database by Complaints and Representations Manager: _____

The Regulation and Quality Improvement Authority

STAGE 1: COMPLAINT AGREEMENT PROFORMA

Please complete in Capital Letters and in ink

SECTION 1 – Complainants Name and Address

Surname:		**Mr/Mrs/Miss/Ms/Dr:**
Forename (s):		
Address:		
		Postcode:
Telephone:	**Home:**	**Mobile:**

SECTION 2 – Details of Complaint

2 a) How have the actions of the RQIA affected you?

2 b) On or about what date did the action complained of occur?

2 c) What outcome do you hope to achieve as a result of your complaint?

2 d) If there has been a delay of more than 6 months in telling us of your complaint please state why.

SECTION 3 – Declaration by Complainant

Please sign the statement below
I wish the RQIA to carry out a Stage 1 investigation into my complaint.

Signed (complainant):	**Date:**

If you are not the complainant please state your connection to the complainant, if they have given consent and indicate why that person is unable to make the complaint him/herself.

Relationship to complainant: **Reasons why complainant is unable to act for themselves:**

SECTION 4 – Declaration by Director/ Head of Programme

Please sign the statement below
I acknowledge receipt of your complaint and agree to action a Stage 1 investigation in accordance with the RQIA Complaints Procedure

Signed:	**Date:**

Appendix 5

Proforma for Recording Non Investigation of Complaint Decision (Ref B 1.6)

Surname:		**Mr/Mrs/Miss/Ms/Dr:**
Forename (s):		
Address:		
		Postcode:
Telephone:	**Home:**	**Mobile:**

Nature of Complaint:

Reason that RQIA will not investigate this complaint:

Signed: _____ **Date: _____**
Chief Executive

Action Plan following <NAME OF COMPLAINT> Complaint Investigation < Stage X > Date: <DATE>

Type	N^{o}.	Recommendation	Action Required	Responsible Person	Timescale for Completion	Actions Taken	Completion Date	DISSEMINATION TO STAFF		
								Date	To which staff	By whom

Chief Executive

Director of Regulation and Nursing

Director of Mental Health and Learning Disability

Director of Reviews and Medical Director

Date

Employee support

1.1 Employees who are the subject of a complaint under investigation must be assured that at all times the focus of the investigation is to ensure that an open, fair, objective and thorough investigation is carried out to establish all the facts of the case. Employees must be confident that they will be given every opportunity to contribute to the investigatory process prior to the conclusion of the investigation.

1.2 It is important that all those involved are sensitive to the fact that the employee may well have difficulty talking about incidents relating to the complaint and may become distressed during any interview. It is particularly important that support is continually offered to the employee throughout the process and is available for the employee when the outcome of the investigation is made known to them.

1.3 Employees subject to investigation can be accompanied by a colleague, trade union or professional association representative at any meeting or interview.

1.4 Line Managers will be informed that an employee within their team is the subject of a complaint investigation. They will treat this information confidentially and ensure that the employee has access to all means of support that they wish, to help them throughout the process. In addition to their Line Manager this support may also be from:

- staff care
- Trade Union representative
- Human Resources representative
- Other colleagues

1.5 The employee's Line Manager must discuss with them the support that they wish to have throughout the process and should also positively support the employee to continue to carry out their role while the investigation is being carried out. If the employee is an inspector his/her Line Managers must give consideration to a range of factors when deciding whether the employee should continue, either in the short term or the long term, as the inspector for the facility the complainant is associated with.

These include:

- the employee's view of whether this is possible and desirable;
- the degree of risk associated with further contact between the employee and the complainant and whether this is manageable;
- the nature and seriousness of the allegations made;

- the impact on the reputation and credibility of the employee and RQIA if case transfer takes place;
- the impact on the reputation and credibility of the employee and RQIA if there is no case transfer;
- the view of the complainant, where this has been stated; and
- whether or not there has been an irretrievable breakdown in the relationship between the employee and the service.

1.6 If, during an investigation, other employees require to be interviewed, they should be offered the same level of support as the employee who is the subject of the complaint. Employees interviewed as part of an investigation will be bound by their contract of employment in respect of confidentiality regarding the details of the complaint.

1.7 Where a complainant names an individual employee(s), the employee(s) being investigated with their representative will be advised by their Line Manager of the proposed resolution. Whilst the Chief Executive will retain the authority to determine the final content and wording of any correspondence, the employee(s) will have the opportunity where there are genuine professional differences of opinion to:

- submit comments at any point in the investigation
- be advised of the resolution of the complaint at the same time as the person raising the complaint. All parties will also be advised if the complaint has been upheld, not upheld or partially upheld.

1.8 Under the terms of the RQIA's Grievance Procedure the named employee may exercise a right to raise a grievance if they believe the investigation has been conducted inappropriately or confidentiality was breached.

Appendix 8

Guidance on the Handling of Unreasonable, Vexatious or Abusive Complainants

(taken from DHSSPS Complaints in Health and Social Care: Standards & Guidelines for Resolution & Learning, April 2009)

1. HSC staff must be trained to respond with patience and empathy to the needs of people who make a complaint, but there will be times when there is nothing further that can reasonably be done to assist them. Where this is the case and further communications would place inappropriate demands on HSC staff and resources, consideration may need to be given to classifying the person making a complaint as an unreasonable, demanding or persistent complainant.

2. In determining arrangements for handling such complainants, staff need to:
    - Ensure that the complaints procedure has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed;
    - Appreciate that even habitual complainants may have grievances which contain some substance;
    - Ensure a fair approach
    - Be able to identify the stage at which a complainant has become habitual.

3. The following Unacceptable Actions Policy (16) should only be used as a last resort after all reasonable measures have been taken to resolve the complaint.

Unacceptable actions policy

4. This policy sets out the approach to those complainants whose actions or behaviour HSC organisations consider unacceptable. The aims of the policy are:
    - To make it clear to all complainants, both at initial contact and throughout their dealings with the organisation, what the HSC organisation can or cannot do in relation to their complaint. In doing so, the HSC organisation aims to be open and not raise hopes or expectations that cannot be met;
    - To deal fairly, honestly, consistently and appropriately with all complainants, including those whose actions are considered unacceptable. All complainants have the right to be heard, understood and respected. HSC staff have the same rights.
    - To provide a service that is accessible to all complainants. However, HSC organisations retain the right, where it considers complainants' actions to be unacceptable, to restrict or change access to the service;
    - To ensure that other complainants and HSC staff do not suffer any disadvantage from complainants who act in an unacceptable manner.

Defining Unacceptable Actions

5. People may act out of character in times of trouble or distress. There may have been upsetting or distressing circumstances leading up to a complaint. HSC organisations do not view behaviour as unacceptable just because a complainant is assertive or determined. In fact, it is accepted that being persistent can be a positive advantage when pursuing a complaint. However, the actions of complainants who are angry, demanding or persistent may result in unreasonable demands on the HSC organisation or unacceptable behaviour towards HSC staff. It is these actions that HSC organisations consider unacceptable and aim to manage under this policy. These unacceptable actions are grouped under the following headings:

Aggressive or abusive behaviour

6. Violence is not restricted to acts of aggression that may result in physical harm. It also includes behaviour or language (whether verbal or written) that may cause staff to feel afraid, threatened or abused. Examples of behaviours grouped under this heading include threats, physical violence, personal verbal abuse, derogatory remarks and rudeness. HSC organisations also consider that inflammatory statements and unsubstantiated allegations can be abusive behaviour.

7. HSC organisations expect its staff to be treated courteously and with respect. Violence or abuse towards staff is unacceptable and a Zero Tolerance approach must be adopted. HSC staff understand the difference between aggression and anger. The anger felt by many complainants involves the subject matter of their complaint. However, it is not acceptable when anger escalates into aggression directed towards HSC staff.

Unreasonable demands

8. Complainants may make what the HSC consider unreasonable demands through the amount of information they seek, the nature and scale of service they expect or the number of approaches they make. What amounts to unreasonable demands will always depend on the circumstances surrounding the behaviour and the seriousness of the issues raised by the complainant. Examples of actions grouped under this heading include demanding responses within an unreasonable timescale, insisting on seeing or speaking to a particular member of staff, continual phone calls or letters, repeatedly changing the substance of the complaint or raising unrelated concerns.

9. HSC organisations consider these demands as unacceptable and unreasonable if they start to impact substantially on the work of the organisation, such as taking up an excessive amount of staff time to the disadvantage of other complainants or functions.

Unreasonable persistence

10. It is recognised that some complainants will not or cannot accept that the HSC organisation is unable to assist them further or provide a level of service other than that provided already. Complainants may persist in disagreeing with the action or decision taken in relation to their complaint or contact the organisation persistently about the same issue. Examples of actions grouped under this heading include persistent refusal to accept a decision made in relation to a complaint, persistent refusal to accept explanations relating to what the HSC organisation can or cannot do and continuing to pursue a complaint without presenting any new information. The way in which these complainants approach the HSC organisation may be entirely reasonable, but it is their persistent behaviour in continuing to do so that is not.

11. HSC organisations consider the actions of persistent complainants to be unacceptable when they take up what the HSC organisation regards as being a disproportionate amount of time and resources.

Managing Unacceptable Actions

12. There are relatively few complainants whose actions a HSC organisation consider unacceptable. How the organisation manages these depends on their nature and extent. If it adversely affects the organisation's ability to do its work and provide a service to others, it may need to restrict complainant contact with the organisation in order to manage the unacceptable action. The HSC organisation will do this in a way, wherever possible, that allows a complaint to progress to completion through the complaints process. The organisation may restrict contact in person, by telephone, fax, letter or electronically or by any combination of these. The organisation will try to maintain at least one form of contact. In extreme situations, the organisation will tell the complainant in writing that their name is on a "no contact" list. This means that they may restrict contact with the organisation to either written communication or through a third party.

13. The threat or use of physical violence, verbal abuse or harassment towards HSC staff is likely to result in the ending of all direct contact with the complainant. All incidents of verbal and physical abuse will be reported to the police.

14. HSC organisations do not deal with correspondence (letter, fax or electronic) that is abusive to staff or contains allegations that lack substantive evidence. When this happens the HSC organisation will tell the complainant that it considers their language offensive, unnecessary and unhelpful. The HSC organisation will ask them to stop using such language and state that it will not respond to their correspondence if they do not stop. The HSC organisation may require future contact to be through a third party.

15. HSC staff will end telephone calls if the caller is considered aggressive, abusive or offensive. The staff member taking the call has the right to make this decision, tell the caller that the behaviour is unacceptable and end the call if the behaviour does not stop.

16. Where a complainant repeatedly phones, visits the organisation, sends irrelevant documents or raises the same issues, the HSC organisation may decide to:
    - Only take telephone calls from the complainant at set times on set days or put an arrangement in place for only one member of staff to deal with calls or correspondence from the complainant in the future;
    - Require the complainant to make an appointment to see a named member of staff before visiting the organisation or that the complainant contacts the organisation in writing only;
    - Return the documents to the complainant or, in extreme cases, advise the complainant that further irrelevant documents will be destroyed;
    - Take other action that the HSC organisation considers appropriate. The HSC organisation will, however, tell the complainant what action it is taking and why.

17. Where a complainant continues to correspond on a wide range of issues and the action is considered excessive, then the complainant is told that only a certain number of issues will be considered in a given period and asked to limit or focus their requests accordingly.

18. Complainant action may be considered unreasonably persistent if all internal review mechanisms have been exhausted and the complainant continues to dispute the HSC organisation's decision relating to their complaint. The complainant is told that no future phone calls will be accepted or interviews granted concerning this complaint. Any future contact by the complainant on this issue must be in writing. Future correspondence is read and filed, but only acknowledged or responded to if the complainant provides significant new information relating to the complaint.

Deciding to restrict complainant contact

19. HSC staff who directly experience aggressive or abusive behaviour from a complainant have the authority to deal immediately with that behaviour in a manner they consider appropriate to the situation in line with this policy. With the exception of such immediate decisions taken at the time of an incident, decisions to restrict contact with the organisation are only taken after careful consideration of the situation by a more senior member of staff. Wherever possible, the HSC organisation will give the complainant the opportunity to modify their behaviour or action before a decision is taken. Complainants are told in writing why a decision has been made to restrict future contact, the restricted contact arrangements and, if relevant, the length of time that these restrictions will be in place.

Appealing a decision to restrict contact

20. A complainant can appeal a decision to restrict contact. A senior member of staff who was not involved in the original decision considers the appeal. They advise the complainant in writing that either the restricted contact arrangements still apply or a different course of action has been agreed.

Recording and reviewing a decision to restrict contact

21. The HSC organisation will record all incidents of unacceptable actions by complainants. Where it is decided to restrict complainant contact, an entry noting this is made in the relevant file and on appropriate computer records. A decision to restrict complainant contact may be reconsidered if the complainant demonstrates a more acceptable approach. A senior member of staff will review the status of all complainants with restricted contact arrangements on a regular basis.

Appendix 9

Implementation Plan for the Policy and Procedure on the Management and Handling of Complaints against RQIA

		Issues identified
1.	Any implementation issues arising from the development of the policy	• The Complaints and Representations Manager will send an email to all RQIA staff attaching the revised Policy and Procedure on the Management and Handling of Complaints against RQIA, to ensure understanding of the new policy and procedure and the roles and responsibilities of RQIA staff and Board members. • The RQIA website will provide information about the complaints policy and procedure and clear guidelines on how to make a complaint about RQIA. • The Committee Administrator will send a copy of the revised policy to all Board members.
2.	Any training implications for staff / other stakeholders	• All new staff to RQIA will be made aware of the Complaints Policy and Procedure as part of their induction.
3.	Any other resource implications	• The Complaints Policy and Procedure can be available in a range of formats if required.

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 September 2015
Title of Paper	Policy and Procedure on the Management and Handling of Complaints against RQIA
Agenda Item	11
Reference	G/05/15
Author	Jill Munce
Presented by	Glenn Houston
Purpose	To **APPROVE** the revised Policy and Procedure on the Management and Handling of Complaints against RQIA
Executive Summary	This policy and procedure was first approved by the Board in September 2010. It was then revised in September 2011 and it was agreed that it should be reviewed three years following date of approval. The policy and procedure was revised following learning from a number of complaints and further consultation with staff and Board members involved in Stage 2 Complaints Panels.
FOI Considerations	N/A
Equality Impact Assessment	The revised Policy and Procedure on the Management and Handling of complaints against RQIA was equality screened on 21 October 2014. The information in relation to the Section 75 categories within RQIA in August 2010 has not changed and is considered to have a neutral impact for equality of opportunity. This policy and procedure does not require to be subject to a full equality impact assessment.
Recommendation/ Resolution	Board members are invited to **APPROVE** the policy and procedure, for immediate implementation

Next steps	Once approved this policy and procedure will be available on the RQIA website and all staff and Board members will be advised accordingly.

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 September 2015
Title of Paper	Guidelines and Audit Implementation Network
Agenda Item	12
Reference	Presentation
Author	Prof T Trinick OBE and Nicola Porter
Presented by	Prof T Trinick OBE and Nicola Porter
Purpose	To inform the Board about GAIN and its role
Executive Summary	The purpose of GAIN is to improve quality and to do so through guidelines and audit. GAIN came into existence 7 years ago as an amalgamation between three groups – CREST, RMAG and NIRAAC. We lead through the work of committed grass roots clinical staff who sit on our committees and make up our working groups. GAIN has 3.5 full time staff and a budget of £400k.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the Guidelines and Audit Implementation Network presentation.

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 September 2014
Title of Paper	Annual Progress Report 2014/15 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006
Agenda Item	13
Reference	H/05/15
Author	Maurice Atkinson
Presented by	Maurice Atkinson
Purpose	The purpose of this report is to satisfy the Board, and subsequently the Equality Commission that RQIA is compliant with the duties outlined in Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006.
Executive Summary	The attached report provides an overview of how RQIA has met its obligations and duties of Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006. The report is structured as follows: • Section 75 Progress Report • Appendix 1: Screening Report • Appendix 2: Mitigation Report • Appendix 3: RQIA Equality Action Plan Progress Report • Appendix 4: RQIA Disability Action Plan Progress Report
FOI Exemptions Applied	None
Equality Impact Assessment	N/A
Recommendation/ Resolution	The Board is asked to **NOTE** this report. The Chair of the Board and Chief Executive are asked to sign this report for submission to the Equality Commission NI.

Appendix 1: Equality and Human Rights Screening Report

April 2014 – March 2015

The Regulation and Quality Improvement Authority

Table 1

*1	'screened in' for equality impact assessment (EQIA)
2	'screened out' with mitigation
3	'screened out' without mitigation

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
RQIA	Fire Safety Policy	This policy outlines RQIA's fire safety management arrangements and commitment to fire safety.	Feb-15	2
RQIA	Induction Policy	This document defines the process of inducting individuals to their work environment, their team and colleagues and to the organisation.	Nov-14	2
RQIA	ICT Security Policy	The purpose of this policy is to ensure a consistent and high standard of ICT security within RQIA from all threats whether internal, external, deliberate or accidental.	Nov-14	3
RQIA	Use of ICT Equipment Policy	This Use of ICT Equipment Policy outlines the permissible use of the RQIA supplied ICT equipment.	Nov-14	3
RQIA	Use of Email	The purpose of this policy is to outline the permissible use of	Nov-14	3

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
	Policy	business e-mail when accessing services from the workplace or using RQIA resources remotely (e.g.Laptop connected to RQIA remote access service).		
RQIA	Use of the Internet Policy	The purpose of this policy is to outline the permissible use of the internet when accessing services from the workplace or using RQIA resources remotely (e.g.Laptop connected to RQIA remote access service).	Nov-14	3
RQIA	Information Security Policy	The purpose of this document is to inform RQIA staff of the requirement to: • protect the data and information handled by the RQIA; • properly handle confidential data and information; • follow agreed procedures in order to reduce any risk of breaching these requirements	Nov-14	3
RQIA	Engagement with Section 75 Groups to Inform the Development	The aim of the decision making process is to develop a Three Year Review Programme document that will outline how RQIA intends to conduct a planned review programme for the period from April 2015 to March 2018. The objectives of the decision	Dec-14	2

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
	of the Three Year Review Programme 2015-18	making process are to: (i) Get the public and other interested stakeholders to identify the areas or services that RQIA should review during the 2015-18 period. (ii) Give the public and other interested stakeholders the opportunity to comment on the proposed review programme for the 2015-18 period. (iii) Make any necessary amendments to the review programme based on the feedback from the public and other interested stakeholders.		
RQIA	Engagement with Section 75 Groups to Inform the Development of the RQIA Corporate Strategy 2015-18	The aim of the decision making process is to develop a Corporate Strategy 2015-18 document that will outline how RQIA intends to conduct business for the period from April 2015 to March 2018. The objectives of the decision making process are to: (i) Get the public and other interested stakeholders to support the RQIA in determining its strategic direction over the next three years. (ii) Give the public and other interested stakeholders the opportunity to comment on the draft Corporate Strategy 2015-18. (iii) Make any necessary amendments to draft Corporate Strategy 2015-18 based on the feedback from the public and other interested stakeholders.	Dec-14	2

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
RQIA	RQIA Business Plan 2015-18	This Business Plan highlights the key internal and external issues and challenges facing RQIA. The Business Plan outlines Key Priorities, Actions and Targets for the year ahead	Mar-15	2
RQIA	Appraisal Policy	The purpose of this policy is to ensure that RQIA has a clear, consistent and fair approach to Performance Appraisal and Development Review (PADR).	Mar-15	2

Appendix 2: Mitigation Report

April 2014 – March 2015

The Regulation and Quality Improvement Authority

Fire Safety Policy – February 2015

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
N/A	☐ In terms of disability, staff who fall under this category are provided with a Personal Emergency Evacuation Plan (PEEP). Teams of evacuation chair operatives are available to help with emergency egress. A lists of all disabled staff or visitors is maintained. ☐ With regards new staff members from an alternative ethnic background, there may be a requirement to provide translated induction materials.

Induction Policy – November 2014

2.2 Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
N/A	Part time staff will need to be considered in terms of scheduling the induction meetings, and discussion of work/objectives and further training as part of induction will need to be appropriately adjusted pro rata in keeping with their contractual status (% WTE). Work life balance issues may need to be considered. Reasonable adjustments may need to be considered for members of staff with a disability. With regard to new staff members from an alternative ethnic background, there may be a requirement to provide translated induction materials.

Engagement with Section 75 Groups to Inform the Development of the Three Year Review Programme 2015-18 – February 2014

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
Age We acknowledged that many young people may have a limited understanding of the complexities of health and social care, resulting in them having a limited interest in getting involved in the decision making process. Due to this, we took the approach that the advocates for younger people should represent their interests in the decision making process. To address the equality issues, we ensured that known voluntary and charity organisations that advocate for younger people were included in the distribution, and were informed about both the pre-consultation events and public consultation. We acknowledged that most young people would not be available to participate in the pre-consultation events due to the timing of the event. To address the equality issues, we ensured that other options for getting involved and providing feedback were available - which included access to online feedback, email and telephone. We acknowledged that many older people would not be available to	We will provide clearer information to organisations who advocate for younger people, in relation to the expectations of their advocacy role in the decision making process. To assist younger people understand the complexities of health and social care, we will investigate the possibility of: ➢ developing an easy to understand booklet in relation to RQIA reviews and the decision making process ➢ identifying other opportunities for engaging with younger people ➢ holding a younger persons pre-consultation event ➢ holding more pre-consultation events at accessible times for younger people To safeguard older people from not being excluded from pre-consultation

participate in the pre-consultation events due to things such as: • accessibility or mobility issues – to address the equality issues, we ensured that all locations were wheelchair accessible and could accommodate people with limited mobility. • ill-health – where people are unable to participate due to ill-health, it is impractical to put measures in place to get then involved. Due to this, we took the approach that the advocates for older people should represent their interests in the decision making process. To address the equality issues, we ensured that known voluntary and charity organisations that advocate for older people were included in the distribution, and were informed about both the pre-consultation events and public consultation. • access to alternative engagement options – we recognise that older people may not be as proficient in using computers and the internet, so they may be less likely to use the other options, such as the access to online feedback or email, for getting involved and providing feedback. Due to this, we took the approach that the advocates for older people should represent their interests in the decision making process. • understanding the decision making process – we recognise that some older people may not fully understand the decision making process, possibly as a result of ill-health, dementia or other condition. Due to this, we took the approach	events, we will continue to ensure that venues are fully accessible for people with mobility issues. To assist older people to get more involved in the decision making process, we will investigate the possibility of: ➢ identifying other opportunities for engaging with older people ➢ holding an older persons pre-consultation event ➢ encouraging nursing and care homes to promote the decision making process We will provide clearer information to organisations who advocate for older people, in relation to the expectations of their advocacy role in the decision making process.

that the advocates for older people should represent their interests in the decision making process.	
Religion We acknowledged that it was possible that the location of the pre-consultation events could put off some people from particular religious backgrounds from attending the events. To address the potential equality issues, we ensured that the pre-consultation events held in venues that were perceived as neutral. In the event of people still feeling unable to attend due to its location and their religious background, we ensured that other options for getting involved and providing feedback were available - which included access to online feedback, email and telephone.	We will continue to identify locations for meetings that are perceived as neutral.
Political Opinion We acknowledged that it was possible that the location of the pre-consultation events could put off some people from particular political backgrounds from attending the events. To address the potential equality issues, we ensured that the pre-consultation events held in venues that were perceived as neutral. In the event of people still feeling unable to attend due to its location and their political background, we ensured that other options for getting involved and providing feedback were available - which included access to online feedback, email and telephone.	We will continue to identify locations for meetings that are perceived as neutral.
Dependent Status We acknowledged that the timing of	We will consider the timings of future

the pre-consultation events could make it difficult for people with dependent responsibilities, such as lone parents and lone carers, from attending the events. To address the potential equality issues, we ensured that other options for getting involved and providing feedback were available - which included access to online feedback, email and telephone.	pre-consultation events to determine whether alternative times would suit people with dependent responsibilities.
Disability We acknowledged that people with a disability have needs that would have to be addressed in order for them to be involved in the decision making process. Although RQIA are not aware of the individual needs of people, we will make the necessary adjustments to facilitate people's involvement, when their needs are identified. To address the potential equality issues, on the information we use to inform people about the decision making process, we ask people to advise of any disability needs. Also, we took the approach that the advocates for people with disabilities should represent their interests in the decision making process. To address the equality issues, we ensured that known voluntary and charity organisations that advocate for people with disabilities were included in the distribution, and were informed about both the pre-consultation events and public consultation. For the pre-consultation event in Belfast, we were informed that a sign language interpreter was required for	We will continue to ask people with disabilities or their carers to advise us of their needs, so we can facilitate their involvement in the decision making process. To safeguard people with disabilities from not being excluded from pre-consultation events, we will continue to ensure that venues are fully accessible for people with mobility issues. To assist people with disabilities to get more involved in the decision making process, we will investigate the possibility of: ➢ identifying other opportunities for engaging with people with disabilities ➢ holding a pre-consultation event for people with disabilities We will provide clearer information to organisations who advocate for people with disabilities, in relation to the expectations of their advocacy role in the decision making process.

one participant. A sign language interpreter was booked for that event. We acknowledged that some people with disabilities would not be available to participate in the pre-consultation events due to things such as: • accessibility or mobility issues – to address the equality issues, we ensured that all locations were wheelchair accessible and could accommodate people with limited mobility. • access to alternative engagement options – we recognise that people with disabilities may not be as proficient in using computers and the internet, so they may be less likely to use the other options, such as the access to online feedback or email, for getting involved and providing feedback. Due to this, we took the approach that the advocates for older people should represent their interests in the decision making process. • understanding the decision making process – we recognise that some people with disabilities may not fully understand the decision making process, possibly as a result of ill-health, dementia or other condition. Due to this, we took the approach that the advocates for older people should represent their interests in the decision making process.	
Ethnicity We acknowledged that it was possible that the location of the pre-consultation events could put off some people from particular ethnic backgrounds from	We will continue to identify locations for meetings that are perceived as neutral.

attending the events. To address the potential equality issues, we ensured that the pre-consultation events held in venues that were perceived as neutral. In the event of people still feeling unable to attend due to its location and their ethnic background, we ensured that other options for getting involved and providing feedback were available - which included access to online feedback, email and telephone. We acknowledged that some people from different ethnic backgrounds may require interpretation services during the pre-consultation events or for translation of the documents. To address the potential equality issues, we can provide interpreters or translation services upon request.	We will better promote RQIAs commitment to equality in relation to interpreters or translation services during the decision making process.
General The shortlisting of the suggestions were not subject to screening, as this process only involved removing: ➢ duplicate suggestions ➢ suggestions that related to other work areas within RQIA, that would not be subject to review ➢ suggestions that related to areas that had already been reviewed	There are equality issues associated with this stage of the process.
General The criteria used for prioritising the reviews, was aimed specifically at safety and quality issues. We considered that safety and quality applied to everyone during the decision making process. We acknowledge that screening against the Section 75 groups was not	We will review the criteria for prioritisation, to determine whether screening against Section 75 would be applicable and what criteria from the Section 75 groupings should be included.

undertaken for this stage of the process. However, we will review this for future work.	
General As part of the overall decision making process, the task of the prioritising the suggestions was conducted by staff from RQIA; however, there was lay representation involved. No representatives from the Section 75 groups were involved. We have considered the process for prioritisation, and acknowledged that the involvement of people external to RQIA may involve more than representatives from the Section 75 groups. The application of Personal and Public Involvement should also apply. We will review this for the future.	We will review the prioritisation process, to determine the involvement of people external to RQIA. This will ensure we meet both Personal and Public Involvement requirements and equality (Section 75) requirements.

Appraisal Policy – March 2015

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
N/A	When arranging appraisal meetings, managers will take account of accessibility of documentation and venue, and of working patterns of staff. Every effort will be made to facilitate reasonable adjustments for staff with a disability. Additional guidance documents will be developed and provided to both managers (appraisers) and employees (appraises) to assist in the preparation for, and carrying out of the appraisal process. Training will be offered to both managers and staff in preparing for appraisal meetings. Internal, on site HR advice is available to managers or staff

Engagement with Section 75 Groups to Inform the Development of the Corporate Strategy 2015-18

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
Age We acknowledged that many young people may have a limited understanding of the complexities of health and social care, resulting in them having a limited interest in getting involved in the decision making process. Due to this, we took the approach that the advocates for younger people should represent their interests in the decision making process. To address the equality issues, we ensured that known voluntary and charity organisations that advocate for younger people were included in the distribution, and were informed about both the pre-consultation events and public consultation. We acknowledged that most young people would not be available to participate in the pre-consultation events due to the timing of the event. To address the equality issues, we ensured that other options for getting involved and providing feedback were available - which included access to online feedback, email and telephone. We acknowledged that many older people would not be available to	We will provide clearer information to organisations who advocate for younger people, in relation to the expectations of their advocacy role in the decision making process. To assist younger people understand the complexities of health and social care, we will investigate the possibility of: ➢ developing an easy to understand booklet in relation to RQIA roles and responsibilities ➢ identifying other opportunities for engaging with younger people ➢ holding a younger persons pre-consultation event ➢ holding more pre-consultation events at accessible times for younger people To safeguard older people from not being excluded from pre-consultation

participate in the pre-consultation events due to things such as: • accessibility or mobility issues – to address the equality issues, we ensured that all locations were wheelchair accessible and could accommodate people with limited mobility. • ill-health – where people are unable to participate due to ill-health, it is impractical to put measures in place to get then involved. Due to this, we took the approach that the advocates for older people should represent their interests in the decision making process. To address the equality issues, we ensured that known voluntary and charity organisations that advocate for older people were included in the distribution, and were informed about both the pre-consultation events and public consultation. • access to alternative engagement options – we recognise that older people may not be as proficient in using computers and the internet, so they may be less likely to use the other options, such as the access to online feedback or email, for getting involved and providing feedback. Due to this, we took the approach that the advocates for older people should represent their interests in the decision making process. • understanding the decision making process – we recognise that some older people may not fully understand the decision making process, possibly as a result of ill-health, dementia or other condition. Due to this, we took the approach	events, we will continue to ensure that venues are fully accessible for people with mobility issues. To assist older people to get more involved in the decision making process, we will investigate the possibility of: ➢ identifying other opportunities for engaging with older people ➢ holding an older persons pre-consultation event ➢ encouraging nursing and care homes to promote the decision making process We will provide clearer information to organisations who advocate for older people, in relation to the expectations of their advocacy role in the decision making process.

that the advocates for older people should represent their interests in the decision making process.	
Religion We acknowledged that it was possible that the location of the pre-consultation events could put off some people from particular religious backgrounds from attending the events. To address the potential equality issues, we ensured that the pre-consultation events held in venues that were perceived as neutral. In the event of people still feeling unable to attend due to its location and their religious background, we ensured that other options for getting involved and providing feedback were available - which included access to online feedback, email and telephone.	We will continue to identify locations for meetings that are perceived as neutral.
Political Opinion We acknowledged that it was possible that the location of the pre-consultation events could put off some people from particular political backgrounds from attending the events. To address the potential equality issues, we ensured that the pre-consultation events held in venues that were perceived as neutral. In the event of people still feeling unable to attend due to its location and their political background, we ensured that other options for getting involved and providing feedback were available - which included access to online feedback, email and telephone.	We will continue to identify locations for meetings that are perceived as neutral.
Dependent Status We acknowledged that the timing of the pre-consultation events could	We will consider the timings of future pre-consultation events to determine

make it difficult for people with dependent responsibilities, such as lone parents and lone carers, from attending the events. To address the potential equality issues, we ensured that other options for getting involved and providing feedback were available - which included access to online feedback, email and telephone.	whether alternative times would suit people with dependent responsibilities.
<u>Disability</u> We acknowledged that people with a disability have needs that would have to be addressed in order for them to be involved in the decision making process. Although RQIA are not aware of the individual needs of people, we will make the necessary adjustments to facilitate people's involvement, when their needs are identified. To address the potential equality issues, on the information we use to inform people about the decision making process, we ask people to advise of any disability needs. Also, we took the approach that the advocates for people with disabilities should represent their interests in the decision making process. To address the equality issues, we ensured that known voluntary and charity organisations that advocate for people with disabilities were included in the distribution, and were informed about both the pre-consultation events and public consultation. Sign language interpreters were booked for each of the Corporate Strategy and Reviews Programme 2015-18 pre-consultation events. The	We will continue to ask people with disabilities or their carers to advise us of their needs, so we can facilitate their involvement in the decision making process. To safeguard people with disabilities from not being excluded from pre-consultation events, we will continue to ensure that venues are fully accessible for people with mobility issues. To assist people with disabilities to get more involved in the decision making process, we will investigate the possibility of: ➢ identifying other opportunities for engaging with people with disabilities ➢ holding a pre-consultation event for people with disabilities We will provide clearer information to organisations who advocate for people with disabilities, in relation to the expectations of their advocacy role in the decision making process.

audience were made aware of their services at the start of the pre-consultation events. We acknowledged that some people with disabilities would not be available to participate in the pre-consultation events due to things such as: • accessibility or mobility issues – to address the equality issues, we ensured that all locations were wheelchair accessible and could accommodate people with limited mobility. • access to alternative engagement options – we recognise that people with disabilities may not be as proficient in using computers and the internet, so they may be less likely to use the other options, such as the access to online feedback or email, for getting involved and providing feedback. Due to this, we took the approach that the advocates for older people should represent their interests in the decision making process.	
<u>Ethnicity</u> We acknowledged that it was possible that the location of the pre-consultation events could put off some people from particular ethnic backgrounds from attending the events. To address the potential equality issues, we ensured that the pre-consultation events held in venues that were perceived as neutral. In the event of people still feeling unable to attend due to its location and their ethnic background, we ensured that other options for getting involved	We will continue to identify locations for meetings that are perceived as neutral. We will better promote RQIAs commitment to equality in relation to interpreters or translation services during the decision making process.

and providing feedback were available - which included access to online feedback, email and telephone. We acknowledged that some people from different ethnic backgrounds may require interpretation services during the pre-consultation events or for translation of the documents. To address the potential equality issues, we can provide interpreters or translation services upon request.	
The decision making process is not aimed at encouraging people with disabilities to participate in public life. The decision making process relates only to the development of the RQIA Corporate Strategy. People with disabilities are welcome to participate in the decision making process. However, as RQIA do not have access to the personal contact details of people with disabilities, we had to rely on their advocates informing them of the process and how they could get involved.	As part of the process for the next time this piece of work will be carried out, we could be more explicit with the advocates of people with disabilities, about getting them involved.

RQIA Business Plan 2015-16

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
We will monitor impacts of any potential staff reductions on composition of staff and take measures, if appropriate.	Documentation can be made available in alternative languages/formats on request. New actions in Annual Business Plans, or those that are likely to have potential significant impacts, will be screened.

Appendix 3: Equality Action Plan 2013-2018

The Regulation and Quality Improvement Authority (RQIA)

What we did between April 2014 and March 2015

If you need this document in another format please get in touch with us. Our contact details are at the back of this document.

Action Point	Intended Outcome	Performance Indicator	By Whom	By When	Progress / Update
Raise awareness amongst staff about the option to request information in alternative formats Ensure internet site meets accessibility standards, e.g. W3C AA standard	RQIA stakeholders can access and understand information more readily	Number of requests received and response time	Communications	Ongoing Ongoing	RQIA have not received any requests for the provision of our information in alternative formats In 2014/15. Currently our site is compliant to WCAG priority 1 (compliance A) standard. In addition, our site features Browse Aloud, primarily aimed at those with a visual impairment or inability to read. It provides a range of features, including speech enablement (to read the content of the site aloud), an mp3 maker, text magnifier, screen mask, and translator. A business case to replace the existing website has been approved, and a new website will be in place in late 2015-16. The specification for this new site will ensure that the site meets all current accessibility standards.

Action Point	Intended Outcome	Performance Indicator	By Whom	By When	Progress / Update
Recruit and secure lay assessors from members of the public, including proactive engagement with individuals with a disability	More meaningful lay representation on review teams.	Public views better represented in reviews.	Individual project managers for each review in consultation with public participation manager. Directed by steering group including Board involvement	2014/15	**Action complete** Lay assessors have been recruited, inducted and trained. Lay assessors have participated in reviews / inspections. Lay assessors will continue to be involved in reviews / inspection processes.
Carry out public consultation for next 3 year (2015-18) programme	More equitable choice of reviews that are relevant to the public in accordance with their interests	Reviews covering all sections of the community, and range of issues pertaining to health and social care.	Review Programme Steering Group.	2014/15	**Action complete**. From 1 August 2014 – 31 October 2014 RQIA carried out a 12 week public consultation with stakeholders on the proposed review programme.
To monitor the provision of information and processes around the admission of vulnerable/minority groups into residential care	To ensure the appropriate placement of these vulnerable groups	Audit of inspection reports and enforcement action taken on annual basis	Heads of Programme	Ongoing	Inspectors would routinely ensure that a home operates to its statement of purpose

Action Point	Intended Outcome	Performance Indicator	By Whom	By When	Progress / Update
To continue to ensure that inspection staff have up to date knowledge of S75 groups and their needs, e.g. targeted training such as Deaf Awareness	Staff fully aware of implications of Section 75 and how specific needs of groups impact on the inspection role and work	Reviewed at annual appraisal and mid-year review leaving gaps identified in development	Heads of Programme	Ongoing	This is part of a three year mandatory training and all staff completed this within 2013-14. All new staff have to complete this as part of their induction Deaf awareness training for inspectors in 2013-14 PHA met with SMT regarding LGBT groups in care. Throughout 2014-15 144 staff completed Discovering Diversity mandatory training. 11 staff members completed equality screening training provided by the BSO Equality Unit throughout 2014-15.
Engage service users in the design and format of plain English / easy to read inspection reports.	Accessible and easily understood information to ensure that service users are informed and included.	Easy read documentation produced and available	MHLD HoP	2013/14 – 2014/15	**Action complete.** Services users were engaged in the design and format of plain English / easy to read inspection reports. Easy read documentation is produced and available. Easy Read reports are published on RQIA website following inspections to MHLD facilities.

Action Point	Intended Outcome	Performance Indicator	By Whom	By When	Progress / Update
Develop links with independent advocates	Increase the profile of advocacy services within Trusts, improving representative engagement with vulnerable groups	Minutes of advocacy forum Inspection indicators	Heads of Programme	Ongoing	<u>Minutes of Advocacy Forum Meetings</u> MHLD team convened advocacy forum meetings in July 2014 and November 2014. MHLD team reviewed the added value of advocacy forums within the directorate and agreed that the views of all advocates representing patients using in-patient mental health settings was not fully captured due to poor attendance. MHLD developed a questionnaire which will be issued during the pilot of the new methodology (September 15 – December 2015) to the independent advocacy services available in in-patient mental health services to capture their views. <u>Inspector indicators</u> During inspections of in-patient mental health services inspectors assess the following; • Availability of independent advocacy services; • Accessibility of independent advocacy services – how patients know the service is available;

Action Point	Intended Outcome	Performance Indicator	By Whom	By When	Progress / Update
					• Staff understanding of the role of independent advocacy services; • Staff make appropriate referrals when required; • How often advocates visit in-patient mental health settings; Following the inspection the inspectors made appropriate recommendations as required.
Facilitate training needs of staff and reviewers working in area of MHLD	Increase awareness in relation to legislation and practice towards individuals with a mental health or learning disability	Regional training to be provided on 1986 MHO legislation	Heads of Programme	Ongoing	Training is updated regularly and training and development plan has been amended to reflect this. The next training events are scheduled for 4 September 2015 (Managing Difficult Situations) and Safeguarding (Children and Adults) on 11 September 2015.
Formal engagement with detained patients	To ensure detained patients are actively involved in the formulation of their care plan and the delivery of their treatment	All places of detention visited at least annually	Heads of Programme	Ongoing	Under Article 86 (2) MHO MHLD staff will interview detained patients in private. This is ongoing as part of the formal inspection process. MHLD regularly use lay assessors in this process. This is also included as part of the new inspection methodology.

Action Point	Intended Outcome	Performance Indicator	By Whom	By When	Progress / Update
Continued implementation of a suite of screened and up to date HR policies	Staff will be informed and assured of their rights in the workplace, screened to avoid adverse impacts on any of the S75 groups. New/revised policies will promote the rights of all staff	New/revised policies screened, signed off by relevant parties and launched through appropriate mechanisms	Human Resources	Ongoing	New / revised policies are screened, signed off by relevant parties and launched through appropriate mechanisms.
Continue to ensure panel members receive up to date training on recruitment and selection, including the raft of equality statutes	Understand and implement equality law during appointments process to ensure equitable treatment of all potential or current applicants at each stage of the process from job description through to appointment.	All RQIA R&S panels are comprised of individuals with current up to date training	Human Resources / EMT	Ongoing	All panel members ensure that their recruitment and selection training is up to date / updated regularly.

Action Point	Intended Outcome	Performance Indicator	By Whom	By When	Progress / Update
Continue to ensure that staff receive regular training on equality and diversity awareness issues via e-learning modules	The outcome will ensure that staff are cognisant of their behaviours both within RQIA and external to the organisation resulting in an increased awareness of issues	All staff trained	Human Resources / EMT	Ongoing	Staff receive regular training on equality and diversity awareness issues via e-learning modules In the 2014-15 reporting period the following staff completed Discovering Diversity e-learning: Module 1 – 4: 150 Module 5 – Disability: 144 Module 6 – Cultural Competencies: 144
Continue to promote the availability and use of OH services amongst line managers and staff, particularly in the assistance of return to work, reasonable adjustments	DDA requirements, staff facilitated in the work place both in a suitable and effective return to work programme	Reasonable adjustments implemented in timely fashion	HR Manager/ Line Management	Ongoing	Line managers and staff continue to promote the availability and use of OH Services to staff in the assistance of return to work / reasonable adjustments.

Disability Action Plan 2013-2018

The Regulation and Quality Improvement Authority (RQIA)

What we did between April 2014 and March 2015

If you need this document in another format please get in touch with us. Our contact details are at the back of this document.

(1) Communication

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
1. Work with disabled people to consider the diversity of images used and potential for portraying wider range of individuals when developing information materials including websites.	Disabled people are portrayed in a positive manner.	Checklist for authors developed and in use.	Business Services Organisation's (BSO) Equality Unit Year 2
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did over the last year • We produced guidance on how to portray people who have a disability in a positive way. It is for our staff who produce documents that get published. It is also for staff who put together websites. We spoke to disability groups to find out what they think about the guidance. We also wanted to know if there were other important things we should include in the document. We then added these in. • We also produced a checklist for staff who create documents and staff who put together websites. This is an easy way for them to check that they portray people with a disability in a positive way. • This work is now completed.			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
2. Adopt Accessible Information policy and guidance.	Improved accessibility of information.	Common wording relating to alternative formats for inclusion in documents. Protocol on how to deal with requests for alternative formats. For electronic communication, staff are supported to ensure that settings meet needs regarding accessible font size.	RQIA. Year 2. BSO Information Technology Services (ITS). Year 2.
Relevant Duty: Promote positive attitudes towards disabled people AND Encourage participation of disabled people in public life.			
What we did over the last year • The Accessible Formats Policy has not yet been approved; the expected approval is October 2015. • We still need to do some work with BSO ITS on electronic communication settings. We will do this next year.			

(2) Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
3. Encourage staff to declare that they have a disability or care for a person with a disability. Provide guidance to staff on the importance of monitoring. Undertake staff survey to collect baseline information.	More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.	Awareness raising measure delivered. Staff survey undertaken.	BSO Human Resources Year 2 RQIA HR Manager
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did over the last year • We first looked at our staff data to find out where we are starting from. In our organisation staff themselves can keep their equality data up to date on a database. We can't make staff do that. We can only ask them to do so and explain why it is good for them to let the organisation know if they have a disability. Our staff data June 2015 showed that none of our staff had said that they have a disability. 71.04% had said that they don't have a disability. 28.96% had not said yet whether or not they have a disability. • We therefore need to keep talking to our staff about this.			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
4. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).	Increased staff awareness of the range of disabilities and needs.	Awareness Days profiled. Stalls set up and road shows organised. Equality event hosted. Staff awareness survey undertaken demonstrates increased awareness.	BSO Equality Unit Year 1 onwards RQIA Human Resources Year 3

Relevant Duty: Promote positive attitudes towards disabled people.

What we did over the last year

- We decided to feature two disabilities this year. When we looked at which ones to pick we went by what people told us when we consulted on this plan. They said we should make sure we look at the wide range of disabilities. They also thought we should include hidden disabilities as they tend to be forgotten about.
- We decided to feature World Sight Day on 9th October 2014 and Mental Health and Depression on 26th January 2015.
- On both days we produced a 4-page booklet for staff as part of our series called 'Disability Insight' with key information. We also provided links to videos with testimonials from people who live with these conditions. We wanted staff to have the opportunity to listen to people with a disability first hand.
- After both days we asked staff what they thought. Most staff told us that they had learned a lot about sight impairments and mental health and depression. They told us they knew more about how to help people

they work with and care for who have these conditions.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
5. In collaboration with disabled people design, deliver and evaluate training for staff on disability equality.	Increased staff awareness of the range of disabilities and needs.	80% staff trained (general and bespoke) and 2 staff awareness initiatives delivered. Staff awareness survey undertaken demonstrates increased awareness.	BSO Equality Unit / RQIA; Year 2 onwards BSO Human Resources Year 3
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did over the last year • 144 members of staff completed e-learning training on Disability. The e-learning programme was developed together with people who have a disability.			

(3) Getting people involved in our work, Participation and Engagement

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
6. Identify, provide and promote opportunities for more engagement for people with a disability in key work areas.	Better engagement of people with a disability in key areas.	Opportunities provided in key areas. Welcoming statement included and announcement issued to local disability organisations.	Senior Management Team. Year 1 onwards
Relevant Duty: Encourage participation by disabled people in public life.			
What we did over the last year • April 2014 – March 2015, two lay assessors with learning disability and one lay assessor with a physical disability have been recruited by RQIA. • Induction training has been provided to all lay assessors; bespoke training and guidance on the role of a lay assessor was developed for the two lay assessors with learning disability in an easy read format. • Easy read documentation has been produced by the MHLD Directorate to include: observational tools, patient experience questionnaires (used on inspections), letters and reports. All easy read reports are available on the RQIA website for the MHLD Directorate. • Easy read reports are available for other inspections / review reports if required. • One lay assessor with a learning disability participated in the MHLD Away Day; this was recorded (with permission) and will be used on occasions throughout 2015-16. • MHLD Directorate has continuous engagement with advocacy groups / forums in relation to lay assessors. • Lay assessors have been participating in reviews and inspections within the MHLD Directorate. It is anticipated that this will continue and included within the Regulation Directorate inspections throughout 2015-16.			

- RQIA website features Browse Aloud, primarily aimed at those with a visual impairment or inability to read.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
7. Explore scope and interest in the establishment of a forum for staff on disability.	Better involvement of staff with a disability in decision-making. Scope for increased engagement with Trade Union colleagues.	Forum established.	Senior Management Team BSO Human Resources Year 2
Relevant Duty: Encourage participation by disabled people in public life.			

What we did over the last year

- We talked to all other Health and Social Care organisations. We wanted to find out what they think about setting up one big staff forum on disability. We found out that some of the Trusts already have a forum. These are big organisations with up to 20,000 staff. They have told us that they prefer to keep their own forum because they think it works better that way. Things that come up can be sorted more easily, they said.

- We have decided therefore that we will work with the 10 other smaller organisations to set up one forum for our staff together. Also, we have agreed with the Trusts that we will form a group made up of people from each of the forums. The idea is that this group can share experiences across the different forums. It can also organise events open to people from all the forums. We have asked who wants to be involved in setting up a forum for the 11 small organisations and some staff agreed to help out.

(4) Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
8. Explore the scope for identifying and promoting an advocate or specialist within workforce with role to support and advise staff on disability issues.	Improved support for staff.	Advocate or specialist in place and staff is aware.	BSO Equality Unit Year 2
Relevant Duty: Encourage participation by disabled people in public life.			
What we did over the last year • We think that staff who have a disability themselves are the ones who should decide on this. We therefore want to bring this suggestion to the staff forum once it is up and running.			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
9. Offer mentoring opportunities for young adults and older adults with disabilities as appropriate.	People with a disability gain meaningful mentoring.	Mentoring opportunities provided as appropriate.	BSO & RQIA Human Resources Year 2
Relevant Duty: Encourage participation by disabled people in public life.			
What we did over the last year • We looked at the literature on different models of mentoring. • Again we think that staff who have a disability themselves are the ones who should decide on this. We therefore want to bring this suggestion to the staff forum once it is up and running.			

(5) Additional Measures

- We always include Disability on our list of things to talk about at our quarterly Equality Forum with our partner organisations.

- We report on progress against our Disability Action Plan to our Board and Senior Management Team (the people at the top of our organisation).

(6) Encourage Others

- We include the duties in Screening Training. Our senior managers and those who take decisions attend this training. We also include the duties in Discovering Diversity e-learning training. All staff have to do this training.

- We include questions relating to the two duties in our screening form. The screening form is completed for all policies and decisions.

(7) Monitoring

- After each of our awareness days we did a short survey with our staff together with our partner organisations. We asked them whether they felt they knew more as a result of the day. We also asked them what other disabilities they would like us to feature in future.

(8) Revisions

- Between January and March 2015 we asked all the teams in our organisation to have a think about what else they could do to promote positive attitudes and to give people with a disability more chances to be involved in our work. We wanted to make sure that all parts of our organisation take part. They have come up with new ideas. We will put them into our plan for the next three years.

(9) Conclusions

We have completed 5 actions (1, 2, 4, 5 and 6).

We have not yet done what we said we would do under action 8 and 9. This is because we think that staff who have a disability themselves are the ones who should decide on these. We therefore want to bring these suggestions to the staff forum once it is up and running. We will do this before the end of March 2016.

We still have some work to do to complete actions 3 and 7. This is because – for action 3 – we know from our data that a lot of our staff still haven't completed their equality information. For action 7, this is because we did some extra work first to speak to our colleagues across other HSC organisations to see whether we could set up one big forum for all staff.

All of the actions in our action plan are at regional and at local level.

Our action plan is a live document. If we make any big changes to our plan we will involve people with a disability. We will tell the Equality Commission about any changes.

The Regulation and Quality Improvement Authority

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The Regulation and Quality Improvement Authority

Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2014-15

Contact:

• Section 75 of the NI Act 1998 and Equality Scheme	Name: Maurice Atkinson Telephone: 028 9051 7501 Email: maurice.atkinson@rqia.org.uk
• Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan	As above ☒ Name: Telephone: Email:

Documents published relating to our Equality Scheme can be found at:

http://www.rqia.org.uk/publications/corporate_documents.cfm

Signature:

This report has been prepared using a template circulated by the Equality Commission.

It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans.

This report reflects progress made between April 2014 and March 2015

PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme

Section 1: Equality and good relations outcomes, impacts and good practice

1 In 2014-15, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

Please see Table 1 below.

Table 1:

	Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made.
Persons of different religious belief	
Persons of different political opinion	
Persons of different racial groups	
Persons of different age	
Persons with different marital status	
Persons of different sexual orientation	
Men and women generally	
Persons with and	• Nine lay assessors were recruited in 2014; two with a learning disability and one with a physical disability to work alongside our inspection and review staff.

without a disability	A core function of the role is to interview patients, service users and visitors, and provide verbal and written feedback to the inspector or review staff. • Bespoke induction and training was provided to all lay assessors. • All lay assessors have participated in a MHLD inspection in 2014-15. • Throughout 2015-16 the lay assessors will participate in inspections within the Regulation Directorate.
Persons with and without dependants	

Equality conference

In February 2015, the Equality Unit on our behalf held an equality, diversity and human rights conference. The aim of the conference was to explore the business benefits of Equality, Diversity and Human Rights based approaches to health and social care. Around 80 delegates from across Health and Social Care and the community and voluntary sector attended the conference and heard inputs from service users, staff working in health and social care as well as external inputs from the legal and private sector. Participants also attended and participated in a range of workshops.

Equality monitoring

During the year, the Equality Unit, on behalf of RQIA and our partners developed a generic template for equality monitoring in relation to services. The aim of the work is to improve data quality, achieve greater consistency in the data collected and promote best practice. To support staff involved in data entry, an associated coding scheme was developed.

Likewise, a first draft of a young people's template was produced for comment and engagement with young people and those working in the field.

Good Relations Statement

Together with our partners, facilitated by the Equality Unit, we developed a draft wording of a good relations statement and commenced engagement with the trade unions.

Trans Employment Policy

We progressed the development of a trans employment policy during 2014-15 jointly with colleagues from the HSC Trusts. To date, this has involved drawing on good practice in GB and engaging with regulators in relation to their practices regarding trans registrants.

Bulletins, newsletter, senior briefings, intranet and email

We provided our staff with information in the form of emails, features on our intranet and staff newsletters. These focused on the following:

- International Day of Action Against Homophobia and Transphobia update
- World Sight Day

Code of Courtesy on the European Charter for Regional or Minority Languages

In February 2015 we commenced initial work on the development of a Code of Courtesy on Regional and Minority Languages, which aims to set out organisational arrangements for the use of personal names and addresses, telephone calls, correspondence, meetings and interviews in respect of Irish and Ulster Scots.

Positive Portrayal Resource

The Equality Unit on our behalf developed a new resource for staff entitled 'Guidance on the Positive Portrayal of People with Disabilities'.

The guidance builds on the recognition that as Health and Social Care Organisations we are constantly providing information in many formats, from websites to information leaflets and that it is vital that when producing information consideration is given to the positive portrayal of people with disabilities. The resource provides practical guidance on the use of positive language, images and narratives.

A Disability Checklist for Authors accompanies the guidance, for use in conjunction with the resource.

The Equality Unit drew on good practice recommendations and engaged with disability organisations in the development of the resource.

Staff Forum

We have progressed the establishment of a HSC Disability Staff Forum for staff members in our organisation. Whilst initially focused on the 11 HSC regional organisations, including our own, the focus of this Forum had evolved into exploring a regional approach, to include the six Health and Social Care Trusts.

Work with HSC Trust colleagues to develop and agree a workable and effective structure has been completed; resulting in an agreement for each Trust and the HSC regional bodies to establish their own Disability Staff Forum, with a regional group to be established to link the work of the fora and share learning.

A working group has been established to engage staff in HSC regional organisations on the terms of reference of the Staff Forum including membership criteria, meeting times and the like. It is anticipated that work will be completed and the Disability Staff Forum established in 2015-2016.

Awareness Days

During the year, we featured two disability awareness days across different office locations: World Sight Day on 9th October 2014 and Depression Awareness Day on 26th January 2015. The work sought to raise staff awareness of specific disabilities, how they impact on people, what barriers people experience, and how staff can support colleagues with a specific disability. It also provided staff (including those who care for a person with a disability) with information on what support services are available. On the day, a coffee morning and workshops were held with inputs from voluntary sector groups and service users in several office locations. Likewise, information materials were developed and circulated to staff.

2 Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2014-15 (*or append the plan with progress/examples identified*).

Please see Appendix 3: Equality Action Plan Progress Report 2014-15

3 Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2014-15 reporting period? *(tick one box only)*

☐ Yes ☒ No (go to Q.4) ☐ Not applicable (go to Q.4)

Please provide any details and examples:

Please see Table 1 under Question 1 for further information.

Please also see Appendix 1 and 2: Screening Report 2014-15 and Mitigation.

3a With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what **difference was made, or will be made, for individuals**, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

Please see Table 1 under Question 1 for further information.

Please also see Appendix 1 and 2: Screening Report 2014-15 and Mitigation.

3b What aspect of the Equality Scheme prompted or led to the change(s)? *(tick all that apply)*

☐ As a result of the organisation's screening of a policy *(please give details):*

☐ As a result of what was identified through the EQIA and consultation exercise *(please give details):*

☐ As a result of analysis from monitoring the impact *(please give details):*

☐ As a result of changes to access to information and services *(please specify and give details)*:

☐ Other *(please specify and give details)*:

Section 2: Progress on Equality Scheme commitments and action plans/measures

Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

4 Were the Section 75 statutory duties integrated within job descriptions during the 2014-15 reporting period? *(tick one box only)*

☒ Yes, organisation wide

☐ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

☐ No, this is scheduled for later in the Equality Scheme, or has already been done

☐ Not applicable

Please provide any details and examples:

Section 75 statutory duties is integrated within all job descriptions during 2014-15 reporting period.

5 Were the Section 75 statutory duties integrated within performance plans during the 2014-15 reporting period? *(tick one box only)*

☐ Yes, organisation wide

☐ Yes, some departments/jobs

☒ No, this is not an Equality Scheme commitment

☐ No, this is scheduled for later in the Equality Scheme, or has already been done

☐ Not applicable

Please provide any details and examples:

6 In the 2014-15 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

☐ Yes, through the work to prepare or develop the new corporate plan

☒ Yes, through organisation wide annual business planning

☐ Yes, in some departments/jobs

☐ No, these are already mainstreamed through the organisation's ongoing corporate plan

☐ No, the organisation's planning cycle does not coincide with this 2014-15 report

☐ Not applicable

Please provide any details and examples:

Equality action plans/measures

7 Within the 2014-15 reporting period, please indicate the **number** of:

Actions completed:	3	Actions ongoing:	10	Actions to commence:	0

Please provide any details and examples (*in addition to question 2*):

Please see Appendix 3: Equality Action Plan Progress Report 2014-15.

8 Please give details of changes or amendments made to the equality action plan/measures during the 2014-15 reporting period *(points not identified in an appended plan)*:

No changes were made to the Equality Action Plan.

9 In reviewing progress on the equality action plan/action measures during the 2014-15 reporting period, the following have been identified: *(tick all that apply)*

- ☒ Continuing action(s), to progress the next stage addressing the known inequality
- ☐ Action(s) to address the known inequality in a different way
- ☐ Action(s) to address newly identified inequalities/recently prioritised inequalities
- ☐ Measures to address a prioritised inequality have been completed

Arrangements for consulting (Model Equality Scheme Chapter 3)

10 Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: *(tick one box only)*

☒ All the time ☐ Sometimes ☐ Never

Where relevant we tend to engage with targeted groups as part of our work preceding formal consultation. This is to inform our consultation documents.

11 Please provide any **details and examples of good practice** in consultation during the 2014-15 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Please see Table 2 below.

Table 2

Policy consulted on	**What equality document did you issue alongside the policy consultation document? (screening template/EQIA report/none)** (NB: if you only issued an EQIA report and not a policy consultation document please include this information)	**What consultation methods did you use?**	**Which of the methods you used drew the greatest number of responses from consultees? From which S75 groups were these consultees?** (NB: if the consultation started in 2014-15 but is still on-going, please give an interim indication of methods most used and outline the closing date)	**If consultees raised concerns, did you review your initial screening decision?**	**Do you have any comments on your experience of this consultation?**

Engagement with Section 75 Groups to Inform the Development of the Three Year Review Programme 2015-18	An Equality and Human Rights Screening Template was completed alongside the document	There were two stages of engagement: 1. Engagement with the public in the development of the document – public meetings, as well as the option to submit online, postal, email or telephone comments. 2. Engagement with the public in the consultation of the document – the option to submit online, postal, email or telephone comments was facilitated.	The public meetings obtained the greatest number of responses from Section 75 groups.	The concerns raised did not relate to or require a review of the initial screening decision.	Following the consultation, several areas for improvement were identified in relation to engagement with Section 75 groups. It is planned to review these areas and implement the improvements for the next time this exercise is carried out.

		In both cases, groups and organisations on the Section 75 list were notified of the events, methods and timescales for engagement.			
RQIA Corporate Strategy 2015-18	Equality screening document completed prior to the pre-consultation process.	Six Pre-consultation events were held throughout the five Trust areas. We purposely chose venues which were assessable by public transport, had met with disability assessability requirements. Sign language interpreters were made available at each event.	Invitations sent out via email to all contacts within BSO's Equality List. Advert placed in the Belfast telegraph promoting the pre-consultations. PHA placed an advert in their newsletter which is forwarded to all of their stakeholders.	No concerns were raised through the screening process and during the pre-consultation events.	No

		The draft Corporate strategy was subject to consultation via email and post. The BSO Equality contact list and Belfast Telegraph were used to advertise the consultation of the draft Corporate Strategy 2015-18.			

12 In the 2014-15 reporting period, given the consultation methods offered, which consultation methods were **most frequently <u>used</u> by consultees**: *(tick all that apply)*

- ☒ Face to face meetings
- ☒ Focus groups
- ☒ Written documents with the opportunity to comment in writing
- ☒ Questionnaires
- ☒ Information/notification by email with an opportunity to opt in/out of the consultation
- ☐ Internet discussions
- ☐ Telephone consultations
- ☐ Other *(please specify)*:

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

Please see Table 2 under Question 11 above.

13 Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2014-15 reporting period? *(tick one box only)*

☒ Yes ☐ No ☐ Not applicable

Please provide any details and examples:

In our quarterly screening reports we raise awareness as to our commitments relating to equality screenings and their publication.

14 Was the consultation list reviewed during the 2014-15 reporting period? *(tick one box only)*

☒ Yes ☐ No ☐ Not applicable – no commitment to review

Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)

http://www.rqia.org.uk/publications/corporate_documents.cfm

15 Please provide the **number** of policies screened during the year (*as recorded in screening reports*):

11

16 Please provide the **number of assessments** that were consulted upon during 2014-15:

2	Policy consultations conducted with **screening** assessment presented.
0	Policy consultations conducted **with an equality impact assessment** (EQIA) presented.
0	Consultations for an **EQIA** alone.

17 Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

Please see Table 2 under Question 11 above.

18 Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? *(tick one box only)*

☐ Yes ☐ No concerns were raised ☒ No ☐ Not applicable

Please provide any details and examples:

Please see Table 2 under Question 11 above.

Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)

19 Following decisions on a policy, were the results of any EQIAs published during the 2014-15 reporting period? *(tick one box only)*

☐ Yes ☐ No ☒ Not applicable

Please provide any details and examples:

Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)

20 From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2014-15 reporting period? *(tick one box only)*

☐ Yes

☒ No, already taken place

☐ No, scheduled to take place at a later date

☐ Not applicable

Please provide any details:

21 In analysing monitoring information gathered, was any action taken to change/review any policies? *(tick one box only)*

☐ Yes ☒ No ☐ Not applicable

Please provide any details and examples:

Table 3

Service or Policy	What equality monitoring information did you analyse?	Did the way you used the data result in improved access to information or services?
Not applicable	Not applicable	Not applicable

22 Please provide any details or examples of where the monitoring of policies, during the 2014-15 reporting period, has shown changes to differential/adverse impacts previously assessed:

Not applicable.

Table 4

Policy previously screened or EQIAed	What were the adverse impacts at the point of screening or EQIA?	What changes to these have occurred since, as indicated by the equality monitoring data?
Not applicable	Not applicable	Not applicable

23 Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

Please see Table 3 under Question 21 above.

Staff Training (Model Equality Scheme Chapter 5)

24 Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2014-15, and the extent to which they met the training objectives in the Equality Scheme.

Course	**No of Staff Trained**
Screening Training	11
Total	**11**

Discovering Diversity

Module 1 – 4	**150**
Module 5 – Disability	**144**
Module 6 – Cultural Competencies	**144**

25 Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

The RQIA avails of the joint Section 75 training programme that is coordinated and delivered by the BSO Equality Unit for staff across all 11 partner organisations. The following statistics thus relate to the evaluations undertaken by all participants.

(1) Equality Screening Training
The figures in bold represent the percentage of participants who selected 'Very Well' or 'Well' when asked the questions below. Remaining participants selected 'Adequately'.

Participants were asked: Overall how well do you think the course met

its aims:

To develop an understanding of the benefits of screening: **95.2%**
To develop an understanding of the screening process: **95.2%**
To develop skills in practically carrying out screening: **91.9%**

The figure in bold represents the percentage of participants who selected 'Extremely Valuable' or 'Valuable' when asked the question below. The remaining participant selected 'Of Some Value'.

How valuable was the course to you personally? **98.4%**

(2) Equality Impact Assessment Training
Staff were asked to self-assess how well they thought they had achieved the intended learning outcomes. While overall, assessments were markedly positive, participants assigned slightly lower scores to the acquisition of basic skills in carrying out an EQIA, as opposed to the knowledge-based learning outcomes.

This echoes findings from the equality and human rights screening training. Given the challenging nature of equality screenings and EQIAs it is arguably to be expected that the development of practical skills cannot be completed within the timeframe of a 3h session.

Public Access to Information and Services (Model Equality Scheme Chapter 6)

26 Please list **any examples** of where monitoring during 2014-15, across all functions, has resulted in action and improvement in relation **to access to information and services**:

Please see Table 3 under Question 21 above.

Complaints (Model Equality Scheme Chapter 8)

27 How many complaints **in relation to the Equality Scheme** have been received during 2014-15?

Insert number here: 0

Please provide any details of each complaint raised and outcome:

Section 3: Looking Forward

28 Please indicate when the Equality Scheme is due for review:

28 April 2016

29 Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? *(please provide details)*

- equality screenings and the timely publication of completed screening templates
- monitoring, including of policies screened
- engagement with Section 75 groups (alongside other voluntary sector groups) as part of pre-consultation exercises and collection of equality information by this means
- issuing equality screening documents alongside policy documents in any policy consultations

30 In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next (2015-16) reporting period? *(please tick any that apply)*

☐ Employment

☐ Goods, facilities and services

☐ Legislative changes

☐ Organisational changes/ new functions

☒ Nothing specific, more of the same

☐ Other (please state):

HR&OD Strategic Framework and Action Plan, Information and ICT Strategic Framework and Action Plan and new or revised policies are currently planned for screening throughout 2015/16.

No EQIA's are currently planned for the year 2015/16