RQIA Board Meeting

Date of Meeting	21 January 2016
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Nov15 / 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 12 November 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 12 November 2015.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

PUBLIC SESSION MINUTES

RQIA Board Meeting
Boardroom, 9th Floor, Riverside Tower, Belfast
12 November 2015, 11.50am

Present	**Officers of RQIA in attendance**
Dr Alan Lennon OBE (Chair)	Glenn Houston (Chief Executive)
Seamus Magee OBE	David Stewart (Director of Reviews and Medical Director)
Norman Morrow	
Patricia O'Callaghan	Maurice Atkinson (Director of Corporate Services)
Mary McColgan OBE	Theresa Nixon (Director of Mental Health, Learning Disability and Social Work)
Robin Mullan	
Dr John Jenkins CBE	Malachy Finnegan (Communications Manager)
Stella Cunningham	Hayley Barrett (Board and Executive Support Manager)
Daniel McLarnon	
Lindsey Smith	
Sarah Havlin	**In attendance**
Gerry McCurdy	Donna Ruddy, DHSSPS
Denis Power	Tom Bennett
	Aidan Hanna
	Sandra Muhtadi
	Jackie McCullough
	Dennis Alcorn

Apologies
Kathy Fodey (Director of Regulation and Nursing)

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 Mrs Kathy Fodey, Director of Regulation and Nursing.

1.2   The Chairman welcomed Ms Donna Ruddy, DHSSPS as an observer. The Chairman also welcomed members of the public to the meeting.

1.3   The Chairman invited members of the public to speak. Mr Thomas Bennett advised Board members that he had written to RQIA Board, Chairman and the Cherry Tree House Independent Review Team on a number of occasions in respect of issues not addressed and has requested a response in writing, or verbally, to answer the questions.

1.4   Mr Aidan Hanna, Patients First, informed Board members that Patients First has supported the Cherry Tree House whistleblowers for four years. Mr Hanna presented findings from RQIA inspection reports to Board members in relation to Cherry Tree House.

1.5   The Chairman acknowledged the continued concerns and indicated that RQIA deals with past and current events promptly.

1.6   The Chief Executive referred to recent inspection of Cherry Tree House and advised the Board that the recommendations and requirements identified in the report of the July inspection had been assessed at a follow up inspection in October which confirmed that all bar one of them had been addressed to RQIA's satisfaction. The remaining issue (around management) is currently subject to monthly monitoring.

1.7   The Chairman and Chief Executive thanked the members of the public for identifying their continuing concerns in relation to Cherry Tree House and advised that they are welcome to remain in the meeting as observers.

1.8   The members of the public left the meeting at 12.25pm.

1.9   After the public members had withdrawn, the Board members continued the discussion on Mr Hanna's presentation, noting and appreciating the current level of concern, and asked the Chief Executive to send a letter of thanks to Mr Hanna for his presentation. The Board noted the Chief Executives assurance that Cherry Tree house remains the subject of close monitoring.

1.10   Resolved Action (110)
The Chief Executive will send a letter of thanks to Mr Hanna for his presentation at the Board meeting on 12 November 2015.

2.0   Agenda Item 2 - Minutes of the meeting of the Board held on Thursday 24 September 2015 (min/Sept15/public)

2.1   The Board **APPROVED** the minutes of the meeting of the Board held on Thursday 24 September 2015.

3.0   Agenda Item 3 - Matters arising from minutes

3.1   Board members noted that actions 105, 106, 107 are now completed.

3.2   The Chief Executive informed Board members that actions 34, 101, 108 and 109 had not been completed and that a further update would be provided in January 2016.

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 (B/11/15)

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

5.2   The Chairman informed Board members that there are no actions arising from the Board self-assessment. The Chairman advised that the Board Effectiveness Audit has resulted in four priority two recommendations; the recommendations have been accepted by management.

5.3   The Chairman advised Board members that he and Dr John Jenkins attended an inspection with CQC at Queen Elizabeth Hospital, Gateshead.

5.4   The Chief Executive informed Board members that the Board self-assessment 2015-16 has been received for completion.

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

6.0   Agenda Item 6 – Chief Executives Performance Dashboard (C/11/15)

6.1   The Chief Executive introduced his report and highlighted that the Regulation Directorate has initiated prosecution of a cohort of laser clinics which, to date, had not registered with RQIA.

6.2   The Chief Executive informed Board members that the review of whistleblowing is underway. The Director of Reviews and Medical Director advised that a business case has been prepared for additional resources in order to complete the review within the required timeframe.

6.3   The Chief Executive informed Board members that a revised Business Case for the extension of the iConnect Project Manager and the Enforcement module on iConnect has been approved.

6.4   The Chief Executive advised Board members that the Regulation Directorate is on target with planned inspections.

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

7.0   Agenda Item 7 – Director of Regulation and Nursing's Report (D/11/15)

7.1   The Chief Executive introduced the Director of Regulation and Nursing's report and informed Board members that the report contains information on notifiable events. The Chief Executive advised that the directorate had issued new guidance to providers on reporting. This has shown a significant reduction in the number of notifiable events submitted to RQIA.

7.2	The Chief Executive advised that Colinvale Court has become a home of concern for RQIA and advised that enforcement action had been taken to bring this service into compliance with the regulation and minimum standards.
7.3	The Chief Executive advised that he would invite BSO Legal Services to write again to the Court and Tribunal Services in respect of the significant delay in progressing appeals.
7.4	Board members **NOTED** the Director of Regulation's report.

8.0   Agenda Item 8 – Finance Report (E/11/15)

8.1	The Director of Corporate Services informed Board members that RQIA is forecasting breakeven at year end.
8.2	The Director of Corporate Services advised Board members that a web developer has been formally engaged for the development of the new RQIA website; due for completion March 2016. The Business Case in relation to the enforcement module on iConnect and the iConnect Project Manager has been approved.
8.3	The Director of Corporate Services informed Board members that although the 30-day prompt payment target has not been met, the compliance level is improved on the same period last year.
8.4	Board members **NOTED** the Finance Report.

9.0   Agenda Item 9 – Corporate Performance Report (Quarter 2) (F/11/15)

9.1	The Director of Corporate Services introduced the Corporate Performance Report and advised Board members that one of the actions in the Business Plan is red until Board approval is received for the revised Risk Management Strategy.
9.2	Board members **APPROVED** the Corporate Performance Report.

10.0   Agenda Item 10 – Risk Management Strategy (G/11/15)

10.1	The Chairman advised that the Risk Management Strategy was presented to the Board in July 2015 but required further revisions to the section relating to 'risk appetite'. The Chairman confirmed that his concerns have been addressed.
10.2	The Director of Corporate Services advised the Risk Management Strategy was reviewed and updated following the Board meeting in July. Audit Committee approved the revised Risk Management Strategy on 22 October 2015.
10.3	Board members **APPROVED** the Risk Management Strategy.

11.0   **Agenda Item 11 – Corporate Risk Assurance Framework Report (H/11/15)**

11.1   The Chair of Audit Committee advised that the Audit Committee approved the Corporate Risk Assurance Framework Report on 22 October 2015. The Chair of Audit Committee informed Board members that two new risks are to be added to the Corporate Risk Assurance Framework Report.

11.2   The Director of Corporate Services advised that risk 9 can now be removed from the Corporate Risk Assurance Framework Report.

11.3   Board members **APPROVED** the amended Corporate Risk Assurance Framework Report.

12.0   **Agenda Item 12 – Quality Report 2014-15 (I/11/15)**

12.1   The Chief Executive informed Board members that the Quality Report follows a standard format and had been submitted to DHSSPS in accordance with the timeframe for submission.

12.2   The Director of Corporate Services informed Board members that the report is being published today.

12.3   Board members **NOTED** the Quality Report 2014-15.

13.0   **Agenda Item 13 – Enforcement Policy and Procedure (J/11/15)**

13.1   The Chairman advised that 'Enforcement Policy and Procedure' would be discussed at the next Board meeting in January 2016.

14.0   **Agenda Item 14 – Hospital Inspection Programme (K/11/15)**

14.1   The Chairman presented to Board members a summary presentation on the CQC Inspection at Queen Elizabeth Hospital, Gateshead that he attended with Dr John Jenkins.

14.2   Dr Jenkins outlined the steps within the inspection process and informed Board members that CQC adopts a challenge culture in which inspector must robustly defend their viewpoint and the conclusion from the evidence.

14.3   The Chairman advised that following the inspection staff members at the hospital were enthusiastic and looked forward to receiving the feedback from the inspection team.

14.4   Board members **NOTED** the presentation by the Chairman and Dr John Jenkins.

14.5   The Director of Reviews and Medical Director informed Board members that Liz Colgan will provide an overview of the inspection process, methodology, and learning points following the first inspection under the

Hospital Inspection Programme.

14.6   Liz Colgan advised Board members that it was a Ministerial directive that RQIA should introduce a rolling programme of unannounced inspections of hospitals. Liz Colgan presented a summary of the inspection process based on the focus of safe, effective and compassionate care, and the well led domain and highlighted the learning points following the first inspection.

14.7   The Chief Executive advised that the Hospital Inspection Programme will be evaluated following the completion of the first five inspections.

14.8   Board members **NOTED** the presentation on the Hospital Inspection Programme.

15.0   Agenda Item 15 – RQIA Positioning and Communications (L/11/15)

15.1   The Chief Executive presented the paper on RQIA Positioning and Communications which has been developed by the Chairman, Chief Executive and two RQIA Board members following the Board Workshop in June 2015.

15.2   The Chief Executive informed Board members that there are 10 stated actions, some have already commenced and the remaining require action.

15.3   The Chairman advised that this is a work in progress. The two Board members involved in the development of the paper will continue to support the Executive Team in taking the actions forward.

15.4   Board members **APPROVED** the RQIA Positioning and Communications paper.

16.0   Agenda Item 16 – Future model for inspections of Residential Care and Nursing Homes (M/11/15)

16.1   The Chairman advised that the paper on the 'future model for inspections of Residential Care and Nursing Homes' would be discussed at the next Board meeting in January 2016.

17.0   Agenda Item 17 – Audit Committee Business (N/11/15)

17.1   The Chair of Audit Committee advised Board members that the minutes from the meeting in June 2015 were approved at Audit Committee and are for noting by the Board.

17.2   Board members **NOTED** the approved minutes of meeting on 25 June 2015.

17.3   The Chair of Audit Committee advised that prior to the Audit Committee meeting on 22 October 2015 the committee had met to complete the self-assessment.

17.4 The Chair of Audit Committee informed Board members that the RQIA Mid-Year Assurance Statement was endorsed by Audit Committee and forwarded to the DHSSPS.

17.5 The Chair of Audit Committee advised that the Landscape Review – Progress Report includes a BRAG rating. The use of Part II / Part IV Doctors is currently in red and a business case has been submitted. The Director of Mental Health, Learning Disability and Social Work will provide an update at the next meeting.

17.6 Resolved Action (111)
The Director of Mental Health, Learning Disability and Social will provide an update in relation to the Part II/Part IV Business Case submitted to DHSSPS.

17.7 The Chair of Audit Committee advised that minor amendments had been made to the Terms of Reference of Audit Committee and these were approved by Audit Committee members on 22 October 2015.

17.8 The Chair of Audit Committee presented the proposed amendments to the Standing Orders.

17.9 Board members **APPROVED** the proposed amendments to the Standing Orders.

17.10 Resolved Actions (112)
The Board and Executive Support Manager will make the proposed amendments to the Standing Orders for uploading to the RQIA website.

17.11 Board members **NOTED** the update on Audit Committee Business.

18.0 Agenda Item 18 – Strategic Improvement Steering Group Business

18.1 The Chair of the Strategic Improvement Steering Group advised Board members that the next meeting will be on 19 November 2015 and that to date good progress has been made in relation to the strategic projects in the organisation.

18.2 The Chief Executive informed Board members that the EFQM assessment will be taking place on 16, 17 and 20 November 2015 and asked Board members to familiarise themselves with the Quality Report and two EFQM submission documents.

18.3 Board members **NOTED** the update on the Strategic Improvement Steering Group Business.

19.0   Agenda Item 19 – Any other Business

19.1   As there was no other business, the Chairman brought the public session of the Board to a close at 3.55pm.

Date of next meeting:

Thursday 21 January 2016, 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	RQIA will invite the HSCB to attend a future Board meeting to discuss arrangements for monitoring implementation of review recommendations.	Director of Reviews and Medical Director	21 January 2016
101	9 July 2015	The Director of Regulation and Nursing will present the revised Enforcement Policy and procedures to the Board on 12 November 2015.	Director of Regulation and Nursing	21 January 2016
108	24 September 2015	The Director of Reviews and Medical Director will arrange a presentation on the new 'Making Life Better' cross departmental strategy.	Director of Reviews and Medical Director	21 January 2016
109	24 September 2015	The RQIA Chief Executive will liaise with the Professional Standards Authority to invite its Chief Executive to lead a discussion on the impact of the report 'Rethinking Regulation'.	Chief Executive	21 January 2016
110	12 November 2015	The Chief Executive will send a letter of thanks to Mr Hanna for his presentation at the Board meeting on 12 November 2015.	Chief Executive	21 January 2016
111	12 November 2015	The Director of Mental Health, Learning Disability and Social Work will provide an update in relation to the Part II/Part IV Business Case submitted to DHSSPS.	Director of Mental Health, Learning Disability and Social Work	21 January 2016
112	12 November 2015	The Board and Executive Support Manager will make the proposed amendments to the Standing Orders for uploading to the RQIA website.	Board and Executive Support Manager	21 January 2016

RQIA Board Meeting

Date of Meeting	21 January 2016
Title of Paper	Chairman's Report
Agenda Item	5
Reference	A/01/16
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 12 November and 12 January 2016, I attended 8 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:

20 November 2015	Meeting with EFQM Assessor, Dr Gundy
20 November 2015	Standards Meeting with Glenn Houston and Board Members; Lindsey Smith and Daniel McLarnon
03 December 2015	UKHCA Annual Provider Conference
07 December 2015	Meeting with Maeve McLaughlin, MLA
09 December 2015	Meeting with Hugh McPoland, Business Services Organisation
09 December 2015	Accountability Meeting
12 January 2016	Meeting with PCC Chair and Chief Executive
12 January 2016	Meeting with Hugh McPoland, Business Services Organisation

On your behalf I have offered my congratulations to Glenn Houston and his team on the great success represented by the EFQM assessment and award. As a body responsible for holding to account the performance of others, we must always be in the vanguard of continuous improvement, independently scrutinised.

Since the last board meeting I have been working closely with the Chief Executive and others on a number of matters as highlighted below:

Although I was unable to attend the ultimate meeting with departmental officials and the Chief Executive, a positive conclusion was reached with the department, ending a series of strategic discussions in respect of revising and improving our care home inspection and reporting regime. When implemented in Quarter 1 2016, this means that we will inspect against 4 domains, including well-led using standards and regulations, and other benchmarks, as standards against which to rate each of the 4 domains, on a four level performance assessment matrix and a simple visual traffic light reporting system. I anticipate that this will produce challenges for inspection approaches, ultimately leading to more consistency, thoroughness and clarity of assessments. This in turn will allow us to publish care home performance, succinctly and clearly, across the full range of performance. The public will become more fully informed and the sector will be incentivised to aspire to better outcomes for residents. This full range of assessments will allow us to give full effect to the expectation of residents for high quality of life as well as quality of care and give effect to the human rights aspects of the departmental standards.

The matter of the Business Services Organisation Service Offer has not been resolved to the point of my being able to make a final recommendation to the board. We have agreed in principle to support the offer, but that remains subject to clarity in respect of savings; benefits to RQIA; treatment of staff; an adequate service level agreement. Discussions remain ongoing.

With the Chief Executive, I attended the UKHCA conference. There was a great deal of concern expressed by providers of Domiciliary Care Services in respect of the level of and the process for setting funding levels.

The Chief Executive has kept me fully informed as to the evolving position of care home closures resulting from the financial difficulties faced by the Four Seasons Group. The current position has potentially improved with the emergence of potential buyers for at least some of these homes on a going concern basis.   It is of greater concern that there is no reason to believe that the closures already announced by Four Seasons will end the financial difficulties of the group as a whole.

After RQIA's appearance at the Health Committee alongside departmental officials, I arranged to meet the Chair, Maeve McLaughlin, off-line with Glenn Houston. We had a very positive meeting wherein we took the opportunity to bring the Chair up to date with our thinking and actions in a number of areas in which she had an interest in the performance of RQIA. She expressed a specific interest in the outcome of our current work on whistle blowing within the DHSSPS system. We offered to keep her briefed on all matters, at her future convenience.

I have now received and accepted the Chief Executive's notice of resignation which means that he will leave early in the new financial year. I have had a series of discussions with Hugh McPoland of the Business Services Organisation in respect of the process for replacing the Chief Executive. This will be facilitated by the Business Services Organisation.

Dr Alan Lennon
Chairman

January 2016

RQIA Board Meeting

Date of Meeting	21 January 2016
Title of Paper	Enforcement Policy
Agenda Item	6
Reference	B/01/16
Author	Kathy Fodey
Presented by	Kathy Fodey
Purpose	To present to the Board for approval, a revised Enforcement Policy.
Executive Summary	- This policy has been reviewed by a cross directorate working group that included RQIA Board representation - The policy format is now consistent with RQIA style and operational elements have been moved into enforcement procedure - The policy was reviewed by the Department of Legal Services in a number of stages - Proposals for the revision of Representation Panels will be further developed within the relevant procedures
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the Enforcement Policy
Next steps	To initiate a review of enforcement procedure and procedures for representation and decision making panels.

RQIA Enforcement Policy

Policy Type:	Operational
Directorate Area:	All Directorates
Policy Author / Champion:	Board Members, Chief Executive, HoPs, Director of Regulation and Nursing
Date Equality Screened:	August 2015
Date Approved by Executive Team:	13 January 2016
Date Approved by Board:	
Date of Issue:	
Date of Review:	

Review of Enforcement Policy	
Date	Action
16 January 2015	Meeting - Review of Policy
April 2015	Legal Advice x3
28 April 2015	Meeting - Review of Policy
23 July 2015	Meeting Review of Action plan
30 July 29, 2015	Meeting Review of Panel recommendations
12 August 2015	Meeting to review
27 November 2015	Legal Advice
17 December 2015	Meeting to review representation panels

Contents

Appendices

1. Introduction

The Regulation and Quality Improvement Authority (RQIA) was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order). RQIA provides independent assurance about the quality, safety and availability of health and social care services in Northern Ireland, encourages continuous improvement in those services and safeguards the rights of service users.

Enforcement action is an essential element of the responsibilities of RQIA. There is a range of enforcement options to ensure compliance with regulations and minimum standards; to effect improvements; and to afford protection to service users. RQIA will normally adopt a stepped approach to enforcement.

2. Scope

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

The appropriate use of enforcement powers, including prosecution, is important: to secure compliance with legislation and minimum standards; and, to ensure that registered providers are held to account for failures to safeguard the health, safety and welfare of service users.

This policy will apply to the regulation and inspection of any establishment or agency, and to persons registered under the 2003 Order. This may include the HSC Board, HSC trust or special agency, if RQIA believes that the board, trust or agency is failing to comply with any statement of minimum standards.

This policy is part of a suite of documents regarding enforcement by RQIA, and will have regard to relevant regulation, guidance or direction, including:

- RQIA enforcement procedures
- Registration regulations
- Service Specific Regulations (ref appendix 2)

This policy should be read in conjunction with its associated procedures, and other relevant RQIA policies and procedures, including RQIA Escalation Policy (This relates to the reporting and management of concerns, direct allegations and/or disclosures arising from inspection and/or review activity).

3. Policy Statement

This policy sets out the general principles and approach that RQIA will follow in relation to enforcement and prosecution. The 2003 Order provides RQIA with statutory powers to take enforcement action. These actions are designed to protect the safety of service users and to address situations where there are significant failings and/or lack of improvement in the quality of service provision.

RQIA believes in a system of firm but fair regulation. It has adopted the principles outlined in the Principles of Good Regulation, Better Regulation Task Force, 2003. These principles are:

- proportionality

- consistency
- targeting
- transparency
- accountability

It should be noted that RQIA may employ simultaneous enforcement actions in regard to a registered service, provided the action is related to separate breaches of standards and/or regulations.

RQIA may increase inspection activity to monitor compliance and ensure that the necessary improvements are being made.

RQIA may also escalate enforcement actions at any time. Enforcement action will be proportionate and related to the level of risk to service users and the severity of the breach of regulation. RQIA will follow up enforcement action to ensure that quality improvements are achieved.

4.   The Legislative Framework

Registered establishments and agencies are required to comply with the 2003 Order and the associated service specific regulations.

Other services including HSC Board, HSC trust or special agency are required to comply with DHSSPS minimum standards (Article 39) (Article 35) of the 2003 Order. Failure to do so may result in enforcement action.

Article 34 of the 2003 Order also places a statutory duty of quality on the Health and Social Care Board and on HSC trusts in respect of the services they provide.

The 2003 Order and associated regulations are available on RQIA's website at www.rqia.org.uk/publications/legislation.cfm.

A summary of offences and penalties under the 2003 Order and the relevant articles associated with them are outlined in Appendix 1.

Service specific regulations relating to offences and failure to comply notices under the 2003 Order are outlined in Appendix 2.

Registered persons/managers should ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency issued by the Department of Health, Social Services and Public Safety (DHSSPS).

The list of minimum standards (DHSSPS) is available on RQIA's website at www.rqia.org.uk/publications/useful_documents.cfm

5.   The Responsibilities of RQIA
RQIA Board is responsible for approving this policy and holds the Chief Executive accountable for its implementation.

Chief Executive has overall responsibility for enforcement action within RQIA.

Directors are responsible for decision making surrounding enforcement action.

Heads of Programme are responsible for bringing areas of concern which may lead to enforcement to Directors attention.

Communications Manager is responsible for ensuring the RQIA website is updated with information relating to enforcement action.

6. Training

Training on this policy and its related procedures will be provided to all relevant RQIA staff and board members as required.

7. Equality

This policy was equality screened in August 2015 found to have a neutral impact; therefore the policy does not require to be subjected to a full equality impact assessment

8. Monitoring/Evaluation

This policy will be monitored on a regular basis by RQIA's Executive Management Team. The implementation of the policy and associated procedure and any deficiencies within the policy will be noted by the Chief Executive. Any proposed amendments will require Board approval.

9. Review of Policy

This policy will be reviewed in September 2018 to evaluate its effectiveness and to review the associated procedures.

10. Development and Consultation

The Enforcement Policy has been developed by a Project Group within RQIA and in consultation and engagement with all members of staff including the RQIA Board and Executive Management Team.

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

LEGISLATION	OFFENCE	PENALTY*
Article 12	Carrying on or managing an establishment or agency without being registered in respect of it	Fine not exceeding Level 5 (£5,000) and in some situations imprisonment for a term not exceeding 6 months
Article 24	Failure to comply with conditions of registration	Fine not exceeding Level 5 (£5,000)
Article 25	Contravention of regulations	Fine not exceeding Level 4 (£2,500)
Article 26	False descriptions of establishments and agencies	Fine not exceeding Level 5 (£5,000)
Article 27	False statements in application	Fine not exceeding Level 4 (£2,500)
Article 28	Failure to display certificate of registration	Fine not exceeding Level 2 (£500)

*Maximum financial penalties for Northern Ireland under The Criminal Justice (Northern Ireland) Order 1994, s.3.
Level 1 - £200
Level 2 - £500
Level 3 - £1,000
Level 4 - £2,500
Level 5 - £5,000
Level 6 - £25,000

Service Specific Regulations which deal with
Offences and Failure to Comply Notices

Service Specific Regulations	A	B	C	D	E
The Residential Care Homes Regulations (Northern Ireland) 2005	36(1)	36(3)	36(4)	37	36(2)
The Nursing Homes Regulations (Northern Ireland) 2005	36(1)	36(3)	36(4)	37	36(2)
The Nursing Agencies Regulations (Northern Ireland) 2005	28(1)	28(3)	28(4)	27	28(2)
The Independent Health Care Regulations (Northern Ireland) 2005	42(1)	42(3)	42(4)	41	42(2)
The Children's Home Regulations (Northern Ireland) 2005	40(1)	40(3)	40(4)	41	40(2)
The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	32(1)	32(3)	32(4)	31	32(2)
The Day Care Setting Regulations (Northern Ireland) 2007	35(1)	35(3)	35(4)	36	35(2)
The Residential Family Centres Regulations (Northern Ireland) 2007	36(1)	36(3)	36(4)	37	36(2)
The Adult Placement Agencies Regulations (Northern Ireland) 2007	39(1)	39(3)	39(4)	38	39(2)

Column A: refers to the service specific regulation which makes provision for specified offences; and confirms the regulations which if breached may be considered to be an offence by the registered person.

Column B: refers to the service specific regulation which confirms those matters to be included in a Failure to Comply Notice.

Column C: refers to the service specific regulation which confirms that RQIA may bring proceedings against a person who was once, but no longer is, a registered person, regarding a breach of the regulation concerning records.

Column D: refers to the service specific regulation regarding 'compliance with regulations'. The regulation confirms that where there is more than one registered person in a service, anything required to be done under regulations by a registered person will, if done by one of the registered persons, not be required to be done by any of the other registered persons.

Column E: refers to the service specific regulation regarding specified offences and the regulation confirms that legal proceedings cannot commence against a registered person unless the four legislative requirements indicated are met.

Review of Enforcement Policy

Summary of Main Changes

SECTION	CHANGE	RATIONALE
Structure and flow.	As per RQIA policy and procedure for the development and approval of policies.	Structured and systematic approach.
Process of enforcement and reference to representation and appeal.	Reference removed from policy.	Process and operational elements moved to procedure.
Recommendations from internal audit, reviews and representation panels.	No additional elements added to policy.	Recommendations made for review of enforcement procedure.
Review of representation panel	Enforcement Review panel to be conducted at Head of Programme level without the need for Board membership. Board membership reduced to one with additional executive member for panels relating to Notice of Decision to refuse or cancel registration and for any representation against a Notice of Proposal	Options appraisal process conducted to determine most effective and efficient process. These changes will be incorporated into the review of procedures.

Strategic Factors for the Revision of Enforcement Policy 2015

NO	Source	Recommendations	Outcome	Status
1	Cherry Tree Review	RQIA should review its enforcement policy and procedures in light of developments in other jurisdictions	RQIA are in the final stages of this review and will be presenting new policy to the January board meeting	G
2	Internal Audit	Only in exceptional circumstances should a recommendation be repeated in excess of three times and where this is the case a full explanation for further restatement should be noted by the inspector.	A pre inspection audit tool has been developed and implemented. Restating requirements has decreased from 16% in April 2015 to 2% at November 2015	G
3	Internal Audit	Consideration should be given to introducing a limit on the number of times a recommendation and requirements can be carried forward and restated	This was discussed within the review of the enforcement policy and it was agreed that no limit would be introduced and a recommendation was made that the enforcement procedure should include reference to the new process put in place to record and monitor requirements and recommendations	G
4	Internal Audit	Any inspection at a home should cover all outstanding points, i.e. a full follow up on all previous requirements and/or recommendations and should not just specifically focus on areas in respect of where failure to comply notices, etc. have been issued.	A new reporting format has been developed to capture compliance with previous recommendations and requirements.	G
5	Internal Audit	Although recently updated and approved within the last year, RQIA should consider a further review and potential revision of RQIA's Enforcement Policy, in light of the findings of this assignment.	RQIA enforcement policy review completed December 2015	G
6	Internal Audit	As a minimum, Management should consider in RQIA's Enforcement Policy reference to excessive repetition of recommendations, specifically stipulating the number of repeats after which a Notice of Improvement should be issued and at what stage recommendations should be escalated up to a requirement	This was discussed by enforcement review group and a recommendation was made that the new enforcement procedure would make reference to new processes put in place to record and monitor requirements and recommendations	G
7	Business Plan 2015-16	Implement revised enforcement and escalation policies and procedures, taking account of the learning from previous experience	Review of enforcement procedure commenced December 2015	G

RQIA Board Meeting

Date of Meeting	21 January 2016
Title of Paper	Future model for inspections of Regulated Services
Agenda Item	7
Reference	C/01/16
Author	Kathy Fodey
Presented by	Kathy Fodey
Purpose	The purpose of this paper is to provide the Board with an overview of process to develop a revised inspection methodology for regulated services.
Executive Summary	This project aims to develop and implement a domain based inspection methodology that will inform an evidence based outcomes framework. Outputs are: • A set of quality indicators and outcomes for inspection for each service type • An inspection report template against four domains • An outcomes framework to evidence inspection findings • A new format to report on the outcomes of inspections
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the Future model for inspections of Regulated Services.
Next steps	Take forward the development of revised methodology as set out within the project brief.

Work stream 11: To develop and implement a domain based inspection methodology that will inform an evidence based outcomes framework

Background

In 2014-15 the regulation directorate improvement plan set out a series of significant improvements to our registration, inspection and enforcement systems and processes. Ten work streams were initiated to run from April 2015 to March 2016. It is noted that the introduction of an overall rating for quality is a policy decision for DHSSPS. IN October 2015, RQIA Board requested that the progression of performance measures to evidence the outcomes of inspection along with an inspection process based on assessment against four stakeholder domains were brought forward and fast tracked to be ready for implementation for the 2016/17 inspection year.

This work stream will have two component parts.
  a) The development of a set out quality indicators and outcomes that will support inspection against the four domains of:
    i.   Is care safe?
    ii. Is care effective?
    iii. Is care compassionate
    iv. Is the service well led?

  b) The development of an outcomes framework with defined criteria for each of the four domains against the measures of:
    i.   Excellent
    ii. Good
    iii. Requires improvement
    iv. Unsatisfactory

Strategic and Business context
This work stream will support the following strategic objectives as set out within RQIA Corporate Strategy 2015-18:

> Objective 2: Develop and execute new capabilities
> Objective 4: Continuously improve key systems and processes
> Objective 6: Focus Improvement activities on outcomes

With regard to RQIA Business Plan for 2015 -16. The following actions are relevant:

> 1.1: implement a strategic review of inspection systems and processes as set out in the regulation directorate improvement plan
> 3.1 pilot and evaluate a revised intelligence and risk based approach to inspection of regulated services
> 4.1: implement a programme of key strategic and quality improvement work streams

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 and nursing homes using the three outcomes of safe, effective and compassionate care.

Workstream aim

To introduce a domain based inspection methodology that supports the publication of an evidence based outcome to inspection.

Workstream Objectives

1) By end November 2015 to have completed a scoping workshop with inspectors to establish the parameters of the proposed new inspection methodology
2) By end December 2015 in partnership with Heads of Programme, to have developed a project brief with identified outputs for this work stream
3) By mid-January 2015 have reviewed and equality screened Inspection Policy.
4) By end January 2016, have obtained approval from RQIA board to progress action on four domains of inspection and the introduction of an outcomes framework to inspection
5) By end February 2016 to have developed quality indicators and outcomes for each set of regulated services
6) By end February 2016 to have developed an outcomes framework
7) By end March 2016 to have met with stakeholder reference group to gain feedback on proposed new inspection methodology
8) By end March 2016 have completed a small scale pilot of domain based inspection and outcomes framework
9) By end March 2016, have shared proposed new methodology at RQIA Stakeholder events
10) By end March 2016, have obtained RQIA Board approval to implement revised methodology
11) By mid-April 2016 have completed inspector training on new methodology
12) By end of April 2016 have commenced phased implementation of new methodology
13) By May 2016 have commenced full roll out of revised inspection methodology
14) By end May 2016, have revised internal quality assurance process and developed an evaluation process

Work stream Outputs

- A set of quality indicators and outcomes for inspection for each service type
- An inspection report template against four domains
- An outcomes framework to evidence inspection findings
- A new format to report on the outcomes of inspection

Exclusions

The development of this new methodology is for regulated establishments and agencies. Further scoping will be required to determine and set out the applicability and exclusions of the proposed new model to all inspection types (primary, secondary, follow up to intelligence, follow up to enforcement, registration)

Constraints
Specific constraints include the following:
- Current improvement work will be reviewed and reprioritised to provide capacity to take this work stream forward
- Stakeholder engagement will require a particular focus to ensure that providers are informed of new methodology
- A number of subgroups will be required to make sure that cognisance is taken of the need for evaluation; the impact on iconnect; the procedures for review and follow up, to support decision making and consider thresholds for enforcement

Owner
Director of Regulation

Steering Group
Director of Regulation and Heads of Programme
This initiative will be monitored through RQIA Strategic Improvement Steering Group

Project Membership

Representations from all teams: inspection, administration and registration.

Regulation Directorate Improvement Plan

Work stream 11: To develop and implement a domain based inspection methodology that will inform an evidence based outcomes framework

Tasks	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Workstream 11 New inspection methodology								
Inspector workshop on Leadership domain	green							
Inspector workshop on new methodology	green							
Project brief drafted		green						
Discussion with Heads of programme		green						
Review and equality screen inspection policy			amber					
Approval from RQIA board to progress project			amber					
Development of quality indicators and outcomes		green	amber	amber				
Development of outcomes framework and assessment criteria		green	amber	amber				
Stakeholder reference group				amber				
Small scale pilot					amber			
Approval from RQIA board to implementation					amber			
Stakeholder events					amber			
Inspector training / consistency workshops						amber		
Phased implementation						amber		
Full implementation							amber	amber
Commence evaluation								amber

red = not achieved

amber = on track to be achieved

green = achieved

R:\Regulation\DIR_IMPROVEMENTS\2015_2016\Performance_Ratings_System

Fergal Bradley
Head of Quality Regulation and Improvement Unit

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

Glenn Houston

Chief Executive

Regulation & Quality Improvement Authority

9th Floor, Riverside Tower

5 Lanyon Place

Belfast

BT1 3BS

Castle Buildings
Stormont Estate
BELFAST BT4 3SQ

Tel: 028 90765615

Email: fergal.bradley@dhsspsni.gov.uk

Your Ref:
Our Ref:

11th December 2015

Dear Glenn,

INSPECTION OF REGULATED SERVICES

We met on 25 November to discuss RQIA's planned changes to its inspection methodology for regulated services and I agreed to send you some comments on the proposals you presented.

I note that you explained that you did not intend to initiate a formal consultation on the changes to the inspection methodology but you may wish to document how RQIA has considered the various potential impacts that such a change may incur. OFMDFM has useful guidance in this respect - http://www.ofmdfmni.gov.uk/policy-toolkit.htm. In particular, we discussed examples where there may only be one service provider in, perhaps, a rural area, and the impact that a negative assessment might have on a community where there is little choice or alternatives available. RQIA should carefully consider issues such as rurality and the potential economic impact on providers (and service users) should costs be impacted by a particularly negative or, indeed, "outstanding" assessment..

As I explained at our meeting, RQIA's approach to the operational details of regulation is a matter for the Authority. As a body with operational independence RQIA may make changes to its methodology as it sees fit. I would remind you again of the statutory duty of involvement that requires HSC bodies to engage appropriately and effectively with all stakeholders in making such decisions. The

importance of this cannot be overstated and whilst I acknowledge that there have been discussions with some providers, I would encourage you to consider if you have involved service users and carers to an appropriate degree. As discussed previously, any decision towards applying an overall rating for quality is a policy shift which would require prior agreement by the Department and Minister.

You have advised that RQIA plans to implement the change in methodology from 1 April 2016, with the judgement framework to be developed and training provided to inspectors in January and the changes presented at the February provider roadshows. I have some concerns as to the speed of this process, particularly thinking about the need to engage appropriately with all stakeholders, consider the potential impacts and effectively consider the body of evidence available to support the change. I understand that the new inspection year offers a timely opportunity to introduce the change, but I have concerns that this self-imposed deadline will be too challenging and may affect the quality of the new inspection process. RQIA will need time to train and familiarise its own staff with the new approach and to ensure that your internal quality control processes are robust. The new approach will be under scrutiny from providers and RQIA's credibility would be undermined if the assessments arrived at from day 1 onwards are anything less than completely robust.

RQIA may wish to consider a pilot of the new methodology rather than rolling it out to all registered establishments and agencies with effect from 1 April 2016 or, at the very least, a phased introduction.

At our meeting, we discussed the issues around an "unsatisfactory" rating against any of the four domains and the difficulties this might present should there be no enforcement activity forthcoming as a result.   I would welcome some further information as to how this might be addressed as it is my view that a rating of "unsatisfactory" would be most likely to be perceived as reflecting a very poor standard of care that demanded action to rectify.
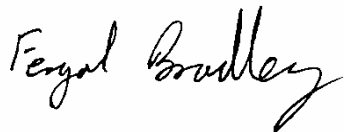
You confirmed that the proposed outcomes framework would be used in care inspections. Whilst I understand the rationale for this, it will be important to explain

clearly and upfront to those reading inspection reports that this is the case and that the outcomes should be viewed in the context not only of the care report in its entirety but the other relevant inspection reports. This includes pharmacy, estates and finance where the specialist expertise and knowledge of RQIA is of particular value to advising members of the public about the standard of care available at an individual site.

I also suggested that RQIA might wish to consider a change to the current process whereby a small number of standards are used as the basis of inspections and these are publicised in advance to providers via the annual road shows and RQIA website. This would make it more difficult for providers to predict what inspectors will look for or which standards are being used. Our concern is that otherwise these assessments would be skewed if providers have the ability to predict which standards will be inspected. I will also be interested to see how your draft Judgement Framework will set out requirements for and definitions of "outstanding" care, given that we have established clearly that standards are already rooted in best practice.

I trust these comments are helpful and I look forward to reading the evaluation report following the work of the Stakeholder Reference Group along with the draft Judgement Framework in order to get a better understanding of how the revised methodology will look.

Yours sincerely,

Fergal Bradley

Cc Dr Paddy Woods
Donna Ruddy
Jennifer Lamont

RQIA Board Meeting

Date of Meeting	21 January 2016
Title of Paper	RQIA Draft Business Plan 2016-17
Agenda Item	8
Reference	D/01/16
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of this paper is to present to the Board the RQIA Business Plan 2016-17 for approval.
Executive Summary	The annual Business Plan sets out how RQIA intends to deliver its strategic objectives, the timescale for action and how it intends to use the resources at its disposal for the period 2016-17. In addition actions / outcomes and measures have been identified to monitor our progress in achieving the business plan actions.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the RQIA Draft Business Plan 2016-17.
Next steps	The final RQIA Business Plan 2016-17 will be presented to the RQIA Board on 18 February for approval.

Draft RQIA Business Plan 2016-17

Assurance, Challenge and Improvement in Health and Social Care

Board Meeting – 21 January 2016

Our Vision, Purpose and Values

Vision

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

Purpose

The Regulation and Quality Improvement Authority (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.

Values

RQIA has a shared set of values that define our culture, and capture what we do when we are at our best:

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

This comes together in RQIA's Culture Charter, which sets out the behaviours that are expected when employees are living our values in their everyday work.

Foreword

This Business Plan sets out RQIA's key business objectives and priorities for 2016/17. These are derived from the four stakeholder outcomes and the strategic themes described in our Corporate Strategy 2015 - 2018.

The Business Plan identifies the things we must do to meet our statutory responsibilities. In addition, it sets out the actions and deliverables designed to ensure quality improvement, and to achieve best practice in regulation and inspection. The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 describes the functions of RQIA as conducting reviews, carrying out inspections and investigations for the purposes of monitoring and improving the quality of health and social services. In 2016/17 RQIA will inspect over 1400 registered establishments and agencies.

Our three year review programme describes the planned reviews we will undertake this year.

We have specific statutory responsibilities under the Mental Health (NI) Order 1986 to protect the interests of patients.

RQIA is one of four designated national preventive mechanisms (NPM) under the United Nations Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). RQIA will continue to exercise its duties as a designated NPM by visiting places of detention, including psychiatric hospitals and prisons, to assess whether those detained are subject to humane treatment.

We are also a designated authority under the Public Interest Disclosure (NI) Order 1998 to whom employees of health and social care bodies may make a protected whistleblowing disclosure.

We will continue to deliver a rolling programme of inspections of acute hospitals focusing on the patient experience. This programme commenced in October 2015 following extensive preparation, including pilot inspections.

We work within a prescribed budget and must achieve break-even year on year. Our budget for 2016/17 has been reduced by **x%.** We have responded to the departmental requirement to submit proposals to work to a reduced budget, which will require an adjustment of our work programme this year. We will continue to use our existing resources to best effect to maintain a robust programme of regulation and inspection.

We are committed to excellence and are implementing a strategic improvement programme across all aspects of our work. We will improve the way we conduct inspections, how we report the findings of inspections and how we assess the quality of care provided in registered services.

Our improvement journey continues, facilitated through our STEPs to Excellence Improvement Programme (STEP); where staff take responsibility and lead on improvement initiatives identified in our latest European Foundation for Quality Management (EFQM) assessment, completed in

2015. We were delighted to have been awarded the prestigious 4 star award recognised for excellence in December 2015. This is testament to the commitment of our staff to be aspiring for excellence in all that we do.

We remain committed to achieving an appropriate balance between our focus on quality assurance and quality improvement. We will continue to be proactive in developing the quality improvement agenda in line with Quality 2020.

The Guidelines and Audit Implementation Network (GAIN) was established in 2007 to support the development of clinical and social care audit and the production of regional guidelines in Northern Ireland. GAIN transferred to RQIA in April 2015 from its previous location within DHSSPS. There is clear synergy between the work of RQIA and GAIN. In 2016/17 we will take forward a programme of audit and will continue to support a journey of continuous improvement in association with the improvement institute signposted by the Minister in his statement on 12 November 2015.

We will implement our workforce plan including steps to improve the leadership, management and development of our staff. We will assess the capacity and capabilities of the workforce to undertake the core activities required of us as a regulator and maintain performance management and robust staff appraisal systems to support our business needs and requirements going forward.

RQIA has a responsibility to manage its resources and discharge its responsibilities in an effective, efficient and sustainable manner.

In 2016/17 RQIA will appoint a new Chief Executive to take over the responsibilities of leading the organisation through the next phase of its continuing development and improvement.

Corporate Strategy 2015-18

This Business Plan has been developed within the context of the RQIA corporate strategy.

RQIA's strategy map (**Figure 1)** serves as a roadmap to guide the activities of the organisation for the period 2015-18. It is a visual representation of our strategy.

RQIA's strategy map identifies four key stakeholder outcomes:

- Is Care Safe?
- Is Care Effective?
- Is Care Compassionate?
- Is the Service Well-led?

These define how we intend to demonstrate our effectiveness and impact as a regulator.

These stakeholder outcomes have been aligned with the DHSSPS strategy, Quality 2020. Our intention is to engage stakeholders when making independent and robust assessments to determine whether services are well-led and care is being provided safely, effectively and compassionately.

These stakeholder outcomes and the seven strategic themes represent the pillars on which we will continue to build our

success and achieve our vision. This will be underpinned by the EFQM Quality Excellence Framework.

Stakeholder Outcomes

4

RQIA Strategy Map 2015-18

Figure 1

Vision

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

Purpose

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

Stakeholder Outcomes

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

Is the Service Well-led?
Effective leadership, management and governance which creates a culture focused on the needs and experiences of service users in order to deliver safe, effective and compassionate care

Strategic Themes

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

Deliver Operational Excellence
Improving the delivery of our core functions, taking account of best practice

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

Use Resources Effectively
Concentrating 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 work-streams

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

Values

Independence ◆ **Inclusiveness** ◆ **Integrity** ◆ **Accountability** ◆ **Professionalism** ◆ **Effectiveness**

What We Do

RQIA is an independent regulator tasked with bringing about measurable and enduring improvements in the safety and quality of health and social care services in Northern Ireland.

RQIA does this through a programme of inspections, investigations and reviews of health and social care bodies and recommends actions to improve the quality and availability of services.

RQIA advises DHSSPS and the general public on the safety, quality and availability of health and social care. We use our powers and influence to drive up quality, recognise and celebrate best practice and build public confidence in health and social care. We also take steps to address and eliminate poor practice and to reduce the likelihood of harm to patients and service users.

RQIA uses evidence-based practice to inform an overall assessment of health and social care in Northern Ireland.

During our inspections we assess the quality of the services provided against four key domains; safe, effective, compassionate care and leadership. Following an inspection we ask the service provider to make any changes we consider necessary through the quality improvement plan and we

publish this information in a report of our findings, available on our website, www.rqia.org.uk.

As at 31 December 2015 the following services were registered with RQIA.

Type of Service	Number of Registrations
Nursing homes	265
Residential care homes	197
Children's homes	49
Independent clinics	6
Independent hospitals	48
Independent hospitals - dental treatment	372
Independent Medical Agencies	5
Nursing agencies	34
Day Care Settings	183
Domiciliary Care Agencies - Conventional	120
Domiciliary Care Agencies - Supported Living	188
Residential Family Centres	1
Adult Placement Agencies	4
Voluntary Adoption Agencies	4
Overall Total	**1476**

RQIA acts to protect the rights of all vulnerable people by taking account of the principles of Human Rights and Equality and by discharging our statutory functions under the Mental Health (Northern Ireland) Order 1986. These duties and responsibilities include promoting good practice; preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention in a hospital or guardianship; and preventing or redressing loss or damage to a patient's property.

We assure the quality of services commissioned by the Health and Social Care (HSC) Board and delivered by HSC trusts and agencies through our programme of reviews. This programme takes into consideration relevant standards and guidelines, the views of the public, health care experts and current research. In 2016-17 RQIA will take forward eight thematic reviews as part 2 of its new three year review programme.

RQIA undertakes planned inspections at a range of health and social care facilities, including hospital wards and clinical areas. In 2016-17 we will continue a rolling programme of inspections of acute hospitals focused on the patient experience.

Financial Context 2016-17

RQIA derives its income from a recurring allocation (revenue resource limit) from DHSSPS and through income generated from the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005. In addition, RQIA receives a capital allocation each year from DHSSPS.

Details of RQIA's funding requirements in 2016-17 are set out in the finance section of the Business Plan **(see Appendix 1).**

Confirmation of the 2016-17 RRL was received from DHSSPS on **???.** A budget cut of x% has been applied to the opening 2016-17 position which equates to a reduction of **£x.** The 2016-17 expenditure allocation for RQIA is **£x.**

The estimated income from charges in 2016-17 which is based on the current fees and frequencies regulations and includes estimates in relation to registered places and registration fees is £y.

RQIA is developing a Savings Plan 2016-17 in order to achieve the savings target of **x%** through workforce controls, review and control of non-pay spend.

Capacity and Capability

RQIA must complete the statutory minimum number of inspections of all regulated services. In addition, RQIA must increase its regulatory oversight of agencies or establishments found to be in breach of regulations and/or the minimum standards.

RQIA has limited capacity to undertake additional unscheduled inspections in response to increased concerns. Therefore, in order to respond more effectively to whistleblowing and public concerns RQIA will be obliged to make strategic choices in determining how best to deploy its available capacity to best effect.

We are working with DHSSPS to review the Fees and Frequency of Inspections Regulations (NI) 2005 in order that we may target our inspection capacity on those services which are assessed as high risk.

RQIA has submitted business cases for additional capacity to DHSSPS in relation to Regulation and Nursing and Mental Health and Learning Disability Directorates. An additional business case has been submitted to DHSSPS in relation to the Independent Provision of a Second Opinion in cases of detention under the Mental Health (NI) Order 1986 where consent is not provided. The context and rationale for these business cases remain valid. RQIA will continue to provide effective regulatory oversight of all regulated services.

Business Plan 2016-17

This Business Plan sets out how RQIA intends to deliver its strategic objectives, the timescale for action and how it intends to use the resources at its disposal. Measures of success have been identified to monitor progress in achieving our strategic objectives.

RQIA will report on performance at public Board meetings, and through the publication of an annual report and accounts, and an annual quality report (these reports are available at www.rqia.org.uk). RQIA will also provide reports of its activities through the biannual accountability review meetings with DHSSPS.

This plan should be read in conjunction with the Corporate Risk Assurance Framework, which identifies risks in relation to the delivery of corporate objectives and how these risks are managed.

The Business Plan 2016-17 was approved by the RQIA Board on **xxx?** 2016.

Further Information

For further information on the Business Plan 2016-17 or the Corporate Risk Assurance Framework, please contact:

Maurice Atkinson, RQIA Director of Corporate Services
tel: 028 9051 7480
email: maurice.atkinson@rqia.org.uk.

RQIA Strategic Themes

1

Deliver Operational Excellence

Improving the delivery of our core functions, taking account of best practice

2

Develop and Execute New Capabilities

Adapting our inspection and review programmes to address emerging needs and priorities

3

Use Resources Effectively

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

4

Continuously Improve Key Systems and Processes

Developing and delivering quality improvement workstreams

5

Develop and Enhance Effective External Relationships

Communicating effectively with all our stakeholders and sharing information with other organisations

6

Focus Improvement Activities on Outcomes

Pursuing opportunities to drive quality improvement across health and social care

7

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.

Strategic Theme 1 - Deliver Operational Excellence

Strategic Priorities 2015-18

Improve the delivery of our core functions, taking account of best practice

Our Strategic priorities:
- Complete a strategic review of inspection systems and processes to create a more agile inspection regime
- Redesign our inspection and review reports to better demonstrate our assessment of the delivery of safe, effective and compassionate care and to make our reports easier to read and understand
- Strengthen our internal quality assurance systems and processes to improve the quality of our inspection and review reports

Actions 2016-17	Intended Outcome / Output	Measures	Action Owner	Timescale
1.1[1] Plan, implement and evaluate a programme of quality improvement initiatives focused on the core functions of registration and inspection	A risk based proportionate/regulatory system. An efficient and effective inspection process which maximises the use of available resources. Introduce and evaluate an inspection methodology to assess is care safe, is care effective, is care compassionate and is the service well-led? Introduce and evaluate an evidence based outcomes framework to report on inspection findings.	Evaluation of year 2 actions successfully implemented and monitored through the Strategic Improvement Steering Group Attainment of satisfactory assurance through the internal audit of inspection systems and processes Analysis of the outcomes of inspections against the achievement matrix Number of inspections above the statutory minimum undertaken to respond to concerns	Director of Regulation and Nursing	Quarters 1 - 4 Quarter 4 Quarter 4 Quarters 1 - 4

---

[1] 1.1 – Also relates to Theme 7

Actions 2016-17	Intended Outcome / Output	Measures	Action Owner	Timescale
1.2 Complete the planned programme of activity for 2016/17 in respect of the following areas: • Reviews • Infection & Hygiene • Acute Hospitals • Ionising & Radiation • GAIN Programme • MHLD • Regulated Services	All review reports completed and published within the specified timeframe, in line with the Reviews Directorate quality assurance process. An agreed programme of inspections of statutory healthcare completed and published (including MHLD, infection prevention and hygiene, augmented care, prison healthcare and IR(ME)R) Complete the planned programme of inspections as per the fees and frequencies regulation and as per the targets set in each directorate All GAIN work streams completed within specified timeframes in line with the appropriate Quality Assurance process	Reviews progress on planned activity for the year Infection & Hygiene progress on planned inspection activity for the year Acute Hospitals progress on planned inspection activity for the year Ionising Radiation progress on planned inspection activity for the year GAIN Programme progress on milestones MHLD progress on planned inspection activity for the year Number of inspections undertaken in regulated services as per the statutory requirement	Director of Reviews and Medical Director, Regulation and Nursing and MHLD	Quarters 1 - 4 Quarters 1 - 4 Quarters 1 - 4 Quarters 1 - 4 Quarters 1 - 4 Quarters 1 - 4 Quarters 1 - 4
1.3 Assess the impact of RQIA review activities in driving quality improvement in HSC Services	An agreed approach to monitoring progress on the implementation of recommendations from RQIA reviews	Approach agreed by RQIA, DHSSPS and organisations subject to review	Director of Reviews and Medical Director	Quarter 1

Strategic Theme 2 - Develop and Execute New Capabilities

Strategic Priorities

We will adapt our inspection and review programmes to address emerging needs and priorities

Our strategic priorities:
- Develop and roll out a new programme of hospital inspections, with a specific focus on standards relating to safe, effective and compassionate care to improve the quality of the patient experience
- Extend our regulatory oversight to include new service delivery models which are not currently subject to independent regulation
- Design new and improve existing inspection methodologies to discharge our core responsibilities more efficiently and effectively
- Respond to regulatory requirements of the new Mental Capacity Bill to make an assessment of the safety and well-being of those who lack capacity
- Engage with DHSSPS to extend our range of regulatory functions to address gaps in the current regulatory framework

Actions 2016-17	Intended Outcome / Output	Measure	Action Owner	Timescale
2.1[2] Engage with DHSSPS and other stakeholders, as and when required, to review the legislative framework and standards for regulation of health and social care in Northern Ireland	RQIA make full use of available powers to fulfil its' statutory roles and responsibilities RQIA's regulatory roles extended into relevant areas of service provision as directed by new regulations / legislation The quality of health and social care assessed against regionally established standards	The Draft Mental Capacity legislation developed Review of care standards for residential care homes Registration of fostering agencies following the introduction of relevant regulations The outcome of the DHSSPS led review of the Fees and Frequencies of Inspections regulations (2005) Progress on the DHSSPS led review of the Quality, Improvement and Regulation (Northern Ireland) Order 2003	Chief Executive & Director of Mental Health and Learning Disability, Director of Regulation and Nursing and Director of Reviews	Quarter 4 Quarters 1 - 4 Quarters 1 – 4 Quarter 4 Quarter 4

---

[2] 2.2 - Also relates to Theme 3

Actions 2016-17	Intended Outcome / Output	Measure	Action Owner	Timescale
2.2 RQIA/GAIN deliver additional DHSSPS commissioned projects in relation to learning from Serious Adverse Incidents	Revised regional arrangements to maximise learning from the investigations of incidents	Project milestones delivered on target	Director of Reviews and Medical Director	Quarters 1 - 4
2.3 Contribute to the development of the new Mental Capacity legislation and associated codes of practice and agree a plan for its introduction	The Draft Mental Capacity legislation is developed and will become law in 2016/17	Project milestones delivered on target	Director of Mental Health, Learning Disability and Social Work	Quarters 1 - 4

Strategic Theme 3 - Use Resources Effectively

Strategic Priorities

We will concentrate our resources where they are most required, in activities which have the greatest impact for service users

Our strategic priorities:
- Respond effectively to emerging risks by focusing inspection activities where they are most needed to drive improvements and promote compliance with the regulations and minimum standards
- Make recommendations to the DHSSPS to review the Fees and Frequency of Inspections Regulations (NI) 2005 to move to an intelligence based model of inspection
- Develop and maintain a competent, engaged and high performance workforce able to respond effectively to strategic change
- Undertake an analysis of workforce capacity and make decisions about how RQIA's workforce will respond to future needs and requirements

Actions 2016-17	Intended Outcome / Output	Measure	Action Owner	Timescale
3.1 Agree a preferred model for continued provision of a range of corporate functions taking account of the service offering received from BSO	Achievement of efficiency savings Continue to attain substantive compliance in the relevant Control Assurance Standards (CAS)	Measures to be agreed depending on the preferred service delivery model	RQIA Chief Executive and Director of Corporate Services	
3.2 Finalise and implement the workforce plan	A skilled and balanced workforce with the capacity and capability to deliver our business requirements now and into the future	Finalise and commence implementation of the recommendations of the workforce plan 2016/17. Updated workforce plan for 2017/18	Chief Executive & all Directors	Quarters 2 - 4 Quarter 4

Actions 2016-17	Intended Outcome / Output	Measure	Action Owner	Timescale
3.3 Produce an agreed budget and savings plan based on a **%** reduction to our RRL and manage RQIA's finances within the revenue resource limit for 2016-17	Effective and efficient use of financial resources to support RQIA's strategic priorities and maintain financial balance	Directorate and team budgets established Regular monthly monitoring reports provided to all budget owners Deliver savings and achieve an end-of-year break-even position on income and expenditure Achieve an unqualified audit opinion of final accounts	Director of Corporate Services	Quarter 2 Quarters 1 - 4 Quarter 4 Quarter 4
3.4 Implement any recommendations for RQIA arising from the independent review of whistleblowing	A timely and comprehensive response to the information received from whistle-blowers RQIA fulfilling its statutory obligation as a designated authority to whom whistle-blowers can make a protected disclosure	The nature and extent of whistleblowing disclosures made to RQIA and a summary (anonymised) report of how RQIA responded to whistleblowing disclosures	Chief Executive	Quarter 4

Strategic Theme 4 - Continuously Improve Key Systems and Processes

Strategic Priorities

We will develop and deliver quality improvement work-streams to improve our internal systems and processes

Our strategic priorities:
- Lead and coordinate strategic change and improvement through the continued use of the EFQM Excellence Model
- Make better use of information and intelligence from external sources to improve our ability to assess risk, prioritise inspection activity and respond to public concern
- Improve analysis of available information to generate intelligence to support our inspection and review processes
- Optimise the use of information, communication and technology to enable RQIA to be more efficient and effective in delivering its current and future priorities
- Implement a programme of continuous improvement of internal operating systems and processes to streamline activity and reduce unnecessary bureaucracy

Actions 2016-17	Intended Outcome / Output	Measure	Action Owner	Timescale
4.1 Make appropriate use of information and intelligence from external sources to support inspection and review processes	RQIA's inspections and reviews informed by robust intelligence and information, including from 3rd parties, such as the regulated sector, Public Health Agency and other professional regulators. RQIA's inspections focused where they are most needed to ensure an effective and timely response to all relevant concerns	Evaluation of the pilot of the use of the information from the Data Warehouse Project in the Nursing and Residential Teams and implementation of next steps Implementation of the recommendations from the Information Sources Project	Chief Executive & Director of Corporate Services and Director of reviews & Medical Director	Quarters 1 - 4 Quarter 4

Actions 2016-17	Intended Outcome / Output	Measure	Action Owner	Timescale
4.2 Commence roll out of iConnect web portal.	To enable registered providers to submit and access information for registration and inspection on-line	Progress in implementing the web portal roll out plan Number of providers registered with and using the web portal system	Director of Corporate Services	Quarters 1 - 4 Quarters 1 - 4
4.3 Initiate a project to develop and implement an integrated MHLD information system to replace the existing legacy systems	A person centred information system that supports the business needs of the MHLD Directorate	Progress in implementing the MHLD information system project plan	Director of Corporate Services and MHLD	Quarters 1 - 4

Strategic Theme 5 - Develop and Enhance Effective External Relationships

Strategic Priorities

We will communicate and engage effectively with people who use services, and collaborate with other HSC bodies, regulated services, and other regulators to share information and intelligence

Our strategic priorities:
- Engage and involve service users, carers and the public to obtain their views on the standard of care provision within health and social care services
- Develop our external communication systems and processes to provide the public with clearer information about our role and responsibilities
- Develop stronger partnerships with independent, voluntary and community groups to improve communication and drive improvements for service users
- Strengthen our links with other regulators, professional bodies and organisations to share intelligence to ensure that safety concerns are heard and acted upon
- Engage effectively with other organisations to deliver the aims and objectives of Quality 2020
- Strengthen our focus on quality improvement by disseminating the learning from our inspections, investigations and reviews

Actions 2016-17	Intended Outcome / Output	Measure	Action Owner	Timescale
5.1 Commence the implementation of the recommendations from the external review of PPI, completed in 2015, taking account of the new PPI Standards	Continued improvements in the embedding of PPI into RQIA's culture and practice in terms of: i. Standard 1 – Leadership ii. Standard 2 – Governance iii. Standard 3 - Opportunities and Support for Involvement iv. Standard 4 – Knowledge and Skills v. Standard 5 – Measuring Outcomes	Progress in implementing the recommendations from the external review of PPI	Director of Corporate Services / All Directors	Quarters 1 - 4

Actions 2016-17	Intended Outcome / Output	Measure	Action Owner	Timescale
5.2 Position RQIA as an effective, reputable independent regulator	Raise RQIAs profile with the general public, service users and their carers Engage effectively with independent and elected representatives To implement the actions and recommendations on positioning RQIA as an effective regulator (ref Board Workshop June 2015)	Progress in implementing the RQIA communications and stakeholder engagement plan A report on progress in implementing the key actions from the Board Workshop held in June 2015 Evaluation of provider roadshows with a view to improve engagement process Annual survey of public opinion focusing on their knowledge of RQIAs role and function	Chief Executive	Quarters 1 – 4 Quarter 2 Quarter 2 Quarter 3
5.3 Review the effectiveness of the current working arrangements with other regulatory organisations and ALBs	Agreed working arrangements with all relevant systems regulators for example CJI, ETI and HMIP Working effectively with professional regulators such as GMC, GDC, NMC, NISCC and HCPC Working effectively with the Children's Commissioner and Older Person's Commissioner on matters of mutual interest and concern Arrangements in place for risk summits involving other regulators and HSC organisations, where necessary and appropriate	Revise and update existing MoUs and Information Sharing agreements with other statutory organisations and regulatory bodies Outcome of the review of the effectiveness of the current working arrangements	Chief Executive	Quarter 3 Quarter 4

Strategic Theme 6 - Focus Improvement Activities on Outcomes

Strategic Priorities

We will pursue opportunities to drive quality improvement across health and social care

Our strategic priorities:
- Use the experiences of service users and carers to inform the findings of inspections and reviews
- Use external expertise to identify evidence of best practice and areas of improvement in health and social care
- Actively participate in regional and national initiatives to ensure that our work is appropriately benchmarked and aligned with evidence of best practice
- Shift the balance of performance measures from internal processes and outputs to outcome measures based on the three stakeholder outcomes of safe, effective and compassionate care

Actions 2016-17	Intended Outcome / Output	Measure	Action Owner	Timescale
6.1 Evaluate and agree the future use of lay assessors and peer reviewers in the delivery of RQIA's inspection and reviews programme	Lay assessors and peer reviewers are engaged appropriately in RQIA inspections The views of service users are captured and reported on in individual inspections and reviews, where appropriate	The number of inspections and reviews which have involved lay assessors and peer reviewers Completed evaluation of the experience of lay assessors engaged in inspections and reviews and take forward the areas for improvement Evaluation of the role and contribution of peer reviewers in the RQIA inspection programme and take forward the areas for improvement	Chief Executive, Director of Corporate Services, Regulation and Nursing, MHLD and Reviews and Medical Director	Quarters 1 - 4 Quarter 4 Quarter 4

Actions 2016-17	Intended Outcome / Output	Measure	Action Owner	Timescale
6.2 Actively engage with HSC organisations to promote initiatives to improve the quality of health and social care in Northern Ireland	Extend our contribution to quality improvement initiatives in health and social care Actively engage with stakeholders in service quality and safety issues e.g. as highlighted by Donaldson report	Evidence of RQIA's involvement in Quality 2020 work-streams where appropriate Evidence of engagement with the developing Improvement Networks for Northern Ireland	Chief Executive	Quarter 4 Quarters 1 - 4
6.3 Prepare a template and prototype report (2015-16) to provide a summary of the work of RQIA and the impact that we have had on health and social care in N.I.	A prototype report (2015-16) produced with the activities undertaken by RQIA which contributed to the health and well-being of people in N.I.	A prototype (2015-16) report produced and approved by the EMT and RQIA Board	Chief Executive and Director of Reviews and Medical Director	Quarter 2

Strategic Theme 7 - Actively Lead Change and Manage Risk

Strategic Priorities

We will invest capacity in developing and leading RQIA's strategic change programme, whilst managing known risks and maintaining a strong focus on our core activities

Our strategic priorities:
- Develop and strengthen our leadership capacity and capability to respond effectively to changing needs and priorities
- Identify and manage known and emerging risks which impact on our core functions to maintain operational effectiveness
- Identify and escalate risks in the services we regulate in order to safeguard and protect service users
- Make better use of performance data and intelligence to further strengthen our oversight and governance processes

Actions 2016-17	Intended Outcome / Output	Measure	Action Owner	Timescale
7.1[3] Develop and take forward a programme of key strategic and quality improvement work streams taking account of external benchmarks including the Ireland Excellence Award (EFQM) Feedback Report	Continuous improvement of our systems, procedures and processes Effective delivery of RQIA's Corporate Strategy and Business Plan through strong leadership and clear strategic direction	Progress in implementing the EFQM Improvement Plan following assessment in 2015 Progress in implementing the Strategic Improvement Programme through the Strategic Improvement Group Production of RQIA's Quality Report 2015/16	Chief Executive & Director of Corporate Services	Quarters 1 - 4 Quarters 1 - 4 Quarter 2
7.2 Implement a robust Risk Management Strategy	Identification and management of all potential risks facing RQIA in delivering our strategic objectives	Attainment of substantive compliance with the Risk Management Controls Assurance Standard Revised Risk Management Strategy approved by the Audit Committee and RQIA Board	Director of Corporate Services	Quarter 1 Quarter 2

---

[3] 7.1- Also relates to Theme 4

Actions 2016-17	Intended Outcome / Output	Measure	Action Owner	Timescale
7.3 Agree and deliver a risk based Internal Audit Plan	Internal audit programme linked to RQIA's overall risk management framework Enables internal audit to provide assurance to the RQIA board that the organisation is managing risks effectively	RQIA Internal Audit Plan successfully delivered on target Implementation of the recommendations from a programme of risk based internal audits focused on the operational work of the RQIA	Director of Corporate Services	Quarters 1 - 4 Quarters 1 - 4

Evaluating and Measuring Impact

RQIA will measure our impact against the key stakeholder outcomes of safe, effective and compassionate care and well-led service.

We will report our performance through monthly reports to our Board and will publish these reports on our website.

Measures of impact describe the qualitative and quantitative data that helps RQIA to make informed decisions and improve performance.

The measures of impact developed by RQIA as an integral part of our Corporate Strategy and annual Business Plan will include:

➢ Building our capacity to apply evidence from research in measuring the impact of regulation in driving improvements in the quality, safety and effectiveness of health and social care.
➢ Building our capacity to turn information into useful intelligence to inform the basis of our inspections.
➢ Positioning RQIA as a competent and well respected regulator of health and social care in Northern Ireland.
➢ Working in partnership with relevant organisations, including other regulators, academic bodies and health and social care improvement organisations to strengthen our capacity to assess the impact of quality improvement across the system.
➢ Improving inspection productivity, making best use of available resources, focusing inspection activity where it is most needed and making sure that registered services address non-compliances effectively and in the shortest possible timeframe.
➢ Measuring trends in the number and nature of requirements and recommendations arising from inspections of regulated services.
➢ Monitoring the impact of new activities, including the transfer of GAIN, and the implementation of the new rolling programme of inspections of acute hospitals on improving health and social care.

Appendix 1 – Finance Section (To be updated)

1. Revenue Resource Limit (RRL)
Confirmation of the 2016-17 RRL was received from DHSSPS on xxx? 2016:

	£'xxx
Recurrent Allocation Baseline	xxx
Clinical Excellence award	xx
Total RRL Allocation 2016/17	xxx

This position represents a real term reduction as inescapable cost pressures such as pay awards, incremental drift, and non-pay inflationary pressures are assumed not to be funded.

2. Estimated Income from Charges
The estimated income from charges in 2016/17 is £xxxK. This figure is based on the current fees and frequencies regulations and includes estimates in relation to registered places and registration fees.

3. Total Permitted Gross Revenue Expenditure
The total permitted gross revenue expenditure in 2016/17 is therefore estimated as follows

	£'000
Estimated RRL Allocation 2016/17	xxx
Estimated Income from Charges	xxx
Total Permitted Gross Revenue Expenditure	xxx

4. Capital Resource Limit (CRL)
iConnect - ???

Website - ???

Hardware Refresh - ???

Glossary of Abbreviations and Terms

BCP	Business Continuity Plan
DDO	Disability Discrimination Order
DHSSPS	Department of Health, Social Services and Public Safety
EFQM	European Foundation for Quality Management
FOI	Freedom of information
HSC	Health and social care
iConnect	Corporate Information Management System
ICT	Information Communications Technology
IIP	Investors in People
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
MHLD	Mental health and learning disability
MHO	Mental Health (Northern Ireland) Order 1986
MoU	Memorandum of Understanding
NIAO	Northern Ireland Audit Office
NISSC	Northern Ireland Social Care Council
NPM	National Preventive Mechanism
OPCAT	Optional Protocol to Convention Against Torture
PPI	Personal and Public Involvement
SAI	Serious Adverse Incidents
Lay Assessor	A member of the public who brings their own experience, fresh insight and a public focus to our inspections and reviews on a voluntary basis
Peer Reviewer	An individual with a particular skillset or an in-depth understanding of a particular service area and is engaged by RQIA to support its review and inspection programmes

The Regulation and Quality Improvement Authority is an independent organisation which aims to ensure the public in Northern Ireland has access to the best possible standards of health and social care.

RQIA was set up by the Department of Health, Social Services and Public Safety in 2005. It has a remit to regulate, inspect, and monitor statutory, private and voluntary sector bodies which provide health and social care services and to promote, and in certain areas enforce, improved standards wherever they are needed.

If you have any comments or complaints about the work of RQIA, you should contact:

The Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel: (028) 9051 7500
Fax: (028) 9051 7501

Email: info@rqia.org.uk

Web: www.rqia.org.uk

RQIA Board Meeting

Date of Meeting	21 January 2016
Title of Paper	Performance Management Framework
Agenda Item	9
Reference	E/01/06
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of the Performance Management Framework is to explain what is meant by performance management in the RQIA, to outline what the Framework is and to explain how it works.
Executive Summary	The objectives of implementing and embedding the framework within RQIA are as follows: • actively managing performance • promoting a high performance culture • ensuring robust performance data and intelligence systems are in place • ensuring integrated planning, finance and performance processes promoting evaluation and learning.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the Performance Management Framework.
Next steps	Next Review due April 2018.

Driving Success

Regulation and Quality Improvement Authority

Performance Management Framework 2015-18

Policy Type:	Framework
Directorate Area:	Corporate Services
Policy Author / Champion:	Director of Corporate Services / Planning & Corporate Governance Manager
Equality Screened:	N/A
Date Approved by Executive Team:	
Date Approved by Board:	
Date of Issue to RQIA Staff:	
Date of Review:	March-June 2018

CONTENTS

1. Introduction

The purpose of this document is to explain what is meant by performance management in the Regulation and Quality Improvement Authority (RQIA), to outline what the performance management framework is and to explain how it works.

2. Performance Management

2.1 What does Performance Management Mean?

Performance may be understood simply as the achievement of results ensuring the delivery of desirable outcomes to an organisation's stakeholders[1].

It is important to differentiate between performance measurement and performance management. Performance measurement is the regular collection and reporting of data to track work produced and results achieved. Performance management, on the other hand, is what you do with the information developed from measuring performance. It means using performance measurement information to focus on what is important, manage the organisation more effectively and efficiently and promote continuous improvement and learning.

> **Performance management means using performance measurement information to focus on what is important, manage the organisation more effectively and efficiently and promote continuous improvement and learning**

2.2 Why does Performance Management Matter?

Effective performance management, practised across the entire organisation in an integrated, iterative and sustained way can help RQIA to:

- ensure our goals are prioritised and that resources are allocated effectively
- improve services and outcomes for our stakeholders
- motivate our staff by ensuring that individuals are aware of their own targets and goals and how these contribute to achieving RQIA's vision
- ensure that significant risks to the achievement of objectives are identified and managed
- provide early warning of, and rectification of, poor performance
- ensure RQIA achieves what we have set out to do
- provide a strong evidence base for improved decision making and the efficient use of resources

---

[1] Our stakeholders require RQIA to make independent and robust assessments to determine: 'Is Care Safe, is Care Effective, is Care Compassionate and is the Service Well-led?' These define how we intend to demonstrate our effectiveness and impact as a regulator.

2.3 Developing a Performance Management Culture

Research[2] has identified certain aspects of culture that organisations commonly need to address to improve the effectiveness of performance management. These are highlighted below:

- Leadership - leaders need to make clear their commitment to improving performance and the use of performance management as a tool to achieve this.

- People management - people are crucial to the delivery of improvement and effective performance management frameworks ensure that individuals understand their contribution to corporate objectives.

- Learning - learning is about gathering and understanding information about what has and has not worked and applying this to bring about positive change. In a culture where openness about under-performance results in apportionment of blame, people will be reluctant to engage. Where learning is seen as an opportunity for constructive dialogue, people will me more likely to invest time and effort driving improvement.

- Approaches to risk - organisations that are very risk averse can find themselves unwilling to innovate and try new ways of doing things. Creativity can be stifled and there will be few opportunities for individuals to take responsibility for managing performance. Organisations that have developed effective risk management systems will feel more confident in their ability to take calculated risks, be more ambitious and devolve responsibility for performance and improvement.

3. Performance Management Framework

3.1 An Overview of the Framework

Figure 1 on page 4 summarises RQIA's Performance Management Framework and the interrelationship between the various elements.

The framework follows the plan-do-review-revise cycle[3] and presents an integrated model, consisting of the following key four constituent elements:

- Where we want to be - define RQIA's longer term vision and strategic objectives for a three to five year period.

- How we will do it - translate RQIA's strategic objectives into specific actions, secure adequate resources and embed a budgetary process, align

---

[2] *Performance Management: A Cultural Revolution*, Improvement and Development Agency, Audit Commission (January 2006). Risher, H. (2007) *Fostering a performance driven culture in public services*, Public Manager, Fall

[3] *A Manager's Guide to Performance Management* (Second Edition), Improvement and Development Agency, Audit Commission (June 2006).

the strategy/business plan and the organisation and design performance indicators.

- How we are doing - monitor and report on corporate performance, manage risks which may threaten the delivery of objectives, embed performance development and review (PDR) processes and utilise other approaches to assessing performance.

- How we need to act differently - review/analyse corporate performance, take appropriate corrective action, revise strategies or modify operational priorities or organisational behaviours as necessary, challenge underlying assumptions and adapt to emergent change.

At the centre of the framework is continuous improvement and learning. This means that RQIA acts on the insights gained and decisions made in order to generate real improvements in the services it delivers.

The implementation of the framework is dependent on clear leadership and commitment at every level within the organisation and continuing engagement and consultation with stakeholders.

Figure 1 – RQIA Performance Management Framework

Leadership & Commitment

Where we want to be

- Vision
- Strategic Map
- Strategic Objectives
- Core Values

PLAN

REVISE

How we need to act differently

- Analysis & Review
- Corrective Action
- Challenge Underlying Assumptions
- Emergent Change / Adaptability

Continuous Improvement & Learning

How we will do it

- Translate strategic objectives into specific actions
- Resource Planning/Budgeting
- Align organisation to strategy
- Design performance measures / targets

How we are doing

- Performance Measurement / Reporting
- Performance Development Review
- Risk Management
- Other Approaches to Assessing Performance

REVIEW

DO

Consultation & Engagement

Each of the four integrated steps outlined within the framework are described in more detail in Sections 4 - 7.

Figure 2 shows how RQIA's three year strategy is delivered through the annually produced Risk Management Strategy and Business Plan which sets out how RQIA intends to deliver its strategic objectives through time bound business actions and also details how it intends to use the resources at its disposal. The status of the Business Plan actions and measures are presented quarterly and the KPIs and current financial positions presented monthly to RQIA's Board for approval.
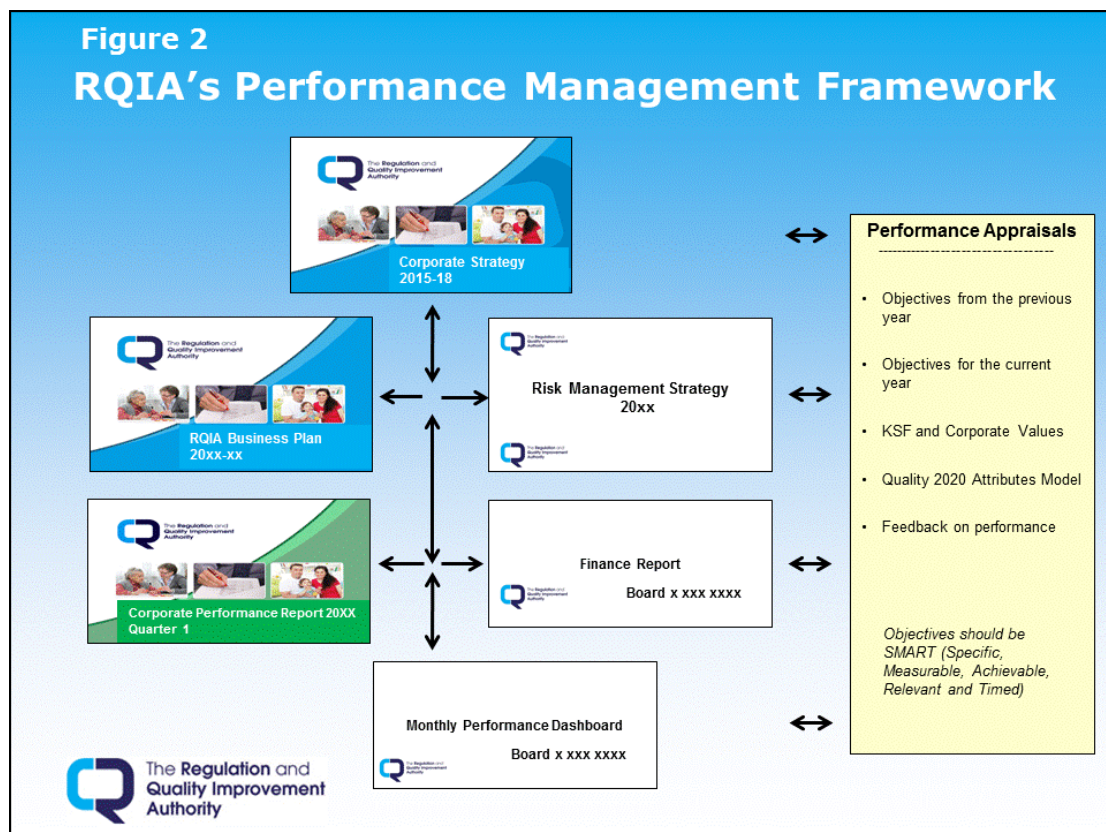
The Corporate Performance Report enables the Board to assess how RQIA is performing against the achievement of strategic objectives. It is produced quarterly and is presented to the Board for discussion and approval along with RQIA's financial position. The Corporate Performance Report is also made available to RQIA's stakeholders on the RQIA website.

3.2 Objectives

The objectives of implementing and embedding the framework within RQIA are as follows:

- actively managing performance
- promoting a high performance culture
- ensuring robust performance data and intelligence systems are in place
- ensuring integrated planning, finance and performance processes
- promoting evaluation and learning

5

4. Step 1 - Where we want to be

4.1 Strategic Planning

The starting point for good performance management is the development of a shared understanding of RQIA's strategic direction. The corporate strategy sets out the vision and framework within which the organisation will accomplish its strategic objectives over a three to five year period.

The process of developing the strategy requires senior leadership commitment involving consultation with key stakeholders. The strategy development process addresses fundamental questions:

- Where are we now? (Assessment)
- Where do we need to be? (Gap/future end state)
- How will we close the gap? (Strategic plan)

4.2 Strategy Map

RQIA's Strategy Map serves as a roadmap to guide the activities of the organisation for the period 2015-18. It is a visual representation - **on one page** - of our strategy.

Each element of the map is explained below:

Vision / Purpose: answers the question why RQIA exists and defines our role and core purpose.

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

- Is Care Safe?
- Is Care Effective?
- Is Care Compassionate?
- Is the Service Well-led?

These define how we intend to demonstrate our effectiveness and impact as a regulator. These stakeholder outcomes have been aligned with the DHSSPS strategy, Quality 2020.

Strategic Themes: The seven strategic themes represent the pillars on which we will continue to build our success and achieve our vision.

Values: Our shared values are timeless. They succinctly describe the core principles that distinguish the RQIA culture.

The Strategy Map provides a visual representation of the relationship between each of these components and thus creates an integrated and coherent picture of RQIA's strategy.

Appendix A shows RQIA's current Strategy Map for the period 2015-2018.

4.3 RQIA Corporate Strategy 2015-18

RQIA's Corporate Strategy 2015-18 sets out our vision, core values and strategic objectives as well as providing a broad outline of where resources will be allocated.

5. Step 2 - How we will do it

5.1 Translating the Strategy into Action

The vehicle for translating RQIA's high-level missions, outcomes and strategic objectives into specific actions is the production of the annual business plan. The plan identifies the specific steps RQIA will take to achieve its strategic objectives, the timescale for action and how it intends to use the resources at its disposal.

> **How we will do it**
>
> • Translate strategic objectives into specific actions
> • Resource planning / budgeting
> • Align organisation to strategy
> • Design performance measures / targets

The production of the plan is led by the Planning and Corporate Governance Manager engaging with directorates and facilitating appropriate involvement of other stakeholders. The plan requires the approval of the Board and agreement by RQIA's sponsor branch (Quality Regulation and Improvement Unit)/approval by DFP Supply.

5.2 Resource Plan and Budgeting Process

RQIA derives income from two sources; an annual revenue resource limit (RRL) from DHSSPS, and fee income from registered providers. In certain circumstances, such as in the allocation of new responsibilities, the RRL will be adjusted accordingly. Each year RQIA is required to make efficiency savings and in the climate of austerity may have its RRL reduced. RQIA must take the necessary actions to control income and expenditure and to ensure budgets are adjusted to reflect changes to its baseline.

It is necessary to integrate financial and business planning processes and to ensure that resources are allocated according to priorities. Any request for additional resources or a redirection of existing resources should be aligned to RQIA's strategic objectives with anticipated improvements to services and/or outputs clearly identified.

A bottom-up approach to budgeting will be adopted. This involves the detailed build-up of financial and operational assumptions by expense code, team and directorate within RQIA. Summarised at corporate level, budgets are matched against the original financial objectives and targets set by senior management and agreed with external stakeholders. In order to align budgets with the plan, the bottom-up budgeting process must go through several iterations throughout the annual budget process.

5.3 Aligning the Organisation to the Strategy

In order to ensure the achievement of RQIA's strategic objectives and the successful implementation of the actions identified within the business plan, it is essential to check for organisational alignment or congruence.[4]

Figure 3 below illustrates the alignment or congruence model:

Figure 3: Alignment Model

Critical Tasks
• Component Tasks
• Work Flows/Processes

People
• Human Resource Capabilities
• Competencies

Culture
• Norms, Values
• Communication Networks
• Informal Rules
• Informal Power

Formal Organisation
• Strategic Grouping
• Formal Linking
• Rewards
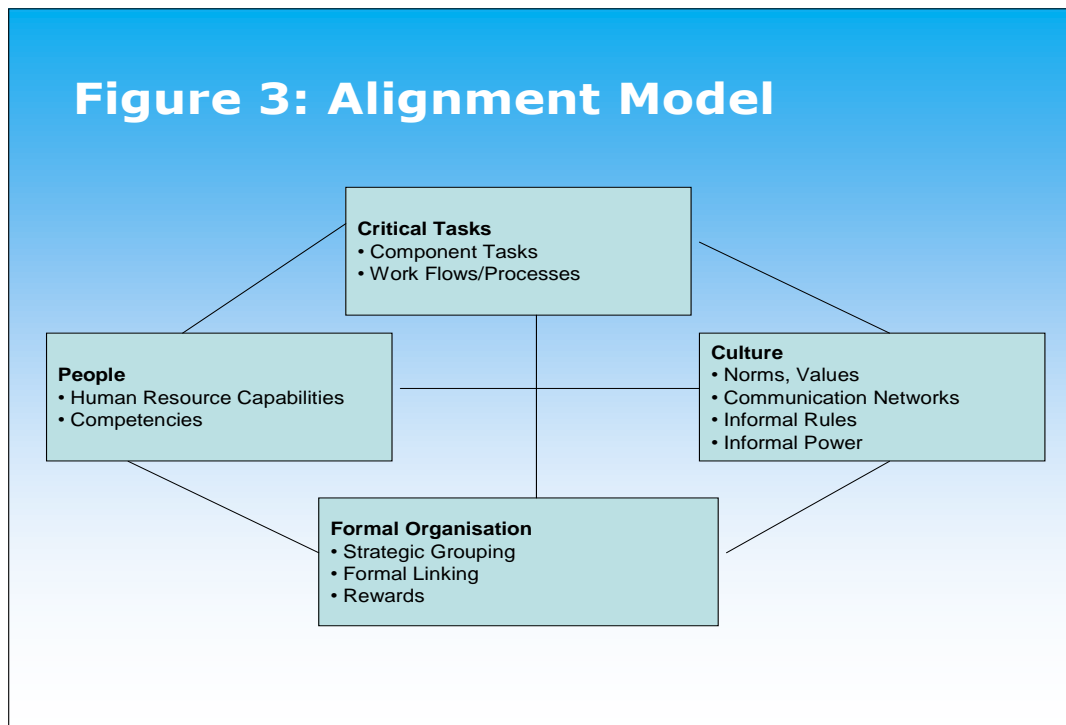
In assessing the alignment between the strategy/business plan and the organisation, particular attention should be paid to the following key interrelationships:

- Critical tasks/people - do individuals have the skills and abilities to meet task demands?

- Critical tasks/ formal organisation - are formal organisational arrangements adequate to meet the demands of the task? Do they motivate behaviour that is consistent with task demands?

- Critical tasks/culture - does the culture facilitate task performance? Does it help meet the demands of the task?

5.4 Designing Measures

The use of measures (previously referred as Key Performance Indicators) is an essential element of the performance system as they can ensure that RQIA is focused on achieving its key priorities, on addressing areas of poor performance and ensuring that overall performance is improved by identifying good practice and opportunities to learn from others.

---

[4] Tushman, M and O'Reilly, C: Winning Through Innovation, Harvard Business School Press (2002)

A measure helps us understand how well we are performing in relation to our strategic objectives. In the broadest sense, a measure provides the most important performance information that enables us, and our stakeholders, to understand whether RQIA is on track or not. Measures are a tool to enable us to learn, assist decision-making and improve future performance.

A good measure should satisfy the following tests:

- Can the data be collected and collated in a timely manner?
- Does it clearly indicate if we have been successful in achieving the strategic objective over time?
- Does it provide the basis for evidence-based decisions?
- Will the frequency of reporting facilitate meaningful decision-making (avoid annual reporting)?
- Is it outcome/impact focussed?
- Is it SMART - specific - measurable - achievable - results-oriented or relevant - time bound

6. Step 3 - How we are doing

6.1 Performance Measurement/Reporting

Reporting of performance by the Executive Team to the Board consists of quarterly reporting of progress made in delivering corporate objectives, monthly reporting of financial performance and the production of an annual report, incorporating final accounts.

> **How we are doing**
>
> - Performance measurement / reporting
> - Performance development review
> - Risk management
> - Other approaches to assessing performance

6.1.1 Corporate Performance Report

A corporate performance report is produced on a quarterly basis for consideration by the Board. The purpose of the 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. It presents a cumulative picture of corporate performance and summarises key achievements and issues across the financial year.

A traffic light rating system is utilised as an indication of the level of confidence that actions identified in the Business Plan will be delivered by the completion date.

RED
AMBER
GREEN
BLUE

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.

🟢 = action forecast to be completed by the completion date.

🔵 = action completed.

Exception reporting is 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.

Information on supporting Measures is provided in the report. The report also includes a high level summary of progress made to date and an analysis of the traffic light ratings for actions at the end of the reporting period.

6.1.2 Performance Dashboard

A performance dashboard which reports performance against a range of high level Key Performance Indicators (KPIs) is produced for each Board meeting.

6.1.3 Financial Performance

A key part of RQIA's overall corporate performance is its financial performance, with a requirement for the organisation to achieve financial balance. A financial monitoring report is submitted to the Executive Team and to the Board on a monthly basis. This report sets out RQIA's financial performance in relation to revenue and capital expenditure in the reporting period, as well as the projected position at year end. Furthermore, RQIA is required to submit a monthly financial monitoring return to DHSSPS.

6.1.4 Annual Report

RQIA produces an annual report and accounts which presents an overview of the main activities of RQIA, as well as the audited statement of accounts for the financial year.

6.2 Getting the Best from our Staff

Managing individual performance is critical to the achievement of our priorities. The performance development review (PDR) process[5] is an essential tool which ensures that individual performance is measured. This process also ensures people are clear about what is expected from them and how they contribute to the delivery of RQIA's strategic objectives and priorities.

Annually, between April and June, meetings should take place between individual members of staff and their line manager at which the previous year's objectives are reviewed, objectives for the current financial year are set and development needs are discussed. This annual appraisal process includes an explicit opportunity for individuals to explore how their role contributes to the organisational priorities and the overall success of RQIA. The process is supported with one-to-one meetings which take place periodically throughout the year to ensure that objectives are on track.

Delivering RQIA's vision and strategic themes relies on people and it follows that enabling, empowering and expecting staff to do the best they can, every time, is the key to our success.

6.3 Managing Risk

RQIA is committed to its vision, which is to be a driving force for improvement in the quality of health and social care in Northern Ireland. In achieving this vision, RQIA will face risks to its corporate strategy, operational risks and risks associated with the protection of its people, property and reputation.

RQIA defines risk as any potential event which could prevent the achievement of its strategic objectives. It is measured in terms of impact and likelihood. Risks arise as much from the likelihood that an opportunity will not happen, as it does from the threat or uncertainty that something adverse will happen.

RQIA's policy is to identify, analyse and respond appropriately to all risks. The risk responses selected are determined by RQIA's appetite and tolerance for risk. These will vary over time according to the specific business objectives, for example strategic, operational or asset protection.

Risk management is the process by which risks are identified and the activities required to control exposure to uncertainty which may impact on the achievement of strategic objectives. 'Risk management is the term applied to a logical and systematic method of establishing the context, identifying, analysing, evaluating, treating, monitoring and communicating risks associated with any activity, function or process in a way that will enable organisations to minimise losses and maximize opportunities', the Australia/New Zealand Standard 4360:2004 Risk Management.

Risk management should be embedded within the daily operation of RQIA from strategy formulation through to business planning and processes. Through

---

[5] This framework should be read in conjunction with RQIA's *Appraisal Policy and Procedure.*

understanding risks, decision-makers will be better able to evaluate the impact of a particular decision or action on the achievement of RQIA's objectives.

The management of risk is an essential part of an effective performance management system, therefore this framework should be read in conjunction with RQIA's Risk Management Strategy.

6.4 Other Approaches to Assessing Performance

6.4.1 Promoting Excellence

In order to promote organisational excellence RQIA has chosen to adopt the following performance improvement standard and model in order to help us manage strategically and deliver against our improvement agenda:

- Investors in People (IiP) - national standard for improving organisational performance by training and developing people to achieve organisational goals

- EFQM Excellence Model$^{®}$ (EFQM)- organisational improvement framework for assessing strengths and areas for improvement across the spectrum of an organisation's activities

The use of IiP and EFQM will enable RQIA to establish a baseline, identify resultant opportunities for improvement and measure progress towards becoming a leading organisation.

6.4.2 Benchmarking

Benchmarking – the process of identifying and learning from best practices anywhere in the world – is a powerful tool in the quest for continuous improvement. It can be used to identify realistic and achievable targets, challenge operational complacency and create an atmosphere conducive to continuous improvement. Comparing RQIA with its peer group will inform RQIA's approach to performance management and continuous improvement by identifying other regulators with a similar remit who are performing well in particular areas and who can be asked to share best practice.

6.4.3 Assessment of Internal Controls

RQIA produces an annual governance statement and a mid-year assurance statement which provide a balanced appraisal, capable of substantiation, of the state of the RQIA's internal controls. It requires the organisation to be open and fair-minded in the disclosure of any significant control issues and, as regards outstanding issues, to explain what has been done to tackle them and what the plan is for fully resolving them.

6.4.4 Controls Assurance Standards

Each year, RQIA undertakes a self-assessment exercise to assess its level of compliance with the specific requirements set out in a range of Controls Assurance Standards. Where deficiencies are identified, an action plan is prepared, setting out the steps that RQIA will be taking to remedy these deficiencies, set within clear timescales.

6.4.5 Audit

Learning gleaned from internal and external audit reports is integral to how RQIA identifies and prioritises areas in which it needs to improve performance.

7. Step 4 - How we need to act differently

7.1 Analysis and Review

RQIA needs to be willing to enter into dialogue about its performance, based on the data and outputs from Step 3. This regular analysis and review to keep performance on target is reflective of a culture in which RQIA continuously strives to learn and improve.

> **How we need to act differently**
>
> - Analysis and review
> - Corrective action
> - Challenge underlying assumptions
> - Emergent change / adaptability

7.2 Taking Corrective Action

The focus here is on problem solving, evidence-based decision making [6] and the formulation of corrective actions which either feed into reshaping the strategy itself or revising the execution of the strategy in terms, for example, of modifying operational priorities, projects, allocation of resources etc. or changing organisational behaviours. In turn, the impact of these decisions and any associated corrective actions need to be monitored.

7.3 Challenging Underlying Assumptions

The review of performance needs to go beyond consideration of performance against stated objectives (single-loop learning), to test the underpinning strategy map and challenge its underlying assumptions (double-loop learning[7]). Essentially the question being asked is: does the planned strategy remain a viable and successful strategy?

---

[6] Sutton, R.I. (2009): "Evidence-based management is a simple idea. It just means finding the best evidence that you can, facing those facts, and acting on those facts." Source: www.evidence-basedmanagement.com

[7] In single-loop learning, individuals, groups, or organisations modify their actions according to the difference between expected and obtained outcomes. In double-loop learning, the entities (individuals, groups or organisation) question the values, assumptions and policies that led to the actions in the first place; if they are able to view and modify those, then second-order or double-loop learning has taken place. Double loop learning is the learning about single-loop learning. See Argyris, C. (1978), Double Loop Learning in Organisations, HBR.

7.4 Emergent Change/Adaptability

RQIA operates in a complex, unpredictable and fast changing environment which means that a wholly planned approach to strategy, execution and performance management will prove inadequate. Therefore the organisation must be agile, dynamic and creative in the face of emergent change.

8. Who does what?

Effective performance management requires clear ownership and defined roles and responsibilities. A summary of these roles and responsibilities is as follows.

8.1 Board

Sets the strategic direction for RQIA through the development of the Corporate Strategy, ensures the delivery of the strategy and promotes a culture of performance management and continuous improvement within RQIA.

8.2 Audit Committee

Reviews and challenges risk management, governance and internal control processes and obtains assurances that they are functioning effectively and ensures, where necessary, that weaknesses are identified and improved.

8.3 Chief Executive

Accountable to the Board and has a primary leadership role/overall responsibility for the delivery of strategic objectives, governance and performance management.

8.4 Director of Corporate Services

Leads the development and implementation of performance arrangements through the information, planning / corporate governance, finance and human resources / organisational development teams/functions, which sit within the Directorate of Corporate Services.

8.5 Directors and Senior Managers

Responsible for driving forward development and embedding performance management arrangements in their areas of service /function and ensuring consistency of approach, as defined by the framework.

8.6 Information Team

The Information Team provides the accurate and timely analysis of performance data to support the planning and performance management processes.

8.7 Finance Team

The Finance Team leads the detailed budget setting process; monitors all budgets in order to identify and highlight issues which may require operational and financial plans to be revised or performance to be managed; provides regular financial performance information to the Executive Team, Board and budget holders; and supports the achievement of financial targets.

8.8 All Staff

All staff contribute towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action. It is important that staff own the data on their activity, and understand how that translates to the corporate performance of the organisation.

9. Accountability

The Management Statement and Financial Memorandum (MSFM)[8] between RQIA and DHSSPS sets out the broad framework within which RQIA operates including how RQIA will be held to account for its performance.

RQIA's accountability to its sponsor branch is managed through a bi-annual accountability review meeting, an end of year review meeting between the Chairman and the Minister (and as required by the Chief Executive of RQIA and the Director of the Quality Regulation and Improvement Unit) and monthly update meetings.

10. Communication Plan

The Performance Management Framework will be communicated to those responsible for the performance management and reporting processes by email and education and training (as necessary). The Performance Management Framework will also be accessible to all staff through RQIA's intranet.

11. Keeping the Framework Under Review

It is important that the Performance Management Framework is kept up-to-date and it will therefore be reviewed and revised in line with the development of RQIA's Corporate Strategy every three years.

12. Key Contacts

If you would like any information on particular aspects of performance management please contact either the Director of Corporate Services or the Planning and Corporate Governance Manager.

---

[8] The MSFM is available on the RQIA website

Appendix A - RQIA Strategic Map

Vision

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

Purpose

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

Stakeholder Outcomes

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

Is the Service Well-led?
Effective leadership, management and governance which creates a culture focused on the needs and experiences of service users in order to deliver safe, effective and compassionate care

Strategic Themes

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

Deliver Operational Excellence
Improving the delivery of our core functions, taking account of best practice

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

Use Resources Effectively
Concentrating 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 work-streams

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

Values

Independence ◆ Inclusiveness ◆ Integrity ◆ Accountability ◆ Professionalism ◆ Effectiveness

RQIA Board Meeting

Date of Meeting	21 January 2016
Title of Paper	DHSSPS Consultation on Health and Social Care: Reform and Transformation; Getting the Structures Right
Agenda Item	10
Reference	F/01/16
Author	Glenn Houston
Presented by	Glenn Houston
Purpose	The purpose of this paper is to present the DHSSPS Consultation on Health and Social Care to Board Members, alongside RQIA's draft response for Board Member comment.
Executive Summary	It is anticipated that the Consultation Response Questionnaire will be further revised following this Board meeting, prior to submission to DHSSPS.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the RQIA response to the DHSSPS Consultation on Health and Social Care: Reform and Transformation; Getting the Structures Right.
Next steps	RQIA will submit the Consultation Response Questionnaire to DHSSPS before 12 February 2016.

HEALTH AND SOCIAL CARE: REFORM AND TRANSFORMATION

GETTING THE STRUCTURES RIGHT

TABLE OF CONTENTS

Health and Social Care is unique in the public and private sectors in that it impacts on everyone. Every single one of us will use these services at some point in our lives. I consider it a tremendous honour and a great responsibility to serve as Minister for Health, Social Services and Public Safety in the Northern Ireland Executive, but I am also aware of the scale of the challenges we face.

As in many developed countries, we are facing the multiple challenges of:

- a growing and ageing population;
- a population with high levels of disability and mental health problems;
- a rise in the number of chronic conditions people are living with;
- unhealthy lifestyles contributing to increases in obesity and diagnoses of type 2 diabetes; and,
- developments in medical technologies and medicines which, whilst opening up new opportunities for treatment, are pushing up costs.

This is also all happening at a time when we are facing unprecedented financial pressures. It is the accumulation of these challenges that threatens the future of our Health and Social Care (HSC) system, and which makes the current way in which health and social care is delivered unsustainable.

In a speech last May, I set out my ambition for a world class Health and Social Care Service in Northern Ireland, drawing on the innovation and excellence of staff in the HSC. We are fortunate to have a health and social care service full of highly trained, committed and skilled staff and I want to make sure that we have the right administrative structures in place that will enable them to carry out their work to the best of their ability.

I have already made clear my own view that our current structures are too big and too bureaucratic, that they have led to a system that controls and constrains, rather than one that supports and enables innovation. I want to de-layer our Health and Social Care system by moving away from the current commissioning model and replacing it with a more streamlined, more accountable and above all more responsive service.

Finally, I should be clear that these changes are about structures, not people. The Health and Social Care Board has talented people working within it, who have consistently performed to a high standard. However, the administrative structures created during the last Assembly term do not serve the HSC, and more importantly the public, well enough and it is clear to me that without removing some of the layers in our system and improving accountability and responsibility, we will not be able to deliver the transformation we need.

Of course, I cannot achieve this transformation without the support and participation of stakeholders across the system. I am looking forward to hearing your views on my proposals and to working in partnership to create a new, more responsive, more accountable and, above all, more effective Health and Social Care system.

2. CURRENT SYSTEM

The current structure of the Health and Social Care system in Northern Ireland has its origins in the Review of Public Administration (RPA) which was initiated by the Northern Ireland Executive in June 2003. The Health and Social Care (Reform) Act (Northern Ireland) 2009 ("the Reform Act") provides the legislative framework within which the Health and Social Care structures operate and establishes the high level functions of the various HSC bodies as follows.

DHSSPS

The Reform Act places a statutory duty on the Department to promote an integrated system of:

    i.   Health care designed to secure improvement:
        a. In the physical and mental health of people in Northern Ireland, and
        b. In the prevention, diagnosis and treatment of illness; and
    ii.   Social care designed to secure improvement in the social well-being of people in Northern Ireland.

Under the direction of the Minister, the Department discharges this duty by developing policies and associated legislation, determining priorities, allocating resources and setting standards.

The Department has retained responsibilities for HSC pay, terms and conditions, workforce planning, estate management and asset management.

HSC BOARD

The Health and Social Care Board (HSCB) is a non-profit making statutory body responsible for the commissioning of health and social care services for the population of Northern Ireland. The role of the Health and Social Care Board is broadly contained in the following functions:

a. To arrange or 'commission' a comprehensive range of modern and effective health and social services for the 1.8 million people who live in Northern Ireland.
b. To performance manage Health and Social Care Trusts that directly provide services to people and support service improvements in pursuit of optimal quality and value for money, in line with relevant government targets.

c. To effectively deploy and manage its annual funding from the Northern Ireland Executive, currently around £4 billion – to ensure that this is targeted upon need and reflects the aspirations of local communities and their representatives.[1]

d. To act as the legal authority for the discharge of a range of statutory functions in relation to children and people with mental health difficulties.

In discharging its commissioning function, the HSCB is required to produce an annual commissioning plan, in full consultation and agreement with the Public Health Agency (PHA), in response to a Commissioning Plan Direction issued by the Department. This process is intended to ensure the translation of the strategic objectives, priorities and standards set by the Department into a range of high quality, accessible health and social care services and general improvement in public health and wellbeing.

PUBLIC HEALTH AGENCY

The PHA - through its input to the commissioning process, by securing the provision of specific public health programmes, and by supporting research and development initiatives – is responsible for improving and protecting the health and social wellbeing of, and reducing health inequalities between, people in Northern Ireland.

The HSCB is required to consult with the PHA in the development of the annual commissioning plan and cannot publish the plan unless it has been approved by the PHA.

HSC TRUSTS

HSC Trusts are the main providers of the health and social care services commissioned by the HSCB. The HSCB agrees Service and Budget Agreements (SBAs) with HSC Trusts, which detail the services to be provided and associated volumes, costs and outcomes, and approves individual Trust Delivery Plans (TDPs) which set out what Trusts will achieve, how they will meet Ministerial targets and standards, and the resources that they will use in delivering services. In addition to agreeing SBAs and TDPs, individual service developments may be subject to the completion of Investment Proposal Templates (IPTs).

Monitoring Trust performance against the agreed objectives and targets, along with the financial break-even requirement, is the responsibility of the HSCB. In discharging this responsibility, the HSCB is required to work with the PHA, particularly where activity relates

---

[1] HSCB Annual Accounts 2013/14

to the key priorities and targets of the PHA. In addition to performance monitoring, the HSCB and PHA will also work together to support Trusts on improving performance.

Separately to the lines of responsibility between Trusts and the HSCB, Trust Chairs and Chief Executives are accountable to the Minister and DHSSPS, reflecting the accountability arrangements between a parent Department and its arm's length bodies.

This division of responsibilities requires the HSCB, PHA, Trusts and the Department to work closely to ensure services which are to be commissioned can be delivered within the resources available.

FAMILY PRACTITIONER SERVICES

Family Practitioner Services (FPS) – that is GPs, dentists, community pharmacists and opticians - are central to the health and social care system. Family practitioners and those who work with them in extended primary care teams act as the first point of contact for patients and service users and as a gateway to a wider variety of services across the HSC. The HSCB manages the various contracts with family practitioners, not only in terms of pay and performance monitoring but also in terms of quality improvement, adherence to standards and delivery of departmental policy. The HSCB is accountable to the Department for the proper management of FPS budgets. The PHA also commissions a range of health improvement services from FPS.

3. HEALTH AND SOCIAL CARE ACROSS THE UK

Only Northern Ireland has an integrated system of health and social care. In England, Scotland and Wales responsibility for social care rests with local authorities, although it is clear that all UK regions currently recognise the need to better integrate the planning and provision of health and social care and are taking forward a number of initiatives with that aim.

The idea of separating the purchasing of healthcare from the provision of healthcare – the purchaser provider split – was first proposed in the 1989 UK White Paper *Working for Patients*. These reforms were implemented from 1991 with separate purchasing and provider organisations established in all four UK regions. However, since devolution both Scotland and Wales have moved to reintegrate these functions, and only Northern Ireland and England have retained separate commissioning and provider organisations.

ENGLAND

In England, the Department of Health is responsible for strategic leadership and funding of both health and adult social care in England. The Department of Education holds responsibility for children's social care. NHS England is an independent body, at arm's length from government, with responsibility for providing leadership for improving outcomes and driving up the quality of care, overseeing the operation of clinical commissioning groups (CCGs), allocating resources to CCGs, and commissioning primary care and specialist services.

The main providers of health services in England are NHS Trusts, NHS Foundation Trusts and Family Practitioner Services such as GPs, dentists, opticians and pharmacists.

In addition to the main commissioner and provider organisations, there are a number of other NHS bodies. Public Health England has responsibility for protecting and improving health and wellbeing, and reducing health inequalities. Commissioning Support Units, Strategic Clinical Networks and clinical senates have been established to support CCGs in their work. Health and Wellbeing Boards bring together bodies from the NHS, public health and local government to plan how to meet local health and social care needs, and to commission services accordingly. A number of regulatory and monitoring organisations are also in place, including Monitor, the Trust Development Authority (currently being combined into NHS Improvement), the National Quality Board, Ofsted and the Care Quality Commission.

SCOTLAND

The Scottish Government, through its Health and Social Care Directorate, sets the strategic direction and allocates resources for health and social care. Unlike England and Northern Ireland, the NHS in Scotland does not have separate commissioning and provider organisations. Instead, 14 regional NHS boards are responsible for planning and providing health services to meet the needs of their populations. Regional boards are also responsible for the protection and improvement of their populations' health.

In addition to the 14 regional boards, seven special NHS boards provide a range of specialist and national services for the whole of Scotland – these include NHS24 and the Scottish Ambulance Service. Healthcare Improvement Scotland is the national healthcare improvement organisation.

Whereas in England and Northern Ireland, responsibility for monitoring and managing performance against government health targets sits outside of central government, this function is retained by the Scottish Government.

WALES

Like Scotland, there is no separation of the commissioning and provider functions in NHS Wales. The majority of healthcare services in Wales are planned and delivered by seven local health boards. In addition, three NHS Trusts provide specialised services on a nationwide basis – these are the Welsh Ambulance Service Trust, the Velindre NHS Trust which provides specialist cancer services, and Public Health Wales.

SOCIAL CARE COMMISSIONING

Social care is both funded and commissioned differently from healthcare in all administrations across the UK including Northern Ireland. Unlike healthcare, personal social services are subject to assessment of need and means testing of the person's capacity to pay. In England, Scotland and Wales, Local Authorities are responsible for meeting the social care needs of their eligible populations which they do through a mixture of direct provision and services commissioned from third party providers. Since the introduction of the Health and Social Care Act 2012, Local Authorities in England have also been responsible for the provision of Public Health Services.

In Northern Ireland social care is commissioned primarily by the HSCB and the HSC Trusts although in recent years there has been some limited commissioning of social care by the PHA in relation to family support services. This provides a combination of contracts for

significant volumes of social care services and smaller locally based services. The social care market is, in general, more complex and diverse than the healthcare market with two thirds of services being provided by third party providers: it spans a range of activities from setting regional tariffs to commissioning individual packages of care to meet the assessed needs of a single person.

4. THE CASE FOR CHANGE

Prior to the Review of Public Administration, health and social care services were commissioned by four Health and Social Services Boards and provided by 18 Health and Personal Social Services Trusts and one Ambulance Service Trust. The current structure of the HSC was designed to be more streamlined and accountable, and aimed at maximising resources for front-line services and ensuring that people have access to high quality health and social care.

There were two major phases for implementation of the RPA changes: the establishment of the five new integrated HSC Trusts and the retention of the NI Ambulance Service with effect from 01 April 2007; and the establishment of the HSCB and PHA on 01 April 2009. It was proposed that the HSCB would focus on commissioning, financial and performance management and would be supported by five local commissioning groups (LCGs coterminous with HSC Trusts) to assess the needs of local populations and commission services to meet these needs. The PHA would focus on health improvement, health protection and would provide public health support to commissioning.

As an optimised model, these structures were intended to provide a robust, balanced and informed approach to strategic planning, commissioning, performance management and service improvement.

The diagram below shows the current structure of the Health and Social Care system along with the lines of accountability and funding flows between the different organisations:
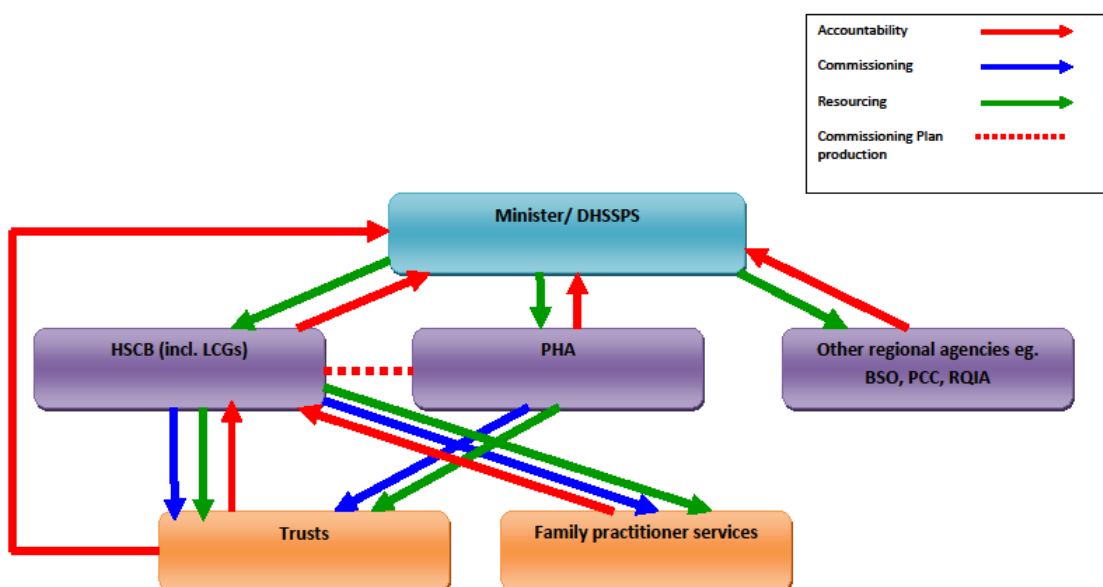
It can be seen clearly from this that the current model has multiple layers, intricate layers of decision making and unclear lines of accountability. The Donaldson report and the Department's own review of commissioning both received consistent feedback from those working across the HSC that the system is not working as effectively as it should – and that it is not working as envisaged in 2009[23].

In general, there are a number of key points that have emerged throughout this work:

1. There is a lack of clarity regarding the chains of accountability and responsibility across the various HSC organisations;
2. The current structures are seen as overly complex and bureaucratic, and are disproportionate to the size of Northern Ireland;
3. There is a perception of ineffective communication within and across organisations, and that the complexity of existing structures does little to foster and support strong, collaborative working relationships across the health and social care system;
4. The complexity and bureaucracy of the current structures is seen to stifle reform and innovation, and make it difficult to implement meaningful change;
5. The annual nature of the financial and service commissioning planning cycle inhibits long-term, strategic planning. A longer planning period would seem appropriate for an organisation managing a budget of £4.6 billion;
6. There is a need for greater stakeholder involvement in the planning and design of services – in particular clinical and professional expertise, members of the public and service users, and the community and voluntary sector;
7. Local commissioning is not operating as envisaged in the 2009 reforms. There was a view that LCGs do not have the necessary information and autonomy to perform their function;
8. While there are certainly examples of good practice and effective working relationships, these seem to have been achieved largely in spite of the administrative structures rather than because of them.

The current structures provide for a complex decision making process (for instance, from LCG, with decisions then considered by HSCB and then PHA professional staff, and sometimes by the Department). It is also clear that responsibility – and therefore accountability – has not always been effectively shifted to provider organisations.

Donaldson and others have made the point that administrative structures are only one component of the wider health and social care system, and not a panacea for the issues facing health and social care. Changing the structures will not in itself reverse the growing

---

[2] Review of HSC Commissioning Arrangements - Final report, DHSSPS 2015. Available at: https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/review-hsc-commissioning2015.pdf

[3] The right time - the right place: An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland, DHSSPS 2014. Available at: https://www.dhsspsni.gov.uk/publications/right-time-right-place

challenge that we face in meeting demand. However, having more effective structures will allow us to focus resources, avoid duplication and allow those working in the system to operate more effectively.

Maintaining a commissioning approach in Northern Ireland was intended to ensure there was appropriate challenge to providers. However, it seems the current model is hampered by short-term planning, a focus on process rather than outcomes, a system that controls and prescribes, rather than one that enables and supports. It seems clear from consideration of the Scottish and Welsh models that effective challenge can be created – and change driven – without relying on a commissioner/provider split. It is also clear when we look at Scotland and Wales that we could design a simpler system of health and social care planning and management for Northern Ireland.

While there is not currently a consensus on what the most effective model is for Northern Ireland, there is a clear message from those working in and those using the system that it is not working as well as it should. Our current structures are simply not lean or agile enough to allow us to keep up with the pace of change in health and social care. This consultation is intended to stimulate debate about these structures, to ensure that everyone has the opportunity to have their say and, ultimately, to build agreement on what are the best health and social services structures for Northern Ireland.

5. REFORMING THE SYSTEM

The Minister has stressed that this is about structures, not people. The HSC Board has many talented officials working within it, carrying out many important roles, and to a high standard. However the current administrative structures do not work as effectively as they might and have a number of weaknesses.

Through the work of Donaldson and the Department's Review of Commissioning, we know there is a perception that the current administrative structures carry too much complexity and have too many layers of authority. Those working within the system feel that the number of stages in decision making, often involving several bodies, can slow things up and may make the whole system less responsive. This has caused some frustrations among staff and managers across the system, many of whom feel the emphasis has been placed more on transactions rather than enabling transformation.

This complexity may also have contributed to a situation where lines of accountability are perhaps weaker than they should be, with a lack of clarity about where responsibility for decisions sits. Moving forward, it has been argued that we need to shift the balance between management and leadership.

It is therefore proposed to de-layer the health and social care system by moving away from the current commissioning model and closing down the HSC Board. This will allow the Department to take firmer strategic control of the health and social care system. It will also allow Trusts to take control of planning the delivery of local services more effectively. The PHA will be retained in order to ensure a renewed focus on early intervention and prevention.

We know that structural change will not resolve all of the issues facing health and social care. The experience in Wales, England and Scotland confirms that they face many of the same challenges we do despite the differences between our systems. Nevertheless, as public servants engaged in delivering a vital service, it is crucial that we have the right structures in place to enable the system to be as responsive, efficient, flexible and effective as possible.

QUESTIONS

In his speech of 04 November 2015, the Minister announced his vision for reform and transformation of Health and Social Care in Northern Ireland. In this section, we provide some of the key points from the Minister's speech and ask for your views.

I. LESS RED TAPE

"The administration of Health and Social Care suffers from a common Northern Ireland public sector problem. It is too big. It is too bureaucratic and it doesn't deliver best value."

There is a perception that the current administrative structures carry too much complexity and have too many layers of authority. Those working within the system feel that the number of stages in decision making, often involving several bodies, can slow things up and may make the whole system less responsive. This has caused some frustrations among staff and managers across the system, many of whom feel the emphasis has been placed more on transactions rather than enabling transformation.

Q. Do you agree that there is too much complexity in the current system and that it is not working to its optimum capacity?

II. MORE RESPONSIVE TO INNOVATION

"Essentially it has been a model that controls and constrains, rather than one that supports an exceptionally talented and committed group of professionals to achieve the best possible outcomes for the people of Northern Ireland."

The Review of Commissioning identified that the complexity of the current structures may have had a negative impact on reform and innovation by making it more difficult to implement meaningful change.

We need to achieve a more sustainable balance between overall strategic direction and operational practice. We believe the proposed reforms would enable the HSC to focus more on care delivery and reform, rather than getting caught up with oversight and process. Removing a layer of bureaucracy would also help to speed up decision making and allow the overall system to become more responsive.

Q. Do you share the Minister's view that the system needs to be better at enabling and supporting innovation?

Q. Would reduced bureaucracy in terms of HSC structures allow the system to respond more quickly to changing demands?

III. ACCOUNTABILITY AND PERFORMANCE MANAGEMENT

"Our work must be focused on meaningful improvements, supporting Trusts in achieving their performance targets and taking a lead on transformation and driving innovation. Above everything else, it is about driving delivery.

I want to see the Department being much more active in ensuring that reforms are implemented, that issues are addressed when they arise, that services are delivered consistently, and that Trusts are more directly accountable to the Minister."

Sir Liam Donaldson's review pointed to a lack of clarity around accountability in health and social care in Northern Ireland. This point was also made in the Review of Commissioning. It was felt that the existing lines of accountability across the various HSC bodies are blurred – for example, while the HSCB is accountable for performance and financial breakeven across the HSC, Trusts are ultimately accountable to the Permanent Secretary of the Department. There was a sense that the HSC needs to clarify roles, responsibilities and lines of accountability.

Q. Will bringing performance management into the Department help to improve lines of accountability?

IV. COMMISSIONING & PLANNING

"The review highlights that our commissioning model isn't as effective as we need it to be."

"What I am signaling is an end to the current way we commission healthcare in Northern Ireland."

The concept of a commissioner/provider split within Health and Social Care is associated with a desire to improve performance by increasing competition between providers. However, the Review of Commissioning found that the experience here in Northern Ireland has been that there is little real competition between healthcare providers, with LCGs tending to commission services primarily from their local Trust.

Furthermore, Donaldson believed that the population of Northern Ireland is too small to justify the complexity of a full healthcare commissioning system. He concluded that we have created a system where we have the complexity of commissioning without the benefits of the most sophisticated commissioning models.

Q. The Donaldson report and the Department's Review of Commissioning both concluded that a full, competitive commissioning process is too complex and transactional for an area as small as Northern Ireland. Do you agree?

"I want our Trusts to be responsible for the planning of care in their areas and have the operational independence to deliver it."

It is proposed that Trusts should take on responsibility for planning the bulk of health and social care services delivered in Northern Ireland. This should strengthen operational independence, simplify and streamline the existing system significantly and allow us to build on our existing strength – integration of health and social care. It should also help create a stronger sense of a single HSC, working together, and provide more scope for professional engagement, leadership and reform. Importantly, this will mean that Trusts will be responsible for assessing and meeting the health and social care needs of people in their area.

Moving away from a regional structure with a separate commissioning function to Trust-led planning for local services will necessitate changes at a local level, including ending the role of LCGs. But work will need to continue to better integrate services – including ensuring a strong voice for primary and community care, service users and the third sector.

Q. Do you agree that Trusts are best placed to assess local needs and should therefore have a greater level of responsibility and autonomy for planning services in their area?

V. NEW STRUCTURES

"I…propose that we close down the Health and Social Care Board. I believe we no longer need a standalone organisation like the Board."

"I want to see the Department take firmer, strategic control of our Health and Social Care system."

"I will retain a Public Health Agency that renews its focus on early intervention and prevention."

"My proposals would mean that many of the Board's existing functions, and staff, would revert back to the Department. Some would move to the new Public Health Agency, whilst others, especially those in respect of planning for need, will move to our Trusts."

It is proposed that at a regional level Northern Ireland should move away from a structure with a separate performance management and commissioning function. Instead, the responsibility for performance and financial management should be brought into the Department. This would focus lines of accountability, clarify the currently somewhat confused perception of leadership within the system, and would create the right conditions for a genuinely strategic approach to driving performance, planning and reform.

It is likely that this approach would see the current functions of the HSC Board go either to the Department, the PHA or Trusts. Further detailed work will of course be needed to consider the finer details of how these revised structures would operate. This would include where functions would sit most effectively and how changes should be implemented. Legislation will be necessary for some major structural changes but it may be possible to carry out some smaller reforms more quickly.

This is a substantial set of changes for the HSC to make – which must be accompanied by a shift in culture and practice as we move to a system focussed on greater autonomy and accountability. Nonetheless, we believe the approach to be one that is deliverable. We understand that this may initially be unsettling for those currently working in the system, however the Department will make every effort to ensure there is full engagement with HSC bodies and staff throughout this process.

Q. Do you agree that these are the right structural changes to make to streamline and simplify the Health and Social Care system?

6. HOW TO RESPOND

You can respond to the consultation document by e-mail, letter or fax using the accompanying questionnaire on the Department's website (www.dhsspsni.gov.uk/consultations).

If this document is not in a format that suits your needs, please contact us and we can discuss alternative arrangements.

Before you submit your response, please read Annex A of the consultation questionnaire about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: HSCReform@dhsspsni.gov.uk

Written: HSC Reform

                DHSSPS

                Annex 1, Room1

                Castle Buildings

                Stormont Estate

                Belfast, BT4 3SQ

Tel: (028) 90522177

Fax: (028) 90523302

The closing date for responses is 12 February 2016

HEALTH AND SOCIAL CARE: REFORM AND TRANSFORMATION

GETTING THE STRUCTURES RIGHT

CONSULTATION RESPONSE QUESTIONNAIRE

RESPONDING TO THE CONSULTATION

You can respond to the consultation document by e-mail, letter or fax using the this questionnaire.

If this document is not in a format that suits your needs, please contact us and we can discuss alternative arrangements.

Before you submit your response, please read Annex A about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: HSCReform@dhsspsni.gov.uk

Written: HSC Reform

DHSSPS

Annex 1, Room1

Castle Buildings

Stormont Estate

Belfast, BT4 3SQ

Tel: (028) 90522177

Fax: (028) 90522244

The closing date for responses is 12 February 2016

PERSONAL DETAILS

I am responding: as an individual   ☐

                          on behalf of an organisation   ☐

                          (please tick a box)

Name: Glenn Houston

Job Title: Chief Executive

Organisation: Regulation and Quality Improvement Authority (RQIA)

Address: 9th Floor, Riverside Tower, 5 Lanyon Place, Belfast BT13BT

Tel: 028 90517401

Fax: 028 90517501

e-mail: Glenn.houston@rqia.org.uk

BACKGROUND

On 04 November 2015, the Minister for Health, Social Services and Public Safety, Simon Hamilton MLA, announced his intention to reform the administrative structures for Health and Social Care in Northern Ireland. The accompanying document sets out the case for change and seeks views on the preferred option for reform. This questionnaire should therefore be read in conjunction with the full report.

The questionnaire can be completed by an individual health professional, stakeholder or member of the public, or it can be completed on behalf of a group or organisation.

Part A: provides an opportunity to answer questions relating to specific proposals and/or to provide general comments on the proposals.

Part B: provides an opportunity for respondents to give additional feedback relating to any equality or human rights implications of the proposals.

Q1. DO YOU AGREE THAT THERE IS TOO MUCH COMPLEXITY IN THE CURRENT SYSTEM AND THAT IT IS NOT WORKING TO ITS OPTIMUM CAPACITY?

Strongly agree   **Agree**   Neither   Disagree   Strongly disagree

Comments:

In 2009 the four former HSC Boards were replaced by a new regional structure which incorporated a single HSC Board for Northern Ireland. This seemed an appropriate decision at that time, aimed at reducing bureaucracy. There has now been seven years' experience of implementing the new system.

The HSC (Reform) Act (NI) 2009 provides the legislative framework within which the existing HSC Board operates. The Board's roles include commissioning services to meet assessed needs, ensuring resources are appropriately targeted on meeting assessed needs, performance managing the HSC trusts, and discharging statutory functions in respect of children and people with mental health difficulties.

Increased focus on particular functions over the period since the existing structures were designed has led to several organisations having overlapping roles. For example, several regional bodies have roles in relation to promoting patient and public involvement.

There have been new sub-structures created for particular functions and it is not always clear as to the particular roles – for example the respective roles of LCGs and ICPs

There is evidence of some confusion about the respective roles of different regional bodies with lack of clarity and areas of duplication. In areas such as Serious Adverse Incidents various arms-length bodies can have a range of specific roles, but there is a need to review how best to ensure learning occurs.

If the HSC Board is abolished its existing functions will need to be transferred to other bodies with the necessary skills and competencies to carry them out. The current separation of functions between organisations has the potential to increase complexity and the need for cross-body working. For example, leadership for nursing is in the PHA but for social care is in the HSCB. The role of the Public Health Agency will be enhanced. It would be appropriate therefore to indicate which functions of the HSC Board will be transferred to the PHA and which will transfer elsewhere. It would be important to make clear which of these functions will be discharged directly by DHSSPS and which will be transferred to the HSC Trusts or to other ALBs.

There is growing evidence of increased demand for coordinating structures such as networks and regional coordinating groups which suggests that the current arrangements are not working to optimum capacity with a growing recognition that there is the potential for more standardization across the system.

Strongly agree   <mark>Agree</mark>   Neither   Disagree   Strongly disagree

Comments:

Every part of the HSC system needs to be agile enough to enable and support innovation.

There is clear evidence of service innovation and development including in the areas of the use of e-health technology, the Electronic Care Record, and in estates, such as the growing network of Health and Care Centres.

It is arguable that the existing system of planning and commissioning has been successful in reshaping services, in keeping with the vision set out in Transforming Your Care (TYC) and in Quality 2020. However, the speed of change has been slow and for some innovations there is a lack of evidence that developments in one area are being taken up across the system as a whole.

Innovation can be stifled by financial and by political constraints. We have seen the impact of political constraints in respect of local opposition to the proposed closures of statutory residential care homes and proposals to change the profile of acute hospital services.

Opposition to some of the more radical proposals has been strongly articulated through local campaign groups and the delays in progressing these proposals cannot be levelled at one part of the system more than any other.

The new system for planning and commissioning will face similar challenges as the existing system, and it remains to be seen how agile the new arrangements will be in overcoming these challenges.

There have been significant initiatives to support quality improvement but It is not always clear as to the pathway to support innovative practice.

There are excellent current and emerging leaders in the system who need support to take forward innovations.

The Minister (statement of 12 November 2015) announced the establishment of an Improvement Institute designed to drive forward innovative improvements in how health and social care services are to be delivered. This new body will build on the emerging improvement and innovation hubs at trust level but will require regional leadership and coordination to ensure its success.

Strongly agree   Agree   **Neither**   Disagree   Strongly disagree

Comments:

Reduced bureaucracy is, of itself, an appropriate aspiration. In general, providing more decision making potential and freedom to use resources at provider level should reduce bureaucracy and enable more rapid responses to assessed need.

The ability of the system to respond more quickly to changing demands will be determined by a range of factors including; stewardship of existing resources and the capacity to release investment from outmoded models of care and patterns of service delivery for reinvestment in new and innovative responses to complex conditions. Other factors include recruitment and retention of key professional staff; capital investment to support new models of care and wider investment in ICT systems

The new commissioning arrangements will need to ensure that services are delivered as set out in evidence based guidelines and standards and that the population of NI has access to the levels of care appropriate to their assessed needs.

In the new dispensation the HSC trusts will in theory have greater flexibility to experiment with innovative models and to re-profile existing services to better meet assessed needs. However, financial pressures and austerity measures will continue to pose a challenge to the service going forward.

Whilst trusts will have greater flexibility the system will need to continue to hold trusts to account for poor performance. Whilst this responsibility is currently shared between the HSC Board and the Department in the new dispensation this will place a greater responsibility on DHSSPS.

The capacity of the new system to respond more quickly to changing demands will be determined largely by the nature of the relationships between those who control investment and those who deliver front line services. In theory and shorter line of reporting should lead to greater agility. This is not assured and remains to be tested.

Overall there continues to be a need to seek the right balance between what needs to be coordinated and standardized on behalf of NI as a whole to ensure an effective and rapid response to demands and what needs to be decided locally to respond quickly to local needs

Q4. WILL BRINGING PERFORMANCE MANAGEMENT INTO THE DEPARTMENT HELP TO IMPROVE LINES OF ACCOUNTABILITY?

Strongly agree   Agree   Neither   <mark>Disagree</mark>   Strongly disagree

Comments:

Bringing performance management into the Department will result in shorter lines of accountability but will not necessarily guarantee 'improved' lines of accountability.

If, in the new dispensation, DHSSPS is to become responsible for all aspects of performance management it will need to strengthen its capacity to do so. The Department may need to consider establishing a separate 'Performance Management directorate' along the lines of the former 'Service Delivery Unit' which was the body responsible for monitoring performance against departmental standards, including waiting times etc.

The present system of 'accountability reviews' is, of itself, insufficient to hold trusts to account for their performance. The Department will need to expand its capacity and capability at a time when there is a drive to reduce the number of public sector employees across all Departments of the civil service, including DHSSPS.

There are arguments for and against this proposal and the outcome will depend on how the system is managed under the new arrangements

For

- Clear lines of accountability between Department and Trusts
- Responsibility for resource allocation clearly defined as being in DHSSPS
- Has the potential to set clearly agreed regional system objectives and targets

Against

- Risk that the system becomes too focused on short term specific service delivery rather than wider longer term health and social care outcomes
- Risk that service providers will become more insular and less focused on cooperation and standardization unless there are coordinating arrangements put in place such as clinical network.

In the current dispensation RQIA has a statutory duty to review commissioning arrangements. In the new dispensation the regulator will continue to provide assurance to the minister as to the effectiveness of commissioning arrangements operates by DHSSPS and those operated at trust level.

Q5. THE DONALDSON REPORT AND THE DEPARTMENT'S REVIEW OF COMMISSIONING BOTH CONCLUDED THAT A FULL, COMPETITIVE COMMISSIONING PROCESS IS TOO COMPLEX AND TRANSACTIONAL FOR AN AREA AS SMALL AS NORTHERN IRELAND. DO YOU AGREE?

Strongly agree   **Agree**   Neither   Disagree   Strongly disagree

Comments:

RQIA agrees with this finding from Sir Liam Donaldson's Review and the Department's Review of Commissioning.

With a population of 1.8 million Northern Ireland does not need a competitive commissioning process with a purchaser / provider separation. However, the system needs to be sufficiently agile that it can drive strategic change and take tough decisions, without being hampered by undue political interference.

Given the scale and interdependence of the provider organisations in Northern Ireland, it is difficult to see how a fully competitive commissioning system could effectively deliver the wide range of services provided by the HSC on a cost effective basis.

It should be acknowledged, however, that Northern Ireland has had a separation of planning and commissioning from service delivery since the HSC Trusts were established as independent arms-length bodies in the late 1990's. The existing system has been slow to change but it has also delivered some notable transformations, including the demise of the long stay hospitals, realignment of acute services, the development of independent sector delivering both residential / nursing home care and domiciliary care services.

The Minister refers to the Scottish and Welsh systems as possible benchmarks for Northern Ireland. Whatever alternative is introduced it needs to be capable of commissioning services successfully at both local and at regional level for the population. Some specialist tertiary services are best designed around populations of 1.5 – 2.0 million and some, such as paediatric heart surgery on an all-Ireland basis.

The system of commissioning care from independent providers operates at both local and at regional level. The HSC Board sets the tariff for residential and nursing home care at a regional level, whilst the five HSC trusts each set a separate tariff for domiciliary care (local level). This seems illogical and unnecessary duplication for a population of 1.8 million. It will be necessary to clarify who will have responsibility for existing functions of the HSC Board, such as setting the regional tariff for residential and nursing home care.

The new dispensation needs to be able to respond effectively to failure to deliver services on time and at cost. If a HSC Trust consistently fails to provide services to an acceptable standard and to the degree of quality required, how will the new system exercise control, including the option of removing or transferring a failing service to another provider who has demonstrated sufficient confidence and expertise in delivering similar services at cost and on target?

Sir Liam Donaldson's review recommended that healthcare regulation in Northern Ireland is re-examined in the round, rather than approaching it piecemeal on an initiative basis. RQIA would

contend there will be a need to strengthen regulation to effectively monitor and provide assurance to the Minister and the citizens of Northern Ireland that all aspects of the system for planning, commissioning and delivery of health and social care are working effectively.

Q6. DO YOU AGREE THAT TRUSTS ARE BEST PLACED TO ASSESS LOCAL NEEDS AND SHOULD THEREFORE HAVE A GREATER LEVEL OF RESPONSIBILITY AND AUTONOMY FOR PLANNING SERVICES IN THEIR AREA?

Strongly agree   **Agree**   Neither   Disagree   Strongly disagree

Comments:

The new system needs to be flexible enough to distinguish between that which is best for HSC trusts to do and that which requires a regional overview. Some highly specialist tertiary services need to be commissioned at either a regional or national level (e.g. paediatric heart surgery / specialist cancer services).

Effective needs assessment does require significant expertise in a range of disciplines including demography; epidemiology; spatial analysis; analysis of service data, knowledge of developments in services and health economics. Training and development of such skills is a core component of some of the practitioners who work at regional level, in particular for public health professionals. There will be a need to ensure that such skills are available to trusts if they take on a wider role in these functions.

Trusts can and should exercise autonomy when planning and delivering services at local level. In principle trusts should exercise a degree of autonomy when planning services for local populations. Trusts already have a very significant level of responsibility for planning local services and many local initiatives are designed by trusts to reflect the needs of their populations in their area.

The integration of community and acute services leave HSC trusts well placed to develop seven day services which should remove obstacles to delayed discharge and making best use of available capacity to reduce pressure on hospital services.

Trusts are best placed to develop relationships with GP practices in determining how best to respond to the needs of individuals with chronic conditions.

A key question is whether the current configuration of six HSC trusts is the best and most cost effective way of delivering services to a population of 1.8 million. (Some trusts and local authorities in England would be serving a single population of 1.8 million +).

This new model would resemble the model which was in place before the purchaser provider model was introduced in the early 1990's. At that time, there were four health and social services boards who were accountable to the DHSSPS for the planning and delivery of services within their geographical areas. It may be useful to review the learning from that period to understand the reasons why the move to a purchaser provider model was introduced to ensure that issues with the earlier model are not repeated if this model is adopted

Q7. DO YOU AGREE THAT THESE ARE THE RIGHT STRUCTURAL CHANGES TO MAKE TO STREAMLINE AND SIMPLIFY THE HEALTH AND SOCIAL CARE SYSTEM?

Strongly agree   Agree   Neither   Disagree   Strongly disagree

Comments:

The accompanying paper 'Health and Social Care: Reform and Transformation' states 'the current structures are seen as overly complex and bureaucratic, and are disproportionate to the size of Northern Ireland.' RQIA would agree with this assertion. The paper also states that local commissioning as envisaged in the 2009 reforms is not working as intended as 'the LCGs do not have the necessary information and autonomy to perform their function.'

While the proposed model should help to simplify the system there are elements that are not fully described in the information provided which will need to be clarified in this regard. These include:

- o The arrangements for contracting with primary care practitioners as devolving these arrangements from HSCB could result in increased complexity, reduced standardization and increased cost
- o The arrangements for funding the new model. Is this proposal to move to funding the provider organsiations on a capitation model based on their populations as in the model derived for the previous Health and Social Services Boards **or** on a service delivery basis as for the Boards before the purchaser provider split was introduced?
- o The key question is whether the trusts with enhanced roles are responsible for enuring services are provided for the population living within their area **or** are responsible for the services they provide within their boundaries. Each model had different impacts in terms of structure and complexity.

The Minister in his public statement of November 2015 indicated his intention to abolish the HSC Board. *'I will propose that we close down the HSC Board. I believe we no longer need a stand-alone organisation like the Board.'*

The Minister in the same statement said *'My vision is for greater operational freedom and flexibility for trusts. This is essential if they are to build on the huge innovative potential of staff across the sector'* This aspiration is commendable, however, given the current round of austerity measures, it may be necessary and appropriate to consider a wider review of organisational structures. This could lead to further and more radical changes, e.g. by reducing the number of arms-length bodies further and freeing up more resource for investment in front line services.

If these changes require amendments to the HSC Reform Act (NI) 2009, it would seem sensible to propose all the necessary amendments in one radical approach to change, even if the timing of the changes are to be phased over an agreed timeframe.

EQUALITY IMPLICATIONS

Section 75 of the Northern Ireland Act 1998 requires the Department to "have due regard" to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without. The Department is also required to "have regard" to the desirability of promoting good relations between persons of a different religious belief, political opinion or racial group.

The Department has also carried out an equality screening exercise to determine if any of these recommendations are likely to have a differential impact on equality of opportunity for any of the Section 75 groups. At this stage, it is considered that a full Equality Impact Assessment will be required. We are waiting for some supporting information to complete the Screening. It will be published on the Department's website when complete.

We invite you to consider the recommendations from a section 75 perspective by considering and answering the questions below. Answering these questions will contribute to the completion of the Department's Screening template and the screening outcome.

Q1. ARE THE ACTIONS/PROPOSALS SET OUT IN THIS CONSULTATION DOCUMENT LIKELY TO HAVE AN ADVERSE IMPACT ON ANY OF THE NINE EQUALITY GROUPS IDENTIFIED UNDER SECTION 75 OF THE NORTHERN IRELAND ACT 1998? IF YES, PLEASE STATE THE GROUP OR GROUPS AND PROVIDE COMMENT ON HOW THESE ADVERSE IMPACTS COULD BE REDUCED OR ALLEVIATED IN THE PROPOSALS.

Yes ☐   No ☐

Comments:

Q2. ARE YOU AWARE OF ANY INDICATION OR EVIDENCE – QUALITATIVE OR QUANTITATIVE – THAT THE ACTIONS/PROPOSALS SET OUT IN THIS CONSULTATION DOCUMENT MAY HAVE AN ADVERSE IMPACT ON EQUALITY OF OPPORTUNITY OR ON GOOD RELATIONS? IF YES, PLEASE GIVE DETAILS AND COMMENT ON WHAT YOU THINK SHOULD BE ADDED OR REMOVED TO ALLEVIATE THE ADVERSE IMPACT.

Yes ☐   No ☐

Comments:

Q3. IS THERE AN OPPORTUNITY TO BETTER PROMOTE EQUALITY OF OPPORTUNITY OR GOOD RELATIONS? IF YES, PLEASE GIVE DETAILS AS TO HOW.

Yes ☐   No ☐

Comments:

Q4. ARE THERE ANY ASPECTS OF THESE RECOMMENDATIONS WHERE POTENTIAL HUMAN RIGHTS VIOLATIONS MAY OCCUR?

Yes ☐   No ☐

Comments:

Please return your response questionnaire.

Responses must be received no later than 12 February 2016

Thank you for your comments.

ANNEX A

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;

- The Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature;

- Acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: **http://www.informationcommissioner.gov.uk/**).

Produced by:

Department of Health, Social Services and Public Safety,

Castle Buildings, Belfast BT4 3SQ

Telephone (028) 90522177

www.dhsspsni.gov.uk

December2015

RQIA Board Meeting

Date of Meeting	21 January 2016
Title of Paper	Chief Executive's Performance Dashboard
Agenda Item	11
Reference	G/01/16
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*	Additional bank inspectors have been employed to supplement inspection and administration teams. Statutory number of inspections is projected to be achieved. Improvement activity has been reprioritised to focus on developing a revised inspection methodology.
		Significant risks, issues or concerns for escalation to the Board	There are no issues of concern for escalation to the Board.
Reviews	*Is the programme of work in Reviews on track?*	*Update*	Since the last Board meeting on 12 November 2015, three review reports have been published by RQIA: • Review of Health and Social Care Early Years Services on 1 December 2015 • Review of Eating Disorders Services on 18 December 2015 • Review of Advocacy Services for Children and Adults on 14 January 2016 Fieldwork has been completed on a further six reviews, with reports now being prepared for publication. Fieldwork has commenced for the DHSSPS commissioned review on Whistle-blowing arrangements in HSC

Performance Area			Commentary
			organisations by 31 March 2016.

The first two inspections in the new programme of acute hospital inspections have been completed and reports on the inspections are being prepared.

During January 2016, RQIA is participating in a follow up inspection of Maghaberry Prison following the publication of the previous inspection report on 5 November 2015. |
| | | *Significant risks, issues or concerns* for escalation to the Board | There are no issues of concern for escalation to the Board. |
| **Mental Health & Learning Disability (MHLD)** | *Is the programme of work in MHLD on track?* | *Update* | A joint RQIA / Royal College of Psychiatrists workshop was held in Riddell Hall on 4 December 2015 attended by 88 delegates. The keynote speaker was Dr Peter Byrne, Consultant Liaison Psychiatrist at Homerton University Hospital from East London. A number of areas have been agreed for improvements in 2016.

An evaluation of the new inspection methodology has been commenced by Professor Roy McConkey. A report is due on 12 February 2016 and the Board will be updated on the findings.

A meeting was held with the Chief Executive and Assistant |

Performance Area			Commentary
			Director of the Mental Health Commission, Republic of Ireland on 7 December 2015. Inspection methodologies used by both agencies were reviewed. Both organisations agreed thematically to review and report the physical health needs of mental health patients in 2016.

The MHLD Band 8a post remains vacant despite being advertised on two occasions. An internal trawl is being progressed next week for a six month secondment. |
| | | *Significant risks, issues or concerns* for escalation to the Board | There are no issues of concern for escalation to the Board. |
| **Quality Improvement Programme** | *Is the Quality Improvement Programme on track?* | *Update* | In the recent EFQM Assessment RQIA attained 4* Recognised for Excellence. An EFQM improvement plan will be developed based on the feedback report from the EFQM assessment.

Progress is being made in the implementation of the three strategic work streams overseen by the Strategic Improvement Steering Group, i.e. Hospital Inspection Programme, Regulation Improvement Programme and implementation of the Mental Capacity Plan. |

Performance Area			Commentary
		***Significant risks, issues or concerns** for escalation to the Board*	There are no issues of concern for escalation to the Board.
Finance	**Are we on target to achieve break-even?**	***Update***	See Agenda item 13, Summary Finance Report (as at 30 November 2015) which shows a projected surplus of circa £119K. An easement will need to be agreed with DHSSPS before the end of January in order for RQIA to achieve a break-even position in 2015-16.
		***Significant risks, issues or concerns** for escalation to the Board*	There are no issues of concern for escalation to the Board.
Other significant issues or emerging risks for escalation to the Board	RQIA continues to engage with BSO about the potential outsourcing of a range of corporate functions i.e. Finance, Information Governance, Health & Safety, Premises Management, ICT, HROD and Equality. A Gap Analysis was shared with BSO on 30 December 2015 which, if agreed, will reduce the level of potential future savings. Clarification continues to be sought from BSO in relation to the services to be provided and how these will operate in practice; the level of actual savings and when these can be released; the cost of transitional liabilities (TUPE); the exclusion of developmental work and associated future costs; and the extent of displaced work which would result from acceptance of the BSO proposal and the need to re-configure in-house services. An evaluation paper will be brought to a future Board meeting to allow the Board to make an informed decision about the way forward.		

RQIA's Performance Dashboard - Monthly KPIs

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	0	1	0	0			
Resolved at stage 1	0	0	1	0	0	0	0	1	0			
Resolved at stage 2	0	0	0	0	0	0	0	0	0			
With Ombudsman	0	0	0	0	0	0	0	0	0			

Summary

A complaint was received about a member of staff in October, which was resolved in November in line with RQIA's Complaints Policy under Stage 1 early resolution.

*An anonymous complaint in relation to a staff member was followed up and closed in May.

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 **RAG Rating:**	 **Summary** The graph above shows the number of engagement activities planned and delivered between April and October. Between April and December RQIA successfully delivered all planned engagement events. These included RQIA addressing and engaging with stakeholders at both events planned by RQIA and as invited guests. From October, RQIA attended the main political party conferences in partnership with the GMC, NI Pharmaceutical Society, NISCC, NICON, and PCC.
Exception Report:	

Number of Engagement Activities Planned versus Delivered

Number of Engagement Activities — 2015/16 Year (April, May, June, July, Aug, Sept, Oct, Nov, Dec, Jan, Feb, March)

Planned / Delivered

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	

Progress on the Delivery of the Business Plan Actions

2015/16 Year

Summary
There are a total of 43 actions within the RQIA Business Plan 2015-16 of which by the end of December 2015, 37 are on-target, 4 are unlikely to be achieved and 2 actions have not been achieved.

Exception Report:

Target unlikely to be achieved by the Completion Date
Four actions within the Business Plan are unlikely to be achieved by the agreed target date and will be reported in full in the Quarter 3 Corporate Performance Report.

Not Achieved on Target
(3.6) Work commenced on the development of the Workforce Plan in October, however due to the loss of two Principal Consultant posts in HSCLC, the Workforce Plan can no-longer be completed by the end of March 2016. However, an interim report will be produced and a final report will be completed in Quarter 1 2016-17.
(7.2) Performance Management Framework has been revised and will be submitted to the Board on 21 January 2016 for approval.

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: Vacancies per Directorate	
Reporting Frequency: Monthly	**Owner:** Director of Corporate Services

How do we measure this: Number of vacancies as per Directorate	

Vacant Posts per Directorate

Summary
December vacant posts:

Corp Services - B3 Admin Officer – 1.0 WTE, B2 Receptionist - 0.5 WTE, B4 0.4 of a (job share) PA post, B7 HR Manager – 1.0 WTE
Reviews - B3 Project Admin 1.5 WTE, B7 Project Manager 0.45 WTE
Regulation - B7 Inspector 1.0 WTE , B3 Admin Officer 1.0 WTE
MH&LD - B8a Senior MH Officer 1.0 WTE, B7 Inspector 1.0 WTE, B3 Project Assistant 1.0 WTE
CE's Office - No Vacancies

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 3.9% target **RAG Rating:**	 **Summary** By the end of December RQIA had a cumulative total of 3.32% which is below the sickness target of 3.9%.
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: 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**

	Nov £'000
Expenditure	
S&W	6,473
G&S	1,355
Total Expend	7,828
Income	
Other Income	901
RRL	7,046
Total Income	7,947
Surplus/(Deficit)	119

Summary
The surplus is due to vacant posts not being filled and slippage in non-pay expenditure. The current RRL funding excludes £38k in relation to a Clinical Excellence Award. RQIA is liaising with the Department in relation to funding this award within the current recurring allocation for 2015/16 only.

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

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 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:

Milestones Planned versus Delivered

Number of Milestones

2015/16 Year

- Planned
- Achieved

| | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | March |

Summary

Regulation Improvement programme has been reviewed in order to find the capacity to deliver an additional work stream. One workstream has been deferred and others may be impacted upon in going forward with the improvement programme.

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: Number and percentage of recommendations and requirements stated more than once

Reporting Frequency: Monthly	Owner: Director of Regulation and Nursing

How do we measure this:

Total number of recommendations and requirements stated once, twice, three times and 4 times
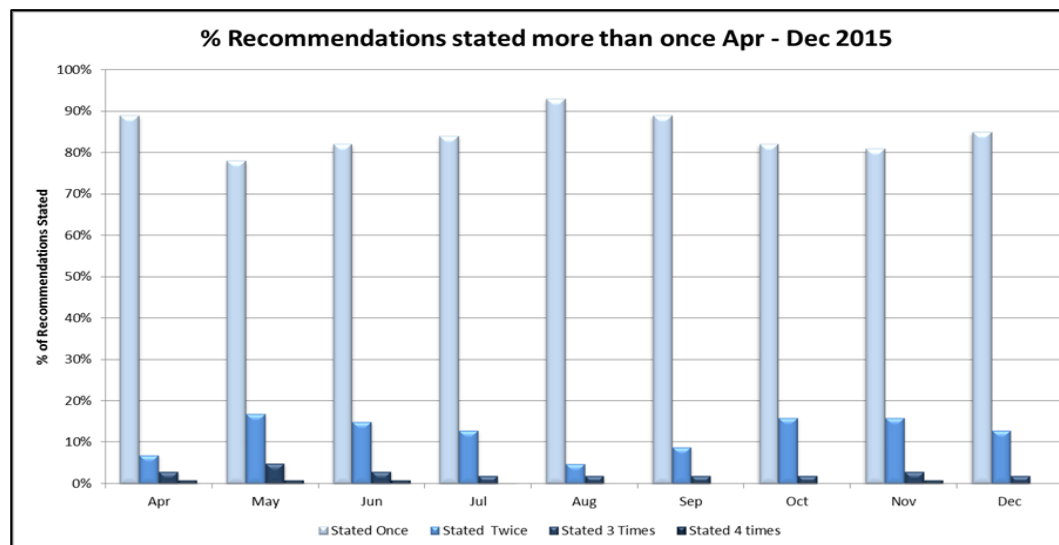
Summary

A breakdown of the number of times the recommendations are stated is shown below:

Month	Stated Once		Stated Twice		Stated 3 Times		Stated 4 Times	
	Number	%	Number	%	Number	%	Number	%
Apr	380	89%	30	7%	12	3%	3	1%
May	269	78%	59	17%	16	5%	2	1%
Jun	341	82%	61	15%	12	3%	4	1%
Jul	461	84%	71	13%	12	2%	2	0.4%
Aug	373	93%	20	5%	7	2%		0%
Sep	315	89%	32	9%	7	2%		0%
Oct	407	82%	80	16%	10	2%		0%
Nov	366	81%	71	16%	13	3%	4	1%
Dec	372	85%	57	13%	9	2%		0%
Total at Dec 2015	**3284**	**85%**	**481**	**12%**	**98**	**3%**	**15**	**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

% Requirements stated more than once Apr - Dec 2015
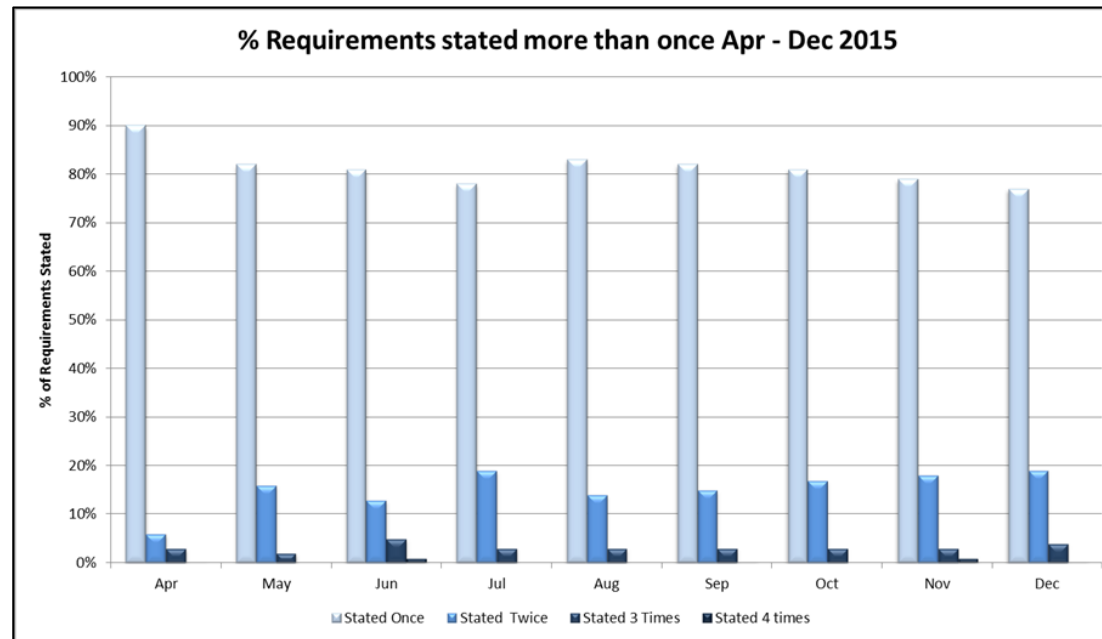
A breakdown of the number of times the requirements are stated is shown below:

Month	Stated Once		Stated Twice		Stated 3 Times		Stated 4 Times	
	Number	%	Number	%	Number	%	Number	%
Apr	409	90%	29	6%	13	3%	1	0.2%
May	287	82%	55	16%	8	2%		0%
Jun	229	81%	38	13%	13	5%	3	1%
Jul	355	78%	87	19%	16	3%		0%
Aug	304	83%	52	14%	10	3%		0%
Sep	281	82%	50	15%	9	3%	1	0.3%
Oct	251	81%	52	17%	8	3%		0%
Nov	310	79%	71	18%	10	3%	3	1%
Dec	221	77%	55	19%	11	4%	1	0.3%
Total at Dec 2015	**2647**	**82%**	**489**	**15%**	**98**	**3%**	**9**	**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 By December 2015, there were 1976 inspections scheduled and a total of 1955 completed – those completed consisted of 1544 primary, 162 secondary and 249 other inspection types. 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:

Target Achieved

(Project now closed)

Milestones Planned vs Achieved

Number of Milestones

Month

- Milestones Planned
- Milestones Achieved

Summary

- There were 3 milestones scheduled to complete between September and October 2015.
- The project to design and deliver a new Acute Hospital Inspection Programme delivered in October 2015.
- The programme went live with the first Acute Hospital Inspection taking place on 21 – 23 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 (Infection prevention and hygiene, IR(ME)R acute hospitals and prisons)

RAG Rating: | **Healthcare Inspections**

(bar chart: Planned (blue) and Cumulative (red) inspections by month Apr-15 to Mar-16, with values rising from 12 in Apr-15 to 50 Planned in Mar-16)

Summary
By the end of December 2015, 40 planned inspections had been completed. It is anticipated that 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:

Review Programme Milestones (Cumulative)

	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	16	20	25	29			

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.

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: Number of recommendations stated once and restated on further occasions	
Reporting Frequency: Monthly	**Owner:** Director of MHLD

How do we measure this: Total number of recommendations stated once and restated on further occasions	

Summary

A breakdown of the number of times the recommendations are stated is shown below:

Month	Stated Once Number	Restated x1 Number	Restated x2 Number	Restated x3 Number
Apr	5	6	5	0
May	30	36	10	0
Jun	26	26	9	1
July	23	24	7	0
Aug	18	17	4	2
Sep	49	4	0	0
Oct	27	3	2	0
Nov	23	1	0	0
Dec	15	0	0	0
Total at Dec 2015	216	117	37	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: MHLD inspection progress on planned inspection activity for the year	
Reporting Frequency: Monthly	**Owner:** Director of MHLD
How do we measure this: Number of inspections planned versus completed **RAG Rating:**	 **Summary** By December 2015, there were 66 inspections scheduled and 67 completed – those completed consisted of 12 Pilot inspections, and 55 follow up inspections. 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

RQIA Board Meeting

Date of Meeting	21 January 2016
Title of Paper	RQIA Director of Regulation and Nursing Report on Registration, Inspection and Enforcement Activity
Agenda Item	12
Reference	H/01/16
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. The report provides an overview of registration and inspection functions along with a review of current enforcement activity.

The report provides a synopsis of:-

- Inspection
  - o A review of Specialist Inspection Teams
- Enforcement
  - o Current enforcement activity

Executive Summary

As at 31 December 2015, 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 have been focussed on establishments and agencies where concerns have been identified.

Kathy Fodey

Director of Regulation and Nursing

Profile of Specialist Inspections in Regulated Services

Introduction

Within the Regulation Directorate, there are three specialist teams of inspectors who undertake inspections against a defined set of criteria in order to drive improvements in specific high risk areas of service provision. These relate to the environment of care, the protection of service user finances and the management of medicines.

The profile will describe the structure and composition of the specialist inspection teams, the focus of their activity and some of the achievements and improvements they have made within regulated services.

Estates Team

Workforce profile	Senior Inspector	Inspector	Support Officer
Workforce (whole time equivalent)	1.0	4.0	1.0
Qualifications and experience	Building engineering services and electrical background	Qualified building professionals Building surveyor backgrounds	Building quantity surveyor

Inspection Activity

The estates team conduct inspections and provide advice and guidance across a broad range of regulated services to include:
- Inspections scheduled over a three year rolling programme
- Assessment of applications for new services
- Assessment of applications for variations to existing services

Registration applications include a range of building alterations, extensions and changes of use of accommodation as well as assessment of suitability in existing establishments to accommodate changes to categories of service users.

Regulatory activity is undertaken against the relevant DHSSPS regulations and care standards that relate to premises. A range of other reference materials are used to support inspection:
- Health Technical Memoranda
- Health Building Notes
- Health Facilities Notes
- British Standards

- A range of Health and Safety Executive publications such as L8 (Approved Code of Practice for Control of Legionellae Bacteria in Water Systems) and the supporting guidance HSG 274 parts 2 and 3
- Other ad-hoc guidance notes and approved codes of practice as required.

Specific areas for inspection within these standards are:
- Fire safety
- Health and safety
- Water safety including:
  - Control of legionellae bacteria
  - Scald precautions
- Electrical installations and equipment
- Lifting equipment
- Gas equipment
- Standby generators

Inspections include examination of maintenance and service documentation; examination of records of in-house safety checks relating to the above items; examination of risk assessments including those relating to fire safety and legionellae bacteria; and examination of the providers' actions in respect of the action plans and ongoing control measures emanating from these risk assessments. A walk around the premises and viewing of the accommodation and external areas is carried out on all inspections.

Analysis of activity April 2011 to November 2015
The three year rolling programme was introduced for the 2011/12 inspection year and includes nursing homes, residential care homes, children's homes and day care settings. The programme of inspections provides a minimum of one inspection every three years to each registered establishment.

Private hospitals are inspected annually along with specific private clinics. Private dental practices are inspected as part of variation applications for additional dental chairs and relocation of premises. Additional inspection activity is made up of follow up inspections, monitoring inspections, pre-registration inspections and responding to identified concerns.

Table1: Estates inspection activity April 2011 – March 2015
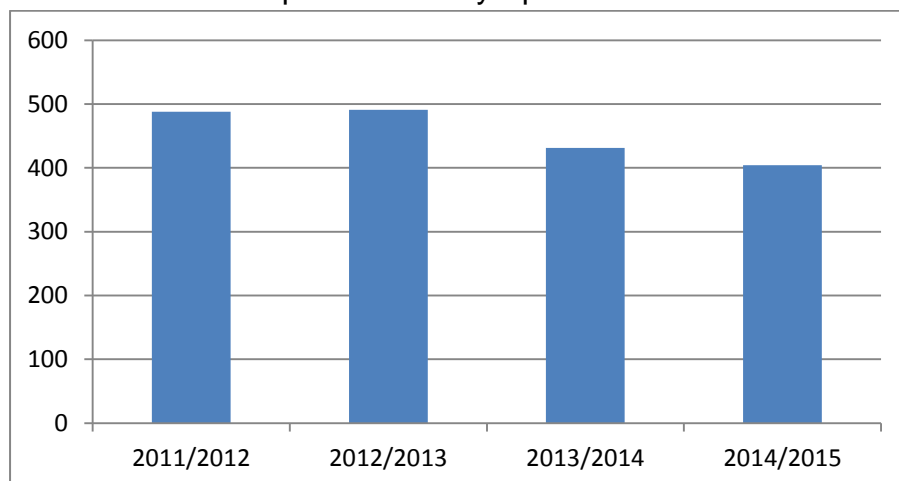
Activity captured within the 2011/12 and 2013/13 years included desktop assessments undertaken against information submitted by providers The quality of information being returned by providers was found to be difficult to interpret and as a result the value of the assessments were considered to be limited in proportion to the effort required by inspectors to assess and follow up. As a result, these were discontinued as an inspection process. In the 2012/13 inspection year, RQIA contracted two additional estates inspectors from an employment agency to carry out inspection work in the last quarter of the inspection year.

Enforcement

Table 2: Number of occassions of enforcement activity
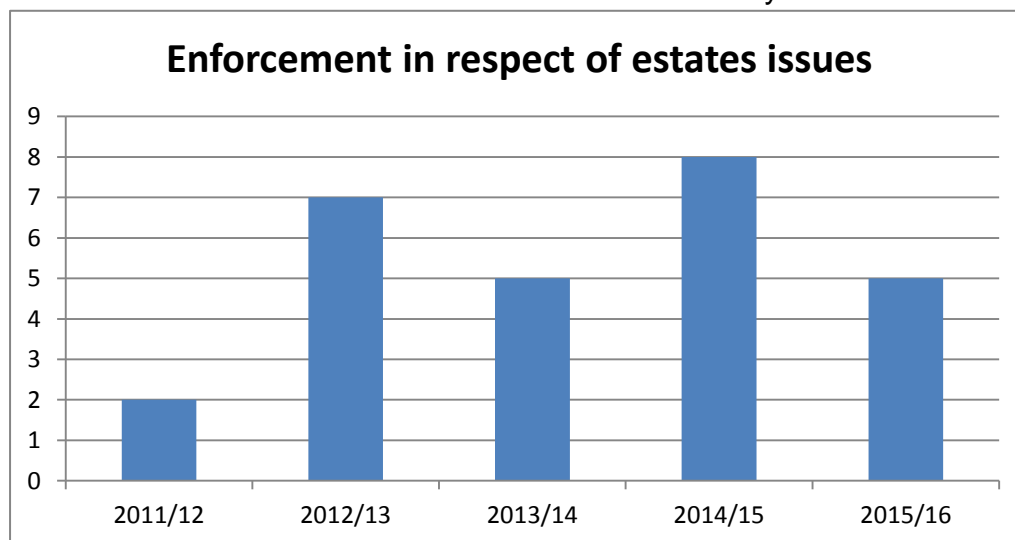
Key points relating to enforcement action:
- Breaches in premises related aspects of regulations and standards are often clearly definable and actions to achieve compliance are relatively easily identified and agreed with providers to bring about timely compliance

- In a significant number of cases, enforcement activity relates to an aspect of environment has taken place in partnership with care inspection teams
- Premises related activities in regulated establishments are seldom carried out directly by the registered manager or responsible person. This function is normally delegated to a third party such as a separate estates department, external estates specialists and / or various specialist contractors.
- Main areas of health and safety are subject to primary regulation by other specific regulatory bodies e.g. fire safety by NIFRS, health and safety by HSENI and Local Authority health and safety departments. RQIA estates inspectors liaise with other relevant bodies on occasions when breaches of a serious nature have been found. This joint approach has proved effective in bringing about compliance in a timely manner.

Quality Improvement achieved as a result of specialist estates inspections

Decontamination and Endoscopy: In 2011/12, RQIA estates team engaged with the DHSSPS Health Estates and Investment Group (HEIG) and began a process of auditing private sector endoscopy reprocessing units. This was undertaken following the report of the Independent Review of Endoscope Decontamination in Northern Ireland by Dame Deirdre Hine.

The outcome of this was that two of the independent units underwent a process of significant upgrading of their endoscope reprocessing units to bring them into compliance with best practice and two of the units have outsourced their reprocessing to a HSC Trust run service. This improved outcome followed a process of engagement by the estates team with the independent hospitals and HEIG over a period of some two years.

Fire Risk Assessments: Fire safety is a prominent theme every inspection year and in 2013 RQIA rolled out an initiative to drive fire risk assessment in care homes in Northern Ireland to a higher standard. We developed and hosted a regional stakeholder event that shared the learning from the publication of the report on the fatal accident inquiry into the deaths of 14 residents in the Rosepark Care Home in Scotland. This inquiry found that a significant contributory factor into the cause of the deaths was the unsuitability of the fire risk assessment.

RQIA identified best practice that went beyond the minimum standard set by DHSSPS and asked care home providers to demonstrate that fire risk assessments had been undertaken by risk assessors who held either a relevant professional registration or an accredited third party certification for fire risk assessment.

This initiative has been successful in driving up standards in fire risk assessment in the sector in Northern Ireland and has been commended by the UK Fire Risk Assessment Competency Council, as RQIA is the first regulatory body in any sector in the UK to take this step.

Water Safety: In November 2014, RQIA estates team organised and delivered a regional seminar on Water Safety and Emergency and Contingency Planning in Care Homes. This seminar was developed in partnership with Belfast City Council, HSC Trusts and DHSSPS as well as the Health and Safety Executive NI.

Policy development / guidance documents /engagement with other relevant bodies
The following list of guidance documents has been developed and produced by the estates team and are available to access on RQIA website:
- smoking in care homes
- window restrictors
- the use of the Northern Ireland Adverse Incident Centre resources
- safety of water systems
- operation of establishments during adverse weather conditions
- emergency planning in care homes
- washer disinfectors for human waste containers
- fire risk assessment
- competency of fire risk assessors
- powered devices and release mechanism on fire doors

The team have produced a comprehensive reference document for premises related guidance and publications. This document is a valuable resource for regulated providers and their estates specialists and agents.

The team engage actively in the review of premises related aspect of the DHSSPS care standards and took an active part in the review of the DHSSPS guidance on fire safety in residential care homes, Health Technical Memorandum (HTM) 84.

The estates team have ongoing working relationships with other relevant bodies and organisations including:
- NIFRS
- Health and Safety Executive for Northern Ireland
- DHSSPSNI HEIG
- Provider estates organisations including:
  - HSC Trusts
  - Private providers such as Four Seasons Health Care
- We liaise with a range of other bodies regularly as and when required, including Local Authority departments such as Health and Safety offices, Building Control offices and Planning Services offices.

Finance Team

Workforce profile: Estates Team

	Senior Inspector	Inspector	Support Officer
Workforce (whole time equivalent)	-	2.0	-
Qualifications and experience		Financial Audits Financial Planning Specialty Costing Budgetary Control Financial Accounting Capital Expenditure Salaries and Wages	

Inspection Activity

Inspectors work primarily in nursing and residential homes and have had an input to the inspections of supported living accommodation responding to concerns in relation to the management of service users' finances. Inspections are undertaken in both the statutory and independent sector services. The finance team seek assurances that the finances of people living in various regulated settings are administered correctly and that records are accurately maintained. During the registration process, finance inspectors are responsible for assessing the financial viability of organisations/responsible persons

Regulatory activity undertaken by inspectors consists of:
- Planned inspections
- Follow-up inspections to monitor improvements
- Pre-registration financial assessment for new services
- Compliance monitoring following enforcement activity

The legislation that directs and guides inspectors are found in the relevant regulations and standards and the following four statements are used during the inspection process:

Statement 1: The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care.

Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained.

Statement 3: A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained.

Statement 4: Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative.

In addition, approximately twelve services are audited within each Trust area by BSO Internal Audit on behalf of Health and Social Care Trusts each year.

Analysis of activity April 2011 to November 2015

The following table details the inspection activity of the finance inspectors including desktop assessments completed between 1 April 2012 and 30 November 2015

Table 3: Finance team inspection activity

Inspection Activity (Total 443)

Category	Value
Nursing Homes (NH)	200
Residential Care...	100
Supported Living (DCA)	50
Independent...	34
Domiciliary Care (DC) - ...	27
Nursing Agencies (NA)	14
Independent...	10
Independent Medical...	3
Day Care Settings (DCS)	3
Independent Clinics (IC)	2
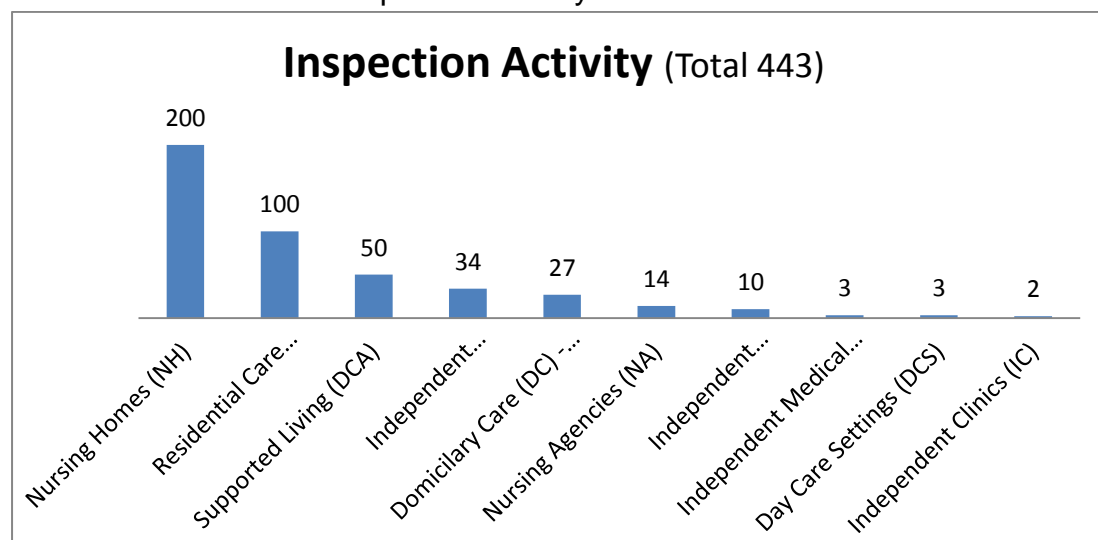
Enforcement Activity April 2011 until November 2015

Table 4 Failure to Comply Notices Issued

■ Nursing Homes ■ Residential Care Homes ■ Supported Living Services
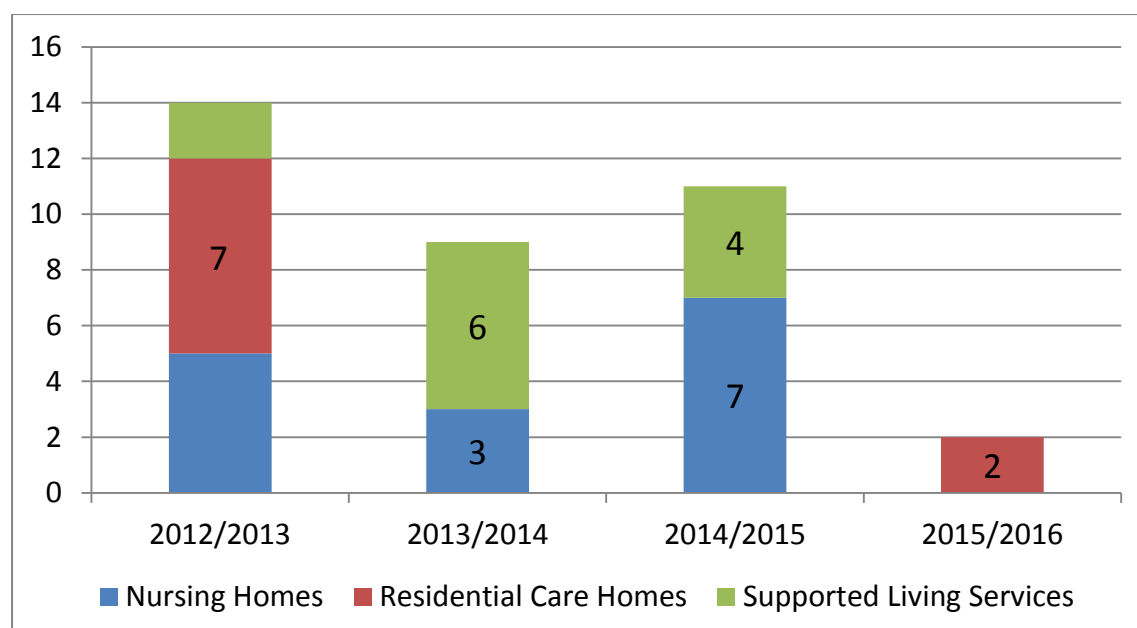
Issues arising from inspections:

Financial Arrangements
- The purchase of items from service users' personal monies/service users' comfort fund which should have been paid for by the registered provider e.g. Fixtures and fittings, medical equipment and garden furniture.
- Lack of written authorisation from service user or representative for provider to make purchases on behalf of the service user.
- Individual Service user agreements absent or out of date and/or no financial arrangements included in the service user's agreement.
- Failure to notify the service user or their representative of any increase in the fee or change in the method of payment/ by whom the fees are payable.
- No evidence of authorisation for a representative of the home to act as appointee/agent for service user (in respect of service user social security benefits), including a record of the name of appointee/agent and date they became appointee or acted as agent.
- Representative of the home not fully aware of their responsibilities for being the service user's appointee e.g. to ensure service user is not under/over-paid benefits, service user claiming and receiving all eligible benefits.
- No written authorisation and/or controls for the management of service users' bank accounts including the use and management of bank cards.
- Non-compliance of instructions detailed within certificate issued by the Office of Care & Protection for the management of service users' bank accounts.

Record Keeping/Controls
- Absence of or inadequate records maintained on behalf of the service user e.g. no records of income and expenditure, no receipts from purchases, no service user agreements, no written authorisation for purchases and no signatures recorded against each transaction.
- No evidence of the reconciliation of service users' monies held being performed on a regular basis by provider.
- Where service user monies are pooled (in joint bank accounts or cash tins) the provider is unable to identify how much belongs to each service user.
- Representatives from home using their own loyalty cards whilst making purchases on behalf of service user.
- Service users' personal monies being maintained in the provider's business bank account.
- Where representative of the home acts as appointee/agent no written authorisation from service user or their representative for service users' monies to be paid into the provider's business bank account.
- Significant amounts of money held for individual service users in a "pooled" bank account and not transferred to interest bearing individual service user bank accounts (where these exist).
- No/inadequate written policies and procedures in place for the safeguarding of service users' monies.
- Non adherence to existing policies and procedures e.g. staff providing loans to service users.

Additional Third Party "Top-up"
- No agreements in place with third party for additional payment.
- Third party payment not agreed with trust as in line with departmental guidance.
- No details of the additional services provided for third party payment listed in individual agreement.
- Service users' personal monies being used for the payment of fees.
- Service users' agreements not updated when third party payment is increased.

Transport Schemes
- Inadequate records showing amounts paid by service users for the use of the vehicle and details of the journeys undertaken.
- Service users being charged an excessive "supervision rate" for staff accompanying them on journeys without agreement.
- No evidence that the charge to service users is reasonable and equitable i.e. no records of how rate per mile and supervision charge has been ascertained.
- Service users charged full rate of mobility regardless of the level of use.
- No agreements in place between establishment and service user for transport scheme.
- Lack of transparency as to ownership of vehicles used to provide transport.
- Commissioning Trust unaware of the system operated for transport in the establishment.
- No policy and procedure in place for transport or shared with placing Trusts/RQIA.

Quality Improvement achieved as a result of specialist estates inspections
Since 2010 registered providers have refunded service users approximately **£300,000.** This has been as a direct result from RQIA finance inspections or joint RQIA care and finance inspections. This figure includes refunds made from safeguarding investigations by Health and Social Care Trusts which were initiated following RQIA finance inspections. Negotiations are on-going to recover other monies owed to service users.

Additional areas of improvement following finance inspections include:
- Increased awareness of registered providers responsibilities in managing service users' finances.
- Improvement of the quality of records maintained by registered providers.
- Improvement in the controls surrounding service users' finances.
- Increased awareness and involvement from Health and Social Care Trusts.
- Increased and improved working relationships with other agencies e.g. BSO, Office of Care and Protection and PSNI

Policy development / guidance documents Engagement with other relevant bodies

Finance inspectors have engaged with a range of stakeholders who have an interest in improving and protecting service users from finance abuse. We recognise there is a direct link between providing organisations with information and tools to enable them to improve and manage their financial systems more effectively.

The finance inspectors have been involved in recent policy development, reviews and guidance:
- Guidance On Transport Schemes for Nursing Homes, Residential Care Homes and Supported Living Domiciliary Care Service Providers May 2013.
- Oversight of Service Users' Finances in Residential and Supported Living Settings June 2014.
- Circular Reference: HSC(F) 08-2015 Safeguarding of Service Users' Finances within Residential and Nursing Homes and Supported Living Settings 13 February 2015.
- Care Standards for Nursing Homes April 2015.

As well as engaging with registered providers the finance inspection team have engaged and currently engage with other agencies in order to improve the communication process between same and safeguard service users' finances. These include:

- BSO Internal Audit
- BSO Counter Fraud and Probity
- BSO Legal services
- DHSSPS
- Health and Social Care Trusts
- Office of Care And protection (OCP)
- PSNI
- Other UK Regulators including facilitating a visit by representative from Scottish Regulator who accompanied RQIA finance inspector on an inspection.

Concerns/Issues

Unplanned leave or unscheduled work can impinge and prevent the achievement of the organisation's objectives regarding financial inspections in regulated services. In recognition of the risk to service users and the value obtained from finance inspections, the Regulation Directorate has submitted a business case to DHSSPS to request additional inspector resource and has identified the lack of financial inspectors as a risk which is included on Regulation Directorate risk register.

Pharmacist Team

Workforce profile

	Senior Inspector	Inspector	Support Officer
Workforce (whole time equivalent)	1.0	4.81	-
Qualifications and experience	Registered Pharmacist with community pharmacy background		

Inspection Activity

Although primarily working in the regulation directorate, inspecting a range of services, we also have the opportunity to be involved in both mental health inspections and review work. Two inspectors have been proactive in the inspection of the prisons services. During 2013 and 2014, the pharmacist inspectors made a significant contribution to the review programme involving the management of controlled drugs in trust hospitals and theatre reviews of trust hospitals and independent hospitals.

The overall management of medicines is assessed by focusing on the management of high risk medicines e.g. warfarin, insulin, controlled drugs and high risk areas e g. the transfer of patients from one setting to another. The medicines management inspection has developed over the years so that in addition to auditing the medicines management systems in place, themes are selected for particular focus in each three year cycle. The current themes are the management of distressed reactions and the management of pain. The themes are usually selected in collaboration with those being examined by the nursing team.

Currently the inspection focus on both medicines prescribed 'when required' (PRN medicines) for the management of pain and the use of anxiolytic and antipsychotic PRN medicines for the management of distressed reactions has resulted in recommendations being made in relation to care records and the monitoring of the administration of these medicines.

Inspections are undertaken against the regulations and care standards relevant to the regulated establishment. There is one specific regulation, similarly worded, in each set of regulations which relates to the management of medicines:

- (4) Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that –
    - o (a)any medicine which is kept in a nursing home is stored in a secure place; and

- o (b)medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and
- o (c)a written record is kept of the administration of any medicine to a patient.
- (5) Paragraph (4) does not apply to medicine which –
  - o (a)is stored by the individual for whom it is provided in such a way that others are prevented from using it; and
  - o (b)may be safely self-administered by that individual.

The Department of Health standards in relation to nursing, residential and children's homes have four specific standards in relation to medicines covering aspects of: management of medicines, records, storage and controlled drugs.

In previous years, if an establishment was not scheduled to have an inspection they would be requested to complete a self-assessment in relation to their management of medicines. These were assessed by the inspectors as desktop assessments. As these were found to be of limited value they were discontinued as a method of inspection.

Analysis of activity April 2011 to November 2015

Table 5: Type of inspections undertaken by pharmacist team

14
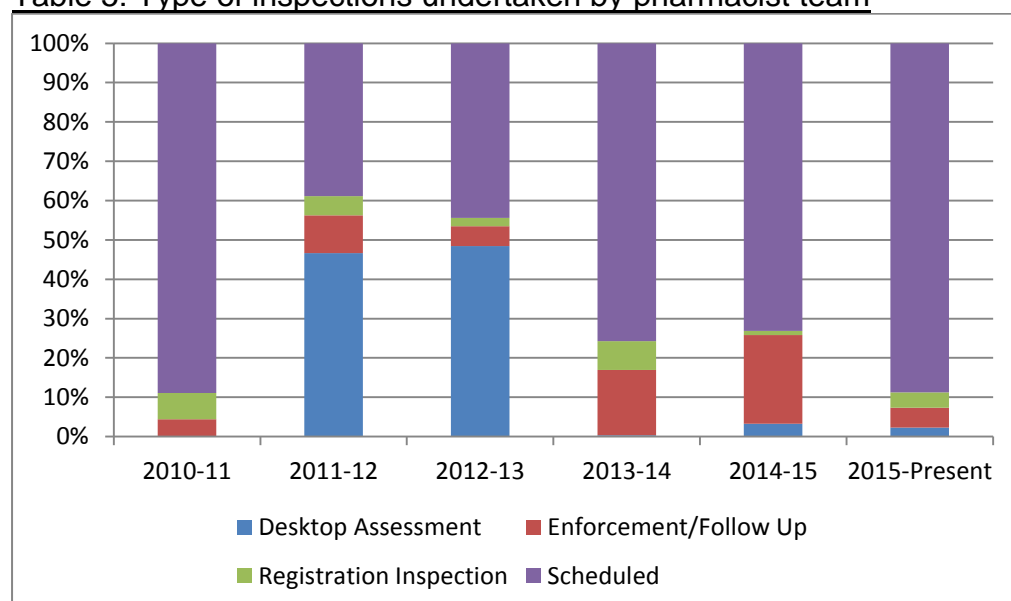
Issues arising from inspections

To date we have evidenced that few medicines are administered in day care settings and the systems in place are robust. It is unusual to identify any issues in relation to medicines. This has resulted in a decision to refocus medicines inspections to services of greatest risk, should a concern be identified by the inspectors or other intelligence, an inspection can be undertaken to respond to this.

The pharmacist team have identified a number of larger nursing homes (those with 60+ beds) which will receive an additional inspection and the three year cycle of inspections will be reviewed to increase the frequency of inspections into nursing homes.

Where shortfalls are found during inspection recommendations and requirements are made in line with the relevant care standards and legislation. Although the same regulation may be quoted several times in a report the required action will be different.

Enforcement

Table 6 Enforcement activity by pharmacist team
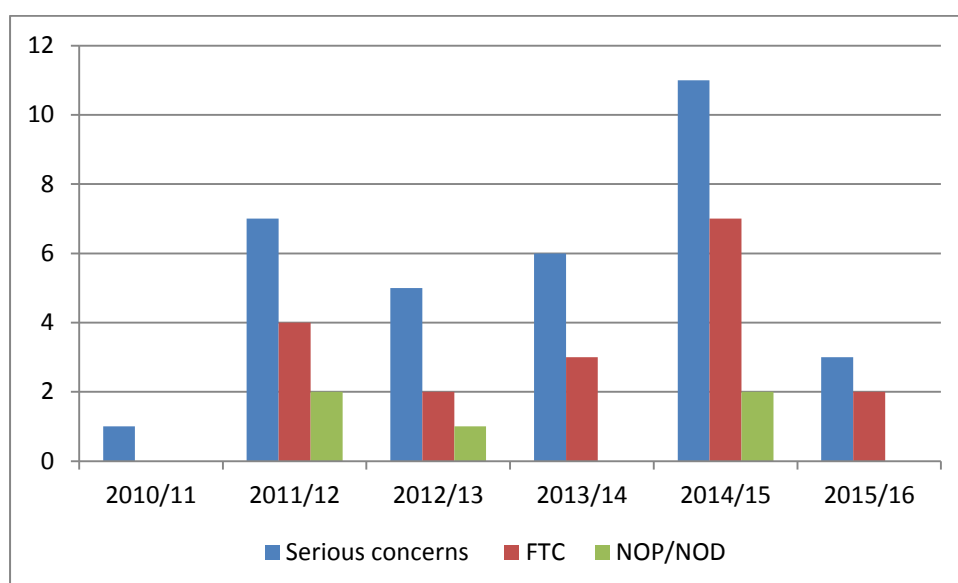
Enforcement activity often commences with providers being given an opportunity to address the concerns of RQIA at a serious concerns meeting. These meetings are very effective in bringing providers back into compliance especially where there is repetition of recommendations and requirements. Should the provider be unable to demonstrate improvement then there may be a need for escalation to a failure to comply notice.

Quality Improvement achieved as a result of specialist pharmacist inspections

In 2014-15 the pharmacist team analysed how the management of warfarin had been embedded into practice

	Number of Nursing Homes	Number of Residential Care Homes
Number of inspections	107	66
Number of occasions warfarin is prescribed	80	28
Satisfactory arrangements in place for warfarin	70 (87.5%)	22 (78.5%)
Improvements required as identified at most recent inspection	10 (12.5%)	6 (21.5%)
Previous requirement or recommendation addressed	15 out of 16	6 out of 6

While RQIA inspection activity has identified improvement in practice, in the management of warfarin, incidents continue to be reported. Sixty seven notifications were received in 2014/15 from nursing and residential care homes in relation to the management of warfarin. Ten nursing homes reported more than one incident during the year. This was followed up by the relevant inspector to ensure that any learning was identified and addressed.

The challenge for management and staff is to ensure that the learning identified from inspection activity, incidents, and the availability of guidance is embedded into practice. This is of particular importance, given the potential consequences of any errors in prescribing or administration.

RQIA has recently produced guidance, based on the available national guidance to aid the development of robust policies and procedures.

Previous themes for inspection have included the management of medicines via the enteral route, the management of nutritional supplements, thickening agents and warfarin. There is evidence that improvements have been achieved in these areas.

Policy development / guidance documents

Over the years RQIA pharmacists have written several guidance documents on different aspects of the management of medicines to help drive improvement across the sectors and these are available on the RQIA website.

As an outcome of the Shipman Inquiry, strengthened governance arrangements were required in care homes for the management and use of controlled drugs. Those using controlled drugs had to have Standard Operating Procedures (SOPs) in place. Guidance was provided to ensure good practice in the management of controlled drugs throughout the health and social care system.

A medicines checklist was developed for the registration of private dentists to enable and support registration without the necessity of an inspection.

Newsletters are developed and circulated to registered establishments which highlight a number of areas for learning including recent serious adverse incidents and inspection activity. These are available on RQAI website.

Engagement with other relevant bodies

Increasingly we act as a reference source to a number of healthcare organisations, including DHSSPS, and are regularly contacted for advice on medicine related issues. Recent examples have included an independent pharmacist prescriber looking for advice on the prescribing of Botox injections and the DHSSPS seeking advice on the management of controlled drugs within independent hospitals.

 The senior inspector represents RQIA on:

- the Local Intelligence Network (LIN). The purpose of which is to share information regarding concerns about relevant persons (includes health professionals and employees who are not health professionals) relating to the management and use of controlled drugs including potential or actual systems failures

- The Medicines Safety Sub-group (MSSG). This group has responsibility to identify, develop and oversee implementation of medicines safety initiatives across the HSC with the aim of reducing preventable medication related harm

We are currently contributing to the thematic review of adverse incidents relating to the prescribing supply and administration of insulin being undertaken by the Health and Social Care Board and the Public Health Agency.

Section 3: Enforcement

Overview of Enforcement Activity as of 12 January 2015

Enforcement Panels

No panels have been required since the last Board update

Children's Services

Establishment/Service	Enforcement/Concern	Update

Western Trust Area	21 August 2014
	Two 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 not achieved on 2 October 2015
		
		Notice (01) and (02) extended with compliance required by 6 November 2015
		
		Notice (01) and (02) extended on 13 November 2015. Compliance required by 19 November 2015
		
		NOD issued 12 January to place two conditions on registration 2016

South Eastern Trust / Regional Service	29/30 July 2015 Issues of concern escalated to HSC Trust / HSC Board and DHSSPS	Further inspection planned and a review to be considered by DHSSPS

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 Update: 07 January 2015. Notification from Care Tribunal of date for preliminary hearing on 12 February 2016

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
Bradbury Dental Surgery Belfast R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration 14 October 2015 Failure to Comply Notice issued relating to - Pre-employment checks	Appeal lodged with Care Tribunal 22 October 2015 against Notice of Decision to place condition on registration FTC Notice (01) issued 14 October 2015 Compliance required by 16 December 2015 17 December 2015 Notice (01) extended. Compliance required by 15 January 2016
Crumlin Road Dental Surgery Belfast R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration	Appeal lodged with Care Tribunal 22 October 2015
Glen Dental Surgery, Belfast R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration	Appeal lodged with Care Tribunal 22 October 2015
Lisburn Dental Surgery, Lisburn R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration	Appeal lodged with Care Tribunal 22 October 2015
Mountpottinger Dental Surgery Belfast R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration	Appeal lodged with Care Tribunal 22 October 2015

Ballynahinch Dental Care Dr Clare McGowan	1 October 2015 Notice of Proposal to place conditions on registration	Notice of Decision issued 4 November 2015 Period for appeal to Care Tribunal expired 4 December 2015 4 December 2015: Conditions placed on registration

Domiciliary Care Agencies

Establishment/Service	Enforcement/Concern	Update
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 11 November 2015 Compliance achieved with notice (01)
Connected Health DCA Ltd, Belfast Douglas Adams	26 October 2015 Failure to Comply Notice issued relating to - pre-employment checks	Compliance required by 12 January 2016

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 set for 15 February 2016

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 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	Compliance achieved FTC Notices (02) and (03) on 20 October 2015 FTC Notices (01) and (04) extended on 20 October 2015. Compliance achieved with FTC Notice (04) on 16 November 2015 Compliance achieved with FTC Notice (04) on 16 December 2015 NOP Notice issued on 14 September 2015 Representation expired on 15 October 2015 NOD Notice issued on 16 October 2015. Appeal to Care Tribunal expired 16 November 2015 16 November 2015: 3 x conditions placed on registration
Kingsway Mr Christopher Walsh Care Circle Group	15 December 2015 Two notices of failure to comply relating to - the statement of purpose and the care - management of pressure ulcers and wounds. .	Compliance required by 11 February 2016

Residential Care Homes

Establishment / service	Enforcement / concern	Update
Bawn Cottage Residential Care Home, Hamiltonsbawn Mr N and Mrs M Wylie	Prosecution action	01 December 2015 prosecution action concluded following a ruling by District Judge who granted an application to stay the proceedings.
Hebron House Residential Care Home, Markethill Mr N and Mrs M Wylie	Prosecution action	01 December 2015 prosecution action concluded following a ruling by District Judge who granted an application to stay the proceedings.

The Regulation and Quality Improvement Authority

RQIA Board Meeting	
Date of Meeting	21 January 2015
Title of Paper	Summary Finance Report
Agenda Item	13
Reference	I/01/16
Author	Jonathan King
Presented by	Maurice Atkinson
Purpose	To present RQIA's summary financial position as at 30 November 2015 along with other pertinent financial information.
Executive Summary	Forecast Underspend
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this update.
Next steps	An easement will need to be agreed with DHSSPS before the end of January in order for RQIA to achieve a break-even position in 2015-16.

FINANCE REPORT

Funding / Revenue Resource Limit (RRL)

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

The Employer pension contribution increase funding was allocated non-recurrently on a budgeted staff position basis. As this allocation was specifically ring fenced for its intended purpose and as RQIA continues to carry several staff vacancies it is anticipated that we will be required to surrender £15-25K of this funding in year. This funding will be provided recurrently without ring fence in 2016/17.

Revenue Position

RQIA's expenditure up to and including November 2015 equalled £4.98 million compared to income of £5.31 million creating a year to date under spend of £334K. The year to date under spend continues to be generated through slippage on vacant posts and through the timing of non-pay expenditure.

The forecast outturn expenditure was £7.83 Million. At the 30th November confirmed funding, anticipated additional net funding, and anticipated income equalled £7.95 Million leading to a forecast surplus of £119K. This forecast position is based on a number of operational assumptions in relation to both expenditure and income.

The current forecast underspend partly relates to further slippage on several vacant posts beyond what was initially anticipated. These posts are:

Post Title	£'K
Human Resources Manager	29.0
Admin Officer Regulation	2.4
Senior Inspector MH	13.4
B5 Pilot Post for Hospital Inspection	11.5
	56.3

The following non pay items explain the majority of the balance of the slippage reported.

Non Pay Item	£K
ICT Revenue Expenditure	28.0
Travel and Subsistence	11.0
Facilities Management Expenditure	7.0
VOYPIC Contract	9.0
	55.0

A full salaries and non pay analysis is currently being performed for the December monitoring round to establish the most likely outturn position. Early indications are that the projected underspend will increase further, partly due to higher than normal levels of registration and variation fee income.

Capital Resource Limit (CRL)

RQIA's CRL was revised on the 7th of January to a total of £248,742.

This amount relates to the Website Replacement Project (£40,473), the iConnect Project Manager (£142,701), and the 2015/16 ICT hardware refresh project (£65,568).
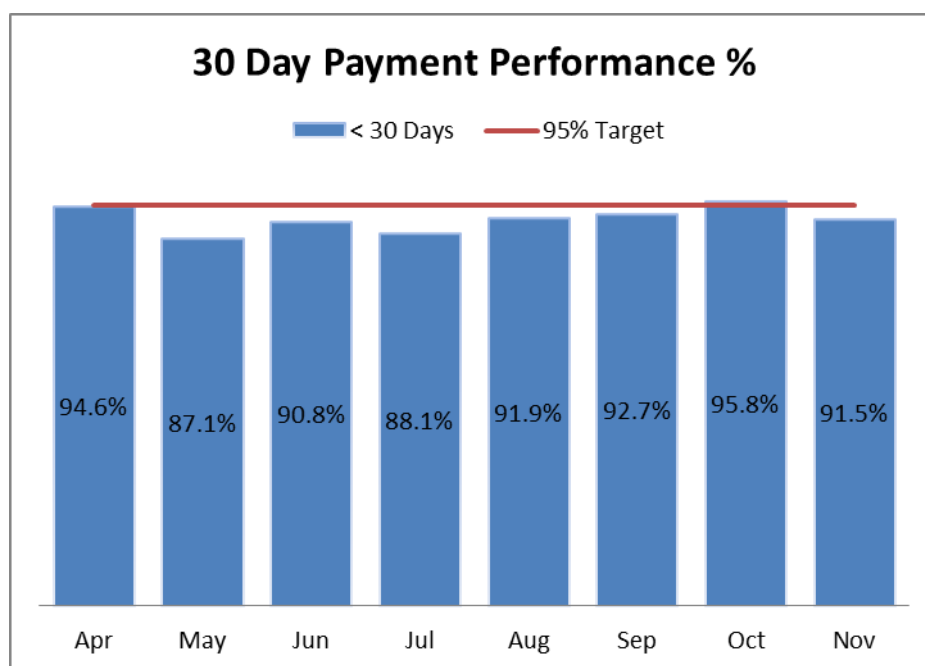
This CRL allocation is sufficient to meet our capital requirements in 2015/16 and it is anticipated that it will be fully utilised by the 31 March 2016.

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 November BSO Shared Service's (SS) paid 913 invoices on RQIA's behalf, of which 838 were processed within the 30 day target. Therefore cumulatively to November our prompt payment percentage equals 91.8%. I would note that a number of queries have been highlighted in relation to Octobers and Novembers figures and I await final confirmation of the statistics in relation to those months to confirm our actual performance. It is likely that reported performance will reduce slightly on resolution of these queries.

The following graph summarises the monthly 30 day performance as reported by BSO:

30 Day Payment Performance %

Legend: ■ < 30 Days ▬ 95% Target

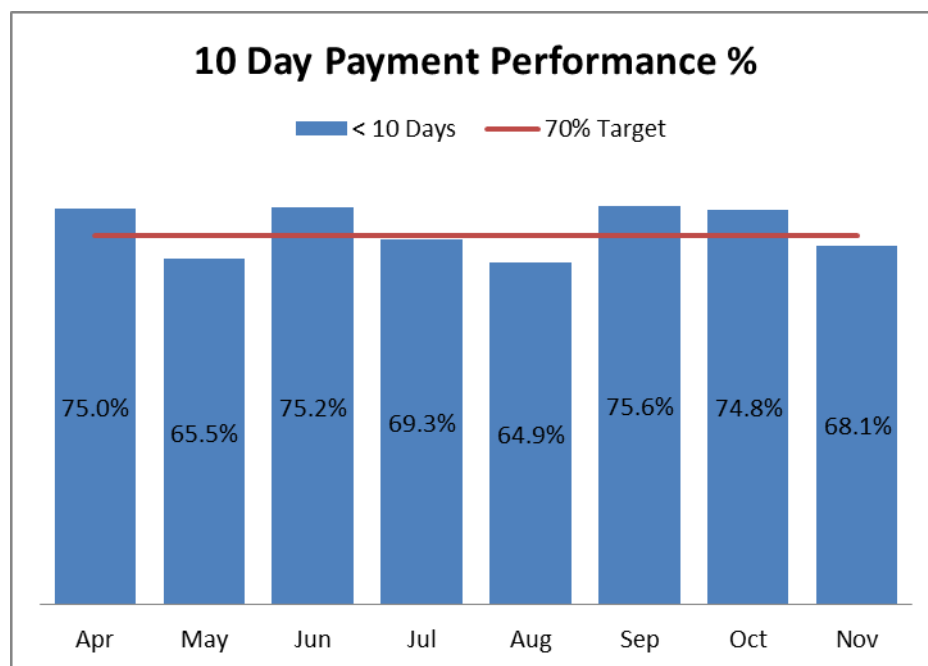| Month	< 30 Days
Apr	94.6%
May	87.1%
Jun	90.8%
Jul	88.1%
Aug	91.9%
Sep	92.7%
Oct	95.8%
Nov	91.5%

RQIA Finance continues to work internally to improve procurement performance and invoice turnaround times with Managers while also liaising with BSO Accounts payable to improve payment performance.

Although our performance remains below target the current cumulative position of 91% represents a much improved position from 2014/15 which on a monthly basis generally scored in the low eighties.

Of the 913 invoices paid by SS's over April to November 655 were paid within 10 days. This equates to a cumulative 10 day prompt payment performance of 71.7% meeting the required cumulative target. This position also represents a marked improvement from 2014/15.

The following graph summarises the monthly 10 day performance:

10 Day Payment Performance %

■ < 10 Days ── 70% Target

75.0%	65.5%	75.2%	69.3%	64.9%	75.6%	74.8%	68.1%
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

Outstanding Annual Fees (Debtors)

Annual Fee invoices for 2015/16 were issued in Quarter 1. As at the 31st of December 96.4% of Annual Fee income had been received leaving £32K still to be recovered.

Of the £32K outstanding £25,300 relates to The Northern HSC Trust and South Eastern HSC Trust. Payment by these Trusts is being delayed due to an ongoing dispute regarding 8 places totalling £368. RQIA Finance have repeatedly requested that each Trust makes urgent payment in relation to the undisputed places (Est. 535 places equalling £24,932) while their query is resolved. However, BSO who administer payments on behalf of the Trusts are unwilling to make part payments against these invoices.

The residual £7K is spread across 28 establishments with an average debt of £251 each. Therefore the commercial risk to RQIA of non-payment is relatively low and based on past experience I expect to fully recover all legitimate outstanding fees in advance of year end.

Annual Fees from previous financial years have been fully recovered.

Recommendation

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

Maurice Atkinson
Director of Corporate Services