

AGENDA

RQIA Board Meeting
Board Room, RQIA, 9th Floor, Riverside Tower, Belfast
11 September 2014, 12.20pm

PUBLIC SESSION

Item	Paper Ref	
1 Welcome and Apologies		12.20pm
2 Minutes of the meeting of the Board held on Thursday 3 July 2014	min/ July14/ public	12.25pm APPROVE
3 Matters arising from minutes		12.30pm
4 Declaration of Interests		12.40pm
5 Chairman's Report Chairman		12.45pm NOTE
6 Chief Executive's Report Director of Reviews and Medical Director	A/05/14	12.55pm NOTE
7 Finance Report Director of Corporate Services	B/05/14	1.20pm NOTE
8 Update on RQIA's response to the Recommendations of the Independent Review of the actions taken in response to concerns raised about the care delivered Cherry Tree House, Carrickfergus <ul style="list-style-type: none"> • Review of inspection methodology: Project Brief • RQIA action plan Director of Reviews and Medical Director/ Director of Regulation and Nursing	G/05/14	1.35pm APPROVE
9 Corporate Performance Report Director of Corporate Services	C/05/14	1.55pm APPROVE
10 Board Governance Self-Assessment Action Plan - Six Monthly Review Chairman	D/05/14	2.10pm NOTE
11 Update on work of Reviews Directorate Director of Reviews and Medical Director	Presentation	2.25pm NOTE

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|----|--|--------------|--------------------------|
| 12 | Update on development of new acute Hospital Inspection programme
Director of Reviews and Medical Director | E/05/14 | 2.45pm
NOTE |
| 13 | RQIA Annual Quality Report 2013/14
Director of Corporate Services | F/05/14 | 2.55pm
APPROVE |
| 14 | Part II Panel Report
Director of Mental Health, Learning Disability and Social Work | H/05/14 | 3.10pm
NOTE |
| 15 | Investors in People (IiP)
Human Resources and Organisational Development Manager | Presentation | 3.25pm
NOTE |
| 16 | Annual Progress Report 2013/14 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006
Director of Corporate Services | I/05/14 | 3.40pm
NOTE |
| 17 | Any Other Business | | 3.55pm |

Date of next meeting: 13 November 2014

RQIA Board Meeting

Date of Meeting	11 September 2014
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / July14 / public
Author	Katie Symington
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 3 July 2014.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to APPROVE the minutes of the Board meeting of 3 July 2014.
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

Board Room, 9th Floor, Riverside Tower, Belfast

3 July 2014, 12.30pm

Present

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

Officers of RQIA in attendance

Glenn Houston (Chief Executive)
Maurice Atkinson (Director of Corporate Services)
Theresa Nixon (Director of Mental Health, Learning
Disability and Social Work)
Kathy Fodey (Director of Regulation and Nursing)
Malachy Finnegan (Communications Manager)
Hall Graham (Head of Programme)
Katie Symington (Board and Executive Support
Manager)

Apologies

Lindsey Smith
Seamus Magee
David Stewart (Director of Reviews and Medical Director)

1.0 Agenda Item 1 - Welcome and Apologies

- 1.1 The Chairman welcomed all Board members to the meeting and in particular welcomed Stella Cunningham, new Board member and Hall Graham, who is attending in Dr Stewart's absence. Apologies were noted from Lindsey Smith, Seamus Magee and David Stewart.

2.0 Agenda Item 2 - Minutes of the meeting of the Board held on 15 May 2014 (min/May14/public)

- 2.1 The Board **APPROVED** the minutes of the Board meeting held on 15 May 2014. The Chairman informed Board members that the action list will now contain a proposed date for completion of actions listed and tabled a revised action list for Board member information. Actions 49, 52 and 54 were noted as completed. Agreement that following the letter from Dr McBride (action 54), a paper will be brought to the Board in September 2014, outlining the preparation for the acute hospital inspections.

2.2 Resolved Action (57) Minutes to be formally signed off by the Chairman

- 2.3 **Resolved Action (58)**
Paper to be brought to the September Board meeting outlining the preparation for the acute hospital inspections
- 2.4 The Chairman requested that following discussion actions 48, 50 and 51 are now removed from the action list.
- 2.5 **Resolved Action (59)**
Board and Executive Support Manager to arrange external Board meeting in the Western Health and Social Care Trust for November 2014.
- 3.0 **Agenda Item 3 - Matters arising from minutes**
- 3.1 There were no matters arising from the minutes.
- 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 of interests were made.
- 5.0 **Agenda Item 5 – Chair’s Report (E/04/14)**
- 5.1 The Interim Chair provided the Chair’s update to the Board and noted in particular her attendance at the HSC Chairs Forum on 17 June 2014. The PowerPoint slides from this Forum have been circulated to Board members.
- 5.2 The Board **NOTED** the Chair’s Report.
- 6.0 **Agenda Item 6 - Chief Executive’s Report (F/04/14)**
- 6.1 The Chief Executive highlighted to Board members the ongoing development of the Corporate Strategy and the roundtable event which will be held on 31 July with DHSSPS, to discuss the Corporate Strategy and Three Year Review Programme. The Foreword for the Strategy document will be forwarded to Board members, following completion.
- 6.2 **Resolved Action (60)**
The Foreword for the Strategy document will be forwarded to Board members following completion
- 6.3 The Chief Executive noted that the iConnect system went live on Monday 30 June and offered his thanks to all staff members involved in the completion of this work.
- 6.4 The Chief Executive informed Board members that RQIA has achieved IIP core accreditation. The report has been received from the assessor and will be circulated to Board members.

Board members will be invited to join the organisational celebration for this accreditation, once arranged.

- 6.5 **Resolved Action (61)**
Board and Executive Support Manager to circulate the liP Report to Board Members
- 6.6 The Chief Executive informed Board members that the registration of Independent Hospitals/ beauty clinics operating Intense Pulse Light lasers is underway. Thirteen of the 35 new services have still to register. RQIA has issued a third and final reminder letter to these services and will have no option but to consider prosecution should they continue to operate without registration.
- 6.7 The Chief Executive noted the enforcement activity detailed within Appendix A of this Report.
- 6.8 The Chief Executive informed Board members of the publication of three Reviews since the last Board meeting in May 2014; to include the Oversight of Service Users' Finances in Residential and Supported Living Settings, Review of Theatre Practice in Health and Social Care Trusts in Northern Ireland and the Review of the Implementation of NICE Clinical Guideline 42: Dementia.
- 6.9 Two further reports have been published week beginning 30 June; An Independent Review of Arrangements for Management and Coordination of Unscheduled Care in the Belfast HSC Trust and Related Regional Considerations and the Independent Review of the Actions Taken in Relation to Concerns Raised about the Care Delivered at Cherry Tree House, Carrickfergus.
- 6.10 The Chief Executive informed Board members that the Director of Mental Health, Learning Disability and Social Work will present the draft Mental Capacity Bill to Board members at agenda item 13. Board members were asked to note the Law Centre's request to DHSSPS that immediate steps are taken to remedy the defects in the current system of obtaining a second doctor's opinion under Article 64 (4) of the Northern Ireland Order. RQIA have therefore been requested to appoint additional Part IV Medical Practitioners to provide second opinions under this article.
- 6.11 The Chief Executive also noted that the Director of Mental Health, Learning Disability and Social Work is currently on an National Preventative Mechanism subgroup taking forward a review of recent concerns about the continued practice of de facto detention.
- 6.12 The Chief Executive informed Board members that the Independent Review of RQIA by RSM McClure Watters is ongoing.

- 6.13 The Chief Executive informed the Board that RQIA has received two complaints in relation to its work and both have been resolved at early resolution stage. RQIA has also received five Whistleblowing disclosures in respect of registered services since the last Board meeting.
- 6.14 The Chief Executive drew the Board's attention to the 75,000 page hits to the RQIA website by 10,000 visitors.
- 6.15 A Board member requested clarification on RQIA's follow up on the recommendations following the publication of Review Reports. The Chief Executive confirmed that the DHSSPS is raising RQIA recommendations with HSC organisations at their Accountability Review meetings. He also advised that the HSC Board takes account of Review recommendations when formulating its Commissioning Plan.
- 6.16 Board members requested that legal advice is obtained in relation to the independence of Part IV Medical Practitioners employed by RQIA.
- 6.17 **Resolved Action (62)**
Legal advice to be sought in relation to the independence of Part IV Medical Practitioners
- 6.18 Board members requested a copy of the recent media reports detailing the work of RQIA.
- 6.19 The Chief Executive confirmed that enforcement activity is increased on previous years and that this is kept under continuing review.
- 6.20 The Board **NOTED** the Chief Executive's report.
- 7.0 Agenda Item 7 – Corporate Risk Assurance Framework Report (G/04/14)**
- 7.1 The Director of Corporate Services presented the revised Corporate Risk Assurance Framework Report to the Board. This report was considered by the Audit Committee on 26 June 2014. This is the first iteration of the Report following the Horizon scanning exercise in February 2014.
- 7.2 The Director of Corporate Services noted the change log on pages two and three of this report and noted that two risks have been removed from this report and three new risks added. There are now five risks detailed within the Corporate Risk Assurance Framework Report.
- 7.3 Board members **APPROVED** the Corporate Risk Assurance Framework Report; however there was agreement that some of the risks would need to be revisited.

- 7.4 **Resolved Action (63)**
Board and Executive Support Manager to recirculate the list of risks identified at the February horizon scanning workshop
- 8.0 Agenda Item 8 – Draft Corporate Strategy 2015/18 (H/04/14)**
- 8.1 The Director of Corporate Services presented the draft Corporate Strategy to the Board and offered his thanks to those members of the Steering Group for their input into this document.
- 8.2 The Director of Corporate Services highlighted the pre-consultation events and the upcoming roundtable event with the DHSSPS on 31 July 2014.
- 8.3 The Director of Corporate Services noted that the Strategy Map is at the heart of the new Strategy and the structure of this document follows the structure of the map. The Director of Corporate Services highlighted that the Corporate Strategy will go out for consultation without the Measures of Success and that the Steering Group will take forward the development of a suite of indicators for inclusion in the 2015/16 Business Plan. The Director of Corporate Services also highlighted to Board members the five suggested consultation questions.
- 8.4 The Director of Corporate Services agreed to include speech bubbles detailing comments from the Consultation period, before publication of the final document. It was also agreed that a priority will be included within the Sustainable Performance section of this document in relation to demonstrating RQIA's impact in delivery on all three stakeholder outcomes. The document will also have final editing checks before going out to consultation.
- 8.5 The Director of Corporate Services thanked the Planning and Governance Manager for his work in co-ordinating the development of the Strategy.
- 8.6 Board members **APPROVED** the Draft Corporate Strategy 2015/18.
- 9.0 Agenda Item 9 – Draft Review Programme 2015-18 (I/04/14)**
- 9.1 Hall Graham presented the draft Review Programme to Board members. The Review Team jointly hosted the pre-consultation events with the Corporate Services Directorate and a subsequent process has taken place to review and select the suggestions made for the next three year review programme. A Board member was part of the review of all suggestions.
- 9.2 The Board was asked to note the suggestion from the lay reviewer, taking part in the review process, that topics which narrowly miss out on the three year review programme are reconsidered. Following this suggestion it was agreed to add Bereavement Services to the Review programme 2015-18.

- 9.3 Hall Graham agreed to review the presentation of this document, with a view to placing interest areas together.
- It was also noted that future changes to Health and Social Care may require a change to the suggested list of review topics or the focus of the reviews.
- 9.4 Board members **APPROVED** the Draft Review Programme 2015/18.
- 10.0 Agenda Item 10 – Draft RQIA Improvement and Efficiency Operational Plan 2014-15 (J/04/14)**
- 10.1 The Director of Corporate Services presented the Draft RQIA Improvement and Efficiency Operational Plan to the Board. This document provides a financial gap analysis and also a plan for organisational improvement.
- 10.2 The Director of Corporate Services noted the £439,000 efficiency savings made by RQIA from 2011 to 2015. The Board was asked to note that as RQIA has not received its Revenue Resource Limit for 2014/15, this report is based on projected figures. The budget for 2015/16 assumes no uplift to 2014/15 figures. This will result in a predicted £77,000 gap due to unfunded pay awards and incremental awards.
- 10.3 The Director of Corporate Services highlighted RQIA's excellence journey (STEP) and noted the six high level improvement initiatives following the EFQM Assessment in 2012.
- 10.4 The Chief Executive noted that the efficiency savings will be highlighted at the Accountability meeting with the DHSSPS in August 2014. RQIA anticipate that they will receive the RRL Allocation letter in July 2014 and will share this letter with the Chair of the Audit Committee.
- 10.5 Board members **NOTED** the Draft RQIA Improvement and Efficiency Operational Plan.
- 11.0 Agenda Item 11 – Risk Management Strategy (K/04/14)**
- 11.1 The Director of Corporate Services presented the Risk Management Strategy to Board members and noted that it has been agreed that this paper will be approved by the Audit Committee and noted by the Board.
- 11.2 This Strategy is updated annually and was approved by the Audit Committee on 26 June 2014.
- 11.3 Board members **NOTED** the Risk Management Strategy.

12.0 Agenda Item 12 – Draft PPI Action Plan 2014/15

12.1 The Director of Corporate Services presented the draft PPI Action Plan to Board members and noted the PPI Forum within RQIA, with Board representation. The Director of Corporate Services requested another Board member to join this Forum. The PPI action plan was considered by the Forum on 19 June 2014 and details actions to ensure service users, carers and the public are involved in the work of RQIA.

12.2 A Board member noted the importance of building in learning and evaluation to this action plan.

12.3 The Director of Corporate Services suggested that the Corporate Improvement and Public Engagement Manager attend a future Board workshop. Stella Cunningham agreed to join the PPI Forum.

12.4 Board members **APPROVED** the draft PPI Action Plan.

13.0 Agenda Item 13 – Overview of Mental Capacity Bill (M/04/14)

13.1 Patricia Higgins, NISCC, joined the Board meeting for the presentation by the Director of Mental Health, Learning Disability and Social Work on the Mental Capacity Bill.

13.2 The Director of Mental Health, Learning Disability and Social Work provided a presentation to the Board on the consultation regarding the new Mental Capacity Bill, by the Health and Justice Ministers. This presentation highlighted the implications for RQIA of the new Mental Capacity Bill. The Director of Mental Health, Learning Disability and Social Work invited all Board members to attend a workshop on 1 August, when the DHSSPS Mental Capacity Reference Group will be presenting this document to RQIA.

13.3 The need to acquire independent legal advice was raised by a Board member. The Chief Executive noted that recently RQIA has received independent legal advice, while costs have increased for the use of the Department of Legal Services.

13.4 The Director of Mental Health, Learning Disability and Social Work confirmed that in order to obtain a full picture of how this Bill will affect RQIA, further discussion about the draft regulations with DHSSPS is necessary. These have not yet been circulated by DHSSPS. It was further confirmed that the Director of Mental Health, Learning Disability and Social Work will work with the Regulation Directorate in order to provide a response to this Consultation document. Board members were asked to submit any comments on this Bill to the Director of Mental Health, Learning Disability and Social Work.

13.5 Agreement that the Board will receive updates on the Mental Capacity Bill within the Chief Executives update to the Board.

- 13.6 Board members **NOTED** the Overview of the Mental Capacity Bill.
- 14.0 **Agenda Item 14 - Audit Committee Business (N/04/14)**
- **Approved Minutes of Meeting of 7 May 2014**
 - **Verbal update on Meeting of 26 June 2014**
 - **Audit Committee Annual Report 2013/14**
- 14.1 The Chair of the Audit Committee presented the minutes of the meeting of 7 May 2014 to the Board for noting. All actions on the action list are now complete.
- 14.2 The Chair of the Audit Committee provided a verbal update to the Board in relation to the meeting of 26 June 2014. Robin Mullan was welcomed as a new member of this Committee. One Internal Audit Report was presented to Committee, in relation to user acceptance testing for iConnect. The findings of this report have been accepted by the iConnect Project Board.
- 14.3 Board members **NOTED** the minutes of the meeting of 7 May, the verbal update on the meeting of 26 June and the Audit Committee Annual Report 2013/14.
- 15.0 **Agenda Item 15 – Guidance Note for Members of the Public Attending RQIA Board Meetings (O/04/14)**
- 15.1 The Interim Chair presented the revised Guidance note for Members of the Public attending RQIA Board meetings. Following approval this guidance note will be placed on the RQIA website.
- 15.2 Board members **APPROVED** the Guidance note for Members of the Public attending RQIA Board meetings.
- 16.0 **Any other Business**
- 16.1 The Director of Regulation and Nursing asked if two Board members would be available to sit on a Decision Making Panel on 8 August 2014. Two Board members agreed to join this panel.
- 16.2 The Chief Executive tabled news clippings for Board members following the publication of the Cherry Tree House Review Report.
- 16.3 A Board Member asked the Director of Regulation and Nursing for an update in relation to the status of Chester Nursing Home. The Director of Regulation and Nursing confirmed that conditions are currently in place for Chester Nursing Home and will remain until the end of a specified three month period.
- 16.4 As there was no further business the Chairman brought the public session of the Board to a close at 4.00pm.

Date of next meeting:
Thursday 11 September 2014, Boardroom, RQIA.

Signed _____
Dr Alan Lennon
Chairman

Date _____

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Status
25	3 September 2013	The results of the Oval Mapping exercise will be shared with Board members	Chief Executive	September 2014
34	14 November 2013	A paper on the implementation of RQIA recommendations following Review Reports will be provided to Board members	Chief Executive	November 2014
53	15 May 2014	The slides, as presented at the April Board workshop by PwC, to be circulated to Board members	Board & Executive Support Manager	September 2014
55	15 May 2015	A board workshop will be organised with a specific focus on how RQIA can deliver against statutory requirements and the associated risks in relation to inspection footfall	Chief Executive	October 2014
56	15 May 2014	2013/14 Annual Report of the MHLD Directorate to be issued to Chief Executives of identified HSC organisations	Chief Executive	August 2014
57	3 July 2014	Minutes to be formally signed off by the Chairman	Chairman	Completed
58	3 July 2014	Paper to be brought to the September Board meeting outlining the preparation for the acute hospital inspections	Director of Reviews	11 September 2014
59	3 July 2014	Board and Executive Support Manager to arrange external Board meeting in the Western Health and Social Care Trust for November 2014	Board and Executive Support Manager	Completed
60	3 July 2014	The Foreword for the Strategy document will be forwarded to Board members following completion	Board and Executive Support Manager	Completed
61	3 July 2014	Board and Executive Support Manager to circulate the liP Report to Board Members	Board and Executive Support Manager	Completed

62	3 July 2014	Legal advice to be sought in relation to the independence of Part IV Medical Practitioners	MHLD Director	Completed
63	3 July 2014	Board and Executive Support Manager to recirculate the list of risks identified at the February horizon scanning workshop	Board and Executive Support Manager	Completed

RQIA Board Meeting

Date of Meeting	11 September 2014
Title of Paper	Chief Executive's Report
Agenda Item	6
Reference	B/05/14
Authors	Glenn Houston
Presented by	Dr David Stewart
Purpose	The purpose of the Report is to update the Board on strategic issues which the Chief Executive and Senior Management Team have been dealing with since the July Board meeting, and to advise Board members of other forthcoming key developments or issues.
Executive Summary	<p>The matters highlighted in the Report include:</p> <ul style="list-style-type: none"> • Strategic Developments or Issues • Significant Operational Issues or Risks • Corporate Governance Issues • Resource Issues (Finance and Human Resources) • Communications
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to COMMENT on the Chief Executive's Report.
Next steps	Not applicable

CHIEF EXECUTIVE'S REPORT

1. Strategic Developments or Issues

1.0 Strategic Overview

RQIA Corporate Strategy 2015–18

Following approval of the draft Corporate Strategy 2015-18 at the July Board meeting, the strategy was issued for public consultation for a period of 12 weeks commencing 8 August 2014.

RQIA Three Year Review Programme 2015-18

Following approval of the draft Three Year Review Programme 2015-18 at the July Board, the review programme was issued for public consultation on the RQIA website for a period of 12 weeks commencing 8 August 2014.

Investors in People Accreditation

RQIA received formal written confirmation of the successful outcome of the Investors in People accreditation in a letter from the Department for Employment and Learning, dated 25 June. The IiP Assessment Report prepared by Tom Kenny, dated 13 June 2014, has been circulated to Board members for information. A presentation on the outcome of this assessment was given to all staff who attended the monthly staff meeting on 29 July 2014.

Fiona Stevenson, Human Resources & Organisational Development Manager will attend today's Board meeting to provide a presentation on the IiP assessment and next steps.

RSM McClure Watters / Landscape Review

RQIA has continued to engage with RSM McClure Watters concerning the ongoing review. It is likely that the final report will be submitted to DHSSPS in September 2014. It is anticipated that it will be made available to RQIA in October 2014.

Accountability Review

The end of year accountability review with DHSSPS took place, as scheduled, on Wednesday 13 August 2014. The minute of the proceedings will be shared with Board members once it is available.

Northern Ireland Human Rights Commission

RQIA has been invited to provide evidence to the NIHRC Inquiry into Emergency Care at a public hearing in Newry on Wednesday 10 September. The Chief Executive and the Director of Reviews will represent RQIA at this Inquiry.

Independent Review Published July 2014

The report of the independent review of the Actions Taken in Relation to Concerns Raised about the Care Delivered at Cherry Tree House, Carrickfergus was published in July 2014. The Report contains 22 recommendations for HSC bodies, including RQIA.

RQIA has established a project board and team to take forward the recommendations which refer directly to RQIA. Regular reports of progress will be advised to the RQIA Board.

Commissioner for Older People in Northern Ireland (COPNI)

In a press release dated 13 August 2014, the Commissioner for Older People for Northern Ireland has signalled an intention of reviewing the regulation, inspection and delivery of care in nursing and residential homes, as well as in the provision of domiciliary care, with a view to making recommendations to the Minister of Health, Social Services and Public Safety in the Autumn. RQIA has written to the Commissioner requesting clarification on the scope and methodology of this review and requesting confirmation that RQIA will be consulted and will be invited to contribute to the evidence base for any recommendations to Minister.

1.1 Corporate Services

Corporate Strategy & Scorecard

The Strategy Steering Group will take the lead in the development of the new Corporate Scorecard and associated Measures of Success. This work will be complete by December so that the Scorecard can be incorporated into the RQIA Business Plan 2015-16.

iConnect

iConnect went live on 30 June and feedback from users of the system continues to be positive. Plans have been developed for Phase 2 of the project – the development of a web portal – and it is estimated that this will be implemented in March 2015. A business case to extend the Project Manager's contract for a period of six months has been developed and submitted to DHSSPS for approval.

Annual Quality Report

The Department wrote to RQIA on 29 April 2014 providing high level guidance on the production of an Annual Quality Report, with a deadline of September 2014 for its completion.

Our first Quality Report 2013/14 is being presented at this meeting (Agenda item 12) and thereafter it will be shared with DHSSPS.

1.2 Regulation

Inspection Activity

An increase in inspection activity, responding to concerns, whistleblowing and to follow up on enforcement action continues to impact on our planned schedule of inspections for the 2014/15 year. A recruitment exercise has been successful in appointing three inspectors for vacancies which have arisen in the Nursing Homes team.

This equates to 30% of the capacity of the team and a period of induction and supervision will be required.

A recruitment exercise saw the appointment of Elaine Connolly as Head of Programme for Nursing, Independent Healthcare and Pharmacy.

Enforcement Activity

An increase in enforcement is noted from April to September 2014:

- a number of dental practices non-compliant with Infection control processes
- Medicines management issues in a number of nursing homes
- Management of finance issues in supported living and residential care homes
- Inspections triggered by whistleblowing incidents has resulted in formal enforcement against nursing homes

A Notice of Proposal to cancel registration of a registered provider of a Nursing Home was issued. A Decision Making panel met and the Notice has been withdrawn.

Appeals have been made to the Care Tribunal in relation to one dental practitioner against the following enforcement action:

- to refuse to register a dental practice in Ballymena (to note that this case has been deferred by the Care Tribunal until October 2014)
- to refuse to register a dental practice in Dundonald (case pending with Care Tribunal)
- to refuse to register a dental practice in Ballymena (case pending with Care Tribunal)

Enforcement Activity Update

An update on enforcement activity is included at Appendix A.

1.3 Reviews

RQIA published reports of three reviews during July and August 2014.

On 1 July 2014, RQIA published the findings of its Independent Review of Arrangements for Management and Coordination of Unscheduled Care in the Belfast HSC Trust and Related Regional Considerations. This review makes a total of 17 recommendations for improvement in the management of unscheduled care in the Belfast Trust and the wider health and social care system across Northern Ireland.

On 2 July 2014, RQIA published the findings of an independent review team's assessment of actions taken in relation to concerns raised about the care delivered at Cherry Tree House in Carrickfergus from 2005 to 2013. The independent review team makes 22 recommendations for improvement by health and social care organisations, including RQIA, in relation to complaints, whistleblowing and inspection processes.

On 20 August 2014, RQIA published the report of an Independent Review of actions taken in response to the HSC Board Report: Respite Support (December 2010), and of the development of future Respite Care/Short Break Provision in Northern Ireland. The report makes seven recommendations for improvement.

Fieldwork is continuing in relation to the Inquiry into Child Sexual Exploitation in Northern Ireland with the planned date for completion of November 2014.

1.4 Mental Health and Learning Disability

Draft Mental Capacity (Health, Welfare and Finance) Bill

The draft Mental Capacity (Health, Welfare and Finance) Bill was issued for consultation by the DHSSPS on 27 May 2014.

This Bill will introduce a single, statutory framework governing all situations where a decision needs to be made in relation to the care, treatment (for a physical or mental illness) or personal welfare, of a person aged 16 or over, who lacks capacity to make the decision for themselves. The Consultation runs from Tuesday, 27 May 2014 until Tuesday, 2 September 2014.

A workshop took place on 1 August 2014 for Board members and relevant staff from RQIA, and some external Agencies, to help prepare the formal response by RQIA to the consultation document. This event included presentations by the DHSSPS Capacity Bill team and the Department of Justice.

Issue of Improvement Notices in respect of The Iveagh Centre, Belfast HSC Trust

Five improvement notices were issued in respect of The Iveagh Centre, Belfast HSC Trust, following unannounced inspections on 30 May and 4 June 2014.

These notices concerned:

- the management of incidents of behaviours, including one particular incident where the PSNI were called to the ward to restrain a young person
- significant use of seclusion and other restrictive interventions in the absence of evidence based practice and appropriate training for staff

An unannounced inspection of The Iveagh Centre was undertaken on 15 and 16 July 2014 to assess compliance with actions specified in the five Improvement Notices.

Full compliance was noted only in relation to one Improvement Notice and this Improvement Notice was lifted on 16 July 2014. In view of the evidence of progress towards compliance with the other four Improvement Notices, RQIA agreed to extend the timescales for full compliance for a further four week period, to 13 August 2014.

A further unannounced inspection of The Iveagh Centre was undertaken and full compliance was noted with the four Improvement Notices, which were lifted on 13 August 2014.

Ward L Mater Hospital (BHSCT)

A whistleblowing letter was received by RQIA in February 2014 raising a number of concerns regarding practices in the Ward L of the Mater Hospital Psychiatric Unit. These concerns included the review and reporting of serious adverse incidents, patient safety issues and bed management.

The Trust was asked to investigate these issues and the investigation report was received by RQIA on 19 June 2014.

The Trust's final Investigation report did not substantiate the whistle-blower's allegations regarding bed management and staff supervision and team meetings.

An unannounced inspection at Ward L was undertaken by RQIA on 5 & 6 August 2014. Inspection findings provided evidence that the whistle-blower's allegations regarding bed management, staff supervision and team meetings were correct. RQIA issued a letter of escalation regarding these matters to the Interim Chief Executive of the Belfast HSC Trust on 11 August 2014.

RQIA held a meeting with senior Belfast HSC Trust representatives on 20 August 2014. Trust representatives acknowledged the deficits noted in inspection findings. Trust representatives provided assurances to RQIA that immediate actions would be taken to address the identified concerns.

Evish Ward, Grangewood Hospital (WHSCT)

An unannounced inspection of Evish Ward was undertaken on 11 August 2014. Concerns were noted by the inspector in relation to a lack of progress in implementing recommendations made previously with regard to:

- patient participation in care and treatment planning
- staff training

RQIA issued a letter of escalation regarding these matters to the Chief Executive of the Western HSC Trust on 20 August 2014.

2. Significant Operational Issues or Risks

RQIA will revise and update the Corporate Risk Assurance Framework Report to take account of new and emerging risks in areas including finance and inspection. The revised Risk Register will be brought to the next meeting of the Audit Committee and thereafter to the RQIA Board.

3. Resource Issues (Finance and Human Resources)

Finance

RQIA has not yet received formal confirmation of the Revenue Resource Limit (RRL) for 2014/15. RQIA was advised of an indicative allocation of £6,689m in correspondence dated 3 May 2013 from DHSSPS. The forecast outturn of break even at the end of quarter 1 assumes that the 2014/15 indicative allocation will be confirmed. This forecast also assumes that the additional costs of review activities, in particular the on-going costs of the review of Child Sexual Exploitation (CSE), will be met in the current year.

RQIA has identified additional inescapable cost pressures associated with the implementation of the BSTP project, an on-going review of CSE and with legal services. There is a risk that the final revenue resource limit will be less than the indicative allocation, and that some inescapable cost pressures will not be met, resulting in the requirement for further efficiencies in the remaining 7 months of 2014/15.

A detailed financial report is available at (Agenda Item 7).

4. Corporate Governance Issues

RQIA has commissioned an additional audit of inspections of nursing homes. The terms of reference will include scrutiny of inspection reports and the recommendations and requirements following inspections. It will look at the use of iConnect as a means of alerting RQIA to on-going issues in specific establishments.

Complaints

Since the last Board meeting, one complaint against RQIA was concluded at formal local resolution stage. There have been no new complaints about RQIA since the July Board meeting.

Freedom of Information & Subject Access Requests

Since 20 June there have been 16 new Freedom of Information requests.

Of these:

- Information was fully disclosed for 6 requests
- Partial exemption was applied to 5 requests
- No records were held in relation to 3 requests
- 2 requests are under consideration

One request for internal review was received.

No Subject Access Requests have been received since 20 June 2014.

Whistleblowing Disclosures

RQIA has received four whistleblowing disclosures since the last Board meeting, raising concerns regarding care and staffing issues at four regulated services. These are being followed up in line with The Public Interest Disclosure (Northern Ireland) Order 1998 and relevant regulations.

5. Communications

Since the Board Meeting on 3 July 2014, RQIA has responded to a range of media queries relating to regulatory action at a number of services, leading to print, broadcast and online media coverage. In each case RQIA's communications manager provided background briefings, and issued statements providing details of RQIA's activities and actions as required.

In August, the Commissioner for Older People Northern Ireland announced a review of the regulation, inspection and delivery of care in nursing and residential homes, as well as in the provision of domiciliary care. In response, RQIA's Chief Executive was interviewed on Good Morning Ulster and also for BBC NI television news, on RQIA's regulatory role.

Following its approval at the July Board meeting, RQIA's Annual Report and Accounts 2013-14 was laid before the Northern Ireland Assembly on 6 August 2014. The report will be published on RQIA's website during September 2014.

Since the last RQIA Board meeting, www.rqia.org.uk received over 90,000 page views (hits) from some 11,000 visitors, which reflects an increase in traffic on the same period last year of over 15 per cent.

GLENN HOUSTON
Chief Executive

11 September 2014

Appendix A: Enforcement Activity: Update: 2 September 2014

1. Conditions of Registration

There are currently three services subject to conditions of registration as a result of RQIA enforcement action.

Chester Nursing Home, Whitehead

With effect from 12 February 2014, two conditions were imposed on the registration of Chester Nursing Home:

- (1). The hours worked in the home by the nurse manager will be supernumerary and dedicated to undertaking management/supervisory duties.
- (2). The registered provider must ensure that 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. This condition will continue until such times that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008.

Maine Nursing Home, Randalstown

On 24 June 2013, conditions were placed on the registration of Maine Nursing Home:

- (1). no new admissions to the home until RQIA is satisfied that there are robust governance and management arrangements of the home in place, and compliance with regulations and minimum standards.
- (2). The hours worked in the home by the nurse manager will be supernumerary and dedicated to undertaking management/supervisory duties.
- (3). The registered provider must ensure that 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. This condition will continue until such times that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008..

Following an inspection on 9 December 2013 the condition (1) relating to new admissions was removed. Two conditions of registration remain in place.

Lisburn Dental Surgery, Lisburn

On 19 June 2014 the following condition was imposed on the registration of Lisburn Dental Surgery:

- (1) A dental nurse proficient in the area of infection prevention and control and decontamination must be on site at all times whilst dental treatment is being provided at Lisburn Dental Surgery. The proficient dental nurse must continue to be on site until such times as the relevant staff are trained and deemed competent.

2. Ongoing Enforcement Activity

There is currently ongoing enforcement with respect to 16 health and social care services. This includes 14 adult services, listed below, and one children's home which has been issued with three notices of failure to comply with regulations. Three dental services operated by the same registered provider have lodged appeals to the Care Tribunal in respect of notices of decision to place conditions of registration. RQIA is awaiting further information from the Care Tribunal.

Enforcement Activity: Adult Services, as at 2 September 2014

Name of Service (Registered Provider)	Date of issue, and date compliance is required	Type of notice	Details of Notice
Anniscliff House Residential Care Home (Mrs Bernadette McGilligan and Mrs Jacqueline Davies)	18 August 2014: Compliance required by 15 September 2014	3 x FTC	Three notices relating to Access NI checks, notifications and staff training
Ballymena Dental Care, Ballymena (R McMitchell Dental World Ltd)	22 May 2014: NOP to refuse an application for registration 25 June 2014: NOD to refuse an application for registration Period for appeal to Care Tribunal expires on 23 July 2014	1 x NOP 1 x NOD	Notice of proposal to refuse to register Ballymena Dental Care due to a failure to make provision as to the fitness of the premises to be used as an establishment.
Colinvale Court Nursing Home (Mr Raymond Murphy)	8 August 2014 Compliance required by 6 October 2014(10 FTC notices);	10 x FTC	Ten notices relating to meals and mealtimes, risk assessments, patient care records, cleanliness/hygiene standards, governance, training, staffing levels, staff appraisals, staff supervision and competency and capability assessments.

	<p>Period for making representation to RQIA expires on 04 September 2014</p> <p>19 August 2014 (6 FTC notices): Compliance required by 6 October 2014 (3 FTC notices); Compliance required by 13 October 2014 (2 FTC notices); Compliance required by 18 October 2014 (1 FTC notice);</p>	<p>1x NOP</p> <p>6 x FTC</p>	<p>NOP to place conditions of registration regarding: ceasing admissions; management and management monitoring reports</p> <p>Three notices relating to fire safety, staff training and legionella control.</p> <p>Two notices relating to patient finances.</p> <p>One notice relating to medicines management.</p>
Donaghadee Dental Surgery, Donaghadee (R McMitchell Dental World Ltd)	<p>23 January 2014: NOP to refuse an application for registration</p> <p>4 March 2014: NOD to refuse an application for registration</p> <p>Appeal to Care Tribunal lodged: 18 March 2014</p>	<p>1 x NOP</p> <p>1 x NOD</p>	<p>One notice to refuse application for registration.</p>
Dundonald Dental Surgery, Dundonald (R McMitchell Dental World Ltd)	<p>13 May 2014: NOP to refuse an application for registration</p> <p>13 June 2014: NOD to refuse an application for registration.</p>	<p>1 x NOP</p> <p>1 x NOD</p>	<p>Notice of proposal to refuse to register Dundonald Dental Surgery</p> <p>Notice of decision to refuse to register Dundonald Dental Surgery due to a failure to make provision as to the fitness of the premises to be</p>

	Appeal to Care Tribunal lodged: 25 July 2014		used as an establishment
Fairways (Cloonavin Green Project) Domiciliary Care Agency, Coleraine (Fairways Independent Living Initiative)	12 August 2014: Compliance required by 4 November 2014	1 x FTC	One notice relating to charging for personal care
Fairways (Woodford Park Project) (Fairways Independent Living Initiative), Coleraine Domiciliary Care Agency (Fairways Independent Living Initiative)	12 August 2014: Compliance required by 4 November 2014	1 x FTC	One notice relating to charging for personal care
Louisville Nursing Home, Belfast (Mr Raymond Liam Murphy)	19 August 2014: Compliance required by 20 October 2014	2 x FTC	Two notices relating to fire safety and legionella control.
Mary Murray House Residential Care Home (Autism Initiatives)	4 August 2014 Compliance required by 15 September 2014 (1 notice) and 18 August 2014 One notice was extended on 20 August 2014. Compliance required by 15 September 2014	2 x FTC	Two notices relating to staff levels and care planning
Our Lady's Home (General Unit), Belfast (Diocese of Down and	17 June 2014: Compliance required by	2 x FTC	Two notices relating to selection and recruitment of

Connor)	22 July 2014 Notice extended, compliance required by 14 September 2014		staff.
Our Lady's Home, (Dementia Unit) Belfast (Diocese of Down and Connor)	17 June 2014: Compliance required by 22 July 2014 Notice extended, compliance required by 14 September 2014	2 x FTC	Two notices relating to selection and recruitment of staff.
Presbyterian Board of Social Witness (Presbyterian Board of Social Witness (Mrs Linda May Wray))	28 July 2014: Compliance required by 18 September 2014	2 x FTC	Two notices relating to service user finances.
Somerton Private Nursing Home, Belfast (Mr P and Mr H McCambridge)	5 June 2014: Compliance required by 5 August 2014	3 x FTC	Three notices relating to patient finances.
16. Valley Nursing Home, Clogher (Valley Nursing Home (MPS) Ltd)	18 June 2014: Compliance required by 12 August 2014 15 August 2014: Two notices extended, compliance required by 16 September 2014	8 x FTC	Eight notices relating to food and meal times, restrictive practices, patient finances, staff training, staffing levels and estates issues. Compliance achieved in respect of six notices. Two notices relating to staff training and patient finances

RQIA Board Meeting

Date of Meeting	11 September 2014
Title of Paper	Summary Finance Report
Agenda Item	7
Reference	B/05/14
Author	Jonathan King
Presented by	Maurice Atkinson
Purpose	The purpose of this paper is to present RQIA's summary financial position as at 31 July 2014.
Executive Summary	Forecast breakeven
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE this update.
Next steps	N/A

FINANCE REPORT

Funding / Revenue Resource Limit (RRL)

To date confirmation of RRL funding for 2014/15 remains outstanding. In 2011/12 the Department provided RQIA with indicative allocations up to and including 2014/15. Therefore in the absence of a firm allocation letter the previously supplied indicative allocation of £6,703,729 has been used as our monitoring base.

Funding confirmation for a Clinical Excellence Award held by a member of RQIA's staff and equalling £38K also remains outstanding.

In relation to the CSE Inquiry, an updated business case has been submitted to the Department and confirmation of funding remains outstanding. This equates to £175K in 2014/15.

Revenue Position

RQIA's expenditure up to and including July equalled £2.48 million compared to a budget of £2.57 million creating a year to date under spend of £95K. The year to date under spend is generated through the timing of non-pay expenditure and slippage caused by turnover times on a number of vacated posts. This is planned to be utilised by year end.

Therefore RQIA continues to predict breakeven with an outturn spend of £7.85 million. This outturn spend forecast accounts for the costs associated with the CSE review and also accounts for a payment of £14.5K to BSO to pay for the maintenance of the computer systems implemented by BSTP.

This forecast is heavily dependent on the assumption that the funding detailed above is received.

Capital Resource Limit (CRL)

Based on initial bids we have received an initial CRL allocation of £177,843 for 2014/15. £2K of this allocation relates to the rewiring of the ICT comm's room with the balance of £176K relating to the I-Connect Project.

A subsequent bid for funding has been made to cover project management costs associated with the revised implementation of the web portal component of the I-Connect project (£59K).

The HSCB have provisionally approved to fund configuration work in relation to ICT Disaster Recovery (£14K). We await formal approval and notification.

Finally in terms of the regional rolling laptop/desktop refresh programme RQIA's indicative capital allocation for 2014/15 is £34K. This will allow the refresh of approximately 60 laptops. Final confirmation is anticipated in early Q4.

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 July Shared Service's (SS) paid 416 invoices on RQIA's behalf, of which 81.0% were processed within the departmental 30 day target. The following table shows our 30 day performance from April to July.

Table 1: Payment Performance Vs the 30 Day Target (95%)

Month	Invoices Paid			% Paid Promptly
	Total	< 30 Days	> 30 days	
Apr	133	118	15	88.7%
May	84	61	23	72.6%
Jun	112	84	28	75.0%
Jul	87	74	13	85.1%
Total	416	337	79	81.0%

Following a poor start in 2013/14 performance improved in July 2013 and continued to be acceptable until February 2014. In March 2014 performance dipped to 76% following the move to SS. Since then performance has fluctuated from month to month but consistently remains below target.

Based on the latest SS Monthly Performance Report RQIA's performance is broadly comparable with SS's 10 other customers. Over the period April to July the performance report states that in totality SS paid 75.7%, 73.5%, 74.7% and 77.3% of invoices promptly. This gives a year to date overall statistic of 75.3%. Only one small Regional organisation achieved 95% with 7 out of 11 customers ranging from 75% to 85%.

RQIA Finance are working with SSC to re-establish an appropriate reporting mechanism to enable RQIA management to address any delays caused by RQIA staff and to re-enable detailed reporting in terms of the ages of overdue invoices. This also involves work to improve the accuracy of the prompt payment reports.

Of the 416 invoices paid by SS's over April to July 53.1% were paid within 10 days. The following table shows performance from April to July against the 10 day target.

Table 3: Payment Performance Vs the 10 Day Target (70%)

Month	Invoices Paid			% Paid Promptly
	Total	<10 Days	> 10 days	
Apr	133	77	56	57.9%
May	84	37	47	44.0%
Jun	112	52	60	46.4%
Jul	87	55	32	63.2%
Total	416	221	195	53.1%

The overall percentage of invoices paid within 10 days by SS's on behalf of all its customers is 46.7%. The best performing organisation recorded a cumulative score of 60.5% and the worst 32.0%. Again RQIA's performance is broadly comparable with SS's 10 other customers with 7 of 11 ranging from 45% to 55%.

Outstanding Annual Fees (Debtors)

Annual Fee invoices for 2014/15 were issued in Quarter 1. At the end of August 83% of Fee income had been received leaving £138K still to be recovered. Final reminders are due to be issued in September and it is anticipated that full recovery will be made in advance of financial year-end.

All Annual Fees for 2013/14 and before have been collected.

Recommendation

It is recommended that the Board **NOTE** the Finance report.

Maurice Atkinson

Director of Corporate Services

RQIA Board Workshop

Date of Meeting	11 September 2014
Title of Paper	RQIA Regulation Directorate Improvement Plan
Agenda Item	8
Reference	G/05/14
Author	Kathy Fodey
Presented by	Kathy Fodey
Purpose	The purpose of this paper is to share with the Board, the Improvement plan for Regulation Directorate which was tabled to Board members at the workshop on 5 September 2014.
Executive Summary	<p>An overview of a number of improvement projects to be taken forward in order to improve the functionality, efficiency and outcomes of regulation.</p> <p>The projects listed will be further developed in a Project Initiation Document with objectives and timescales.</p> <p>These projects will be set within an overarching Improvement Programme for RQIA.</p>
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should NOTE the attached project brief
Next steps	The Director of Regulation and Nursing will take forward a programme of improvement across regulation directorate.

RQIA Regulation Directorate Improvement Project

Draft Project Brief

**Board Briefing Paper
5 September 2014**

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1.0 PROJECT TITLE

A project to review RQIA inspection methodology in order to improve the functionality, efficiency and outcomes of regulation.

2.0 INTRODUCTION AND BACKGROUND

RQIA is a non-departmental public body responsible for monitoring and inspecting the quality, safety and availability of health and social care services across Northern Ireland. The functions of RQIA are derived from the Health and Personal Social Services (Quality Improvement and Regulation) Order (Northern Ireland) 2003.

RQIA operates within a value system that supports the belief that learning is at the heart of continuous improvement. To ensure a clear focus on continuous improvement, RQIA needs to have in place effective systems to quality assure its systems and processes and to make the necessary adjustments when necessary.

3.0 CONTEXT FOR IMPROVEMENT PROJECT

An improvement workshop was held within the regulation directorate in January 2014 which identified a number of ideas for improvement and an improvement plan was established. The improvement plan supports the quality accreditation frameworks of Investors in People (IiP) and European Foundation for Quality Management (EFQM).

In July 2014 RQIA published an independent review of the actions taken in relation to concerns raised about the care delivered at Cherry Tree House, Carrickfergus. The review report identified 22 recommendations, set out in three sections relating to complaints, whistleblowing and inspections¹.

A number of recommendations relate specifically to RQIA and specifically to the inspection process. RQIA Board have considered the recommendations of the Cherry Tree House Report and this project brief includes consideration of the Regulation Directorate response to the recommendations that focus on inspection.

4.0 PROJECT AIM

This project brief sets out the proposal to take forward six key projects which together comprise an overarching review of RQIA Inspection Methodology.

¹ Independent Review of the Actions Taken in Relation to Concerns about the Care Delivered at Cherry Tree House, Carrickfergus. (RQIA: July 2014).

The overall aim of the project is to improve the functionality, efficiency and outcomes of inspections of registered services.

A map of the six workstreams is described in Figure 1.

5.0 TERMS OF REFERENCE

Terms of reference for the improvement project are outlined below and will be further expanded upon in the overarching Project Initiation Document.

- 5.1 To review the current inspection policy and establish the direction and intent for the inspection process. (Project 1: Inspection Policy)
- 5.2 To explore options for frequency of inspections; including use of both announced and unannounced inspections as part of the overall inspection methodology (Project 2: inspection methodology)
- 5.3 To ensure that information from complaints, incident reports and public interest disclosures are used to best effect to provide intelligence to inform inspections (Project 3: intelligence and information)
- 5.4 To obtain the views of key groups, including service users, residents, relatives and staff to improve feedback to inform inspection findings (Project 3: intelligence and information)
- 5.5 To review compliance levels and to consider the merits of introducing an overall rating for quality (Project 4: compliance levels)
- 5.6 To review the Inspection Planning Tool and develop a risk framework (Project 5: risk assessment)
- 5.7 To review structure and format of inspection reports, including the use of easy read inspection summaries (Project 6: report format)
- 5.8 To ensure the project outcomes take account of the recommendations of the Cherry Tree House Report

6.0 EXCLUSIONS

This improvement project will include the inspection methodology for all registered establishments and agencies. It is noted that not all outcomes and products from the six work streams will be applicable across all programmes.

7.0 PROJECT STRUCTURE

The Director of Regulation and Nursing will be the Project Owner. A project lead has been identified to facilitate the achievement and overall co-ordination of the six individual workstreams.

Executive oversight and RQIA Board participation will be evident. Heads of Programmes and Senior Inspectors will take responsibility for specific elements of the improvement plan. Inspector and admin staff will be involved across all work streams. The improvement plan will be taken forward in a stepped approach with the completion of workstreams within different timeframes

The Project will be managed in accordance with a recognised and established project management methodology and is described in Figure 2.

7.1 Project Sponsor

The RQIA Board will act as the Project Sponsor and will commission the project and receive reports at Board Meetings.

7.2 Project Board

Glenn Houston, Chief Executive will Chair the Project Board which will include 2 Board Members. Kathy Fodey, Director of Regulation and Nursing and Heads of Programme will sit on this Board.

7.3 Project Team

The Heads of Programme forum will act as Project Team, driving the progress and achievement of the six workstreams. Kate Maguire, Project Facilitator will co-ordinate the production of highlight reports on each workstream.

7.4 Individual Work streams

Individual work streams will be established and will be led by a nominated officer of RQIA.

Other staff will be co-opted to join the work streams as necessary and appropriate.

Reports of the individual work streams will be provided to the Project Team who will in turn provide an overall report to the Project Board.

8.0 MAIN PROJECT STAGES

7.1 Initiation; the project will commence in September 2014 following approval of the Project Brief by the RQIA Board

7.2 Fieldwork; this will involve consultations as necessary with DHSSPS, HSC Board and representatives of the regulated sector and service users

7.3 Reporting; RQIA Board will be updated at future Board meetings of progress in respect of the improvement project and a final report will be issued for Board approval in March 2015

9.0 STAKEHOLDER INVOLVEMENT

The following stakeholders have been identified in relation to this improvement project and will be engaged and consulted with as necessary

- RQIA administration staff and inspectors
- RQIA Board
- RQIA Executive Management Team
- DHSSPS
- HSC Board and Trusts
- Patient Client Council (PCC)
- Providers of establishments and services
- Service Users and Carers

It may be necessary to engage in a formal consultation regarding specific aspects of the improvement project.

10.0 OUTLINE METHODOLOGY

This improvement project will employ a range of methodologies as appropriate to ensure the delivery of objectives.

Identify the necessary improvements required to strengthen RQIA's inspection systems and methodologies.

The Improvement Project will centre on the following methodologies –

- Literature review
- Internal audit of inspection methodology
- Visits to other UK bodies engaged in the regulation of care homes

- Development and review of individual project briefs to ensure that there are specific, measureable and achievable objectives for each.

11.0 PROJECT TIMESCALES

This work will commence in September 2014, noting that some preparatory work is already underway. The improvement project will continue throughout the period September 2014 – February 2015, with a final report due to the RQIA Board in March 2015.

If it is necessary, or appropriate, to engage in a formal consultation regarding specific aspects of the improvement project, this will have the potential to add to the overall timeframe for completion.

12.0 PROJECT OUTCOMES

The following products are anticipated to be achieved through this improvement project:

- Revised and updated Inspection policy that references
 - Frequency of inspections
 - Type of inspection
 - Thresholds for inspection
 - Thresholds for escalation and enforcement
 - Describes compliance levels / rating
 - Inspection report format
- Inspection methodology process manual
- Revised methods and processes to gather service user / carer / family feedback
- Guidance documents for training and development of admin and inspection staff
- Templates for inspection
- An intelligence map that describes information pathways
- A revised risk framework

A final report on the achievement against stated aims and objectives will be presented to the RQIA Board for consideration in March 2015.

Figure 1

Regulation Directorate Improvement Model

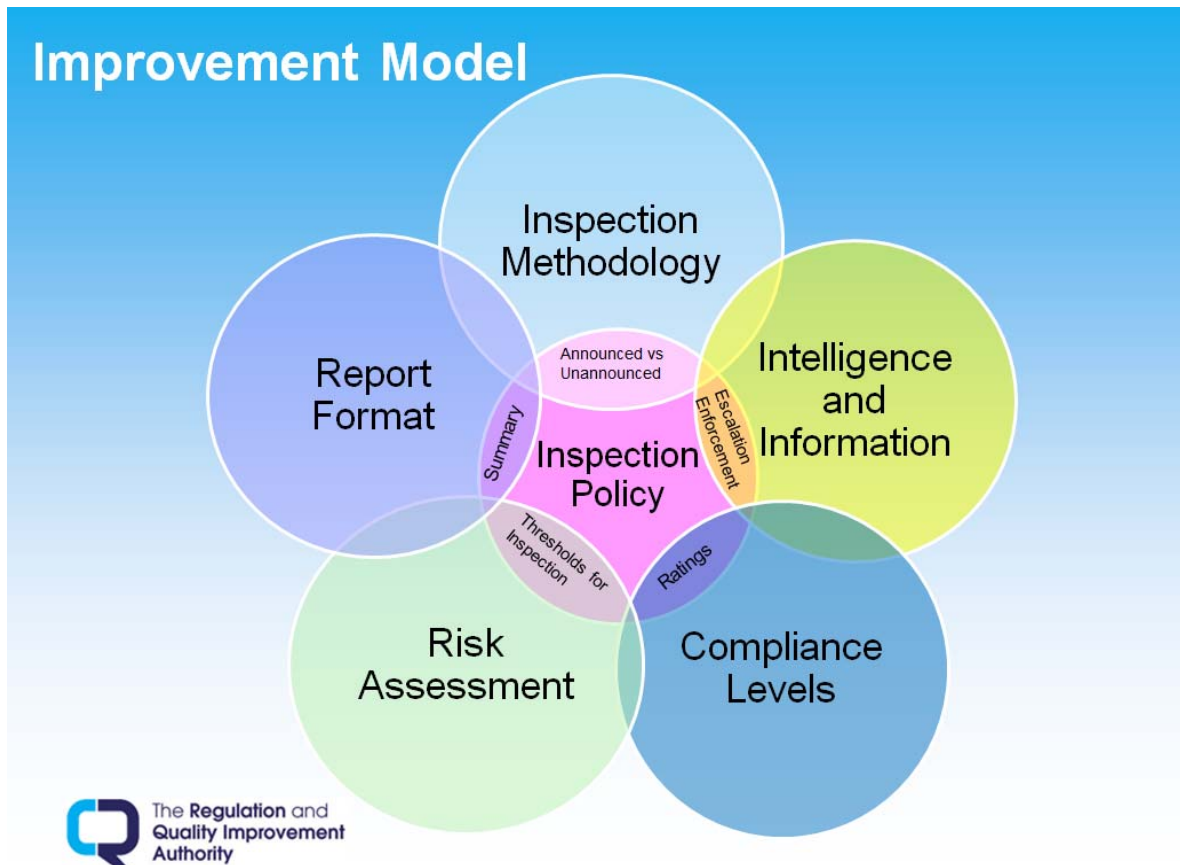


Figure 2

Regulation Directorate Improvement Plan Project Structure



RQIA Board Meeting

Date of Meeting	11 September 2014
Title of Paper	RQIA Action Plan to respond to the recommendations of: The Independent Review of the Actions Taken to Concerns Raised about the Care Delivered at Cherry Tree House, Carrickfergus (July 2014)
Agenda Item	8
Reference	G/05/14
Author	Glenn Houston
Presented by	Kathy Fodey
Purpose	The purpose of this paper is to set out RQIA response to the recommendations of the Cherry Tree House Report. In particular those recommendations which refer directly to the functions of the regulator.
Executive Summary	The action plan sets out the current status and proposed future action with identified lead responsibility to take forward.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should APPROVE the action plan content.
Next steps	This action plan will be submitted to DHSSPS for their consideration.

The Regulation and Quality Improvement Authority action plan
To respond to the recommendations of:

The Independent Review of the Actions Taken in Relation to
Concerns Raised about the Care Delivered at Cherry Tree House,
Carrickfergus (July 2014)

CT	COMPLAINTS AND UNTOWARD INCIDENTS	OWNER	CURRENT STATUS	FUTURE ACTION	LEAD RESPONSIBILITY
1	The regional contracts for residential and nursing home care should be amended to require homes to report each complaint about the care of residents and the outcome of the internal investigation.	DHSSPS HSCB HSC Trusts Registered Providers			
2	Trusts should ensure that there is a mechanism for communicating such complaints to those trust staff who are responsible for reviewing the care of residents.	HSC Trusts			
3	Trusts should seek assurance at their contract review meetings with homes, that for the complainant all complaints issues have been addressed.	HSC Trusts			

	COMPLAINTS AND UNTOWARD INCIDENTS	OWNER	CURRENT STATUS	FUTURE ACTION	LEAD RESPONSIBILITY
4	<p>In order to improve the accessibility and quality of Information about making a complaint, the following should be considered:</p> <ul style="list-style-type: none"> Trusts' information packs for prospective residents and their carers should include details of how to make a complaint 	HSC Trusts		<ul style="list-style-type: none"> RQIA will review the information on its website about how residents and/or their carers may make a complaint to a registered care provider. This information will signpost individuals to the DHSSPS publication, Complaints in Health and Social Care (HSC) April 2009, and to the Patient Client Council. 	<p>Director of Regulation and Nursing</p> <p>Communications Manager</p>
	<ul style="list-style-type: none"> New residents and their families should be provided by homes with information on making a complaint. Such information should be both in the Admission pack and on display in the home; 	Registered Providers	<ul style="list-style-type: none"> Reference: The Nursing Homes Regulations (2005) Regulation 4: Patients/Residents Guide – Homes are required to provide each resident or their representative with a copy of a Guide which includes a summary of complaints procedure. Regulation 24: Complaints - homes are required to provide a copy of the complaints procedure to each patient/resident or representative. DHSSPS Nursing Homes Minimum standard 17 on Complaints “All complaints 	<ul style="list-style-type: none"> RQIA will include complaints management as a theme of inspections of care homes during the inspection year 2015/16. RQIA will also consider amending the format of Inspection reports to include a mandatory section on complaints investigation. This section will contain information about the number of complaints investigations undertaken since the previous inspection and whether they have been resolved satisfactorily at Stage 1 or Stage 2. 	<p>Director of Regulation and Nursing</p>

	COMPLAINTS AND UNTOWARD INCIDENTS	OWNER	CURRENT STATUS	FUTURE ACTION	LEAD RESPONSIBILITY
			are taken seriously and dealt with promptly and effectively”		
	<ul style="list-style-type: none"> All information, regardless of source, should include reference to the role of the Patient Client Council in providing support and advice to complainants. 	HSC Trusts/ Registered Providers	<ul style="list-style-type: none"> Complaints Guidance available on RQIA website makes specific reference to the role of the Patient Client Council. 	<ul style="list-style-type: none"> The information on the RQIA website about how to make a complaint will be revised and updated 	Chief Executive Communications Manager
5	<p>The quality of investigations should be enhanced by investigators:</p> <ul style="list-style-type: none"> Speaking to the complainant to clarify the issues of concerns; and Interviewing all care staff who might be able to contribute to the process. 	HSC Trusts		<ul style="list-style-type: none"> RQIA will provide advice on its website about how to contact the HSC Trust Complaints departments, the NI Ombudsman and the Commissioner for Older People in Northern Ireland. RQIA will also make sure that complaints about alleged breaches of regulations and standards are documented and concerns drawn to the attention of the link Inspector. 	Chief Executive Communications Manager Director of Regulation and Nursing
6	Vulnerable Adults strategy meetings should clearly identify those individuals who need to be interviewed.	HSC Trusts	<ul style="list-style-type: none"> RQIA attend HSC Trust strategy meetings as appropriate 	<ul style="list-style-type: none"> RQIA will provide further input to the current review of the Joint Protocol for the Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2009) 	Chief Executive

	COMPLAINTS AND UNTOWARD INCIDENTS	OWNER	CURRENT STATUS	FUTURE ACTION	LEAD RESPONSIBILI TY
7	All organisations should ensure feedback to complainants is accurate and timely. They should seek assurance that the complainant is satisfied with the handling of their complaint.	HSC Trusts Registered Providers	<ul style="list-style-type: none"> RQIA does not investigate complaints, but investigates any failure to comply with regulations and standards. RQIA may inspect the management of complaints by homes against the DHSSPS complaints procedures and regulation/minimum standards. 	<ul style="list-style-type: none"> RQIA inspection reports should make specific reference to complaints received and managed by the home during each inspection 	Director of Regulation and Nursing

	WHISTLEBLOWING	OWNER	CURRENT STATUS	FUTURE ACTION	LEAD RESPONSIBILITY
	<ul style="list-style-type: none"> Regulators include whistleblowing in their annual reporting mechanisms, including in accountability hearings before Parliament. (Recommendation 5) 		<ul style="list-style-type: none"> RQIA Annual Report & Accounts 1/4/12-31/3/13 included whistleblowing (page 22) 	<ul style="list-style-type: none"> RQIA will review the presentation of information on whistleblowing in the annual report for 2014/15. 	Chief Executive EMT
9	The Minister should seek assurance that all HSC organisations have robust whistleblowing policies and procedures which reflect the spirit of his letter of 22 March 2012.	DHSSPS (Ref: Section 4.2 8 th para page 44)	<ul style="list-style-type: none"> RQIA Whistleblowing Policy and Procedure (May 2012) available for staff on website 	<ul style="list-style-type: none"> RQIA will review and revise its Whistleblowing Policy and Procedure. RQIA will provide advice and guidance to regulated services about whistleblowing policies and procedures. 	Chief Executive EMT
10	The DHSSPS should consider implementing best practice in other jurisdictions in relation to the protection of whistleblowers.	DHSSPS (Ref: Section 4.9 page 79)			
11	Each HSC organisation should consider nominating a non-executive director as champion for whistleblowing issues.	DHSSPS	<ul style="list-style-type: none"> RQIA Whistleblowing Policy and Procedure (May 2012) available for staff on website. RQIA Guidance for Whistleblowers (for external health & social care staff) (Oct 2013) on website. 	<ul style="list-style-type: none"> RQIA Board to nominate a non-executive Director as a champion for whistleblowing issues 	Chairman Chief Executive

	WHISTLEBLOWING	OWNER	CURRENT STATUS	FUTURE ACTION	LEAD RESPONSIBILITY
12	RQIA should assure itself that, in line with existing Minimum Care Standards, all residential and nursing homes have in place a Whistleblowing policy that includes support and protection for whistleblowers.	RQIA	<ul style="list-style-type: none"> • Ref: Nursing Minimum Standard criteria 25.20 & 25.21 and Residential Minimum Standard criteria 20.18 & 20.19 re whistleblowing: • During 2012/13 RQIA inspected nursing and residential homes against the above whistleblowing criteria: compliance levels were high. Refer to RQIA Annual Report 2012/13 	<ul style="list-style-type: none"> • RQIA to inspect all registered services against the specific regulations/minimum standard criteria for whistleblowing as a theme for inspection year 2015/16. 	Director of Regulation and Nursing
13	RQIA should assure itself regularly that it complies with its Guidance for whistleblowers (October 2013).	RQIA	<ul style="list-style-type: none"> • RQIA Guidance for Whistleblowers (Oct 2013) on website. 	<ul style="list-style-type: none"> • RQIA to review and update the Guidance on an ongoing basis to ensure it is fit for purpose. 	Chief Executive EMT

	WHISTLEBLOWING	OWNER	CURRENT STATUS	FUTURE ACTION	LEAD RESPONSIBILITY
14	Updated training on whistleblowing should be provided following any change in legislation or policy. This should promote both a culture and environment which encourage staff to feel able to raise concerns about health and social care matters. Such training should be mandatory for all staff and be an integral part of a regional awareness campaign.	DHSSPS/all HSC organisations /Providers	<ul style="list-style-type: none"> RQIA Whistleblowing Policy and Procedure (May 2012) and RQIA Guidance for Whistleblowers available on website. 	<ul style="list-style-type: none"> RQIA to provide updated training on whistleblowing to all staff working for RQIA following the review of RQIA's Policy and Procedure and/or any change in legislation RQIA will include whistleblowing training for all staff as part of its mandatory training arrangements. 	Chief Executive EMT
15	RQIA, as a matter of urgency, should ensure the Nursing Homes Minimum Care Standard on continence Management (No 19) is included regularly in the programme of inspections.	RQIA	<ul style="list-style-type: none"> Inspectors regularly review continence management in sample care records/plans examined during inspection process. 	<ul style="list-style-type: none"> RQIA will focus on Minimum Standard 19 'Continence Management' as part of the unannounced inspection programme from September 2014 to March 2015 Continence Management will be a theme for inspection in 2015/16 across all registered homes. 	Director of Regulation and Nursing

	INSPECTIONS	OWNER	CURRENT STATUS	FUTURE ACTION	LEAD RESPONSIBILITY
16	In order to assist in the inspections of homes where there are concerns about standards of care, RQIA should consider recruiting, as Lay Inspectors, Staff Nurses and Care Assistants who have worked in Nursing Homes.	RQIA	<ul style="list-style-type: none"> RQIA has recently recruited members of the public as lay assessors to pilot their role within the inspection process. 	<ul style="list-style-type: none"> RQIA will develop a tailored induction programme for the recently recruited lay assessors in the inspection process. RQIA will evaluate the role of the lay assessors in the Inspection process and provide a report to the RQIA Board by March 2015 	Director of MHLD, Director of Regulation and Nursing, Director of Reviews and Medical Director
17	Inspectors should adequately prepare for inspections by gathering and analysing all available information in respect of complaints, untoward incidents and the concerns of whistleblowers.	RQIA	<ul style="list-style-type: none"> Inspectors analyse/review and follow up as appropriate all information received about a home on an ongoing basis. Ref: Primary inspection: a range of documents including a summary of all reported incidents received since the last inspection and a completed complaints return from the home is reviewed prior to inspection. Incidents and complaints are reviewed during inspection and any issues/concerns addressed with the home at the time. From 2013/14 inspection reports have included 	<ul style="list-style-type: none"> Inspectors will be provided with a checklist of key indicators in terms of determining risks that must be reviewed in the inspection of services. A statement will be inserted into inspection reports to record the information analysed and by whom, pre inspection and record outcomes of any discussion with HOP: the inspector will ensure that identified issues/concerns are followed up during inspection. Internal Audit will be asked to review a sample of inspection reports in 2014/15 to determine compliance with this 	

	INSPECTIONS	OWNER	CURRENT STATUS	FUTURE ACTION	LEAD RESPONSIBILITY
			information regarding complaints / concerns brought to the attention of the inspector	<p>recommendation</p> <ul style="list-style-type: none"> • RQIA will review the arrangement by which Inspection reports are quality assured, including the use of peer review and oversight by Heads of Programmes, taking into account the outcomes of the forthcoming internal audit review • A section will be included in the inspection report template for recording any contact with trusts / complainants / whistleblowers since the previous inspection and the outcome will be recorded in the inspection report. • The Inspection Policy & Procedures will be reviewed. 	
18	Inspectors should review all intelligence prior to inspections and be given the flexibility to deviate from the planned programme of inspection to address areas of concern.	RQIA	<ul style="list-style-type: none"> • Any identified areas of concern are addressed during the inspection of the registered service. • Inspectors make a professional judgement on areas of concern and will 	<ul style="list-style-type: none"> • RQIA will make optimum use if iConnect as a repository of information to inform future inspections • Any Reason for deviation from the planned 	<p>IT Manager</p> <p>Director of Regulation and Nursing</p>

	INSPECTION	OWNER	CURRENT STATUS	FUTURE ACTION	LEAD RESPONSIBILITY
			record the reason for a change of planned inspection focus.	programme of inspection will be recorded by inspector in the inspection report	
19	During inspections, inspectors should source directly the evidence of compliance with standards and previous requirements and recommendations and should not rely on others to provide assurance.	RQIA	<ul style="list-style-type: none"> RQIA inspectors must validate the evidence of compliance with regulations and standards and cite the information source in inspection reports. 	<ul style="list-style-type: none"> Inspection Policy and Procedures will be reviewed to ensure that Inspectors explicitly evidence, in inspection reports compliance with standards and with previous requirements and recommendations to improve the inspection process and practice 	Director or Regulation and Nursing Workstream
20	RQIA should consider how it can more effectively ascertain the views of residents, families and staff during inspections.	RQIA	<ul style="list-style-type: none"> Information Posters about announced inspections and RQIA/Inspector contact details are sent to providers in advance of the inspection. Inspectors consult with residents/families and staff during inspections and the comments and views of residents/relatives and staff are recorded in inspection reports Questionnaires are provided to relatives and staff. 	<ul style="list-style-type: none"> RQIA will undertake a review of the effectiveness of the current systems used by regulation team to engage /seek the views of service users, families and staff during inspection. The use of direct observational tools will also be considered by inspectors and others RQIA to seek the views of advocates or other service user groups involved in any service regulated by RQIA 	Director of Regulation and Nursing Heads of Programme Workstream

	INSPECTION	OWNER	CURRENT STATUS	FUTURE ACTION	LEAD RESPONSIBILITY
21	RQIA should review its enforcement policy and procedures in light of developments in other jurisdictions.	RQIA (Ref: Section 4.9 page 79 and Section 5.13 page 129/130)	<ul style="list-style-type: none"> RQIA revised Enforcement Policy & Procedures implemented April 2013. 	<ul style="list-style-type: none"> RQIA to review and update the Enforcement Policy & Procedures commencing September 2014 	Director of Regulation and Nursing RQIA Board

	COMPLAINTS AND UNTOWARD INCIDENTS	OWNER	CURRENT STATUS	FUTURE ACTION	LEAD RESPONSIBILITY
22	DHSSPS should review the Nursing Homes Minimum Care Standard (No 24) in relation to Recruitment of staff, to ensure proper controls and checks are in place to prevent staff, whose practice has been called into question, being able to move easily between homes.	DHSSPS	Nursing Homes Minimum Standards revised and issued for public consultations	<ul style="list-style-type: none"> RQIA will be responding to the consultations and will address this issue in its formal response 	Director of Regulation and Nursing

RQIA Board Meeting

Date of Meeting	11 September 2014
Title of Paper	Corporate Performance Report
Agenda Item	8
Reference	C/05/14
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	<p>The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan linked to its strategic objectives and priorities as described in the Corporate Strategy 2012-2015.</p> <p>The report will present a cumulative picture of corporate performance and summarise key achievements and issues across the financial year.</p>
Executive Summary	At the end of the first quarter of 2014/15, 10% of the actions within the Corporate Performance Report were implemented.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE the Corporate Performance Report.
Next steps	The report for the second quarter of 2014/2015 will be presented to the Board on 13 November 2014.



CORPORATE PERFORMANCE REPORT 2014/15

QUARTER 1

1 APRIL - 30 JUNE 2014

Board Meeting – September 2014

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1. Introduction

Purpose

The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan, linked to its strategic objectives and priorities as described in the Corporate Strategy 2012-2015.

RQIA's Strategic Map available on page 47 is a visual representation on one page creating an integrated and coherent picture of the organisation's forward strategy.


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


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

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



The Traffic Light rating operates as follows:

 = action has not been achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by year end.

 = action unlikely to be achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by the completion date or by when the action will be achieved.

 = action forecast to be completed by the completion date.

 = action completed.

Exception Reporting

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

Measures of Success

Information on Supporting Measures of Success is provided in the report. Measures of Success are qualitative and quantitative data that helps the organisation to gain insight, make better-informed decisions and improve performance.

Summary of Progress to Date





The report also includes a high level summary of progress made to date, and an analysis of the BRAG ratings for actions at the end of the reporting period.

Frequency of Reporting

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

2. Summary of Traffic Light Rating System (Period Ending 30 June 2014)

The table below shows a summary of the Traffic Light rating assigned to 99 actions within the Business Plan for the period ending 30 June 2014.

Traffic light		Period Ending June 2014	Period Ending Sept 2014	Period Ending Dec 2014	Period Ending March 2015
Red		1 (1%)			
Amber		0			
Green		88 (89%)			
Blue		10 (10%)			

At the end of the 1st quarter of 2014/15, 99% of the actions within the Business Plan were reported as Blue or Green.

3. Headline Achievements (Period Ending 30 June 2014)

3.1 Regulation - Registering and inspecting a range of independent and statutory health and social care services Inspection Activity

Following a review of issues arising from inspections over the previous year, the inspection themes for 2014 / 15 include:

- Responding to residents behaviour in Residential Care homes
- Restrictive practice within the context of service user's human rights

- Service users receiving care in a supported living setting are not inappropriately deprived on liberty or subject to inappropriate restrictive interventions in their own homes
- Children's homes audit of statutory records maintained for each child
- Infection control and prevention in dental practice
- Resuscitation Equipment and Resuscitation training in Independent Hospitals
- Procedures for Use of Lasers and Intense Light Sources in Independent Hospitals / Beauty Clinics

First quarter inspection activity has been impacted by vacancies for inspectors across the Directorate. A revised inspection reporting template was introduced to assist in clearing a backlog of inspection reports following an increase in inspection activity in February and March 2014. A recruitment exercise is planned for Inspector posts and vacancies will be filled in the coming months. An analysis of the increasing workload and the impact on inspection footfall was provided to DHSSPS at their request to inform the Regulation Directorate Business Case.

RQIA worked in partnership with the Public Health Agency (PHA), Age NI, The Rainbow Project, Here NI, Unison and the Independent Health and Care Providers to develop: See me, hear me, know me. Guidelines to support the needs of older lesbian, gay, bisexual and transgender people in nursing, residential and day care settings and those who live at home and receive domiciliary care. Northern Ireland has the fastest-growing older population in the United Kingdom and this number will continue to increase every year. Older people

who identify as Lesbian, Gay, Bisexual and/or Transgender (LGB&T) are generally likely to have a greater need for health and social care services compared with their heterosexual peers. Overall, they are two and half times more likely to live alone, twice as likely to be single and four and half times more likely to have no children to call on in times of need.

An increase in enforcement activity is noted in the first quarter of 2014/15 with 22 Failure to Comply Notices issued to five dental practices, five nursing homes, one supported living service and one residential care home. An update on enforcement activity is included at Appendix A.

An appeal to the Care Tribunal has been made in relation to one Notice of Decision to refuse to register a dental practice and is currently with the Care Tribunal for determination.

3.2 Review - Assuring the quality of health and social care through a programme of reviews and hygiene inspections

During Q1, the Reviews Directorate led the process of engagement to develop a new programme of reviews for the period 2015 to 2018. Formal consultation on a draft programme will take place from August to October 2014 to enable a proposed programme to be considered by the RQIA Board in Q4.

In April 2014, RQIA published the report of an inspection at The Royal Victoria Hospital's (RVH) Emergency Department and Acute Medical Unit, which took place over four days from

31 January 2014. This inspection was commissioned by the Minister following the declaration of a major incident at the RVH and in the light of concerns brought to the attention of RQIA by medical staff at the hospital. RQIA was also commissioned to carry out a wider review of unscheduled care arrangements which will be published in Q2.

During Q1, the reports of three independent reviews were published, which each made recommendations for improvement:

- Implementation of NICE Clinical Guideline 42: Dementia (2 June 2014)
- Oversight of Service Users' Finances in Residential and Supported Living Settings (6 June 2014)
- Effective Management of Practice in Theatre Settings across Northern Ireland (13 June 2014)

In June 2014, RQIA participated in a joint inspection of Magilligan Prison together with inspectors from Criminal Justice Inspection Northern Ireland, Her Majesty's Inspectorate of Prisons and the Education and Training Inspectorate. The report of the inspection will be published later this year.

RQIA is continuing to carry out a programme of inspections of augmented care settings in acute hospitals with the focus at present on adult intensive care units.

3.3 Mental Health Order Oversight - Delivering a programme of scrutiny and review of services provided to people with a mental illness or a learning disability

During Q1 the MHLD team inspection programme visited 40 wards to undertake interviews with patients regarding their experiences of care and treatment. Reports were produced in both full and easy read versions and are available on the RQIA website.

The MHLD Annual Report for 2013/14 was completed. The report has been uploaded to RQIA's website, and circulated to the five HSC Trusts, the HSCB and PHA. The report provides information in respect of RQIA's overview of the trusts' discharge of statutory functions under the Mental Health Order, 1986.

The monitoring of the provision of ECT and obtaining the patient experience of ECT across the five Trusts continues. Dr Sara Maguire has submitted an abstract for a psychiatric journal competition in relation to her findings of the patient experience of electroconvulsive therapy in Northern Ireland.

An audit of the care pathway through services for those with a dual diagnosis (mental health and addition) was undertaken in April 2014. The first draft of the report is expected to be completed in Q2.

Planning has commenced for the conduct of themed reviews of the use of restrictive practices, the implementation of recommendations by trusts following the Safeguarding Review in 2012/13, and a North/South and a NI Medical Practitioners Conferences.

Information in relation to the service provision for the physical health needs of people with mental ill health and/or learning disability was sought from the five Trusts. The information will be evaluated and reported on by Dr Oscar Daly.

The established practice of the provision of second opinions for treatment plans in accordance with Part IV of Mental Health Order 1986, by Part II Medical Practitioners, within the same hospital/trust was challenged by the Law Centre, who argued that the current practice could not be considered an independent opinion, therefore impacting on a patient's human rights. The DHSSPS has requested that RQIA recruit additional Part IV doctors to all areas where a second opinion is required by legislation. A business case in being prepared for DHSSPS to set out the implications and costs involved in RQIA taking on this role.

Five Improvement Notices were issued to the Belfast HSCT on 18 June 2014, in respect of the Iveagh Centre, a specialist Children's Inpatient Unit for Young People with a Learning Disability and associated complex needs. RQIA was concerned that there were significant failings in how the service was being run. The Improvement Notices detailed the areas in which the Trust had not complied with the relevant Quality Standards for Health and Social Care 2006. The Trusts compliance with the actions required in the Improvement Notices will be assessed in Q2.

A meeting involving all NPM bodies from Great Britain was held at the Northern Ireland Policing Board on 3 June 2014 and attended by the Director of Mental Health, Learning

Disability and Social Work. Presentations were delivered concerning solitary confinement and segregation of prisoners/patients with a mental health illness. A subgroup of NPM Regulators was established to review recent concerns about the continued practice of de facto detention. This will be led by the Head of Programme, for Estates Finance and Supported Living in association with Colin McKay, Chief Executive of the Mental Welfare Commission for Scotland. A report will be brought to the next NPM meeting on this topic in Cardiff in November 2014.

3.4 Key Enablers (Corporate Services)

RQIA achieved Investors in People (IiP) accreditation in June 2014. IiP is the most successful framework for organisational improvement through people in the UK. Achieving IiP accreditation demonstrates our commitment to investing in and developing our staff, and our belief that this is fundamental to our success as an organisation. We plan to use the formal feedback from the IiP assessor to engage with staff about how we can continue to work together to improve the leadership, management and development of staff in RQIA.

In Q1 UAT, data migration and end user training for iConnect were completed. On 30 June the iConnect project underwent an Internal Peer Review (IPR) 4 Health Check: Readiness for Service. The primary purposes of this Review are to confirm that contractual arrangements are up to date, that necessary testing has been undertaken to the client's satisfaction and that the client is ready to approve implementation. The

outcome of the review was "green" i.e. "successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly." iConnect went live on 30 June.

Following an extensive pre-consultation exercise with staff and stakeholders, the draft Corporate Strategy 2015-18 was approved by the Board on 3 July. RQIA will seek the views of stakeholders during a 12 week period of formal consultation between August and October 2014.

The Annual Report & Accounts 2013/14 was approved by the Board on 3 July. The external audit was substantially complete and it was anticipated that NIAO will recommend to the C&AG that he certifies the 2013-14 financial statements with an unqualified audit opinion, without modification.

RQIA's PPI Action Plan 2013/14 was developed and approved by the Board on 3 July.

An Improvement and Efficiency Operational Plan 2013/14 was developed and approved by the Board on 3 July. This Plan includes the six organisational excellence improvement initiatives which continue to be taken forward based on feedback from the EFQM assessment in 2012.

RQIA's Risk Management Strategy was updated and approved by the Audit Committee on behalf of the Board on 26 June.


Service level agreements have been concluded with the Business Services Organisation (BSO) and with the Leadership Centre for 2014/15.

At the end of quarter 1 RQIA had not received a formal letter of allocation from DHSSPS.

A new 3-year programme of internal audits 2014-17 was approved by the Audit Committee in May.

4. PERFORMANCE & EXCEPTION REPORT

Summary of Actions from RQIA's Corporate Performance Report 2014/15 that require Exception Reports




Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Page Number
8.3.2	Review and test of ICT disaster recovery systems. (DO) (April 2014)		The first phase of DR has been completed with active directory replication and hardware installation. DR remains a priority and is a large project covering over 27 IT Services. The scope of the DR implementation has expanded with the addition of i-Connect services which has taken priority. A 3 rd party has been engaged to complete delivery of the project and it is envisaged that a test could be completed by Dec 2014.	42

Summary of Measures of Success from RQIA's Corporate Performance Report 2014/15 that require Exception Reports

Supporting Measures of Success		Exception Report: Reason/Action/Emerging Risk	Page
1.1	Volume of inspection activity (completed versus scheduled)	<p>Percentage of registered services that have received minimum inspections - Q1 17%</p> <p>An increase in inspection activity, responding to concerns, whistleblowing and to follow up on enforcement action continues is impacting on our planned schedule of inspections for the 2014/15 year.</p> <p>A recruitment exercise is planned for Inspector posts and vacancies will be filled in the coming months.</p>	11
5.1	A minimum of 90% of all staff with completed appraisals and PDPs by May (DO) (Q)	<p>Q1 – 61% (based on 83 completed in Q1 out of 137 applicable staff)</p> <p>A total of 35 staff did not receive their appraisals and PDPs in Q1 and a further 19 staff appraisals were not confirmed by the appropriate line Manager.</p> <p>A list of the names of the line managers that did not respond to the request to confirm appraisals and PDPs have been passed on to the appropriate Director to resolve. The figures will also be discussed with the EMT to ensure the remaining appraisals and PDPs are completed by the end of Q2.</p>	31

1 - Regulation - Registering and inspecting a range of independent and statutory health and social care services

1.1 - Completed an annual targeted and proportionate regulation programme to protect and safeguard the public and achieve improved outcomes for service users

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
1.1.1	Complete a programme of themed and focused inspections of all regulated sector services in line with the statutory minimum frequencies outlined within the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005. (March 2015)		
1.1.2	Complete additional inspections above those set out in the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005, where assessed as necessary to provide assurance on the quality and safety of regulated services. (March 2015)		
1.1.3	Publish inspection reports on all regulated sector service inspections on the RQIA		

Supporting Measures of Success				
Q = to be reported on quarterly basis S = to be reported on six monthly basis A = to be reported annually				
<ul style="list-style-type: none"> Evaluation of the volume of inspection recommendations/requirements: <ul style="list-style-type: none"> number of recommendations in the inspection reports that have been made against a specified standard (S) number of requirements in the inspection reports that have been made against a specified standard (S) 				
Service Type	Requirements		Recommendations	
	Number Made	% Carried Over	Number Made	% Carried Over
Childrens	69	0%	9	67%
Day Care Setting	118	17%	133	8%
DCA-Conventional	67	79%	81	70%
DCA-Supported Living	73	11%	36	17%
Independent Clinic				
Independent Hospital	2	50%	7	29%
Independent Hospital - Dental Treatment	138	55%	204	8%
Independent Medical Agency				
Nursing	875	32%	603	36%
Nursing Agency	44	34%	42	7%
Residential	256	35%	353	31%
Residential Family Centre	3	0%	1	0%
Young Adult Supported Accommodation	10	0%	24	0%
Grand Total	1655	33%	1493	29%

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
	website and within pre-set reporting targets (excluding children's services). (DO)¹ (March 2015)		
1.1.4	Maintain a dynamic and accurate register of services and establishments. (March 2015)	●	
1.1.5	Further promote a rights based approach to regulation, in order to ensure that service users are not inappropriately deprived of liberty or subject to inappropriate restrictive interventions. (March 2015)	●	
1.1.6	Report on enforcement action, failure to comply notices and improvement notices at regular bi-monthly sponsorship meetings with DHSSPS. (DO) (March 2015)	●	
1.1.7	Provide a six monthly summary of enforcement actions, including failure to comply notices and improvement notices to DHSSPS. (DO)	●	

Supporting Measures of Success						
Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually						
Volume of inspection activity (completed versus scheduled)						
% of inspections completed in line with the statutory minimum requirements (measured against valid number of establishments) (Q)						
Category	% of services that have received minimum inspections					Total no of Inspections in registered services
	Registered	Q1	Q2	Q3	Q4	
Adult Placement Agency	4	0%				
Children's*	51	4%				23
Day Care Setting	188	22%				42
DCA-Conventional	123	21%				26
DCA-Supported Living	180	19%				38
Independent Clinic	7	14%				1
Independent Hospital	44	18%				9
Independent Hospital - Dental Treatment	372	23%				88
Independent Medical Agency	5	0%				
Nursing*	266	12%				187
Nursing Agency	29	10%				3
Residential*	205	12%				146
Residential Family Centre	1	0%				
Voluntary Adoption Agency	4	0%				
Overall Total	1479	17%				563
Total 2013/14	1433	22%				667
*Requires two inspection to meet statutory minimum requirements						

¹ Action meets the criteria set out in the DHSSPS Departmental Business Objectives 2014-15




Actions		Progress	Exception Report: Reason/Action/Emerging Risk
	(October 2014 / March 2015)		

Supporting Measures of Success						
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>						
Service Category	% of Services (including pre-registrations) who have receiving the following number of inspections in Q1					No of Services Inspected
	1	2	3	4	5	
Adult Placement Agency						
Children's*	90%	10%				21
Day Care Setting	98%	2%				41
DCA-Conventional	100%					27
DCA-Supported Living	92%	8%				37
Independent Clinic	100%					1
Independent Hospital	88%	12%				8
Independent Hospital - Dental	98%	2%				89
Independent Medical Agency						
Nursing*	78%	17%	2%	1%	1%	147
Nursing Agency	100%					4
Residential*	79%	18%	3%			119
Residential Family Centre						
Voluntary Adoption Agency						
Total	87.4%	11%	1%	0.4%	0.2%	494
*Requires two inspection to meet statutory minimum requirements						

Actions		Progress	Exception Report: Reason/Action/Emerging Risk

Supporting Measures of Success								
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>								
Volume of regulation registrations and de-registrations (Q)								
Service Category	New Registrations				De-Registrations			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Adult Placement Agency (APA)								
Childrens (CH)								
Day Care Setting (DCS)								
DCA-Conventional	2				1			
DCA-Supported Living	2				1			
Independent Clinic (IC)								
Independent Hospital (IH)								
Independent Hospital (IH) - Dental Treatment	1							
Independent Medical Agency (IMA)								
Nursing (NH)					2			
Nursing Agency (NA)	1							
Residential (RC)					2			
Residential Family Centre (RFC)					1			
Voluntary Adoption Agency (VAA)								
Total	6				7			
Number of service users and staff consulted as part of the inspection process <ul style="list-style-type: none"> number of service users and/or representatives interviewed (during inspections) (A) number of staff consulted with as part of the inspection process (A) 								




1.2 - Ensured that regulation is carried out effectively and that its outcomes and impact on policy are communicated to all relevant stakeholders

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
1.2.1	Pilot the introduction of lay assessors in inspections in order to capture the views of service users. (March 2015)		
1.2.2	Proactively communicate the specific role we play as regulator of services and establishments. (March 2015)		
1.2.3	Publish RQIA's 2013-14 annual Regulation Quality Report (DO) (Dec 2014)		






Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to be reported on six monthly basis</i> <i>A = to be reported annually</i>
Evaluation of the support and guidance provided by Regulation Directorate <ul style="list-style-type: none"> - % of persons who attended the annual provider information events who are satisfied with the guidance and information provided at these events (A) - number of stakeholder workshops provided (S)

2 - Review - Assuring the quality of health and social care through a programme of reviews and hygiene inspections





2.1 - Provided public assurance that agreed quality standards for health and social care are being achieved

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.1.1	Conduct a review programme examining and reporting on the quality and availability of health and social care services, highlighting best practice and making recommendations for improvement where necessary. (March 2015)		
2.1.2	Provide the DHSSPS with advice, reports or information in relation to the provision of service, or the exercise of its functions, at the department's request. (March 2015)		
2.1.3	Report on progress of the Three-Year Review Programme, keeping the department informed at bi-monthly liaison meetings about the provision of services, and in particular their availability and quality. (DO) (March 2015)		
2.1.4	Report to the department on the quality of regulated		



Supporting Measures of Success			
Q = to be reported on quarterly basis S = to be reported on six monthly basis A = to be reported annually			
Progression on completion of the Three-Year Review Programme 2012-15 (Q)			
Review Programme 2012-2015	Year One 2012/2013	Year Two 2013/2014	Year Three 2014/2015
Planned Reviews	10	9	9
Planned Reviews: Fieldwork Completed	10	9	0
Additional Reviews	1	4	0
Additional Reviews: Fieldwork Completed	1	3*	0
Total Reviews	11	13	9
Total Reviews: Fieldwork Completed	11	12	0
*Child Sexual Exploitation Inquiry runs over two years			
Reviews published during Q1 of Year Three 2014/15:			
1 Theatre Practice			
2 Oversight of Patient Finances in Residential Settings			
3 Implementation of NICE Guidance: Dementia Services			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
	services and any specific concerns arising from thematic and commissioned reviews. Keep the department informed on the overall quality and availability of services by means of regular updates at bi-monthly meetings and provide written reports and correspondence as necessary. (DO) (March 2015)		
2.1.5	Develop a delivery plan for achieving the 2014-15 programme of scheduled thematic reviews. (April 2014)		
2.1.6	Complete the planned reviews as set out in the 2014-15 schedule. (March 2015)		
2.1.7	Develop a delivery plan for achieving a programme of infection prevention/hygiene inspections for 2014-15, to include augmented care settings. (DO) (April 2014)		
2.1.8	Complete the planned programme of infection prevention/hygiene inspections, to include		

Supporting Measures of Success
<p>Q = to be reported on quarterly basis S = to be reported on six monthly basis A = to be reported annually</p> <p>Rescheduled Reviews during course of Programme: Year1: Care of Older People to Year2 Year1: Risk Assessment: Addiction Services to Year2 Year2: Fostering to Year1 Year2: Governance Arrangements to Year3 Year2: Medicines Management in Primary Care to Year3 Year2: NISAT: Stage III to 2015/2018 Review Programme Year3: Advocacy Services to 2015/2018 Review Programme Year3: Learning Disability Community: Phase II to 2015/2018 Review Programme Year3: NICE Topic: To be incorporated into several individual reviews Year3: Palliative Care Services to 2015/2018 Review Programme</p> <p>Progression on completion of the 2014-15 IR(ME)R inspection programme (Q)</p> <p>In the UK in recent years there have been concerns that in some cases Computerised Topography (CT) Scans have been used unnecessarily. Therefore, it has been agreed that the IRMER inspection programme for 2014-15 would be undertaken by means of an audit of all CT scans. This would focus on whether the CT scan is being undertaken as the most appropriate diagnostic test for the individual service user. The audit is currently on track.</p>






Actions		Progress	Exception Report: Reason/Action/Emerging Risk
	augmented care settings, for 2014-15. (March 2015)		
2.1.9	Introduce a lay assessor's component into the infection prevention/hygiene programme for 2014-15. (September 2014)		
2.1.10	Complete a programme of IR(ME)R inspections with input from Public Health England (PHE). (March 2015)		
2.1.11	Establish a baseline to demonstrate improvement in compliance with identified IR(ME)R procedure(s)/process(es). (March 2015)		
2.1.12	Develop a delivery plan for achieving a programme of healthcare inspections to prisons and to other criminal justice settings, including co-operation with Her Majesty's Inspectorate of Prisons (HMIP), CJI and with ETI. (April 2014)		

Supporting Measures of Success
<p>Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually</p> <p>Progression on completion of agreed 2014/15 core infection prevention and control and hygiene inspection programme (Q)</p> <p>Q1 – 100% on target</p> <p>Care of Older Persons Review Inspections completed (This completes the outstanding reviews from 2013/14)</p> <p>Inspection of Theatres in Independent Healthcare Hospitals commenced.</p> <p>Critical Care Inspections commenced</p> <p>Follow up inspection to the Royal Victoria Hospital Emergency department and Acute Medical Unit.</p> <p>Joint Inspection of Magilligan Prison undertaken 2-6 June 2014 with HMIP, CJINI and ETI</p> <p>Inspection of Woodland Juvenile Justice Centre planned in September</p>




Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.1.13	Report on the findings of inspections of prison health care, including those carried out in collaboration with other regulators. (March 2015)		
2.1.14	Undertake the work required to provide an overview on the progress made in relation to the healthcare recommendations within the report of Review of the Northern Ireland Prison Service (Prison Review Team Final Report; October 2011). (March 2015)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>

2.2 - Ensured that all review activity is designed to support continuous improvement and protect rights



Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.2.1	Develop a comprehensive three year programme of review activity (2015- 18). (March 2015)		
2.2.1	Develop a comprehensive three year programme of infection prevention/hygiene activity, to include augmented care settings (2015-18). (March 2015)		
2.2.3	Develop a framework and timetable for a programme of IR(ME)R inspections (2015-18). (March 2015)		
2.2.4	Develop an agreed approach to carrying out a programme of healthcare inspections to prisons and other criminal justice settings (2015- 18). (March 2015)		
2.2.5	During the development of all planned programmes for 2015-2018, consult with key stakeholders as to effective communication methods. (March 2015)		

Supporting Measures of Success
<p>Q = to be reported on quarterly basis S = to be reported on six monthly basis A = to be reported annually</p>
<p>Assessment of compliance with regional targets for the augmented care inspection programme (Q)</p> <p>Q1 – 100% on target</p> <p>3 Augmented Care Inspections were completed of Intensive Care Units at the Mater, Ulster and Antrim Area Hospitals</p> <p>Evaluation of the delivery of Prison Review Team recommendation compliance reports (Q)</p> <p>6 of the recommendations of the Prison Review Team have been forwarded to RQIA for assessment to determine if they can be signed of as completed at the December meeting of the PRT Oversight Group. This measure of success will be reported in the Q3 report.</p>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.2.6	Assess during the planning and evaluation stages the impact of individual reviews on improving services and protecting rights. (March 2015)		
2.2.7	Review progress on recommendations from reviews published in 2012-13 and 2013-14. (March 2015)		
2.2.8	Publish RQIA's 2013-14 annual Prevention/Hygiene Inspections Quality Report. (DO) (Dec 2014)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>





2.3 - Informed the development of regional policy, standards and guidance



Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.3.1	Ensure effective liaison with regional policy leads during the planning and delivery of reviews. (March 2015)		
2.3.2	Set each review in the context of relevant regional policy, standards and guidance and, where appropriate, make recommendations regarding the need for service development and systems improvement. (March 2015)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>

3 - Mental Health Order Oversight - Delivering a programme of scrutiny and review in services provided to people with a mental illness or a learning disability







3.1 - Provided optimal safeguards for all users of mental health and learning disability services



Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
3.1.1	Undertake a planned programme of announced and unannounced inspections to mental health and learning disability inpatient settings. (March 2015)			<p>% of recommendations in the inspection reports that have been fully implemented by the HSC trusts at the date of the next inspection activity (Q)</p> <p>The planned programme of inspections will commence in Q2. The % of recommendations in the inspection reports that have been fully implemented by the HSC trusts will be reported on in Q2 – Q4.</p> <p>% of patients and/or representatives interviewed (during inspections and patient experience interview inspections) who are satisfied with the quality of their care and treatment as a hospital inpatient (Q)</p> <p>100% of patients and/or representatives interviewed in Q1 confirmed that they were satisfied with the quality of their care and treatment as a hospital inpatient.</p>
3.1.2	Undertake a planned programme of patient experience interviews in mental health and learning disability inpatient settings, and of people subject to guardianship, and report the findings. (DO) (March 2015)			
3.1.3	Undertake a review of the implementation of Article 116 of the Mental Health (Northern Ireland) Order 1986. (March 2015)			
3.1.4	100% of inspection reports and patient experience inspection reports to be produced in both full and easy read versions. (DO) (March 2015)			



Actions		Progress	Exception Report: Reason/Action/Emerging Risk
3.1.5	100% of inspection reports and patient experience inspection reports for adult inpatient facilities will be published on RQIA's website. (March 2015)		
3.1.6	Undertake a review of the process for the internal scrutiny of treatment plans and the availability and use of a range of treatments prescribed. (September 2014)		

Supporting Measures of Success
<p>Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually</p> <p>% compliance by HSC trusts with HSC Board regional procedure for reporting and follow-up of serious adverse incidents using RQIA agreed set of standards (Q)</p> <p>40 SAI investigation reports were reviewed in Q1. 3 reports were assessed as fully compliant with agreed RQIA standards equating to 7.5%.</p> <p>100% of prescribed forms screened within the agreed statutory and organisational timeframes (72hrs) and HSC trusts informed of any errors (Q)</p> <p>88.82% - there were four bank holidays Q1 which the IT system records as working days. This means that 100% of prescribed forms were screened within the timeframe but the IT system does not recognise this.</p>

3.2 - Ensured that all review and inspection activity drives service improvement and is communicated to stakeholders


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
3.2.1	Monitor the use of ECT and patient experience across the five HSC trusts. (March 2015)			<p>% hospital wards who attended RQIA MHL D annual provider information events and annual medical conference (A)</p> <p>% attendees at the annual provider information events and annual medical conference who are satisfied with the guidance and information provided at these events (A)</p> <p>% of ward managers that were satisfied with the inspection experience including the guidance and information provided throughout the inspection process (Q)</p> <p>The planned programme of inspections will commence in Q2. The % of ward managers satisfied with the inspection experience will be reported on in Q2 – Q4.</p>
3.2.2	Complete a review of a random sample of treatment plans and report on findings to the five trusts. (September 2014)			
3.2.3	Review 100% of SAI investigation reports using an RQIA agreed set of standards. (March 2015)			
3.2.4	Review access to psychological therapies across the five HSC trusts. (March 2015)			
3.2.5	Provide feedback to the HSC trusts in respect of the RQIA's overview of the discharge of statutory functions under the Mental Health (Northern Ireland) Order 1986. (March 2015)			
3.2.6	Facilitate: <ul style="list-style-type: none"> an annual provider information event on the standards MHL D will use 			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
	to inspect services (March 2015) <ul style="list-style-type: none"> an annual medical conference on findings from audit and inspection of MHLD services (Dec 2014) a north/south conference on areas of joint interest in MHLD services (March 2015) 			Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually
3.2.7	Complete themed reviews of: <ul style="list-style-type: none"> use of restrictive practices (Dec 2014) safeguarding (March 2015) physical health of MHLD patients (March 2015) and produce reports accordingly. 			
3.2.8	Develop and implement a procedure in relation to involvement of lay reviewers and experts by experience in inspection type activity, including patient experience inspections and report on outcomes in the annual quality report. (March 2015)			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
3.2.9	Participate in planned review programme (where applicable to MHL D services) to include: <ul style="list-style-type: none"> • addiction /dual diagnosis (April 2014) • eating disorder services (March 2015) • phase 2 of learning disability community services (March 2015) 		
3.2.10	Publish RQIA's 2013-14 annual MHL D Report. (June 2014)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>



3.3 - Engaged effectively in the development of policy and emerging legislation

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
3.3.1	Contribute to the DHSSPS working group in drawing up guidance to accompany the new mental capacity legislation as required. (June 2014)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
Number and types of recommendations made following inspections that directly influenced the DHSSPS revision of regional guidance and policy or HSCB commissioning plans (A)






4 - Engagement & Communications - Engaging and communicating effectively with our stakeholders


4.1 - Embedded personal and public involvement (PPI) as a fundamental part of all of RQIA "s work

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
4.1.1	Implement patient and public involvement (PPI) for 2014-15 inclusive of monitoring and evaluation of all PPI activity. (STEP)² (March 2015)			<p>Analysis of user consultation interviews to ascertain the views of both service users and their representatives as part of the domiciliary care agencies inspection to demonstrate assurance in care, improvement in care documentation and identifying areas of concern (A)</p> <p>% of actions implemented in the PPI Action Plan that met their intended outcome (S)</p>
4.1.2	Prepare progress report on 2013-14 PPI Action Plan. (STEP) (May 2014)			
4.1.3	Publish RQIA's 2013-14 annual quality report. (DO) (Sept 2014)			

² Improvement action incorporated in RQIA's Steps to Excellence Programme (STEP)





4.2 - Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
4.2.1	Quality assure all outward facing communications including inspection and review reports, ensuring they are concise and easy to understand. (March 2015)			<p>Assess print and broadcast media coverage of the work of RQIA and to determine the proportion of positive/negative/neutral coverage (S)</p> <p>Evaluation of the number and type of external presentations made by RQIA staff (Q)</p> <p>During the period 1 April -30 June 2014 staff from across RQIA made presentations at 20 events. These included pre consultation on the development of RQIA's Corporate Strategy and three year Review Programme 2015-2018, an exception for health and social care regulators at Parliament Buildings; and a regional summit on unscheduled care. Feedback from these events was very positive.</p> <p>Number of liaison meetings held with stakeholders (HSC trusts/Board/PHA etc.) (Q)</p> <p>Q1 02 April – RQIA/PCC Liaison meeting 07 April - Regulators meeting with Advisory meeting 14 April – IHM Annual Meeting 15 April – Bi-Monthly meeting with DHSSPS 06 May – HSCB/RQIA Liaison meeting</p>
4.2.2	Upgrade/replace RQIA website and intranet. (March 2015)			
4.2.3	Survey the public/stakeholders perceptions on RQIA's role and responsibilities. (Dec 2014)			
4.2.4	Engage with public/stakeholders through use of a Twitter account, communicating messages about RQIA's activities. (March 2015)			
4.2.5	Deliver key messages effectively to all staff through team meetings, monthly staff meetings and by making appropriate use of the RQIA intranet. (March 2015)			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
4.2.6	Continue to play an active role in the health care (Five Nations) regulators' forum, the UK Heads of Inspectorate forum, and in the European partnership of Supervisory Organisations (EPSO). (March 2015)			<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>

5: People - Developing and maintaining a competent, valued and motivated workforce Strategic Objectives

5.1 - Continued to ensure that we have a professionally competent workforce delivering on RQIA "s strategic objectives






Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
5.1.1	Implement year two human resources actions from the Human Resources and Organisational Development (HROD) Strategy 2013-15 (STEP) . (March 2015)			<p>Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually</p> <p>A minimum of 90% of all staff with completed appraisals and PDPs by May (DO) (Q)</p> <p>Q1 – 61% (based on 83 completed in Q1 out of 137 applicable staff)</p> <p>A minimum of 90% of all staff with completed mid-year reviews completed by October (S)</p> <p>% time lost due to sickness on average not in excess of 4.6% (DO) (Q)</p> <p>Q1 – 2.4%</p> <p>% of time lost due to sickness that is work related (Q)</p> <p>Q1 – 0.4%</p> <p>% and attainment of substantive compliance of the HR CAS (A)</p>
5.1.2	Develop, implement and evaluate the corporate and directorate learning and development plans (STEP) . (March 2015)			
5.1.3	Provide sickness absence reports to EMT and to the Board. Support line managers regarding the management of individual cases, with a view to facilitate a return to work and improve attendance (DO) . (March 2015)			
5.1.4	Develop the HROD Strategy 2015-18. (March 2015)			




5.2 - Designed and implemented a range of organisational development initiatives

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
5.2.1	Implement the year two organisational development actions from the HROD Strategy 2013-15. (STEP) (March 2015)			Improvement in biannual regional staff survey and annual pulse survey results (A) % of learning interventions as identified in the corporate and directorate learning plans that achieved the planned outcomes (A) 100% of staff compliant with statutory and mandatory training requirements (S) Improvement in biannual culture survey results (S)
5.2.2	Participate in HSC-wide staff survey. (Dec 2014)			
5.2.3	Design and begin to deliver a management and leadership development programme. (March 2015)			
5.2.4	Achieve at least the core liP standard. (STEP) (Sept 2014)			

6 - Performance - Managing and monitoring corporate and financial performance to improve organisational effectiveness







6.1 - Embedded a fully integrated planning and performance management approach to manage the organisation more effectively and efficiently and promote continuous improvement and learning






				Supporting Measures of Success
6.1.1	Develop the Corporate Strategy 2015-18. (March 2015)			<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
6.1.2	Develop a corporate scorecard based on a best practice framework. (Sept 2014)			
6.1.3	Develop and seek Board approval of RQIA's Business Plan 2015-16. (DO) (Jan 2015)			
6.1.4	Submit a sustainability development plan 2014-15 and implement the actions. (STEP) (DO) (April 2014 / March 2015)			
6.1.5	Implement STEP improvement actions identified in the Improvement and Efficiency Plan 2014-15. (STEP) (March 2015)			

6.1.6	Update RQIA's Property Asset Management Plan, and forward to DHSSPS. (DO) (April 2014)		
6.1.7	Updates to current, planned and potential annual disposal plans to be submitted to DHSSPS on a quarterly basis. (DO) (March 2015)		
6.1.8	Provide DHSSPS with accurate and timely information which meets DHSSPS performance management and reporting requirements and deadlines. (DO) (March 2015)		

Supporting Measures of Success	
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>	

6.2 - Aligned resources to support RQIA's strategic priorities and maintained our financial performance

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success <i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
6.2.1	Secure adequate funding for the Business Plan 2015-16. (March 2015)			Breakeven on income and expenditure (+/- 0.25%) (DO) (Q) Q1 – On Target to Break even (Allocation Pending) 95% of invoices paid each month within terms and conditions (30 days) (DO) (Q) Q1 – 80% 50% of invoices paid each month within terms and conditions (10 days) (DO) (Q) Q1 – 51% 100% of outstanding debt recovered within the financial year (Q) Q1 – On target % and attainment of substantive compliance of the finance CAS (A)
6.2.2	Manage the balance of CSR efficiencies by: <ul style="list-style-type: none"> developing plans to deliver efficiency savings in 2015-16 (DO) (June 2014) implementing the Improvement and Efficiency Plan (DO) (March 2015) 	 		
6.2.3	Produce an annual report (incorporating an approved set of accounts and governance statement approved by NIAO). (DO) (July 2014)			
6.2.4	Implement and monitor a capital investment plan. (March 2015)			
6.2.5	The actual year-end forecast and monthly profiled financial forecast of expenditure provided to DHSSPS each month is prepared on a robust basis and that any variances +/- 5% of the previous month's forecast are fully explained. (DO) (March 2015)			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
6.2.6	The monthly year-end financial forecast as at September 2014 (and subsequent months) should be within +/- 0.5% of the final outturn. (DO) (March 2015)		
6.2.7	For capital, external consultancy/revenue business cases, ensure that submission to DHSSPS is in line with agreed timeframes. (DO) (March 2015)		
6.2.8	Ensure that a suitable skills base is maintained/developed to produce business cases and provide written assurance to RQIA's Board. (DO) (March 2015)		
6.2.9	Ensure Single Tenders Actions (STAs) >£30k are publicly published on a monthly basis in line with CPD requirements. (DO) (March 2015)		
6.2.10	Provide assurance to the Board that RQIA has adopted and maintained good procurement practice, as specified in DHSSPS's Review of Procurement, or as		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
	separately promulgated by DHSSPS. Report to the Board in September 2014 and March 2015 on this matter. (DO) (Sept 2014 / March 2015)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>




7 – Evidence - Underpinning our regulatory practice using research and available evidence

7.1 - Embedded an evidence and research based culture within RQIA


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success <i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
7.1.1	<p>Implement the objectives for the year 2014-15 as set out in the evidenced based practice framework and supporting action plan. 2014-15 actions include:</p> <ul style="list-style-type: none"> Discussions with HSC Leadership Centre to develop systematic arrangements for submitting evidence to the knowledge exchange site 2014-15 Schedule of invited speakers to address staff <p>(March 2015)</p>			

8 - Information - Managing information and ICT effectively



8.1 - Ensured that information is managed effectively to support RQIA's strategic and operational objectives

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
8.1.1	Implement year three of the Information Management Action Plan from the Information and ICT Strategy 2012-15. (March 2015)			% and attainment of substantive compliance of the information management CAS (A) (DO) 86% (substantive compliance)
8.1.2	Implement the new i-Connect system. (Sept 2014)			
8.1.3	Develop an Information and ICT Strategy for 2015-18. (March 2015)			

8.2 - Complied with best practice and the highest standards of information governance





Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success <i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
8.2.1	Implement year three information governance actions from the Information and ICT Strategy 2012-15. (March 2015)			100% of freedom of information (FOI) requests responded to within 20 working days – input/process (Q) Q1 - 17 (100%) 100% subject access requests completed within 40 days (Q) Q1 - 1 (100%)

8.3 - Continued to provide an ICT environment that is user focused and able to respond effectively and efficiently to RQIA 's changing business needs in order to support the organisation in meeting its statutory requirements



Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
8.3.1	Implement year three ICT actions from the Information and ICT Strategy 2012-15. (March 2015)			<p>Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually</p> <p>% and attainment of substantive compliance of the ICT CAS (A)</p> <p>Achieved 82% (substantive compliance)</p>
8.3.2	Review and test of ICT disaster recovery systems. (DO) (April 2014)		The first phase of DR has been completed with active directory replication and hardware installation. DR remains a priority and is a large project covering over 27 IT Services. The scope of the DR implementation has expanded with the addition of iConnect services which has taken priority. A 3 rd party has been engaged to complete delivery of the project and it is envisaged that a test could be completed by Dec 2014.	<p>Assessment of the effectiveness level of RQIA's ICT service (good to excellent as per staff satisfaction survey) (A)</p>

9 - Governance - Maintaining and promoting a robust governance and accountability framework

9.1 - Complied with legislative requirements and best practice in relation to governance, risk management and independent assurance






Actions		Progress	Exception Report: Reason/Action/Emerging Risk
9.1.1	Compliance with DHSSPS processes and timescales for the completion of: <ul style="list-style-type: none"> • mid-year assurance statements and end-year governance statements • Board governance self-assessment tool • NAO audit committee checklist • mid-year and end-year accountability meetings • the controls assurance standards process (DO) (March 2015)		
9.1.2	Review and approve RQIA's Risk Management Strategy. (June 2014)		
9.1.3	Develop and approve a three year audit action plan 2014-17. (June 2014)		
9.1.4	Complete an annual test of the business continuity plan and implement amendments. (DO)		




Supporting Measures of Success	
<i>Q = to be reported on quarterly basis</i> <i>S = to be reported on six monthly basis</i> <i>A = to be reported annually</i>	
Attainment of an unqualified audit opinion from the C&AG (A)	
Attainment of a minimum score of 75% to achieve substantive compliance with the 10 controls assurance standards (A) (DO)	
Standard	Level of Compliance
Financial Management	85%
Management of Purchasing & Supply	82%
Governance	86%
Risk Management	87%
Health & Safety	88%
Security Management	87%
Fire Safety	89%
Information Management	86%
Information Communications Technology	82%
Human Resources	86%

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
	(March 2015)		
9.1.5	Prepare and submit the Annual Progress Report on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order 2006. (Sept 2014)		
9.1.6	Carry out an independent evaluation of the Board governance arrangements. (DO) (March 2015)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
% of internal/external audit recommendations successfully implemented within agreed timescale (Q) Q1 – 52% of recommendations implemented on target (based on 12 recommendations implemented out of 23)

Progress of outstanding actions from RQIA's Corporate Performance Report 2013/14

Actions (Revised Date)		Progress	Exception Report: Reason/Action/Emerging Risk
1.2.6	Complete an evaluation of the introduction of dental regulation by RQIA. (Sept 2013)		The remaining dental practices are currently undergoing registration. A short life working group has been established and this action has been carried forward to 2014/15 business plan. It is suggested that we remove this action from the outstanding actions table as it is currently being managed in the Corporate Performance Report.
2.1.5	Complete the reviews as set out in the 2013/14 delivery plan (March 2014)		Of the 4 remaining planned reviews to be completed from the 2013/14 delivery plan, all 4 completed their fieldwork in Quarter 1 of the 2014/15 year, as planned.
2.1.9	Complete the augmented care settings inspections as set out in the delivery plan for 2013-14 (March 2014) (Revised date March 2015)		During Q1 and Q2 additional inspection activity was undertaken as part of the first year programme of augmented care inspections to HSC Inspections of Neonatal and SCBU Units were completed. Planned inspections of Critical Care Units were not completed due to review, prison and lay assessor work. It is planned to complete this work in the 2014/15 year.
2.1.10	Complete a programme of IR(ME)R inspections with input from the Health Protection Agency (HPA) (DR) (March 2014)		The remaining inspection of the Breast Screening Service, previously postponed due to redevelopment of services, was completed.
3.2.7	Complete a review of Risk Assessment and Risk Management in Addiction Services (March 2014) (Revised date September 2014)		Planning for an Audit of the Care Pathway through Addictions Services commenced January 2014 and was completed in April 2014.
4.1.1	Implement PPI Action Plan for 2013/14 inclusive of monitoring and evaluation of all PPI activity. Key		This action has been replaced with the recruitment of Lay assessors which was completed in Q1 2014.

Actions (Revised Date)		Progress	Exception Report: Reason/Action/Emerging Risk
	activities include: <ul style="list-style-type: none"> Complete and evaluate a pilot programme of inspections of 10 nursing homes using peer facilitators (March 2014) 		It is recommended that this action is removed from the outstanding actions table.
5.2.4	Achieve at least the core Investors in People Standard (STEP) (Dec 2013)		liP accreditation successfully achieved in June 2014.
6.2.2	Transfer our income processing from SAGE to eFinancials (May 2013)		On review RQIA will continue to use SAGE Financials to Manage its income. This action is no longer relevant and it is recommended that it is removed from the outstanding actions table.
8.1.1	Implement the year 2 actions from the Information and ICT Strategy. Key priorities include: <ul style="list-style-type: none"> Implement i-Connect (previously known as CIMS) (STEP) 		i-Connect commenced on 30 June 2014.
8.2.1	Implement the year 2 actions from the Information and ICT Strategy. Key priorities include: <ul style="list-style-type: none"> Complete an assessment of RQIA's Information and ICT capability using the NHS Informatics Capability Maturity Model (ICMM) (June 2013) 		An assessment of RQIA's Information and ICT capability was completed in June 2014. Although the response timeframe was increased the response rates were very poor.


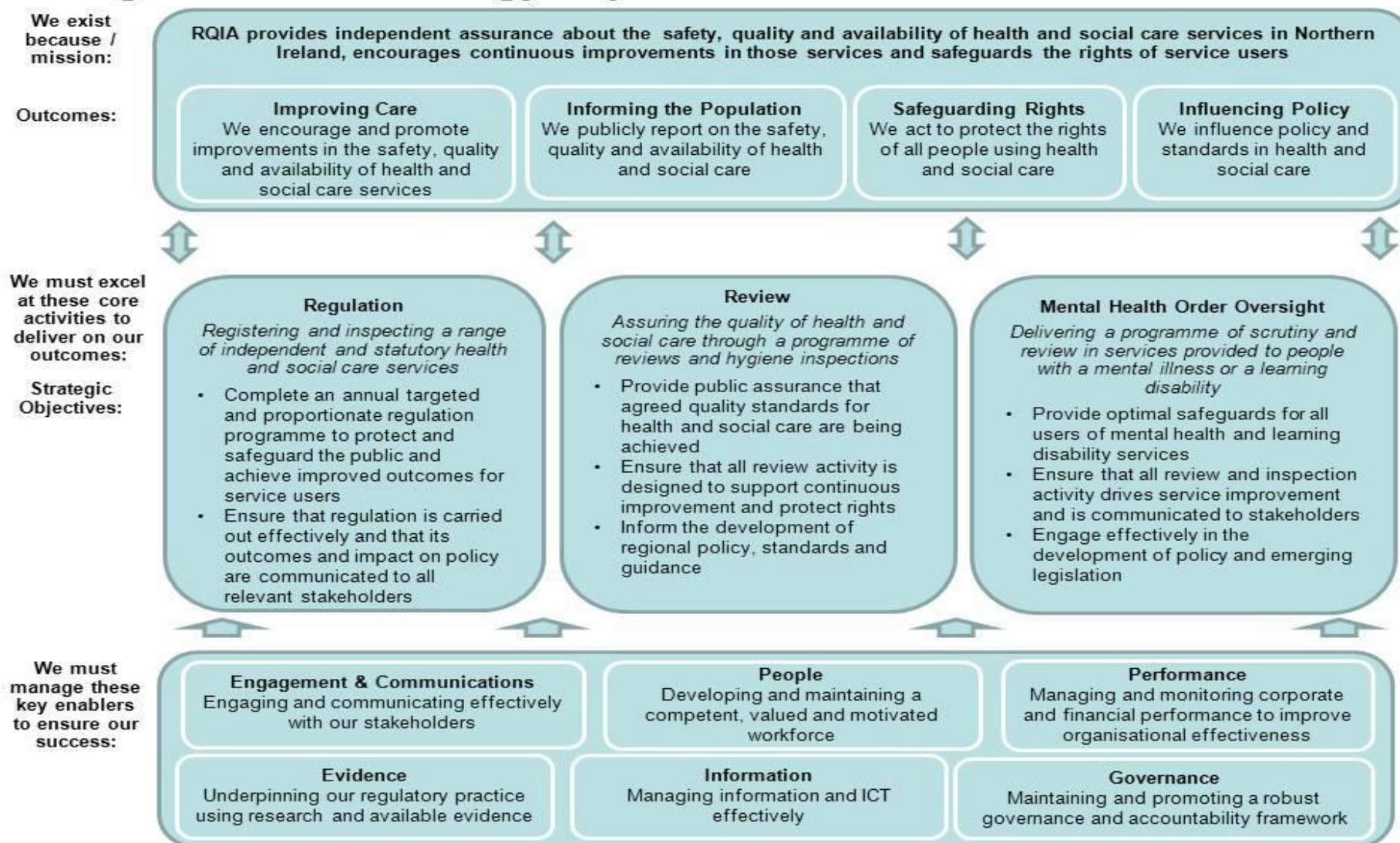
Actions (Revised Date)		Progress	Exception Report: Reason/Action/Emerging Risk
8.3.1	Implement the year 2 actions from the Information and ICT Strategy. Key priorities include: <ul style="list-style-type: none"> • Test the ICT Disaster Recovery Plan (March 2014) 		This action has been included in the 2014/15 Business Plan. It is recommended that this action is removed from the outstanding actions table as it is currently being managed in the Corporate Performance Report.
9.1.6	Complete an annual test of the Business Continuity Plan and implement the amendments (DR) (March 2014)		The BCP Test was completed on the 8 April 2014. An action plan was developed and is currently being implemented.

Figure 1 - RQIA Strategy Map 2012-15



RQIA Board Meeting

Date of Meeting	11 September 2014
Title of Paper	Board Governance Self-Assessment Action Plan - Six Monthly Review
Agenda Item	9
Reference	D/05/14
Author	Chairman
Presented by	Chairman
Purpose	To provide Board Members with a summary of the status of the Board Governance Self-Assessment Action Plan.
Executive Summary	A recommendation from the Board Effectiveness and Performance Management Audit requested that the Board Governance Self-Assessment should be reviewed by the Board every six months. This paper summarises the status of the actions from the Board Assessment agreed on 11 March 2014.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should NOTE the review of the Board Governance Self-Assessment Action Plan.
Next steps	The next six monthly review paper will be presented to the Board in March 2015.

Follow up of Actions arising from the Board Self-Assessment Checklist

	Red Flag	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag/ Notes or Comments	Status
1.1 RF2	There has been a high turnover in Board membership in the previous two years (i.e. 50% or more of the Board are new compared to two years ago)	One vacancy for eight months	The final Board vacancy has now been filled. The RQIA Board now has full membership of 13 Non-Executive Directors. No further action required
1.4 RF2	Committee members do not receive performance management appraisals in relation to their Committee role	Discussed at annual appraisals with Chair	All Board members receive a yearly appraisal with the Chairman. No further action required
2.1 RF2	The Board Governance Self-Assessment has not been independently evaluated within the last 3 years		The Board self-assessment was independently evaluated by Internal Audit in April 2014. No further action required
2.3 RF4	NED appointment terms are not sufficiently staggered	Delays in appointments of new Board Members has introduced a significant but preventable risk	The Public Appointments Unit is responsible for the appointment of NED members. No further action required
3.5 RF1	The Board does not receive assurance on the management of risks facing the ALB	Awaiting DHSSPS approval of business case	The Corporate Risk Assurance Framework Report is presented to the Audit Committee and Board, four times a year, for approval. RQIA are currently awaiting the approval of two

			<p>Business Cases as submitted to DHSSPS.</p> <p>RQIA Business Cases were discussed with the DHSSPS at the Accountability meeting on 13 August 2014</p>
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RQIA Board Meeting

Date of Meeting	11 September 2014
Title of Paper	Update on the development of a new Acute Hospital Inspection programme to be introduced in 2015/16.
Agenda Item	11
Reference	E/05/14
Author	Dr David Stewart
Presented by	Dr David Stewart
Purpose	The purpose of this paper is to update the Board on the process which is being established to take forward the request from the Minister to commence a new programme of hospital inspections in 2015/16.
Executive Summary	<p>In April 2014 RQIA was commissioned by DHSSPS to put in place appropriate arrangements to deliver a rolling programme of unannounced inspections of the quality of services in all acute hospitals in Northern Ireland each year, from 2015/16 onwards.</p> <p>Preparatory work has commenced including: scoping of possible methodologies; contact with other regulators in relation to their approaches; liaison with organisations in relation to possible data sources to inform the programme and discussion with DHSSPS.</p> <p>The development of the programme is being taken forward using PRINCE methodology. It is proposed to now establish a formal Project Board with representation from RQIA Board and Executive Team, DHSSPS (Standards) and NI Safety Forum. A Project Team has been established led by Liz Colgan, Head of Programme. The Project Manager is Helen Hamilton.</p>
FOI Exemptions Applied	None

Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should NOTE the update on the development of the new acute Hospital Inspection programme and APPROVE the proposal to establish a Project Board to oversee the development of the programme.
Next steps	Following consideration of the proposal the Board are asked to nominate members to join the Board if this way forward is agreed.

Update on the development of a new Acute Hospital Inspection programme to be introduced in 2015/16.

Background & Context

The Minister for Health, Social Services and Public Safety has tasked RQIA to carry out a series of inspections in acute hospitals across Northern Ireland. This rolling programme of unannounced inspections, will examine the quality of services in acute hospitals in Northern Ireland from 2015-16 onwards.

This project has been commissioned from the RQIA by the DHSSPS. In a letter dated 14th April 2014, the Chief Medical Officer formally asked RQIA to put in place appropriate arrangements to deliver a rolling programme of unannounced inspections of the quality of services in acute hospitals in Northern Ireland.

In a statement to the Northern Ireland Assembly on the 1st July 2014 the Minister stated that 'inspections will focus on a number of quality indicators about triage, admission, assessment, care, monitoring and discharge of patients. They will focus on a selection of quality indicators that will not be pre-notified to the trusts for each inspection, and no advance warning will be provided to trusts as to which sites or services within a hospital will be visited as part of an unannounced inspection. It is intended that the RQIA inspection reports will be published on a hospital-by-hospital basis as they are completed'.

RQIA Process to establish the new programme of inspection

A project has been established by RQIA to design, develop and pilot an agreed hospital inspection programme and associated procedures which will conclude with the delivery of a fully tested process to deliver the programme of acute hospital inspections. This programme of inspection is to commence in 2015/16, the exact date is to be confirmed.

The proposed key deliverables for the project to establish the new programme of inspection are to:

- Develop, pilot and implement a hospital inspection process, and associated procedures, in accordance with relevant legislation and standards
- Identify and agree access to relevant sources of information which could inform the content and delivery of the programme of inspections
- Develop a comprehensive training package to ensure that RQIA inspection staff, peer reviewers and lay assessors are suitably trained to carry out the inspections
- Develop a database to coordinate the programme of inspections
- Establish a forward work plan for the programme of inspections over the period 2015-18

- Ensure that relevant stakeholders, including the public, are kept informed about the development of the programme

The design and the content of the programme will be underpinned by a sound evidence base. It is proposed that the programme will comprise of:

- An agreed list of core components which will be inspected in each inspection
- An agreed list of additional themes from which a number will be selected for specific inspections. The selection will be influenced by consideration of available information which may indicate that an inspection in a specific area is required

It is proposed to model the programme around RQIA's three key objectives.

- Is care safe?
- Is care effective?
- Is care compassionate?

Reports of inspections will be published individually after each inspection rather than waiting until a suite of inspections has been completed. The design of reports could reflect the 3 key objectives.

Preparatory work completed to date

The following actions have been taken to inform the design of the project to take this work forward:

- Meeting with DHSSPS Sponsor Branch to discuss the proposed scope of the programme
- Desktop review of possible methodologies including those used by other UK regulators
- Visit to Salford Royal NHS Foundation Trust and exploration of the potential use of a ward based nursing assessment and accreditation tool which has been developed by that Trust
- Liaison with organisations in relation to possible data sources to inform the programme including patient experience data

Proposed Project Structure

It is proposed to manage this project using the PRINCE project management approach. All planning, decisions and actions will be appropriately recorded and managed within acceptable timescales. Any emerging risks, exceptions or issues arising will be recorded throughout the life of the project.

A product flow diagram demonstrating the individual stages of the project is attached. (Appendix A).

The development, design and piloting of the hospital inspection programme will be managed as a project with individual component work streams managed by work stream leads.

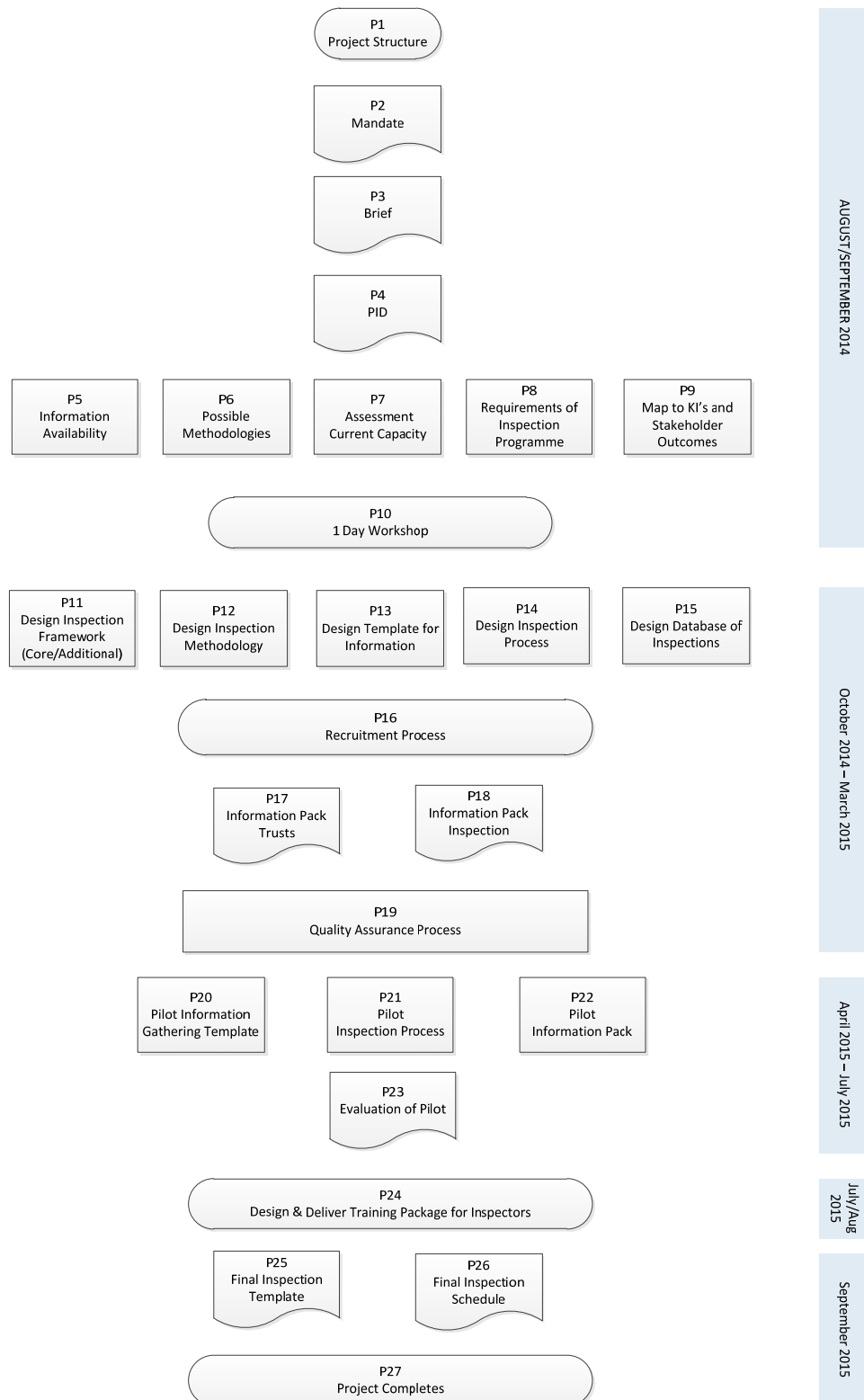
A **Project Board** is to be established to oversee the delivery of the project and that all relevant stakeholders are appropriately engaged. The membership of the Project Board will include representatives from the DHSSPS and the NI Safety Forum.

We are now seeking nominations from the RQIA Board to sit as members of the **Project Board**. It is estimated that Project Board will meet at least once every two months.

A **Project Organisational Team** (POT) has been established to undertake the core work in relation to the project and will consult with the **Project Board** at key milestones throughout the life of the project.

The project is scheduled to complete by October 2015, at which point the programme of Hospital Inspections will complete with implementation.

Appendix A: Product Flow Diagram (as 1st September 2014)



RQIA Board Meeting

Date of Meeting	11 September 2014
Title of Paper	RQIA Annual Quality Report 2013-14
Agenda Item	12
Reference	F/05/14
Author	Maurice Atkinson
Presented by	Maurice Atkinson
Purpose	This is our first Annual Quality Report which describes the progress we have made in the areas of quality and continuous improvement in 2013/14.
Executive Summary	<p>The Report is structured as follows:</p> <ol style="list-style-type: none"> 1. The first section – Journey to Excellence - explains RQIA's adoption of the European Foundation for Quality Management (EFQM) Excellence Model as our quality framework. 2. Six improvement themes are then described. The Report outlines the progress we have made in relation to each of these themes and identifies some key actions for the future. 3. A section on best practice, standards and guidelines describes how RQIA supports their development, communication and implementation in order to improve the quality of health and social services. 4. The final section of the report looks to the future and outlines the approach and ambitions for excellence and improvement in RQIA.
FOI Considerations	None
Equality Impact Assessment	Not Applicable

Recommendation/ Resolution	The Board is asked to APPROVE the Annual Quality Report 2013-14.
Next steps	Following approval the Annual Quality Report 2013-14 it will be shared with DHSSPS and uploaded on to the RQIA website.



Annual Quality Report 2013-14



September 2014

Assurance, Challenge and Improvement in Health and Social Care

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Foreword

The Regulation and Quality Improvement Authority (RQIA) was established in April 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. RQIA is responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland.

Quality 2020 is the DHSSPS strategy to protect and improve quality in health and social care in Northern Ireland. RQIA is committed to Quality 2020 and contributes to this by encouraging continuous improvement in the quality of health and social care services through our programme of inspections and reviews.

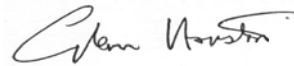
Although RQIA encourages and promotes continuous improvement within health and social care services, we have also adopted an ethos of continuous improvement as an organisation. This is evidenced in our achievements in being awarded the European Foundation for Quality Management (EFQM) Steps to Excellence Bronze Level of Recognition in 2013 and the submission of an application for Investors in People.

RQIA's quality improvement agenda is being taken forward through our Steps to Excellence Programme (STEP). Continuous improvement relies on the commitment of all our staff and is fully supported by senior management and the RQIA Board.

This report describes how we have strengthened our internal systems and processes to make sure that we have the drive, focus and capacity to provide the necessary assurances where care is good, challenge poor performance, and report our findings comprehensively to HSC organisations, to registered providers and to the general public.



Dr Alan Lennon OBE
Chairman



Glenn Houston
Chief Executive

Introduction

This is our first Annual Quality Report, which describes the progress we have made in the areas of quality and continuous improvement in 2013-14.

The report is structured as follows:

1. The first section – Journey to Excellence - explains RQIA's adoption of the European Foundation for Quality Management (EFQM) Excellence Model as our quality framework.
2. Six improvement themes are then described. The report outlines the progress we have made in relation to each of these themes and identifies some key actions for the future.
3. A section on best practice, standards and guidelines describes how RQIA supports its development, communication and implementation in order to improve the quality of health and social services.
4. The final section of the report looks to the future and outlines the approach and ambitions for excellence and improvement in RQIA.

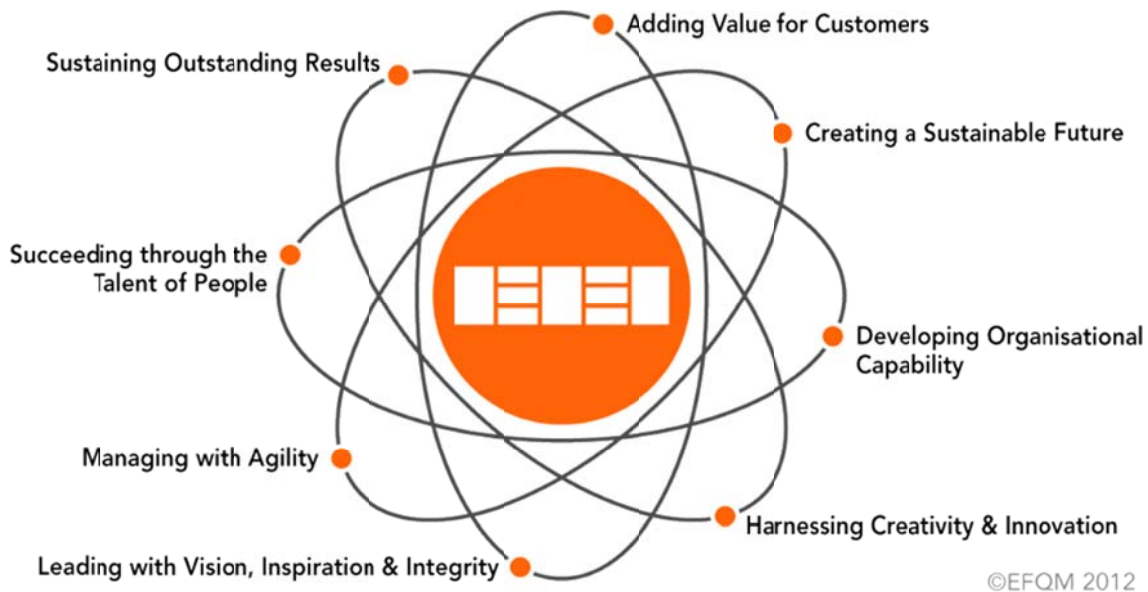
Journey to Excellence

RQIA is on a journey to excellence. The definition of excellence adopted by RQIA is based on the EFQM's eight concepts of excellence (Figure 1).

Excellent organisations achieve and sustain outstanding levels of performance that meet or exceed the expectations of all their stakeholders.

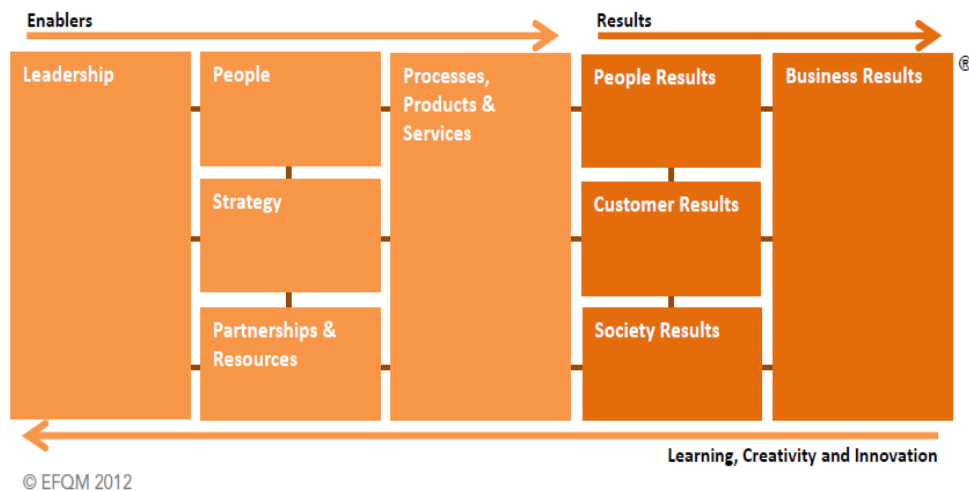
EFQM

Figure 1: EFQM Fundamental Concepts of Excellence



In April 2010 we adopted the EFQM Excellence Model as our quality framework (Figure 2).

Figure 2: EFQM Excellence Model



The EFQM Excellence Model was selected because it would allow us to:

- Conduct a comprehensive, systematic and regular review of our activities and results referenced against a model of Excellence.
- Clearly identify our strengths and areas in which improvements can be made.
- Put in place planned improvement actions that are then monitored for progress.

RQIA was awarded the EFQM Steps to Excellence Bronze Level of Recognition (250-300 points) in January 2013.

As a result of this initial assessment against the EFQM Excellence Model six high level themes were agreed as a focus for continuous improvement:

- Theme 1 - Measurement to evidence key results
- Theme 2 - Organisational Development
- Theme 3 - Modernisation of systems, processes and procedures
- Theme 4 – Sustainable Development
- Theme 5 - Personal & Public Involvement (PPI)
- Theme 6 – Service user, stakeholder and public perceptions of RQIA

A Steps to Excellence Programme (STEP) has been established in order to ensure the delivery of these improvement themes and embed a continuous improvement culture within RQIA.

Theme 1: Measurement to Evidence Key Results

Aim

The aim is to move away from demonstrating the impact RQIA is making using process rather than outcome-based evidence and measures. A key strand of work is therefore to develop a balanced suite of Measures of Success¹ which demonstrate delivery against outcomes. Furthermore, trend data needs to be available over at least a period of three years which clearly demonstrates RQIA's impact in improving the quality of health and social care in Northern Ireland.

Progress Made

During 2013-14, progress was made as follows:

- A review of our current suite of Measures of Success was undertaken and a revised suite of measures was developed and will be incorporated into RQIA's Business Plan 2014-15. RQIA's quarterly corporate performance report provides evidence on RQIA's progress in delivering against the strategic objectives, priorities and measures in the annual business plan.
- A new draft Strategy Map 2015-18 was developed, which identified three Stakeholder Outcomes for RQIA
 - **Is Care Safe?**
 - **Is Care Effective?**
 - **Is Care Compassionate?**
- A proposal was agreed by the RQIA Board to develop a corporate scorecard which will focus on evidencing the delivery of each of these three stakeholder outcomes, through our programme of work in regulation, review and monitoring mental health legislation.

¹ Measures of Success (MoS) are qualitative and quantitative data that help the organisation to gain insights, make better-informed decisions and improve performance.

Next Steps

In 2014-15 we plan to:

- Confirm the new draft strategy map 2015-18 following a public consultation exercise which will run from August to October 2014.
- Develop a balanced suite of outcome, process and organisational capability measures using the corporate scorecard tool. It is essential that these indicators assist us in demonstrating delivery against each of our stakeholder outcomes: Is care safe? Is care effective? Is care compassionate?
- Begin work to cascade the three new stakeholder outcomes into all that we do e.g. inspection and review reports, categorisation of recommendations, coding on iConnect² and reporting capabilities.

² iConnect is the corporate information management system being developed for RQIA. iConnect will ensure that RQIA move away from a number of separate information systems to an integrated service.

Theme 2: Organisational Development

Aim

The aim is to use the Investors in People (IiP) standard as an improvement tool to develop and sustain excellent people practices in RQIA.

Progress Made

During the year progress was made as follows:

- Development of two workstreams following a staff workshop in April 2013 attended by over 100 members of staff. Firstly, an action plan was developed in relation to three key people challenges: employee engagement; valuing our staff; and collaboration across the organisation. Secondly, a culture charter was developed, and launched at staff events in Belfast and Omagh. A baseline culture survey (staff self-reflection in relation to agreed behaviours and values as set out in the Culture Charter) also took place in October 2013 and March 2014.
- Implement the objectives within our Human Resources and Organisational Development Strategy 2013-15. This includes:
 - Preparations for formal Investors in People (IiP) assessment in June 2014.
 - Delivery of an in-house management development programme (The Developing Manager) for bands 4 and 5 via the HSC Leadership Centre.
 - Sharing of the results from the staff survey (2012) with staff and RQIA's Board.
 - Development of a complementary staff pulse survey which was undertaken in December 2013. This showed a positive trend in some key areas compared to the 2012 staff survey.
 - Workshops were held in September 2013 focusing on the role of the line manager, and in March 2014 focusing on the leadership capabilities of senior managers using the NHS Healthcare Leadership Model.

Next Steps

In 2014-15 we plan to:

- Have an Investors in People (IiP) assessment in June 2014 with the aim of achieving accreditation against the core standard.
- Develop an improvement plan based on this assessment.
- Develop a new Human Resources and Organisational Development Strategy 2015-18.

Theme 3: Modernisation of Systems, Processes and Procedures

Aim

The aim is to continuously review and improve systems, processes and procedures principally through the use of technology, Lean thinking³ and benchmarking our work against models of best practice.

Progress Made

During the year progress was made as follows:

- Work to develop a new information system called iConnect continued, with a projected go-live date of 30 June 2014. The main objective of the project is to integrate disparate databases whilst investing in a system that would meet the future needs of RQIA. This modular system will include case management, scheduling, documents management, and data integration functionality.
- Technology refresh of RQIA's ICT infrastructure including new server and network platforms to support all ICT applications, iConnect and ICT disaster recovery.
- The Mental Health and Learning Disability (MHLD) directorate undertook a Lean project. The aim of the project was to streamline a number of inherited processes, from the Mental Health Commission, where inconsistency in application had led to duplication of tasks and information. Central to the project was an aspiration to make the systems and processes patient centred: "one patient, one file". The opportunity savings generated by this initiative are being used to promote the human rights of patients using mental health and learning disability services, through increased inspection activity and patient experience interviews.
- A review of RQIA's Enforcement Policy and associated procedures was undertaken by a short-life working group which included RQIA Board members and senior staff. It was considered that whilst the existing policy and procedures

³ Lean is an improvement approach to improve flow and eliminate waste that was developed by Toyota. Lean is basically about getting the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change.

were adequate, they could be improved. In addition, this initiative was responding to an increasing level of enforcement activity and an increased number of representations⁴. The revised procedures now provide greater clarity around actions and responsibilities with a suite of templates that ensure a more consistent approach to any enforcement activity undertaken by RQIA.

- A business case was developed and approved for the procurement of a software application to enable paperless Executive Management Team (EMT) and Board meetings.
- A mapping exercise was carried out of intelligence (information from complaints, concerns and whistleblowing) received by RQIA, mapping how it is collected, processed, managed and recorded.
- The Reviews directorate developed an Improvement Map and Action Plan in order to make improvements to their processes. Initiatives taken forward included:
 - Revision of a process for ensuring the scheduling and reporting of reviews is undertaken in a more efficient way following an examination of these processes by implementing a theory of constraints approach.
 - Development of documentation and a standardised process for drafting and publishing review reports. This included an agreed quality assurance process.
 - Improvements in the way in which background research into a review or project is undertaken during the planning stages. This resulted in training in how to undertake literature reviews, provided by Queen's University, Belfast.
 - Agreement with HSC trusts to establish a process whereby progress can be reported by the HSC trusts in respect of recommendations made in RQIA review reports.

⁴ The 2003 Order makes provision for all registered persons to have the right to make written representations to RQIA concerning any matter which that person wishes to dispute following the issue of a notice of proposal

Next Steps

In 2014-15 we plan to:

- Launch the core iConnect system in June 2014 and a web portal solution in March 2015.
- Initiate a review of RQIA's inspection methodology.
- Develop a standardised procedure to collect, process, manage and record intelligence (information from complaints, concerns and whistleblowing) received in RQIA. This will ensure there is consistency across the organisation and a clear understanding of roles and responsibilities.
- Implement paperless EMT meetings in the autumn 2014 and paperless Board meetings in early 2015.

Theme 4: Sustainable Development

Aim

The aim is to deliver RQIA's strategic objectives in a sustainable manner⁵.

Progress Made

During the year progress was made as follows:

- Reduction in energy consumption and public transport awareness initiatives
 - An energy awareness campaign was conducted at our office at Riverside Tower, Belfast to develop a baseline of current consumption with recommendations on energy reduction measures.
 - An energy audit of RQIA's office in Omagh was conducted.
 - An advice day was held for staff on home energy reduction measures and information on renewable energy sources.
 - A Translink public transport awareness day was held.
 - RQIA continues to promote Translink annualised rail tickets, TaxSmart bus scheme and the cycle to work scheme.
 - Greater use over the past 12 months has been made of audio conferencing systems.

- Protecting the environment by waste reduction and recycling
 - RQIA in conjunction with British Telecom (BT) at Riverside Tower have introduced systems to recycle office waste.
 - All multi-functional device (MFD) toner cartridges, toner waste bottles and other MFD user replacement parts are now returned to the manufacturer for recycling or environmental disposal.
 - Ten printers in RQIA were replaced by five MFD devices, which have excellent low energy modes of operation.

⁵ Sustainable Development has been defined as "Development which meets the needs of the present without compromising the ability of future generations to meet their own needs." (*Our Common Future (The Brundtland Report) – Report of the 1987 World Commission on Environment and Development*)

- There has been a reduction in paper consumption since the introduction of a paper lite initiative, where a number of key business processes have been changed to a paperless format.
- Strengthening society so that it is more tolerant, inclusive and stable and permits progress in quality of life for everyone
 - Tackling social exclusion was addressed by supporting the development of guidelines by the Public Health Agency (PHA) to support the needs of older lesbian, gay, bisexual and transgender people in residential, nursing home and day care settings.
 - RQIA continues to report on the quality, safety, availability and experience of service users accessing health and social care services.
 - Recruitment of lay assessors to work alongside our inspectors and reviewers.
- Promoting and influencing sustainable practice in the regulated sector
 - The following aspects of sustainable practice continue to be embedded within the inspection process:
 - Estates inspections - identifying issues with the building fabric and the arrangements for providing effective engineering services.
 - Pharmacy inspections – the effective use of medicines to minimise waste. Correct disposal of medicines to avoid contamination in water systems.
 - Infection and prevention/hygiene inspections – introduction and monitoring of safe systems of work to prevent spread of infections, including the appropriate disposal of waste, the use of and storage of chemicals.
 - Review the use of technology in the regulation and inspection process, for example, use of email for sending out pre-inspection materials, inspection reports and correspondence to providers, the use of telephone conferencing.

Next Steps

In 2014-15 we plan to:

- Achieve further energy savings through the introduction of the energy reduction measures identified in the 2013-14 energy awareness campaign.
- Make information available to providers in relation to sustainable development issues.
- Assess current practices and processes within all areas of RQIA from a sustainability perspective.
- Collaborate with other HSC Arm's Length Bodies on sustainability issues.
- Introduce a staff health and wellbeing programme.
- Develop a web portal for regulated services under iConnect supporting a paper lite system, reducing paper printing and postage costs.

Theme 5: Personal and Public Involvement

Aim

There are two broad strands to the implementation of personal and public involvement (PPI) in RQIA:

- i. Actively engaging with stakeholders in the planning and delivery of our work.
- ii. Directly engaging with service users and carers as part of the inspection and review programmes to hear their views on the quality of the care provided in order to help shape service improvements.

Progress Made

During the year progress was made as follows:

- RQIA continued to involve patients and the public in a wide range of activities within its regulation, review and mental health and learning disability activities. This is strengthened through RQIA's PPI Forum, which includes lay membership and leads all RQIA's PPI activities.
- The Mental Health and Learning Disability directorate engaged with service users to develop an easy read inspection report following inspection of a ward in Muckamore Abbey Hospital. The response from service users to this report format was very positive. From April 2014, easy read versions of all RQIA's inspection reports for mental health and learning disability services will be produced. These will be published on RQIA's website and also made available within the hospital wards.
- RQIA's User Consultation Officer continued to ensure that the views of individual service users were gathered prior to the inspection of domiciliary care agencies. Service user feedback helped to identify issues impacting on service delivery and was also included in our inspection reports. In addition, this information is used to inform and improve our inspection methodology and themes for our future inspection programme.

- In January 2014, RQIA advertised for the recruitment of lay assessors to work alongside our inspectors and reviewers. From 2014-15 onwards a cohort of lay assessors will be involved in obtaining service users views and experiences within regulated services, mental health and learning disability facilities, infection prevention / hygiene inspections and in the review programme.

Next Steps

In 2014-15 we plan to develop RQIA's Annual PPI Action Plan, which will identify the actions we will take to ensure that service users, carers and the public are actively involved in the planning and delivery of our work. A key priority within this plan will be the use of lay assessors to work alongside our inspectors and reviewers.

Theme 6: Service User, Stakeholder and Public Perceptions of RQIA

Aim

The aim is to demonstrate that feedback on RQIA is obtained on a regular and consistent basis and that it is used to understand, monitor and assess the needs, expectations and opinions of service users, stakeholders and the public. This feedback will be used to inform improvements in, for example, the way we deliver services, communicate internally and externally and manage stakeholders, our reputation and profile. An evidence base of service user, stakeholder and public perceptions of RQIA, together with consequent improvements, should be available over at least a period of three years.

Progress Made

During the year progress was made as follows:

Stakeholder Engagement

- RQIA maintained effective working relationships with DHSSPS, HSC Board, HSC trusts and agencies - including the Public Health Agency and Patient and Client Council, through regular liaison meetings to discuss areas of common interest.
- We also continued to work with a wide range of stakeholders. These included: the Commissioner for Older People for Northern Ireland; Criminal Justice Inspection Northern Ireland; Education and Training Inspectorate; Northern Ireland Commissioner for Children and Young People; Northern Ireland Social Care Council; and The Prisoner Ombudsman for Northern Ireland.
- RQIA maintained strong partnerships with peer health and social care systems regulators, inspectorates and professional regulatory bodies across the United Kingdom, Ireland and Europe. These provide an opportunity to share best practice in regulation and to benchmark our practice with peer organisations.
- RQIA also continued its engagement with political representatives, through meetings with party political health and social care spokespersons; responses to

assembly questions; and appearances before the Northern Ireland Assembly Committee for Health, Social Services and Public Safety.

- RQIA has established an annual programme of provider roadshows that showcase the key findings from the previous inspection year and advise providers of the areas of focus for inspection in the coming year. These are well attended events and feedback from providers is generally positive regarding the information provided to them.
- The Mental Health and Learning Disability Directorate held learning events. These events included trust wide workshops to discuss RQIA's overview of the trust's management of patients finances under Article 116 of the Mental Health (NI) Order 1986, a conference for consultant psychiatrists regarding RQIA's overview of relevant areas of practice, and a roadshow for key staff involved in inspection of inpatient settings about our programme of work for the coming year.
- The Reviews directorate included regional summit events during several RQIA reviews to share information about the emerging findings from these reviews. Contributions from patients and clients of services and from expert reviewers at these events have been welcomed during evaluations of these events.
- In its engagement with the media, RQIA provides comprehensive briefings to ensure clarity on the nature, breadth and complexity of health and social care regulation activities. Throughout the year, media interest in all aspects of the work of RQIA continued, with significant coverage of regulation, review and mental health and learning disability activities in print, broadcast and online media outlets.

Online Communication

- From April 2013 to 31 March 2014 the RQIA website received some 125,000 visitors, viewing over half a million webpages. The interactive map/inspection reports page received over 200,000 views, whilst around 30,000 visited our enforcement pages.
- RQIA began piloting the use of social media through the establishment of a Twitter account, @RQIANews. This will be further developed in the year ahead.

Feedback Mechanisms

- Following each announced care inspection, the Regulation directorate seeks feedback through use of a post inspection questionnaire from the provider regarding their experience of the inspection process. The questions asked seek feedback from the provider on the notification of the inspection; the punctuality of the inspector; the process of the inspection; and the inspector's level and quality of engagement with service users. Whilst the submission of these questionnaires is entirely at the discretion of the provider, there is a high return rate from these, and the outcomes of the feedback of the questionnaires are discussed with the relevant RQIA inspector.
- The Mental Health and Learning Disability directorate introduced post-inspection questionnaires during the year as an outcome of a Lean project. The outcomes of the feedback are discussed with the relevant Inspector.
- At the end of a review the Review Directorate may hold a summit event to which all key stakeholders are invited. At the end of some of these events the opportunity has been taken to obtain customer feedback. Any feedback from evaluations or surveys is collated and discussed to identify learning or improvement for future reviews at one of the Project Manager's Learning Events.
- Seven complaints were received about RQIA relating to the work of the organisation and our staff. These were handled in line with RQIA's complaints policy. To ensure learning from complaints, RQIA disseminates any lessons learned to its staff.

Next Steps

In 2014-15 we plan to:

- Conduct a public perception survey, which will provide information in relation to respondents' awareness and understanding of RQIA, as well as their confidence and trust in the organisation.
- Consult with stakeholders on the development of RQIA's new Corporate Strategy 2015-18 and Review Programme 2015-18, through pre-consultation and formal consultation processes.

- Survey participants at the pre-consultation events on the Corporate Strategy/Three Year Review Programme 2015-18 to obtain feedback on their awareness and understanding of the Review Programme.
- Continue to use feedback mechanisms in the Regulation, Review and Mental Health and Learning Disability directorates for learning and improvement.
- Further develop the format of the annual regulation roadshows with providers to make them more interactive.

Best Practice, Standards and Guidelines

This section of the report describes how RQIA supports the development, communication and implementation of best practice, standards and guidelines in order to improve the quality of health and social care.

Development

During the year, RQIA participated in working groups to develop and review DHSSPS minimum care standards for nursing homes, children's residential care homes and independent health care services.

In April 2013, RQIA commenced its programme of infection control and hygiene inspection in augmented care settings, based on audit tools developed by a working group chaired by RQIA and including membership from the Public Health Agency. During the year all neonatal units in Northern Ireland were inspected, and the inspection reports were published online.

In December 2013, the Guidelines, Audit and Implementation Network (GAIN) palliative and end of life care guidelines for nursing and residential care homes were published. RQIA participated in the project team that developed the guidance, which included membership from a range of HSC bodies and independent health and social care providers.

In March 2014, See Me, Hear Me, Know Me: Guidelines to Support the Needs of Lesbian, Gay, Bisexual and Transgender People in Care Homes, Day Care Centres and Those in Receipt Of Domiciliary Care was published. These guidelines were developed by the Public Health Agency, in partnership with: Age NI; Lesbian Advocacy Services Initiative, independent health care providers; The Rainbow Project; RQIA; and UNISON.

During the year, RQIA responded to a number of consultations, which included:

- Custodial Arrangements for Children in Northern Ireland (Department of Justice)
- Draft Minimum Independent Healthcare Standards (DHSSPS)

- Foster Placement and Fostering Agencies Regulations (Northern Ireland) 2014 (DHSSPS)
- Enhancing Healthcare Services For Children and Young People in Northern Ireland (From Birth to 18 Years) - A Review Of Paediatric Healthcare Services Provided In Hospitals And In The Community (DHSSPS)
- Proposal to place the Prisoner Ombudsman for Northern Ireland on a statutory footing (Department of Justice)
- Supporting People – Housing Related Support Strategy (Department of Social Development)
- Who Cares? The Future of Adult Care and Support in Northern Ireland (DHSSPS)

Communication

RQIA plays an important role in the communication of guidelines and advice to the services we regulate. We publish relevant documents on our website and circulate regional guidance to providers on behalf of DHSSPS and other organisations.

A programme of roadshows, run by the Regulation directorate is a way to share information with providers about our programme of work for the next year. Each roadshow focused on a specific sector: nursing homes; residential care homes; domiciliary care agencies (conventional and supported living services); day care settings and those providing private dental care or treatment. At the events, attended by some 1,300 participants, RQIA shared examples of best practice from the sector, and highlighted learning from the current inspection activity. In addition, providers were updated on RQIA's key themes and standards which will form the focus of inspection activity for 2013-14.

The learning events held by the Mental Health and Learning Disability directorate and the regional summit events included in RQIA's reviews are also used by RQIA to communicate with key stakeholders including HSC Trusts, key staff involved in inspections and patients and clients of services.

Implementation

Throughout all aspects of our work, we inspect and review services to determine if agreed standards and guidelines have been effectively implemented.

For regulated services we inspect services against regulations and standards. We identify particular standards for enhanced focus each year. For example, in 2013-14 we identified the following themes for particular focus through our inspection programme:

- Patients in nursing homes are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.
- Confirming that children placed in homes have the right to privacy, dignity, fulfilment and choice.
- Ensuring decontamination procedures within dental practices are adhered to.
- Safeguarding vulnerable adults in residential care homes.
- Ensuring that staff in conventional domiciliary care agencies are competent to carry out tasks in the areas of manual handling and infection control.
- Day care centres contribute to the overall care review process.

RQIA's independent review of implementation of the service framework for respiratory services in March 2014 and NICE guidelines have informed the processes for consideration of future implementation of similar frameworks and guidelines.

Following the publication of RQIA's review of specialist sexual health services, DHSSPS wrote to the HSC Board, HSC trusts and PHA, asking them to work collaboratively to progress the implementation of RQIA's recommendations.

In our programme of inspections of mental health and learning disability hospitals we have examined the implementation of specific standards including:

- The provision of electro-convulsive therapy (ECT) in five ECT suites across all Trusts.

- The arrangements in place in both adult and children's mental health and learning disability inpatient settings for safeguarding patients, underpinned by the human right's theme of protection.
- The arrangements in place in mental health and learning disability inpatient settings to safely manage patients' monies and valuables.
- The patient experience and views on their care and treatment.

During the year RQIA attended regular meetings with DHSSPS to address the implications of the new proposed mental capacity legislation.

Looking Forward

RQIA is committed to being recognised for excellence and embedding improvement in all that we do. This will be taken forward incrementally as part of RQIA's "good to great" journey, using independent liP and EFQM assessments to gauge our progress towards organisational excellence.

Based on a three-year cycle the sequencing of future independent liP and EFQM assessments is as follows:

- ✓ 2014 - liP
- ✓ 2015 - EFQM
- ✓ 2017 - liP
- ✓ 2018 - EFQM
- ✓ 2020 - liP
- ✓ 2021 - EFQM

A typical excellence journey is shown in Figure 3.

Figure 3: Typical Excellence Journey



RQIA's ambition is to:

- achieve EFQM Steps to Excellence Gold (351-400 points) in 2015
- become an EFQM Ireland Excellence Award Winner (501+ points) in 2018
- become a European Excellence Award Winner (675+ points) in 2021

In moving towards this level of recognition it is critical that we:

- use the lIP standard to assist us in developing excellent people practices
- utilise improvement tools such as Lean and ISO⁶
- adopt best practice / be seen as an exemplar of best practice
- establish and sustain a culture of continuous improvement and collaborative working to achieve excellence throughout RQIA.

⁶ ISO (International Organisation for Standardisation) is an international standard-setting body. ISO International Standards are strategic tools that reduce costs by minimizing waste and errors and increasing productivity.



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RQIA Board Meeting

Date of Meeting	11 September 2014
Title of Paper	Part II Panel Report
Agenda Item	14
Reference	H/05/14
Author	Theresa Nixon
Presented by	Theresa Nixon
Purpose	The purpose of this paper is to provide the Board with an updated report on the activities of the RQIA Part II Appointment Panel. The Board are also asked to provide approval to a number of proposed amendments to Standing Order number Five and the Policy and Procedure for Appointment to the RQIA List of Part II Medical Practitioners.
Executive Summary	<p>Medical Practitioners, at Consultant Psychiatrist level, with specialist experience in the diagnosis or treatment of mental disorder, who meet the conditions set out by RQIA, are eligible to apply for appointment to the RQIA List of Part II Medical Practitioners.</p> <p>Following the Board Workshop in Cultra Manor on 13 June 2013, and subsequent legal advice, from the Director of DLS, it was agreed that a Board Committee should be established to draw up interim policy and procedures and other associated documentation regarding appointment to the RQIA List of Part II Medical Practitioners. These documents were approved by the Board on 13 September 2013 and were agreed to be reviewed again, by the Board, in September 2014.</p> <p>The Board also agreed that an interim RQIA Appointment Panel be established in July 2013, which was granted the power to make decisions about the appointment and reappointment to the RQIA list of Part II Medical Practitioners.</p>

	The interim Panel was confirmed as the substantive Panel in September 2013 and this decision was agreed to be reviewed by the Board in September 2014.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	<p>It is recommended that the Board should NOTE the Part II Appointment Panel Report.</p> <p>The Board are also asked to APPROVE the proposed amendments to the Policy and Procedure for Appointment to the RQIA List of Part II Medical Practitioners, in addition to Standing Order number Five.</p>
Next steps	<p>Changes as agreed will be made to Standing Order number Five and to the Appointment of Part II Medical Practitioners, Policy and Procedure.</p> <p>This policy will be reviewed in September 2017.</p>

Update Report on Part II Medical Practitioners Appointment Panel 2013/14

1.0 Background

Under Article 25(1) Health and Social Care (Reform) Act (Northern Ireland) 2009, RQIA has the power to appoint Part II Medical Practitioners.

Following the Board Workshop in Cultra Manor on 13 June 2013, it was agreed that a Board Committee should be established, to draw up interim policy and procedures and other associated documentation regarding appointment to the RQIA List of Part II Medical Practitioners.

Medical Practitioners, at Consultant Psychiatrist level, with specialist experience in the diagnosis or treatment of mental disorder, who meet the conditions set out by RQIA, are eligible to apply for appointment to the RQIA List of Part II Medical Practitioners.

These procedures were approved by the Board on 13 September 2013.

Approval of appointment is not automatic. The suitability of each applicant is considered by RQIA with account taken of the relevant experience, training, professional standing, qualifications and indemnity of the practitioner.

2.0 Establishment of a Board Appointment Panel

An interim RQIA Appointment Panel was established in July 2013 which was granted the power to make decisions about the appointment and reappointment to the RQIA list of Part II Medical Practitioners.

The interim Panel was confirmed as the substantive Panel in September 2013 and this was to be reviewed by the Board in September 2014.

The RQIA Appointment Panel ensures that all applications are processed in line with the RQIA Policy and Procedures.

The Panel formally agree and record in the minutes of its meetings any decisions regarding appointments (or non-appointment) of Part II Medical Practitioners. The Panel Administrator distributes all minutes of meetings to Panel members and advises all applicants of the Panel's decision and the agreed period of their appointment.

Since the establishment of the Panel the Appointment policy and procedure has been implemented accordingly.

3.0 Membership of the RQIA Part II Appointment Panel

The RQIA Appointment Panel comprises a Chairman, Dr John Jenkins, who is responsible for convening meetings of the Panel and for ensuring the accuracy of recording of any decisions made.

The Panel consists of a further 3 Board Members –

- Ms Sarah Havlin
- Ms Patricia O’Callaghan
- Mr Daniel McLarnon

The Appointment Panel also have in attendance

- An RQIA Sessional Medical Officer who provides relevant information and advice to the Appointment Panel as required. The Sessional Medical Officer scrutinises all applications for compliance with the criteria for appointment before they are brought to the attention of the Panel.
- The Head of Programme, Mental Health and Learning Disability, RQIA.
- The MHLD Administrator who provides administrative support.
- The Director of Mental Health, Learning Disability and Social Work attends, as required.

The RQIA Appointment Panel may co-opt additional Board members for a defined period in the event of the Panel not being able to meet its quorum requirements.

Applicants are afforded the opportunity, if dissatisfied with the decision of the Appointment Panel, to have their case reviewed by a separate Appointment Representation Panel.

4.0 Provision of Three Additional Board Panels

a) Appointment Representation Panel and Membership

A facility for responding to any letter of representation, regarding the decision of the Appointment Panel, has been established. To date this Panel has not been required.

The Appointment Representation Panel members are required to be independent of the RQIA Appointment Panel who made the decision about the original appointment.

b) Suspension or Removal Panel

The Suspension or Removal Panel responds to situations where a Medical practitioner requires to be suspended or removed from the RQIA list of Part II Medical Practitioners.

There is a separate Policy and Procedure for the Suspension or Removal of Part II Medical Practitioners from the RQIA List of Part II Medical Practitioners.

c) Suspension or Removal Representation Panel

A separate Suspension or Removal Representation Panel was established to provide applicants, if dissatisfied with the process used by the RQIA Suspension or Removal Panel, to make representation to RQIA.

To date none of these Panels have been required.

5.0 Meetings of Appointment Panel

One meeting is required monthly with agreed terms of reference. Further meetings are arranged at the discretion of the Chairperson of the RQIA Appointment Panel, as required.

Thus far the Appointment Panel has met every month since August 2013, with the exception of February 2014, wherein no applications for appointment were made.

Since the new policy and procedure for the appointment of Part II Medical Practitioners was approved, the Panel have appointed a total of 46 Medical Practitioners. (See Appendix 2)

One extraordinary Appointment Panel meeting was convened on 14 November 2013.

As per our policy and procedure, the RQIA List of Part II Medical Practitioners can be accessed on our website:

http://www.rqia.org.uk/what_we_do/mental_health_and_learning_disability/part_ii_medical_practitioners.cfm

6.0 Proposed Amendments Standing Order Number Five

- 1) The Appointment Panel have proposed an amendment be made to Standing Order Number Five, on page 2 - Section 2.1.

This currently states that;

“The Chairman of RQIA will seek expressions of interest from four Board members and will appoint a Medical Practitioner as Chairman of the Panel.”

The Panel propose that Section 2.1 be amended to state that;

“The Chairman of the Panel will seek expressions of interest from four Board Members, one of whom should be appointed as Chairman of the Panel.”

- 2) Proposed Addition to the Policy and Procedure for Appointment to the RQIA List of Part II Medical Practitioners and to Standing Order Number Five.

The Panel propose that an addition be made to all three documents above to state that:

“An Appointment Panel member can be deputised, by the Chairman of the Appointment Panel, to act as Chairman in his/her absence.”

- 3) Proposed Amendments to the Policy for Appointment to the RQIA List of Part II Medical Practitioners.

The Appointment Panel propose the following amendments be made to Page 10 – Section 7.1 (bullet point 16) concerning the Eligibility Criteria for the re-appointment to the RQIA List of Part II Medical Practitioners.

Currently the policy states that;

“For Part II Medical Practitioners who have changed their place of employment since their initial appointment, a copy of their most recent AccessNI Enhanced Disclosure Certificate”

It is proposed that the language in section 7.1 (bullet point 16) be amended to state more clearly that;

“If an applicant takes up appointment in another trust, as a Part II Medical Practitioner, they are required to submit a copy of their new AccessNI Enhanced Disclosure Certificate from that Trust.”

7.0 Action Required of the RQIA Board

The Board is asked to;

- 1) Note the report and activity of the Part II Appointment Panel
- 2) Approve the proposed amendments to Standing Order Number Five and the Policy for the Appointment of Part II Medical Practitioners, as set out above
- 3) Approve that the current Board Members of the Part II Appointment Panel, can continue to act as Part II Appointment Panel members for the next year and also for any future Part IV Appointment Panel meetings
- 4) Agree the nominations of one additional Board Member to the Part II Appointment Panel from September 2014

Theresa Nixon

Director of Mental Health Learning Disability and Social Work

Date: 27 August 2014

Appendix 2

Date of Appointment Panel	Number of Medical Practitioners Appointed
26 July 2013	No appointments made
15 August 2013	<ul style="list-style-type: none"> - 2 Initial Appointments - 4 Re-appointments
3 September 2013	No appointments made
4 October 2013	<ul style="list-style-type: none"> - 6 Initial Appointments - 1 Re-appointment
8 November 2013	<ul style="list-style-type: none"> - 3 Initial Appointments - 3 Re-appointments - 2 Locum Extension Appointments
13 December 2013	<ul style="list-style-type: none"> - 2 Re-appointments
28 January 2014	<ul style="list-style-type: none"> - 1 Re- appointment - 1 Locum Extension Appointment
4 March 2014	<ul style="list-style-type: none"> - 2 Re-appointments
1 May 2014	<ul style="list-style-type: none"> - 2 Re-appointments - 1 Locum Extension Appointment
5 June 2014	<ul style="list-style-type: none"> - 2 Initial Appointments - 2 Re-appointments - 1 Locum Extension Appointment
3 July 2014	<ul style="list-style-type: none"> - 1 Initial Appointment - 1 Re-appointment - 2 Locum Extension Appointments
14 August 2014	<ul style="list-style-type: none"> - 2 Initial Appointments - 4 Re-appointments - 1 Locum Extension Appointment

RQIA Board Meeting

Date of Meeting	11 September 2014
Title of Paper	Equality Annual review of progress 2013/14
Agenda Item	16
Reference	I/05/14
Author	Fiona Stevenson
Presented by	Maurice Atkinson
Purpose	The purpose of this report is to satisfy the Board, and subsequently the Equality Commission that RQIA is compliant with the duties outlined in Section 75 of the Northern Ireland Act 1998.
Executive Summary	<p>The attached report provides an overview of how RQIA has met its obligations and duties of Section 75 of the Northern Ireland Act 1998. Key aspects of progress within the last year include:</p> <ul style="list-style-type: none"> • Regional work on accessible formats resulting in a new draft policy for organisations to implement. To be embedded 2014/15. • Disability awareness: training delivery by epilepsy action. • Seminars and round table events organised by BSO equality unit including Transgender awareness and Sectarianism: Defining Good Relations in Law. • Locally, in Quarter 4 RQIA conducted a recruitment exercise for lay assessors. Appointed lay assessors will commence in September 2014.
FOI Exemptions Applied	None
Equality Impact Assessment	N/A
Recommendation/Resolution	The Board is asked to endorse this report. The Chair of the Board and Chief Executive are asked to sign this report for submission.

Next steps	The endorsed report will be forwarded to the Equality Commission NI.
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The **Regulation** and
Quality Improvement
Authority

EQUALITY COMMISSION FOR NORTHERN IRELAND

Public Authority 2013 – 2014 Annual Progress Report on:

- **Section 75 of the NI Act 1998 and**
- **Section 49A of the Disability Discrimination Order (DDO) 2006**

August 2014

Name of public authority (Enter details below)

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Appendix 1: Disability Action Plan – What we did between April 2013 and March 2014

Part A: Section 75 Annual Progress Report 2013- 2014

What we do

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services. We do things like:

- Register and inspect a range of health and social care services in both statutory and independent sectors.
- Through our inspections, encourage improvements in how services are delivered.
- Deliver a programme of scrutiny and review in services provided to people with a mental illness or a learning disability.
- Via the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 we monitor, inspect and enforce these regulations to protect people against dangers of ionising radiation in relation to medical exposure.
- Assure the quality of health and social care through a programme of reviews and hygiene inspections
- Listening to service users and acting on these views
- We also employ staff and manage our budgets to effectively conduct our duties.

Registration and Inspection	Mental Health and Learning Disability
<p>Register services</p> <p>Inspect services in statutory and independent sectors</p> <p>Encourage improvement in the access and delivery of services</p>	<p>Oversee the scrutiny and review of Mental Health and Learning Disability services delivered in the province.</p> <p>Provide safeguards for users of these services.</p>
IR(ME)R	Reviews
<p>Conduct a programme of inspections to ensure compliance with legislative requirements.</p>	<p>Conduct hygiene inspections, and assure quality of health and encourage improvement in this area</p> <p>Carry out RQIA's review programme and commissioned reviews into a range of health and social care issues, assuring the quality of services and making recommendations for improvement.</p>
Public Participation	Corporate Services
<p>Responding to existing and emerging issues within health and social care (HSC) through listening to and acting on the views and opinions of the public.</p>	<p>Supporting the business of RQIA.</p>

Executive Summary

The RQIA continues to work in collaboration with the Business Services Organisation in the planning and implementation of equality and good relations activity. The Business Services Organisation's Equality Unit provides support to 11 regional Health and Social Care organisations in total.

In Appendix 1 we report on progress in implementing our Disability Action Plan during 2013-14.

Key developments during 2013-14

Key developments that we made to better promote equality and good relations included

- Accessible Formats

To ensure we have arrangements in place to deliver on the policy, we have worked closely with the Equality Unit in developing key support products for our staff. These guidance to assist staff step by step in their decision-making on accessible formats as well as in practically procuring these.

- Disability

After much of our efforts were focused on the development of our Disability Action Plan in the previous year, this year we were able to turn to delivering on it.

This has involved, for example, working with our 10 regional HSC partner organisations to raise staff awareness about specific disabilities. As the first in a series of awareness days, we decided to focus on the issues faced by people with epilepsy. We did so by promoting Purple Day, the International Epilepsy Awareness Day, in the workplace. It took place on 26th March.

- Transgender

Building on the learning from recent local seminars on the needs and experiences of transgender people in the workplace, the Equality Unit commenced work with Human Resources colleagues to explore the scope for the development of a policy on transgender. In a first step, this has

involved reviewing good practice materials and recommendations published on the internet.

The main objective is to provide support to current and potential employees who identify as Transgender. We thereby seek to ensure that our workplaces are inclusive.

- EQIA workshop

During the year, the Equality Unit designed and delivered a dedicated workshop for senior staff. Its aim was to develop a refined understanding of the EQIA process and its key challenges compared with an in-depth screening.

Main initiatives planned for 2014-2015

- Disability

During 2014-2015 we plan to progress a number of actions. These include working with disabled people to consider the diversity of images used and the potential for portraying wider range of individuals when developing information materials including websites. It also relates to exploring the scope and interest in the establishment of a forum for staff on disability. We will also seek to prompt staff to keep up to date their personal equality monitoring records (via self-service on new Human Resources IT system), in order to improve our equality evidence base for any equality screenings and impact assessments of policies and decisions relating to the workplace.

- Accessible Formats

During 2014-2015 we will focus on raising awareness amongst our staff on their roles and responsibilities whilst implementing a new Accessible Formats policy. We will also work with regional HSC partners to put in a place a contract for the provision of accessible formats services (such as the production of documents in Braille or Makaton formats).

New / Revised Equality Schemes

Our current Equality Scheme was approved by the Equality Commission in 24 August 2011.

Section 1: Strategic Implementation of the Section 75 Duties

The RQIA continues to be an active partner of the Equality Forum, convened by the BSO Equality Unit. The forum brings together the equality leads from all the 11 HSC organisations that the Equality Unit supports.

RQIA's equality agenda is supported by a number of documents and internal processes:

- Annual Report
- Business Plan 2013/14
- PPI action plan 2013/14
- Policy sub group (screening assurances)

Equality Action Plan and Disability Action Plan

In addition, we commenced delivery on our Equality Action Plan and Disability Action Plan. Both of these cover the period 2013-18

These plans focus on specific actions to promote equality and good relations, to promote positive attitudes towards people with a disability and to encourage their participation in public life.

Key Year 1 objectives that we delivered on under our **Equality Action Plan**

- Advertised recruitment of lay reviewers, including the production of easy read materials for the recruitment process
- Awareness sessions delivered on certain disabilities to our staff group. This year Epilepsy awareness training was delivered.
- Continued implementation of the 2012–15 Review Programme, the topics of which had been fully consulted on with the public, and balanced in terms of the Section 75 categories.

Key Year 1 objectives that we delivered on under **our Disability Action Plan** included:

- Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks.

- Identify, provide and promote opportunities for more engagement for people with a disability in key work areas.
- Create and promote meaningful placement opportunities including for people with disabilities.

Further details are provided in Appendix 1.

Equality screening

We moreover sought to progress implementation of Section 75 at a strategic level by reviewing further opportunities for integrating screening checks into our decision-making processes

Section 2: Examples of Section 75 Outcomes / Impacts

The Human Rights based approach continues to be embedded in the work of the MHLTD team and informs our monitoring role. This includes Patient Experience reviews, Inspections and our thematic reviews. A range of measureable performance indicators have been developed and we assess the trusts performance in their self-assessment returns, observations from visits to facilities as well as direct engagement with service users, relatives and carers. We also seek the views of nursing staff other health professionals, advocates and other agencies.

During the 2013/14 business year, a range of thematic reviews were undertaken by RQIA. The review programme is an important strand of the work of RQIA and provides assurance to the public about the quality, safety and availability of health and social care services in Northern Ireland. Our reviews aim to encourage continuous improvements in health and social care services and ensure the rights of service users are safeguarded. A robust and comprehensive planning approach has been used to ensure our programme covers relevant issues, in particular those which have been identified through consultation. The programme helps RQIA to work in collaboration with other regulators and organisations which represent particular interests as well as the users of the services themselves. As intended in our Review programme of 2012-15, the topics were balanced in terms of S75 groups and the issues pertinent to them. The reviews undertaken included:

- Access to Evidence Based Psychological Therapies for Adults who Subsequently Complete Suicide
- Review of Statutory Fostering Services
- Baseline Assessment and Review of Community Services for Adults with a Learning Disability
- Review of Specialist Sexual Health Services in Northern Ireland

Section 3: Screening

No screening was undertaken during 2013-14

Section 4: Equality Impact Assessment (EQIA)

No EQIAs were undertaken during this reporting period.

No EQIA's are currently planned for the year 2014/15

Section 5: Training

During 2013-2014, 3 members of staff participated in training and briefing sessions on equality and human rights matters. 2 individuals completed Equality Screening training and 1 member of staff completed an Introduction to Equality Impact Assessment workshop.

All regular training sessions are evaluated. The evaluation figures have remained consistently high over recent years. A recurring feature are the somewhat lower scores for the development of skills in practically carrying out screening. Given the challenging nature of equality screening it is arguably to be expected that the development of practical skills in screening cannot be completed within the timeframe of a 3h session. The definition of learning outcomes will therefore be reviewed accordingly.

On the back of Equality Commission feedback on screenings completed by RQIA and their outcomes, the Equality Unit designed and delivered a dedicated workshop.

The aim of the workshop was to develop an understanding of the EQIA process and its key challenges compared with an in-depth screening. It addressed four main questions:

- What is an EQIA and how do you do it?
- What is the difference between an EQIA and screening?
- What are the implications for current practice?
- How do you document and present an EQIA?

Section 6: Communication

RQIA reports on Section 75 duties via the Annual Report and quarterly Corporate Performance reports.

Bulletins, newsletter, senior briefings, intranet and email

We provided our staff with information in the form of emails, features on our intranet or staff newsletters and bulletin These focused on the following:

- Screening Good Practice Resource and training 2013-14
- Launch of final Disability Action Plan
- Anti-Homophobia Week
- International Epilepsy Day (preannouncement, quiz and feature)
- LGBT forum and events

Senior briefings

In addition, a number of senior briefings were provided on the following areas:

- Shared Learning resource
- Disability Action Plan – raising staff awareness of disabilities
- Good Relations
- Screening and Equality Impact Assessments

Moreover, case law relevant to equality and human rights was reviewed. Senior staff were provided with a summary of the cases and learning points arising for the organisation.

International Day of Epilepsy Awareness

During this year, we worked with our regional HSC partners with the aim to raise staff awareness around the barriers experienced by people with particular disabilities in the workplace. Together with our partners, we featured Purple Day, the International Epilepsy Awareness Day, in the workplace on 26th March.

The aim was to raise staff awareness about the nature of the disability, how it affects people and what staff can do to support a colleague with epilepsy. To this end, the first of a new series 'Disability Insight' was produced and circulated amongst staff on the day. This included further information as well as links to personal stories and video testimonials by people living with epilepsy. Likewise, a quiz was issued one week in advance as a lead in. RQIA also organised the delivery of training to staff on epilepsy awareness.

Section 7: Data Collection & Analysis

Census 2011 analysis

During the year, the Equality Unit identified additional relevant Census statistics as further outputs were released by NISRA. Staff were alerted to key new and emerging data for the purpose of informing equality screenings and equality impacts assessments.

Website of BSO Equality and Human Rights Information Bank

The Business Services Organisation, Equality and Human Rights Information Bank, available under <http://www.hscbusiness.hscni.net/services/1798.htm> continues to be updated regularly by the Equality Unit.

This section is easily accessed and provides general equality information on all of the Section 75 equality categories and more specific information subdivided within equality categories. The aim of the resource is to support equality and human rights screening activities in particular.

Section 8: Information Provision, Access to Information and Services

Accessible formats policy

During 2013-2014, regional organisations worked to develop an Accessible Formats Policy.

Moreover, much of our efforts were dedicated to developing resources for staff. These aimed to support staff in implementing the policy and included:

- flowcharts to assist information authors step by step in their decision-making on accessible formats, both at the planning stage and in response to any requests received for accessible formats
- guidance to assist staff step by step in procuring translations and in undertaking basic checks of completed translations
- monitoring databases to record decision-making on accessible formats.

In order to enable our staff to produce documents in Easy Read format, we will arrange access to an image library developed specifically for people with a learning disability by Inspired Services. Together with our partner organisations, we have sought to standardise the images we use in our documents.

On our behalf, the Equality Unit worked with the Procurement and Logistics Service to facilitate a new regional contract for the provision of interpreting and translation services to Health and Social Care organisations.

This policy will be fully embedded during 2014/15

Disability Action Plan

Regional organisations commissioned Action on Hearing Loss to develop a version of our Disability Action Plan 2013-2018 that is accessible to people with hearing impairments. A signed and subtitled DVD was produced.

Signpost to Support Networks in the Community

By the end of March, the regional organisations annual update of the staff resource “*Signpost to Support Networks*” was under way. This resource collates information on a range of Section 75 networks and groups within the community.

Section 9: Complaints

No Section 75 related complaints were received by RQIA in the year 2013/14.

Section 10: Consultation and Engagement

Disability

In order to deliver on our commitment to raise awareness amongst staff of the barriers experienced by people with disabilities, BSO equality unit invited staff to become involved in a working group. This group, convened by the Equality Unit on our behalf, brought together volunteers from a range of HSC partner organisations. We particularly encouraged staff who have a disability or who care for a person with a disability to join the group.

In the development of our feature on epilepsy, we engaged with Epilepsy Action and the Epilepsy Society and were able to draw on their materials and testimonials.

Maintaining Section 75 Consultation list

Various equality consultation exercises conducted during 2013-2014 provided opportunity for regular review and updating of our Section 75 Consultation list. This ensures that the list remains as accurate as possible.

Publication of screening reports

During 2013 – 2014, BSO equality unit continued the process for informing consultees either via email or by post of quarterly screening reports. Following quality assurance, screening documentation, in an easy to understand format, is made available centrally on the BSO website. This is available at: <http://www.hscbusiness.hscni.net/services/2166.htm>

Section 11: The Good Relations Duty

BSO Equality unit, on behalf of clients, also took the opportunity to promote good relations by featuring refugee week.

Facilitated by the Equality Unit, we likewise engaged with our HSC partner organisations to begin discussing options for reinvigorating activity in relation to Section 75 (2). These included, for instance, adopting a good relations statement. Further consideration is to be given to this in 2014-15.

Section 12: Additional Comments

Transgender

Building on the learning from recent local seminars on the needs and experiences of transgender people in the workplace, the Equality Unit commenced work with Human Resources colleagues to explore the scope for the development of a policy on transgender. The main objective is to provide support to current and potential employees who identify as Transgender. We thereby seek to ensure that our workplaces are inclusive.

The policy is aimed at creating a workplace where:

- transgender people feel comfortable to express their gender identity
- transgender people can fulfil their full potential and fully contribute to the workplace
- all staff (including line managers and managers more generally) are empowered to support transgender staff and thereby to strive to meet their needs
- discrimination against transgender people (whether by staff or third parties we interact with) is not tolerated and any allegations thereof are dealt with in an effective manner.

HSC Lesbian, Gay, Bisexual & Transgender (LGB&T) Staff Forum

We have continued to support any of our staff who seek to access and participate in the HSC Lesbian, Gay, Bisexual and Trans Staff Forum.

The Forum is supported by the Public Health Agency. A dedicated website has been developed and can be accessed on <http://www.lgbtstaff.hscni.net>

The Forum was recently shortlisted for a Healthcare People Management Association Award under the category of trade union management partnership working.

On our behalf, the Equality Unit contributed to the development and dissemination of posters within all HSC Settings to help create a more inclusive environment for LGB&T people and staff. We ensured that the poster was displayed in our organisation's facilities.

Part B: 'Disability Duties'

Annual Report 1 April 2013 / 31 March 2014

When we produced our Disability Action Plan we decided that it is important to do so in a language and format that is easy to understand. A copy of our Plan for 2013-2018 is available on our website.

In the same way, we want to make sure that people can easily follow what we do from year to year as we carry out our plan. We have therefore produced a report for 2013-14. It is attached as Appendix 1. This report provides all the information requested in the template below in what we hope is a more accessible language and format.

1. How many action measures for this reporting period have been

2

Fully

Achieved?

0

Partially

Achieved?

0

Not

Achieved?

A copy of our Disability Action Plan for 2013-2018 is available on our website at http://www.rqia.org.uk/cms_resources/RQIA%20disability%20action%20plan%20April%202013%20final.pdf

2. Please outline the following detail on all **actions that have been fully achieved** in the reporting period.

Identify, provide and promote opportunities for more engagement for people with a disability in key work areas

Raise awareness of specific barriers faced by people with disabilities

2 (a) Please highlight what **public life measures** have been achieved to encourage disabled people to participate in public life at National, Regional and Local levels:

Level	Public Life Action Measures	Outputs ¹	Outcomes / Impact ²
National ³			
Regional ⁴			
Local ⁵			

¹ **Outputs** – defined as act of producing, amount of something produced over a period, processes undertaken to implement the action measure e.g. Undertook 10 training sessions with 100 people at customer service level.

² **Outcome / Impact** – what specifically and tangibly has changed in making progress towards the duties? What impact can directly be attributed to taking this action? Indicate the results of undertaking this action e.g. Evaluation indicating a tangible shift in attitudes before and after training.

³ **National** : Situations where people can influence policy at a high impact level e.g. Public Appointments

⁴ **Regional**: Situations where people can influence policy decision making at a middle impact level

⁵ **Local** : Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.

2(b) What **training action measures** were achieved in this reporting period?

	Training Action Measures	Outputs	Outcome / Impact
1	Epilepsy awareness training for staff delivered by Epilepsy action.	Staff undertook training sessions to learn more about this particular disability.	Staff are more aware of the condition of epilepsy, and how to respond if a colleague or visitor suffers an epileptic fit.
2	Equality awareness and screening training to include disability duties	Both types of training include details on the disability duties	Awareness raised amongst staff in receipt of the training
3	E learning disability Module	The E learning Disability Module continues to be profiled	To provide a resource to staff to increase their understanding of the needs of people with disabilities. To increase their competence in responding appropriately to needs.

2(c) What Positive attitudes **action measures** in the area of **Communications** were achieved in this reporting period?

	Communications Action Measures	Outputs	Outcome / Impact
1	Accessible Formats Policy	The draft policy document and final draft policy was made available as Easy Read. This will be embedded during 2013/14.	Improvements in the provision of documents in accessible formats. Agreed criteria for the provision of documents in accessible formats and consideration of portrayal of disabled people in images
2	Inclusion on Forum meeting agendas	Disability remains an item on the Business Services Organisation led quarterly meetings of the partnership organisations.	On-going profiling of the statutory duties.
3	Board reporting	As part of our progress reports to Board details are included on developments made in relation to the disability duties.	Board members are kept updated on progress to date in relation to the two disability duties .

2 (d) What action measures were achieved to '**encourage others**' to promote the two duties:

	Encourage others Action Measures	Outputs	Outcome / Impact
1	Staff newsletters and senior briefings	Equality forum newsletters and senior briefing profiled the two disability duties	Forum members are kept informed about the two duties and the progress regional Disability initiatives.

2 (e) Please outline **any additional action measures** that were fully achieved other than those listed in the tables above:

	Action Measures fully implemented (other than Training and specific public life measures)	Outputs	Outcomes / Impact
1	Publication of Disability Action Plan	Published plan to be implemented over the next 5 years	Final Plan discussed and approved by Senior Managers in March 2013. A consultation report is also available (see Section 10 for details)

3. Please outline what action measures have been **partly achieved** as follows:

NA

4. Please outline what **action measures have not been achieved** and the reasons why?

NA

5. What **monitoring tools** have been put in place to evaluate the degree to which actions have been effective / develop new opportunities for action?

(a) Qualitative

Quarterly/Annual reporting on actions

(b) Quantitative

We use evaluation questionnaires for all equality awareness and equality screening training sessions

6. As a result of monitoring progress against actions has your organisation either:

- made any **revisions** to your plan during the reporting period or
- taken any **additional steps** to meet the disability duties which were **not outlined in your original** disability action plan / any other changes?

No



Disability Action Plan 2013-2018

What we did between April 2013 and March 2014

If you need this document in another format please get in touch with us.

(1) Communication

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
1. Work with disabled people to consider the diversity of images used and potential for portraying wider range of individuals when developing information materials including websites.	Disabled people are portrayed in a positive manner.	Checklist for authors developed and in use.	Business Services Organisation's (BSO) Equality Unit Year 2
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did over the last year <ul style="list-style-type: none">• We have produced a first draft of guidance on how to portray people who have a disability in a positive way.• We looked for images that portray people who have a disability in a positive way. We found a very useful library of images. It is promoted by the Office for Disability Issues. We contacted the people who look after it. They have allowed us to use these images.			

2. Devise Accessible Information policy and guidance.	Improved accessibility of information.	Common wording relating to alternative formats for inclusion in documents. Protocol on how to deal with requests for alternative formats. For electronic communication, staff are supported to ensure that settings meet needs regarding accessible font size.	RQIA Year 2 BSO Information Technology Services (ITS) Year 2
Relevant Duty: Promote positive attitudes towards disabled people AND Encourage participation by disabled people in public life.			
What we did over the last year <ul style="list-style-type: none"> • We have developed a policy and guidance. • We have developed tools for our staff. With these tools, we want to help our staff when they develop documents. They guide staff through what they need to think about. For example, if the document is for people who have a learning disability, staff may need to produce it in Easy Read format. The tools also tell staff what to do when somebody asks them for a document in a different format. 			

(2) Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
3. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).	Increased staff awareness of the range of disabilities and needs.	<p>Annual Awareness Days profiled</p> <p>Stalls set up and road shows organised.</p> <p>Equality event hosted.</p> <p>Staff awareness survey undertaken demonstrates increased awareness.</p>	<p>BSO Equality Unit</p> <p>Year 1 onwards</p> <p>RQIA Human Resources Year 3</p>
Relevant Duty: Promote positive attitudes towards disabled people.			
<p>What we did over the last year</p> <ul style="list-style-type: none"> The Equality Unit at the BSO, on our behalf, brought together a group staff to discuss disability issues. They wanted staff to be more aware of what barriers people with a disability face. They decided to look at one disability at a time. The group decided to look at epilepsy this year. The 26th March 2014 was International Day of Epilepsy Awareness. They talked to groups who know a lot about epilepsy. Epilepsy Action, the Epilepsy Society and Disability Action all helped with their work. 			

(3) Getting people involved in our work, Participation and Engagement

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
4. Identify, provide and promote opportunities for more engagement for people with a disability in key work areas.	Better engagement of people with a disability (adults and children where relevant) in key areas.	Opportunities provided in key areas. Welcoming statement included and announcement issued to local disability organisations.	Senior Management Team Year 1 onwards
Relevant Duty: Encourage participation by disabled people in public life.			
What we did over the last year <ul style="list-style-type: none"> • Creation of easy read materials for our lay reviewers recruitment exercise. 			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
5. Nominate a champion at senior level.	Evidence of leadership at senior level.	Champion identified.	Senior Management Team Year 1
Relevant Duty: Promote positive attitudes towards disabled people AND Encourage participation by disabled people in public life.			

What we did over the last year

- Awareness sessions surrounding epilepsy.
- Thematic reviews surrounding Learning Disability
- MHLD roadshows

(4) Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
6. Create and promote meaningful placement opportunities including for people with disabilities in line with good practice and making use of voluntary expertise in this area. Produce practical guidance on process and external support available.	People with a disability gain meaningful work experience.	Guidance in place. Placements provided.	BSO Equality Unit BSO & RQIA Human Resources Year 1 onwards
Relevant Duty: Encourage participation by disabled people in public life.			
What we did over the last year <ul style="list-style-type: none"> • We worked with the Health and Social Care Board and the Equality Unit in the BSO to plan work placements for people who have a disability. Staff from the Health and Social Care Board talked to organisations who have done this before. This was to learn about their experiences. It was also to find out how we can best organise our placements. • We have decided that placements will be for six months. • We plan to do more work on this next year. 			

(5) Additional Measures

- 6 members of staff completed e-learning training on Disability.
- We always include Disability on our list of things to talk about at our quarterly Equality Forum.
- We regularly report on progress against our Disability Action Plan to our Board/SMT.

(6) Encourage Others

- We include the duties in Screening Training, which is delivered to senior managers and decision-makers, and in Discovering Diversity e-learning training.
- We include questions relating to the two duties in our screening form. The screening form is completed for all policies and decisions.

(7) Monitoring

- We will develop a plan for checking how well our placement scheme works.
- We will investigate the scope for checking how well our Awareness Days are working.
- We keep a note of how many requests we get for accessible formats. We also keep a note of how many of those requests are met. Our Accessible Formats Policy promises that we will do this.

(8) Conclusions

We have still some work to do to complete actions 1, 4 and 6. We will do this next year.

All of the actions in our action plan are at regional and at local level.

Our action plan is a live document. If we make any changes to our plan we will involve people with disabilities. We will tell the Equality Commission about any changes.

