The Regulation and Quality Improvement Authority

AGENDA

RQIA Board Meeting
Boardroom, RQIA
Thursday 12 May 2016, 2.10pm

	PUBLIC SESSION		
1	Welcome and Apologies		2.10pm
2	Minutes of the public meeting of the Board held on Thursday 24 March 2016	Min/ Mar16/ public	2.15pm **APPROVE**
3	Matters arising from minutes		2.20pm
4	Declaration of Interests		2.25pm
5	Chairman's Report **Chairman**	B/04/16	2.30pm **NOTE**
	STRATEGIC ISSUES		
6	Evaluation of the Public Consultation on Inspection Methodology and Next Steps **Director of Regulation and Nursing**		2.40pm **NOTE**
7	Inspection Methodology Phase 2 **Director of Regulation and Nursing**	C/04/16	2.50pm **NOTE**
8	Savings Plan 2016-17 **Director of Corporate Services**	D/04/16	3.00pm **APPROVE**
9	Q4 Corporate Performance Report 2015-16 **Director of Corporate Services**	E/04/16	3.10pm **APPROVE**
10	PPI End of Year Report 2015-16 & Way Forward **Director of Corporate Services**	F/04/16	3.20pm **NOTE**
11	EFQM Assessment and ISO 9001:2015 – Next Steps **Director of Corporate Services**	G/04/16	3.30pm **NOTE**
12	Implementation Plan for Revised Inspection Methodology of Mental Health and Learning Disability Hospitals **Director of Mental Health, Learning Disability and Social Work**	H/04/16	3.40pm **NOTE**

OPERATIONAL ISSUES

13	Chief Executive's Performance Dashboard **Acting Chief Executive**	I/04/16	3.50pm **NOTE**
14	Director of Regulation's Report **Director of Regulation and Nursing**	J/04/16	4.05pm **NOTE**
15	Finance Report **Director of Corporate Services**	K/04/16	4.15pm **NOTE**
16	Audit Committee Business **Committee Chairman** To include: • Approved minutes of meeting on 3 March 2016 • Verbal update on meeting on 28 April 2016	L/04/16	4.25pm **NOTE**
17	Any Other Business		4.40pm

Date of next meeting: 9 June 2016, Boardroom, RQIA

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 May 2016
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Mar16 / 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 24 March 2016.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the minutes of the Board meeting of 24 March 2016.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

The Regulation and Quality Improvement Authority

PUBLIC SESSION MINUTES

RQIA Board Meeting
Boardroom, RQIA
24 March 2016, 1.20pm

Present

Dr Alan Lennon OBE (Chair)
Seamus Magee OBE
Patricia O'Callaghan
Stella Cunningham
Daniel McLarnon
Lindsey Smith
Gerry McCurdy
Dr Norman Morrow OBE
Denis Power

Officers of RQIA in attendance

Glenn Houston (Chief Executive)
David Stewart (Director of Reviews and Medical Director)
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)
Katie Symington (Board and Executive Support Manager)
Patrick Convery, Head of Programme

Apologies

Sarah Havlin
Dr John Jenkins CBE
Prof. Mary McColgan OBE
Robin Mullan

1.0 Agenda Item 1 - Welcome and Apologies

1.1 The Chairman welcomed all Board members and officers to the meeting. Apologies were noted from Sarah Havlin, Dr John Jenkins CBE, Professor Mary McColgan OBE and Robin Mullan. The Chairman welcomed Jennifer Lamont, DHSSPS to the meeting. The Chairman noted that Professor McConkey is unable to attend today's meeting to discuss the Evaluation of the Mental Health and Learning Disability Pilot Inspection Methodology.

2.0 Agenda Item 2 - Minutes of the meeting of the Board held on Thursday 18 February 2016 (min/Feb16/public)

2.1 The Board **APPROVED** the minutes of the meeting of the Board held on Thursday 18 February 2016.

3.0 Agenda Item 3 - Matters arising from minutes

3.1 The Chief Executive asked Board members for agreement that the date for the presentation of the revised Enforcement procedures, action 101, is amended to September 2016. Board members agreed to this change.

Board members noted that action 114 has been completed. Members also noted the press release by the Health Minister on 24 March in relation to this consultation. The Director of Regulation and Nursing noted that action 115 will be completed within the 2016/17 inspection programme. Action 116 is on the agenda for this Board meeting.

3.2 The Chief Executive informed members that further to 6.2 of the February minutes, RQIA has now received its letter of allocation from DHSSPS. This will be discussed further under item 11, Finance Report.

3.3 The Director of Corporate Services informed members that further to 7.2 of the February minutes, phase 1 of the workforce plan will be finalised by the end of March 2016. Phase 2 of the workforce plan will be completed within Quarter one, 2016/17 and presented to a future meeting of the Board.

3.4 **Resolved Action (117)**
Workforce Plan to be presented at a future meeting of the Board.

4.0 Agenda Item 4 - Declaration of Interests

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

5.0 Agenda Item 5 - Chairman's Report (C/03/16)

5.1 The Chairman drew Board members attention to the Chairman's Report, to include meetings attended. The Chairman noted that the meeting with the Health Minister did not take place as intended.

5.2 The Chairman highlighted to members the recent press release from the Health Minister in relation to the future of the HSCB and the press release detailing 13 principles for the Expert Panel. Board members will receive copies of these press releases.

5.3 The Chairman noted that he is now able to proceed with recruitment for the Chief Executive post, for a period of 12 months.

5.4 The Chairman noted that Board members have received copies of the OECD Report, Reviews of Health Care Quality: United Kingdom, Raising Standards and the Kings Fund Report, Fundamental Principles and Approaches to Quality Improvement. Board members agreed that the Chairman's response document will be submitted to the Expert Panel, led by Professor Bengoa, for discussion.

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

6.0 Agenda Item 6 – Evaluation of the MHLD Pilot Inspection Methodology (D/03/16)

6.1 The Director of Mental Health, Learning Disability and Social Work presented Professor McConkey's paper on the Evaluation of the MHLD Pilot Inspection Methodology to Board members. This review of the pilot inspection methodology covered the unannounced inspections of 12 wards, from September to December 2015.

6.2 Professor McConkey makes 10 recommendations for improvement to the inspection methodology within this report; these recommendations were outlined to Board members.

6.3 The Director of Mental Health, Learning Disability and Social Work informed Board members that all inspection reports by the Mental Health and Learning Disability Team are peer reviewed, and the data collected from inspection reports is analysed.

6.4 Board members noted the need for consistency for all inspections, across Directorates.

6.5 The Director of Mental Health, Learning Disability and Social Work highlighted to Board members the need for the development of a new MHLD Information System and noted that a draft Strategic Outline Case has been prepared, but not yet submitted to DHSSPS for approval.

6.6 The Director of Mental Health, Learning Disability and Social Work also noted the insufficient Sessional budget in place for the work of the Directorate, particularly with regard to second opinions from Consultant Psychiatrists.

6.7 The Chief Executive welcomed Patrick Convery, Head of Programme, to this meeting. The Chief Executive noted that all 10 recommendations made within this report have been accepted by management, with actions in place to address the recommendations. These actions will be tracked through the Corporate Performance Monitoring Reports linked with RQIA's 2016-17 Business Plan.

6.8 Board members noted that recurring revenue funding is needed for the new Mental Health and Learning Disability Directorate Information System. This has been identified as a risk which will be considered by the MHLD Information System Project Board.

6.9 **Resolved Action (118)**
Mental Health and Learning Disability iConnect system funding to be discussed at the next meeting of the MHLD Information System Project Board.

6.10 **<u>Resolved Action (119)</u>**
A paper will be presented to the Board detailing how the recommendations made within the Evaluation of the MHLD Pilot Inspection Methodology will be taken forward.

6.11 The Board **NOTED** the Evaluation of the MHLD Pilot Inspection Methodology.

7.0 Agenda Item 7 – Revised Policy and Procedures for:
- **Part II Doctors**
- **Part IV Doctors**

Amendments to Standing Order Number Five (E/03/16)

7.1 The Director of Mental Health, Learning Disability and Social Work presented the revised Part II and Part IV papers to Board members and offered her thanks to those Board members appointed to the Part II and Part IV Appointment Panels.

7.2 The Director of Mental Health, Learning Disability and Social Work noted the main revisions to the Part II Policy. Board members noted the 98 Part II appointments made by RQIA between September 2014 and March 2016. Board members agreed that those members appointed to the Part II Appointment Panel will continue in this role until 2018.

7.3 The Director of Mental Health, Learning Disability and Social Work highlighted to Board members the main revisions to the Part IV policy, to include a change in title for Part IV Medical Practitioners to Second Opinion Appointed Doctors, to ensure coherence across the UK. Board members also noted a change in eligibility criteria from 10 years to 5 years relevant experience. The Director of Mental Health, Learning Disability and Social Work also noted the fee payable to Part IV Doctors, which is lower than that paid in England. This matter has been highlighted to DHSSPS.

7.4 The Director of Mental Health, Learning Disability and Social Work also noted the additional costs incurred by RQIA in the undertaking of Part IV work, estimated at £49,000. This has previously been raised to DHSSPS in a Business Case.

7.5 Patrick Convery, Head of Programme, was thanked for his attendance at this meeting.

7.6 **<u>Resolved Action (120)</u>**
Chief Executive to write to DHSSPS in relation to the work of Part IV Doctors, to include a request for recurring revenue funding and also the need to increase the fee for this work.

7.7 Board members **APPROVED** the Revised Policy and Procedures for Part II and Part IV Doctors and the Amendments to Standing Order Number Five.

8.0 Agenda Item 8 – Corporate Risk Assurance Framework Report (F/03/16)

8.1 The Director of Corporate Services presented the Corporate Risk Assurance Framework Report to Board members. This report was presented to the Audit Committee on 3 March 2016. Seven risks are identified within this report.
Board members noted that (the previous) risk one has been removed and added to the Regulation Directorate risk register.
Members also noted that (the previous) risk five has been removed and added to the Reviews Directorate risk register and (the previous) risk nine has been removed as funding has been received for the iConnect Project Manager post.

8.2 Board members discussed the risks detailed on the Risk Register and agreed that the Chief Executive, Director of Corporate Services and Audit Committee Chair will review the strategic nature of the corporate risks.

8.3 **Resolved Action (121)**
Chief Executive, Director of Corporate Services and Audit Committee Chair to review the strategic nature of corporate risks.

8.4 Board members **APPROVED** the Corporate Risk Assurance Framework Report.

9.0 Agenda Item 9 – Chief Executive's Performance Dashboard (G/03/16)

9.1 The Chief Executive presented the Performance Dashboard to Board members. The Chief Executive noted the recent Regulation Stakeholder events and acknowledged the hard work of the Director of Regulation and Nursing and her team in the organisation of these events.

9.2 The Chief Executive noted the recently published RQIA Review of the Northern Ireland Ambulance Service. Board members noted that 3000 responses have now been received in response to the whistleblowing survey.

9.3 The Chief Executive extended an invitation to Board members to attend the Celebratory Breakfast on Friday 8 April, following RQIA's recent '4 Star Recognised for Excellence' EFQM Award.

9.4 The Chief Executive noted the intended date for the roll out of the iConnect web portal, as 23 May 2016.

9.5 The Chief Executive informed Board members that the letter of allocation has now been received from DHSSPS, with a further 3% saving requirement.

9.6 The Chief Executive noted that RQIA has received two complaints since January 2016.

9.7 The Chief Executive noted that some revisions may be made to the KPI's presented within this report in 2016/17, to ensure that all KPI's presented are of value to the Board.

9.8 Board members **NOTED** the Chief Executive's Performance Dashboard.

10.0 Agenda Item 10 – Director of Regulation's Report (H/03/16)

10.1 The Director of Regulation and Nursing informed Board members that this report is a summary of the improvement work carried out by the Regulation Directorate within the 2015-16 year.

10.2 The Director of Regulation and Nursing highlighted to Board members the 11 improvement work streams undertaken by the Regulation Directorate and noted the current Consultation on RQIA's revised inspection policy, which closes on 29 April 2016. The pilot testing of the revised inspection methodology will take place during the first six weeks of the 2016-17 year.

10.3 The Director of Regulation and Nursing referred to the ongoing improvement plan for 2016-17, 'Causeway for continuing quality improvement'.

10.4 The Director of Regulation and Nursing requested the participation of two Board members for an Enforcement Panel in April 2016.

10.5 The Director of Regulation and Nursing provided Board members with an update on Enforcement activity.

10.6 Agreement that the Director of Regulation and Nursing will discuss the use of Class 2 lasers, by unregistered services, with the Public Health Agency.

10.7 **Resolved Action (122)**
Director of Regulation and Nursing will discuss the use of Class 2 lasers, by unregistered services, with the Public Health Agency.

10.8 Board members **NOTED** the Director of Regulation's Report.

11.0 Agenda Item 11 – Finance Report (I/03/16)

11.1 The Director of Corporate Services presented the Finance Report to Board members. Board members noted the projected breakeven for year end, with RQIA making a further easement to DHSSPS on 16 March of £51,000. The Director of Corporate Services noted that RQIA is on target to spend its capital allocation.

11.2 The Director of Corporate Services informed Board members that cumulatively, the 30 day prompt payment percentage, to February, equals 92.7%, and is therefore outside the 95% target. Board members also noted that cumulatively the 10 day prompt percentage, to February, is 75%, which exceeds the required 70% target.

11.3 The Director of Corporate Services noted that at the end of February, 97.2% of debt has been recovered by RQIA, with £22,000 outstanding. The Director of Corporate Services informed Board members that the issue surrounding the outstanding debt from the NHSCT has now been resolved, with an agreed basis for invoicing.

11.4 The Director of Corporate Services tabled the allocation letter as received from DHSSPS on 16 March 2016. The letter requests a Savings Plan to be sent to DHSSPS by 6 May 2016. A meeting of the Executive Management Team to discuss the Savings Plan has been arranged. The savings plan will be presented at the April Audit Committee meeting.

11.5 Board members **NOTED** the Finance Report.

12.0 Agenda Item 12 – Audit Committee Business (J/03/16)

- **Approved minutes of meeting on 22 October 2015**
- **Verbal update on meeting on 3 March 2016**

12.1 The Audit Committee Chair presented the agreed minutes of the October Audit Committee meeting to Board members. The Audit Committee Chair noted the three Internal Audit reports presented by Internal Audit. Board members noted that the follow up Regulation Special Assignment found that eight of the 12 priority one recommendations have been implemented and four partially implemented. The Audit Committee Chair offered his congratulations to the Director of Regulation and Nursing and the Regulation Team in the implementation of these recommendations.

12.2 The Audit Committee Chair noted the External Audit Strategy presented at the Audit Committee by ASM, External Auditors. Key risks to RQIA 2015-16 financial statements were identified within this report.

12.3 The Audit Committee Chair informed Board members that the next meeting of the Audit Committee will take place on 28 April 2016.

12.4 Board members **NOTED** the minutes of the meeting of 22 October and the verbal update on the meeting of 3 March 2016.

13.0 Agenda Item 13 - Any Other Business

13.1 Lindsey Smith, Board member, noted that following the initiation of the Strategic Improvement Steering Group one year ago, all corporate projects are now set up, improvements have been realised and the projects are now part of business as usual. The Corporate Performance Report will monitor these projects going forward and the Strategic Improvement Steering Group will be stood down. Lindsey Smith thanked all staff for their involvement within this group which now hands over to business as usual.

13.2 The Chairman noted the appreciation of the Board in this the Chief Executive's last Board meeting and wished the Chief Executive well.
The Chief Executive thanked the Chairman for his good wishes and noted the highlights of his tenure as Chief Executive of RQIA.

13.3 As there was no other business, the Chairman brought the public session of the Board to a close at 3.00pm.

Date of next meeting:
Thursday 12 May 2016, RQIA Boardroom

Signed _____

Dr Alan Lennon
Chairman

Date _____

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion
101	9 July 2015	The Director of Regulation and Nursing will present the revised Enforcement procedures to the Board within Quarter 2.	Director of Regulation and Nursing	22 September 2016
115	18 February 2016	A management/ Board group will take forward the Specialist Inspection Policy Developments.	Chief Executive	Quarter 1 – Quarter 3
117	24 March 2016	Workforce Plan to be presented at a future meeting of the Board.	Director of Corporate Services	9 June 2016
118	24 March 2016	New Mental Health and Learning Disability Information System funding to be discussed at the next meeting of the Project Board.	Director of Corporate Services	26 April 2016
119	24 March 2016	A paper will be presented to the Board detailing how the recommendations made within the Evaluation of the MHLD Pilot Inspection Methodology will be taken forward.	Director of Mental Health, Learning Disability and Social Work	12 May 2016
120	24 March 2016	Chief Executive to write to DHSSPS in relation to the work of Part IV Doctors, to include a request for recurring revenue funding and also the need to increase the fee for this work.	Chief Executive	12 May 2016
121	24 March 2016	Chief Executive, Director of Corporate Services and Audit Committee Chair to review the strategic nature of corporate risks.	Chief Executive	9 June 2016
122	24 March 2016	Director of Regulation and Nursing will discuss the use of Class 2 lasers, by unregistered services, with the Public Health Agency.	Director of Regulation and Nursing	12 May 2016

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 May 2016
Title of Paper	Chairman's Report
Agenda Item	5
Reference	B/04/16
Author	Dr Alan Lennon
Presented by	Dr Alan Lennon
Purpose	To inform the RQIA Board of the Chairman's external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	Between 16 March and 5 May 2016, I attended 13 meetings on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable

CHAIRMAN'S REPORT

Meetings Attended:

22 March 2016	Dementia and related issues, Politics breakfast, Europa
22 March 2016	Meeting with Belfast Trust Chief Executive, Dr Michael McBride and Chair, Peter McNaney
31 March 2016	Meeting with Southern Trust Interim Chief Executive, Kieran Donaghy and Chair, Roberta Brownlee
31 March 2016	Meeting with South Eastern Trust Chief Executive, Hugh McCaughey and Chair, Colm McKenna
4 April 2016	Meeting with Dr Bengoa and the Expert Panel
4 April 2016	Meeting with Hugh McPoland, Interim BSO Chief Executive
5 April 2016	Raising Concerns, Raising Standards, Stakeholder Event
7 April 2016	Information Sources Event
8 April 2016	EFQM Celebration breakfast
18 April 2016	Regulation Inspection
20 April 2016	NICON Breakfast Discussion, Professor Dame Sue Bailey, Chair of the Academy of Medical Royal Colleges
4 May 2016	Regulation Inspection
5 May 2016	Appointments and Remuneration Committee

I draw out the following comments for noting:

We know that Dementia is a growing concern. This meeting discussed the strategy in place and progress demonstrated.

I am in the process of carrying out a series of meetings with trust Chairs and Chief Executives as an ongoing process of keeping abreast of issues of mutual interest. I did this shortly after my appointment and will continue to keep close to trust leadership on a regular basis.

I have been progressing the appointment of a Chief Executive Officer and have met regularly with Hugh McPoland of the Business Services Organisation to progress same.

With the Chief Executive Officer and Medical Director, I met with Raphael Bengoa and his colleagues. We discussed the issues of quality assurance and quality improvement and the need for a strategic approach to both. We had a good hearing and a very engaging discussion.

I attended a RQIA event on information sources. This confirmed the great wealth of data available to RQIA, which we should be able to turn into information to guide our actions and priorities. This remains a high priority, if we are to better target inspection and review effort and to exploit fully the various information sources beyond inspection.

I attended my first pharmacy related inspection in a care home. As always the experience was of great value to me. I have now attended almost all types of RQIA inspections. I'm very grateful to the members of our inspection teams who have facilitated this and who put up with my endless questions.

I also attended a series of domiciliary care interviews with care recipients and carers in their own homes, carried out by our sole staff member in this role. It is impressive that we are able to gain a great degree of assurance on the quality of service, directly from the service users, but the scope of domiciliary care services and the limitations of our resources in this area require further consideration.

I attended a RQIA event on our whistleblowing review. This important work was commissioned by the Department and arose from a Donaldson recommendation. I look forward to the report and recommendations in what is a very important and challenging area for the health service locally and nationally.

With other board members, I attended a breakfast celebration with all staff of our EFQM award. This award was an important next step in RQIA independently demonstrating the strategic approach to internal quality improvement that we expect of those whom we regulate and/or inspect/review. I took the opportunity to wish Glenn Houston well, in his new role, on behalf of the board and staff.

Dr Alan Lennon
Chairman

12 May 2016

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 May 2016
Title of Paper	Inspection Methodology Phase 2
Agenda Item	7
Reference	C/04/16
Author	Kathy Fodey
Presented by	Kathy Fodey
Purpose	To inform the RQIA Board of proposals for inspection.
Executive Summary	This paper sets out proposals to increase the number of care homes in receipt of two care inspections per year and to carry out an economic analysis of the potential to carry out composite inspections.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the proposals to move forward.

Proposals for inspection of registered care homes

Introduction

This paper presents proposals to increase the number of care inspections in registered care homes and to develop a composite approach to inspection.

Proposals are described that aim to maximise the productivity gains achieved through the regulation directorate improvement programme. In recognition of the context of austerity, resource implications have been identified and outline costing provided, however a stepped approach is presented to make progress in the absence of additional resource.

1: Moving toward two care inspections within care homes in each year

Background

At present all care homes receive the statutory minimum number of inspections through a combination of care and specialist inspections. Tables 1. and 2. below set out the profile of inspections over the past four years with the number of care homes receiving one care inspection increasing year on year to a peak in 2014/15.

The Regulation Directorate Improvement programme commenced in the 2014/15 and over the course of the 2015/16 inspection year we have delivered an increase in the number of services receiving more than one care inspection. In 2015/16 55% of nursing homes had two care inspections compared to 30% in the 2014/15 inspection year. This increase was as a direct result of improvements in our systems, processes and productivity.

Proposal

- It is planned to make further progress toward two care inspections in each care home though a range of directorate improvement projects
- Over 2016/17, it is planned to achieve a further 20% increase in the number of homes receiving two care inspections above the 2015/16 level
- The planned move to an additional 20% will be met within existing resources.

- To achieve 100% would require additional resource as set out within Table 3. and this would require the development of a Business Case
- This process will be underpinned by a revised risk and intelligence based approach to inspection

Table 1: Inspection profile: Nursing Homes 2012-2016

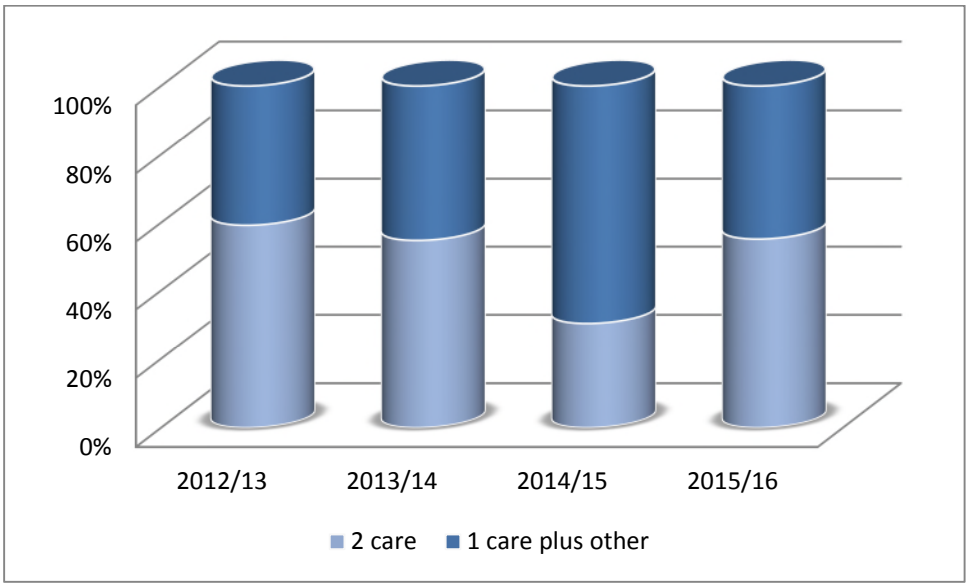


Table 2: Inspection profile of Residential Care Homes 2012-2016

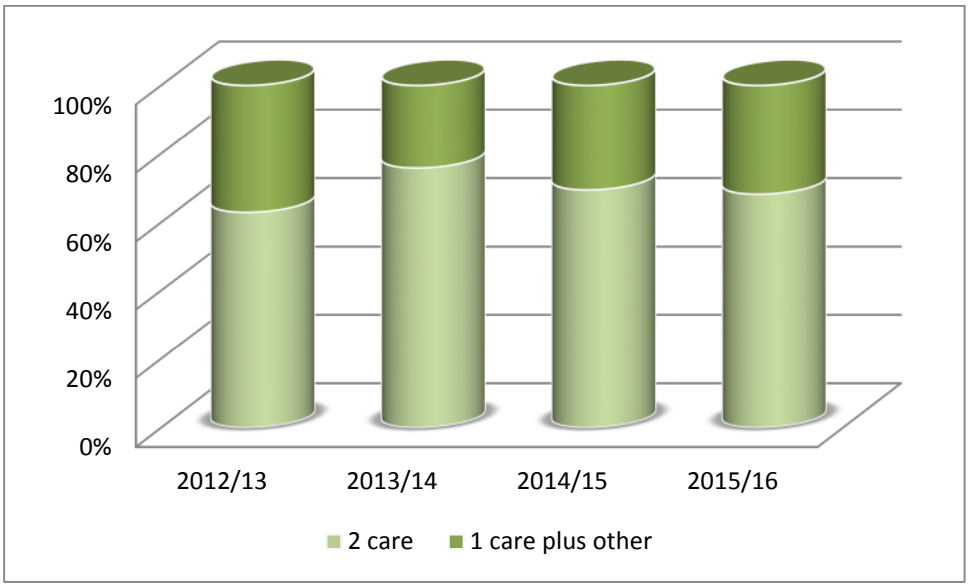


Table 3: Resource implications of conducting two care inspections

Service	Average inspections per year**	Required wte***	Actual wte	Variance	Cost
Nursing homes	643 (inc.+20%)	10.3	9.0	-1.3	£65,715
Residential Care homes (Inc. NH with Res Beds)*	604 (inc.+15%)	9.7	7.2	-2.5	£126,375
Total		**20.0**	**16.2**	**-3.8**	**£192,090**

* An increasing number of nursing homes with residential units that require separate registration and separate inspection
** This includes statutory minimum plus a percentage to account for follow up to enforcement and responding to concerns
*** This includes a productivity target to increase the number of inspections per wte based on releasing capacity through improvement work

2: The development of a single composite inspection with care, estates, pharmacy and finance elements

Background

RQIA Board has requested that consideration be given to scope the potential to undertake composite inspections with elements of care, medicines management, estates and finance. At present, the limited capacity of specialist inspectors is targeted to those services of greater risk. Specialist inspections also respond to concerns identified by care inspectors or from intelligence received.

A risk based approach will operates in respect of medicines management, estates and finance inspections

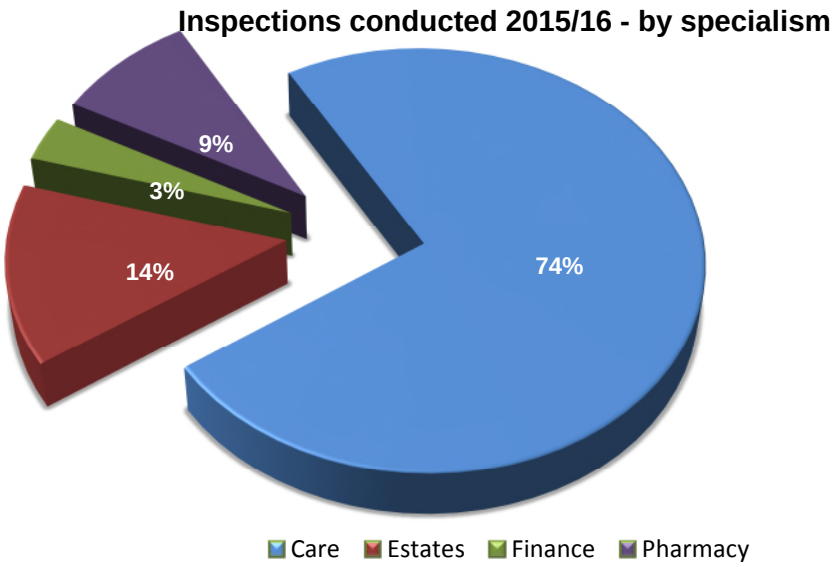
- Medicines management inspections are on a three year cycle and 2016/17 will see a focus on nursing homes
- Finance inspections are on a five year cycle and are targeted to enhance the governance of service user finances

- Estates inspections are targeted at services new to registration or where there are areas of risk

Proposal

- To continue with the risk and intelligence based approach to specialist inspections in 2016/17 while carrying out an analysis of the impact of moving to a composite approach
- To scope the economic implications of a composite inspection approach and develop an options paper
- This will include consideration of the variety of ways in which a single composite inspection with care, estates, pharmacy and finance elements can be achieved, such as: multidisciplinary inspection teams; successive inspections contributing to an overall assessment; revised framework for inspection
- The context for this analysis will include consideration of the outcome of the DHSSPS proposed review of the Fees and Frequencies of Inspection Regulations and the outcome of the RQIA consultation on revised inspection policy for regulated services.

Table 4: Inspections by Type



The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 May 2016
Title of Paper	Draft Savings Plan 2016-17
Agenda Item	8
Reference	D/04/16
Author	Maurice Atkinson
Presented by	Maurice Atkinson
Purpose	The purpose of the Paper is to present to the Board the RQIA Savings Plan 2016-17 for approval.
Executive Summary	This paper highlights a funding gap of £402K resulting from a 3% recurring reduction in RQIA's 2016/17 RRL (£207K) plus unfunded cost pressures of £215K (including an increase in employer's national insurance contributions of 123K) offset by an estimated growth in fee income of circa £20K. Recurring and non-recurring savings have been identified to ensure break-even in 2016-17; however, an underlying recurring financial gap of £269K will continue into 2017-18 unless further recurring savings are found using a combination of vacancy controls and the Voluntary Exit Scheme (VES) in 2016-17 and 2017-18. The Savings Plan 2016-17 was considered by the Audit Committee on 28 April and submitted to the Department on 9 May 2016 as a draft Plan on the understanding that it was subject to approval by the Board.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable

Recommendation/ Resolution	The Board is asked to **APPROVE** the content of this report.
Next steps	Approval of the Savings Plan 2016-17 by the Department and achievement of savings targets.

The Regulation and Quality Improvement Authority

Draft RQIA Savings Plan 2016-17 For Approval

Audit Committee Meeting on 28 April 2016
Board Meeting on 12 May 2016

Assurance, Challenge and Improvement in Health and Social Care

1. INTRODUCTION

This paper highlights a funding gap of £402K resulting from a 3% recurring reduction in RQIA's 2016/17 RRL (£207K) plus unfunded cost pressures of £215K (including an increase in employer's national insurance contributions of 123K) offset by an estimated growth in fee income of circa £20K.

Recurring and non-recurring savings have been identified to ensure break-even in 2016-17; however, an underlying recurring financial gap of £269K will continue into 2017-18 unless further recurring savings are found using a combination of vacancy controls and the Voluntary Exit Scheme (VES) in 2016-17 and 2017-18.

2. BACKGROUND

CSR efficiency savings

In the past 6 years up to and including 2015/16 RQIA has released £1.25m in efficiency savings which equates to a reduction of over 18.67% in its operational expenditure.

Budget cuts 2016-17

In a letter from the DHSSPS dated 12 October 2015 RQIA was asked to submit proposals for the potential reduction of 5%, 10%, and 15% to its budget. RQIA responded on 23 November 2015 submitting outline proposals and an assessment of the likely impact of such reductions.

In a letter dated 16 March 2016 the Department advised RQIA "*that the 2016/17 current expenditure allocation for RQIA will be £6,843,741. This includes a reduction of £207,078 (3%) from the opening 2015/16 position. The reduction is recurrent and is part of a collective Departmental response to the overall DHSSPS financial challenges in 2016/17*."

Furthermore "*the Department requires all HSC organisations to manage cost pressures, through improved efficiency measures, within the overall budget allocations,*" therefore "*RQIA should develop its financial plans in this context, ensuring that sufficient resources are set aside to meet unplanned cost pressures arising in-year*".

The savings proposals within the plan "*should be prioritised on the basis of those that minimise the impact on service delivery and must be practically capable of being delivered in 2016/17." "The Department acknowledges that the initial proposals from RQIA reflect the limited options available in light of existing policy direction and the proposed savings target is therefore lower than would otherwise be the case. Given the need to maintain service reviews and inspections at a time of budget cuts, RQIA should seek to consider how they might reduce costs in the longer term and it is therefore important that the*

current review of fees and frequencies of inspection is progressed in a timely manner."

A copy of the full financial allocation letter is included in Appendix 1.

Capacity to deliver further savings

In a landscape review conducted in 2014 by RSM McClure Waters on behalf of the DHSSPS they stated that "*RQIA has been successful in delivering on its cost savings targets. Given the increasing workload facing the organisation, it is difficult to identify any significant opportunities for further savings.*"
Currently RQIA has 3 business cases awaiting approval by the DHSSPS totalling £317K. The first two were submitted to address capacity issues within the Mental Health and Learning Disability (MHLD) Team (£54K) and within the Regulation Directorate (£193K as per latest revised version submitted January 2015). The 3rd business case relates to an unfunded cost pressure resulting from a Departmental requirement to strengthen the independence of second opinions in MHLD (£70K).

Public expectation of RQIA as a regulator continues to grow. Taking account of recent reviews - Sir Liam Donaldson's report "*The Right Time The Right Place*" (December 2014), OECD Report on Health Care Quality: United Kingdom and the King's Fund Report "*Improving Quality in the English NHS*" (February 2016) – it is the view of the RQIA Board that there is a need to strengthen regulation based on an integrated and balanced approach to *quality assurance* and *quality improvement*. It is therefore concerning, in this context, that the baseline is being reduced and that no additional resources have been made available to strengthen the regulatory function in Northern Ireland.

3. GAP ANALYSIS

RQIA faces a recurring funding deficit of £402K in 2016/17. This deficit is the direct result of the recurring RRL reduction and unfunded in-year cost pressures abated by a small anticipated growth in other income. This deficit has been calculated after including the impact of outsourcing key corporate functions to BSO (estimated transfer date of 1 July 2016) which resulted in a savings of £43K (9 posts in Corporate Services). The table below summarises the gap.

	£
RRL Reduction	207,078
Unfunded Cost Pressures	214,936
Estimated Fees Growth	(20,000)
Funding Deficit	402,014

The main elements of the in-year cost pressures include anticipated pay awards, incremental progression and an unfunded increase in national insurance costs (£123K). A review of budgets and expenditure was carried out by the Acting

Head of Finance and the Executive Management Team (EMT). As a result of this review £133K of pay and non-pay savings was identified on a recurring basis. A further £145K was identified on a non-recurring basis. This combination of recurring and non-recurring savings has reduced the funding deficit in 2016-17 to £124K. This means that unless further recurring savings are found in 2016-17 using a combination of vacancy controls and the Voluntary Exit Scheme (VES), we run the risk of going into 2017-18 with an underlying recurring financial gap of £269K which remains to be addressed.

Table 1 – Summary of Underlying Recurring Financial Gap

	£
Funding Gap 2016/17	402,014
Recurring Savings Pay and Non pay	(132,940)
Potential Unaddressed Funding gap c/fwd 2017/18	269,074

The revised gap analysis incorporating these in-year savings is included in Appendix 2.

4. SAVINGS PLAN

This savings plan consists of two distinct but related elements. The first is to ensure RQIA is able to achieve breakeven in 2016/17 and the second is concerned with achieving financial balance in 2017/18 and beyond.

Within our previous submission to the DHSSPS we outlined the impact RRL reductions at different levels would have on the discharge of our functions. We also outlined the difficulties and issues around quickly adjusting our spend due partly to our cost base consisting largely of staff, the effect of previous significant efficiencies on our ability to deliver further efficiencies, and the constraints we face as a significant portion of our activity is dictated by legislation.

Achieving Financial Balance in 2016/7

An initial review has been conducted of our non-pay and pay expenditure. Recurring reductions have been made to a number of non-pay budgets where it was felt that savings could be made without impacting significantly on our ability to deliver our core functions. These non-pay savings equate to £62K on a recurring basis per annum. A further £70.5K of savings has been found from the pay budget. This equates to £133K of recurring savings with a further £145K of savings having been identified on a non-recurring basis, totalling £277K of in-year savings.

Table 2 – Recurring and Non-Recurring Savings in 2016-17

Recurring Savings: a. Non-Pay b. Pay	 £62,408 £70,532
Total Recurring Savings 2016-17	£132,940
Total Non-recurring Savings	£145,037
Total In-Year Savings 2016-17	**£277,976**

This means that £124K of additional savings needs to be found in 2016-17 in order to ensure break-even, but that £269K of **recurring** savings must be found in order to deliver on current Departmental savings targets and place RQIA on a sound financial footing for the future.

As detailed in our previous savings plans staff are RQIA's major resource and as a consequence they are also the most significant component of our expenditure (82%). Therefore it is clear that any reduction in operating expenditure will require a corresponding reduction in staffing. Management will therefore continue to review the pool of vacant posts held based on organisational need and bid for Voluntary Exit Scheme (VES) funding so that VES can be used on a targeted basis in 2016/17 (including staff directly affected by shared services) and 2017-18 to achieve the required level of recurring savings.

Achieving Financial Balance in 2017/18 and Beyond

In this financial year RQIA will develop a new Corporate Strategy 2017-21. In this period a number of factors will influence the shape of the organisation and how we prioritise effectively where recurring reductions need to be made e.g. the outcome of the review of fees and frequencies of inspection, RQIA's annual Workforce Plans, the review of HSC, recommendations by the Expert Panel established by the Minister and strategic decisions about the future of regulation of health and social care in Northern Ireland. The review of fees and frequencies of inspection may, for example, provide RQIA with greater freedom to target our inspections where they are needed most and give us the opportunity to increase our fee income.

As part of the development of the new Corporate Strategy and further iterations of the Workforce Plan, it will be necessary to enter into a strategic dialogue with the Department and other stakeholders as to the shape and scope of RQIA's programme of work going forward and how this will be funded.

5. SUPPORTING OUR STAFF

We are committed to involving staff directly and working in partnership with the Joint Negotiating Consultative Forum (JNCF) to achieve these budget reductions as well as implementing improvements in the way we work.

Any staff affected will be communicated with both at the early stages and throughout the change process, and will continue to have the opportunity to meet regularly with their line manager or BSO HR Manager for additional support and information.

6. EQUALITY SCREENING

Specific savings proposals will be subject to Equality screening.

Appendix 1 – Financial Allocation for 2016/17

Director of Finance

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

BY EMAIL:

Mr Glenn Houston
Chief Executive
Regulation Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT2 8GB

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Castle Buildings
Stormont BELFAST BT4 3SQ
Tel: 028 90522446
Fax: 028 90523425
Email: peter.toogood@dhsspsni.gov.uk

Your Ref:
Our Ref:DH1/16/35194
Date: 16 March 2016

Dear Glenn

FINANCIAL ALLOCATIONS AND BUSINESS PLANNING FOR 2016/17

1. I am writing to advise you of the Regulation Quality Improvement Authority's budget allocation for current expenditure in 2016/17 and to advise you of the related corporate and business planning processes. You will be aware that whilst the Department has benefited from the additional funds provided in the Executive's final Budget for 2016/17, there remains a significant financial challenge and steps must therefore be taken across the Department and its ALBs to ensure that overall financial balance can be secured.

2. In that context, I would advise that the 2016/17 current expenditure allocation for RQIA will be £6,843,741. This includes a reduction of £207,078 (3%) from the opening 2015/16 position. The reduction is recurrent and is part of a collective Departmental response to address the overall DHSSPS financial challenges in 2016/17. I can assure you that all aspects of the Department's budget have been scrutinised and all its ALBs will be affected, whether through RRL reductions, having to implement savings plans or having to manage unfunded financial pressures.

3. The reduction is partially offset by additional recurrent funding of £148,202, in respect of the increased cost of employers superannuation. This allocation is no longer separately ring fenced.

4. The total allocation to RQIA for current expenditure in 2016/17 is to be allocated across the following ring-fenced area:

		2016/17 £
1	Administration	6,843,741
		6,843,741

Financial Control

5. There is a strict requirement for RQIA to contain expenditure within approved budget allocations, which are issued during the course of the year as formal Revenue Resource Limits (RRL). **These must not be exceeded**. The Department requires RQIA to ensure that a financial breakeven position is achieved by 31 March 2017.

6. RQIA must take all necessary steps to ensure that financial deficits do not arise. All deficits must be immediately notified to the Department, together with details of any contingency arrangements required to address them. The Department re-emphasises the need for compliance with the principles set out in circular HSS (F) 29/2000 "Promoting Financial Stability within HPSS Organisations". In particular, service developments should not be initiated until an appropriate source of recurrent funding has been secured.

7. The budget allocations noted in the table above are not cash limits. In line with the previous financial year, RQIA has full freedom to draw down cash to meet its liabilities as they fall due. However, given the impact of cash drawdown on the Department's Estimates position, it is essential that HSC organisations provide robust cash requirement projections to the Department, and that HSC organisations subsequently live within those projected requirements.

8. Any addition to RQIA's workforce (WTEs) in 2016/17 will require prior Departmental approval via your Sponsor Branch.

Ring Fencing of Allocations

9. The Ring Fencing of allocations means that where resources allocated for a particular purpose are not required, or not required in full for that purpose, they must be returned to the Department at the earliest possible opportunity for potential redistribution.

10. RQIA has flexibility to redeploy resources within the ring-fenced area noted in paragraph 4 above. While this flexibility provides the ability to control resources within an overall financial envelope, the Department will continue to maintain an overview of planned expenditure across all budget areas, in order to exercise both Estimate and budgetary control. This means that in-year financial monitoring arrangements will continue as at present, with control over redeployment being exercised by the Department. Approval for movement of funding outside the ring fenced area noted above must be sought in advance from the Department and will be subject to Ministerial approval as appropriate.

Administration Budget Limits

11. In light of the political scrutiny of and public interest in the administration costs of HSC organisations, a separate control on administration costs continues for 2016/17. The revenue resource limit for 2016/17 of £6,843,741 is to cover those direct staff and non-pay costs incurred by RQIA in pursuit of its administrative functions. In due course, this RRL may be adjusted to incorporate other services for which the RQIA may obtain via service level agreements with other HSC organisations.

2016/17 Savings Plans

12. The Department requires all HSC organisations to manage cost pressures, through improved efficiency or other measures, within the overall budget allocations outlined above. RQIA should therefore develop its financial plans in this context, ensuring that sufficient resources are set aside to meet unplanned cost pressures arising in-year.

13. In particular, RQIA should now finalise its savings plans for 2016/17 to meet the 3% reduction of £207,078 from the opening resource allocation for 2015/16. These should be based on the proposals within the planning scenarios that were previously developed and submitted to the Department following my letter of 12 October 2015. As noted in that letter, savings proposals should be prioritised on the basis of those that minimise the impact on service delivery and must be practically capable of being delivered in 2016/17.

14. The Department acknowledges that the initial proposals from RQIA reflect the limited options available in light of existing policy direction and the proposed savings target is therefore lower than would otherwise be the case. Given the need to maintain service reviews and inspections at a time of budget cuts, RQIA should seek to consider how they might reduce costs in the longer term and it is therefore important that the current review of fees and frequency of inspection is progressed in a timely manner.

15. The information requirements for each savings proposal are as follows:
    - Description of proposal;
    - Date of implementation;
    - Amount of saving in 2016/17 (and in future years);
    - Service implications/impact;
    - HR handling issues, including any need for VR/VER; and
    - Impact on Equality and Good Relations and how this will be managed.

16. You should liaise with your Sponsor Branch as required as part of this process to ensure they have an understanding of your savings proposals, prior to formal consideration by your Board.

Corporate and Business Plans

17. In 2016/17, those ALBs without an extant corporate plan should roll forward/extend their previous corporate plan or reflect the strategic context in their 2016/17 business plan. Annual business plans should be completed as normal for 2016/17.

18. In line with the current budget period, ALBs will need to develop corporate plans that run from 2017-2021. I appreciate that some ALB corporate plans currently fall outside of this proposed planning cycle. It is however important that, in line with the requirements of MPMNI, corporate plans are aligned with the budget process.

19. Your sponsor branch will engage with you in due course on the emerging Programme for Government, the parameters of your future corporate plan and timescales for submission to the Department.

Actions Required

20. Your 2016/17 Savings Plan and Annual Business Plan, which have both been considered and approved by your Board, should be submitted to the Department, through your Sponsor Branch, **by 6 May 2016**. You should liaise closely with your Sponsor Branch throughout this process to ensure that Departmental input is secured prior to formal submission to your Board.

Yours sincerely

PETER TOOGOOD
Director of Finance

cc: Maurice Atkinson, RQIA
Richard Pengelly, DHSSPS
Julie Thompson, DHSSPS
Dr Michael McBride, DHSSPS
Dr Paddy Woods, DHSSPS
Fergal Bradley, DHSSPS
Donna Ruddy, DHSSPS
Jennifer Lamont, DHSSPS
Paul Gibson, DHSSPS
Neelia Lloyd, DHSSPS

Julie Ramsey, DHSSPS
Maura Henry, DHSSPS
Tara McBride, DHSSPS

Appendix 2 – Gap Analysis 2016/17

INCOME BUDGET	2015/16	2016/17	2017/18
	£	£	£
RRL			
C'Fwd Recurrent Baseline	6,703,729.00	6,902,617.00	6,843,741.00
GAIN	400,000.00	-	
Inescapeable Cost Pressures	-	-	
Savings Required	(201,112.00)	(207,078.00)	
Recurring RRL - E'er S/A 3% (Not Ring Fenced)		148,202.00	
Recurring RRL	**6,902,617.00**	**6,843,741.00**	
N/R RRL - Clinical Exc Award	38,076.00	38,076.00	
N/R RRL - CSE & Unscheduled Care Review			
N/R RRL - E'er S/A 3% (Ring Fenced)	148,202.00		
N/R RRL - Retraction 2.5%			
Total RRL	**7,088,895.00**	**6,881,817.00**	
Fees			
Annual Fees (Incl. Dental)	809,466.00	809,000.00	
Registration/Variation Fees	80,000.00	100,000.00	
Dental Registration			
Fees Total	**889,466.00**	**909,000.00**	
Secondments			
Secondments out	-	-	
Total Income Budgets	**7,978,361.00**	**7,790,817.00**	

EXPENDITURE BUDGET	2015/16	2016/17
	£	£
Pay		
C'Fwd Adjusted Budget	6,254,433.00	6,407,841.00
Incremental Drift	19,395.00	
National Insurance Amendments	3,367.00	-
GAIN	130,646.00	-
Surrendered Posts	-	(252,042.44)
Employers Superannuation increase 3%		148,202.00
Recurring Pay	6,407,841.00	6,304,000.56
Pay Cost Pressures (NR)		
Secondment (NR)	-	-
Incremental Drift & Pay Award (NR)	81,750.00	125,297.83
Employers National Insurance increase		123,431.00
Employers Superannuation increase	146,202.00	
	6,635,793.00	6,552,729.39
TUPE - Shared Services		
Management Intern (NR)	12,000.00	
Clinical Fellow Engagement (NR)*	16,667.00	
Total Pay	**6,664,460.00**	**6,552,729.39**
In year slippage vacant posts		(172,124.03)
Non-Pay		
C'Fwd Recurring Budget	1,273,545.00	1,422,084.69
GAIN (Non Pay)	28,000.00	
GAIN (Project Funds)	192,891.00	
BSO SLA Reduction re Shared Services	(78,634.80)	
BSO Shared Services SLA (Incl BSTP Maint)	29,750.00	
Non Recurring Shared Service SLA 2015/16	14,875.60	
BSO ITS SLA Growth re iConnect	6,157.20	
BSO DLS SLA Growth	19,290.00	
BSO SLA Price Growth	963.00	
Mis Add Expenditure	(5,788.31)	
Recurring Non-Pay Saving identified in 2015/16 Savings Plan	(58,964.00)	
Recurring Non-Pay Saving identified in 2016/17 Savings Plan RQIA Corp		(58,120.00)
Recurring Non-Pay Costs identified in 2016/17 Savings Plan Directorate Level		
Corp Services		159,761.05
Review Directorate		10,504.91
Non Recurring Reduction Prop Sol 2014/15		
Recurring Non-Pay	**1,422,084.69**	**1,534,230.65**
Total Expenditure Budgets	**8,086,544.69**	**7,914,836.01**
Total Income Budgets (see above)	**7,978,361.00**	**7,790,817.00**
Gap	**(108,183.69)**	**(124,019.01)**

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 May 2016
Title of Paper	Q4 Corporate Performance Report 2015-16
Agenda Item	9
Reference	E/04/16
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan linked to its strategic themes as described in the Corporate Strategy 2015-18. The report will present a **cumulative** picture of corporate performance and summarise key achievements and issues.
Executive Summary	At the end of the fourth quarter of 2015-16, 84% of the actions within the Corporate Performance Report were delivered by the year end.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Corporate Performance Report

The Regulation and Quality Improvement Authority

Corporate Performance Report 2015-16
Quarter 4 : January - March 2016

Assurance, Challenge and Improvement in Health and Social Care

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Introduction

Purpose

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

RQIA's Strategic Map as detailed in page 51 is a visual representation on one page creating an integrated and coherent picture of the organisation's forward strategy.

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

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

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

The Traffic Light rating operates as follows:

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

Exception Reporting

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

Frequency of Reporting

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

Summary of Traffic Light Rating System (Period Ending March 2016)

The table below shows a summary of the Traffic Light rating assigned to 43 actions within the Business Plan for the period ending March 2016.

Traffic Light	Period Ending June 2015	Period Ending September 2015	Period Ending December 2015	Period Ending March 2015
Red	1 (2%)	1 (2%)	1 (2%)	7 (16%)
Amber	4 (9%)	4 (9%)	6 (14%)	0 (0%)
Green	38 (89%)	38 (89%)	36 (84%)	0 (0%)
Blue	0	0	0	36 (84%)

At the end of the 4th Quarter of 2015/16, 84% of the actions within the Business Plan were reported as blue.

Headline achievements within the Quarter for the period ending March 2016

Strategic Publications (Approved and Published)

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

Business Priorities

- RQIA Annual Business Plan 2015/16 completed
- RQIA Savings Plan 2015/16 approved by DHSSPS
- ICT Strategy & Action Plan
- Corporate Performance Reports (Q1-Q3) 2015/16
- Communications Action Plan 2015-16
- Regulation Directorate Improvement Plan
- Progress Report on the Recommendations from the RQIA Landscape Review 2014/15 produced
- Governance Statement and Mid-Year Assurance Statement produced
- New work-stream on inspection methodology (regulated services) commenced in Quarter 4

Reviews Published (Q4)

- Review of Advocacy Services for Children and Adults in Northern Ireland
- Review of Community Respiratory Services in Northern Ireland
- Review of the implementation of the Palliative and End of Life Care Strategy
- Review of the Northern Ireland Ambulance Service

Performance and Exception Report

Strategic Theme 1: Deliver Operational Excellence

Action 1.1

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

How do we measure this?

- Evaluation of year 1 actions successfully implemented and monitored through the Strategic Improvement Steering Group
- Increase the number of unannounced inspections of care homes to a target of 80% of all inspections
- All draft inspection reports completed within the 28 day timescale (target 100%)
- Attainment of satisfactory assurance through the internal audit of inspection systems and processes
- A revised system of reporting compliance with requirements and recommendations

Owner

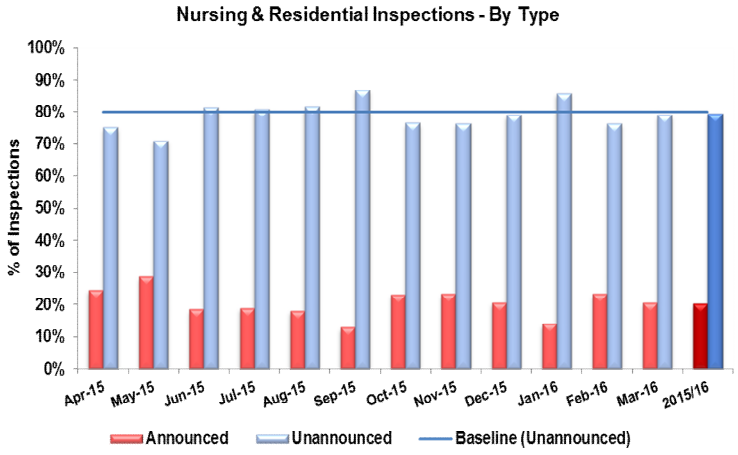
Regulation and Nursing Directorate

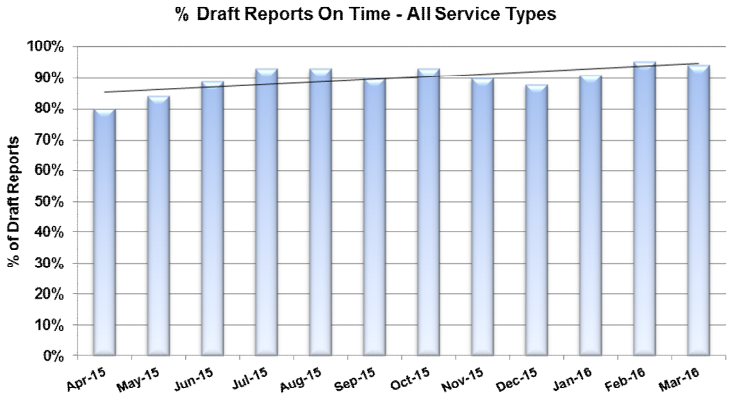
BRAG Rating:

The trend's illustrate increases in the measures performance

Quarterly Performance

The table below illustrates the percentage of unannounced inspections completed by the end of Quarter 4 with a cumulative total of 79% achieved.





Attainment of satisfactory assurance through the internal audit of Inspection systems and processes

Achieved satisfactory assurance in March 2016.

A revised system of reporting compliance with requirements and recommendations

The revised system has been developed and incorporated into the revised inspection policy and procedures which is going out to public consultation in March 2016.

Strategic Improvement Steering Group

The Regulation Directorate Improvement Plan Phase 2 was completed in March 2016 with a new action plan to be agreed in Quarter 1 for 2016/17.

The cumulative total of draft inspection reports produced on target by the end of Quarter 4 is currently 91%. This is an increase of 8% from the Quarter 1 cumulative total.

Action 1.2

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

How do we measure this?

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

Owner

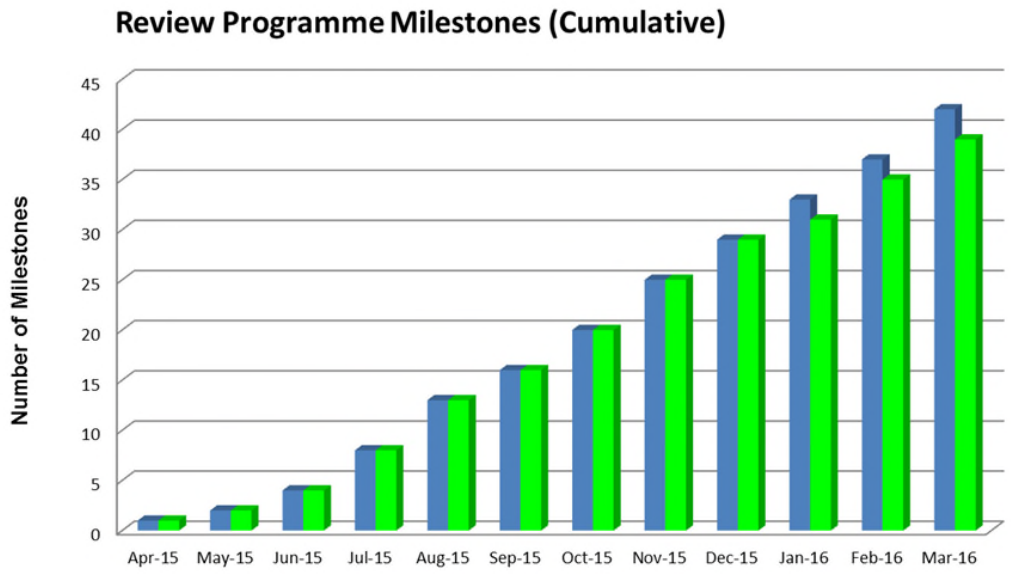
Reviews Directorate

BRAG Rating:

Not all milestones were completed on target

Quarterly Performance

The schedule and timeframe for each review for 2015-2016 was agreed in April 2015. Review reports containing recommendations to improve services were submitted to Minister from Quarter 2. There are a total of 42 milestones. By the end of March 2016, 39 had been completed, whilst 3 have not been achieved. These three include submission of the Maternity, Learning Disability: Community Services: Phase II and Governance (Professional Regulation) review reports to the DHSSPS. These reports will be submitted to the DHSSPS during Quarter 1 of 2016/2017. This measure is also reported via the Chief Executive's monthly KPI report.



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Milestones Planned (Cumulative)	1	2	4	8	13	16	20	25	29	33	37	42
Milestones Achieved (Cumulative)	1	2	4	8	13	16	20	25	29	31	35	39

Action 1.3

Complete the planned programme of inspections of statutory healthcare

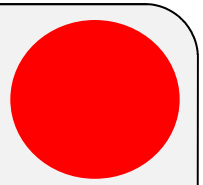
How do we measure this?

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

Owner

Reviews Directorate

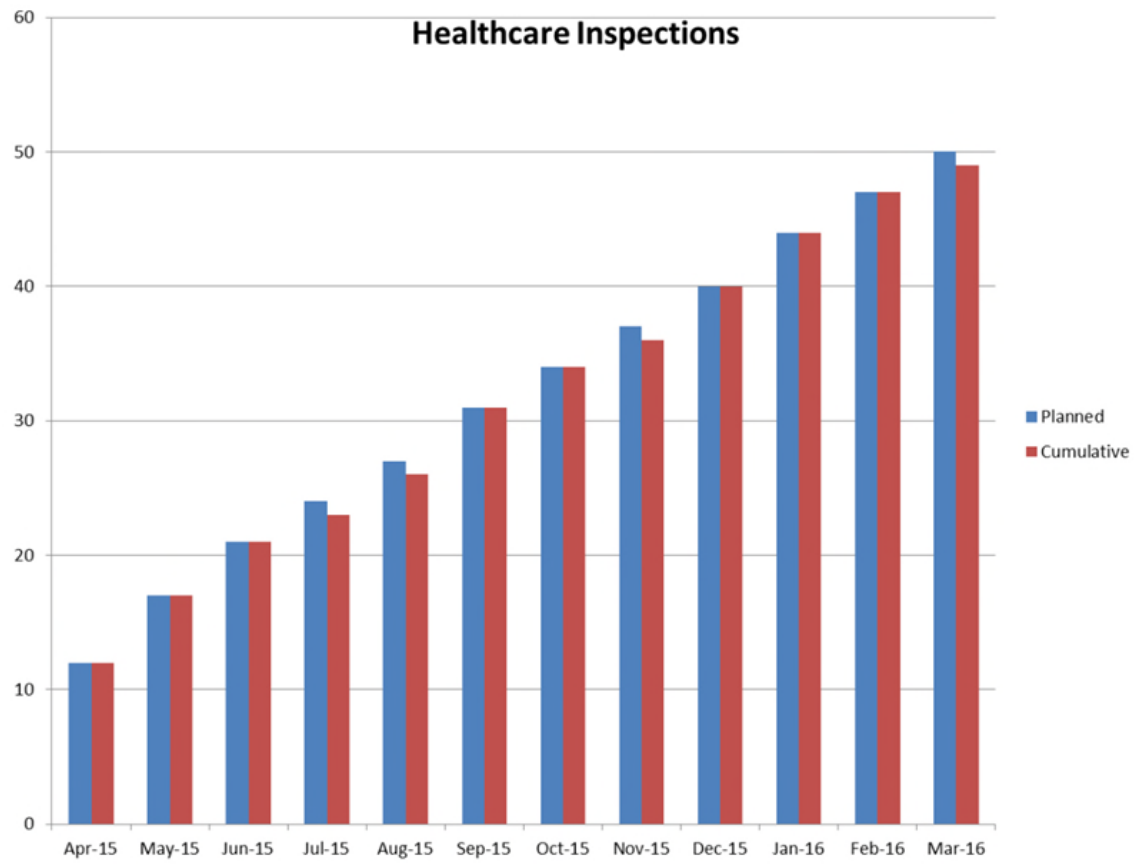
BRAG Rating:



One inspection not completed

Quarterly Performance

The Annual Inspection Plan was developed and agreed in Quarter 1. The Programme of inspections of statutory healthcare (including infection prevention and hygiene, augmented care, prison healthcare and IR (ME)R) is illustrated in the table below. By the end of March 2016, 49 planned inspections had been completed out of a total of 50. An IR(ME)R inspection had to be postponed and will take place in April 2016. This measure is also reported via the Chief Executive's monthly KPI report.



Action 1.4

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

How do we measure this?

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

Owner

Reviews Directorate

BRAG Rating:

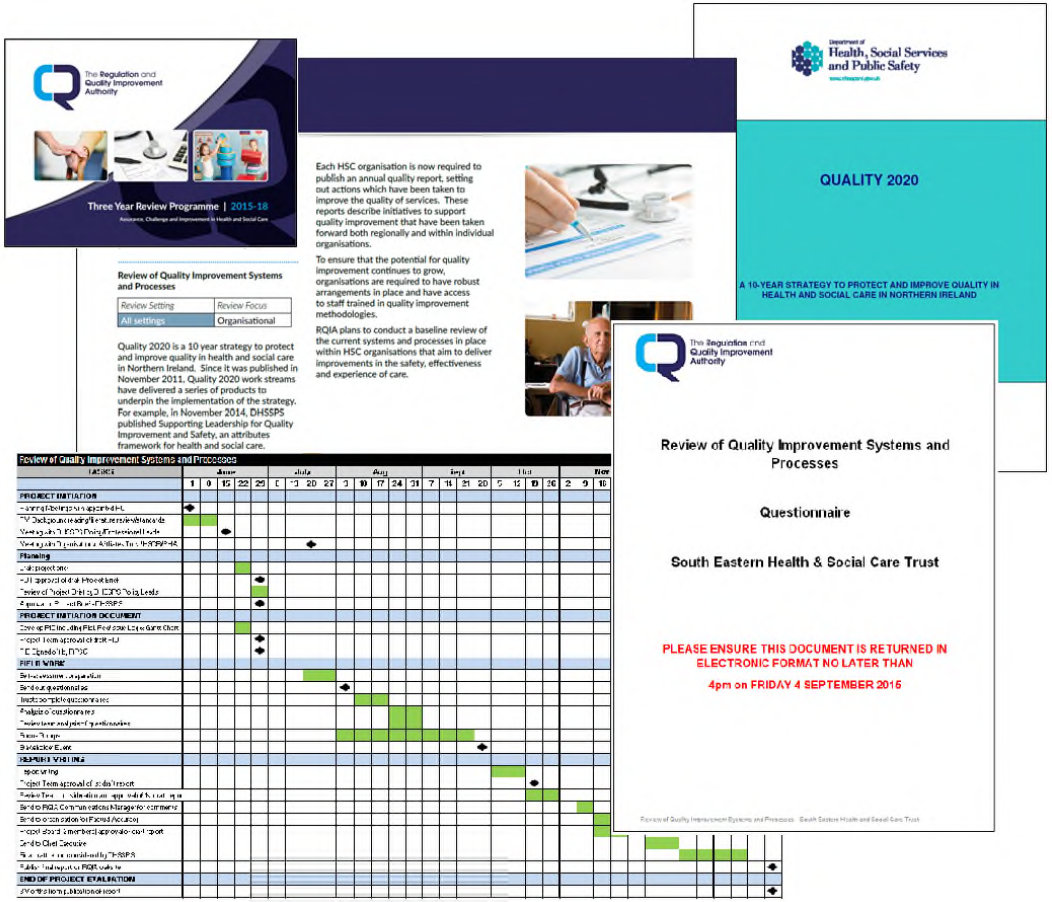
Action on target for completion

Quarterly Performance

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

The review has now completed, with a report being finalised. The review report will be published following in Quarter 1, 2016/17.

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



Action 1.5

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

How do we measure this?

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

Owner

Reviews Directorate

BRAG Rating:

The prioritising system is developed and the first review was completed

Quarterly Performance

System for prioritising review recommendations

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

The new system for prioritising recommendations is as follows:
Priority 1 (To be completed within 6 months),
Priority 2 (To be completed within 12 months) and Priority 3 (To be completed within 18 months).

To evaluate the impact of the system for prioritisation of review recommendations

A look-back exercise, involving RQIA and external organisations to test the system using five review reports published in 2012-13, has now been completed.

Results from this initial PDSA cycle was completed during Quarter 2 and learning was taken forward as appropriate.

Impact of the system has been discussed with both the DHSSPS and the HSC trusts. Feedback has confirmed that prioritisation as per the current model is welcomed and it has been agreed to continue with this model, where appropriate.

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

Recommendations from the first draft review reports from the 2015-16 programme have been prioritised using the developed system, where appropriate.

The methodology has been discussed with both the DHSSPS and the HSC trusts. Feedback has confirmed that theming against Safe, Effective, Compassionate Care and Well-led Service, when appropriate, is helpful.

Action 1.6

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

How do we measure this?

- 100% of RQIA inspection reports contain requirements and recommendations prioritised in respect of the potential to impact on safe, effective and compassionate care
- 100% of RQIA review reports contain recommendations themed, where appropriate, in respect of their potential to impact on safe, effective and compassionate care
- Evaluation report of the benefits of the revised inspection and review reports (80% user satisfaction)

Owner

Chief Executive's Office

BRAG Rating:

Review and inspection reports revised

Quarterly Performance

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

A methodology was piloted using a PDSA Improvement Cycle approach which has resulted in the format of inspection and review reports and their recommendations, where appropriate, being themed to better reflect the three stakeholder outcomes of safe, effective and compassionate care.

100% of RQIA inspection reports contain requirements and recommendations prioritised

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

Recommendations and requirements are currently prioritised by inspectors on the basis of the time frame set within the quality improvement plan.

Actions which have the highest impact on the direct care of service users will have the shortest timescale for improvement.

MHLD - A pilot for the new methodology commenced in Quarter 2 and all inspection reports are prioritised in relation to safe, effective and compassionate care. In Quarter 4 the findings of the pilot methodology was shared. An action plan was developed to take forward the recommendations which will commence in Quarter 1, 2016/17.

Healthcare Inspections - The format of infection, prevention and hygiene inspections has been re-designed to produced more focused and concise reports. Trusts have reported that they welcome the new format.

Evaluation report of the benefits of the revised inspection and review reports

The reviews methodology has been discussed with both the DHSSPS and the HSC trusts. Feedback has confirmed that theming against Safe, Effective, Compassionate Care and Well-led Service, when appropriate, is helpful.

An evaluation framework for inspection has been developed and will be conducted during 2016/17.

Action 1.7

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

How do we measure this?

- 100% of MHLD inspection reports to be available in draft within 28 days, and returned to RQIA with a completed quality improvement plan (QIP) within 56 days from the date of the inspection
- 100% of MHLD inspection reports accompanied by an easy read version available on the RQIA website
- A minimum of one inspection of all MHLD wards completed each year
- Introduced and piloted a revised Inspection methodology
- Pilot inspection methodology formally evaluated
- Establish baseline performance of services inspected in 2015-16 using the revised methodology against the new MHLD Rating System
- Introduce a revised system of reporting compliance with recommendations

Owner

Mental Health, Learning Disability and Social Work Directorate

BRAG Rating:

All targets met

Quarterly Performance

Introduced and piloted a revised Inspection methodology

The new inspection methodology pilot of 12 wards commenced in Quarter 2 and was completed on target in Quarter 3. The evaluation of the methodology was completed in Quarter 4.

Pilot inspection methodology formally evaluated

Completed in Quarter 4

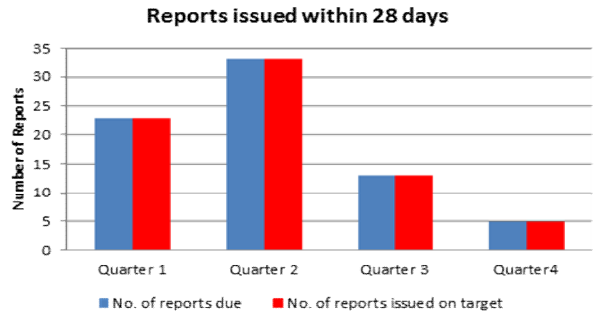
Establish baseline performance of services inspected in 2015-16 using the revised methodology against the new MHLD Rating System

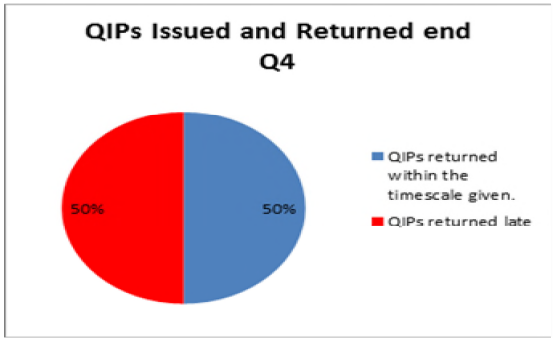
The assessment framework was piloted in Quarter 3 and was evaluated by Professor Roy McConkey in Quarter 4.

Introduce a revised system of reporting compliance with recommendations

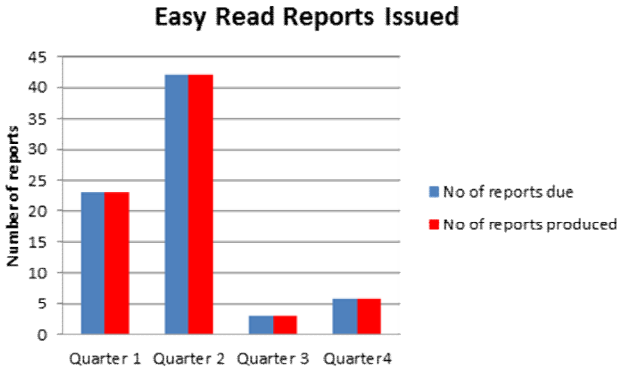
System in place and reported through The Chief Executives Dashboard

As detailed in the column and pie charts below, by the end of Quarter 4, 100% of reports were issued within 28 days and 50% of QIPs were returned from the service provider within the timescale provided.

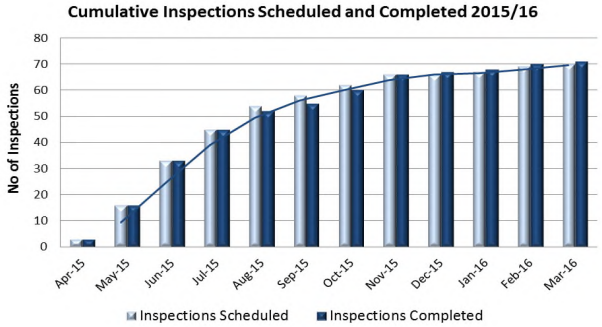




By the end of Quarter 4, 100% of easy read reports were issued and published on RQIA's website.



By the end of Quarter 4, a cumulative total of 70 (100%) of scheduled inspections were completed on target. This includes 12 pilot inspections and 58 follow up inspections. 100% of facilities received an inspection in 2015/16.



Action 1.8

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

How do we measure this?

- Revised and robust quality assurance framework approved by the RQIA Board
- Agreed year 1 actions from the quality assurance framework successfully delivered on target
- Evaluation of the effectiveness of the year 1 actions

Owner

Chief Executive's Office

BRAG Rating:

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

Quarterly Performance

Evaluation of the effectiveness of the year 1 actions

Each directorate took forward actions to enhance internal quality assurance systems and processes as detailed below. RQIA reviewed potential options for taking forward ISO accreditation and has agreed to work towards accreditation against the International Standard ISO 9001:2015 during 2016/17.

Revised and robust quality assurance framework / Agreed Year 1 actions from the quality assurance framework successfully delivered on target

Reviews - The QA framework for review reports is set out in the Reviews Manual. The roles for Board members in reviews were finalised and agreed at a Board meeting earlier this year.

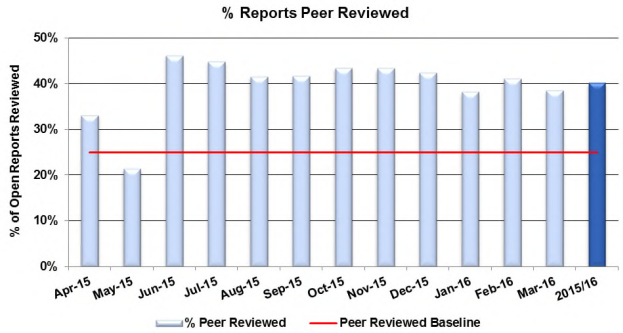
Regulation - The charts below depicts the number and percentage of issued regulation reports that have been peer reviewed (baseline 25%) / HOPs (baseline 10%).

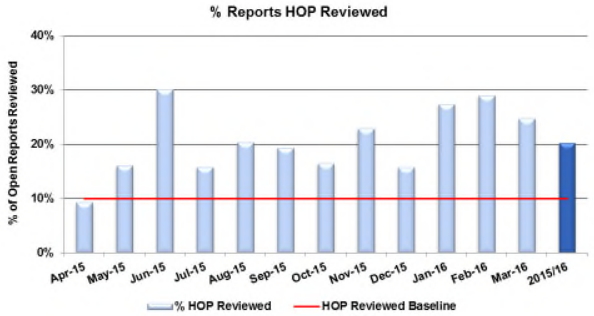
MHLD - All staff have been trained in the new inspection methodology arrangements for peer review of reports.

From September 2015 all inspection reports are peer reviewed by the MHLD Head of Programme before being issued.

A new process has been agreed for the internal monitoring of applications and renewals of the Guardianship Order.

A project was completed in Quarter 3 to review the practice used to review screening of treatment plans and procedures. This led to the revision of administrative processes that are more efficient and effective. These have been agreed by all stakeholders.





Strategic Theme 2: Develop and Execute New Capabilities

Action 2.1

Develop and implement the new hospital inspection methodology and programme

How do we measure this?

- The methodology for a new programme of hospital inspections formally agreed
- Evaluate the pilot of the new hospital inspection methodology to inform roll out of the programme
- An acute hospital in each HSC trust subject to an inspection using the agreed methodology

Owner

Reviews Directorate

BRAG Rating:

All measures on target for completion

Quarterly Performance

An acute hospital in each HSC trust subject to an inspection using the agreed methodology

Pilot inspections were carried out in each trust in Quarters 1 and 2. The first three inspections were completed in Quarters 3 and 4. The programme will continue during Quarters 1 and 2, 2016/17.

Methodology for a new programme of hospital inspections

In relation to the hospital inspections, the inspection process has been agreed subject to a review after the first five inspections.

Formal endorsement from the DHSSPS to commence the programme using the agreed approach was received in Quarter 3.

The first Acute Hospital Inspections of Antrim Area Hospital and Royal Victoria took place in Quarter 3.

The project to establish this new programme of inspections is now closed.

Pilot of the new hospital inspection methodology

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

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

Acute hospital inspections in 3 out of 5 HSC trusts were undertaken by the end of March using the agreed methodology.

The programme will continue during Quarters 1 and 2, 2016/17.

Action 2.2

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

How do we measure this?

- RQIA's proposals to amend the legislation to enable us to deliver an intelligence and risk based regulatory system are accepted by DHSSPS
- RQIA's contribution to the development of new and revision of existing DHSSPS minimum quality standards which underpins RQIA regulatory activities

Owner

Chief Executive's Office

BRAG Rating:

Action on target

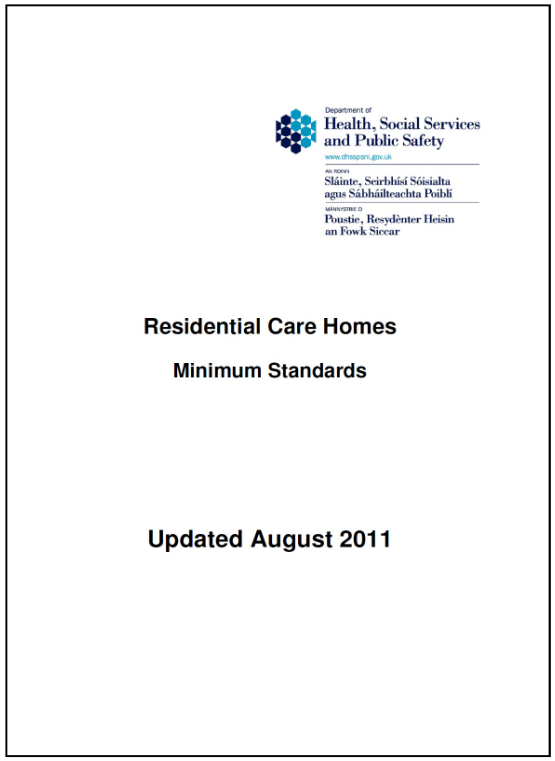
Quarterly Performance

RQIA's contribution to the development of new and revision of existing DHSSPS minimum quality standards

DHSSPS has established a working group to review the Fees and Frequencies of Inspection Regulations NI 2005. This working group will also review aspects of the HPSS Quality Improvement and Regulation NI Order 2003. This work continued during Quarter 4 with input from RQIA.

During Quarter 4 RQIA contributed to the DHSSPS review of the Residential Care Homes Minimum Standards.

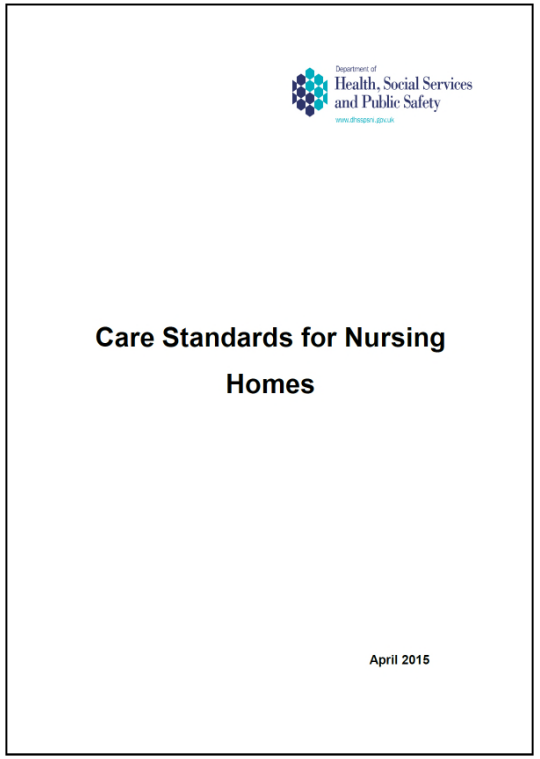
RQIA is currently contributing to the DHSSPS review of Residential care Minimum standards 2005 which was last updated in August 2011.


Department of Health, Social Services and Public Safety
www.dhsspsni.gov.uk
An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí
Mannystrie o Poustie, Resydènter Heisin an Fowk Sicear

Residential Care Homes

Minimum Standards

Updated August 2011


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

Care Standards for Nursing Homes

April 2015

Action 2.3

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

How do we measure this?

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

Owner

Regulation and Nursing Directorate

BRAG Rating:

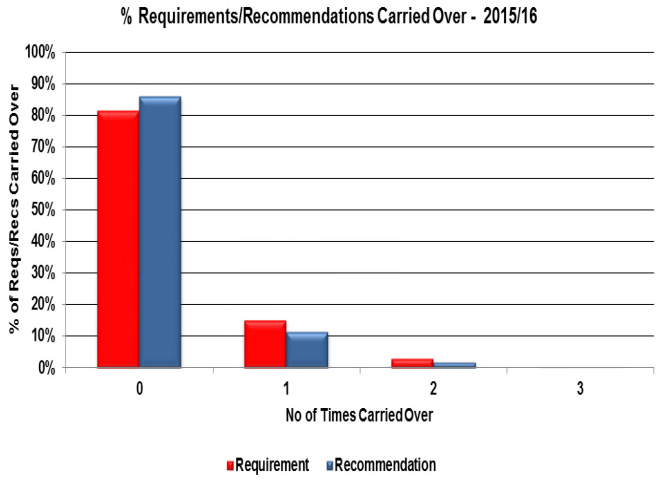
All measures on target for completion

Quarterly Performance

By the end of Quarter 4, 100% of registered services that were due to receive a minimum inspection, was achieved, as required by the Fees and Frequencies of Inspections Regulations.

Service Type	Services requiring minimum inspections	Services had min stat req	% Services had min stat req
Adult Placement Agency	4	4	**100%**
Childrens	45	45	**100%**
Day Care Setting	179	179	**100%**
DCA-Conventional	114	114	**100%**
DCA-Supported Living	177	177	**100%**
Independent Clinic	6	6	**100%**
Independent Hospital	48	48	**100%**
Independent Hospital - Dental Treatment	373	373	**100%**
Independent Medical Agency	5	5	**100%**
Nursing	259	259	**100%**
Nursing Agency	28	28	**100%**
Residential	193	193	**100%**
Residential Family Centre	1	1	**100%**
Voluntary Adoption Agencies *	4	4	**100%**
Grand Total	**1436**	**1436**	**100%**

By the end of Quarter 4, 86% of recommendations and 82% of requirements were implemented by the date of the next inspection.



Number of service providers subject to enforcement

During 2015/16 RQIA commenced enforcement action against registered services on 36 occasions.

In addition, enforcement actions that commenced prior to 1 April 2015 in respect of one service continued with conditions of registration as a result of enforcement.

At the end of Quarter 4, enforcement action was ongoing at a total of 16 services. This included six services subject to conditions of registration as a result of enforcement and five services which had lodged appeals with the Care Tribunal.

Action 2.4

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

How do we measure this?

- Evidence of participation in DHSSPS led working groups
- Evidence of proposed changes to the legislative framework impacting on Regulation of HSC Trusts

Owner

Chief Executive's Office

BRAG Rating:

Evidence provided of engagement with DHSSPS led working groups

Quarterly Performance

Evidence of participation in DHSSPS led working groups

RQIA (GAIN) has established two projects to take forward specific work in consultation with other HSC organisations in relation to distilling learning from adverse events and deaths from suicide.

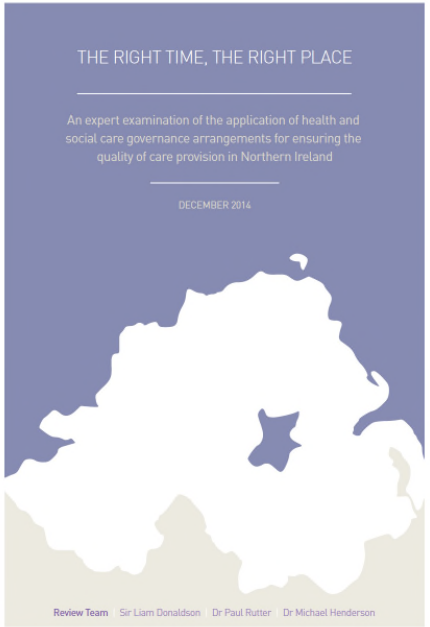
RQIA completed the fieldwork for a review of whistleblowing in HSC organisations in accordance with recommendation 5 'Better Regulation' of the Donaldson Report. This was completed with input from the charity 'Public Concern at Work'.

RQIA commenced a rolling programme of unannounced inspections of Acute Hospitals focusing on the patients experience in accordance with the recommendation of the Donaldson Report.

Evidence of proposed changes to the legislative framework impacting on Regulation of HSC Trusts

Health and Personal Care Services (Quality Improvement and Regulation) (NI) Order 2003 remains unchanged.

A departmental working group was established in Quarter 3 to review this order and to consider what changes, if any, may be necessary going forward. Any change to this order will not take effect until after the NI Assembly Election and until the establishment of a new Executive.



Action 2.5

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

How do we measure this?

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

Owner

Mental Health, Learning Disability and Social Work Directorate

BRAG Rating:

On target for completion

Quarterly Performance

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

A discussion was held with the DHSSPS on 14th January 2016 by the Director of MHLD regarding Part 6 of the Mental Health (NI) Order 1986, that will be repeated when the Capacity Act comes into effect. The Director of MHLD agreed to review the relevant provisions that RQIA believe need to be incorporated into the Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003.

An extensive exercise has been undertaken in Quarter 4 to review which provisions in the 1986 Order are not covered within the 2003 Order which require to be addressed, in addition to amendments made to the 1986 Order in light of recent legal cases and other developments. A paper was forwarded by the Director of MHLD to DHSSPS for consideration and a further meeting is expected to be convened during Quarter 1, 2016/17.

Evaluation of state of readiness

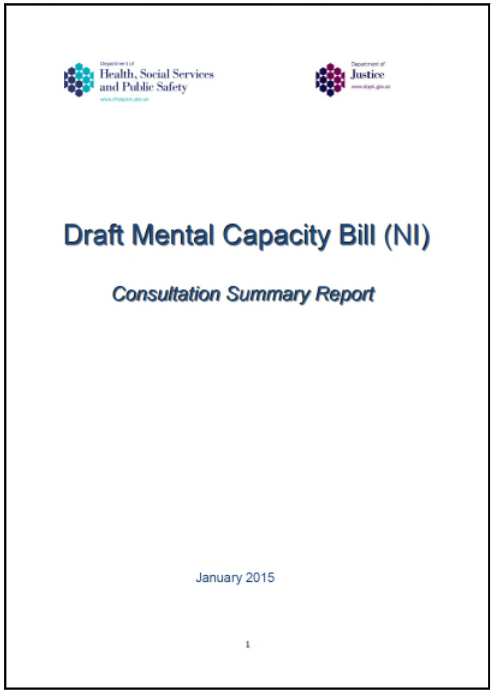
The Mental Capacity Bill has completed its final stage in the Northern Ireland Assembly on 16 March 2016.

The Bill is expected to receive Royal Assent in May and contains significant new justice related provisions. RQIA awaits an updated briefing from the DHSSPS in respect of the timeline for the introduction of the Bill and associated regulations.

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

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

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


Department of Health, Social Services and Public Safety

Department of Justice

Draft Mental Capacity Bill (NI)

Consultation Summary Report

January 2015

1

Action 2.6

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

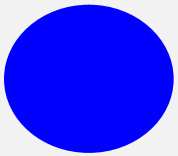
How do we measure this?

- Proposals for revised arrangements for carrying out the functions of GAIN, following transfer of responsibility to RQIA, have been endorsed by key stakeholders following consultation
- An assessment of progress towards achievement of NICE accreditation for GAIN guidelines

Owner

Reviews Directorate

BRAG Rating:



GAIN responsibilities successfully transferred

Quarterly Performance

An assessment of progress towards achievement of NICE accreditation for GAIN guidelines

Consideration has been given to take forward progress towards achievement of NICE accreditation for GAIN guidelines in 2016/17.

Proposals for revised arrangements for carrying out the functions of GAIN, following transfer of responsibility to RQIA

There was a presentation on the work of GAIN at the September Board meeting. There will now be a single committee rather than a strategic and an operational committee. A letter has been sent to organisations asking for representatives for the new GAIN Committee.

The GAIN Annual Conference took place in Quarter 3, with good attendance from across the NI health and social care sector. The conference examined Quality Improvement – the Way Forward within the Health & Social Care Community and included presentation of the Health and Social Care Quality Awards.

The following Audits and Guidelines were issued by GAIN in Quarter 4

GAIN Investigation and Management of the Adult Patient with Anaemia (2015)
GAIN Guidance on the management of iron deficiency anaemia prior to surgery (2015)
GAIN Guidance on the management of iron deficiency anaemia for Primary Care Professionals (2015)
GAIN Guidance on the management of iron deficiency anaemia for Endoscopy Professionals (2015)
Appropriate use of anti D immunoglobulin in pregnant mothers (2015) Audit Summary
Platelet Transfusion in Northern Ireland (2015)

- Platelet transfusion in Northern Ireland – audit summary (2015)

Audit to Determine the Adherence to Regional Guidelines for the Treatment of Urinary Tract Infections (Including Uncomplicated, Complicated, Urosepsis and Catheter-Associated UTIs)

Guideline for Admission to Midwife-led Units in Northern Ireland & Northern Ireland Normal Labour & Birth Care Pathway

- Planning to Give Birth in a Midwife-led Unit in Northern Ireland (leaflet)
- Northern Ireland Normal Labour and Birth Care Pathway
- Planning Place of Birth
- Regional In Utero Transfer Proforma

Strategic Theme 3: Use Resources Effectively

Action 3.1

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

How do we measure this?

- New system of risk assessment developed
- Number of unscheduled inspections undertaken in response to public concerns and whistleblowing
- Training for regulation staff completed
- Evaluation and review of pilot

Owner

Regulation and Nursing Directorate

BRAG Rating:

Measures on target for completion

Quarterly Performance

Training for regulation staff completed

Initial training for the staff involved in the pilot group has been completed.

New system of risk assessment developed

This work-stream was established with RQIA's Regulation Directorate. The team are reviewing RQIA's Inspection Planning Tool (IPT) to incorporate greater use of intelligence in the measurement of risk before, during and after the inspection. The pilot of the revised framework commenced in Quarter 4.

Evaluation and review of pilot

The pilot commenced in Quarter 4 and is scheduled for completion in Quarter 1, 2016/17. The evaluation will take place during Quarter 1 and 2 in 2016/17. This action is on target.

% of services who received one or more inspections

Service Type	% of Services who received the following no of inspections in period 1 April 2015-31 March 2016					No of Services Inspected
	1	2	3	4	5+	
Adult Placement Agency (APA)	100%					4
Boarding School	100%					6
Childrens (CH)	2%	66%	23%	4%	4%	47
Day Care Setting (DCS)	58%	39%	2%	1%		183
DCA-Conventional	90%	7%	3%			114
DCA-Supported Living	99%	1%				185
Independent Clinic (IC)	100%					7
Independent Hospital (IH)	53%	36%	8%	2%	2%	53
Independent Hospital (IH) - Dental Treatment	87%	10%	2%	0.30%		375
Independent Medical Agency (IMA)	100%					5
Nursing (NH) *	1%	53%	27%	9%	10%	268
Nursing Agency (NA)	100%					30
Residential (RC) *	1%	48%	36%	12%	3%	195
Residential Family Centre (RFC)	100%					1
Young Adult Supported Accommodation	100%					21
Grand Total	**55%**	**27%**	**12%**	**4%**	**2%**	**1494**

*

Action 3.2

Improve inspection productivity of regulated services

How do we measure this?

- A framework for assessing inspection productivity
- An initial assessment of productivity using an agreed matrix

Owner

Chief Executives Office and Regulation and Nursing Directorate

BRAG Rating:

Action was replaced

Quarterly Performance

A framework for assessing inspection productivity

A new work stream 'new inspection methodology' (assessment of inspections in relation to RQIA's stakeholder outcomes) has been a priority for the directorate. The assessment framework is agreed and is now out for public consultation. This has replaced two planned work streams (review of band 7 roles and responsibilities and the compliance statements) which have been re-prioritised and will be delivered in next year's improvement plan as approved by the Strategic Improvement Steering Group. All other work streams were delivered on target.

An initial assessment of productivity using an agreed matrix

Improvements in productivity resulted in achievement of the statutory minimum number of inspections without the need to resort to contingency measures.

The assessment of productivity did not commence as a consequence of the additional work stream as detailed above.

Action 3.3

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

How do we measure this?

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

Owner

Chief Executive's Office and Regulation and Nursing Directorate

BRAG Rating:

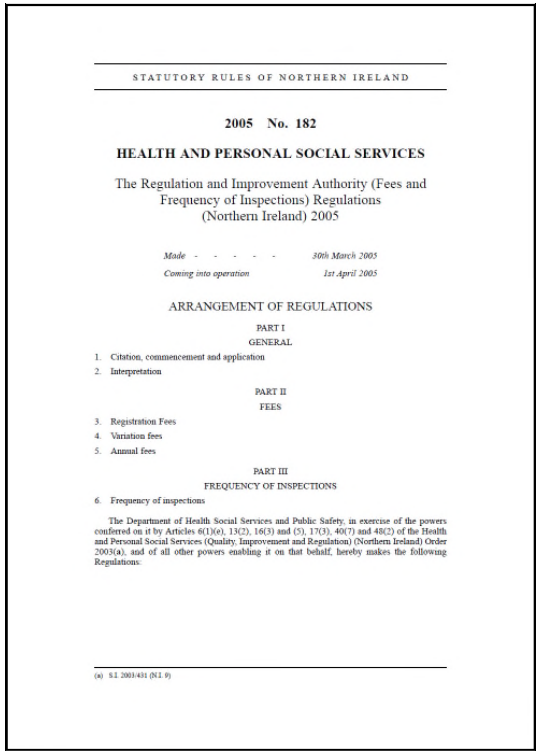
Measure on target for completion

Quarterly Performance

DHSSPS has established a working group to review the Fees and Frequencies of Inspection Regulations NI 2005. This working group will also review aspects of the HPSS Quality Improvement and Regulation NI Order 2003. This work continued during Quarter 4 with input from RQIA.

(This measure also relates to Action 2.2)

Fees and Frequencies of Inspections Regulations (Northern Ireland 2005)



STATUTORY RULES OF NORTHERN IRELAND

2005 No. 182

HEALTH AND PERSONAL SOCIAL SERVICES

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

Made - - - - - 30th March 2005

Coming into operation 1st April 2005

ARRANGEMENT OF REGULATIONS

PART I
GENERAL

1. Citation, commencement and application
2. Interpretation

PART II
FEES

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

PART III
FREQUENCY OF INSPECTIONS

6. Frequency of inspections

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

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

Action 3.4

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

How do we measure this?

- A HR&OD Annual Plan (2015-16) approved
- % of year 1 actions of the HR&OD Annual Plan (2015-16) successfully implemented by year end

Owner

Corporate Services Directorate

BRAG Rating:

Measures on target for completion

Quarterly Performance

HR&OD Annual Plan 2015-16

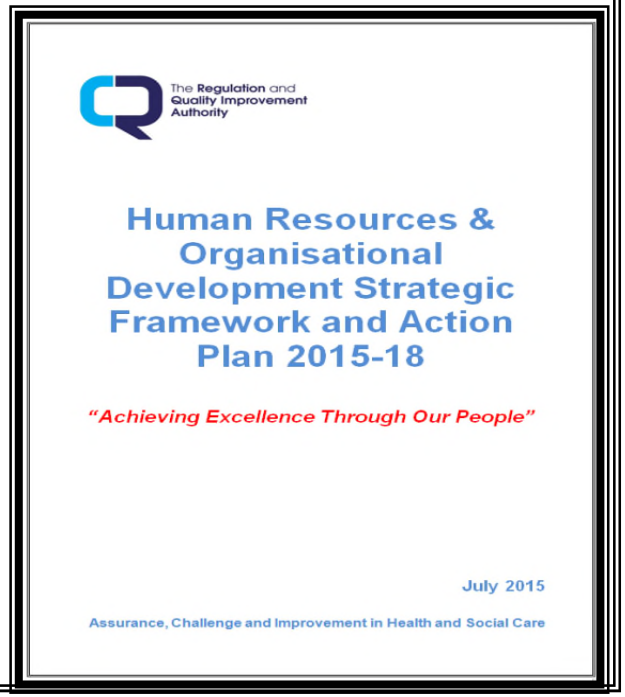
"Achieving Excellence Through Our People"

Measures with Future Reporting Dates	
Measure	**Report Date**
Results of the HSC Staff Survey	Quarter 1 2016/17

The HROD Strategy Steering Group approved the Human Resources & Organisational Development Strategic Framework and Action Plan 2015-18 at its meeting on 24 July 2015. The Group was chaired by the Chief Executive and membership consisted of the Executive Management Team and two Board members.

Key Year 1 (2015-16) actions progressed to date include:

- The development and implementation of a revised Performance Appraisal and Development Review system which includes consideration of RQIA's values;
- The development and approval of a Health and Wellbeing Plan. Two initiatives were progressed in relation to physical health checks and work-related stress;
- A programme of management development courses has been offered to managers: "Moving Forward Interactive Brochure";
- RQIA is represented on a regional working Group to develop a HSC-wide Staff Survey which was launched on 19 October 2015;
- A Proposal was agreed for the HSCLC to support RQIA in the development of a Workforce Plan 2016/17. Work was completed on Phase 1 of the Plan in March; and
- A meeting took place with RQIA's IiP Assessor in October to discuss progress made since the award of IiP accreditation in 2014 and the introduction of a new IiP Framework (V6) in August 2015.



% of year 1 actions of the HR&OD Annual Plan successfully implemented by year end

By the end of Q4 100% of actions were implemented.

Action 3.5

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

How do we measure this?

- Resource needs are established with DHSSPS
- Directorate and team budgets established
- Achieve an unqualified audit opinion of final accounts
- Deliver savings and achieve an end of year break-even position on income and expenditure

Owner

Corporate Services Directorate

BRAG Rating:

RRL received and all budgets agreed

Quarterly Performance

Resource needs are established with DHSSPS

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

RQIA's Vacancy Control Forum was established in Quarter 1.

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

Directorate and team budgets established

100% of Directorate and Team Budgets were established and agreed by the end of Quarter 3.

Achieve an unqualified audit opinion of final accounts

Successfully achieved in Quarter 2.

Deliver savings and achieve an end of year break-even position on income and expenditure

It is anticipated that RQIA will successfully deliver its savings plan and achieve an end of year break-even position on income and expenditure.

Action 3.6

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

How do we measure this?

- A workforce plan for 2016/17 approved by the RQIA Board

Owner

Corporate Services Directorate

BRAG Rating:

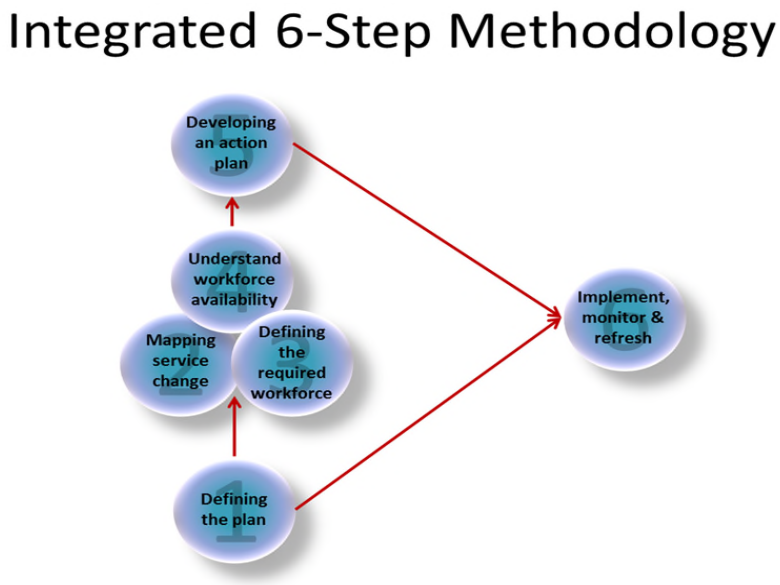
The Workforce Plan will not be completed until Quarter 1, 2016/17

Quarterly Performance

A workforce plan for 2016/17 approved by the RQIA Board

A Proposal was agreed for the HSCLC to support RQIA in the development of a Workforce Plan 2016/17. Work commenced on the development of the Plan in October, however due to the loss of two Principal Consultant posts, the Head of the HSCLC (BSO) has indicated that an interim report will be available by the end of March 2016. The final version of the Workforce Plan will be produced in Quarter 2, 2016/17.

An Interim report was provided by the end of March 2016.



Action 3.7

Produce a zero based budget for 2016/17

How do we measure this?

- Zero based budget 2016/17 approved by the RQIA Board

Owner

Corporate Services Directorate

BRAG Rating:

Zero based budget behind target

Quarterly Performance

Zero based budget 2016/17 approved by the RQIA Board

Work on the development of a zero-based budget was deferred until 2016/17 due to a key dependency on completion of the Workforce Plan.

At the meeting of the Board in March 2016 a decision was taken to outsource the Finance function to BSO. The development of a zero-based budget should therefore now be taken forward by BSO Finance.

Strategic Theme 4: Continuously Improve Key Systems and Processes

Action 4.1

Implement a programme of key strategic and quality improvement work streams

How do we measure this?

- Attainment of core objectives in each strategic work-stream
- Attainment level achieved in the EFQM assessment in 2015-16 (Baseline: Bronze 2012 / target Gold 2016)
- Evidence of improved performance in measuring safe, effective and compassionate care impacting on outcomes for service users

Owner

Chief Executive's Office

BRAG Rating:

Work-streams and measures are on target for completion

Quarterly Performance

Attainment level achieved in the EFQM assessment in 2015-16 (Baseline: Bronze 2012 / target Gold 2016)

RQIA was awarded the prestigious EFQM 4 star Award Recognised for Excellence in December 2015.

Attainment of core objectives in each strategic work-stream

The Strategic Improvement Steering Group (SISG) was set up to support identified strategic projects for the corporate business plan. The steering group set in place the key principles and oversight requirements for the change programme. Progress has been significant and all projects are on track. It was envisaged that oversight and governance of these projects will become part of business as usual and was handed over to the Executive Management Team. The SISG was stepped down with its final meeting held on 14 March 2016.

Evidence of improved performance in measuring safe, effective and compassionate care impacting on outcomes for service users

The new methodology for MHLD was evaluated in Quarter 4 by Professor Roy McConkey and the findings were reported to the Board in March 2016. An action plan to take forward the recommendations from the evaluation of the new methodology for MHLD has been developed.

Action 4.2

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

How do we measure this?

- RQIA receiving and analysing relevant information and intelligence, implementing new data related services and disseminating information appropriately to other HSC organisations and to regulated services
- Independent audit providing a satisfactory level of assurance of RQIA's internal systems and processes, quantitative and qualitative analysis of notifiable events, complaints and whistleblowing disclosures reviewed prior to inspection

Owner

Chief Executive's Office

BRAG Rating:

All measures are on target for completion

Quarterly Performance

RQIA receiving and analysing relevant information and intelligence

Two work-streams commenced in 2015-16 in order to further enhance our capacity and capability to access and act on information and intelligence:

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

   A project, led by the Director of Reviews and Medical Director, was established and a structure set up in Quarter 3. An event to highlight potential sources of external information with presentations from NINIS, IAD at the DHSSPS, BSO Data Warehouse, PHA Confidential Inquiries and PHA data sources, was held in April 2016. A survey is being completed to inform the assessment.

2. The Head of Information held sessions with nursing and residential colleagues on 26th February to consider and shortlist datasets which may be of ongoing value to regulation teams. Thereafter, applications to access these datasets were submitted to the Regional Data Warehouse and DHSSPSNI information and Analysis Unit. The applications are currently going through the approvals process which will include several meetings to refine the data extracts which will be made available to RQIA. Work is ongoing and the business benefits of data sets will be evaluated in further sessions with staff in May 2016.

Independent audit providing a satisfactory level of assurance of RQIA's internal systems and processes, quantitative and qualitative analysis of notifiable events, complaints and whistleblowing disclosures reviewed prior to inspection

An internal audit of inspections of Children's Regulated Services and Adult Residential Care Homes was completed in January 2016. RQIA received a satisfactory level of assurance from BSO Internal Audit on the systems of internal control of the inspections in these areas.

Action 4.3

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

How do we measure this?

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

Owner

Corporate Services Directorate

BRAG Rating:

Information and ICT actions behind target

Quarterly Performance

% of Information and ICT actions successfully implemented

Most of the outstanding information and ICT strategic framework actions for 2015/16 have been progressed in the last Quarter.

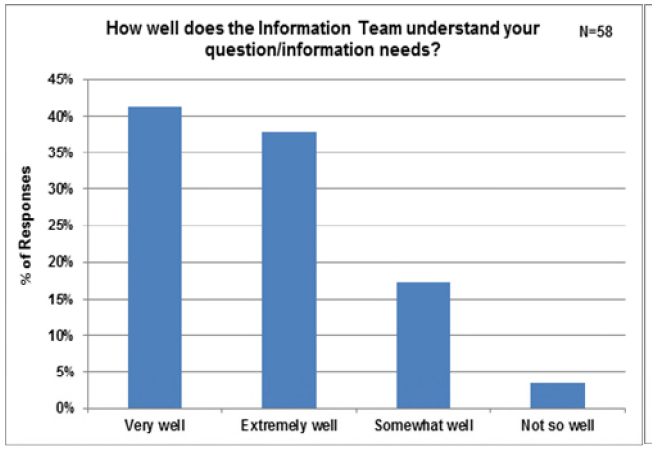
- iConnect Strategic Roadmap was approved at EMT in February 2016.
- Penetration and hacking tests were completed on the iConnect Web-portal resulting in a revised go-live plan. As a result, applications to extend the project manager resource and conduct reconciliation works between iConnect and Web-portal were approved and funded. The go-live target is now mid July 2016.
- The new enforcement and concerns modules for iConnect were built and tested by end March 2016. However, the working groups agreed that the iConnect Web-portal should be stabilised before introducing these modules to iConnect. Go-live of these modules is now planned for July 2016 allowing the working groups to finalise their training plans/materials and operational procedures in advance.

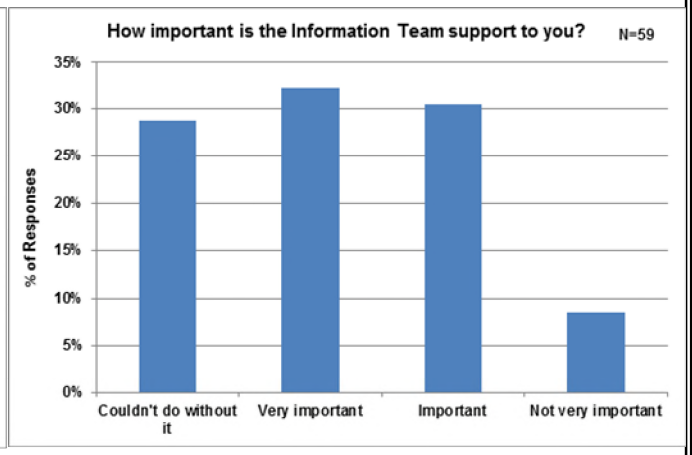
In the 2015 Information Team Staff Survey 93% of staff rated the support as either important, very important or couldn't do without it.

Information and ICT Plan 2015-16

Approved by RQIA's Board on 11 June 2015.

% of staff satisfaction with the Information and ICT service





Action 4.4

Implement the Sustainability Action Plan 2015-16

How do we measure this?

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

Owner

Corporate Services Directorate

BRAG Rating:

Very positive results; all actions implemented on target

Quarterly Performance

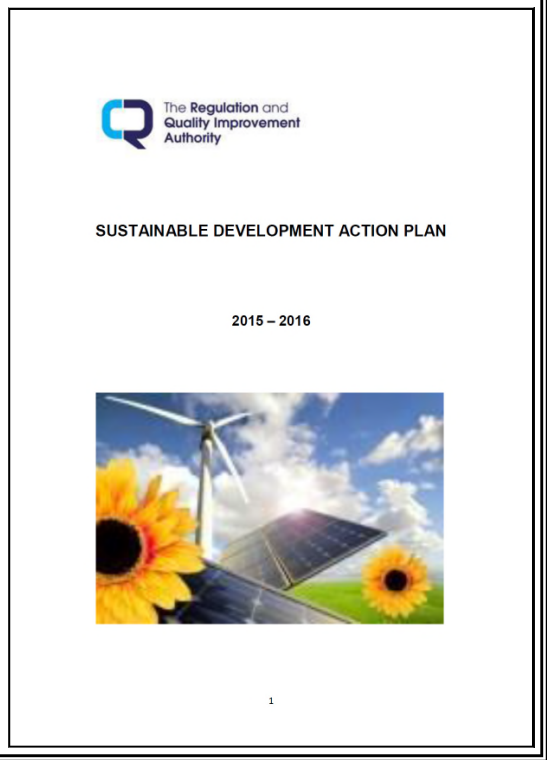
Sustainability Action Plan

The Sustainability Action Plan 2015-16 was approved in June by the Executive Management Team.

% of sustainability actions successfully implemented

By the end of Quarter 4, 95% of the actions to be implemented within that Quarter were completed. These include:

- Delivery of Health and Wellbeing programme to include a Health Fair and Mental Health and Wellbeing programme in conjunction with the Health and Safety Executive.
- Promotion of the Best Kept HSC Awards in conjunction with the Northern Ireland Amenity Council.
- Recycling audit of Riverside Tower waste bins.
- Collation of 12 months electrical consumption statistics for Riverside Tower .
- Conduct a transport audit of RQIA staff.


The Regulation and Quality Improvement Authority

SUSTAINABLE DEVELOPMENT ACTION PLAN

2015 – 2016

1

Action 4.5

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

How do we measure this?

% of actions in the Action Plan, that are under RQIA's direct control, successfully implemented

Owner

Corporate Services Directorate

BRAG Rating:

Action behind target

Quarterly Performance

Progress in implementing the recommendations from the Landscape Review in the period April to March 2016 is as follows:

RAG Rating System	Definition	Status
Green	Completed or ahead of Schedule	21 actions / 91%
Amber	In Progress	N/A
Red	Behind Schedule	2 actions/9%

The two Actions behind schedule or in exception relate to:

Engagement with the DHSSPS as new areas of work are identified and on the outcomes of the workforce plan (R25)

RQIA will liaise with DHSSPS regarding the proposal to regulate independent fostering agencies. It is anticipated that preparatory work will commence in 2015/16 with a view to go live in April 2016. Commencement of Regulations has been deferred.

RQIA is awaiting a response from DHSSPS with regard to their decision about providing additional funding for Part IV doctors. A paper has been compiled outlining the additional costs to RQIA from 1st April 2015 to 30th September 2015. RQIA will identify this to DHSSPS as an inescapable cost pressure in the financial monitoring return.

RQIA will produce a zero-based budget for 2016/17 (R26)

Work on the development of a zero-based budget has been deferred until 2016/17 due to a key dependency on completion of the Workforce Plan.

At the meeting of the Board in March 2016 a decision was taken to outsource the Finance function to BSO. The development of a zero-based budget should therefore now be taken forward by BSO Finance.

Progress Reports were presented to the Audit Committee on 22nd October 2015 and 28th April 2016.

Action 4.6

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

How do we measure this?

- Evidence of RQIA utilising the revised policies and standards for regulation of health and social care

Owner

Chief Executive's Office

BRAG Rating:

Measures on target for completion

Quarterly Performance

Evidence of RQIA utilising the revised policies and standards for regulation of health and social care

The Regulation Directorate have engaged with DHSSPS on the review of Minimum Standards for Residential Care.

RQIA did not respond to any Consultations in Quarter 4.

During Quarter 3 RQIA responded to the DHSSPS Consultations detailed below:

Department of Health, Social Services and Public Safety

Records Management

Good Management Good Records

October 2015 (Consultation)

HSCB and PHA Process for Developing Prescribing Guidance and Formulary Chapters

June 2014

1

Strategic Theme 5: Develop and Enhance Effective External Relationships

Action 5.1

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

How do we measure this?

- Personal and Public Involvement (PPI) Action Plan 2015-16 approved by the RQIA Board
- % of 2015/16 actions in the PPI plan successfully implemented on target

Owner

Corporate Services Directorate

BRAG Rating:

All measures are on target for implementation

Quarterly Performance

PPI Action Plan 2015-16 approved by the RQIA Board

The PPI Annual Action Plan was approved by the PPI Forum on 18th June and the Board on 9th July 2015.

% of 2015/16 actions in the PPI plan successfully implemented on target

By the end of Quarter 4 90% of actions were achieved.

90% of 2015/16 actions successfully implemented and on target include:

By the end of Quarter 4 90% of actions due to be implemented were successfully signed off. These actions include:

- Corporate procedures in relation to working with Lay Assessors issued in February 2016.
- 58 Lay Assessors episodes of involvement in inspections.
- Lay Assessors have participated in 68% of inspections of inpatient mental health facilities.
- The User Consultation Officer (UCO) has carried out 663 service user interviews in relation to 89 agencies (a summary of the findings were included in the inspection reports and provided to the inspector and registered manager).
- Feedback from children and young people about their experience of living in the children's home was provided to the manager after each inspection.
- Lay Assessor cost 01/04/15 – 29/02/16 £1433.03.

Formal evaluation of Lay Assessor involvement was completed in Quarter 4 and presented to the EMT for approval. The evaluation led to the appointment of the Director of MHLD as the lead Director for the recruitment, induction, training, monitoring and further evaluation of the involvement of Lay Assessors from Quarter 1, 2016/17. An action plan was approved by the EMT to take forward the 10 recommendations made in the report during 2016/17.

Action 5.2

Develop an effective communications and stakeholder engagement plan

How do we measure this?

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

Owner

Chief Executive's Office

BRAG Rating:

Website not delivered by year end

Quarterly Performance

Revised communication framework developed by EMT and approved

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

In Quarter 1 the RQIA Board participated in a workshop which addressed four key themes including the need to position RQIA as an effective independent regulator. A follow up paper was approved by the RQIA Board during Quarter 3.

During Quarter 4 RQIA's Twitter account increased its followers by 120 to 800. RQIA is following five corporate Twitter accounts.

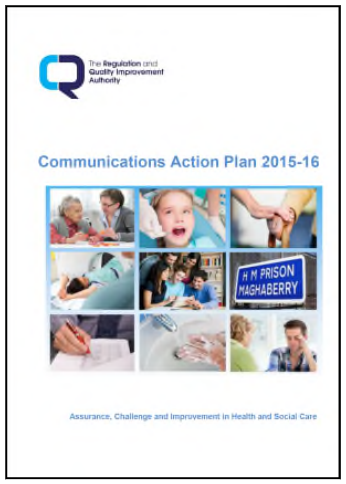
DHSSPS approval of the RQIA business case for new website

The business case for funding the replacement website was submitted to DHSSPS in Quarter 1. Notification of approval by DHSSPS was received on 22nd July 2015.

During Quarter 3 the contract to develop RQIA's website was awarded to i3 Digital, and work has commenced on this project. The project is on track to deliver a new website during Quarter 2, 2016/17.

A new RQIA website is operational

The new website build was completed during Quarter 4. Hosting is being undertaken by ITS at BSO and a delay in launching the website has been agreed in order to carry out additional robust failsafe testing. The new website is due to go operational by Quarter 2, 2016/17.



Action 5.3

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

How do we measure this?

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

Owner

Chief Executive's Office

BRAG Rating:

Measures on target for completion

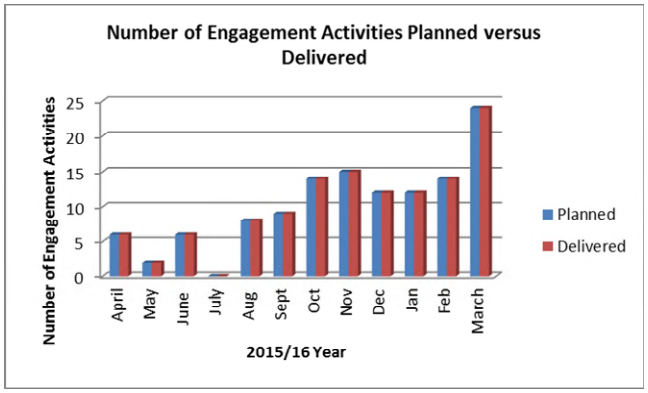
Quarterly Performance

Degree of participant satisfaction as captured through attendance surveys

The GAIN Annual Conference which examined Quality Improvement – the Way Forward within the Health & Social Care Community took place in Quarter 3. Feedback from the satisfaction surveys from the event indicated that participants felt that the event was worthwhile and enjoyable and showed the extent of good work being carried across the region by a wide variety of HSC professions.

Stakeholder feedback received from provider information events held during Quarter 4, 2015/16 indicated that the participants were satisfied with the structure, content and delivery of the events.

Number of stakeholder engagement interactions undertaken by RQIA



The graph above shows the number of engagement activities planned and delivered between April 2015 and March 2016. During this period RQIA successfully delivered all planned engagement events. These included RQIA addressing and engaging with stakeholders at both events planned by RQIA and as invited guests. This year, RQIA attended the main political party conferences in partnership with the GMC, NI Pharmaceutical Society, NISCC, NICON, and PCC. In December, RQIA, in partnership with the Royal College Conference held a workshop for Part II/IV for Medical Practitioners with over 70 attendees. During February RQIA was involved in 14 events including NISCC's Social Care Managers workshop and the Charities Commission's planning event. In March, RQIA participated in 24 engagement events, including seven provider information events. RQIA's Chief Executive was keynote speaker at the Improving Care for Older People conference, and also at NISCC's Social Care Conference. Dr Stewart also addressed a Regional Palliative Care event.

Action 5.4

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

How do we measure this?

- Benchmark RQIA's effectiveness as an NPM
- A framework agreed setting out how RQIA will engage with each relevant organisation

Owner

Chief Executive's Office

BRAG Rating:

Measures on target for completion

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Individual agreements (MoUs / information sharing agreements) with relevant supervisory organisations	Quarter 4
A framework to convene a risk summit and to agree key actions	Quarter 4
Outcome of the benchmarking published in the NPM Annual Report	Quarter 4

Benchmark RQIA's effectiveness as an NPM

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

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

A framework agreed setting out how RQIA will engage with each relevant organisation

At the point of reporting RQIA has completed a Memoranda of Understanding (MoU) and Information Sharing Agreements with 11 other organisations including HSC organisations and professional regulatory bodies.

During Quarter 4, RQIA met with the Health and Care Professions Council (HCPC) to sign off an agreed MoU and Information Sharing Agreements.

Negotiations are on-going with COPNI and with the Safe Guarding Board (SBNI) concerning similar agreements.

Action 5.5

Establish effective outcome focused relationships and functions with related ALBs

How do we measure this?

- The quality and quantity of engagement with other ALB's

Owner

Chief Executive's Office

BRAG Rating:

Measures on target for completion

Quarterly Performance

The quality and quantity of engagement with other ALB's

In Quarter 4:

RQIA attended the Pharmaceutical Society Code of Ethnics Presentation

RQIA attended a Children's Law Centre Seminar

RQIA attended a Policy Forum for Northern Ireland 'Improving Care for Older People in NI'

RQIA attended the NISSC Conference in Belfast

RQIA held a joint meeting with the Health and Care Professions Council to sign a joint MoU

RQIA held a meeting with the Prisoner Ombudsman

RQIA held a Summit Event for the Review of Systems which underpin Professional Regulation, which was attended by representatives from HSC Organisations and Regulators

Northern Ireland mdta Medical & Dental Training Agency

Patient and Client Council

HSC Health and Social Care Board

General Medical Council

HSC Public Health Agency

Action 5.6

Participate appropriately to deliver the aims and objectives of Quality 2020

How do we measure this?

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

Owner

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

BRAG Rating:

Actively participating in Quality 2020 task groups and initiatives

Quarterly Performance

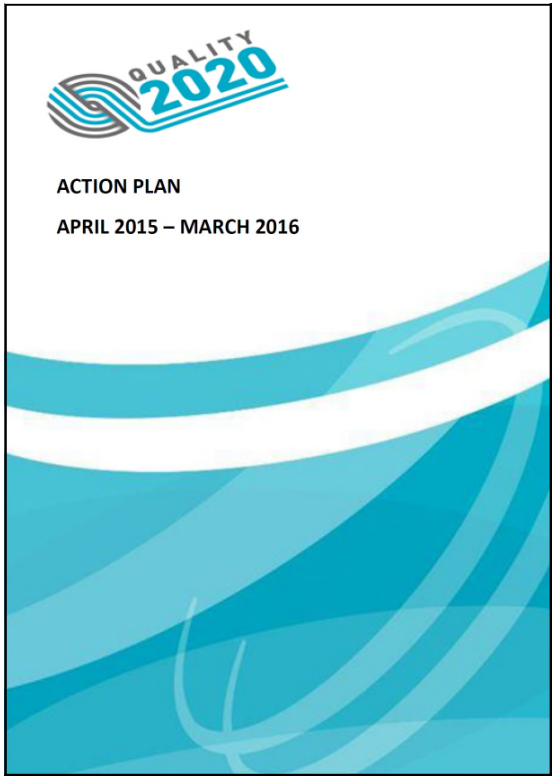
RQIA is currently participating in several Quality 2020 task groups and initiatives including:

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

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

Task Group 13: To develop a common curriculum for patient safety in undergraduate and postgraduate education programmes for health and social care in Northern Ireland. RQIA participated in a joint event with Undergraduate and Post Graduate Training Organisations in January 2016.

RQIA's Quality Report 2014-15 is completed and was published in Quarter 3.



Strategic Theme 6: Focus Improvement Activities on Outcomes

Action 6.1

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

How do we measure this?

- The number of inspections and reviews which have involved Lay Assessors
- Survey evaluating the experience of Lay Assessors engaged in inspections and reviews

Owner

Chief Executive's Office

BRAG Rating:

All measures on target for completion

Quarterly Performance

Survey evaluating the experience of Lay Assessors engaged in inspections and reviews

Formal evaluation of Lay Assessor involvement was completed in Quarter 4 and presented to the EMT for approval. The evaluation led to the appointment of the Director of MHLD as the lead Director for the recruitment, induction, training, monitoring and further evaluation of the involvement of Lay Assessors from Quarter 1, 2016/17. An action plan was approved by the EMT to take forward the 10 recommendations made in the report during 2016/17.

The number of inspections and reviews which have involved lay assessors

- MHLD - 28 inspections were completed by the end of Quarter 4, with Lay Assessor involvement.
- Nursing - 16 inspections were completed by the end of Quarter 4, with Lay Assessor involvement.
- Residential Care - 5 inspections were completed by the end of Quarter 4, with Lay Assessor involvement.
- Hygiene - 4 inspections were completed by the end of Quarter 4, with Lay Assessor involvement.
- HIP (Hospital Inspection Programme) - 7 inspections were completed in by the end of Quarter 4 with Lay Assessor involvement.

Lay Assessors continue to contribute to the inspection programme. They speak to residents to elicit their views on a range of areas pertaining to safe, effective and compassionate care and this is reflected in the main inspection report. The Regulation and Nursing Directorate aspires to include Lay Assessors in the programme of inspection. However at times this can be difficult due to the location of the home, the date of the inspection and the availability of the Lay Assessor.

Lay Assessors have also taken part in the Infection, Prevention and Hygiene inspections as well as the pilot of the new Hospital Inspection Programme.

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

Action 6.2

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

How do we measure this?

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

Owner

Chief Executive's Office

BRAG Rating:

The survey on target to be embedded within the Reviews Directorate

Quarterly Performance

Survey of the experience of external experts

The RQIA Review Programme engaged several external expert reviewers during Quarter 4. Experts from Public Concern at Work (PCaW) ,Guys and St Thomas NHS Foundation Trust, Health Improvement Scotland and were used in the Maternity, Whistleblowing and Governance Arrangements (Professional Regulation) reviews.

Professor Roy McConkey, University of Ulster, continued to assisted RQIA with the review of community services for adults with a learning disability.

public concern at work

THE WHISTLEBLOWING CHARITY

Action 6.3

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

How do we measure this?

- Level of internal or available expertise
- Contributions through seminars, papers and reports

Owner

Chief Executive's Office

BRAG Rating:

All measures on target for completion

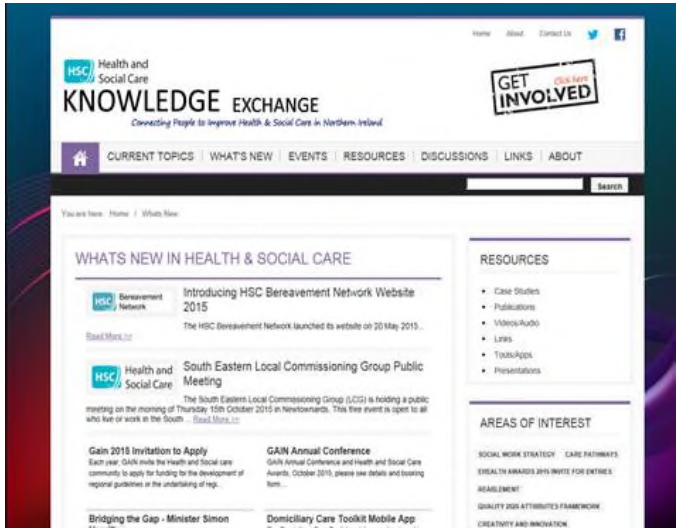
Quarterly Performance

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

RQIA is continuing to seek opportunities to share learning from our review and inspection processes. For example the findings of the RQIA Review of the Implementation of Living Matters Dying Matters, the palliative and end of life care strategy NI, was presented at a regional meeting in March 2016.

RQIA is participating in a Quality 2020 Working Group to consider the curricula for undergraduate

HSC Knowledge Exchange Website



Action 6.4

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

How do we measure this?

- Assessment of readiness to apply for accreditation against the International Standard EN ISO/IEC 17020:2012

Owner

Chief Executive's Office

BRAG Rating:

ISO Standard agreed

Quarterly Performance

Assessment of readiness to apply for accreditation against the International Standard EN ISO/IEC 17020:2012

Further work was initiated in October 2015 to assist the Executive Team and RQIA Board in identifying RQIA's readiness to apply for ISO accreditation. This involved research into the most appropriate ISO accreditation, taking into consideration the perceived benefits alongside the challenges and cost to the organisation.

An Options Paper will be presented for consideration in Quarter 4.

During 2015/16 an assessment of options for seeking ISO accreditation was completed by RQIA. It was determined that the most appropriate standard for RQIA to apply for accreditation should be ISO9001:2015 rather than ISO/IEC 17020:2012 . An action to undertake the initial phase of preparations for ISO9001:2015 leading to the development of a robust and flexible Quality Management System has been incorporated into the RQIA Business Plan 2016/17.

Action 6.5

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

How do we measure this?

- An appropriate methodology identified and agreed with DHSSPS and the RQIA Board
- A timeframe for completion of an overall assessment identified and agreed with the RQIA Board

Owner

Chief Executive's Office

BRAG Rating:

Target not met

Quarterly Performance

An appropriate methodology identified and agreed with DHSSPS and the RQIA Board / A timeframe for completion of an overall assessment identified and agreed with the RQIA Board

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

A working group was established to develop and prepare a template and prototype report (2015-16) to provide a summary of the work of RQIA and the impact that the organisation has on health and social care in NI. This prototype was completed by the end of Quarter 4.

Following further clarification from DHSSPS an action has been agreed for the RQIA Business Plan 2016/17 to publish information about the impact of RQIA's programmes of work on Health and Social Care in NI.

Strategic Theme 7: Actively Lead Change and Manage Risk

Action 7.1

Implement a robust Risk Management Strategy

How do we measure this?

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

Owner

Corporate Services Directorate

BRAG Rating:

Action on target for completion

Quarterly Performance

Revised Risk Management Strategy

The Risk Management Strategy was approved by the Audit Committee on 22nd October and the Board on 12th November.

Attainment of substantive compliance with the Risk Management CAS

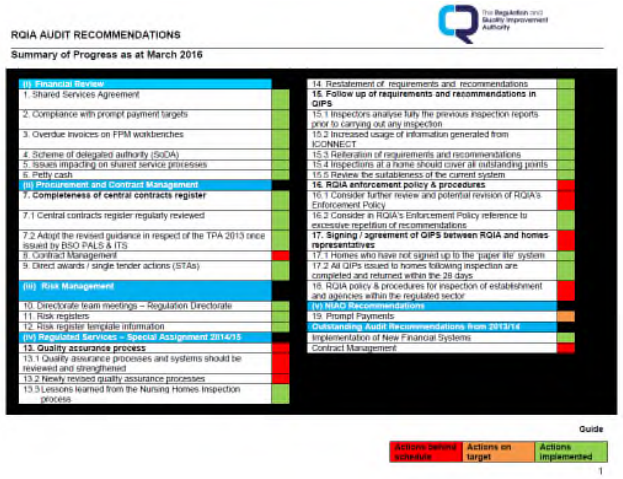
Achieved substantive compliance (87%) in Risk Management in 2015-16. The table below details compliance scores for the 10 CAS completed by the RQIA.

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

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

By the end of Quarter 3 ,75% (14) of recommendations were implemented and 25% (5) were behind target.

Summary of the implementation of audit recommendations to be reported to RQIA's Audit Committee on 3rd March 2016


RQIA AUDIT RECOMMENDATIONS

Summary of Progress as at March 2016

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

Guide

Actions behind schedule	Actions on target	Actions implemented

Action 7.2

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

How do we measure this?

- Number of formal enforcement actions taken
- Number of improvement notices issued
- Number of escalations to HSC Bodies
- Numbers of relevant staff trained in the application of the new policies

Owner

Regulation and Nursing Directorate

BRAG Rating:

BRAG Rating to be provided in Quarter 2

Quarterly Performance

Number of formal enforcement actions taken

By the end of Quarter 4, 36 service providers were subject to enforcement action.

Number of improvement notices issued

By the end of Quarter 4, 0 improvement notices were issued.

Number of escalations to HSC Bodies

By the end of Quarter 4 there were 3 escalations to HSC Bodies. Two related to Mental Health Wards and one to a Children's Service.

Numbers of relevant staff trained in the application of the new policies

Relevant staff received training for the Enforcement Policy which was approved by RQIA's Board in Quarter 4.

Action 7.3

Review effectiveness of all Board committees and working groups

How do we measure this?

- Recommendations for improvement in relation to committees, working groups and performance reporting agreed at Board level and implemented
- Completed annual Board Effectiveness Survey
- Board and executive feedback on the implementation of these recommendations

Owner

RQIA Chair

BRAG Rating:

All measures on target for completion

Quarterly Performance

Recommendations for improvement

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

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

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

Completed annual Board Effectiveness Survey / Board and executive feedback on the implementation of these recommendations

The Board Governance Self-Assessment Tool was completed by Board Members in March 2015 and an action plan was agreed to take forward any recommendations from the self-assessment. The next self-assessment is due for completion in Quarter 1, 2016/17.

Action 7.4

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

How do we measure this?

- Draft paper on a new performance rating system for reporting the outcomes of inspections of residential care and nursing homes
- A timeframe approved by the RQIA Board and agreed with DHSSPS to consult stakeholders on the option of introducing a new performance rating system in residential care and nursing homes

Owner

Chief Executive's Office and Regulation and Nursing Directorate

BRAG Rating:

All measures on target for completion

Quarterly Performance

Draft paper on a new performance rating system for reporting the outcomes of inspections of residential care and nursing homes

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

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

A paper on rating systems was prepared and submitted to DHSSPS in Quarter 2. This was followed by a meeting with policy leads in DHSSPS at which a presentation was delivered on the proposals on ratings set out in the RQIA Corporate Strategy and Business Plan.

A system of overall performance rating is a policy decision for DHSSPS. A revised inspection methodology was initiated in Quarter 3 to develop an Assessment Framework which will report against the four inspection domains of: Is Care Safe?; Is Care Effective?; Is Care Compassionate?; Is the Service Well Led?

A timeframe approved by the RQIA Board and agreed with DHSSPS to consult stakeholders on the option of introducing a new performance rating system in residential care and nursing homes

A system of overall performance rating is a policy decision for DHSSPS. A revised inspection methodology has been initiated to develop an Assessment Framework which will measure performance against the assessment of: Excellent; Good; Requires Improvement; Unsatisfactory. A communication plan has been developed to engage with stakeholders. A revised inspection policy for regulated services was launched for consultation in March 2016.

Action 7.5

Review and revise RQIA's Performance Management Framework

How do we measure this?

- Revised Performance Management Framework approved by RQIA's Board

Owner

Corporate Services Directorate

BRAG Rating:

Measure target not achieved

Quarterly Performance

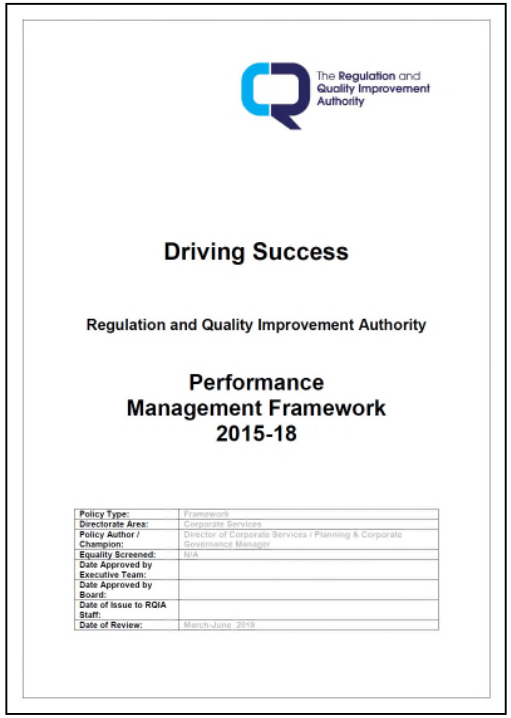
From Quarter 1 the Chief Executive's Report, which is reported to the Board incorporates a Performance Dashboard and monthly KPIs.

The RQIA Board receives regular reports from each of the operational directorates indicating progress against stated objectives.

In Quarters 2 and 3 the RQIA Board received the new Corporate Performance Report which incorporates a new suite of measures and actions.

The Director of Corporate Services provides regular reports to the RQIA Board and Audit Committee in respect of financial performance.

The Performance Management Framework was revised to reflect RQIA's Corporate Strategy 2015/18 and was approved by the RQIA Board on 21st January 2016.



The Regulation and Quality Improvement Authority

Driving Success

Regulation and Quality Improvement Authority

Performance Management Framework 2015-18

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

Summary of Actions that require Exception Reports

Actions		Anticipated year end status	Progress	Exception Report: Reason / Action / Emerging Risk	Page Number
1.2	Complete the planned programme of reviews set out for 2015-16 in the 3 Year Review Programme 2015-18	●	●	The schedule and timeframe for each review for 2015-2016 was agreed in April 2015. Review reports containing recommendations to improve services were submitted to Minister from Quarter 2. There are a total of 42 milestones. By the end of March 2016, 39 had been completed, whilst 3 have not been achieved. These 3 include submission of the Maternity, Learning Disability: Community Services: Phase II and Governance (Professional Regulation) review reports to the DHSSPS. These reports will be submitted to the DHSSPS during Q1 of 2016/2017.	7
1.3	Complete the planned programme of inspections of statutory healthcare	●	●	The Annual Inspection Plan was developed and agreed in Quarter 1. The Programme of inspections of statutory healthcare (including infection prevention and hygiene, augmented care, prison healthcare and IR(ME)R) is illustrated in the table below. By the end of March 2016, 49 planned inspections had been completed out of a total of 50. An IR(ME)R inspection had to be postponed and will take place in April 2016. This measure is also reported via the Chief Executive's monthly KPI report.	8
3.2	Improve inspection productivity of regulated services	●	●	A new work stream 'new inspection methodology' (assessment of inspections in relation to RQIA's stakeholder outcomes) has been a priority for the directorate. The assessment framework is agreed and is now out for public consultation. This has replaced two planned work streams (review of band 7 roles and responsibilities and the compliance statements) which have been re-prioritised and will be delivered in next year's improvement plan as approved by the Strategic Improvement Steering Group. All other work streams were delivered on target.	21
3.6	Establish a workforce plan to deliver the organisation's key strategic and business objectives	●	●	A Proposal was agreed for the HSCLC to support RQIA in the development of a Workforce Plan 2016/17. Work commenced on the development of the Plan in October, however due to the loss of two Principal Consultant posts, the Head of the HSCLC (BSO) has indicated that an interim report will be available by the end of March 2016. The final version of the Workforce Plan will be produced in Quarter 2, 2016/17.	25

Summary of Actions that require Exception Reports

Actions		Anticipated year end status	Progress	Exception Report: Reason / Action / Emerging Risk	Page Number
3.7	Produce a zero based budget for 2016/17	●	●	The production of a zero based budget (ZBB) was due to be completed in Quarter 4, 2015/16 after taking account of the findings in the workforce plan. In light of the delay in the workforce plan until Q1 of 2016/17 it is no longer practical to develop a ZBB in advance of 2016/17. Due to the Annual Accounting commitments of RQIA's Finance Team in Q1 it will not be possible to prepare a properly informed ZBB for 2016/17. The production of a ZBB has been rescheduled for completion in Quarter 3 of 2016/17 for implementation in the 2017/18 financial year.	26
4.3	Develop and commence implementation of a new Information and ICT Plan 2015-16	●	●	Most of the outstanding information and ICT strategic framework actions for 2015/16 have been progressed in the last Quarter. • iConnect Strategic Roadmap was approved at EMT in February 2016. • Penetration and hacking tests were completed on the iConnect Web-portal resulting in a revised go-live plan. As a result, applications to extend the project manager resource and conduct reconciliation works between iConnect and Web-portal were approved and funded. The go-live target is now mid July 2016. • The new enforcement and concerns modules for iConnect were built and tested by end March 2016. However, the working groups agreed that the iConnect Web-portal should be stabilised before introducing these modules to iConnect. Go-live of these modules is now planned for July 2016 allowing the working groups to finalise their training plans/ materials and operational procedures in advance.	29
5.2	Develop an effective communications and stakeholder engagement plan	●	●	The new website build was completed during Quarter 4. Hosting is being undertaken by ITS at BSO and a delay in launching the website has been agreed in order to carry out additional robust failsafe testing. The new website is due to go operational by Quarter 2, 2016/17.	34

RQIA Strategy Map 2015-18

Vision

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

Purpose

RQIA is the independent health and social care regulator in Northern Ireland

We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports

Stakeholder Outcomes

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

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

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

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

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

Strategic Themes

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

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

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

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

Continuously Improve Key Systems and Processes
Developing and delivering quality improvement work-streams

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

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

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

Values

Independence ◆ Inclusiveness ◆ Integrity ◆ Accountability ◆ Professionalism ◆ Effectiveness

Vision
Purpose
Stakeholder Outcomes
Strategic Themes
Values

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 May 2016
Title of Paper	PPI End of Year Report 2015-16 & Way Forward
Agenda Item	10
Reference	F/04/16
Author	Christine Goan
Presented by	Maurice Atkinson
Purpose	The purpose of this paper is to present the Final Progress Report of the PPI Annual Action Plan 2015-16.
Executive Summary	PPI is the agreed terminology used as an umbrella term to describe the involvement agenda in the HSC. It was introduced and defined in the DHSSPS guidance circular HSC (SQSD) 29/071. ‘Personal’ refers to service users, patients, carers, consumers, customers, relations, advocates or any other term used to describe individuals who use HSC services either as individuals or as part of a group. ‘Public’ refers to the general population and includes locality, community and voluntary groups and other collective organisations. ‘Involvement’ refers to consulting, informing, engagement, active participation and partnership-working. RQIA’s previous strategy stated ‘By 2015 we will have embedded personal and public involvement (PPI) as a fundamental part of all of RQIA’s work’. As a consequence of the PPI external assessment and following review by RQIA’s PPI Forum representatives, the Forum was stepped down to further embed PPI in RQIA core activities.

	The 2015-18 RQIA Corporate Strategy strategic theme 5 'Develop and Enhance Effective External relationships' states that RQIA will 'engage and involve service users, carers and the public to obtain their views on the standard of care provision within health and social care services.' RQIA's Business Plan 2016-17 details an identified action (5.1) stating that RQIA will 'Implement the recommendations from the external review of PPI, completed in 2015, taking account of the new PPI standards'. Following a PPI Forum workshop 17 December 2015 and final meeting of the PPI Forum 30 March 2016, actions (with key performance indicators) were identified aligning to the PPI Standards and the PHA external monitoring recommendations. Directorates and teams will take these actions forward embedding PPI within their spheres of work and scrutinising PPI outputs to demonstrate impact and outcome. Directorates and teams will report progress and performance through RQIA's Corporate Performance Report.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	RQIA Board is asked to **NOTE** the final report and the planned way forward.

The Regulation and Quality Improvement Authority

Personal and Public Involvement

Action Plan 2015-16 Final Progress Report

What is Personal and Public Involvement?

Personal and Public Involvement (PPI) is the agreed terminology used as an umbrella term to describe the involvement agenda in the Health and Social Care Services (HSC). It was introduced and defined in the DHSSPS guidance circular HSC (SQSD) 29/071, and reflects the integrated nature of services delivered by the HSC.

The key terms are defined below:

'Personal' refers to service users, patients, carers, consumers, customers, relations, advocates or any other term used to describe individuals who use HSC services either as individuals or as part of a group.

'Public' refers to the general population and includes locality, community and voluntary groups and other collective organisations.

'Involvement' refers to consulting, informing, engagement, active participation and partnership-working.

2.0 How does RQIA use PPI?

PPI plays an important role within the work of RQIA. RQIA will engage with service users, carers and the public in every aspect of our work. RQIA believes that through this engagement we will ensure that that they make a meaningful contribution to our work.

Within RQIA's Corporate Strategy for 2015-18, four strategic priorities align to PPI. These priorities are as follows:

1	**Deliver Operational Excellence** Improving the delivery of our core functions, taking account of best practice	• Complete a strategic review of inspection systems and processes • Redesign our inspection and review reports to better demonstrate our assessment of the delivery of safe, effective and compassionate care • Strengthen our internal quality assurance systems and processes • Develop our external communications systems and processes so that the public understand our roles and responsibilities
4	**Continuously Improve Key Processes** We will develop and deliver quality improvement workstreams	• Make better use of information and intelligence from external sources • Improve analysis of available information to support our core functions • Optimise the use of information, communication and technology to enable RQIA to deliver its current and future priorities • Implement a programme of

		continuous improvement workstreams
5	**Develop and Enhance Effective External Relationships** We will communicate effectively with people who use services, and collaborate with other HSC bodies, regulated services, and other regulators to share information and intelligence	• Engage with service users, carers and the public to obtain their views on the standard of care provision within health and social care services • Develop strong partnerships with independent, voluntary advocacy and community groups • Strengthen our links with other regulators and organisations to share intelligence to ensure that safety concerns are heard and acted upon
6	**Focus Improvement Activities on Outcomes** We will pursue opportunities to drive quality improvement across health and social care	• Involve lay assessors to listen and understand the experiences of service users and describe this in our inspection reports • Use external expertise to identify areas of improvement in health and social care • Actively participate in regional and national initiatives to drive safe, effective and compassionate care • Strengthen our focus on quality improvement by disseminating the learning from our core activities

This Action Plan has been developed to ensure that RQIA are achieving these key priorities aligning each identified action to the relevant priority.

The Action Plan for 2015-16 has been divided into two sections:

i) Organisational PPI
ii) Stakeholder Engagement

i) Organisational PPI

This section relates to how RQIA will engage with service users, carers and the public to shape the future work of RQIA. We will create an organisation that listens to and incorporates their views in a meaningful way.

ii) Stakeholder Engagement

This section will outline how RQIA engages with service users, carers and the public to obtain service users perspective on the care provided to them by the services subject to regulatory activity by RQIA.

ORGANISATIONAL PPI

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
1.	An RQIA PPI Action Plan for 2015-16.	Contribution to action plan from all directorates within RQIA. Discussion and agreement at RQIA PPI Forum. Action Plan sign off at PPI Forum 18 June.	4,5,6	Corporate Improvement and Public Engagement Manager/PPI Forum	Sign off at PPI Forum 18 June 2015.	PPI Annual Action Plan 2015-16 was approved RQIA Board 9 July	June 2015
	Ensure the Action Plan is accessible to the public.	Publication onto RQIA's website July 2015.	4	Communication Manager	Publication onto RQIA's staff intranet July 2015.	Publication uploaded onto RQIA's website July 2015.	July 2015
	Ensure PPI Forum is updated bi-annually or by exception throughout 2015-16 on actions within Action Plan.	Bi-annual progress update to PPI Forum on actions from PPI Annual Action Plan (reporting through the corporate performance framework). The Annual Action Plan will be updated in March 2016 with final outcome results for the year included.		Directorate PPI Leads Corporate Improvement and Public Engagement Manager/PPI Forum.	Directorate leads to update CIPE manager March 2016 for sign off at the PPI final Forum 30 March.	Final progress update incomplete, accepted as final by PPI Forum 30.03.16.	March 2016

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
2.	RQIA will evaluate the approaches to date to involving Lay Assessors in review and inspection work in order to learn and improve the approaches.	Organise and facilitate a focus group with Lay Assessors in April 2015 and evaluate outcome of the day.	1,5	Corporate Improvement and Public Engagement Manager	Focus Group carried out 17 April. Qualitative and quantitative data shared with Corporate Lay Assessor Group. 'Areas for improvement' evidence was used to develop corporate Lay Assessor procedures. This will ensure Lay Assessors are offered to go out on inspection at least once a month.	All Lay Assessors are offered to go out on inspection at least once a month.	April 2015
3.	RQIA will hold a workshop with Lay Assessors to develop the core questions for service users in relation to: Is Care Safe? Is care effective? Is care compassionate?	Organise and facilitate a workshop with Lay Assessors in April 2015	1,5	Corporate Improvement and Public Engagement Manager	Workshop carried out 17 April. Outcome of workshop shared with Corporate Lay Assessor Group 26 May.	Core Questions for service users are now developed by all teams throughout RQIA. Lay Assessors use the same questionnaire and these are	

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
					16 July - final full day workshop with corporate Lay Assessor team, Lay Assessor representative and PPI Forum Carer Representative to:	collated to answer Is Care Safe? Is care effective? Is care compassionate?	
					1. determine 'core' questions took place following third pilot hospital care inspection	Questionnaire responses will be uploaded into iconnect which will allow a more in-depth scrutiny of service user over time.	July 2015
					2. review and agree procedures for Lay Assessors	Corporate procedures in relation to working with Lay Assessors issued February 2016.	March 2016
					3. formal evaluation of lay assessors views brought to EMT for decision on way forward	Awaiting decision.	9 March 2016

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
4.	Ensure that service users, carers, relatives and staff views on regulated services are taken on board to inform future RQIA inspection themes and methodology.	The Domiciliary care supported living team will meet or make contact with individual focus groups of service users throughout 2015 to assist in informing the following year's inspection themes	1,4,5,6	Regulation – Supported Living	Having completed the contact with individual groups the consensus was that no one individual group was feasible and that all contact would be filtered by RQIA to individual groups.	Information relating to the questions asked of the service users has been used to inform the inspections for 2016-17. A full report was presented to the PPI forum as well as to the service users groups.	March 2016
5.	Stakeholders involved in Mental Health services will participate in the evaluation of the revised inspection methodology.	The Mental Health and Learning Disability Directorate (MHLD) will formally invite stakeholders of involved in Mental Health services to participate in the evaluation of the revised inspection methodology.	4,6	MHLD	A formal evaluation of the revised methodology was undertaken in Quarter 4 with all service users, trust representatives, RQIA staff and representatives from the Health and Social Care Board. Agreement has been made with the University of Ulster to facilitate the evaluation	Meeting with trust representatives was held in February 2016 and Evaluation of the Pilot for a Revised Inspection Methodology for MHLD hospitals was also produced and brought to RQIA Board on 29 March 2016.	

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
					process with trust representatives.		March 2016
6.	MHLD team will ensure that the views of advocates in relation to patients' care and treatment on the Mental Health wards is captured and used to inform inspection processes.	MHLD will issue questionnaires to independent advocates prior to inspections to capture their views of care and treatment on the wards. These views will be used to inform inspection processes.	4,5,6	MHLD	A questionnaire to ascertain the views in relation to patients' care and treatment was developed by the MHLD team on survey monkey April 2015. The questionnaire will be issued in quarter 3 to independent advocates as part of the implementation of the pilot of the revised methodology.	A questionnaire was issued to advocates in Q3 via survey monkey as part of the revised methodology. The findings from the questionnaires have been used to inform inspection processes. MHLD Consulted with three independent advocacy groups and one peer advocate. The information gathered was used to inform future inspection processes.	March 2016

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
7.	Lay Assessors will contribute to inspections and reviews interviewing service users and gathering their views an opinions in relation to: • is care safe, • is care effective, • is care compassionate? (Appendix 2)	*Second recruitment:* Lay Assessors second wave of recruitment has been postponed until evaluation of Lay Assessors has been considered by EMT. *Consider financial implications:* Finance requirement (Reimbursement Guidelines DHSSPS 2012) to embed lay assessor contribution in to inspection and reviews will be estimated to inform future costs. *Ensure Involvement in developing new services:* Lay assessors will contribute to the development and delivery of new programmes of work including the new programme of inspections of acute hospitals.		MHLD, Review and Regulation Directorates CIPE Manager and Finance Manager	<u>MHLD team</u> MHLD convened a meeting on 26 August with Lay assessors. The purpose of this meeting was to induct Lay assessors to the revised methodology and inspection tools. <u>REVIEW team</u> See Stakeholder Engagement Action 7 – Healthcare Team	<u>MHLD team</u> Lay assessors have participated in 68% of inspections of inpatient mental health facilities. Cost 01/04/15 – 29/02/16 £1433.03 (Appendix 3) <u>REVIEW team</u> See Stakeholder Engagement Action 7 – Healthcare Team	February 2016 March 2016

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
	Evaluate the views and experiences of Lay Assessors in the first seven months of their work with RQIA (April 2015 – October 2015). 1. To assess the impact of Lay Assessor involvement in RQIA inspections/reviews and if their views are appropriately involved in inspections/review reports. 2. To evaluate the views and experiences of RQIA staff who have used a Lay Assessor in the first seven months of their work with RQIA (April 2015 – October 2015). 3. To report on the findings, identify areas of good practice, share learning and make recommendations for improvement.	Carry out internal evaluation.	6.1	Theresa Nixon Director MHLD/ Ronan Strain, Project Manager	The evaluation assessed the overall impact lay assessors are having on RQIA's business, in obtaining views from service users and their experiences of care and treatment.	Evaluation shared with EMT on 9 March 2016. An action plan is required to be agreed by EMT to take forward recommendations .	March 2016

STAKEHOLDER ENGAGEMENT

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
1.	Ascertain the views of service users as part of the domiciliary care agencies inspections (this excludes supported living services)	The User Consultation Officer (UCO) will carry out interviews with a sample of service users throughout 2015/16. Any concerns will be raised with the inspector and used by the team when deciding the 2016/17 inspection themes. Findings will be included in the agency's inspection report.	4,5,6	Regulation (UCO)	As of 22 March 2016 the UCO has carried out 663 service user interviews in relation to 89 agencies	A summary of the findings were included in the inspection reports and provided to the inspector and registered manager.	March 2016
2.	Ensure that carers views on the quality of the service provided to them by the Adult Placement Agencies are taken on board and any areas of concern will be raised with the provider in order to drive improvement in the service quality.	The inspectors will discuss with AP carers their view on the quality of service during the next inspections. These comments will be taken to individual providers as well as the local APA group.	4,5,6	Regulation - Agencies	The inspections of the Adult Placement Agencies were completed before the end of March 2015. The inspectors interviewed a selection of carers in relation to the service that was PPI focused.	Information relating to the questions asked of the carers was used to inform the inspections for 2016-17. A report was presented to the PPI forum and was circulated and discussed with the four APA agencies.	March 2016

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
3.	Ascertain the views of young people living within children's homes.	The children's team are currently developing a proposal for the involvement of Council for the Homeless Northern Ireland in the inspection process. An incremental three year plan will include the recruitment of peer reviewers. These reviewers will be directly involved in the inspection of children's services.	4,5,6	Regulation – Children's	The children's team had been developing a proposal for the involvement of Council for the Homeless Northern Ireland in the inspection process. Unfortunately the Council were unable to proceed with this work in the 2015/16 year due to funding issues. The children's team have made recent contact with the School of Social Policy, Sociology and Social Work at Queen's University Belfast for the development of an electronic app-based method through which children and young people are	Feedback from children and young people about their experience of living in the children's home was provided to the manager after each inspection. The e-communication project with QUB is at an exploratory stage. If the technology can be sourced and developed it is planned to pilot and implement this system during 2016-17.	

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
					enabled to communicate their experience of living in a children's home. During the 2015/16 inspection year the children's team engaged with children and young people (including their parents views where possible) during each inspection through semi—structured interviews and questionnaires. These informed the outcomes for young people referenced in the inspection reports.		March 2016
4.	Ascertain service user views during inspections of all regulated services.	The agencies team will take on the views of service users during inspections.	4,5,6	Regulation – All teams	Agencies Team: Having completed the contact with	Agencies Team: Information relating to the questions asked of the service users has	

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
	The information will be used to drive improvements in service quality.	The agencies team will also meet with individual service user groups and gain information to help drive improvement.			individual groups the consensus was that no one individual group was feasible and that all contact would be filtered by RQIA to individual groups.	be used to inform the inspections for 2016-17 A full report was presented to the PPI forum	March 2016
5.	Ensure that areas of concern raised by our stakeholders are considered. Information from these meetings may also be used to inform future inspections.	All areas of concern raised will be discussed with stakeholders by the agencies team.	5	Regulation –	All areas of concern raised are discussed with stakeholders by the agencies team.		March 2016
6.	Ensure patients' experiences of their care and treatment are obtained and used to inform inspection processes.	As part of pre inspection information, patients who have recently been discharged will be sent a "your care your view" post card. Patients will be asked to comment on their experience of the ward during their period of admission.	4,5,6	MHLD	"your care your view" post card" is currently being developed with the Communication manager and MHLD Team.	This has not been initiated. There were difficulties with stationary. Following consultation with services users and advocates, the process / procedure will change on how to issue the "your care your view" cards. This will be carried forward into the new year April	

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
		This information will be used to inform inspection processes.				2016.	March 2016
7.	Evaluate the effectiveness of the role of lay assessors in improving inspection processes.	Lay assessors will speak to patients and observe care practice on a minimum 40% of mental health wards. The views of service users in the services inspected by the regulation, MHLD and hygiene teams will be captured, with the support of lay assessors. Outcomes will be measured following evaluation of lay assessor input.	4,5,6	MHLD Team Healthcare Team (previously named Hygiene Team)	MHLD team. Information gathered by lay assessors has informed the inspection process and included in the inspection report. Healthcare Team In quarter one; a lay assessor was part of the pilot inspections to test the inspection methodology and process for the new acute hospital inspection programme. During the pilot inspection process the	MHLD team Lay assessors have gathered the views of patients on 68% of mental health wards. This information was used to inform inspection processes and included in the report. The new acute hospital inspection programme commenced in October 2015. Lay assessors have participated on 10 inspections since March 2015 which included involvement in the pilot inspections. They have gathered information from patients and relatives through questionnaires and interviews. This information has	

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
					patient/relative questionnaire was tested and amended were appropriate. The inspection programme will commence in Quarter 3 and will include participation of lay assessors when they are available. Information gathered by lay assessors will be included in the inspection report.	informed inspection outcomes and will be included within the inspection reports.	March 2016 March 2016
8.	Ensure that patient and relatives views are sought as part of reviews within the Three Year Review programme	Several reviews will take place during 2015-16 which will incorporate elements ensuring that patients and relatives views are sought and harnessed. A wide range of appropriate methods will be used to obtain the views of patients,	4,5,6	Review Team	Examples of reviews from the previous year which completed during Quarter 1 of 2015-2016 included: **Review of Brain Injury**: RQIA worked with 6 voluntary and	Several reviews which took place during 2015-16 incorporated elements of ensuring that patients and relatives views were sought and harnessed. These included reviews of: • Advocacy Services for Children and	

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
		their families, carers and advocates, to include: • Questionnaires and Surveys • Focus Groups • One-to-One Telephone Interviews • One-to-One face-to-face Interviews • Workshops • Summit Events			charity organisations to maximise engagement with people living with a brain injury and their carers. These included: Cedar Foundation, Headway, Reconnect, Brain Injury Matters, Brain Injury Foundation and the Child Brain Injury Trust. A total of 109 people living with a brain injury and 66 carers engaged in the process. Their views were used to help inform the review process, and were also incorporated into the final report.	Adults • Early Years Services • Learning Disability: Community Services: Phase II • Maternity Services • Primary Care Arrangements in GP Services • Review of NI Ambulance Service • Allied Health Professionals in the Community • Quality Improvement Systems • Governance Arrangements (Professional Regulation) • Whistleblowing • Eating Disorder Review A wide range of appropriate methods were used to obtain the views of patients, their families, carers and advocates, to	

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
					Review of Palliative Care: this review considered evidence from a major research project carried out by the All Ireland Institute of Hospice and Palliative care on the experiences of patients and families of using services. **Review of Eating Disorders:** During the review, RQIA met with 48 service users and carers to obtain their views of the services for eating disorders. Their views were used to help inform the review process, and were also	include: • Questionnaires and Surveys • Focus Groups • One-to-One Telephone Interviews • One-to-One face-to-face Interviews • Workshops • Summit Events Full details are included as Appendix 1 (Engagement in Reviews document). This comprises a summary of involvement of independent, community or voluntary organisations, as well as individual service users, relatives or carers in reviews 2015 -2016.	

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
					incorporated into the final report. **Review of Adult Learning Disability**:- During the review RQIA met with the trust and HSC Board staff, and with over 280 people during 16 focus groups across NI to inform the findings of the review of service provision.		March 2016 February / March 2016
9.	Ensure that stakeholder groups are aware of the role of RQIA (proactively seek invitations) Feedback from Review team.	• Key stakeholders that represent particular interest groups are invited to participate within the RQIAs programme of reviews. • New stakeholders identified through the planning of reviews are also invited to participate within	5	All staff	See Engagement in Reviews document (Appendix 1) – involvement of independent, community or voluntary organisations in reviews 2015 - 2016.	As part of the programme of reviews, RQIA invites a range individuals to participate, such as independent, community or voluntary organisations, as well as individual service users, relatives or carers in reviews. A range of approaches including	

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
		the RQIAs programme of reviews. • We will continue to clearly define the role of RQIA before these working partnerships commence.				questionnaires, focus groups, one-to-one interviews, involvement of experts and lay people and service user feedback are used.	March 2016
10.	RQIA will continue to contribute to the regional HSC PPI Forum	Continue to attend and contribute to the Regional PPI Forum. Continue to contribute to subgroup work in relation to development of a regional PPI training pack for HSC staff	5	Corporate Improvement and Public Engagement Manager (CIPE)	CIPE Manager attended as core member of the Regional PPI Group 22 February 2016. Member of Regional PPI Training Subgroup Meeting - 1 Feb 2016. Regional launch of the PPI Training programme for HSC staff NI. CIPE manager attended as core member of the subgroup.	The next meeting will take place in June 2016. The PPI Regional Training Programme was launched PHA 22 February 2016, now available for use - all HSC staff NI including e-training element to programme. Contributing to the development of the design, PPI regional logo. Now agreed.	February 2016

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
		Continue to contribute to subgroup work in relation to development of regional PPI Communication for HSC staff			CIPE Manager attended as core member of the Regional PPI Communication Subgroup 6 August 2015.	Contributing to the discussions and drive for PPI Regional Website pending DHSSPS funding. Member of the Events Management Team collaborating with PHA and QUB Psychology Dept. and service users to develop programme for Regional PPI Conference June 2016.	
		Continue to contribute to subgroup work in relation to development of regional PPI measurements of outcome.			No meetings of this sub group have taken place since April 2015.	N/A	March 2016

Appendix 1
REVIEWS DIRECTORATE: ENGAGEMENT IN REVIEWS

REVIEWS PUBLISHED: 2015-2016

REVIEW	INVOLVEMENT OF INDEPENDENT / VOLUNTARY / COMMUNITY ORGANISATION (Name of Organisation)	DESCRIPTION OF INVOLVEMENT	INVOLVEMENT OF INDIVIDUALS AS SERVICE USERS, RELATIVES, CARERS (Approximate Number of Individuals)	DESCRIPTION OF INVOLVEMENT
Advocacy Services for Children and Adults	The voluntary sector organisations included: • MindWise • Irish Advocacy Network • Mencap • VOYPIC • Bryson • NIAMH • Autism • ARC UK • CAUSE • BDA • NIACRO • PRAXIS • Alzheimer Society	The voluntary sector organisations facilitated engagement through completing a self-assessment questionnaire, meetings and focus groups.	This particular review did not engage individual service users, relatives or carers, as the review examined the commissioning processes and not the actual service provided.	

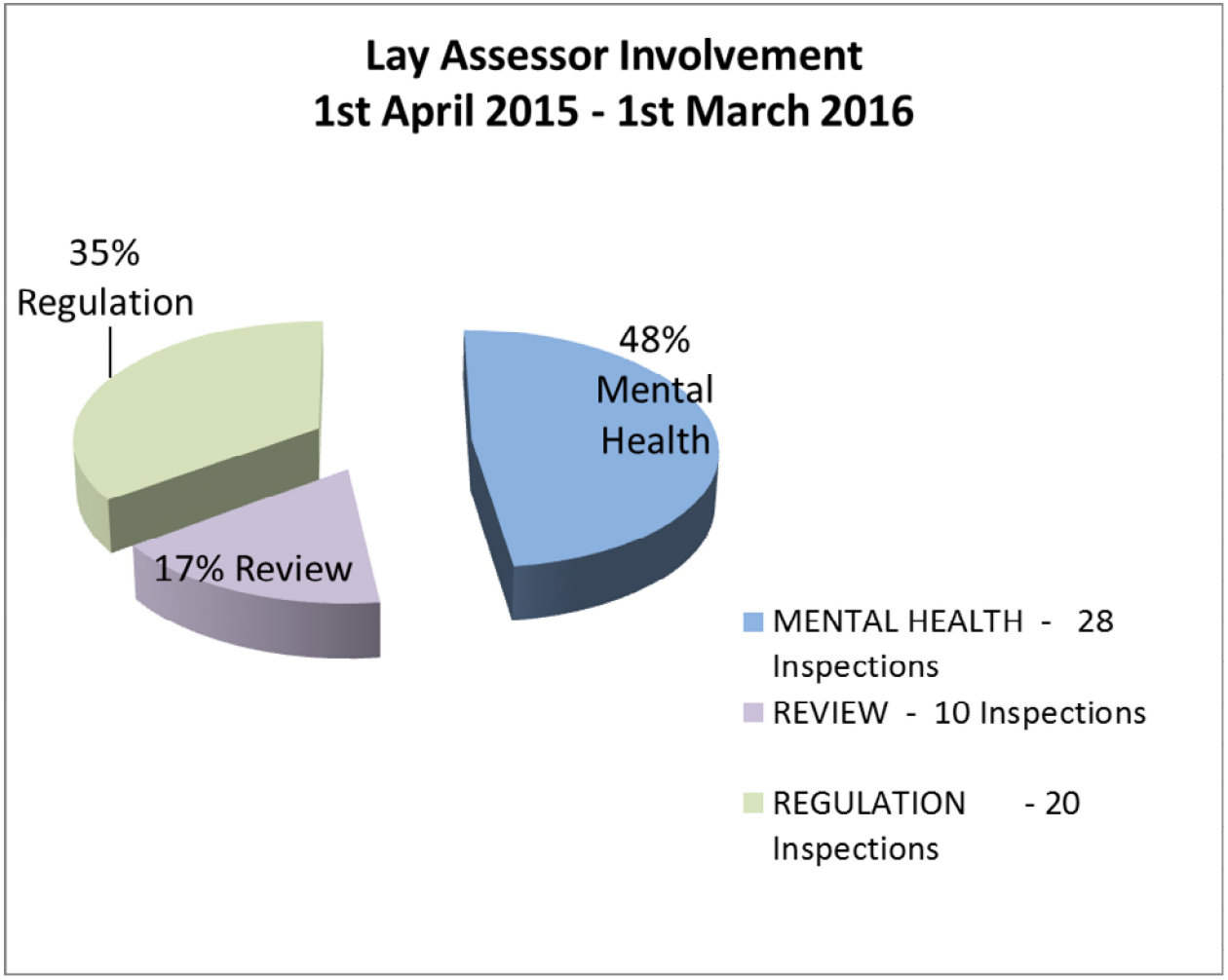
REVIEW	INVOLVEMENT OF INDEPENDENT / VOLUNTARY / COMMUNITY ORGANISATION (Name of Organisation)	DESCRIPTION OF INVOLVEMENT	INVOLVEMENT OF INDIVIDUALS AS SERVICE USERS, RELATIVES, CARERS (Approximate Number of Individuals)	DESCRIPTION OF INVOLVEMENT
	• Age NI • Disability Action • Carers Forum Advocacy Group • TILII Group • Mind Yourself • Barnardos			
Early Years Services	The voluntary sector organisations included: • Early Years Organisation • Playboard • Employers for Childcare • NICMA • Federation of Small Businesses	The voluntary sector organisations facilitated engagement through 4 focus groups with various service providers.	During the engagement RQIA met with: • 40 service providers • 15 staff from the voluntary sector organisations	Individuals shared their views and experiences of the HSC registration and inspection processes applied by the trusts.
Learning Disability Community	DESTINED ARC TILII	Some of voluntary sector organisations facilitated engagement at the same time as	In addition to the trust and HSC Board staff, RQIA meet with over	Service users, parents, family carers, advocates all share their views on community LD services

REVIEW	INVOLVEMENT OF INDEPENDENT / VOLUNTARY / COMMUNITY ORGANISATION (Name of Organisation)	DESCRIPTION OF INVOLVEMENT	INVOLVEMENT OF INDIVIDUALS AS SERVICE USERS, RELATIVES, CARERS (Approximate Number of Individuals)	DESCRIPTION OF INVOLVEMENT
Services: Phase II (Adults)	MENCAP Positive Futures	The Bamford Monitoring. Other focus groups i.e. DESTINED were sourced by RQIA.	280 people during 16 focus groups across NI.	for adults during 16 focus groups and one-to-one meetings.
Maternity Services	This review did not engage with any Voluntary/Community groups. Other stakeholders were Integrated Care Partnership GP Leads in each trust; Royal College of Midwives Director and SureStart Co-ordinator. The Terms of Reference of the review was to assess progress of the regional strategy and not the service per se. Engagement was with HSC organisations.		This particular review did not engage individual service users, relatives or carers, as per the nature of the review.	

REVIEW	INVOLVEMENT OF INDEPENDENT / VOLUNTARY / COMMUNITY ORGANISATION (Name of Organisation)	DESCRIPTION OF INVOLVEMENT	INVOLVEMENT OF INDIVIDUALS AS SERVICE USERS, RELATIVES, CARERS (Approximate Number of Individuals)	DESCRIPTION OF INVOLVEMENT
Primary Care Arrangements in GP Services	Engagement with HSC Organisations and General Practitioners as per the nature of this review.		This particular review did not engage individual service users, relatives or carers, as per the nature of the review.	
NIAS	Engagement with HSC Organisations as per the nature of this review.		Interviews were held with frontline staff across each operational division. This included staff from the Patient Care Services (PCS), ambulance technicians, paramedics and station officers. (approx. 30 staff)	To hear their views on the effectiveness of the actions taken in response to recommendations from previous reviews and the arrangements in place to take forward any outstanding recommendations.
Allied Health Professionals in the Community	This review engaged with trusts and their AHPs only, also the HSC Board, as per the nature of this review.		This particular review did not engage individual service users, relatives or carers, as per the	

REVIEW	INVOLVEMENT OF INDEPENDENT / VOLUNTARY / COMMUNITY ORGANISATION (Name of Organisation)	DESCRIPTION OF INVOLVEMENT	INVOLVEMENT OF INDIVIDUALS AS SERVICE USERS, RELATIVES, CARERS (Approximate Number of Individuals)	DESCRIPTION OF INVOLVEMENT
			nature of the review.	
Quality Improvement Systems	Engagement with Arms' Length Bodies only as per the nature of this review.		This particular review did not engage individual service users, relatives or carers, as per the nature of the review.	
Governance Arrangements (Professional Regulation)	Engagement with HSC Organisations and Regulatory Bodies only as per the nature of this review.		This particular review did not engage individual service users, relatives or carers, as per the nature of the review.	
Whistleblowing (Additional Commissioned)	• Engaged with HSC Arms' Length Bodies. • Pharmaceutical Society Northern Ireland • General Medical Council	Discussions with the organisations to determine their involvement in relation to whistleblowing within HSC.	Engagement with individual staff across the Arms' Length Bodies via focus groups (over 350 attendees) and an online questionnaire (over 3,000 responses).	

Appendix 2


Lay Assessor Involvement
1st April 2015 - 1st March 2016
35% Regulation
48% Mental Health
17% Review
MENTAL HEALTH - 28 Inspections
REVIEW - 10 Inspections
REGULATION - 20 Inspections

Appendix 3

Lay Assessors Mileage & Travel Expenses 1 April 2015 - 29 February 2016

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Totals
					£85.00							£85.00
	£59.19			£381.80		£142.80		£49.84				£633.63
		£57.60	£57.60									£115.20
		£35.60	£55.28	£110.57			£113.50	£7.20	£27.53	£31.55		£381.23
£10.60												£10.60
					£73.44	£48.16						£121.60
				£8.40								£8.40
												£0.00
		£36.49			£28.00			£12.88				£77.37
£10.60	£59.19	£129.69	£112.88	£500.77	£186.44	£190.96	£113.50	£69.92	£27.53	£31.55	£0.00	£1,433.03
												£1,433.03

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 May 2016
Title of Paper	Presentation on EFQM Assessment and ISO 9001:2015 Next Steps
Agenda Item	11
Reference	G/04/16
Author	Christine Goan
Presented by	Christine Goan
Purpose	The purpose of this presentation is to set out the proposed way forward in addressing the 60 identified areas for improvement as set out in the EFQM Feedback Report January 2016.
Executive Summary	From January 2016 to April 2016 RQIA considered the 60 potential 'areas for improvement' as specified in the EFQM Feedback Report January 2016. RQIA proposed 53 actions that would address the 'areas for improvement' aligning them to the actions in RQIA's Business Plan 2016-17. Further consideration of these actions resulted in a proposal to take forward 8 key corporate improvement projects, these are: 1. Deliver a range of outsourced corporate service functions 2. Progress towards next IiP assessment in 2017-18, including taking forward actions within the RQIA Workforce Plan 3. Develop and introduce ISO9001:2015 Quality Management System 4. Implement all recommendations from the external review of PPI taking account of the new PPI Standards

	5. Actively engage with HSC organisations to promote initiatives to improve the quality of health and social care in NI 6. Publish information about the impact of RQIA's programmes of work on Health and Social care NI 7. Review the effectiveness of the current working arrangements with other regulatory organisations and arms-length bodies 8. Develop and take forward a programme of key strategic and quality improvement work streams taking account of external benchmarks including the Ireland Excellence Award (EFQM) Feedback Report
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	RQIA Board is asked to **NOTE** the presentation and the planned way forward.

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 May 2016
Title of Paper	Implementation Plan for revised inspection methodology of Mental Health and Learning Disability Hospitals
Agenda Item	12
Reference	H/04/16
Author	Theresa Nixon
Presented by	Theresa Nixon
Purpose	To update the Board on the implementation of the recommendations made by Professor Roy McConkey. This follows the evaluation of the Pilot for a Revised Inspection Methodology for Mental Health and Learning Disability Hospitals, completed in February 2016.
Executive Summary	A new methodology for the inspection of the Mental Health and Learning Disability wards was piloted across 12 wards from 1 September to 31 December 2015. The RQIA Board agreed that the pilot methodology should be subject to an independent evaluation. The aims of the evaluation were: • To obtain feedback from the main stakeholders in the inspection process; namely inspectors, administrators, staff and trust personnel • To identify areas for improvement in the inspection process for in-patient MHLD services • To make any recommendations that have implications for RQIA overall. Ten recommendations were made for improvement. The MHLD Team have fully implemented nine recommendations as set out in Table 1, attached. One recommendation regarding the revision of the Escalation Policy is

	currently under review.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the content of this report.
Next steps	The MHLD propose to consult on their revised methodology for inspection and pilot this in parallel with the consultation period in five wards. This will be reviewed for effectiveness together with the feedback from the consultation.

Action taken to deliver recommendations made in evaluation of the Pilot for a Revised Inspection Methodology for Mental Health and Learning Disability hospitals (Professor Roy McConkey, February 2016)				
No.	**Recommendation(s)**	**Actions Taken**	**Status**	
			In Progress	**Complete**
1	RQIA will: • review the list of documents requested in advance of inspections and • create a process for storing and updating these for individual ward inspections.	List of documents reviewed and revised and has been sent pre-inspection to all trusts Trusts to send only updated policies from this framework or any additional policies requested by RQIA at the beginning of every inspection year. These will be stored on I-Connect		✓ ✓
2	RQIA will continue to use lay assessors and preferably those who have experienced learning disability or mental health inpatient services. The financial resources to support their engagement need to be identified.	Each directorate is continuing to use lay assessors. Director of MHLD has been given the lead role by EMT in April for the future recruitment, induction, training and oversight of the use of lay assessors. Further recruitment of lay assessors is ongoing currently MHLD directorate have set a target that 20% of inspections in the Directorate will have a lay assessor in 2016/17. This matter requires further consideration by other teams in RQIA Each directorate has a budget to use for lay assessors.	✓	✓ ✓

3	The Directorate need • to prepare guidance for sessional inspectors • review the budgets available for their deployment on a more extended basis.	New proposed pilot inspection methodology has been agreed with all current sessional inspectors. Each sessional inspector has been provided with guidance in relation to the expected lines of questioning during inspection Funding has been transferred from the permanent Band 8A post into non-pay sessional budget to enable the recruitment of additional expert reviewers/inspectors New expert reviewers are currently being recruited by MHLD Team, some from outside Northern Ireland for regional inspections – Shannon, Beechcroft, Iveagh, ECT Suites		✓ ✓
4	The indicators should be revised by the inspectors with respect to those that they found best discriminated across the three domains and also across the 'stronger' and 'weaker' services. Standards documents for use with learning disability services should be identified and updated.	11 workshops were held with MHLD staff to revise the inspection methodology and indicators have been revised accordingly A review of all guidelines issued by DHSSPS was undertaken and an updated list has been shared with all inspectors		✓ ✓
5	The inspectors should capture the strategies they have used to triangulate the information and the relative importance they have placed on the different sources and indicators.	All indicators have been reviewed in terms of prioritisation and revised to reflect risk and to ensure improved stakeholder outcomes		✓
6	RQIA should produce a template for inspectors to use to summarise the agenda and content for the feedback session. Guidance should be provided to trusts on the format of the feedback sessions and the personnel who are expected to attend. A dialogue approach should be adopted.	This is complete and used by inspectors currently Expectations of trust staff, and the range of professionals recommended to attend are included in the revised inspection handbook A dialogue approach is used in feedback sessions		✓ ✓

		in respect of the actions that both the trust and RQIA believe will best deliver the required improvements and the timeline in which actions should be taken		✓
7	The Mental Health and Learning Disability Directorate should convene a one-day workshop for all inspectors and administrative staff to agree revisions to the pilot methodology but with particular focus on agreeing a common template for feedback sessions, reports and trust improvement plans.	Workshops held on 4, 7,11 , 21, 22 March and 1, 8, 15, 21 , 22 April, 3 May 2016 A revised inspection handbook has been completed which contains a template for providing feedback, a new revised report format and guidance to trusts in the completion of quality improvement plans		✓ ✓
8	The revised guidance for the new methodology should expand the criteria for priority status and escalation.	MHLD Director met with the Head of Primary Care to suggest revisions to the current escalation policy. The policy will be revised by the Head of Primary Care and brought to EMT for approval	✓	
9	RQIA should: • prove more detailed guidance to trusts on the production of improvement plans and • review the dates for submission and reporting.	New guidance completed for trusts regarding the submission of Quality Improvement Plans in the future (As outlined in point 7). Appendices no longer appear in inspection report but will be held by inspectors as evidence and provided if requested All QIPs must be returned within 28 days is stated clearly in revised Inspection Handbook		✓ ✓
10	RQIA as a whole should review the strategies that have been effective in obtaining the views of carers during inspections and reviews. These insights might be incorporated into the revised inspection methodology: for example,	Evening focus groups to capture the views of patients, family and carers will now be held - appropriate to the ward environment in future inspections.		✓

	telephone interviews with carers.	A revised relative's questionnaire has been completed and will be made available to carers during the inspection. Telephone interviews will be undertaken with carers who indicate their willingness to speak to an inspector		✓

The Regulation and Quality Improvement Authority

Date of Meeting	12 May 2016
Title of Paper	Chief Executive's Performance Dashboard
Agenda Item	13
Reference	I/04/16
Authors	Executive Team
Presented by	Acting Chief Executive
Purpose	To present a summary of performance and key risks across our core activities.
Executive Summary	Updates are provided in respect of the following – • Regulation • Reviews • Mental Health & Learning Disability • Quality Improvement Workstreams • Finance
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **COMMENT** on the Chief Executive's Performance Dashboard.
Next steps	Not applicable

CHIEF EXECUTIVE'S PERFORMANCE DASHBOARD

Performance Area		Commentary	
Regulation	***Is the programme of work in Regulation on track?***	***Update***	• The Statutory minimum number of inspections was achieved at 30 April 2016 • Stakeholder information events have been held with over 1,000 attendees • Consultation on the inspection policy for regulated services closed on 29 April 2016 and responses are being analysed.
		***Significant risks, issues or concerns* for escalation to the Board**	Publication of inspection reports will be impacted by: • Revised methodology • New RQIA website • New iConnect web portal
Reviews	***Is the programme of work in Reviews on track?***	***Update***	The Review of the NI Ambulance Service was published on 24 March 2016; three review reports are awaiting publication; • Review of Review of Governance Arrangements relating to General Practitioner (GP) Services in Northern Ireland • Review of HSC Trusts' Readiness to comply with an Allied Health Professions Professional Assurance Framework • Review of Quality Improvement Systems and Processes

Performance Area		Commentary	
			Four review reports are at the factual accuracy stage; • Review of the Operation of Whistleblowing Arrangements in Arm's Length Bodies • Review of Governance Arrangements relating to Professional Regulation • Review of Adult Learning Disability Services • Review of Maternity Services Five reviews from the 2016-2017 year have commenced. Four hospitals have now been inspected within the new inspection programme.
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Mental Health & Learning Disability (MHLD)	***Is the programme of work in MHLD on track?***	***Update***	Fieldwork has commenced in respect of a Review of Perinatal Mental Health. A range of focus group will be convened with a variety of stakeholders. Action has been taken by the MHLD Team to implement the recommendations made by Professor Roy McConkey on the MHLD Pilot inspection methodology. A review methodology for inspection is under development and will be consulted on in May/ June 2016 using the four domains set out in the RQIA Corporate Strategy.

Traffic Light (Red-Amber-Green) Rating System

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

Performance Area		Commentary	
			The project team has concluded its work for phase 3 of iConnect, regarding the development of a Patient centred MHLD Information System, to replace all existing databases and spreadsheets. Funding is still required recurrently to support the implementation of Phase 3. The Director of the Mental Health, Learning Disability and Social Work Team has been appointed as Chair of the Mental Health Sub Group of the UK NPM. Work has commenced involving a number of UK Regulators to review the pathways and transitions between places of detention. This is being undertaken in two phases; evidence gathering (in year one, 2016/17) based on the findings from phase 1, making recommendations and strengthening NPM monitoring (year two, 2017/18).
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Quality Improvement Programme	***Is the Quality Improvement Programme on track?***	***Update***	An update on next steps following the EFQM assessment will be presented to the RQIA Board. Work to progress the roll out of the iConnect web portal is ongoing.

Traffic Light (Red-Amber-Green) Rating System

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

Performance Area		Commentary	
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Finance	**Are we on target to achieve break-even?**	***Update***	It is anticipated that the final outturn for 2015/16 will be a breakeven position. A Savings Plan has been developed for 2016/17 to reflect the revenue allocation to RQIA, having been reduced by 3%.
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Other significant issues or emerging risks for escalation to the Board	There are no issues of concern for escalation to the Board.		

Traffic Light (Red-Amber-Green) Rating System

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

The Regulation and Quality Improvement Authority

RQIA's Performance Dashboard - Monthly KPIs

Year End Position - March 2016

Board Meeting – May 2016

Traffic Light (Red-Amber-Green) Rating System

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

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

Reporting Frequency: Monthly

Owner: Chief Executive

How do we measure this:

Number of complaints about RQIA received

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

Summary

Two complaints were received in March 2016. One was resolved at stage 1 early resolution, and the second is ongoing (at stage 1 formal resolution).

*An anonymous complaint in relation to a staff member was followed up and closed in May.
**Two complaints were received in January 2016, however in line with RQIA's Complaints Policy both were considered out of time, and did not proceed.

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Public and professional engagement activities (including the public's perception of RQIA)

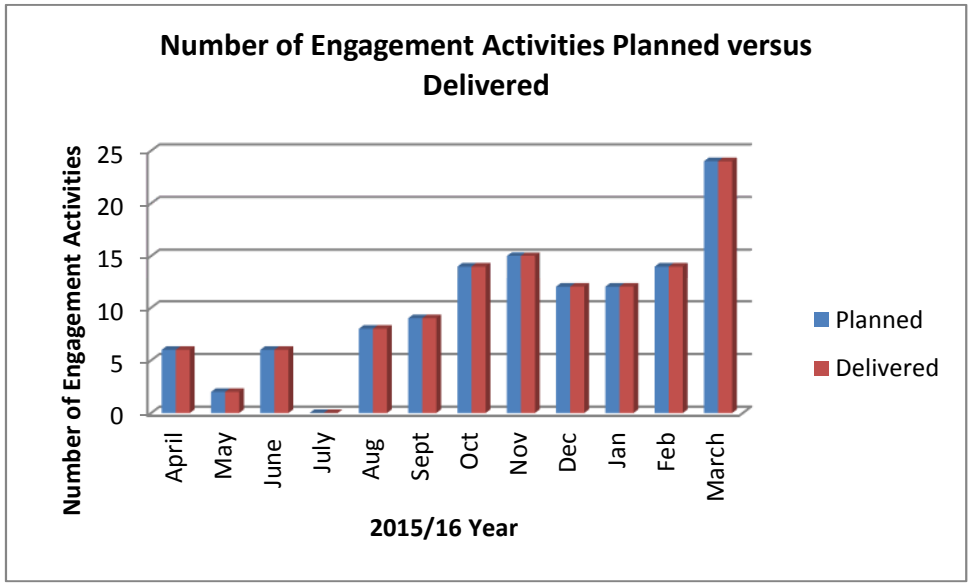
Reporting Frequency: Monthly

Owner: Chief Executive

How do we measure this:

Number of public and professional engagement activities planned versus delivered

RAG Rating:



Summary

The graph above shows the number of engagement activities planned and delivered between April 2015 and March 2016. During this period RQIA successfully delivered all planned engagement events. These included RQIA addressing and engaging with stakeholders at both events planned by RQIA and as invited guests. This year, RQIA attended the main political party conferences in partnership with the GMC, NI Pharmaceutical Society, NISCC, NICON, and PCC. In December, RQIA, in partnership with the Royal College Conference, held a workshop for Part II/ IV for Medical Practitioners with over 70 attendees. During February RQIA was involved in 14 events including NISCC's Social Care Managers workshop and the Charities Commission's planning event. In March, RQIA participated in 24 engagement events, including seven provider information events. RQIA's Chief Executive was keynote speaker at the Improving Care for Older People conference, and also at NISCC's Social Care Conference. Dr Stewart also addressed a Regional Palliative Care event.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

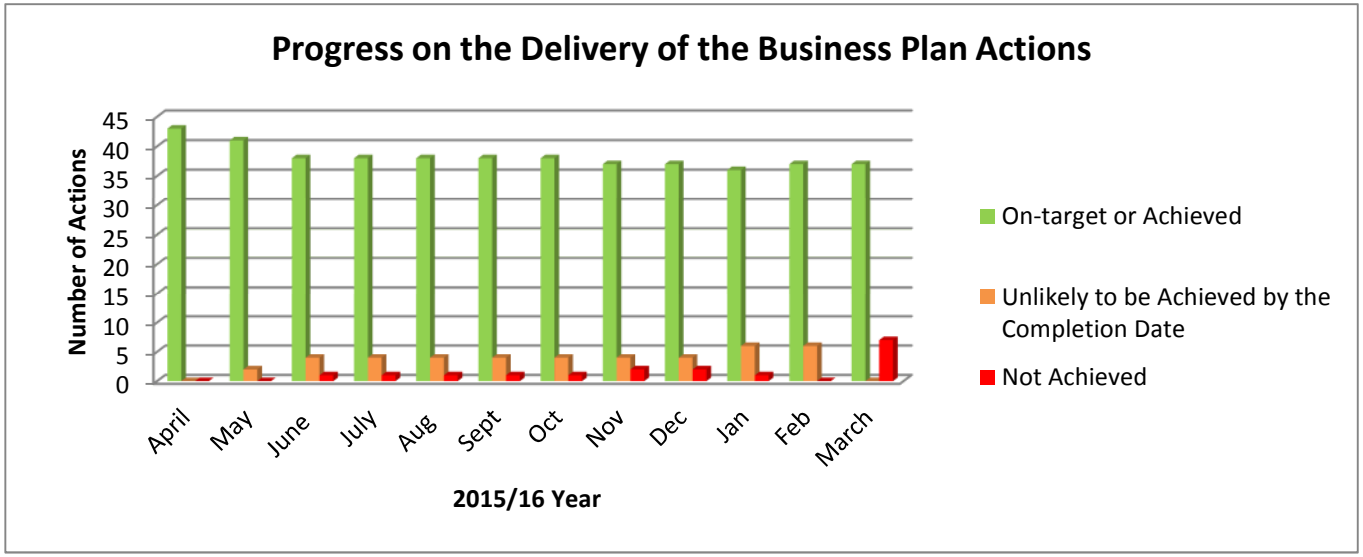
Key Performance Indicator: Progress on the delivery of the Business Plan

Reporting Frequency: Monthly

Owner: Chief Executive

How do we measure this:

Number of actions from the RQIA Business Plan that have been delivered or are on target for completion



Summary

There are a total of 43 actions within the RQIA Business Plan, 2015-16, of which by the end of March 2016, 36 were achieved and 7 not achieved.

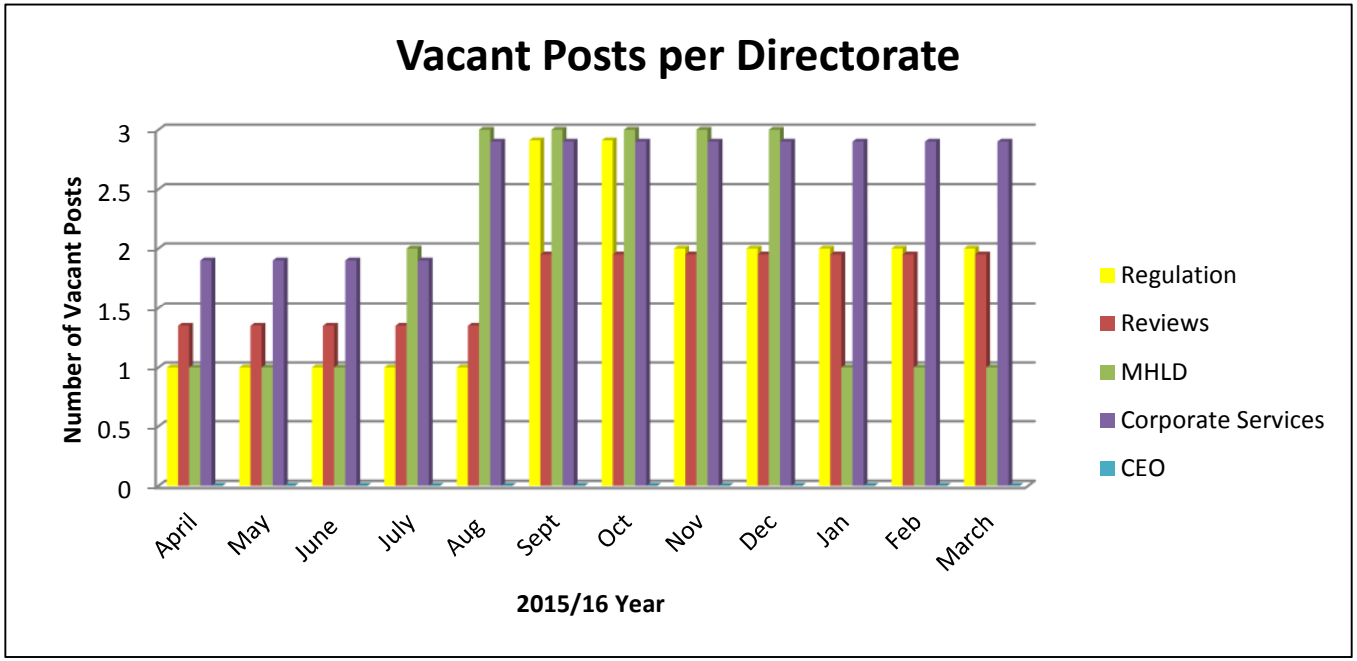
Exception Report:

Targets not achieved by Year End

Seven actions within the Business Plan were not achieved by year end and their corresponding exception reports are detailed in the Quarter 4 Corporate Performance Report.

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Vacancies per Directorate	
Reporting Frequency: Monthly	**Owner:** Director of Corporate Services
How do we measure this: Number of vacancies as per Directorate	 **Summary** March vacant posts: **Corp Services -** B3 Admin Officer – 1.0 WTE, B2 Receptionist - 0.5 WTE, B4 0.4 of a (job share) PA post, B7 HR Manager – 1.0 WTE **Reviews** - B3 Project Admin 1.5 WTE, B7 Project Manager 0.45 WTE **Regulation** - B7 Inspector 1.0 WTE , B3 Admin Officer 1.0 WTE **MH&LD** - B8a Senior MH Officer 1.0 WTE **CE's Office** - No Vacancies

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Sickness Absence

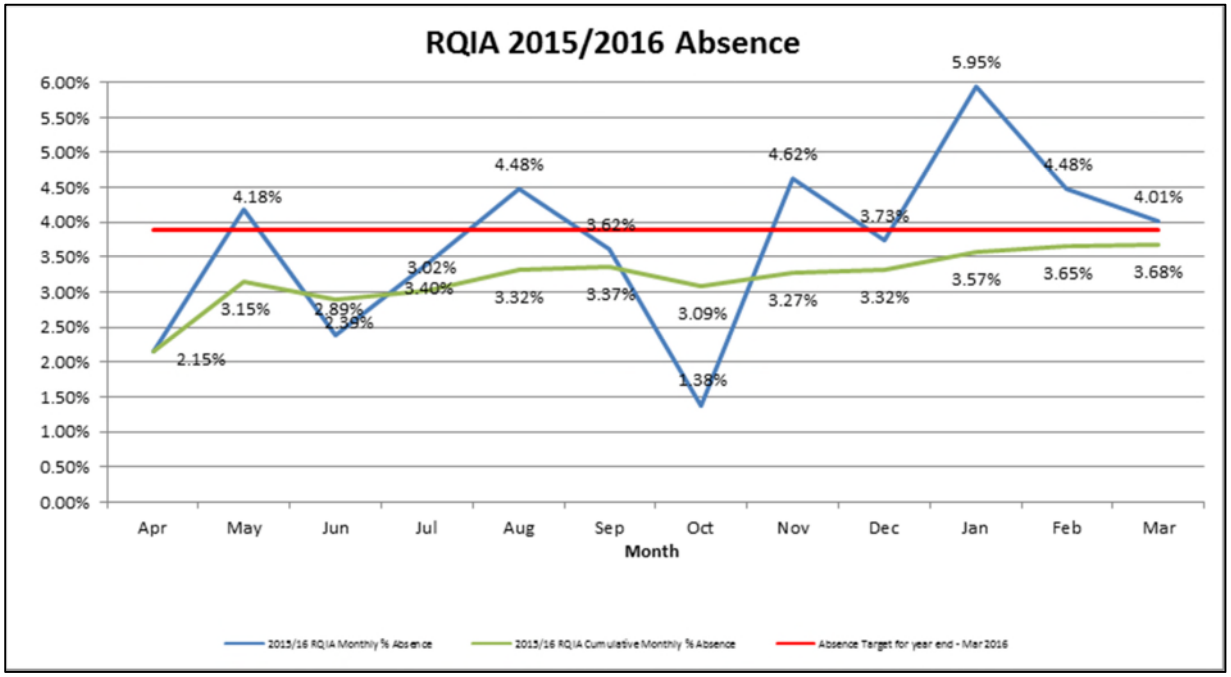
Reporting Frequency: Monthly

Owner: Director of Corporate Services

How do we measure this:

Sickness absence figures, achieved versus 3.9% target

RAG Rating:



Summary

There was a rise in short term absenteeism between January and March 2016, but the cumulative total is 3.68%, which is below the sickness target of 3.9%.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Financial Position Forecast

Reporting Frequency: Monthly

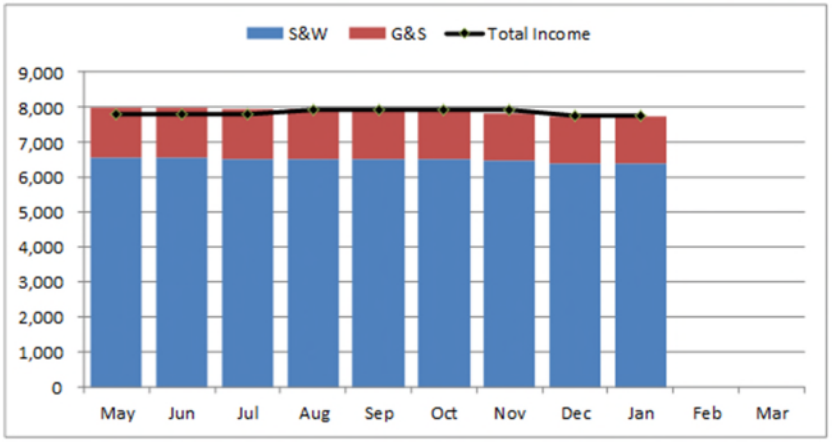
Owner: Director of Corporate Services

How do we measure this:

Forecast expenditure versus total authorised spend

Progress reported up to end of January 2016

Monthly Forecast of Year End Position



	Jan £'000
Expenditure	
S&W	6,427
G&S	1,326
Total Expend	7,753
Income	
Other Income	930
RRL	6,844
Total Income	7,774
Surplus/(Deficit)	21

RAG Rating:

Note: This information is being finalised in preparation for Final Accounts. It is anticipated that RQIA will successfully deliver its savings plan and achieve an end of year break-even position on income and expenditure.

RRL net reduction of £206k (non-recurrent) confirmed 10th February 2016. Allocation £38k Clinical Excellence Award and an easement amounting to £296K, which largely resulted from slippage on vacant posts. Revision of the annual leave accrual will likely increase the reported underspend by £30K based on current estimates. A further easement of £51K to be made in March.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Regulation Improvement Programme

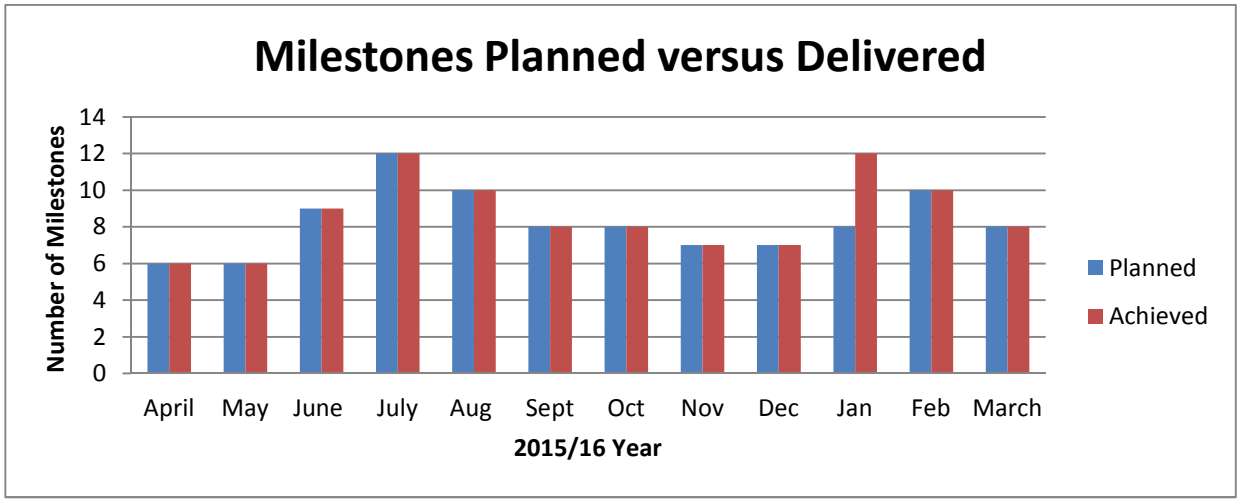
Reporting Frequency: Monthly

Owner: Director of Regulation and Nursing

How do we measure this:

Number of milestones planned and met, monthly & YTD

RAG Rating:



Summary

A new work stream 'new inspection methodology' (assessment of inspections in relation to RQIA's stakeholder outcomes) has been a priority for the directorate. The assessment framework is agreed and is now out for public consultation. This has replaced two planned work streams (review of band 7 roles and responsibilities and the compliance statements) which have been re-prioritised and will be delivered in next year's improvement plan as approved by the Strategic Improvement Steering Group. All other work streams were delivered on target.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

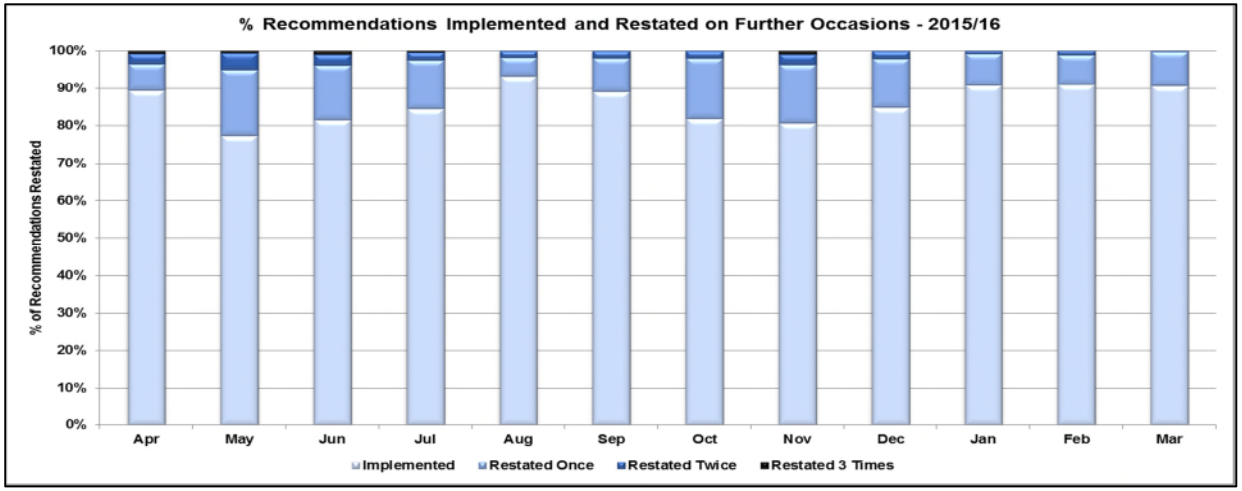
- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Number and percentage of recommendations and requirements implemented and restated on further occasions

Reporting Frequency: Monthly | **Owner:** Director of Regulation and Nursing

How do we measure this:

Total number of recommendations and requirements implemented and restated once, twice and three times



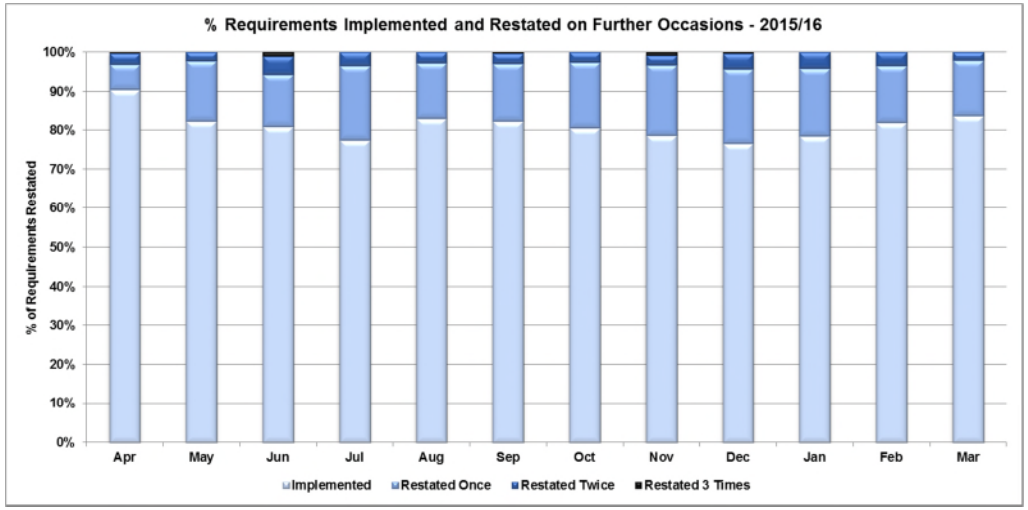
Summary

The cumulative total for restated recommendations at the end of March 2016 is as follows; implemented 4299 (86%), once 581 (12%), twice 105 (2%) and three times 15 (0.3%)

	Implemented		Restated Once		Restated Twice		Restated 3 Times	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
April	380	89%	30	7%	12	3%	3	1%
May	274	77%	62	18%	16	5%	2	1%
June	341	82%	61	15%	12	3%	4	1%
July	461	84%	71	13%	12	2%	2	0.4%
August	371	93%	20	5%	7	2%		0%
Sept	315	89%	32	9%	7	2%		0%
Oct	407	82%	80	16%	10	2%		0%
Nov	366	81%	71	16%	13	3%	4	1%
Dec	368	85%	57	13%	9	2%		0%
Jan	360	91%	34	9%	3	1%		0%
Feb	252	91%	22	8%	3	1%		0%
Mar	404	91%	41	9%	1	0%		0%

Traffic Light (Red-Amber-Green) Rating System

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



Summary

The cumulative total for restated requirements at the end of March is; implemented 3161 (82%), once 586 (15%), twice 118 (3%) and three times 9 (0.2%)

	Implemented		Restated Once		Restated Twice		Restated 3 Times	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Apr	409	90%	29	6%	13	3%	1	0.2%
May	293	82%	55	15%	8	2%		0%
Jun	229	81%	38	13%	13	5%	3	1%
Jul	355	78%	87	19%	16	3%		0%
Aug	304	83%	52	14%	10	3%		0%
Sep	281	82%	50	15%	9	3%	1	0.3%
Oct	251	81%	52	17%	8	3%		0%
Nov	310	79%	71	18%	10	3%	3	1%
Dec	219	77%	55	19%	11	4%	1	0.3%
Jan	176	79%	39	17%	9	4%		0%
Feb	169	82%	30	15%	7	3%		0%
Mar	165	84%	28	14%	4	2%		0%

Traffic Light (Red-Amber-Green) Rating System

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

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

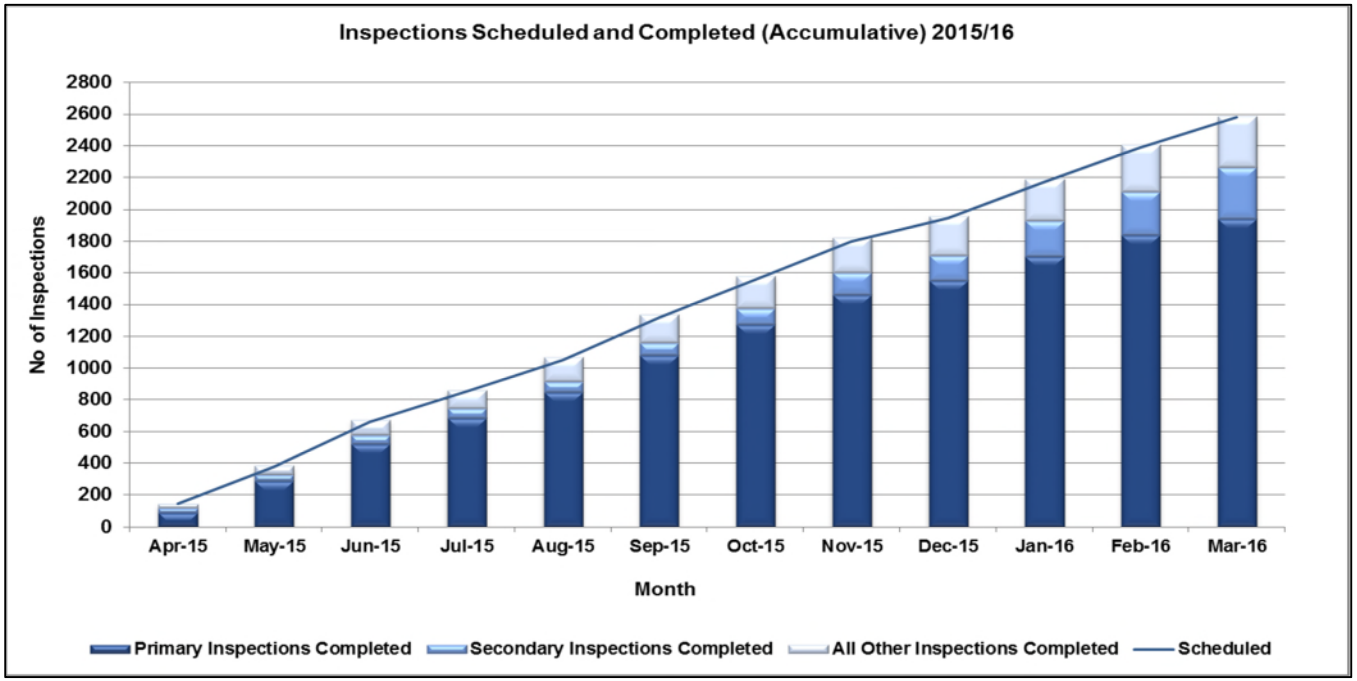
Reporting Frequency: Monthly

Owner: Director of Regulation and Nursing

How do we measure this:

Number of inspections completed planned versus completed

RAG Rating:



Summary

A total of 2,600 inpections were completed in the year. The statutory requirement has been met.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

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

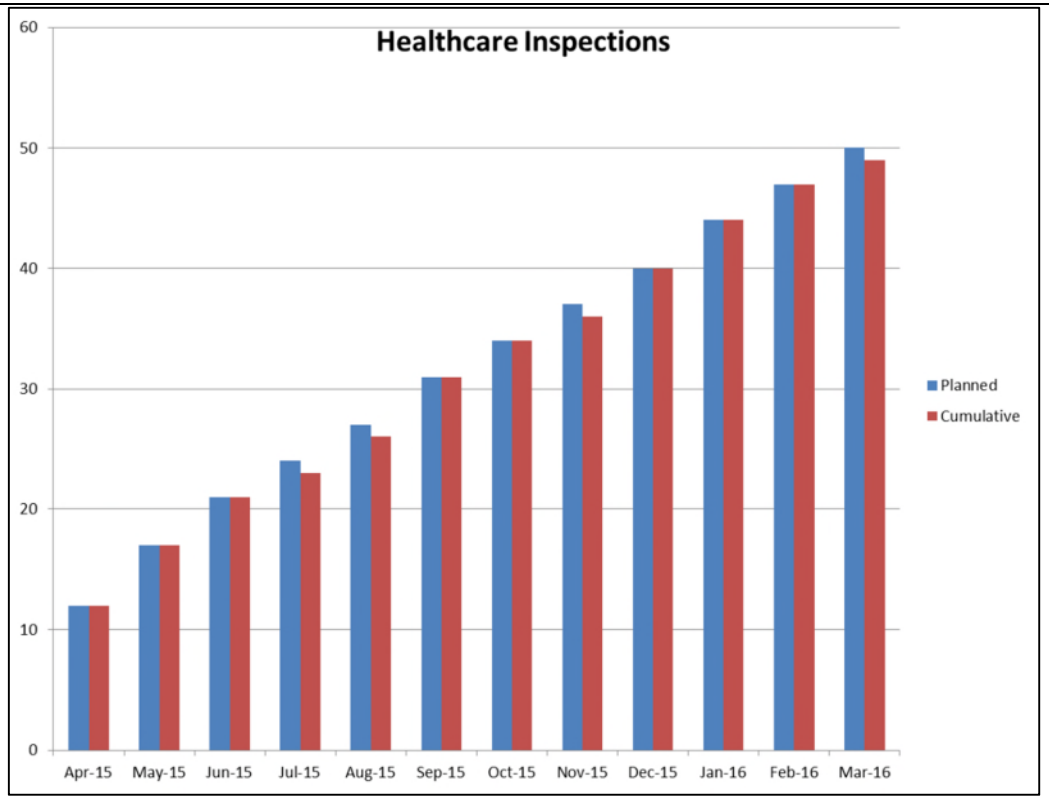
Reporting Frequency: Monthly

Owner: Director of Reviews and Medical Director

How do we measure this:

Number of inspections planned and delivered (Infection prevention and hygiene, IR(ME)R acute hospitals and prisons)

RAG Rating:



Summary

By the end of March 2016, 49 planned inspections had been completed out of a total of 50.

Exception Report: Out of a total of 50 planned inspections, 49 were completed. An IR(ME)R inspection had been postponed but was completed in April 2016.

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Review Programme progress on milestones

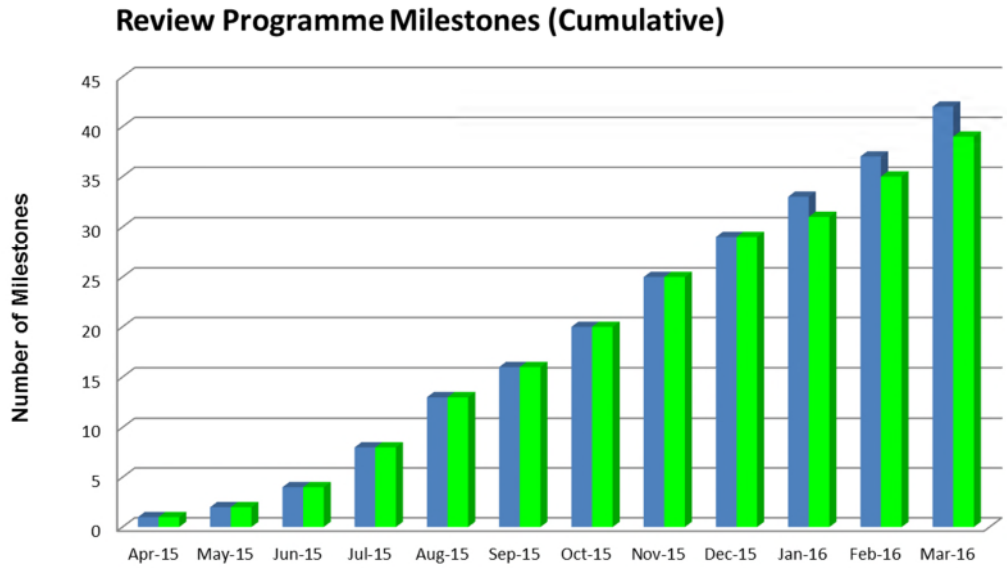
Reporting Frequency: Monthly

Owner: Director of Reviews and Medical Director

How do we measure this:

Number of milestones planned and met, monthly & YTD

RAG Rating:



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Milestones Planned (Cumulative)	1	2	4	8	13	16	20	25	29	33	37	42
Milestones Achieved (Cumulative)	1	2	4	8	13	16	20	25	29	31	35	39

Summary

Milestones of the RQIA Review Programme Delivery Plan agreed for 2015/2016: Project briefs agreed; fieldwork commenced; first draft of Review Reports completed and Review Reports submitted to the DHSSPS.

Exception Report: There are a total of 42 milestones. By the end of March 2016, 39 had been completed, whilst 3 have not been achieved. These 3 include submission of the Maternity, Learning Disability: Community Services: Phase II and Governance (Professional Regulation) review reports to the DHSSPS. These reports will be submitted to the DHSSPS during Q1 of 2016/ 2017.

Traffic Light (Red-Amber-Green) Rating System

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

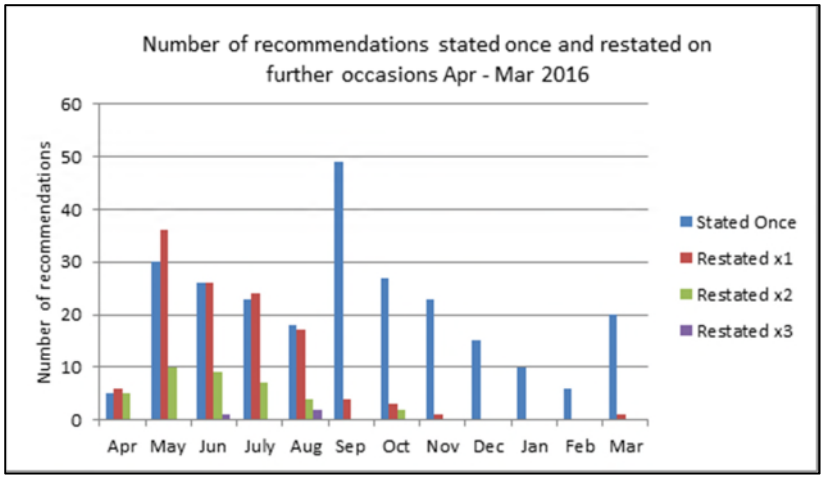
Key Performance Indicator: Number of recommendations stated once and restated on further occasions

Reporting Frequency: Monthly

Owner: Director of MHLD

How do we measure this:

Total number of recommendations stated once and restated on further occasions



Summary

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

	Stated Once	Restated x1	Restated x2	Restated x3
Month	Number	Number	Number	Number
Apr	5	6	5	0
May	30	36	10	0
Jun	26	26	9	1
July	23	24	7	0
Aug	18	17	4	2
Sep	49	4	0	0
Oct	27	3	2	0
Nov	23	1	0	0
Dec	15	0	0	0
Jan	10	0	0	0
Feb	6	0	0	0
March	20	1	0	0
Total at Feb 2016	232	117	37	3

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

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

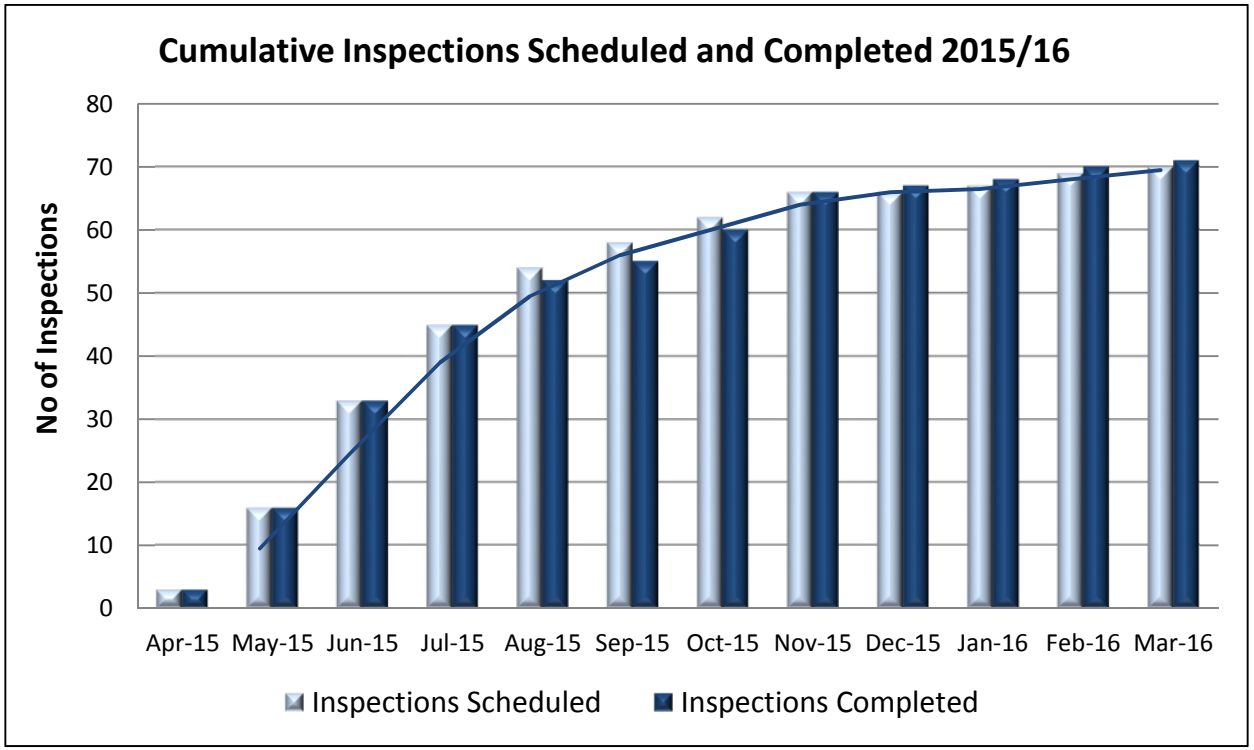
Reporting Frequency: Monthly

Owner: Director of MHLD

How do we measure this:

Number of inspections planned versus completed

RAG Rating:



Summary

By the end of March 2016, there were a cumulative total of 70 inspections that were scheduled and completed. These consisted of 12 pilot inspections and 58 follow up inspections.

This KPI has been met.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 May 2016
Title of Paper	RQIA Director of Regulation and Nursing Report on Registration, Inspection and Enforcement Activity
Agenda Item	14
Reference	J/04/16
Author	Kathy Fodey
Presented by	Kathy Fodey
Purpose	To provide an overview of 2015/16 regulatory activity.
Executive Summary	An overview of registration, inspection and enforcement activity as at 31 March 2016.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the updated RQIA Report from the Director of Regulation and Nursing.
Next steps	This report is provided to the Board on a monthly basis.

Introduction

This report summaries the activity of Regulation Directorate over the year 1 April 2015 to 31 March 2016. The report provides an overview of registration and inspection functions along with an overview of enforcement activity.

The report provides a synopsis of:-

- Registration
    - Overview of registration activity at year end
- Inspection
    - Inspection activity for 2015 / 16 with some trend data
- Enforcement
    - Overview of enforcement activity 2015 /16 with some common areas of concern identified

Executive Summary

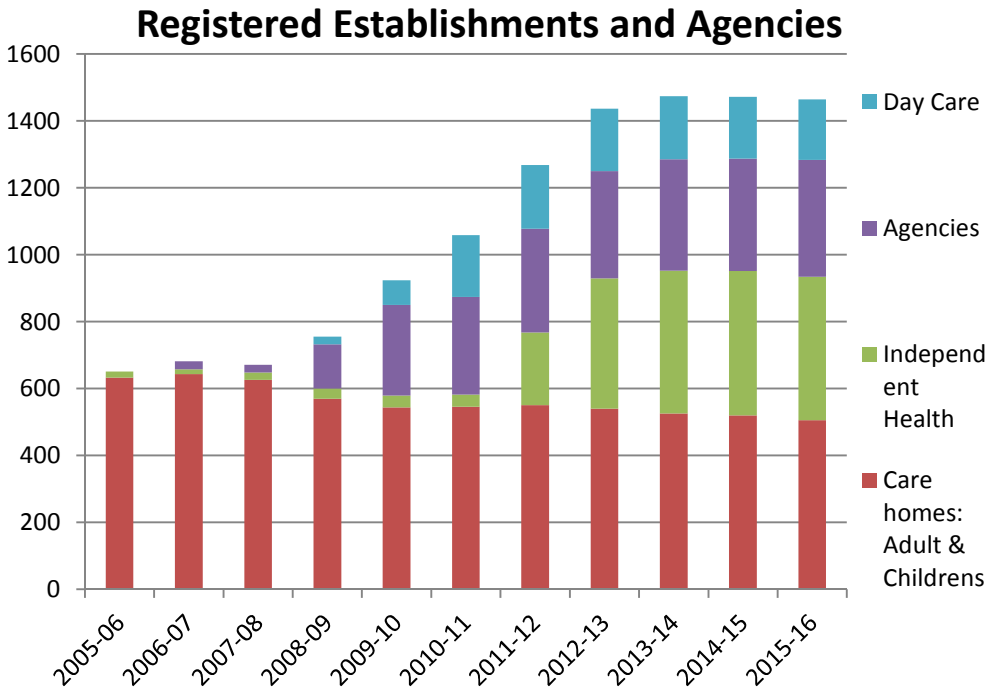
As at 31 March 2016, the target was met with regard to the statutory number of inspections as set out within the Fees and Frequencies of Inspections Regulations (NI 2005). Additional inspections beyond the statutory minimum were focussed on establishments and agencies where concerns had been identified.

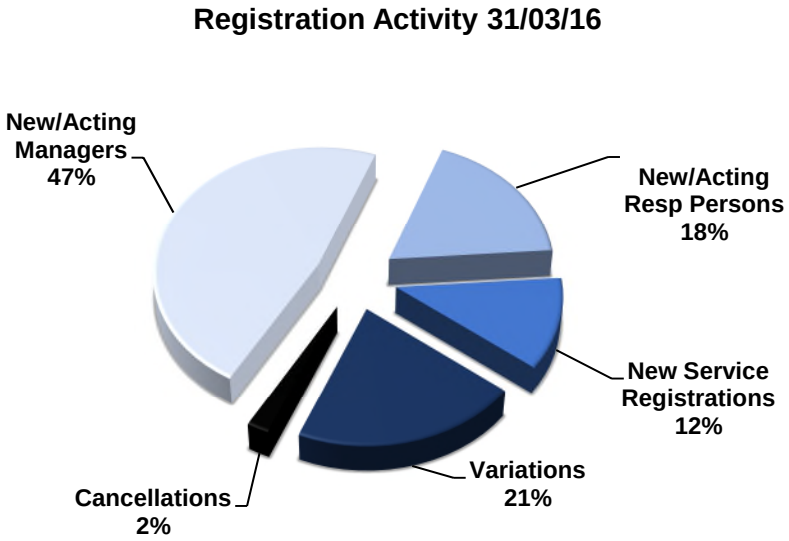
Enforcement action was taken when deemed necessary to drive improvement and was underpinned by the principles of this action being targeted, proportionate and risk based.

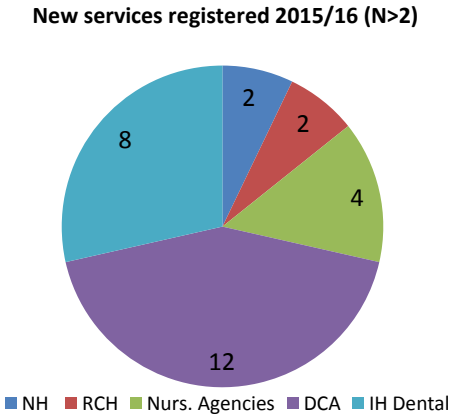
Kathy Fodey

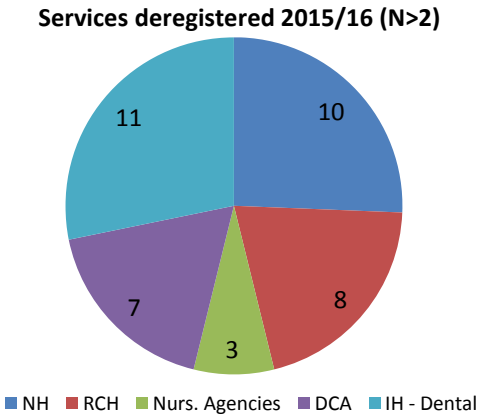
Director of Regulation and Nursing

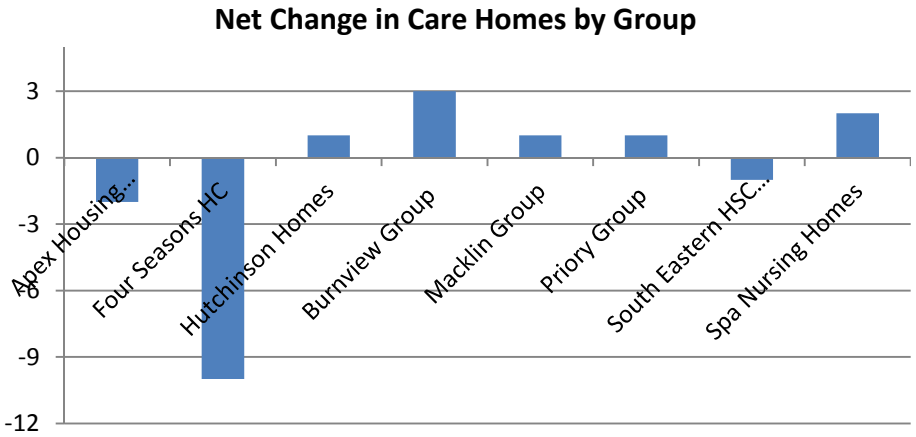
Registration Activity 2015/16



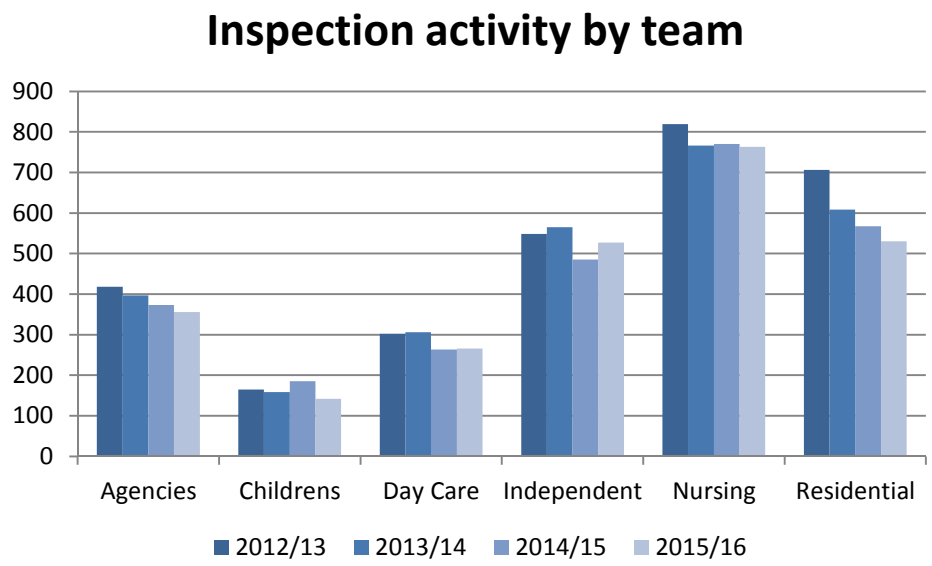


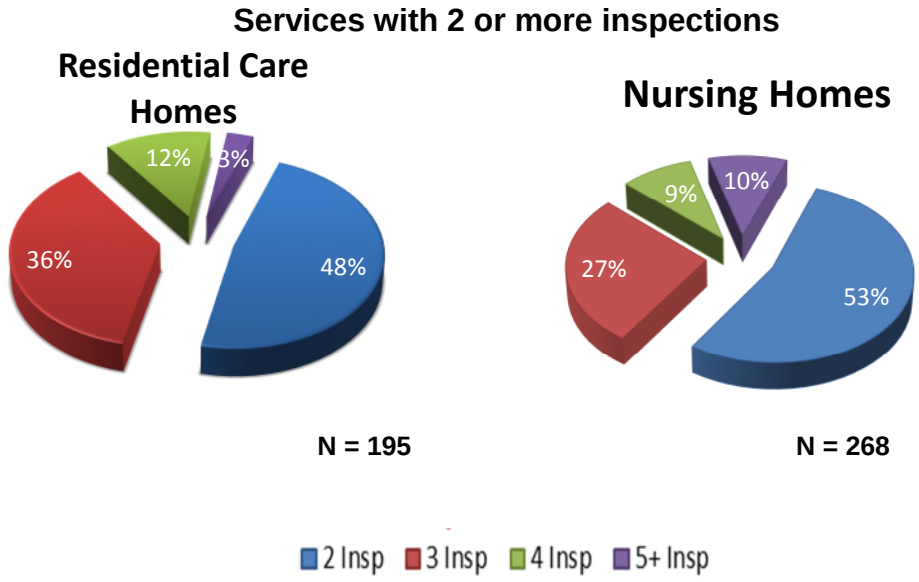


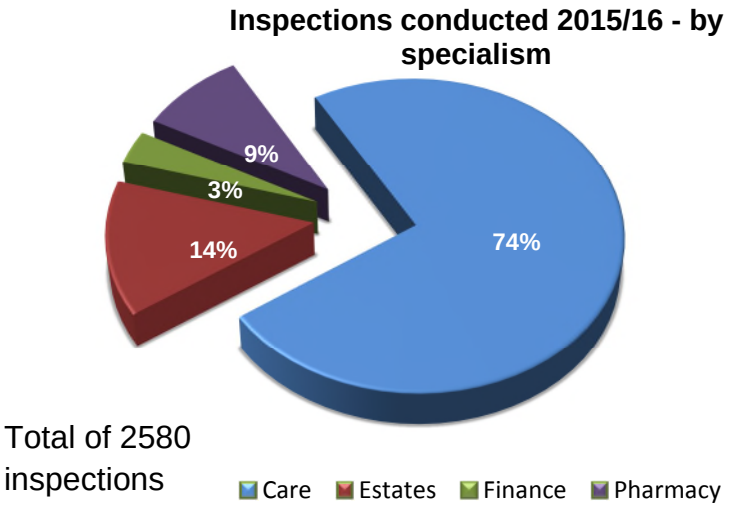


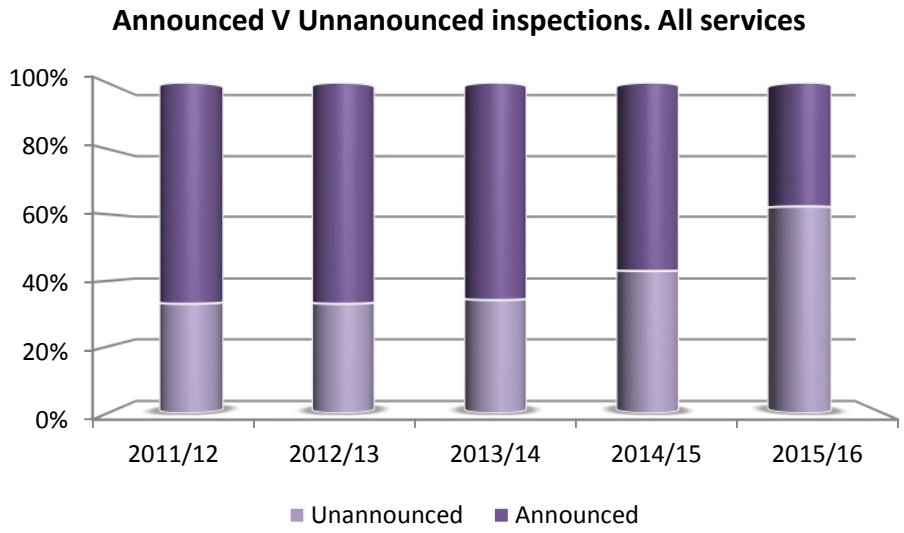


Inspection Activity 2015/16

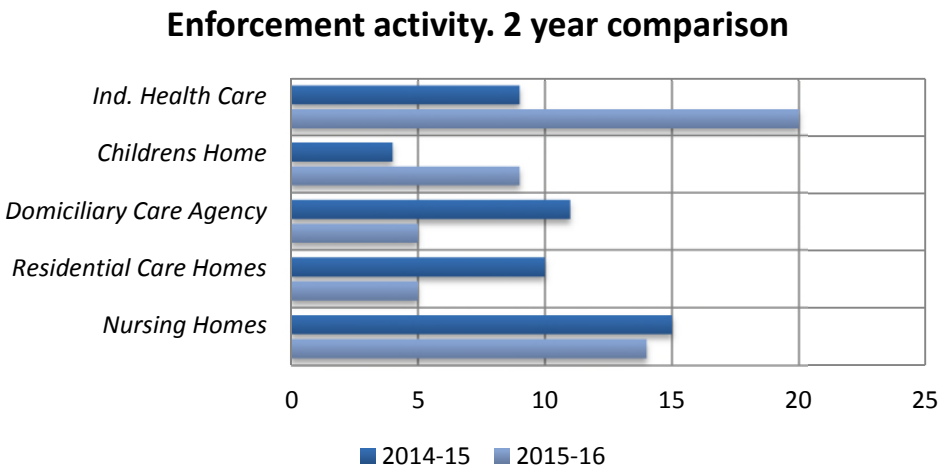


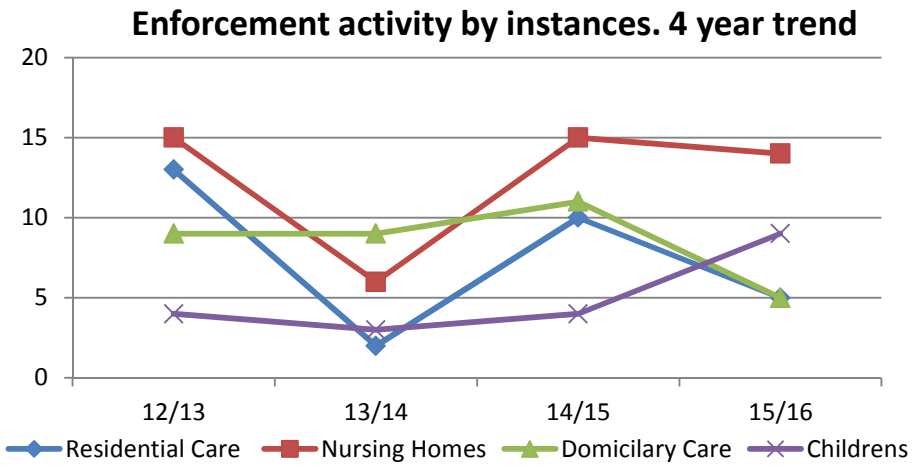


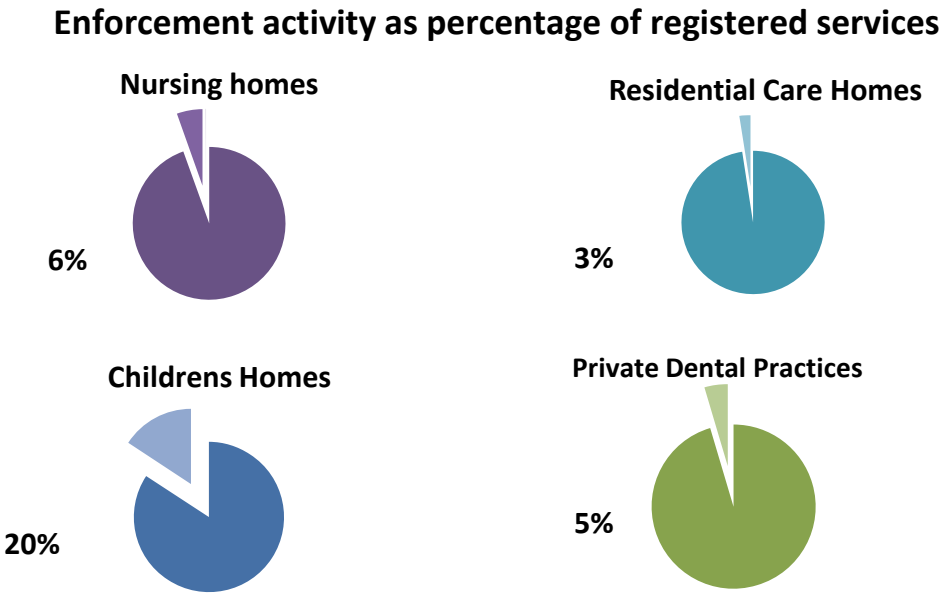




Enforcement Activity 2015/16







Areas of concern in 2015/16

The following areas of care and service provision are examples where breaches of Regulations were identified:

- Records management and recording issues across services
- Restrictive practice in care homes
- Failure to obtain Access NI Checks in a range of services
- Refusal of registration of dental practices
- Breach of statement of purpose in a range of services including childrens services
- Conditions placed on registration relating to the quality of treatment and/ or care

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 May 2016
Title of Paper	Audit Committee Business
Agenda Item	16
Reference	L/04/16
Author	Katie Symington
Presented by	Denis Power
Purpose	The purpose of this paper is to update the RQIA Board on the recent Audit Committee meetings.
Executive Summary	The Audit Committee has met on one occasion since the last Board meeting. At the meeting on 28 April 2016, the minutes of the meeting of 3 March 2016 were approved and these are attached for noting by the Board. The Committee Chairman will verbally update the Board on the meeting of 28 April 2016.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the update from the Committee Chair.
Next steps	The Audit Committee is scheduled to meet again on 23 June 2016.

MINUTES

RQIA Audit Committee Meeting, 3 March 2016
Meeting Room1, 9th Floor, Riverside Tower, Belfast, 2.30pm

Present	**In attendance**
Denis Power (Chair)	Glenn Houston (Chief Executive)
Patricia O'Callaghan	Maurice Atkinson (Director of Corporate Services)
Lindsey Smith	Stuart Crawford (Planning and Corporate Governance Manager)
Seamus Magee	Jonathan King (Head of Finance)
Robin Mullan	Catherine McKeown (Business Services Organisation, Internal Audit)
Gerry McCurdy	Brian Clerkin (ASM)
	Patricia Blair (Northern Ireland Audit Office)
	Katie Symington (Board & Executive Support Manager)
	Ruiri Corrigan (Work Experience, ASM)

1.0 Welcome and Apologies

1.1 The Chair welcomed all members and officers to the Audit Committee meeting. The Chair welcomed Ruiri Corrigan to the meeting. There are no apologies for this meeting.

2.0 Declaration of Interests

2.1 The Chair of the Audit Committee asked Committee 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.

3.0 Chairman's Business

3.1 The Chair noted his congratulations to Hayley Barrett, acting Board and Executive Support Manager, on the birth of her son. The Chair also extended a welcome to Katie Symington, Board and Executive Support Manager, on her return from maternity leave.

3.2 The Chair noted his attendance at the Audit Committee Chairs Forum in December 2015 and noted the presentations at this meeting, Value for Money, Shared learning across the HSC, Procurement and a Review of DHSSPS Assurance & Accountability arrangements. Copies of the presentations are available to Audit Committee members. The Chair noted the current internal review of Enforcement / Prosecution action with learning points and recommendations arising, which he is undertaking with Gerry McCurdy.

3.3 This report will be presented to the Board on 24 March 2016 and an update provided at the next meeting of the Audit Committee.

3.4 **Resolved Action (318)**
Findings of the Internal Review of Enforcement/ Prosecution action with learning points and recommendations to be presented at the next Board Meeting

Resolved Action (319)
Update on the Internal Review of Enforcement/ Prosecution action to be presented at the next Audit Committee Meeting

3.5 The Chair extended his best wishes to the Chief Executive, in this his last Audit Committee meeting. The Chief Executive thanked the Audit Committee members for their support, their efficient scrutiny of risks and their effective audit of RQIA's systems and processes.

3.6 The Chair noted the published timetable for final accounts. The Head of Finance confirmed that the dates as published are achievable.

3.7 The Chair noted RQIA's recent easement to DHSSPS. The Head of Finance confirmed that a letter has been issued to Peter Toogood. RQIA has surrendered £245,000 of non-recurrent funding. The Head of Finance highlighted that this easement was created by multiple factors; vacant posts within RQIA, additional funding for GAIN, a reduction in the rate for mileage allowance and a fall in mileage claims, and an increase in registration fee income. The Head of Finance confirmed that it is probable that a further easement will be made to the DHSSPS within the next week, under advice to the Board.

3.8 The Chief Executive confirmed to the Committee that the vacancy controls put in place by the Executive Management Team were lifted once it became apparent that the 3% reduction in RRL would be met. Other posts have not been filled pending the outcome of the current BSO Shared Services Offering. The Committee noted that DHSSPS approval is required to fill director level posts and posts reporting directly to a Director.

4.0 Minutes of previous meeting (AC/Min15/Oct)

- **Matters Arising**
- **Notification of AOB**
- **Action List Review**

4.1 Committee members **APPROVED** the minutes of the meeting of 22 October 2015 for onward transmission to the Board on 24 March 2016.

4.2 Committee members noted that action 307, bilateral meeting, will be arranged following this committee meeting.

The Director of Corporate Services informed members that in relation to action 309, HRPTS Reports and Dashboards, updates have now been added into the Internal Audit Progress Report, and the Business Services Organisation has advised that dashboards should be available by the Summer of 2016. Actions 308-310 and actions 311-317 are all now completed.

4.3 The Chief Executive informed members that further to 4.1 of the October minutes, the fieldwork is underway for the Review of Whistleblowing. RQIA is also working with Public Concern at Work in the completion of this Review.

4.4 The Chief Executive informed members that further to 4.4 of the October minutes, the Northern Ireland Blood Transfusion Service has withdrawn from the BSO Service Offering for Shared Services. This withdrawal has a knock on effect for savings for the remaining organisations. RQIA continues to engage with BSO about costs and potential savings. A paper on the Shared Services Offering will be presented at the March Board meeting.

5.0 Chief Executive Update on key risks

5.1 The Chief Executive informed members that the three appeals made to the Care Tribunal, by Dental World, have subsequently been withdrawn. The Chief Executive noted the legal implications of these withdrawals on the work of the three dental practices concerned. RQIA will liaise with the HSCB in relation to this matter.

5.2 Committee members discussed the regulation of Dental Practices and noted that RQIA regulate only private dental work. The Chief Executive, in response to a question from a Committee member confirmed that RQIA has a Memorandum of Understanding with the Health and Safety Executive.

5.3 The Chief Executive informed members that three of the seven Four Seasons Care Homes due for closure have now been taken over as going concerns under new operators. The remaining four homes are in the process of closing or have closed. RQIA continues to liaise with the HSCB in relation to this issue.

5.4 The Chief Executive referred to developments in the legal action brought by the Health and Safety Executive in respect of the responsible individual for Maine Nursing Home. Following sentencing the responsible individual must inform RQIA of any criminal conviction. The home is not currently subject to any enforcement action; however there are two conditions in place. An update will be provided at the next Board meeting.

5.5 The Chief Executive advised that RQIA had become aware that a number of beauty clinics are currently using class two lasers, without registration. Steps are now being taken to prosecute these clinics.

The Audit Committee and Board will be kept updated on any developments. An Audit Committee member noted the need to inform the Health and Safety Executive of this issue. It was also noted that RQIA may wish to work with the PHA in relation to this issue.

5.6 Audit Committee members **NOTED** the Chief Executive's Update on Key Risks.

6.0 Update on Audit Action Plan (AC/01/16)

6.1 The Planning and Corporate Governance Manager provided an update to the Committee on the Audit Action Plan. Members were asked to note that further to the outstanding audit recommendation re. Contract Management, the policy is drafted and will be presented to the Policy Sub Group in March 2016. In relation to the final outstanding audit recommendation, reports dashboard; BSO has confirmed that this should be resolved by the summer of 2016.

6.2 Committee members **NOTED** the Update on the Audit Action Plan.

7.0 Corporate Risk Assurance Framework Report (AC/02/16)

7.1 The Planning and Corporate Governance Manager presented the Corporate Risk Assurance Framework Report to members. Members noted an update to risk seven, which was tabled at the meeting. An audit committee member requested that succession planning is added to this risk.

7.2 The Planning and Corporate Governance Manager informed members that (the previous) risk one has been removed from the register, as RQIA is on target to meet its statutory minimum number of inspections.

7.3 Members were advised that the new risk one is in relation to the SEND Bill, which if passed into law will place an additional role and responsibility on RQIA. This will require RQIA to work with the Education and Training Inspectorate. The Chief Executive advised that the work from this Bill may be completed as an additional review by RQIA.

7.4 The Planning and Corporate Governance Manager advised members that (the previous) risk five has been removed from the risk register, as three of the five acute hospital inspections have now taken place. This risk will now be managed through the Review Directorate Risk Register.

7.5 The Planning and Corporate Governance Manager noted that Risk six has been downgraded and risk nine has been removed from the register, as funding has now been approved.

7.6 The Director of Corporate Services noted the new MHLD Information System project, for which the Project Board will maintain the risk register.

7.7 Audit Committee **NOTED** the revisions to the Corporate Risk Assurance Framework Report.

7.8 <u>Resolved Action (320)</u>
Risk Register to be reviewed to include succession planning

8.0 Internal Audit Update (AC/03/16)

8.1 Catherine McKeown provided the Internal Audit update to committee members. Three internal audits were provided within this report. The Financial Review 2015/16 was given satisfactory assurance, with four priority two weaknesses identified. All recommendations have been accepted by management.

8.2 The Children's Regulated Services & Adult Residential Homes audit 2015/16, was given satisfactory assurance, with one priority one finding and three priority two findings. Further to the priority one finding in relation to the follow up of QIPs from previous inspections, the Chief Executive highlighted the pre-assessment checklist used by inspectors in preparation for inspection. This document should ensure that all QIPs are followed up at future inspections. Members requested assurances that the new inspection model will address this issue. It was agreed that further discussion is required in relation to the management response regarding the carry forward of QIPs into future inspection reports. All recommendations have been accepted by management.

8.3 Catherine McKeown noted that 12 Priority one recommendations and three Priority two recommendations were made within the 2014/15 Regulation Special Assignment. The follow up of the 2014/15 Regulation Special Assignment on Nursing Home Inspections 2015/16, has identified that 60% of the recommendations have now been implemented, 33% partially implemented and 7% no longer required for implementation. Catherine McKeown confirmed that she is content with the progress made in relation to these recommendations.

8.4 Members noted that in relation to Shared Services Audits, Income Shared Services; satisfactory assurance was provided by Internal Audit with one priority one finding in relation to credit notes.

8.5 **<u>Resolved Action (321)</u>**
Further discussion and assurances required in relation to the QIP management response to the internal audit

8.6 Committee members **NOTED** the Internal Audit Update.

9.0 External Audit Strategy (AC/04/16)

9.1 Brian Clerkin, ASM, presented the External Audit Strategy to members and noted the approach to be taken in the 2015/16 year is similar to that taken in the 2014/15 year. Significant risks identified by ASM e.g. material misstatement owing to fraud were highlighted to members. In addition other risk factors were highlighted as follows; Use of Shared Services and associated impact on key financial controls, Ability to breakeven, Regularity of expenditure, Departure of Chief Executive and Platform for delivery of corporate services functions. Members noted that external audit is confident that they will meet the required timeline for final accounts.

9.2 The Chair noted that the identified risks will be further discussed at the upcoming bilateral meeting.

9.3 Committee members **NOTED** the External Audit Strategy.

10.0 Single Tender Actions & External Consultancy (AC/09/15)

10.1 The Head of Finance informed Committee members that by the end of Quarter three, RQIA had utilised two Single Tender Actions.

10.2 Committee members **NOTED** the Single Tender Actions & External Consultancy.

11.0 Update on DHSSPS Circulars (AC/10/15)

11.1 The Head of Finance updated Committee members of relevant issued DHSSPS circulars. Links to two reports were shared with members.

11.2 Committee members **NOTED** the update on DHSSPS Circulars.

12.0 Any Other Business

12.1 The Chairman wished the Chief Executive well in this his last Audit Committee meeting.

12.2 As there was no further business the Chair of the Audit Committee brought the Audit Committee meeting to a close.

Date of Next Meeting:

Thursday 28 April 2016 at 2.00pm, RQIA Boardroom

The Regulation and Quality Improvement Authority

ACTION LIST

RQIA Audit Committee Meeting 3 March 2016

Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
307	3.4	The Board and Executive Support Manager will arrange a bi-lateral meeting with the Chair of Audit Committee, Internal and External Audit	Board and Executive Support Manager	3 March 2016	
318	3.4	Internal Review of Enforcement/ Prosecution action with learning points and recommendations to be presented at the next Board Meeting	Audit Committee Chair	24 March 2016	
319	3.4	Update on Internal Review of Enforcement/ Prosecution action to be presented at the next Audit Committee Meeting	Audit Committee Chair	28 April 2016	
320	7.8	Risk Register to be reviewed to include succession planning	Chief Executive	28 April 2016	
321	8.5	Further discussion and assurances required in relation to the QIP management response to the Internal Audit	Director of Regulation and Nursing	28 April 2016	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	