

## AGENDA

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**RQIA Board Meeting**  
**Board Room, RQIA, 9<sup>th</sup> Floor, Riverside Tower, Belfast**  
**15 May 2014, 1.30pm**

### PUBLIC SESSION

Item	Paper Ref	
1 Welcome and Apologies		1.30pm
2 Minutes of the meeting of the Board held on Thursday 11 March 2014	min/ Mar14/ public	1.35pm <b>APPROVE</b>
3 Matters arising from minutes		1.40pm
4 Declaration of Interests		1.50pm
5 Chairman's Report <b>Chairman</b>	A/03/14	1.55pm <b>NOTE</b>
6 Chief Executive's Report <b>Chief Executive</b>	B/03/14	2.05pm <b>NOTE</b>
7 Finance Report <b>Director of Corporate Services</b>	C/03/14	2.25pm <b>NOTE</b>
8 Corporate Performance Report <b>Director of Corporate Services</b>	D/03/14	2.40pm <b>APPROVE</b>
9 RQIA Regulation Directorate, Inspection Activity and Impact Analysis <b>Director of Regulation and Nursing</b>	E/03/14	2.55pm <b>NOTE</b>
10 Annual Report of the Mental Health and Learning Disability Directorate 1 April 2013 to 31 March 2014 <b>Director of Mental Health and Learning Disability and Social Work</b>	F/03/14	3.05pm <b>NOTE</b>
11 Audit Committee Business <b>Committee Chairman</b> To include: <ul style="list-style-type: none"> <li>• Approved Minutes of Meeting of 24 February 2014</li> <li>• Verbal update on Meeting of 7 May 2014</li> </ul>	G/03/14	3.15pm <b>NOTE</b>
12 Any Other Business		3.40pm

**Date of next meeting: 4 July 2013**  
**Boardroom, RQIA**

## RQIA Board Meeting

Date of Meeting	15 May 2014
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Mar14 / public
Author	Katie Symington
Presented by	Dr Ian Carson
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 11 March 2014.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to <b>APPROVE</b> the minutes of the Board meeting of 11 March 2014.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

## **PUBLIC SESSION MINUTES**

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### **RQIA Board Meeting**

**Board Room, 9th Floor, Riverside Tower, Belfast**

**11 March 2014, 1.50pm**

#### **Present**

Ian Carson (Chairman)  
Sarah Havlin  
Lindsey Smith  
Daniel McLarnon  
Patricia O'Callaghan  
Denis Power  
Mary McColgan OBE

#### **Officers of RQIA present**

Glenn Houston (Chief Executive)  
Maurice Atkinson (Director of Corporate Services)  
Theresa Nixon (Director of Mental Health, Learning  
Disability and Social Work)  
David Stewart (Director of Reviews and Medical  
Director)  
Kathy Fodey (Director of Regulation and Nursing)

#### **In attendance**

Malachy Finnegan (Communications Manager)  
Katie Symington (Board and Executive Support  
Manager)  
Nicola Vogan (Internal Auditor, BSO)

#### **Apologies**

Dr John Jenkins CBE

### **1.0 Agenda Item 1 - Welcome and Chairman's remarks**

1.1 The Chairman welcomed all Board members to the meeting. The Chairman also welcomed Nicola Vogan, Internal Auditor, to the meeting. Apologies were noted from Dr John Jenkins.

### **2.0 Agenda Item 2 - Minutes of the meeting of the Board held on 16 January 2014 (min/Jan14/public)**

2.1 The Board **APPROVED** the minutes of the Board meeting held on 16 January 2014. Board members noted the completed actions on the action plan. Board members also noted the completion of actions 29 and 38.

#### **2.2 Resolved Action (43)**

**Minutes to be formally signed off by the Chairman**

### **3.0 Agenda Item 3 - Matters arising from minutes**

3.1 There were no matters arising from the January Board minutes.

#### **4.0 Agenda Item 4 - Declaration of Interests**

- 4.1 The Chairman highlighted to Board members that at all future Board meetings the Declaration of Interests register will be tabled for member's consideration.
- 4.2 The Chairman asked Board members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders. No declarations of interests were made.  
The Chairman asked Board members to advise the Board & Executive Support Manager of any necessary updates to the Register of Interests.

#### **5.0 Agenda Item 5 - Chairman's Report (A/02/14)**

- 5.1 The Chairman noted his meeting with Gavin Lavery, Clinical Director, HSC Safety Forum and noted the areas of mutual interest for both organisations. The Chairman also noted his opening address at the recent Professional Standards Authority Symposium and his attendance at the NICON conference on 5/ 6 March 2014.
- 5.2 The Board **NOTED** the Chairman's Report.

#### **6.0 Agenda Item 6 - Chief Executive's Report (B/02/14)**

- 6.1 The Chief Executive informed Board members that the current i-connect project manager will leave post on 31 March 2014. The Director of Corporate Services informed Board members that the DHSSPS has approved the Business Case to enable RQIA to use the Technology Partnership Agreement, to secure project management support for i-connect for approximately six months.
- 6.2 Board members noted that RQIA will be undertaking liP assessment in June 2014.
- 6.3 The Chief Executive informed Board members of the recent successful regulation provider road show events, which were attended by more than 1100 service providers. The Chief Executive highlighted current enforcement activity in Appendix A of the report.
- 6.4 The Chief Executive drew the Board's attention to RQIA's three additional commissioned reviews. Board members were also asked to note those planned reviews within the three year review programme, which are currently with the DHSSPS for consideration.
- 6.5 The Chief Executive informed Board members that ECT services had resumed at Tyrone County Hospital on 20 February 2014. The Chief Executive also noted the Mental Health and Learning Disability road show, which will be held on 31 March 2014, which will set out the plan for inspections for all wards in Mental Health and Learning Disability hospitals in 2014/15.

- 6.6 The Chief Executive noted the recent IT disruption within RQIA, affecting email and internet capability. Full IT service has been restored to staff.
- 6.7 The Chief Executive informed Board members that following correspondence from RQIA on 11 February, the DHSSPS has confirmed that it will meet RQIA's cost pressures, resulting from the additional commissioned review work.
- 6.8 The Chief Executive noted 13 new whistleblowing disclosures since 1 January 2014, which are being monitored through the Serious Concerns and Complaints Group. A Board member queried RQIA's capacity to deal with the increasing volume of whistleblowing disclosures. The Chief Executive suggested that a future Board workshop will focus on RQIA's duties and responsibilities in relation to whistleblowing disclosures.
- 6.9 The Chief Executive informed Board members that the Information Commissioners Office confirmed on 20 January 2014 that it will not be taking formal action following the data security incident on 4 September 2013. It was noted that the Audit Committee received an update on the data security incident on 27 February 2014.
- 6.10 In January 2014 RQIA started a Twitter account and an updated information leaflet, 'About us', has been published. Board members were asked to note that there have been 15,000 visitors to the website, since January 2014.
- 6.11 Confirmation was provided by the Director of Reviews and Medical Director that RQIA has been asked to provide assurance, in relation to ten healthcare actions, by various organisations, following the 2011 Prison Review Team Report.  
The confirmation of all actions may take up to three years to complete.
- 6.12 **Resolved Action (44)**  
**Board & Executive Support Manager to circulate the dates of the Corporate Strategy Pre-Consultation Events to Board members**
- 6.13 The Board **NOTED** the Chief Executive's report.
- 7.0 Agenda Item 7 – Finance Report (C/02/14)**
- 7.1 The Director of Corporate Services provided an updated financial position as at 31 January 2014 to Board members. Currently a £24,000 overspend is anticipated, however, the DHSSPS has provided confirmation of funding for the additional commissioned reviews, enabling RQIA to report a forecast breakeven position at year end.
- 7.2 Board members were also informed that due to slippage in the i-connect project RQIA will hand back £79,000 in the 2013/14 year, which will be made available again, by DHSSPS, within the 2014/15 year.

7.3 The Director of Corporate Services noted the prompt payment compliance, which is currently 80.2%. The cumulative figure, although improving, will not allow RQIA to meet the 95% target within the 2013/14 year. Board members noted that in January 2014 the 10 day prompt payment target, was 79%.

7.4 Currently all outstanding debt from the 2012/13 financial year has been recovered, while £4,000 remains outstanding from the 2013/14 financial year.

7.5 The Board **NOTED** the Finance report.

## **8.0 Agenda Item 8 – Corporate Performance Report (D/02/14)**

8.1 The Director of Corporate Services presented the third quarter Corporate Performance Report. The summary position on page three shows 94% of all actions are complete or are on target for completion, 5% of actions are red and 1% of actions are amber. Board members were asked to note the exception report on page seven and also the measures of success requiring exception reports on page nine.

8.2 A Board member noted the exception report for the acknowledgement of incidents by staff within seven days. The Director of Regulation and Nursing advised that incidents are graded and all high risk incidents are reviewed immediately. The system for acknowledging incidents will improve with the introduction of the i-connect system.

8.3 Board members queried the minimum number of inspections table on page 12 of the Corporate Performance Report. Confirmation was provided that RQIA are providing the statutory minimum number of inspections; however the second inspection carried out by RQIA may be a pharmacy, estates or finance inspection. Discussions are currently ongoing with DHSSPS in relation to this matter. This issue will be highlighted to the Minister during his visit to RQIA.

8.4 **Resolved action (45)**  
**Additional supporting information to be included within the Corporate Performance Report in relation to Measures of Success where this is needed to further clarify the statistics.**

8.5 Board members **APPROVED** the Corporate Performance Report.

## **9.0 Agenda Item 9 - Corporate Risk Assurance Framework Report (E/02/14)**

9.1 The Director of Corporate Services presented the Corporate Risk Assurance Framework Report to Board members. This report was approved at the Audit Committee meeting on 27 February 2014.

Following the Horizon Scanning exercise completed at a recent Board workshop, the revised Corporate Risk Assurance Framework Report will be shared with Board members at the May Board meeting.

- 9.2 There are currently four risks on the register; changes to the risks are presented on page two of the report. The Director of Corporate Services noted that the Business cases detailed in risk one are still with the DHSSPS for consideration. Confirmation was provided that the report requested by DHSSPS detailing current inspection activity will be shared with Board members.

**Resolved Action (46)**

**The paper on inspection activity requested by the DHSSPS will be shared with Board members**

- 9.3 Board members were asked to note that risk four has been removed from the register and risks six and seven have been de-escalated to directorate risk registers.
- 9.4 Board members noted that the business cases are not yet approved by DHSSPS and highlighted the increasing workload for RQIA.
- 9.5 Board members **APPROVED** the Corporate Risk Assurance Framework Report.

**10.0 Agenda Item 10 - Draft RQIA Strategy Map 2015-18 (F/02/14)**

- 10.1 The Director of Corporate Services presented the draft RQIA Strategy Map to Board members and noted the timeline for completion of the new Corporate Strategy, with Board approval required in January 2015.
- 10.2 The Director of Corporate Services noted that all Directorates have been engaged in the development of this map and explained the key features of the new map. The most important development is the addition of a “*Stakeholder Outcomes*” perspective on the Map, alignment with “Quality 2020” and framing the 3 interconnected domains of quality as questions. This is intended to articulate the outcomes we will achieve for stakeholders through the delivery of our regulatory functions. These Stakeholder Outcomes will in turn be transferred on to the new Corporate Scorecard and corresponding Measures of Success (MoS) will be developed.
- 10.3 The Director of Corporate Services confirmed that RQIA’s internal improvements are captured on the Map as part of the “Sustainable performance” Strategic Enabler and is taken forward via the Steps to Excellence programme (STEP) and the Improvement and Efficiency Plan, which are directly linked to EFQM.
- 10.4 Board members **APPROVED** the Draft RQIA Strategy Map 2015-18.



- 11.0 Agenda Item 11 - Proposal to Develop a Corporate Scorecard (G/02/14)**
- 11.1 The Director of Corporate Services presented the proposal to develop a Corporate Scorecard to Board members, based on the Public Sector Scorecard.  
A small working group will be brought together to tailor and populate a Corporate Scorecard for RQIA. The Director of Corporate Services noted that the completion of a Corporate Scorecard will change the format of the Corporate Performance Report.
- 11.2 Agreement that Lindsey Smith will be a member of this working group. Following the appointment of new Board members, the Chairman will appoint another member to this working group.
- 11.3 Board members **APPROVED** the Proposal to Develop a Corporate Scorecard.
- 12.0 Agenda Item 12 - Audit Committee Business**
- **Approved Minutes of meeting of 24 October (H/02/14)**
  - **Verbal update on Meeting of 27 February**
- 12.1 The Chair of the Audit Committee presented the minutes from the meeting of 24 October 2013 to Board members for noting.  
The Chair provided a verbal update to Board members following the Audit Committee meeting on 27 February 2014. Daniel McLarnon has stepped down from the Audit Committee from February 2014. The Committee is awaiting further appointments, which will be made following the Minister's appointments to the RQIA Board.
- 12.2 The Audit Chair noted the update provided by the Chief Executive on key risks at the Committee meeting and explained that this update will continue at each meeting.
- 12.3 The Committee noted the Chief Executive's meeting with the Business Services Organisation on 4 April 2014, in relation to the Service Level Agreement. Internal Audits are ongoing for the 2013/14 year and assurance was provided that all audits will be completed before the meeting of the Audit Committee in May. The Internal Audit on the recent recruitment exercise was also discussed at the Audit Committee meeting, with weaknesses identified for both BSO and RQIA.
- 12.4 The Audit Chair noted the NIAO Strategy, which highlights the only significant risk, namely breakeven, for RQIA final accounts. An update was also provided to the Audit Committee by the Head of Information, following the data security incident on 4 September 2013. Currently six of the seven recommendations made following this incident have been completed. An update was also provided to the Committee in relation to the information and network security of the i-connect system.

- 12.5 Board members **NOTED** the approved minutes of the Audit Committee meeting, 24 October 2013 and the verbal update of the Audit Committee meeting, 27 February 2014.
- 13.0 Agenda Item 13 – Board Governance Self-Assessment Tool (1/02/14)**
- 13.1 The Chairman presented the draft Board Governance Self-Assessment Tool to Board members. The Chairman confirmed that the Summary Results section of this document needed to be agreed by Board members at this public board meeting. The self-assessment document will subsequently be updated and returned to DHSSPS.
- 13.2 Board members agreed each RAG rating within the Summary Results section; Board members also agreed the body of the document, subject to amendments approved.
- 13.3 **Resolved Action (47)**  
**Board & Executive Support Manager to make changes as agreed to the self-assessment document and add RAG ratings to the Summary Results section before submission to DHSSPS**
- 13.4 Board members **APPROVED** the Board Governance Self-Assessment Tool.
- 14.0 Agenda Item 14 – Any Other Business**
- 14.1 The Chief Executive informed Board members that there are no further planned Trust visits for Board meetings this year. Agreement that arrangements will be made for an external Board meeting in September or November 2014.
- 14.2 **Resolved Action (48)**  
**Agreement that the Chief Executive will arrange for a future external Board meeting, at a Trust facility**
- 14.3 The Chairman informed Board members that he has written to the four outgoing Board members, expressing his appreciation, for their individual contributions to the work of RQIA during their tenure to RQIA.
- 14.4 The Chairman confirmed that the next Board workshop will take place on Thursday 10 April 2014.
- 14.5 As there was no further business the Chairman thanked Nicola Vogan for her attendance. The public session of the meeting was brought to a close at 4.30pm.

**Date of next meeting:**

**Thursday 15 May 2014, Boardroom, RQIA.**

Signed

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**Dr Ian Carson**  
**Chairman**

Date

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## **Board Action List**

<b>Action number</b>	<b>Board meeting</b>	<b>Agreed action</b>	<b>Responsible Person</b>	<b>Status</b>
25	3 September 2013	The results of the Oval Mapping exercise will be shared with Board members	Chief Executive	Ongoing
34	14 November 2013	A paper on the implementation of RQIA recommendations following Review Reports will be provided to Board members	Chief Executive	Ongoing
43	11 March 2014	Minutes to be formally signed off by the Chairman	Chairman	Completed
44	11 March 2014	Board & Executive Support Manager to circulate the dates of the Corporate Strategy Pre-Consultation Events to Board members	Board & Executive Support Manager	Completed
45	11 March 2014	Additional supporting information to be included within the Corporate Performance Report in relation to Measures of Success where this is needed to further clarify the statistics.	Directors	Ongoing
46	11 March 2014	The paper on inspection activity requested by the DHSSPS will be shared with Board members	Director of Regulation and Nursing	Ongoing
47	11 March 2014	Board & Executive Support Manager to make changes as agreed to the self-assessment document and add RAG ratings to the Summary Results section before submission to DHSSPS	Board & Executive Support Manager	Completed
48	11 March 2014	Agreement that the Chief Executive will arrange for a future external Board meeting, at a Trust facility	Chief Executive	Ongoing

## RQIA Board Meeting

Date of Meeting	15 May 2014
Title of Paper	Chairman's Report
Agenda Item	5
Reference	A/03/14
Author	Dr Ian Carson
Presented by	Dr Ian Carson
Purpose	To inform the RQIA Board of the Chairman's external engagements and key meeting since the last Board meeting of the Authority.
Executive Summary	Between 11 March 2014 and 15 <sup>th</sup> May 2014, I attended 6 meetings on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to <b>NOTE</b> this report.
Next steps	Not applicable

## **CHAIRMAN'S REPORT**

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### **Meetings attended**

- Patient Safety Conference, Titanic Conference Centre – 12<sup>th</sup> & 13<sup>th</sup> March 2014.
- Meeting with Virginia McVey, Director NI Human Rights Commission - 3 April 2014
- HSC Chairs Forum – 8 April 2014.
- RQIA Pre-consultation event, Downe Hospital, Downpatrick – 9 April 2014.
- NHS Confederation NI Regional meeting with Rob Webster, Chief executive, NHS Confederation – 8 May 2014.
- NICON/IHM Workshop: Value Based Leadership and Changing Culture in the NHS – 8 May 2014.

**DR IAN CARSON**

Chairman

15 May 2014

## RQIA Board Meeting

Date of Meeting	15 May 2014
Title of Paper	Chief Executive's Report
Agenda Item	6
Reference	B/03/14
Authors	Glenn Houston
Presented by	Glenn Houston
Purpose	The purpose of the Report is to further update the Board on strategic issues which the Chief Executive and Senior Management Team have been dealing with since the March Board meeting, and to advise Board members of other current key developments or issues.
Executive Summary	<p>The matters highlighted in the Report include:</p> <ul style="list-style-type: none"> <li>• Strategic Developments or Issues</li> <li>• Significant Operational Issues or Risks</li> <li>• Corporate Governance Issues</li> <li>• Resource Issues (Finance and Human Resources)</li> <li>• Communications</li> </ul>
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to <b>COMMENT</b> on the Chief Executive's Report.
Next steps	Not applicable

## CHIEF EXECUTIVE'S REPORT

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### 1. Strategic Developments or Issues

#### **Corporate Services**

##### ***Corporate Strategy & Scorecard***

Pre-consultation on the development of the new Corporate Strategy will close on 31 May 2014. A series of “conversations” with our stakeholders about our priorities took place in April across Northern Ireland as follows:

- 7 April – Belfast
- 9 April – Downpatrick
- 11 April – Ballymena
- 16 April - Craigavon
- 17 April – Londonderry

In total 201 people attended these events from which we gleaned very useful feedback and ideas for improvement and change.

In addition a workshop with staff took place on 29 April and a further workshop with the Board and senior managers is planned for 16 May. A roundtable event is also being organised between RQIA and DHSSPS.

A Corporate Strategy template was issued to Directors on 2 May with a view to having an initial draft of the Strategy in place by the end of May.

Membership of the Corporate Scorecard Working Group has been agreed and the Group will meet in May and June to develop a new suite of Measures of Success.

The Strategy Steering Group continues to meet on a regular basis to oversee the development of the Corporate Strategy and Scorecard.

##### ***Annual Quality Report***

We received correspondence from DHSSPS on 29 April which provided guidance on the content of the new Annual Quality Report which must be submitted to the Department by the end of September 2014.

##### ***iConnect***

A new iConnect Project Manager started with RQIA at the end of March 2014. Significant issues have been highlighted to the Project Board in relation to the User Acceptance Testing (UAT) process e.g. continuing change control requests, ongoing development, limitations of testing scripts and delays in the provision of information to Sysco. However, to date only minor and fixable issues are emerging from UAT.



A remedial Action Plan has been agreed which will extend the timeline for UAT by 7 weeks to 30 May.

The run-up to go-live is being carefully managed by the Project Manager/Project Team and the Project Board is monitoring the implementation of the revised Plan along with associated risks. Additional Project Boards have been arranged to assist with this. At the meeting of the Project Board on 1 May Sysco provided a demonstration of the new system and the Board was assured that, as things stand at this point in time, a go-live date of 30 June for the core system remains feasible. The Project Board will continue to keep this under review. In addition an Internal Audit Report on the UAT process is expected to be available for consideration by the Project Board on 13 May.

### ***Investors in People***

An initial planning meeting with the liP Assessor took place on 15 April. The Assessor will meet with the Chairman and Executive Management Team on 28 May. The liP assessment will take place on 5 & 6 June.

### ***Business Plan 2014/15***

We received notification on 1 April from DHSSPS approving the Business Plan 2014/15.

## **1.2 Regulation**

### **Inspection Activity**

At the close of 2013 / 14 year, the statutory requirement for inspections as set out within the Fees and Frequencies regulations had been met in full. Due to the increasing requirement to respond to identified concerns, or to whistleblowing disclosures, a 60% increase in inspection activity was noted.

A risk based approach to regulation based on information and intelligence factors such as: responding to vulnerable adults concerns; management changes within the home/ agency; arrangements for assessing and reviewing care needs, is part of our continual review process. This analysis of risk, allows RQIA to vary the type, intensity and frequency of inspection whilst remaining compliant with the statutory requirement. For those homes requiring two inspections, the second inspection may be undertaken as: care; estates; pharmacy; finance. For those establishments and agencies that require only one statutory inspection, the risk assessment may have identified concerns that required a further follow up care inspection and this is above the minimum requirement.

An analysis of the increasing workload and the impact on inspection footfall was provided to DHSSPS at their request to inform the Regulation Directorate Business Case submitted in April 2013.

## **Charging for personal care**

The Directorate has initiated a survey to clarify charging arrangements across supported living domiciliary care services. An accurate assessment of the type of charges, and the circumstances in which they are applied, is necessary for three purposes:

- Assurance that charging arrangements are equitable, transparent and compliant with regulation 6 (1) of the Domiciliary Care Agencies Regulations (NI) 2007
- Assurance that service users have protection from financial abuse linked to inappropriate charging practice
- Advising DHSSPS about variations in practice in charging across registered domiciliary care agencies, which may support review of policy, standards and guidance as necessary

DHSSPS have been advised of the commencement of this work, and a meeting is planned to provide the Department with an update on early outcomes.

## **Enforcement policy and associated procedures**

Some procedural changes to the enforcement documents have been identified as the Regulation Directorate move forward with enforcement activity in a broad range of settings and circumstances. No changes have been made to the policy and a full review of the procedural documents will be required following the implementation of the new information management system i-connect.

## **Stage 2: Services new to regulation**

In January 2014, an update was provided to the Board on 32 independent clinics which were to be re-registered as Independent Hospitals. This work is complete with all 32 services now registered as Independent Hospitals. The issue of annual fees for these services is still subject to consideration by DHSSPS.

## **Standards and Guidance**

RQIA was involved in the development of: *See me, hear me, know me. Guidelines to support the needs of older lesbian, gay, bisexual and transgender people in nursing, residential and day care settings and those who live at home and receive domiciliary care.* Older people who identify as Lesbian, Gay, Bisexual and/or Transgender (LGB&T) are generally likely to have a greater need for health and social care services compared with their heterosexual peers. Overall, they are two and half times more likely to live alone, twice as likely to be single and four and half times more likely to have no children to call on in times of need. The Public Health Agency (PHA), in partnership with Age NI, The Rainbow Project, Here NI, Unison, RQIA and the Independent Health and Care Providers worked together to develop the 'See me, hear me, know me' guidelines.

## **Enforcement Activity Update**

An update on enforcement activity is included at Appendix A.

### **1.3 Reviews**

In January 2013, RQIA advertised publically for the recruitment of voluntary lay assessors to participate in programmes of inspection and review. Lay assessors are members of the public who can bring their own experience, insight and an independent focus to RQIA's inspections and reviews.

Interviews were held in April 2014 and a number of applicants were successfully recruited. They will be provided with training in relation to their roles, before commencing involvement in the inspection and review programmes in 2014/15.

RQIA has continued to work on three additional commissioned reviews which commenced in 2013:

- The review of actions taken by relevant organisations in response to a whistle-blower and other allegations made concerning Cherry Tree House, a nursing and residential care home in Carrickfergus. Public Notices were placed to enable any individual who had raised a concern about the service, during the period covered by the review, to bring this to the attention of RQIA. Individuals who responded were then interviewed by members of the review team. The review is completed and the report is now with Minister for consideration.
- The Independent Inquiry into Child Sexual Exploitation. For this review a Call for Evidence closed on Tuesday 18 March 2014. There were 42 responses to this request and the material provided will now be considered by the review team.
- A review to examine the implementation of actions set out in the Dental Hospital Inquiry Action Plan which was published in July 2013. The fieldwork for this review was carried out from 1 to 3 March 2014 and the report of the review will be forwarded to DHSSPS in May 2014.

Since the last Board meeting, RQIA was asked to carry out an inspection and an additional commissioned review in relation to concerns about the provision of unscheduled care services in the Belfast Trust as follows:-

On 30 January 2014, RQIA was asked by the Minister to carry out an inspection of the Emergency Department and the Acute Medical Unit of the Royal Victoria Hospital at the earliest opportunity. This inspection was carried out by a team of RQIA inspectors from both the Review and Regulation Directorates, from 31 January 2014 to 3 February 2014. Preliminary feedback was provided to the Belfast Trust on 5 February 2014 and subsequently to the DHSSPS. The report of the inspection was published in April 2014.

On 17 February 2014, RQIA was requested by the Chief Medical Officer to carry out a review of the arrangements for the management and co-ordination of unscheduled care in the Belfast Health and Social Care Trust, and across the wider HSC. The review is being chaired by Dr D. Stewart, Director of Reviews and Medical Director, and a team of expert reviewers has been recruited to carry out the review which is to report by 15 June 2014.

A team of expert reviewers has been recruited to carry out the review, which is to report by June 2014. During the past month there has been an extensive programme of visits by members of the review team to inform the work of the review.

In March 2014, RQIA published the report of the implementation of the Independent Review of the Respiratory Services Framework. It found widespread support among stakeholders for the service framework approach and that the framework had contributed significantly to improvements in services. The report made six recommendations to improve the implementation arrangements for future service frameworks.

RQIA has been carrying out a programme of meetings with relevant organisations to inform decisions as to whether specific recommendations can be signed off as completed from the 2011 Prison Review Team report. In March 2014, RQIA prepared reports on the first two recommendations which had been forwarded to RQIA for consideration. These related to Governance Arrangements and the Transfer of staff from the Northern Ireland Prison Service to South Eastern Health and Social Care Trust. RQIA inspectors have also been contributing to a programme of inspections of prisons in relation to prisoner safety.

Since the last Board meeting the consultation process has been underway to inform the development of the next Three Year Review Programme for 2015 to 2018. This is being taken forward in parallel with the work to develop the next RQIA Corporate Strategy to cover the same period.

#### **1.4 Mental Health and Learning Disability**

A whistleblowing complaint was received about Beechcroft Child and Adolescent Centre. This was referred to the Belfast Health and Social Care Trust for an independent investigation and a report is due to RQIA in late May 2014.

##### **A whistleblowing allegation about the administration of pharmacy in Gransha Hospital was received in April 2014**

This matter is also being investigated by the Western Health and Social Care Trust.

In addition, a whistleblowing allegation about the safeguarding of vulnerable adults in the Mater Hospital was received and a response is due by the Trust shortly.

The DHSSPS will be releasing for consultation the draft Mental Health Capacity Legislation on 12 May 2014. RQIA intend to provide a response.

### **Appointment of additional Part IV Medical Practitioners**

Owing to a pre-judicial review hearing involving the DHSSPS and the Northern Health and Social Care Trust, the DHSSPS has suggested that RQIA take on the responsibility for providing all second opinions by Part IV Medical Practitioners on patients' treatment plans. This function is currently being discharged by the Trusts.

RQIA only has six Part IV Medical Practitioners currently on their register. Recurrent funding will be required for this additional service. A business case is being prepared for the DHSSPS currently regarding this matter.

## **2. Significant Operational Issues or Risks**

On 14 April 2014 Dr Michael McBride, Chief Medical Officer, wrote to RQIA requesting RQIA to prepare plans to begin a programme of inspections of acute hospitals in Northern Ireland commencing in 2015/2016. RQIA is currently in discussion with representatives of DHSSPS concerning the details of this programme of planned inspections.

Work will be required to develop appropriate standards and information flows to assist RQIA's review team to undertake this important work.

Two recent enforcement actions have resulted in appeals to the Care Tribunal; dates for hearings have yet to be advised.

RQIA has initiated prosecution in respect of a registered provider of residential care services.

## **3. Resource Issues (Finance and Human Resources)**

### ***Finance***

See Finance Report (Agenda item C/04/14)

## **4. Corporate Governance Issues**

### **Independent Review of RQIA**

An independent review of RQIA has been commissioned by DHSSPS. It is being undertaken by RSM McClure Watters and they are expected to provide a report to the Department in June 2014.

## ***Freedom of Information & Subject Access Requests***

Since 1 March there have been 8 new Freedom of Information requests.

Of these:

- Partial exemption was applied to 2 requests
- Full exemption was applied to 1 request
- Information was fully disclosed for 1 request
- 3 recent requests are under consideration
- No records were held in relation to 1 request

3 new subject access requests have been received from 1 March.

Of these:

- 2 requests are under consideration
- No information was held for 1 request

## **Complaints**

Since the last Board meeting, one new complaint has been received about RQIA in relation to a member of staff. One ongoing complaint is being investigated under formal local resolution in line with RQIA's Policy and Procedure on the Management and Handling of Complaints, September 2011.

## **Whistleblowing Disclosures**

There have been nine whistleblowing disclosures since the last board meeting, which have been followed up in line with The Public Interest Disclosure (Northern Ireland) Order 1998 and relevant regulations.

## **5. Communications**

Since the March Board meeting print and broadcast media interest in the work of RQIA has continued, with a focus on issues relating to the regulation of a range of services, and to RQIA's inspection at the Royal Victoria Hospital Emergency Department and Acute Medical Unit.

During March and April 2014, [www.rqia.org.uk](http://www.rqia.org.uk) received 100,000 page views (hits) from some 14,000 visitors. Since beginning the process of placing inspection reports online in November 2010, RQIA's inspections pages have been accessed over 500,000 times.

RQIA continues to make use of its Twitter account @RQIANews. RQIA's account now has 140 followers, and RQIA communications staff monitor twitter for any references to our work.

**GLENN HOUSTON**  
Chief Executive  
15 May 2014

## **Appendix A: Enforcement Activity: Update: 9 January to 28 February 2014**

### **1. Conditions of Registration**

On 24 June 2013, conditions were placed on the registration of Maine Nursing Home: no new admissions to the home until RQIA is satisfied that there are robust governance and management arrangements of the home in place, and compliance with regulations and minimum standards; the nurse manager's hours will be supernumerary and dedicated to undertaking management/supervisory duties; regulation 29 and other monitoring reports provided to RQIA within three working days of completion.

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

### **2. Ongoing Enforcement Activity**

There is currently ongoing enforcement with respect to eleven care services: five private dental practices; three nursing homes; one residential care home; and one domiciliary care agency. There is no ongoing enforcement action at children's services. Two services have lodged appeals to the Care Tribunal in respect of notices of decision to place conditions of registration, which are ongoing. See below for full details of current activity:

#### **Enforcement Activity: Adult Services, as at 6 May 2014**

<b>Name of Service (Registered Provider)</b>	<b>Date of issue, and date compliance is required</b>	<b>Type of notice</b>	<b>Details of Notice</b>
1. Lisburn Dental Surgery, Lisburn (R McMitchell Dental World Ltd)	6 January 2014: Failure to comply notice: Compliance required by 10 March 2014.	1 x FTC	One notice relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.
	10 March 2014: Notice extended: Compliance required by 8 April 2014	1 x NOP	One notice to place conditions of registration.
	18 April 2014: Notice of Proposal to place conditions of registration		
2. Chester Nursing Home, Whitehead (Chester Homes Ltd)	10 January 2014: Notice of Proposal to place conditions of registration	1 x NOP	One notice to place conditions of registration in relation to hours worked by the nurse manager; and provision of reports to RQIA of the registered provider's (reg 29) monthly reports
	12 February 2014: Notice of decision to	1 x NOD	



	place conditions of registration  Appeal to Care Tribunal lodged: 4 March 2014		and other monitoring reports.
3. Donaghadee Dental Surgery, Donaghadee (R McMitchell Dental World Ltd)	23 January 2014: NOP to refuse an application for registration  4 March 2014: NOD to refuse an application for registration  Appeal to Care Tribunal lodged: 18 March 2014	1 x NOP  1 x NOD	One notice to refuse application for registration.
4. Three Rivers Care Centre, Nursing Home, Omagh (Zest Care Homes Ltd)	4 February 2014: Compliance required by 31 March 2014  31 March 2014 Notice extended: Compliance required by 5 May 2014	1 x FTC	One notice in relation to medicines management.
5. Faith House Nursing Home, Belfast (Faith House-Board of Trustees)	27 February 2014: Compliance required by 28 April 2014  28 April 2014: Notice extended: Compliance required by 28 May 2014	1 x FTC	One notice in relation to medicines management.
6. Finaghy Dental Practice, Belfast (Joseph Scullion)	4 March 2014: Compliance required by 6 May 2014	1 x FTC	One notice relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.
7. Orchard House Nursing Home, Belfast (Mr J A Bailie)	12 March 2014: Compliance required by 12 May 2014	1 x FTC	One notice in relation to medicines management.
8. Bradbury Dental Surgery (Robert McMitchell, Dental	28 March 2014: Compliance required by 30 May 2014	2 x FTC	Two notices relating to radiology and radiation safety and the cleaning,

World Ltd)			disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.
9. Sevenoaks Scheme Domiciliary Care Agency, Londonderry (Fold Housing Association)	14 April 2014: Compliance required by 12 May 2014	2 x FTC	Two notices relating to staffing and records.
10. Seven Oaks Housing with Care, Residential Care Home, Londonderry (Fold Housing Association)	17 April 2014: Compliance required by 23 June 2014	2 x FTC	Two notices relating to staffing and records.
11. Leitch Dental Practice, Comber (Jonathan Leitch)	24 April 2014: Compliance required by 24 June 2014	1 x FTC	One notice relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.

## RQIA Board Meeting

Date of Meeting	15 May 2014
Title of Paper	Summary Finance Report
Agenda Item	7
Reference	C / 03 / 14
Author	Jonathan King
Presented by	Maurice Atkinson
Purpose	The purpose of this paper is to present RQIA's provisional summary financial position as at 31 March 2014.
Executive Summary	Breakeven
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to <b>NOTE</b> this update.
Next steps	

## FINANCE REPORT

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Please note that the expenditure figures quoted in this report represent a provisional position pending the completion and audit of our annual accounts.

### Funding / Revenue Resource Limit (RRL)

Since the last finance report the Department has agreed to increase RQIA's RRL by £40K to part cover costs associated with 2 Departmental Commissioned Reviews.

Therefore the total anticipated Department RRL for 2013/14 equals £6,616,971.

### Revenue Position

RQIA's expenditure up to and including March 2014 equalled £7.57 million leading to a provisional year end under spend of £5K. It is anticipated the final position will change by the time Annual Accounts are due to be submitted on the 16<sup>th</sup> of May but is not anticipated that this change will be material or fall outside our break even limit. The table below summarises the provisional revenue position:

**Table 1: Summary Financial Position**

	£'000
Pay Spend	6,161
Non-Pay Spend	1,409
Total Revenue Spend	7,570
Other Income	958
Net Expenditure	6,612
Dept RRL	6,617
Surplus	5

The outturn expenditure includes the realised and anticipated costs associated with the Department/Minister commissioned reviews (CSE £37K and Cherry Tree £31K).

Other income mainly relates to income from Annual Fees (£868K). £44K relates to funding provided by the HSCB for several ICT revenue expenditures and the balance relates to recharges for secondments out.

## Capital Resource Limit (CRL)

RQIA's CRL for 2013/14 equalled £415,523. Capital expenditure is forecast to be underspent by £5K.

The majority of RQIA's capital expenditure in 2013/14 related to the construction of the I-Connect system and totalled £289K. This will be added to the £90K expenditure in 2012/13 and carried on our Balance sheet as an asset under construction pending the completion of the project. It is estimated that £175K is required to complete the project in 2014/15. The Department has provisionally agreed to provide this funding in 2014/15 and a CRL letter is anticipated in due course.

The remaining £121K relates exclusively to ICT infrastructure expenditure. This expenditure covered a range of areas such as the replacement of Tape Drives, Software Licences, and SAN Storage. The largest single area related to the PC/Laptop Refreshment Scheme and equalled £38K.

## Prompt Payment Compliance

The prompt payment target requires the payment of 95% of invoices within 30 days of receipt of goods or invoice, whichever comes later. A second target was agreed with the Department to pay 60% of invoices within 10 days.

From April to March BSO paid 1,232 invoices on RQIA's behalf, of which 76.5% were processed within the departmental 30 day target. The following table shows our 30 day performance up to and including March 2014.

**Table 2: Payment Performance Vs. the 30 Day Target - 2013/14**

Month	Invoices Paid			% Paid Promptly
	Total	< 30 Days	> 30 days	
Q1	425	222	203	52.2%
Q2	275	242	33	88.0%
Q3	279	261	18	93.5%
Q4	253	218	35	86.2%
<b>Total</b>	1232	943	289	76.5%

The markedly poor performance in Q1 and month 4 made the cumulative 95% target unachievable in 2013/14. August to February's performance was much improved with an average prompt payment performance of 94.8%. As anticipated, performance in March dipped, falling to 70.3%. This resulted directly from the implementation of the Shared Services Centre in February which significantly depressed the numbers of invoices processed in February and generated a backlog in March going forward. Based on our experience so far and the additional Finance Team input required on payment management, I anticipate the implementation of shared services will have a detrimental impact on payment performance during the first quarter of 2014/15.

The previous finance report explained the performance up to and including January. The table below analyses the payments in February and March that failed to meet the 30 day target:

**Table 3: Analysis of Invoices Paid outside 30 Days**

Month	Invoices Paid Outside 30 Days				
	Total	31 - 45 Days	46 - 60 Days	61 - 75 Days	76 + Days
February	2	2	0	0	0
March	30	19	10	0	1
<b>Total</b>	32	21	10	0	1

The March outlying invoice was 196 days old but actually related to an unprocessed credit note. Shared Services were unable to provide an explanation in relation to each overdue invoice but in the majority of cases I suspect the transition to Shared Service to be the reason. I have requested the analysis of invoices paid outside of 30 days resumes from April.

The 10 day statistic shows a similar trend to the 30 day target rising steadily from 41% in April to a peak of 88% in December. Performance tailed off in January and February before plummeting in March to 23.76%.

Of the 1,232 invoices paid by BSO over April to March 702 (57.0%) were paid within 10 days. The following table shows performance from April to March against the 10 day target.

**Table 4: Payment Performance Vs. a 10 Day Target - 2013/14**

Month	Invoices Paid			% Paid in 10 Days of Less
	Total	<10 Days	> 10 days	
Q1	425	155	270	36.5%
Q2	275	194	81	70.5%
Q3	279	214	65	76.7%
Q4	253	139	114	54.9%
<b>Total</b>	1232	702	530	57.0%

Quarter 4's reported performance was significantly impacted by the poor performance in March.

### **Outstanding Annual Fees (Debtors)**

£625 (0.08%) remained outstanding at the 31 March 2014 in relation to 2013/14 Annual Fees Invoices raised in Quarter 1. As at the 12<sup>th</sup> of April 2014 this amount had been recovered in full.

In relation to pro-rata place increases, invoices totalling £3,132 were raised in March 2014. As at the 30 April £2,018 remains unpaid. It is anticipated that this will be fully recovered by the end of Quarter 1 of 2014/15.

All outstanding debt from financial years prior to 2013/14 has been recovered.

**Recommendation**

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

**Maurice Atkinson**

Director of Corporate Services

## RQIA Board Meeting

Date of Meeting	15 May 2014
Title of Paper	Corporate Performance Report
Agenda Item	8
Reference	D/03/14
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	<p>The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan linked to its strategic objectives and priorities as described in the Corporate Strategy 2012-2015.</p> <p>The report will present a <b>cumulative</b> picture of corporate performance and summarise key achievements and issues across the financial year.</p>
Executive Summary	At the end of the fourth quarter of 2013/14, 88% of the actions within the Corporate Performance Report were implemented.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to <b>NOTE</b> the Corporate Performance Report.
Next steps	The report for the first quarter of 2014/2015 will be presented to the Board on 11 September 2014.





**CORPORATE PERFORMANCE REPORT 2013/14**

**PERIOD ENDING MARCH 2014**

**Board Meeting – May 2014**

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## 1. Introduction

### ***Purpose***

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

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


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


### ***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.

 = action forecast to be completed by the completion date.

 = action completed.

### ***Exception Reporting***

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

### ***Measures of Success***

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

### ***Summary of Progress to Date***





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

### ***Frequency of Reporting***

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

## 2. Summary of Traffic Light Rating System (Period Ending 31 March 2014)

The table below shows a summary of the Traffic Light rating assigned to 112 Actions within the Business Plan for the period ending 31 March 2014.

Traffic light		Period Ending June 2013	Period Ending Sept 2013	Period Ending Dec 2013	Period Ending March 2014
Red		4 (4%)	3 (3%)	5 (5%)	13 (12%)
Amber		0	1 (1%)	1 (1%)	0
Green		100 (89%)	79 (71%)	72 (64%)	0
Blue		8 (7%)	29 (25%)	34 (30%)	99 (88%)

At the end of the 4<sup>th</sup> quarter of 2013/14, 99 of the actions within the Business Plan were reported as Blue.

## 3. Headline Achievements (Period Ending 31 Mar 2014)

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

During Q4, the regulation team hosted 13 separate roadshows which were attended by over 1,100 service providers. A number of registered services and external stakeholders made presentations at these roadshows.

A number of opportunities to promote awareness and the work of RQIA took place in Q4. The Guidelines for Palliative and End of Life Care in Nursing and Residential Care Homes that were developed in partnership with Northern Ireland Hospice and facilitated by RQIA

following a bid for funding to the Guidelines and Audit Network, were launched at a regional event.

The Director of Regulation and Nursing attended a meeting of a representative forum of senior citizen groups from Belfast and Castlereagh to provide them with information on RQIA registration and inspection duties. RQIA were also represented at the National Association for Safety and Health in Care Services (NASHiCS) conference, held in Belfast.

At the end of Q4 for 2013/14, the statutory minimum number of inspections for each establishment or agency had been achieved. A 51% increase in spending on bank and agency staff was noted above the 2012/13 expenditure. This additional resource was required to meet the statutory target. Additional inspections were undertaken to follow up on concerns, whistleblowing and regulatory breaches.

Following receipt of legal advice on the definition of an independent hospital and independent clinic, RQIA initiated a review of services that should be registered as **independent hospitals providing prescribed techniques**, not as independent clinics. We wrote out to 32 services to notify them of this change and re-issued certificates. Services received a minimum of one inspection against the Independent Health Care Regulations (Northern Ireland) 2005.

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

In Q4, the Independent Review of the Implementation of the Respiratory Service Framework was published. RQIA found widespread support among stakeholders for the service framework approach; collaboration with service users, stakeholders and the public was well planned, and to the forefront of its development and implementation. Voluntary agencies considered the implementation

process has shaped the way respiratory services are being taken forward, and the framework contributed significantly to improvements in these services. In this review, RQIA makes six recommendations to further improve the implementation arrangements for future service frameworks.

In Q4 on 30 January 2014, RQIA was asked by the Health Minister to carry out an inspection of the Emergency Department and Acute Medical Unit of the Royal Victoria Hospital at the “earliest opportunity”. This inspection took place from 31 January to 3 February 2014. This inspection was carried out by the Infection Prevention and Hygiene Team and inspectors from the nursing team in the regulation directorate. Preliminary findings were provided to the Health Minister on 12 February 2014.

Following this, on 17 February 2014, the Minister requested that RQIA carry out a review of the arrangements for the management and co-ordination of unscheduled care in the Belfast Health and Social Care Trust and across the wider HSC.

In Q4, the inspections carried out as part of the RQIA Review of the experience of Older People in Acute Wards continued. These inspections are being carried out by the Infection Prevention and Hygiene Team and inspectors from the nursing team in the regulation directorate. It was planned to complete these inspections by the end of March 2014. Due to a ministerial request for an immediate inspection to be undertaken of unscheduled care in the Royal Victoria Hospital this process will be completed in the next quarter.

During Q4, RQIA completed infection prevention and control inspections of hospitals within the 2011/14 three year programme. It is planned to use the 2014/15 year to continue to develop the augmented care programme and to review progress in areas

previously inspected. This will enable the next three year programme to run in parallel with the new RQIA Three Year Review Programme for 2015/18.

In Q4 RQIA undertook the assessment of the progress made in relation to the healthcare recommendations numbers 12 and 15 within the report of “Review of the NI Prison Service” (Prison Review Team Final Report, October 2011). These two recommendations were assessed as completed and a report was presented to the Oversight Committee, chaired by the Minister of Justice on the 11 March 2014. At this time the Oversight Committee passed a further two recommendations for assessment by RQIA.

During Q4 the DHSSPS agreed that the Infection Prevention and Hygiene Team could commence work on developing an audit tool for the inspection of the Northern Ireland Ambulance Service.

RQIA also completed a programme of IR(ME)R inspections during the year with the assistance of colleagues from Public Health England.

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

During Q1 the Mental Health and Learning Disability team (MHLDT) liaised closely with the Care Quality Commission, Mental Welfare Commission (Scotland) and Healthcare Inspectorate Wales in respect of concerns about de facto detention of people with a learning disability or dementia in hospital wards and the community. A paper was finalised with case examples from all National Preventative Mechanism members. A report of the findings was presented at the October 2013 National Preventative Mechanism meeting in Edinburgh. The recommendations of this report were

included in the UK National Preventative Mechanism Report in March 2014.

In Q2 Quality Improvement Plans in relation to financial management of patient monies and belongings was received from the five Trusts. In Q3 further financial inspections of hospital wards commenced and this work was completed by the end of Q4.

A Lean Project to standardise and streamline the processes and procedures in respect of detentions, guardianship, inspections, SAIs and patient experience reviews was completed and reported out on 27 August. In Q3 a review of the mechanisms for reviewing SAIs was completed and shared with the HSC Board. This work was finalised in Q4 for implementation in April 2014.

During Q3, the MHLD team reviewed all of the Electro-Convulsive Therapy (ECT) suites not accredited to ECTAS. (One suite in NHSCT and the SEHSCT suite are accredited with ECTAS). Five of the seven ECT suites in Northern Ireland were inspected in November/December 2013 (WHSCT x 2, BHSCT x 1, SHSCT x 1, NHSCT x 1). Inspection reports and QIPS were issued in January 2014. Concerns in relation to service provision in one suite of the WHSCT was escalated.

A number of Appointment Panel meetings were convened by Board Members between April and Dec 2013. Six Appointment Panel meetings have been held resulting in 22 Consultant Psychiatrists being appointed to the List of Part II Medical Practitioners. The names of those appointed through the revised Part II procedures and the dates of their appointment periods were made available on the RQIA website in Quarter 4.

The MHLD team had undertaken 75 inspections by the end of the year, an increased number of 35 more than proposed for 2013/14

which equates to 88% more inspection activity than proposed. All inspection reports have been uploaded onto the website.

142 Patient Experience Interviews were undertaken in 2013/14, an increased number of 42 more than proposed for 2013/14 equating to 42% more PEI inspection activity than proposed. A new procedure and reporting template was also piloted, and this will be fully implemented in the coming year. Reports have been uploaded onto the website.

A road show was held in March 2014, attended by representatives of all Trusts. The programme included:

- Feedback on the findings from inspections and PEIs in 2013/14.
- The inspection theme of Autonomy, and expectation statements for 2014/15 with a focus on the Human Rights aspects of the theme of Autonomy.
- Escalation procedures and information on the Trusts' discharge of statutory functions, for example scrutiny of detention forms, monitoring SAIs, Guardianship and Under 18 admissions to Adult wards.

Financial inspections of 63 hospital wards were undertaken in Q4. These reports were issued to Trusts in March 2014, and will be uploaded onto our website.

Two Part II Appointment Panels were held in Q4 resulting in six appointments. The list of the Medical Practitioners appointed to the RQIA List of Part II Medical Practitioners in accordance with the revised RQIA procedures, is on the website.

Annual report drafted to be made available to Board in May 2014.

### **3.4 Key Enablers (Corporate Services)**

The Annual Report & Accounts 2012/13 was laid before the Assembly on 2 August following approval by the Board on 4 July. The Comptroller and Auditor General certified the 2012/13 financial accounts with an unqualified audit opinion.

The RRL for 2013/14 and an indicative allocation for 2014/15 were confirmed on 3 May. RQIA achieved the required level of CSR efficiency savings and is projecting break-even at end-of-year.

RQIA's PPI Action Plan 2013/14 was successfully implemented. Key developments include:

- Engagement with service users to develop an easy read Mental Health and Learning Disability Inspection Report. Feedback from service users in relation to this report was very positive and so from April 2014 all inspection reports within the Mental Health and Learning Disability team will be produced in easy read versions and posted on notice boards in the hospital for ease of access;
- The User Consultation Officer continued to ensure that service users' views were gathered and used to inform and improve inspection methodology and future inspection themes for Domiciliary Care Agencies; and
- RQIA is due to recruit a number of Lay Assessors in April 2014. The role of Lay Assessors will be to obtain service users' views and experiences within regulated services, mental health and learning disability facilities, hygiene inspections and reviews.

An Improvement and Efficiency Operational Plan 2013/14 was developed and approved by the Board on 4 July. This Plan includes the six organisational excellence improvement initiatives which continue to be taken forward based on feedback from the EFQM assessment in 2012.

The implementation of iConnect is progressing well. It is anticipated that the core system will go-live at the beginning of July 2014 and the web portal will go-live at the beginning of September. Highlight and Project Board meetings took place on a regular basis throughout the year.

Significant work was undertaken in relation to an ICT technical refresh including updates to RQIA's network, infrastructure, operating systems and user devices.

The RQIA Human Resources & Organisational Development Strategy was approved by the Board on 4 July. Key developments include:

- Development of two workstreams following the Staff Workshop on 25 April 2013. Firstly, an Action Plan was developed in relation to three key "People Issues" and this was shared with staff on 3 July. Secondly, a Culture Charter was developed and launched at staff events on 10 October and 11 November. A baseline culture survey (staff self-reflection in relation to agreed behaviours and values as set out in the Culture Charter) also took place in October 2013 and March 2014.
- Preparations for formal liP assessment in June 2014;
- Delivery of an in-house management development programme ("The Developing Manager") for Bands 4 and 5 via the HSC Leadership Centre;
- Sharing of the results from the Staff Survey (2012) with staff and the Board;
- Development of a complementary Staff Pulse Survey which was undertaken in December 2013. This showed a positive trend in some key areas compared to the 2012 Staff Survey; and
- Workshops were held in September focusing on the role of the Line Manager and in March focusing on the leadership capabilities of senior managers.

RQIA's Risk Management Strategy was updated and approved by the Audit Committee on behalf of the Board on 21 June.

RQIA's Performance Management Framework was updated and approved by the Board on 4 July.

The second Board self-assessment was completed and submitted to the Department in March 2014. The Audit Committee also completed their annual self-assessment.

RQIA's suite of Measures of Success (MoS) was reviewed between September and December 2013 and the revised MoS were incorporated into the 2014/15 Business Plan. In addition a Paper was prepared on the development of a Corporate Scorecard which was approved by the Board in March 2014.

Actions in the Sustainable Delivery Plan were implemented including an energy efficiency campaign and a public transport awareness event.

RQIA's Annual Progress Report 2012/13 on Section 75 of NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 was approved by the Board on 3 September and submitted to EQNI.




The Business Plan 2014/15 was developed in consultation with staff and was approved by the Board in January 2014.

The development of the new Corporate Strategy 2015-18 commenced in January 2014 and a draft Strategy Map 2015-18 was approved by the Board in March 2014.








## **4. PERFORMANCE & EXCEPTION REPORT**

### Summary of Actions from RQIA's Corporate Performance Report 2013/14 that require Exception Reports

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Page Number
1.2.6	Complete an evaluation of the introduction of dental regulation by RQIA. <b>(Sept 2013)</b>		The remaining dental practices are currently undergoing registration. A short life working group has been established and this action has been carried forward to 2014/15 business plan.	17
2.1.5	Complete the reviews as set out in the 2013/14 delivery plan <b>(March 2014)</b>		<p>9 reviews were outlined in the 2013/14 year of the Three Year Review Programme. However, 12 reviews were scheduled in the 2013/14 delivery plan. This included 3 reviews from the previous year which had been delayed due to additional reviews commissioned by the Minister.</p> <p>There were also 3 additional reviews and the Child Sexual Exploitation inquiry commissioned by the Minister, during Year Two.</p> <p>Of the 4 remaining planned reviews to be completed, all 4 will have fieldwork completed in Quarter 1 of the 2014/15 year.</p> <p>These reviews are:</p> <ul style="list-style-type: none"> <li>• Care of Older People</li> <li>• Risk Assessment: Addictions</li> <li>• Stroke Services</li> <li>• Discharge Arrangements</li> </ul> <p>The review programme is re-examined at appropriate intervals to determine the impact upon timescales for the remainder of the programme when reviews are commissioned by the DHSSPS in response to emerging events.</p>	19
2.1.9	Complete the augmented care settings inspections as set out in the delivery plan for 2013-14		During Q1 and Q2 additional inspection activity was undertaken as part of the first year programme of augmented care inspections to HSC Inspections of Neonatal and SCBU Units	20

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Page Number
	(March 2014)		were completed.  Planned inspections of Critical Care Units were not completed due to review, prison and lay assessor work. It is planned to complete this work in the 2014/15 year.	
2.1.10	Complete a programme of IR(ME)R inspections with input from the Health Protection Agency (HPA) <b>(DR) (March 2014)</b>	●	Inspection of Breast Screening Service postponed due to redevelopment of services. Plan to undertake final inspection from planned programme during April 2014.	21
3.2.7	Complete a review of Risk Assessment and Risk Management in Addiction Services <b>(March 2014)</b>	●	Planning for an Audit of the Care Pathway through Addictions Services commenced January 2014 to be completed April 2014.	27
4.1.1	Implement PPI Action Plan for 2013/14 inclusive of monitoring and evaluation of all PPI activity. Key activities include: • Complete and evaluate a pilot programme of inspections of 10 nursing homes using peer facilitators <b>(March 2014)</b>	●	Lay assessors were interviewed during March and will continue through to April 2014. The pilot programme will commence during the 2014/15 year.	29
5.1.8	In conjunction with BSO, provide a means whereby all staff and new starts are aware of and prepared for auto enrolment on pension schemes <b>(DR) (June 2013)</b>	●	During Q1 RQIA was advised by BSO that auto enrolment on pension schemes would be deferred to September 2017.	34
5.2.4	Achieve at least the core Investors in People Standard <b>(STEP) (Dec 2013)</b>	●	Following completion of mock IiP assessments in each Directorate, the Executive Management Team has decided to apply for formal IiP accreditation in June 2014.	35

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Page Number
6.2.2	Transfer our income processing from SAGE to eFinancials <b>(May 2013)</b>		On review RQIA will continue to use SAGE Financials to Manage its income.	38
8.1.1	Implement the year 2 actions from the Information and ICT Strategy. Key priorities include: <ul style="list-style-type: none"> <li>Implement i-Connect (previously known as CIMS ) <b>(STEP)</b></li> </ul>		The revised dates for implementation of i-Connect are 30 June 2014 (Core System) and the end of August 2014 (Web Portal).	42
8.2.1	Implement the year 2 actions from the Information and ICT Strategy. Key priorities include: <ul style="list-style-type: none"> <li>Complete an assessment of RQIA's Information and ICT capability using the NHS Informatics Capability Maturity Model (ICMM) <b>(June 2013)</b></li> </ul>		It was decided that the timing of the assessment should be moved to May/June 2014 as replacement of strategy has been extended to March 2015 to get into line with Corporate Strategy.	43
8.3.1	Implement the year 2 actions from the Information and ICT Strategy. Key priorities include: <ul style="list-style-type: none"> <li>Test the ICT Disaster Recovery Plan <b>(March 2014)</b></li> </ul>		Disaster Recovery Testing will be completed by the end of June 2014 with the assistance of external IT resources to ensure it is in place for iConnect.	45
9.1.6	Complete an annual test of the Business Continuity Plan and implement the amendments <b>(DR) (March 2014)</b>		Due to year end commitments and the co-ordination of managers' diaries, it has not been possible to hold the BCP Test in 2013/14. The BCP Test will now take place on the 8 April 2014. An action plan will be developed.	48




### Summary of Measures of Success from RQIA's Corporate Performance Report 2013/14 that require Exception Reports

Supporting Measures of Success		Exception Report: Reason/Action/Emerging Risk	Page
1.1	<b>75% of all incidents to be acknowledged and initially processed by inspection staff within seven days (Q)</b>	<b>Q4 – 63%</b>  Unable to achieve this target due to the volume of incidents report and the resource capacity of the inspectors to respond.	15
1.1	<b>100% of services inspected, during inspection year, will have a validation checklist completed (by 31 March 2014)(Q)</b>	<b>Q4 – 78%</b>  Current parameters for measuring this target need to be revised.	15
1.2	<b>100% of inspection reports to be completed within 28 days from when the inspection was completed (Q)</b>	<b>Q4 – 73%</b>  An increase in individual inspector's involvement in vulnerable adults investigations / strategy meetings / follow up of concerns and preparation for enforcement has impacted on our achievement of this target.	16
5.1	<b>90% of relevant staff attend policy training/workshop events (S)</b>	<b>Q2 - 50% line managers / 20% staff</b>  These figures are based on sickness training that was delivered throughout Q1 and Q2. Further training will be delivered during 2014/15 and reminders will continue to be sent out.	33
5.1	<b>A minimum of 95% of all staff with completed appraisal and PDP created in Q1 (A) (DR)</b>	<b>A minimum of 95% of all staff with completed appraisal and PDP created in Q1 (A) (DR)</b>  By Q1 31% of staff had completed their appraisals. Figures received from line managers show that by the end of Q3 89% of available staff (excludes staff off on long term sick leave and maternity leave) had completed their appraisals. At the end of Q4 100% had been achieved.	33

6.2	<b>95% of invoices paid each month within Terms and Conditions (30 days) (Q) (DR)</b>	<table><tr><td><b>Q1</b></td><td>58%</td></tr><tr><td><b>Q2</b></td><td>93%</td></tr><tr><td><b>Q3</b></td><td>95%</td></tr><tr><td><b>Q4</b></td><td>86%</td></tr></table> <p>The accumulative figure for Q4 is currently 76.5%.</p> <p>The implementation of the FPL system in 2012/13, as part of the Business Services Transformation project, created a backlog of invoices. This was due to a combination of poor user training arrangements, processing problems at the BSO scanning centre, and system functionality issues. A substantial part of the backlog was cleared in April and May of 2013 thereby significantly depressing RQIA's payment performance in Q1 of 2013/14.</p>	<b>Q1</b>	58%	<b>Q2</b>	93%	<b>Q3</b>	95%	<b>Q4</b>	86%	38
<b>Q1</b>	58%										
<b>Q2</b>	93%										
<b>Q3</b>	95%										
<b>Q4</b>	86%										
8.1	<b>Attainment of at least level 2 capacity in the NHS Informatics Capability Maturity Model (ICMM) (A)</b>	It was decided that the timing of the assessment should be moved to May/June 2014 as replacement of strategy has been extended to March 2015 to get into line with Corporate Strategy.	43								




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

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
1.1.1	Review all registration procedures developed as a result of LEAN methodologies to inform RISCOP development (STEP) <sup>1</sup> (Sept 2013)		
1.1.2	Complete and implement all inspection procedures developed as a result of LEAN methodologies (STEP) (March 2014)		
1.1.3	Complete a programme of themed and focused inspections to all regulated sector services in line with identified health and social care risk factors and the statutory minimum frequencies outlined within the HPSS Fees and Frequencies Regulations (NI) 2005/2007 using RQIA's		

Supporting Measures of Success									
Q = to be reported on quarterly basis									
S = to reported on six monthly basis									
A = to be reported annually									
<b>Number of variations made during the previous quarter to the register of all establishments and agencies as defined in the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (Q)</b>									
Service Category	New Registrations				De-Registrations				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Adult Placement Agencies									
Children's homes			1		2				
Day Care Settings	4	1			2	1			1
Domiciliary Care Agencies	2	4			3		3		
Domiciliary Care Agencies -SL	10	3	1	1		4	2		
Independent clinics	3	1	2	2			1		
Independent hospitals			1	3					1
Independent hospitals - dental treatment	11	9	6	2		3			3
Independent medical agencies		1	3						
Nursing agencies		2			2				
Nursing homes	1		1		1				1
Residential care homes					2	7	1		3
Residential Family Centres									
Voluntary Adoption Agencies									
<b>Total</b>	<b>31</b>	<b>21</b>	<b>15</b>	<b>8</b>	<b>12</b>	<b>15</b>	<b>7</b>	<b>9</b>	

<sup>1</sup> Improvement action incorporated in RQIA's Steps to Excellence Programme (STEP)

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
	Inspection Planning Approach (DR) <sup>2</sup> (March 2014)		
1.1.4	Complete a programme of inspections above those set out in the HPSS Fees and Frequencies Regulations (NI) 2005/2007, where assessed as necessary to provide assurance on the quality and safety of regulated services (March 2014)		
1.1.5	Complete implementation plan to support delivery of RQIA's NPM responsibilities in regulated services (March 2014)		
1.1.6	Applying RISC systems across the regulation directorate (March 2014)		






Supporting Measures of Success						
Q = to be reported on quarterly basis S = to be reported on six monthly basis A = to be reported annually						
<b>100% of inspections completed in line with the statutory minimum requirements (measured against valid number of establishments)(Q)</b>						
Category	% of services that have received minimum inspections					Total no of inspections in registered services
	Registered	Q1	Q2	Q3	Q4	
Adult Placement Agencies	4	0%	100%	100%	100%	4
Children's homes*	48	6%	33%	65%	100%	126
Day Care Settings	187	30%	54%	81%	100%	298
Domiciliary Care Agencies	116	27%	59%	87%	100%	131
Domiciliary Care Agencies - SL	178	29%	53%	78%	100%	227
Independent clinics	6	19%	39%	91%	100%	10
Independent hospitals	42	8%	25%	77%	100%	68
Independent hospitals - dental treatment	371	30%	59%	86%	100%	455
Independent Medical Agencies	5	0%	50%	80%	100%	5
Nursing agencies	22	17%	16%	16%	100%	24
Nursing homes*	266	14%	40%	69%	100%	728
Residential care homes*	201	9%	35%	66%	100%	566
Residential Family Centres	2	0%	0%	0%	100%	1
<b>Overall Total</b>	<b>1448</b>	<b>22%</b>	<b>48%</b>	<b>76%</b>	<b>100%</b>	<b>2643</b>
* Voluntary Adoption Agencies removed as they are not required to be inspected every year						

<sup>2</sup> Action meets the criteria set out in the DHSSPS Business Planning Departmental Requirements 2013-14




Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success																								
				<p>Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually</p> <p><b>75% of all incidents to be acknowledged and initially processed by inspection staff within seven days (Q)</b></p> <table><tr><td>Q1</td><td>68%</td></tr><tr><td>Q2</td><td>70%</td></tr><tr><td>Q3</td><td>66%</td></tr><tr><td>Q4</td><td>63%</td></tr></table> <p><b>100% of services inspected, during inspection year, will have a validation checklist completed (by 31 March 2014)(Q)</b></p> <table><tr><td>Q1</td><td>74%</td></tr><tr><td>Q2</td><td>71%</td></tr><tr><td>Q3</td><td>70%</td></tr><tr><td>Q4</td><td>78%</td></tr></table> <p><b>75% of registration of managers to be processed in line with the registration procedures and timescales (Q)</b></p> <table><tr><td>Q1</td><td>83%</td></tr><tr><td>Q2</td><td>76%</td></tr><tr><td>Q3</td><td>74%</td></tr><tr><td>Q4</td><td>87.5%</td></tr></table> <p><b>Demonstrate improvements in safety and quality of services through an assessment of the level of compliance with regulations and standards (A)</b></p>	Q1	68%	Q2	70%	Q3	66%	Q4	63%	Q1	74%	Q2	71%	Q3	70%	Q4	78%	Q1	83%	Q2	76%	Q3	74%	Q4	87.5%
Q1	68%																											
Q2	70%																											
Q3	66%																											
Q4	63%																											
Q1	74%																											
Q2	71%																											
Q3	70%																											
Q4	78%																											
Q1	83%																											
Q2	76%																											
Q3	74%																											
Q4	87.5%																											

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
1.2.1	Provide open inspection reports on all regulated sector service inspections on line within pre-set reporting targets (this does not include children's services) <b>(March 2014)</b>		
1.2.2	Publish an annual regulation report for the year 2012/13 <b>(Dec 2014)</b>		
1.2.3	Ensure that relevant issues and recommendations relating to policy and standards are notified for action to DHSSPS, PHA, HSC Board and HSC Trusts <b>(DR) (March 2014)</b>		
1.2.4	Provide advice to the Department through participation at the minimum standards working groups and any other matter connected to the provision of services <b>(DR) (March 2014)</b>		
1.2.5	Gather intelligence from service providers through regulation activity, forums and a range of liaison meetings <b>(March 2014)</b>		




Supporting Measures of Success											
<i>Q = to be reported on quarterly basis</i> <i>S = to be reported on six monthly basis</i> <i>A = to be reported annually</i>											
<b>100% of inspection reports to be completed within 28 days from when the inspection was completed (Q)</b>											
Draft reports are to be produced and sent back to the provider within 28 days of the inspection taking place.											
<table border="1"> <thead> <tr> <th colspan="2">Draft Reports</th></tr> </thead> <tbody> <tr> <td><b>Q1</b></td><td>69%</td></tr> <tr> <td><b>Q2</b></td><td>73%</td></tr> <tr> <td><b>Q3</b></td><td>73%</td></tr> <tr> <td><b>Q4</b></td><td>73%</td></tr> </tbody> </table>		Draft Reports		<b>Q1</b>	69%	<b>Q2</b>	73%	<b>Q3</b>	73%	<b>Q4</b>	73%
Draft Reports											
<b>Q1</b>	69%										
<b>Q2</b>	73%										
<b>Q3</b>	73%										
<b>Q4</b>	73%										
<b>Demonstrate evidence of stakeholder engagement through an evaluation of the attendees at provider events (A)</b>											
All attendees who attended the annual provider information events responded that they were satisfied with the guidance and information provided at the events.											

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
1.2.6	Complete an evaluation of the introduction of dental regulation by RQIA. <b>(Sept 2013)</b>		The remaining dental practices are currently undergoing registration. A short life working group has been established and this action has been carried forward to 2014/15 business plan.



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

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





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





Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.1.1	Conduct a review programme examining and reporting on the quality and availability of health and social care services, including clinical and social care governance reviews within the HSC by means of thematic and special reviews and making recommendations for improvement (DR) (April 2015)		
2.1.2	Provide the Department with advice, reports or information in relation to the provision of service or the exercise of its functions, at the Department's request (DR) (March 2014 / On-going)		
2.1.3	Report on the reviews in the Three Year Review Programme in order to keep the Department informed about the provision of services and in particular their availability and quality (DR) (March 2014 / On-going)		


Supporting Measures of Success			
Q = to be reported on quarterly basis S = to be reported on six monthly basis A = to be reported annually			
<b>Complete ten reviews for the year 2013/14 (Q)</b> Ten reviews have had fieldwork completed during the 2013/14 year.			
<b>Number of reviews completed as set out in the Three-Year Review Programme 2012/15 (S)</b>			
Review Programme 2012-2015	Year One 2012/2013	Year One 2012/2013 Carry Over to Year Two	Year Two 2013/2014
Planned Reviews	10*	3	9^
Planned Reviews: Fieldwork Completed	7	3	5
Additional Reviews	1	0	4
Additional Reviews: Fieldwork Completed	1	0	2
<b>Total Reviews</b>	<b>11</b>	<b>3</b>	<b>13</b>
<b>Total Reviews: Fieldwork Completed</b>	<b>8</b>	<b>3</b>	<b>7</b>
*Care of Older People Review moved to Year Two 2013/2014 ^Medicines Management Primary Care (To be rescheduled to 2014/2015) ^NISAT: Stage III (To be rescheduled to Next 3 Year Review Programme 2015/2018) ^Governance Arrangements (To be rescheduled in 2014/2015 following the Sir Liam Donaldson Review)			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.1.4	Develop a delivery plan for achieving the 2013/14 year of scheduled thematic reviews <b>(April 2013)</b>		
2.1.5	Complete the reviews as set out in the 2013/14 delivery plan <b>(March 2014)</b>		<p>9 reviews were outlined in the 2013/14 year of the Three Year Review Programme. However, 12 reviews were scheduled in the 2013/14 delivery plan. This included 3 reviews from the previous year which had been delayed due to additional reviews commissioned by the Minister.</p> <p>There were also 3 additional reviews and the Child Sexual Exploitation inquiry commissioned by the Minister, during Year Two.</p> <p>Of the 4 remaining planned reviews to be completed, all 4 will have fieldwork completed in Quarter 1 of the 2014/15 year.</p> <p>These reviews are:</p> <ul style="list-style-type: none"> <li>• Care of Older People</li> <li>• Risk Assessment: Addictions</li> </ul>

Supporting Measures of Success		
<i>Q = to be reported on quarterly basis</i> <i>S = to be reported on six monthly basis</i> <i>A = to be reported annually</i>		
<b><i>Complete 100% of announced and unannounced infection prevention/hygiene inspections as set out in the planned programme for 2011/14 (Q)</i></b>		
<p>The Infection Prevention Hygiene Team (IPHT) completed the final year of a three year programme of inspection which commenced in 2011.</p> <p>All inspections in the core programme have been completed.</p>		
<b><i>Completion of an annual overview report of the outcomes of the infection prevention/hygiene inspections (A)</i></b>		
<p>The report was presented to the RQIA Board in January 2014.</p>		
<b><i>Complete the annual IR(ME)R activity as set out in the planned programme (S)</i></b>		
	<b>Number Planned</b>	<b>Number Completed</b>
<b>Q1</b>	1	1
<b>Q2</b>	2	1
<b>Q3</b>	3	3
<b>Q4</b>	3	3
<b>Total</b>	<b>9</b>	<b>8</b>




Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
			<ul style="list-style-type: none"> <li>• Stroke Services</li> <li>• Discharge Arrangements</li> </ul> <p>The review programme is re-examined at appropriate intervals to determine the impact upon timescales for the remainder of the programme when reviews are commissioned by the DHSSPS in response to emerging events.</p>	<p><i>Q = to be reported on quarterly basis</i>  <i>S = to reported on six monthly basis</i>  <i>A = to be reported annually</i></p>
2.1.6	Develop a delivery plan for achieving the programme of infection prevention/hygiene inspections for 2013/14 <b>(April 2013)</b>			
2.1.7	Complete a programme of infection prevention/hygiene inspections for 2013/14 <b>(DR)</b> <b>(March 2014)</b>			
2.1.8	Develop a delivery plan for achieving the programme of inspections in augmented care settings <b>(April 2013)</b>			
2.1.9	Complete the augmented care settings inspections as set out in the delivery plan for 2013-14 <b>(March 2014)</b>		During Q1 and Q2 additional inspection activity was undertaken as part of the first year programme of augmented care inspections to HSC Inspections of	

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
			<p>Neonatal and SCBU Units were completed.</p> <p>Planned inspections of Critical Care Units were not completed due to review, prison and lay assessor work. It is planned to complete this work in the 2014/15 year.</p>	<p><i>Q = to be reported on quarterly basis</i>  <i>S = to reported on six monthly basis</i>  <i>A = to be reported annually</i></p>
2.1.10	Complete a programme of IR(ME)R inspections with input from the Health Protection Agency (HPA) <b>(DR)</b> <b>(March 2014)</b>		Inspection of Breast Screening Service postponed due to redevelopment of services. Plan to undertake final inspection from planned programme during April 2014.	
2.1.11	Undertake healthcare inspections to prison and other criminal justice settings, in collaboration with other regulators <b>(March 2014)</b>			
2.1.12	Report on the findings in relation to joint inspections of prison health care in collaboration with other regulators <b>(DR)</b> <b>(March 2014)</b>			
2.1.13	Undertake thematic reviews as required in prison healthcare and report on findings <b>(March 2014)</b>			



Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
2.1.14	Undertake the work required to provide an overview on the progress made in relation to the healthcare recommendations within the report of "Review of the NI Prison Service" (PRT Prison Review Team Final Report October 2011) (DR) (March 2014)			<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>



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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
2.2.1	Assess during the planning and evaluation stages the impact of individual reviews on improving services and protecting rights <b>(March 2014)</b>			<p><b>Report on progress made on taking forward the recommendations from reviews which were published in 2012/13 (A)</b></p> <p>In accordance with the DHSSPS Protocol for RQIA Programmed Reviews, paragraphs 31-33 outline the mechanism whereby the DHSSPS, in collaboration with other HSC bodies as appropriate, will ensure an action plan (to include timescales) is developed to take forward the recommendations from RQIA reviews.</p> <p>Following the establishment of the Trust Liaison Forum in June 2012, initial agreement has been put in place to allow RQIA to harness documented evidence that the recommendations from reviews have been taken forward. The Trusts have agreed to share their Action Plans with RQIA on an ongoing basis.</p> <p>Discussions are also underway whereby RQIA will meet with the DHSSPS following publication of each review to highlight recommendations from each review report which will form the basis of discussions at DHSSPS / Trust Accountability Meetings.</p>
2.2.1	Establish a process whereby it can be demonstrated that recommendations from 2012/2013 review reports have been taken forward <b>(STEP) (March 2014)</b>			
2.2.3	Contribute to the work of the Regional Group set up to publish the first Annual Quality Report by 31 March 2014 <b>(DR) (March 2014)</b>			





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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.3.1	Ensure there is effective liaison with Regional Policy Leads during the planning and delivery of reviews <b>(March 2014)</b>		
2.3.2	Set each review in the context of relevant regional policy, standards and guidance and, where appropriate, make recommendations regarding the need for development and improvement <b>(March 2014)</b>		

Supporting Measures of Success
<p><i>Q = to be reported on quarterly basis</i>  <i>S = to be reported on six monthly basis</i>  <i>A = to be reported annually</i></p> <p><b><i>Documented evidence of RQIA's contribution to policy, standards and guidance on health and social care locally and nationally in relation to service delivery and practice (A)</i></b></p> <p>At the end of each review a Post Project Evaluation Workshop takes place within 3 months' of the review report(s) being published which examines the key outcomes from each review by identifying those benefits realised in accordance with the RQIA Corporate Strategy's four key outcomes:</p> <ul style="list-style-type: none"> <li>• Improving Care</li> <li>• Informing the Population</li> <li>• Safeguarding Rights</li> <li>• Influencing Policy</li> </ul>



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

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
3.1.1	Complete a minimum of 100 <sup>3</sup> Patient Experience Reviews under the Human Rights Theme of Protection in places of detention <b>(March 2014)</b>		
3.1.2	Complete and evaluate the Public Participation Initiative (PPI) in relation to involvement of Care Experienced Persons in MHLD inspection processes <b>(June 2013)</b>		
3.1.3	Monitor the administration of the use of Electroconvulsive Therapy (ECT) across NI and take forward the recommendations for RQIA contained in the 2012 ECT Review Report <b>(March 2014)</b>		
3.1.4	In collaboration with QUB produce a journal article to highlight the RQIA review of Guardianship across NI <b>(Sept 2013)</b>		






Supporting Measures of Success	
Q = to be reported on quarterly basis S = to be reported on six monthly basis A = to be reported annually	
<b>Number of patients interviewed during the inspection process of mental health and learning disability facilities (Q)</b>	
<b>Q1</b>	2 Patient Experience Interviews completed
<b>Q2</b>	48 Patient Experience Interviews completed
<b>Q3</b>	50 Patient Experience Interviews completed
<b>Q4</b>	35 Patient Experience Interviews completed
<b>Complete minimum of 40 Inspections to MHLD facilities (A)</b>	
<b>Q1</b>	15 Inspections completed
<b>Q2</b>	21 Inspections completed
<b>Q3</b>	21 Inspections completed
<b>Q4</b>	20 Inspections completed
<b>100% of prescribed forms of patients detained and subject to Guardianship monitored (Q)</b>	
<b>Q1</b>	100%
<b>Q2</b>	100%
<b>Q3</b>	100%
<b>Q4</b>	100%



<sup>3</sup> The number of planned Patient Experience Reviews has been reduced from 200 to 100

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
3.1.5	Complete an audit of a random sample of 40 treatment plans and report on the findings to the Trusts <b>(Sept2013)</b>		
3.1.6	Complete an audit of the use of Psychological Therapies in relation to 40 SAls reported to MHLTD team <b>(Sept 2013)</b>		


Supporting Measures of Success	
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>	
<b>100% of all detected errors contained in detention forms notified to health and social care trusts within 72 hours (Q)</b>	
<b>Q1</b>	100%
<b>Q2</b>	100%
<b>Q3</b>	100%
<b>Q4</b>	97.8%
<b>Number of SAls screened by mental health and learning disability team each quarter (Q)</b>	
<b>Q1</b>	33 SAls screened
<b>Q2</b>	27 SAls screened
<b>Q3</b>	50 SAls screened
<b>Q4</b>	21 SAls screened
<b>Number of SAls received by mental health and learning disability team in quarter (Q)</b>	
<b>Q1</b>	55 SAls received
<b>Q2</b>	44 SAls received
<b>Q3</b>	47 SAls screened
<b>Q4</b>	48 SAls screened
<b>Evaluate and demonstrate improvements in the PPI pilot to involve Care Experienced Persons in the inspection processes (A)</b>	
Completed involving 3 experts with care experience in the inspection of 3 LD facilities. It is anticipated that this will be extended to other inspections/patient experience interviews post evaluation.	

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success																
Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually																				
3.2.1	Complete and implement a full review of all MHL D inspection and patient experience interview procedures using LEAN methodology <b>(March 2014)</b>			<b>Evaluate LEAN project and demonstrate improvements in inspection and patient experience interview procedures using baseline and 'report out' measurements (A)</b>  VSM week completed 16-8 July Kaizen week completed 12 August 2013  <b>100% of inspection reports completed within 28 days from the completion of the inspection (Q)</b> <table border="1"><tr><td>Q1</td><td>100%</td></tr><tr><td>Q2</td><td>100%</td></tr><tr><td>Q3</td><td>50%</td></tr><tr><td>Q4</td><td>100%</td></tr></table> <b>100% of QIPs issued to Trusts returned within 28 days (Q)</b> <table border="1"><tr><td>Q1</td><td>100%</td></tr><tr><td>Q2</td><td>100%</td></tr><tr><td>Q3</td><td>41%</td></tr><tr><td>Q4</td><td>30%</td></tr></table> <b>100% of Trusts engaged annually through a formal meeting with the MHL D directorate (A)</b>  Initial meetings have taken place with senior staff in all five trusts. All Trusts were represented at a Roadshow in March 2014 where the programme included information on the Trusts' discharge of statutory functions.	Q1	100%	Q2	100%	Q3	50%	Q4	100%	Q1	100%	Q2	100%	Q3	41%	Q4	30%
Q1	100%																			
Q2	100%																			
Q3	50%																			
Q4	100%																			
Q1	100%																			
Q2	100%																			
Q3	41%																			
Q4	30%																			
3.2.2	Complete a programme of planned inspections of establishments providing care and treatment to individuals with mental illness and/or learning disability <b>(March 2014)</b>																			
3.2.3	Meet with Trust Senior Managers to provide feedback on the Trusts performance in the discharge of their functions under the Mental Health (NI) Order 1986 <b>(Dec 2013)</b>																			
3.2.4	Take forward the recommendations from the Internal Audit Report in respect of the Discharge of Article 116 by the MHL D Programme of Care <b>(Sept 2013)</b>																			
3.2.5	Complete a report on the discharge of statutory functions by the MHL D Team in relation to the Mental Health (NI) Order 1986 <b>(March 2014)</b>		Annual report drafted – to be made available to Board by May 2014																	


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
3.2.6	Report on the full range of activities completed by the MHL D Team as a National Preventive Mechanism (NPM) in monitoring loss of liberty in places of detention, in keeping with the expectations of the UK Central Coordinating Body <b>(Nov 2013)</b>			<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
3.2.7	Complete a review of Risk Assessment and Risk Management in Addiction Services <b>(March 2014)</b>		Planning for an Audit of the Care Pathway through Addictions Services commenced January 2014 to be completed April 2014	

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



Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
3.3.1 Provide on-going advice and guidance to DHSSPS on the implications of the draft Mental Capacity (Health, Welfare and Finance) Bill for RQIA and projected costings to enable new proposed functions to be undertaken. <b>(March 2014)</b>				<p><b>Supporting Measures of Success</b>  <i>Q = to be reported on quarterly basis</i>  <i>S = to reported on six monthly basis</i>  <i>A = to be reported annually</i></p> <p><b><i>Documented evidence of RQIA's contribution to policy, standards and guidance on health and social care locally and nationally (A)</i></b></p> <p>The Director of MHL D and the MHL D team have lead and contributed to numerous RQIA reviews, including the Baseline Assessment &amp; Review of Community Services for Adults with a Learning Disability, the Baseline Assessment &amp; Review of Community Services for Children with a Disability, &amp; Access to Evidence Based Psychological Therapies for Adults who Subsequently Complete Suicide. Reports are shared with the DHSSPS &amp; HSCB in order to influence policy, standards and guidance on health &amp; social care. For example, recommendations from the Baseline Assessment &amp; Review of Community Services for Adults with a Learning Disability are being progressed locally by all Trusts, overseen nationally by the Health and Social Care Board.</p> <p><b><i>Key issues relevant to patients will be reflected in the new mental capacity legislation (A)</i></b></p> <p>MHL D met with the Mental Capacity reference group throughout 2013/14, bringing forward key issues relevant to patients.</p>

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



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

Actions	Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually
<p>4.1.1 Implement PPI Action Plan for 2013/14 inclusive of monitoring and evaluation of all PPI activity. Key activities include:</p> <ul style="list-style-type: none"> <li>• Ensure the active involvement of service user views in conventional domiciliary care agency inspection</li> <li>• Ensure the active involvement of service user views in MHL D</li> <li>• Ensure the active involvement of service user views in Regulation</li> <li>• Complete and evaluate a pilot programme of inspections of 10 nursing homes using peer facilitators</li> <li>• Contribute to the development of PPI regional standards and guidelines.</li> <li>• Contribute to the development of regional LGBT older people's guidelines Review peer</li> </ul>		<p>Lay assessors were interviewed during March and will continue through to April 2014. The pilot programme will commence during 2014/15.</p>	<p><b>Demonstrate that a minimum of 90% of PPI actions in the Annual PPI Plan are successfully implemented on target and evidence the benefits (S)</b></p> <p>Q4 - 90% of actions due for completion delivered on time</p>




Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
	<p>reviewer's input (VOYPIC &amp; Sixth Sense) into the inspection of children's homes for effectiveness of outcomes and to test sustainability</p> <ul style="list-style-type: none"> <li>• Introduce a lay reviewer's component into the Infection Prevention Hygiene Programme</li> <li>• Review lay reviewer's input into the Three Year Review Programme <b>(March 2014)</b></li> </ul>	  		<p><i>Q = to be reported on quarterly basis</i>  <i>S = to reported on six monthly basis</i>  <i>A = to be reported annually</i></p>

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







Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
4.2.1	Attend and contribute to national and international learning events (5 Nations and EPSO) to ensure sharing and learning from best regulatory practice <b>(March 2014)</b>			<p>Q = to be reported on quarterly basis S = to be reported on six monthly basis A = to be reported annually</p> <p><b>Demonstrate that a minimum of 90% of communications actions in the communication strategy action plan are implemented on target and evidenced (S)</b></p> <p>Q4 - All RQIA's communication activities are delivered in line with the communication strategy and associated action plan.</p>
4.2.2	Implement the objectives for the year 2013/14 as set out in the Communications strategy: <ul style="list-style-type: none"> <li>• Deliver a series of provider information road shows/meetings for all registered agencies and establishments giving feedback on inspection outcomes for the year 2013/14 and outlining inspection themes for the year 2014/15 <b>(Feb 2014)</b></li> <li>• Publish overview reports to inform the public of the overall assessment of the quality and availability of services <b>(Jan 2014)</b><sup>4</sup></li> <li>• Identify and provide key documents in easy to read/</li> </ul>			<p><b>Demonstrate sharing of learning with other regulators through engagement with UK public sector regulators and European health and social care regulators (S)</b></p> <p>During quarter 2 RQIA engaged with European health and social care regulators at the EPSO conference. This included sharing learning on a range of issues including RQIA's response to the Francis Inquiry.</p>

<sup>4</sup> Date changed from Dec 2013 to Jan 2014 as the Regulation and Hygiene reports will be reported at the January Board Meeting with stats from up to the end of December 2013.






Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
	<p>user friendly versions for children and adults with a learning disability <b>(March 2014)</b></p> <ul style="list-style-type: none"> <li>• Prepare a business case for replacement/ upgrade of RQIA's website. The business case will be submitted in quarter 4 2013/14, setting a realistic timescale for the work to be completed during the 2014/15 year <b>(STEP) (Dec 2013)</b></li> <li>• Explore the use of social media as a means of increasing the profile of the organisation across Northern Ireland <b>(STEP) (Dec 2013)</b></li> </ul>			<p><b>Supporting Measures of Success</b></p> <p><i>Q = to be reported on quarterly basis</i>  <i>S = to reported on six monthly basis</i>  <i>A = to be reported annually</i></p>
4.2.3	<p>Establish a working group to agree and develop a range of methods for capturing feedback from our key stakeholders on the work of RQIA <b>(March 2014)</b></p>			

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

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







Actions		Progress	Exception Report: Reason/Action/Emerging Risk
5.1.1	Facilitate 8 half day Action Learning Sets sessions, during 2013/14 <b>(March 2014)</b>		
5.1.2	Development and collation of Corporate and Directorate L&D plans, linked to the business plan and common themes within PDPs <b>(STEP)</b> <b>(June 2013)</b>		
5.1.3	Develop an action plan to implement KSF by further developing outlines in conjunction with staff and their representatives, and link appraisals to outlines <b>(DR)</b> <b>(March 2014)</b>		
5.1.4	Design and delivery of a suite of HR policies and skills training <b>(March 2014)</b>		
5.1.5	Review and update as necessary HR policies in light of BSTP <b>(March 2014)</b>		
5.1.6	Production of sickness reports to EMT and the Board, and regular liaison with line		

Supporting Measures of Success									
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>									
<b>Staff assessment of learning from RQIA Action Learning Set (A)</b>  <b>A minimum of 95% of all staff with completed appraisal and PDP created in Q1 (A) (DR)</b>  By Q1 31% of staff had completed their appraisals.  <b>% time lost due to sickness on average not in excess of 4.8% (Q) (DR)</b>									
<table border="1"> <tr><td><b>Q1</b></td><td>4.1%</td></tr> <tr><td><b>Q2</b></td><td>4.14%</td></tr> <tr><td><b>Q3</b></td><td>3.3%</td></tr> <tr><td><b>Q4</b></td><td>3.93%</td></tr> </table>	<b>Q1</b>	4.1%	<b>Q2</b>	4.14%	<b>Q3</b>	3.3%	<b>Q4</b>	3.93%	
<b>Q1</b>	4.1%								
<b>Q2</b>	4.14%								
<b>Q3</b>	3.3%								
<b>Q4</b>	3.93%								
<b>90% of relevant staff attend policy training/workshop events (S)</b>									
<table border="1"> <tr><td><b>Q4</b></td><td>90% line managers / 20% staff</td></tr> </table>	<b>Q4</b>	90% line managers / 20% staff							
<b>Q4</b>	90% line managers / 20% staff								

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
	managers regarding the management of individual cases, with a view to facilitate a return to work/ improve attendance <b>(DR)</b> <b>(March 2014)</b>		
5.1.7	Produce a report to the Board and Department of the key reasons behind staff absence and patterns in long term and short term absence <b>(DR)</b> <b>(Sept 2013)</b>		
5.1.8	In conjunction with BSO, provide a means whereby all staff and new starts are aware of and prepared for auto enrolment on pension schemes <b>(DR)</b> <b>(June 2013)</b>		During Q1 RQIA was advised by BSO that auto enrolment on pension schemes would be deferred to Sept 2017.
5.1.9	Implement the year 1 actions from the HR & Organisational Development Strategy <b>(STEP)</b> <b>(March 2014)</b>		
5.1.10	Fulfil our responsibility as a designated body as outlined in 'The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010 <b>(DR)</b> <b>(March 2014)</b>		






Supporting Measures of Success	
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>	
<b>100% of mandatory training completed by available RQIA staff (S)</b>	
As at 28 February 2014	
Fire	100%
Risk	100%
Data Protection Act	100%
Freedom of Information	99.36%
ICT Security	98.73%
Records Management	98.73%

## 5.2 - Designed and implemented a range of organisational development initiatives

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
5.2.1	In conjunction with HSC Leadership Centre, commission the design and delivery of a bespoke “menu” of skills workshops for managers <b>(Sept 2013)</b>			<b>Successful implementation of BSTP, defined as all available staff trained and within 3 months of roll out staff are confident in operating ESS/MSS (A)</b>  Completed
5.2.2	Review and revise RQIA's Induction policy and process <b>(Sept 2013)</b>			
5.2.3	Ensure staff are trained, well informed and supported during the implementation of BSTP <b>(June 2013)</b>			
5.2.4	Achieve at least the core Investors in People Standard <b>(STEP) (Dec 2013)</b>		Following completion of mock IiP assessments in each Directorate, the Executive Management Team has decided to apply for formal IiP accreditation in June 2014.	
5.2.5	Produce and implement an action plan based on the results of the Regional Staff Survey <b>(STEP) (March 2014 / On-going)</b>			
5.2.6	Implement the year 1 actions from the HR & Organisational Development Strategy <b>(STEP) (March 2014)</b>			

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

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
6.1.1	Develop and seek Board approval of RQIA's Business Plan 2014-15 (DR) (Jan 2014)		
6.1.2	Initiate work to review and further develop RQIA's "Measures of Success" (STEP) (March 2014)		
6.1.3	Implement the Sustainability Delivery Plan which supports the PFG target to reduce greenhouse gas emissions and the DHSSPS objectives as outlined in the Sustainable Development Strategy "Everyone's Involved" and the Strategy implementation plan "focused on the future" (DR) (STEP) (March 2014)		All actions in the Sustainability Delivery Plan have been completed.
6.1.4	Produce RQIA's Property Asset Management Plan and forward to the DHSSPS(NI) for approval (DR) (March 2014)		
6.1.5	Produce Corporate Performance Reports quarterly and present to		






Supporting Measures of Success	
Q = to be reported on quarterly basis S = to be reported on six monthly basis A = to be reported annually	
<b>Minimum of 90% of actions identified within the annual business plan successfully implemented within timescale (Q)</b>	
<b>Q1</b>	7% of actions implemented
<b>Q2</b>	25% of actions implemented
<b>Q3</b>	30% of actions implemented
<b>Q4</b>	88% of actions implemented
<b>100% of measures of success reported as being progressed within timescales (Q)</b>	
<b>Q1</b>	(98%) 1 measure not reported on time
<b>Q2</b>	(98%) 1 measure not reported on time
<b>Q3</b>	100%
<b>Q4</b>	(98%) 1 measure not reported on time
<b>Minimum of 90% of actions successfully implemented within timescale from the sustainability development action plan (S)</b>	
Q4- 100% of actions implemented on target	

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
	RQIA's Board <b>(March 2014 / On-going)</b>		
6.1.6	Review and update RQIA's Performance Management Framework <b>(July 2013)</b>	●	
6.1.7	Identify, prioritise and implement STEP improvement actions based on the EFQM external assessment feedback report <b>(STEP)</b> <b>(March 2014 / On-going)</b>	●	
6.1.8	Improve the quality of business cases ( revenue and capital ) and post project evaluations by: <ul style="list-style-type: none"> <li>• Conducting an annual review of the business planning processes <b>(April 2013)</b></li> <li>• Developing a spreadsheet for all revenue and capital business cases and copy to Department; <b>(April 2013)</b></li> <li>• Ensuring capital projects are submitted to the Department is in line with agreed timeframes <b>(March 2014)</b></li> <li>• Ensuring that a suitable skills base is maintained / developed <b>(DR)</b> <b>(March 2014)</b></li> </ul>	●  ●  ●  ●	




Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
<b>Demonstrate that a minimum of 100% of STEP actions are successfully implemented on target and evidence the benefits (Q)</b>
<p>By the end of Q3 the six STEP initiatives (100%) from within the Improvement and Efficiency Operational Plan are on target. Initiatives delivered to date include completion of LEAN project in MHL D, engagement meetings with HSC Leadership Centre to ascertain readiness for application to Investing in People external assessment, and completion of work to launch RQIA's agreed Culture Charter.</p>






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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
6.2.1	Secure adequate funding for the 2014/15 Business Plan and manage the balance of CSR efficiencies by implementing the Improvement and Efficiency Plan (DR) (March 2014)		An Indicative allocation for 2014/15 was provided in 2013/14 by the Department. RQIA Funding requirements are included in 2014/15 Business Plan.  Final Allocation for 2014/15 to be confirmed by the Department.
6.2.2	Transfer our income processing from SAGE to eFinancials (May 2013)		On review RQIA will continue to use SAGE Financials to Manage its income.
6.2.3	Produce an Annual Report (incorporating an approved set of Accounts and Statement of Internal Control approved by NIAO) (DR) (July 2013)		
6.2.4	Develop, implement and monitor a Capital Investment Plan (March 2014)		
6.2.5	Refine the Budgetary Reporting System through migration to the new suite of BSTP finance systems (STEP) (March 2014)		
6.2.6	Set out steps to provide assurance during 2013/14 to		


Supporting Measures of Success	
Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually	
<b>Breakeven on income and expenditure (+/- 0.25%) (Q) (DR)</b>	
<b>Q1</b>	On target to break even
<b>Q2</b>	On target to break even
<b>Q3</b>	On target to break even
<b>Q4</b>	Breakeven Achieved
<b>Attainment of CSR efficiency savings through the delivery of the Improvement and Efficiency Plan (S)</b>	
Q4 - Achieved	
<b>95% of invoices paid each month within Terms and Conditions (30 days) (Q) (DR)</b>	
<b>Q1</b>	58%
<b>Q2</b>	93%
<b>Q3</b>	95%
<b>Q4</b>	86%
Cumulative 2013/14 Position equals 76.5%	
Performance deteriorated in Q4 following the transfer trader payments to the HSC Shared Service Centre.	
<b>100% of outstanding debt recovered within the financial year (Q)</b>	
99.92% of debt recovered as at 31 March 2014	

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
	<p>your Board to demonstrate compliance with DFP and Departmental procurement requirements/guidance including:</p> <ul style="list-style-type: none"> <li>Procurement guidance notes as set out in HSC Finance circulars, procurement Estates Letters (PELs), the Ministerially approved recommendations in the Department's Review of Procurement, and agreed recommendations of the Public Accounts Committee <b>(DR) (March 2014)</b></li> </ul>			<p><b>Supporting Measures of Success</b>  <i>Q = to be reported on quarterly basis</i>  <i>S = to reported on six monthly basis</i>  <i>A = to be reported annually</i></p> <p>100% of debt was recovered by the 11 April 2014.</p>
6.2.7	During 2013/14, adoption or maintenance of good procurement practice, as specified to individual ALBs in the Department's Review of Procurement, or as separately promulgated by the Department, and establish a process to provide assurance to RQIA's Board in this regard <b>(DR) (March 2014)</b>			
6.2.8	Liaise with BSO to determine a realistic 10 day prompt payment target <b>(DR)</b>			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
	<b>(March 2014)</b>			<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
6.2.9	Produce year-end forecast and monthly profiled financial forecast of expenditure to DHSSPS each month in line with deadlines and that any variances +/- 5% of the previous month's forecast are fully explained <b>(DR)</b> <b>(March 2014)</b>		Due to in year system and information issues monthly forecasts were on occasion late.	
6.2.10	Produce monthly year-end financial forecast as at September 2013 (and subsequent months) within +/- 0.5% of the final outturn <b>(DR)</b> <b>(March 2014)</b>		This analysis cannot be performed until the final audited financial position is established.  The provisional Break even position indicates compliance with authorised spending limits.	
6.2.11	Conduct a review of management costs within RQIA and prepare a report and savings plan to be approved by RQIA's Board and DHSSPS <b>(DR)</b> <b>(June 2013)</b>			



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

### ***7.1 - Embedded an evidence and research based culture within RQIA***

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
7.1.1	Implement the objectives for the year 2013/14 as set out in the Evidenced Based Practice Framework and supporting Action Plan <b>(March 2014)</b>			<p>Q = to be reported on quarterly basis  S = to reported on six monthly basis  A = to be reported annually</p> <p><b>A minimum of 90% of actions successfully implemented within timescale from the Evidenced Based Practice Action Plan (S)</b></p> <p>Q4 – 100%</p>

## 8 - Information - Managing information and ICT effectively

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


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
8.1.1	Implement the year 2 actions from the Information and ICT Strategy. Key priorities include: <ul style="list-style-type: none"> <li>Implement i-Connect (previously known as CIMS ) <b>(STEP)</b></li> <li>Complete the CAS on Information Management <b>(DR)</b> <b>(March 2014)</b></li> </ul>	          	The revised dates for implementation of i-Connect are 30 June 2014 (Core System) and the end of August 2014 (Web Portal).	<p>Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually</p> <p><b>Minimum of 90% of year 2 Information and Records actions in the Information and ICT Strategy successfully implemented within timescale (S)</b></p> <p>Q3 – 100% completed on target (based on 1 action not implemented on target)</p> <p><b>Attainment of at least moderate compliance of the revised Information Management CAS (A)</b></p> <p>Information Management CAS – 86%</p>

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success								
Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually												
<b>100% subject access requests completed within 40 days (Q)</b>												
<table><tr><td>Q1</td><td>2 (100%)</td></tr><tr><td>Q2</td><td>3 (100%)</td></tr><tr><td>Q3</td><td>2 (100%)</td></tr><tr><td>Q4</td><td>2 (100%)</td></tr></table>					Q1	2 (100%)	Q2	3 (100%)	Q3	2 (100%)	Q4	2 (100%)
Q1	2 (100%)											
Q2	3 (100%)											
Q3	2 (100%)											
Q4	2 (100%)											
<b>100% of freedom of information (FOI) requests responded to within 20 working days (Q)</b>												
<table><tr><td>Q1</td><td>22 (100%)</td></tr><tr><td>Q2</td><td>20 (100%)</td></tr><tr><td>Q3</td><td>13 (92.3%)</td></tr><tr><td>Q4</td><td>15 (100%)</td></tr></table>					Q1	22 (100%)	Q2	20 (100%)	Q3	13 (92.3%)	Q4	15 (100%)
Q1	22 (100%)											
Q2	20 (100%)											
Q3	13 (92.3%)											
Q4	15 (100%)											
<b>Attainment of at least level 2 capacity in the NHS Informatics Capability Maturity Model (ICMM) (A)</b>												
It was decided that the timing of the assessment should be moved to May/June 2014 as replacement of strategy has been extended to March 2015 to get into line with Corporate Strategy.												
8.2.1	Implement the year 2 actions from the Information and ICT Strategy. Key priorities include: <ul style="list-style-type: none"><li>Review the suite of information governance policy and procedures <b>(March 2014)</b></li><li>DPA Freedom of Information compliance (100%) <b>(Sept 2013)</b></li><li>Complete an assessment of RQIA's Information and ICT capability using the NHS Informatics Capability Maturity Model (ICMM) <b>(June 2013)</b></li><li>Complete database manuals for each corporate system including sections on data quality mechanisms <b>(March 2014)</b></li></ul>	<div><div></div><div></div><div></div><div></div></div>	It was decided that the timing of the assessment should be moved to May/June 2014 as replacement of strategy has been extended to March 2015 to get into line with Corporate Strategy.									
8.2.2	Provide a link to NINIS on RQIA's website <b>(March 2014)</b>	<div><div></div></div>										
8.2.3	Take steps to maintain/ improve the quality of information/data being presented to the ALB Board by: <ul style="list-style-type: none"><li>Identifying before the end of April 2013 an Executive</li></ul>											

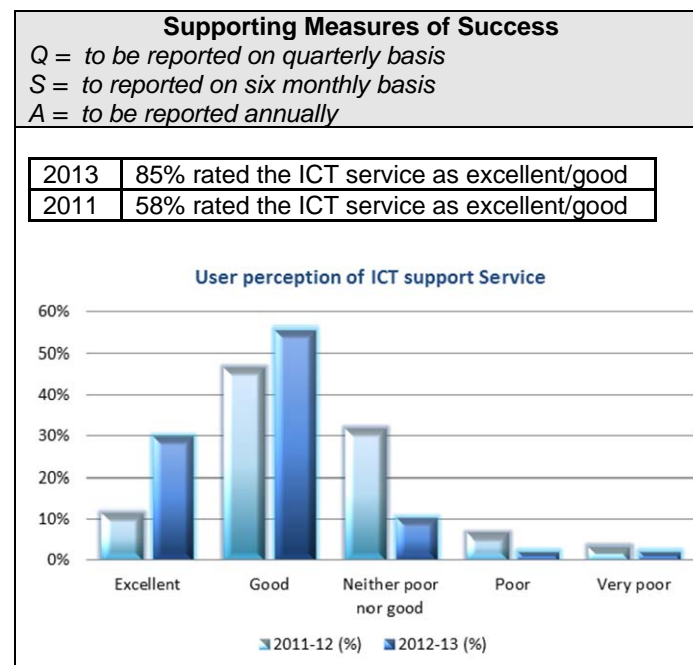


**8.3 - Continued to provide an ICT environment that is user focused and able to respond effectively and efficiently to RQIA's changing business needs in order to support the organisation in meeting its statutory requirements**

Actions	Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success <i>Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually</i>
8.3.1 Implement the year 2 actions from the Information and ICT Strategy. Key priorities include: <ul style="list-style-type: none"> <li>• Test the ICT Disaster Recovery Plan <b>(March 2014)</b></li> <li>• Complete the DHSSPS CAS on ICT <b>(March 2014)</b></li> <li>• Produce quarterly ICT service performance reports <b>(Oct 2013)</b></li> <li>• Support training for RISCP <b>(Dec 2013)</b></li> <li>• Complete annual ICT Staff Satisfaction Survey <b>(Sept 2013)</b></li> <li>• Refresh ICT infrastructure <b>(March 2014)</b></li> </ul>		DR Testing will be completed by the end of June 2014 with the assistance of external IT resources to ensure it is in place for iConnect.	<p><b>Minimum of 90% of year 2 ICT actions successfully implemented within timescale from the Information and ICT Strategy (S)</b></p> <p>Q4 – ICT07 – Undertake Technology Review and Refresh - All RQIA Servers have been refreshed and all ICT Service Migrated to a new hardware platform. New laptops and desktops have been purchased in April 2014 (£43K) and this will be part of a rolling program which will continue each year.</p> <p>The following are key highlights</p> <ul style="list-style-type: none"> <li>• Windows 7 Deployment (Desktops Only);</li> <li>• Uninterruptable Power Supply (UPS) Replacement;</li> <li>• Microsoft SQL 2012 Cluster Deployment</li> <li>• Microsoft Dynamics CRM 2011 Deployment</li> <li>• Microsoft System Centre 2012 Deployment</li> <li>• Secure Wireless Network - Pilot</li> </ul> <p>All ICT actions identified within the RQIA Information and ICT Strategy have now been completed.</p> <p><b>Attainment of substantive compliance with the ICT Controls Assurance Standard (A)</b></p> <p>Achieved 82% (substantive compliance)</p> <p><b>Increase effectiveness level of RQIA's ICT service to 70% by 2015 (Good to Excellent as per staff satisfaction survey) (A)</b></p>








Actions		Progress	Exception Report: Reason/Action/Emerging Risk








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

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
9.1.1	Review and embed RQIAs Risk Management Strategy 2013-14 <b>(June 2013)</b>		
9.1.2	Attain substantive compliance with 10 Controls Assurance Standards 2013-14 <b>(DR) (March 2014)</b>		
9.1.3	Implement the Internal Audit Plan 2013-14 <b>(March 2014)</b>		
9.1.4	Ensure all recommendations from the internal/external audits are progressed and reported to the Audit Committee <b>(DR) (March 2014)</b>		
9.1.5	Monitor and review progress on implementation of action plans resulting from legislative, regulatory, licensing or other inspections and inquiries <b>(DR) (March 2014)</b>		

Supporting Measures of Success	
<i>Q = to be reported on quarterly basis</i> <i>S = to be reported on six monthly basis</i> <i>A = to be reported annually</i>	
<b>Attainment of a minimum score of 75% to achieve substantive compliance with the 10 Controls Assurance Standards (A)</b>	
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%
<b>Minimum of 90% of internal/external audit recommendations successfully implemented within agreed timescale (S)</b>	
Q4 – 87% of actions implemented on target (Based on 3.5 recommendations not implemented on target)	



Actions		Progress	Exception Report: Reason/Action/Emerging Risk
9.1.6	Complete an annual test of the Business Continuity Plan and implement the amendments <b>(DR)</b> <b>(March 2014)</b>		Due to year end commitments and the co-ordination of managers' diaries, it has not been possible to hold the BCP Test in 2013/14. The BCP Test will now take place on the 8 April 2014. An action plan will be developed.
9.1.7	Produce RQIA's Governance Statement and Mid-Year Assurance Statement in accordance with departmental timescales <b>(DR)</b> <b>(March 2014)</b>		
9.1.8	Prepare and submit the Annual Progress Report on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 <b>(Sept 2013)</b>		
9.1.9	Implement the actions 2013-18 Disability Action Plan <b>(March 2014)</b>		
9.1.10	Complete a review of RQIA's Corporate Risk Assurance Framework Report against departmental guidance issued in 2009 <b>(DR)</b>		

Supporting Measures of Success	
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>	
<b>100% of complaints received about RQIA addressed and disseminated to all appropriate staff within the provision of the RQIA Complaints Policy and Procedure (Q)</b>	
<b>Q1</b>	0 complaints received
<b>Q2</b>	1 complaints received
<b>Q3</b>	3 complaints received
<b>Q4</b>	3 complaints received

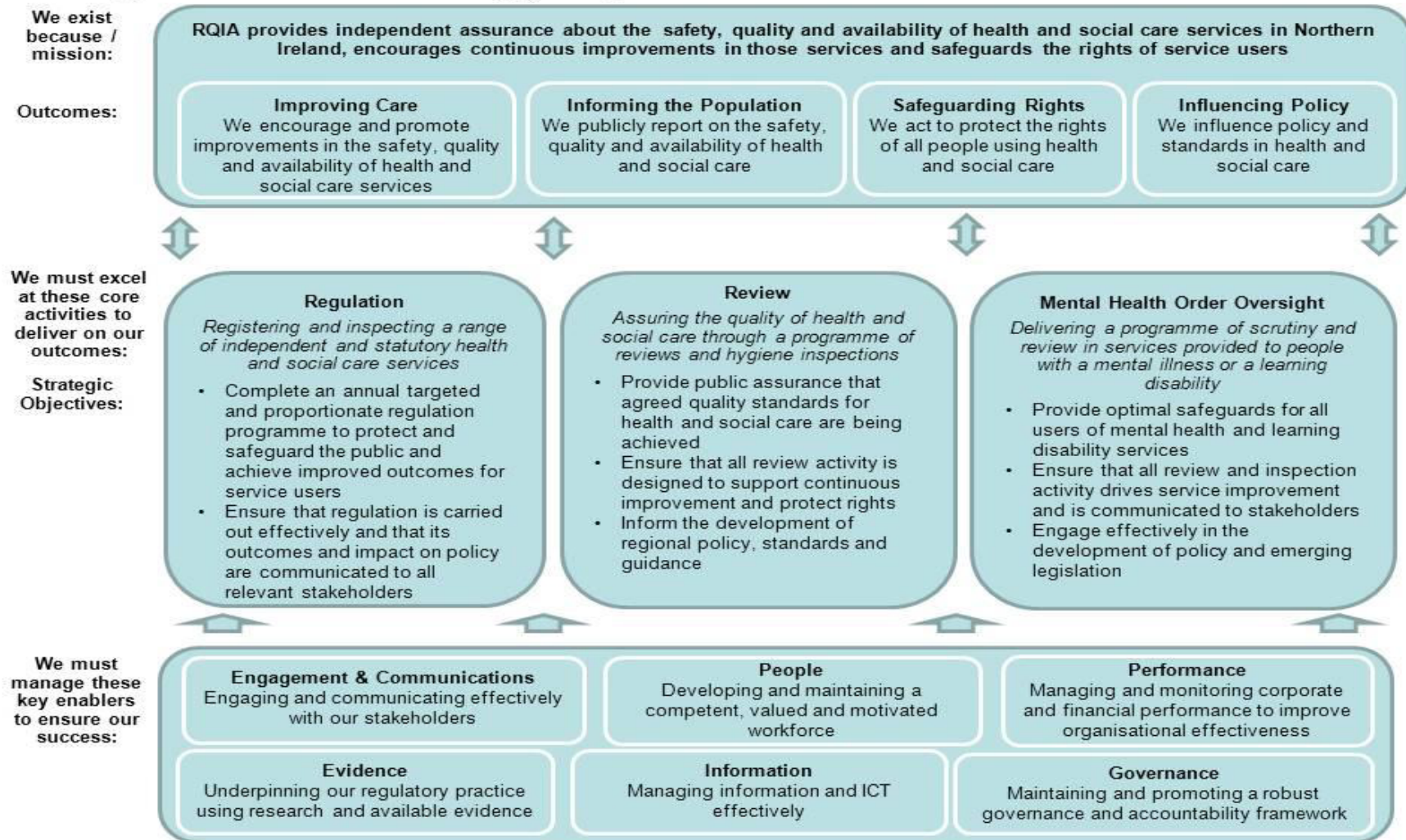
Actions		Progress	Exception Report: Reason/Action/Emerging Risk
	<b>(Sept 2013)</b>		
9.1.11	Ensure compliance on a timely basis with the documentary requirements set out in the MSFM <b>(DR)</b> <b>(March 2014 / On-going)</b>	●	
9.1.12	Complete and return RQIA's Board and Audit Committee assessment to the Department <b>(DR)</b> <b>(Sept 2013)</b>	●	

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

**Progress of outstanding actions from RQIA's Corporate Performance Report 2012/13**

<b>Actions</b>		<b>Progress</b>	<b>Exception Report: Reason/Action/Emerging Risk</b>
1.1.7	Review and implement the arrangements for the statutory reporting of incidents to RQIA from regulated sector services (to include consideration of the assimilation of information of complaints and notifications from whistle-blowers and other sources). <b>(September 2012)</b>		A corporate policy on complaints management is currently under development. A process mapping workshop has been planned to further develop the policy and should be completed by January 2014.
6.2.4	Review all finance policies and procedures <b>(March 2013)</b>		Delays with the review of policy and procedures have been caused by the problems with the implementation of the BSTP FPL systems. The policies and procedures will be revised when the implementation of the BSTP system is completed.  <b>New revised date October 2014</b>

**Figure 1 - RQIA Strategy Map 2012-15**



## RQIA Board Meeting

Date of Meeting	15 May 2014
Title of Paper	RQIA Regulation Directorate, Inspection Activity and Impact Analysis
Agenda Item	9
Reference	E/03/14
Author	Kathy Fodey
Presented by	Kathy Fodey
Purpose	To share with the Board an activity and impact analysis provided to DHSSPS to support and update data submitted within Regulation Directorate Business Case of April 2013.
Executive Summary	An increase in inspection activity, required to respond to identified concerns or whistleblowing disclosures, is being met by a reprioritisation of available resource. This has resulted in a greater reliance on finance, pharmacy and estates inspections as core activity rather than additionality.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should <b>NOTE</b> the updated RQIA Regulation Directorate, Inspection Activity and Impact Analysis.
Next steps	None

# **RQIA Regulation Directorate**

## **Inspection Activity and Impact Analysis**

### **April 2013 to March 2014**

Kathy Fodey  
Director of Regulation & Nursing  
Regulation & Quality Improvement Authority  
March 2014



## Background

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The mission of RQIA is to provide service users, carers and the general public with independent assurance about the safety, quality and availability of health and social care services in Northern Ireland to safeguard the rights of service users and to encourage continuous improvement in those services

It is through regulation activities that RQIA makes an independent assessment of health and social services to ensure they are safe, accessible, well managed and meet the required standards. The protection, safety and wellbeing of service users are core to our activities both now and in the future. The regulatory landscape in health and social care in Northern Ireland is changing. The direction of travel is towards care closer to home with Transforming Your Care setting out a reduction in the statutory provision of residential care and a model of care delivery based within the community setting. This is leading to the establishment of new services that do not conform to established regulations and the current legislative framework is not able to respond in a timely way to enable a robust and proportionate regulatory response.

RQIA has established a risk based approach to regulation in order to minimise, mitigate and manage risks on behalf of DHSSPS. This includes partnership working with DHSSPS to ensure that there are robust regulations and standards against which registration and inspection can take place and compliance can be assessed. A revised inspection methodology was introduced in 2011/12 in order to map the risk arising from unmet need and this paper sets out an analysis of regulation activity and describes the impact of meeting increasing demand in the absence of additional resource.

A business case was submitted to DHSSPS in April 2013 which set out the need for an investment of £276,650 to appoint 6.0wte staff to strengthen, support and supplement regulation and inspection of health and social care.

## Inspection Methodology

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The inspection of registered establishments and agencies is specified within the Fees and Frequencies Regulations (Northern Ireland) 2005. These regulations set out the statutory minimum inspection frequency of two annual inspections for residential care homes, nursing homes and children's homes and one annual inspection of all other regulated services.

Historically, an inspection of a regulated service or establishments considered the broad range of requirements as set out within Minimum Standards. This broad brush approach, whilst meeting statutory requirements, did not provide robust assurance that services were delivering the level of quality expected from them. During 2010/11, RQIA took the decision to move to a more focussed inspection methodology which allowed for a review of all standards and a 'deep dive' approach to specific standards set out at the beginning of the inspection year. This revised inspection methodology provides for an enhanced inspection response to regulated and registered services.

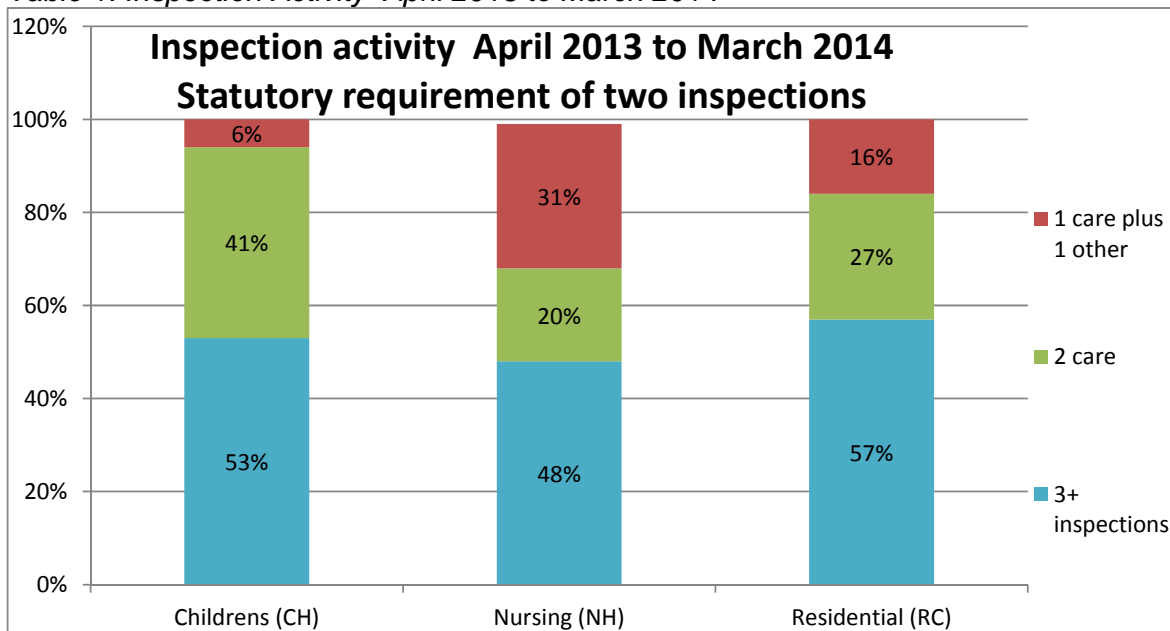
RQIA specialist inspections were undertaken in areas of finance, estates and pharmacy in addition to the statutory minimum requirement for each nursing, residential and children's homes.

During the 2010 / 11 inspection year, RQIA introduced an Inspection Planning Approach based upon a risk assessment of information about the establishment or agency such as: handling of vulnerable adults concerns; management changes within the home/ agency; arrangements for assessing and reviewing care needs. This risk assessment is undertaken following the primary inspection of the year. This analysis of level of risk posed, allows RQIA to vary the type, intensity and frequency of inspection whilst remaining compliant with the statutory requirement. For those homes requiring two inspections, the second inspection could be undertaken as: care; estates; pharmacy; finance. For those establishments and agencies that require only one statutory inspection, the risk assessment may have identified concerns that required a further follow up care inspection and this is above the minimum requirement. Specialist inspections across all regulated services is on a cycle of one pharmacy / estates / finance inspection in every three years (8 years for finance due to the small size of a two person team). When introduced, this

new methodology released capacity within inspection teams and inspector posts were offered up as efficiency savings from the Directorate in 2012. This reduction in workforce did not anticipate the impact of the focussed inspection approach to be able to more readily identify concerns.

Table 1. below sets out the impact of this inspection approach over the current year as at end of Quarter 3.

*Table 1: Inspection Activity April 2013 to March 2014\**



- One third (31%) of nursing homes received only one care inspection in the year, the second inspection being estates, pharmacy or finance
- Almost half (48%) of nursing homes required inspection activity above the statutory minimum to respond to care issues and provide assurance
- On average 53% of nursing, residential and children's homes required inspections above the statutory minimum of 2.

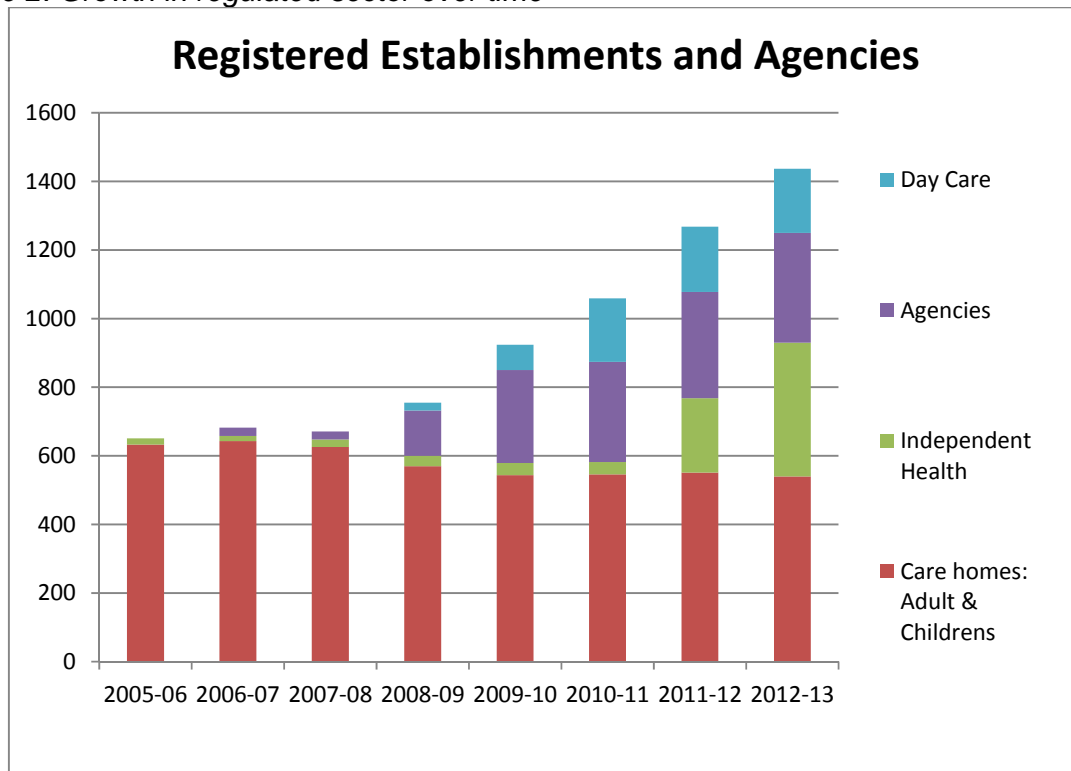
(\*includes scheduled inspections to year end)

## Analysis

One aim of the revised inspection planning approach was to maximise the inspector resource capacity required to respond to the growth in regulated services. Table 2 below sets out the change in regulated services since RQIA was set up in 2005/ 06. The impact of the introduction of regulation to dental practices is clearly visible in this table.

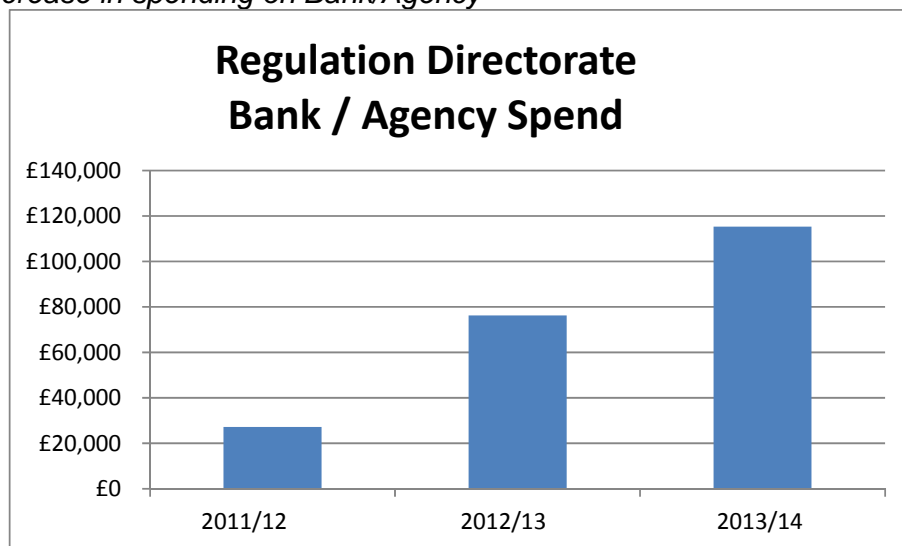
It is worth noting that the planning for the introduction of regulation to dental practices had not anticipated that estates inspections would be required, however the first year of inspection has identified a significant number of premises where there were concerns around fire safety and building maintenance. This has necessitated a dedicated estates inspection to be undertaken with subsequent follow up as required. In response, RQIA is reviewing the need to add the 372 Independent Hospitals – dental treatment, to our estates inspector workload. This would extend the current cycle from one inspection every 3 years to one inspection every 5 years based on current inspector workforce. This additional demand was not considered during the preparation and submission of the business case of April 2013.

*Table 2: Growth in regulated sector over time*

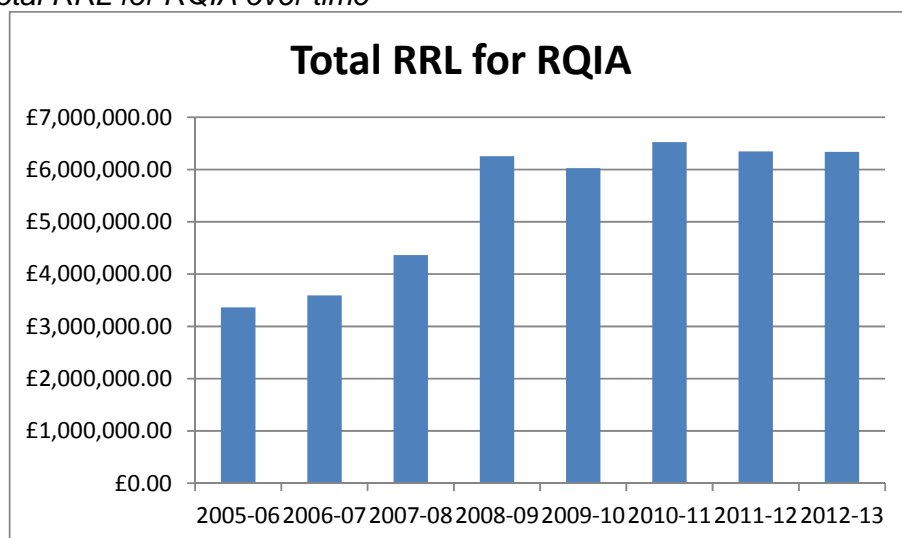


A second aim was to provide a more focussed approach to inspection by selecting themes and specific standards against which compliance would be measured. This more focussed approach has allowed us to identify shortfalls and failures more readily and whilst this has enabled us to drive improvements in quality of care, this has required additional inspection activity to follow up on identified concerns. Resource to meet this additional activity has been met through the use of bank and agency inspectors and admin support. Table 3 sets out the financial impact of this. Whilst RQIA has been able to prioritise activity, manage recruitment and make efficiency savings in order to break even, the impact of non-recurrent spending on bank and agency staff is not sustainable in the long term.

*Table 3: Increase in spending on Bank/Agency*



*Table 4: Total RRL for RQIA over time*



- The funding environment over the period 2010-11 to 2013-14 incorporated a £439K recurring funding retraction.
- The comparison of Tables 2 and 4 demonstrate the efficiency and increased productivity achieved with a net reduction in income

The following options set out the dilemma for RQIA as regulator and for DHSSPS as the accountable body for health and social care:

1. **Do Nothing:** this option is not sustainable, the increase in inspector caseload, greater levels of identified risk in some sectors and increasing need to respond to whistleblowing and vulnerable adults concerns are impacting negatively on individuals and teams. Greater reliance on bank and agency staff creates pressure as temporary staff are not familiar with regulations and standards and consistency in regulatory approach is difficult to maintain. The increase in demand has been met to date by reprioritising secondary inspections to be undertaken by specialist inspectors. Without the addition of investment in workforce, statutory obligation in terms of inspection will be met by undertaking a primary specialist inspection of either care, pharmacy, estates or finance. All inspection types would rotate on a cycle based on assessed risk.
2. **DHSSPS to direct RQIA continue to meet statutory obligations of minimum frequencies of inspection:** this can be assured if inspectors set aside the risk based approach. In situations where we assess elevated levels of risk, or where we make a number of significant requirements and recommendations in order to drive improvement and bring the provider up to compliance, there will be no additional or follow up inspections carried out. Assurance will be derived from the submission of a quality improvement plan by the provider and assessment will take place at the time of the next scheduled twice yearly or annual inspection. RQIA would see this as a retrograde step in providing assurance on safety and quality.
3. **Review the business case submitted in April 2013 with a view to approving recurrent investment in RQIA:** this will ensure that all services where risk is identified will receive an elevated inspection programme as necessary to deliver assurance. Additional inspections and follow up will be prioritised where most

needed. Further review of inspection methodology will be undertaken to refine the risk based model of regulation.

## Conclusions and Recommendations

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RQIA's challenge function, which is enhanced by improved inspection methodology must be supported and maintained. The additional workload burden identifies a regulatory risk not only from the volume of services requiring to be regulated but from the consequences and impact of potential failings arising from unidentified and unmanaged risk.

The current risk based and proportionate response has delivered improvements in safety, quality and patient / client experience across the broad range of regulated services. The business case presented to DHSSPS set out proposals to appoint a number of inspection staff that will address specific need across children's services, estates, finance and care inspections.

The following recommendations are made:

- 1) that RQIA continue with a risk based approach to regulation in order to provide assurance on safety and quality of health and social care and DHSSPS reconsider the business cases submitted in June 2013 with a view to providing the additional recurrent resource required
- 2) that RQIA prepare and submit a bid relating to estates inspections of dental premises for:
  - a. recurrent resource to appoint additional estates inspectors on a permanent basis
  - b. non-recurrent resource for 2 years to undertake additional estates inspections across all dental premises
- 3) that DHSSPS notes the need for RQIA to prioritise inspections to those services identified as high risk and that this will result in the potential for RQIA not to be able to meet the statutory required number of inspections, including the potential for some services to receive only one inspection during the year. This may be an estates, pharmacy or finance inspection.
- 4) that DHSSPS note that services new to regulation and service reconfiguration will further increase demand for both announced and unannounced inspections.

## RQIA Board Meeting

<b>Date of Meeting</b>	15 May 2014
<b>Title of Paper</b>	Annual Report of the Mental Health and Learning Disability Directorate 1 April 2013 to 31 March 2014
<b>Agenda Item</b>	10
<b>Reference</b>	F/03/14
<b>Author</b>	Theresa Nixon
<b>Presented by</b>	Theresa Nixon
<b>Purpose</b>	The purpose of this paper is to provide a summary of the activities of the Mental Health and Learning Disability Directorate from 1 April 2013 to 31 March 2014
<b>Executive Summary</b>	<p>The MHLDD Directorate increased their inspection footfall by 63% from the 2012/13 year. A number of issues are highlighted in the annual report requiring improvement. These include:-</p> <p>The management of patient's finances and belongings.</p> <p>The safety and quality of treatment services for young people with mental health or a learning disability and the cessation of young people being placed on adult psychiatric wards.</p> <p>Some patients are remaining in hospital longer than expected due to lack of suitable community care placements. The experiences of patients on MHLDD wards overall was quite good but complaints have been received from patients about a lack of access to therapeutic activities, psychological therapies and advocacy involvement in meetings with the multidisciplinary team.</p> <p>The Appointment of Part II / Part IV Medical Practitioners has been strengthened by the revision of the policy / procedures and by the appointment of an Independent Board Panel to</p>



	<p>agree the appointments monthly.</p> <p>An audit was undertaken of treatment plans which indicated little improvements from last year's findings. This has been shared with the Trusts and also the outcome of our inspections of ECT suites.</p> <p>An audit of evidence based psychological therapies raised key issues regarding risk assessment, communication across teams, inconsistency in therapeutic relationships and lack of family involvement in the SAI review process. This has led to a further review by MHL D Directorate of their processes for the monitoring of SAs in 2014/15.</p> <p>Following collaborative work in Muckamore Abbey Hospital (TiLLi Group) the MHL D Directorate will produce user friendly easy read inspection reports from 2014/15. The MHL D Directorate will continue to seek the views of all our stakeholders and ensure we put people at the heart of what we do in the coming year.</p>
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should <b>NOTE</b> Annual Report of the Mental Health and Learning Disability Directorate 1 April 2013 to 31 March 2014.
Next steps	See Action Plan 2014/15 as contained in the report.

# The Regulation and Quality Improvement Authority

## Mental Health and Learning Disability Directorate Annual Report

1 April 2013 to 31 March 2014



Assurance, Challenge and Improvement in Health and Social Care

[www.rqia.org.uk](http://www.rqia.org.uk)

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This document sets out an overview of the activity of the Mental Health and Learning Disability (MHL) Directorate from 1 April 2013 to 31 March 2014. It outlines the role of the Directorate and provides a summary of the outcomes from our monitoring of services delivered by the five HSC trusts.

During the 2013/14 year, the MHL Directorate inspected 75 Mental Health and Learning Disability wards in Northern Ireland. This represents an increase of 63% in inspection activity from the 2012/13 year. Some of the additional inspections were undertaken due to complaints, whistleblowing and our need to have more oversight of the management of patient's finance and belongings. We found that a number of safeguards were not in place. A series of roadshows were undertaken, in June 2013, by the MHL inspectors, across every trust to share the learning and the improvements required.

We have continued to highlight concerns about the safety and quality of service provision in the two children's specialist treatment units. The findings from recent inspections in the latter part of the year have demonstrated improvements in this area. Further progress is required to ensure young people have access to the right service, at the right time, in the right place. Eighteen young people, under 18 were admitted to adult wards, which is unacceptably high. In one case a child was detained on an adult ward for 14 months. However the duration of time overall spent by children on adult wards has reduced. RQIA continues to maintain a close focus on the reasons for such admissions and reviews the patient pathway in each case.

The main areas identified for improvement following inspections are detailed within this report, together with some examples of good practice. RQIA has found that some patients are staying in hospital longer than necessary because of the lack of community care placements. The number of wards for long stay patients continues to fall. It is expected that by 2015 all long stay patients will be relocated to suitable community care settings.

Inspections were carried out of all ECT suites, not accredited by the Electroconvulsive Therapy Accreditation Service (ECTAS). Questionnaires continue to be distributed to patients most of whom commented very positively about their experience of ECT.

RQIA revised their policy and procedures for the Appointment of Part II/ Part IV Medical Practitioners who are now appointed by an independent Appointment Panel.

We continue to monitor people subject to Guardianship Orders. Our figures are similar to last year (56), with variations noted in applications from trusts, with the Northern Health and Social Care Trust continuing to have the highest number of applications.

The MHLTD Team monitored 6286 prescribed forms in 2013/14 of which 112 contained an error. Our inspectors meet with detained patients and provide feedback to the ward staff concerning any issues raised either positively and negatively. RQIA has recently recruited lay assessors who will accompany inspectors when visiting wards and interviewing service users about their experience. We continue to strive to ensure that dignity and respect are the primary focus of all those involved in the care of people affected by mental health assessment.

One of our roles is to review treatment plans of patients who are detained for over three months. An audit was also undertaken of 132 treatment plans in 2013/14. This indicated that little improvement was made from our audit findings in 2012/13 as 80 treatment plans failed to meet the required standards.

Inspectors monitor all Serious Adverse Incidents received by the Team and made inquiry where it appeared that there may have been any ill treatment or deficiency in care or treatment. The MHLTD Team are currently in discussion with the HSC Board and DHSSPS about a proposed new methodology which will enable us to comment more critically on the implementation of the Mental Health and Learning Disability Frameworks.

An audit was undertaken by our Sessional Consultant Psychologist of 40 files to review access to psychological therapies for patients who subsequently committed suicide. The findings of the audit were disseminated at a workshop of Part II/Part IV Medical Practitioners, on 6 December 2013, and shared also with the Public Health Agency and Health and Social Care Board. The lessons learned are important to improve services and help staff recognise where risks exist. Concerns have been raised by RQIA with the HSC Board in regards to the under reporting of some SAIs, the delay in completing investigation reports and the lack of involvement of families in the review process.

RQIA continues to seek the views of a wide range of stakeholders and are committed to putting people at the heart of what we do and reflect the things that matter most to patients and the public.

Our inspectors worked closely with patients in Muckamore Abbey Hospital (Tilii Group), following their request to have easy read version of our inspection findings. We have agreed that all MHLTD inspection reports will be produced in easy read formats from April 2014.

**Theresa Nixon**

**Director of Mental Health, Learning Disability and Social Work**

## The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

The responsibilities of the Mental Health and Learning Disability Directorate within RQIA are defined under the Mental Health (Northern Ireland) Order 1986, as amended by the Health and Social Care Reform (Northern Ireland Act 2009).

These are:

- preventing ill treatment, remedying any deficiency in care or treatment
- terminating improper detention in a hospital or guardianship by monitoring the appropriateness of all applications forms received from HSC Trusts
- preventing or redressing loss or damage to a patient's property.

## RQIA's designation as a National Preventative Mechanism (NPM)

RQIA is designated as a National Preventive Mechanism (NPM) by the United Kingdom Government under the, Optional Protocol to the Convention against Torture or other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).

The role of the NPM bodies is to:

- regularly examine the treatment of people deprived of their liberty with a view to strengthening their protection, prevent torture and other forms of ill treatment
- make recommendations to the relevant authority with the aim of improving the treatment and conditions of detainees
- submit proposals and observations on existing or draft legislation

The MHLD Team has inspected a range of services including mental health hospitals and prisons under its responsibilities as a designated NPM. A three year work plan has been agreed by all NPM members to take forward areas of joint work in 2014-2017.

## The Role of the Mental Health and Learning Disability Directorate

The Mental Health and Learning Disability Directorate undertake a programme of inspections and reviews annually. We had a footfall in every mental health / learning disability ward in the 2013/2014 year. The programme of inspections included inspections of wards where Electroconvulsive therapy was offered as well as additional inspections of patients' finance and property.

The inspections were both unannounced and announced and focused on the human rights theme and standards of protection. Six letters of escalation were sent to Trusts as RQIA had concerns about the safety or quality of care provided.

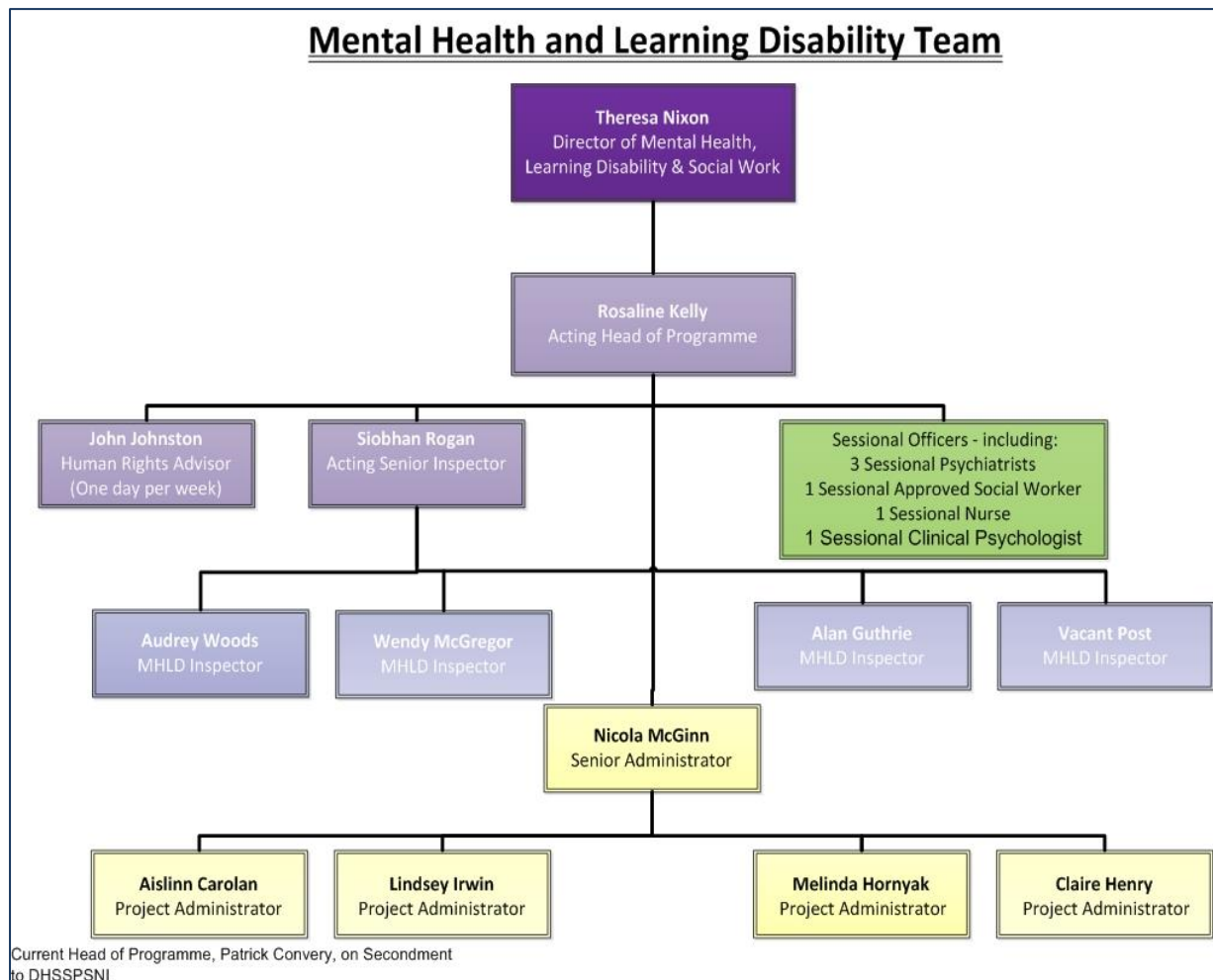
We speak directly to patients and ask them about their experiences. Their views inform the focus of our wider programme of announced and unannounced inspections. We identify best practice, highlight gaps or shortfalls in services requiring improvement and protect the public interest.

Our inspections are carried out by a team of inspectors, who have relevant experience and knowledge; our reports are available on the RQIA website at [www.rqia.org.uk](http://www.rqia.org.uk).

## Structure of the MHL D Directorate

The MHL D Directorate is supported by 19 staff across a range of professions as set out in the organisational structure below.

**Diagram 1: Mental Health and Learning Disability Team**





# People using Mental Health Services

## A Human Rights Approach

Diagram 2: A Human Rights Approach



The MHLD Directorate underpins their inspection and review activities with a human rights approach to help safeguard the rights of service users. A suite of indicators and expectation indicators was developed to assess the safety and quality of care provided by trusts. This helped RQIA to assess whether care is designed and delivered in a way that reflects basic rights such as dignity, choice, privacy and respect, while reflecting an individual's needs and choices.

Our human rights advisor provided a training programme involving inspection staff from all Directorates in RQIA in 2013. A workshop was held for all providers of MHLD services, on 31 March 2013, to share the 2013/14 expectation statements using the human rights inspection theme of autonomy in 2014/15.

A meeting was held in London on 12 November 2013 involving RQIA, Health Inspectorate Wales, Mental Welfare Commission in Scotland and Care Quality Commission (CQC) to review how inspectorate bodies underpin human rights in their inspection process. RQIA discussed their approach to human rights which led to RQIA hosting a further human rights workshop at the NPM five year anniversary conference, in Bristol, 8 April 2014. The event brought

together all NPM members and international human rights bodies to take stock of the work to date and to look ahead to the future.

RQIA was also instrumental in compiling information on defacto detentions. De Facto Detentions are where individuals who are not formally detained by law are deprived of their liberty in practice. With this come significant risks for individuals who do not enjoy a proper process for the review of their detention. The NPM identified a concern that those inspecting the conditions in which detention takes place may miss individuals who are de facto detained. Furthermore, general acceptance by professionals, carers and the public that such de facto detention is acceptable for some individuals because they cannot exercise choice may further jeopardise their human rights

The findings were presented to the NPM meeting in October 2013 for discussion and agreement about further actions. The broad categories of recommendations made either in discussion or formal reports were about:

- Considering seeking proper legal authorisation.
- Assessing /reassessing capacity of service user.
- Considering changing/ reducing level of restriction.
- Ensuring staff have proper training.
- Developing clear policy and ensure service users know their rights.

More recent joint work has also involved NPM members in reviewing how regulators make recommendations and follow up on them most effectively. A further NPM report on this matter will be produced later this year.

# Context of the Mental Health and Learning Disability Services in Northern Ireland

Northern Ireland has higher mental health needs than other parts of the United Kingdom<sup>1</sup>. Based on the Northern Ireland Health and Social Wellbeing Survey (2001), 24% of women and 17% of men in Northern Ireland have a mental health problem – over 20% higher than the rates in England or Scotland.

Factors contributing to these rates include persistent levels of deprivation in some communities in Northern Ireland and the legacy of Northern Ireland's troubled history. For example, a recent study of the families of victims of Bloody Sunday found persistent effects of these traumatic events on the individuals concerned, with evidence of psychological distress still being found more than 30 years after the event.<sup>2</sup>

The incidence of suicide in Northern Ireland has been a particular concern in recent years. When a suicide takes place, the effects are devastating for relatives, friends and health care staff involved.

In 2011, there were 289 suicides in Northern Ireland, of these suicides 216 were among men and 73 among women.

The Review of Mental Health and Learning Disability (commonly referred to as the Bamford Review) set out to reform and modernise the law, policy and provision affecting people with mental health needs or a learning disability in Northern Ireland. The Bamford Review, which completed its work in 2007, has set the agenda for the transformation of these services.

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<sup>1</sup> DHSSPS (2004) The Review of Mental Health and Learning Disability (Northern Ireland). A Strategic Framework for Adult Mental Health Services. Consultation Report.

<sup>2</sup> McGuigan, K., & Shevlin, M. (2010). Longitudinal changes in posttraumatic stress in relation to political violence (Bloody Sunday). *Traumatology*, 16, 1–6

## Providing the Right Care in the Right Place at the Right Time

The model of mental health care has evolved which promotes greater care at home and in the community rather than in hospital. A stepped care approach has been adopted, providing a graduated range of care to meet the patient's needs:

**Figure 1: Stepped Care Model**

Step 1	Recognition, Assessment and Support
Step 2	Treatment for Mild Disorders
Step 3	Treatment for Moderate Disorders
Step 4	Treatment for Severe / Complex Disorders

Each of the HSC trusts has developed Crisis Response and Home Treatment teams that provide services for acutely ill people at home and in the community rather than in psychiatric hospitals. The role, number and location of psychiatric inpatient units are also changing as trusts are developing streamlined pathways for urgent mental health care.

These services have evolved differently in each area in terms of how people in crisis contact services, how they are triaged (by phone or in person at a hospital or other facility) and how they are treated in emergency departments. There is a need to ensure that there is a consistent outcome for those who use the service. Additional home treatment services still require to be developed for particular client groups including children and young people, people with a learning disability and older people.

## Promoting Independence and Personalisation of Care

At the core of independence and personalisation is a recovery model of care which assumes that people with a mental health problem can be treated and, with appropriate tailored support, retain full control of their lives. Meeting the goals of Transforming Your Care and ending institutional care by 2015 can only be achieved if there is a pathway to recovery for people with the most severe and complex illness, for example, people with schizophrenia and bipolar disorder. Tangible services on the ground are the touchstone by which those using the service judge its success.

## Institutional Care

There are currently a number of long stay inpatients who require to be resettled into the community in 2014/15.

The RQIA review of Learning Disability Services in 2012/13 indicated that there is a continuing need to enhance the community infrastructure through investment in services to reduce unnecessary hospital admissions and promote timely discharges from learning disability hospitals.

# Inspection Activity 2013/14

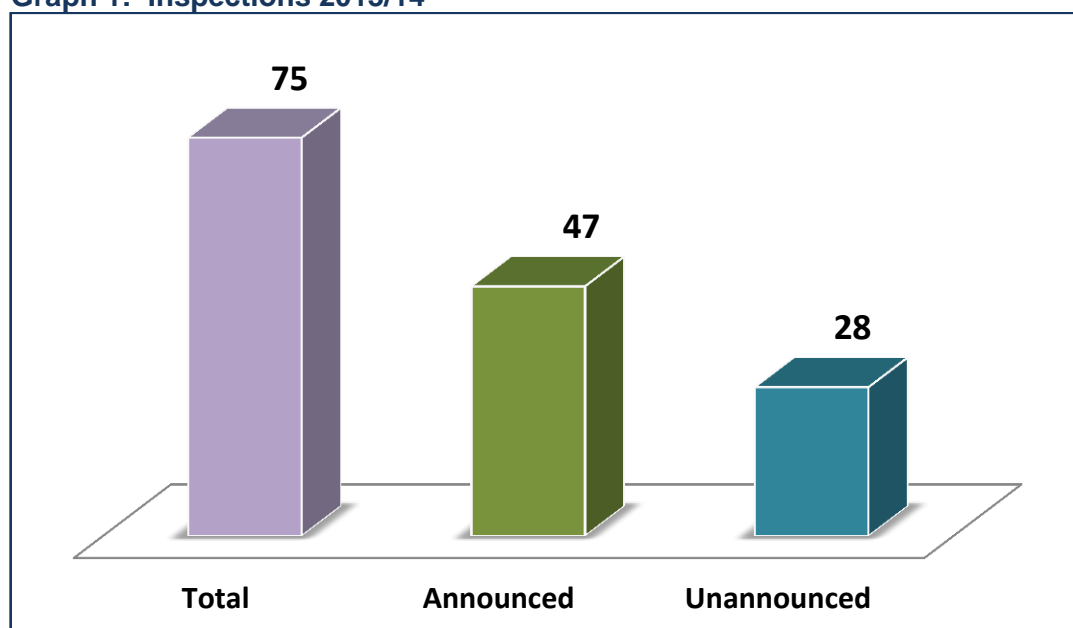
All services are subject to a process of ongoing risk assessment and review based on inspection findings and intelligence gained from SAI reports, complaints and whistleblowing to ensure our inspection programme is appropriately focused and proportionate. Our inspections focus on the safety, quality and effectiveness of service delivery to service users, as well as internal management and governance arrangements. Inspections are conducted by a range of qualified and experienced staff including nursing, social work, medical, psychology, occupational therapy and speech and language therapy staff as required.

## Inspection Theme of Protection 2013/2014

The human rights theme of protection was selected for inspection in 2013/2014. Ten expectation statements were used by the Inspectors to review the safety and quality of care afforded to patients.

During the 2013/2014 year we undertook 75 inspections.

**Graph 1: Inspections 2013/14**



This represents an increase of inspection activity of 63% of inspections compared to the 2012/2013 year.

Of the 75 inspections 47 were announced and 28 were unannounced. Appendix 3 details the number of inspections by wards and type.

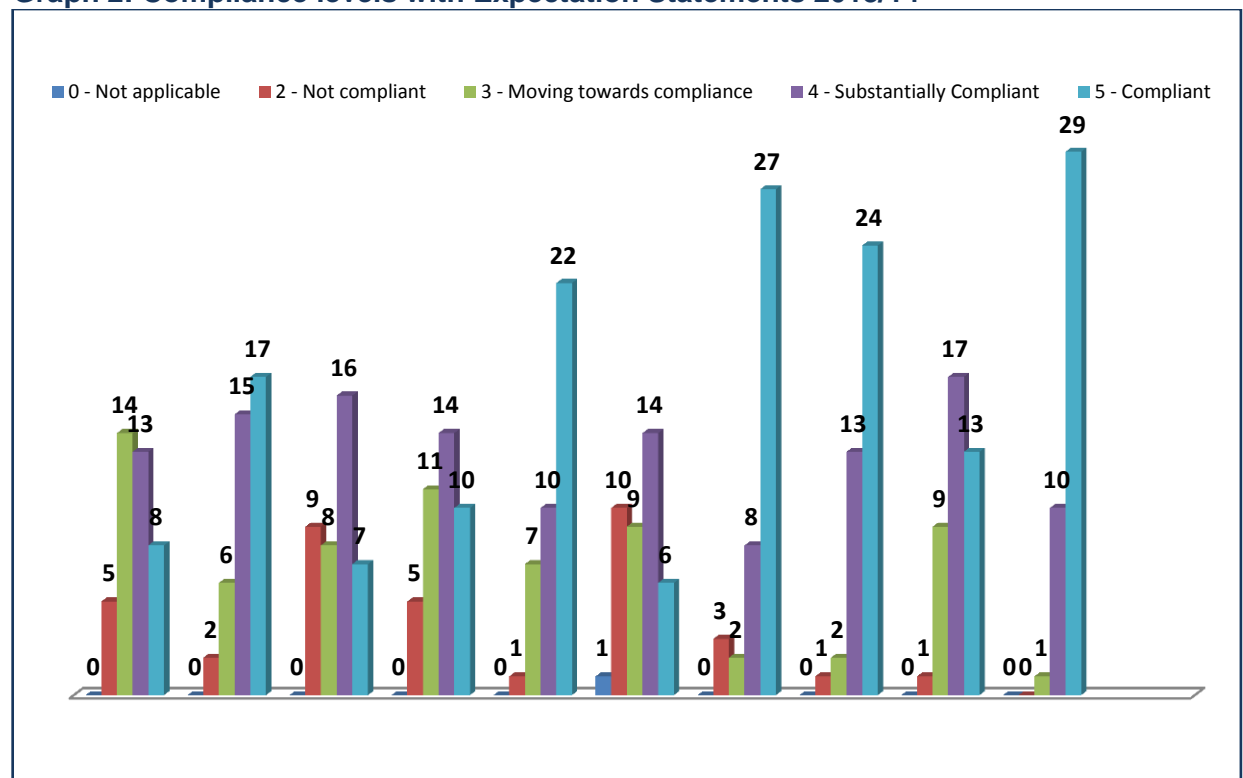
## Assessment of Compliance

RQIA has adopted a five point scale for assessment of compliance as follows:

**Table 1: Assessment of Compliance Levels**

<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.
<b>Substantially compliant</b>	Arrangements for compliance were demonstrated during the inspection; However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>Unlikely to become compliant</b>	Compliance is unlikely to ever be achieved.	A reason must be clearly stated in the assessment contained within the inspection report.
<b>Not applicable</b>	Compliance is not applicable to this service setting.	A reason must be clearly stated in the assessment contained within the inspection report.

**Graph 2: Compliance levels with Expectation Statements 2013/14**



More than half of the wards inspected were fully compliant with five of the statements. The highest levels of non-compliance were with statements three, - awareness and application of safeguarding procedures and six - procedures in place for the effective management, support, supervision and training of staff.

Other aspects of concern were the limited use of evidence based practice, particularly within the areas of dementia, learning disability and mental health care. High levels of seclusion and reactive strategies were noted. A number of recommendations were also made in relation to poor record keeping and recording by staff.

Areas of good practice were noted in terms of the provision of GP and Primary health care services, in Shannon Clinic, to replicate those available in Primary health care services across Northern Ireland.

The increasing use of systemic therapies and the introduction of biopsychosocial models of care delivery, particularly in children's treatment services were also commended by the inspectors. The findings from the 2013/2014 of safeguarding indicated an improvement in standards across a range of services that were re-inspected.



## Case Study 1: Service Improvement Through Inspection - Restrictive Practices

Inspectors have found many examples throughout the year whereby patients were subjected to practices of a restrictive nature that were excessive, not based on assessed need, and in some cases unnecessary.

One such example involved a patient who was subjected to restrictive interventions that impacted upon the patient's human rights. Records reviewed during inspection demonstrating that in a 52 hour period, the patient was restrained in a chair with use of a lap strap for a total of 42 hours; restrained in bed with the use of bedrails for 7 hours; and released from restraint for three single hours only in that 52 hour time period. This was despite records indicating that the patient was settled and/or sleeping during the time period concerned.

Inspectors found that this situation occurred as staff had not adhered to the agreed interventions in the risk management plan and care plan. Although the care plan included signatures to confirm a monthly review, there was no evidence that the actual use of restraint as the least restrictive measure available to keep the patient safe had been reviewed at weekly multidisciplinary team (MDT) meetings. Whilst it is acknowledged that the patient may have been agitated for extended periods of time, there was no evidence of the use of a stepped approach to minimise the need for the use of mechanical restraint, review of the appropriateness of use of mechanical restraint, or agreement for a maximum time limit for use of mechanical restraint. Additionally, due to the absence of psychological clinical specialities in the MDT and subsequent lack of psychotherapeutic inputs, there was lack of evidence to support the use of these interventions as the least restrictive, and the most effective evidenced based treatment option.

This practice was highlighted to senior trust representatives. During a follow up unannounced inspection, the inspector found that, whilst the patient continued to be cared for in this setting, they no longer required restrictive interventions. In addition, the inspector noted that the Trust had taken steps to ensure that all patients who were subject to restrictive interventions have the restrictive practice reviewed at least twice per day by staff on the ward and on a weekly basis by the multidisciplinary team.

This change in practice came about in direct response to recommendations made following an inspection of the facility.

## **Case Study 2: Service Improvement Through Inspection - Access to Person Centred Care and Treatment Appropriate to Assessed Need**

During an inspection on a ward, inspectors noted that patients were presenting with needs that were not being appropriately assessed or addressed by the multidisciplinary team (MDT). Core care plans were being utilised and as a result patients were not in receipt of care that was individualised or person centred. Some patients on the ward were presenting with behaviours that others found challenging. These behaviours were not being addressed using evidence based interventions and the patient's behavioural presentations were having a detrimental impact on the patients' future independence and life choices.

RQIA highlighted this situation to senior trust representatives and made a number of recommendations to promote improvement in the safety and quality of care.

During a follow up inspection the inspector found that patients on the ward now have access to appropriately trained professionals who are using evidence based interventions. In addition, core care plans are no longer in use so that all care interventions are developed in response to individual assessed needs ensuring person centred care delivery.

This improvement in service delivery came about as a result of recommendations made by RQIA following inspection.

## Inspection of Children's Specialist Treatment Services

There are two specialist assessment and treatment units in Northern Ireland for children under 18. The Iveagh Centre, for young people with specialist learning disability needs and Beechcroft, for young people who require Child and Adults Mental Health Services. Both services run by the Belfast Health and Social Care Trust.

The MHLTD Team noted an increase in the spring of 2014 of admissions for assessment of young people under 18. This matter is being followed up with the HSC Board and Trusts in order to understand the increase for such admissions. The MHLTD Directorate consulted children and young people involving VOYPIC advocates to elicit the young person's view about their experience.

Both services required letters of escalation due to the concerns about both quality and safety of care in 2013/14.

During our inspection of The Iveagh Centre, we found that a number of areas requiring to be addressed in relation to child protection and safeguarding, including training for staff. A review of risk assessments and corresponding support plans for young people who exhibit challenging behaviour were recommended. Concerns were raised about recording and record keeping in terms of professional accountability.

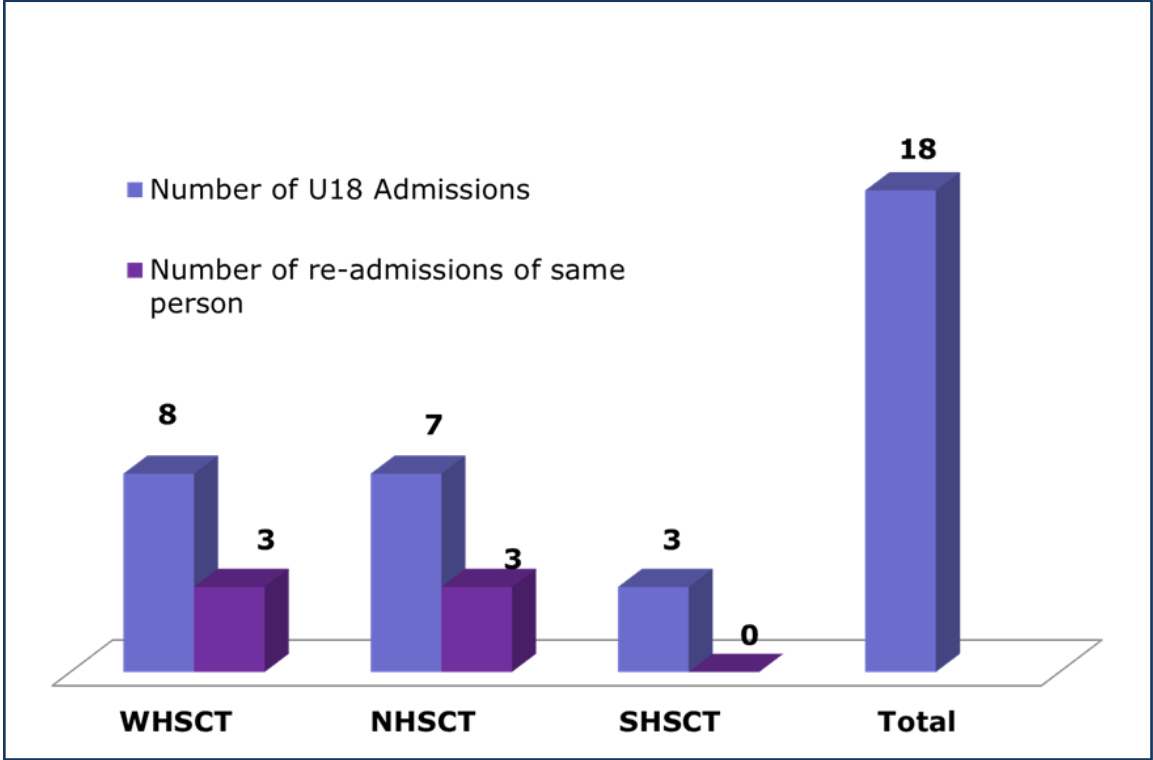
## Young People Placed in Adult Wards

Inspectors were concerned to note the number of children receiving treatment in Adult psychiatric Wards.

All trusts need to continue to review their arrangements for child protection when a child is admitted to an adult ward. The inspectors review the appropriateness of arrangements made to meet the educational and recreational needs of young people admitted to adult wards.

RQIA will continue to review if children are safeguarded, in accordance with DHSSPS guidance and enquire if they have a patient advocate.

Graph 3: Young People under 18 Admitted to Adult Wards per Trust



## Letters of Escalation issued to Trusts

RQIA has a policy relating to the reporting and escalation by RQIA of concerns, direct allegations and/or disclosures, which have resulted, or are likely to result, in risk to patient safety and/or risk of service failure. These may arise during inspections and / or reviews carried out by RQIA. It applies to both the statutory and independent sectors.

**Table 2: Letters of Escalation issued to Trusts in 2013/ 2014**

Trust	Letters of Escalation
Belfast	0
Northern	1
South Eastern	1
Southern	1
Western	3

In addition, following inspections, a number of serious concerns were raised and followed up by the MHLT Team with the Trusts.

**Table 3: Letters of Serious Concern issued to Trusts in 2013/2014**

Trust	Letters of serious concern
Belfast	3
Northern	1
South Eastern	3
Southern	2
Western	4

The serious concerns were mostly issues regarding dignity and privacy of patients, quality of vulnerable adults investigations, poor governance, lack of supervision, guidance and training of staff particularly in the management of challenging behaviour and risk management.

## Whistleblowing and Complaints

Complaints and whistleblowing by members of staff and the public resulted in a number of unannounced inspections being undertaken. Action plans have been put in place to follow up the recommendations for improvement which have been shared with the HSC Board and DHSSPS. Whistleblowing concerns related mainly to the lack of an adequacy of staffing, care planning, consultation with relatives and carers, advocacy, discharge planning and the safeguarding of vulnerable adults.

## Easy Read Version of Inspection Reports

Following joint work with patients from the TiLii group the MHLD Team listened to their views and developed an easy read version of our inspection reports

A sample of patients' views are included below:

- I enjoyed the report at least we have an Authority that monitors the patient experience'
- 'It was great involving the patients in inspection and improvement'
- 'It's service user friendly'
- 'I thought the pictures where big and brightful'
- 'I feel the symbols help a lot. I can't read although when staff read it to me I understood as it was easily worded'
- 'the symbols are my favourite'
- 'It is helpful'
- 'I think service users with a learning disability will be able to read the report'
- 'the easy read report was a great idea and very beneficial for the patients'
- 'It gives you some insight on what can be said about a place'
- 'It's good to see reports'
- 'use it because the content seems to be an honest one'

As of 1April 2014 all MHLD inspection reports will be made available in easy read format.

## Involvement of Users by Experience in Inspection Programme for 2013/14

A pilot was undertaken involving three care experienced people with a learning disability in the inspection programme which concluded in June 2013. This was evaluated and it was agreed that it was more helpful to involve lay assessors in interviewing patients than the whole inspection programme. Three people with a learning disability have been recruited as lay assessors to interview patients. These lay assessors will be inducted, trained, supervised and supported by the MHLD Directorate.

## Patient Experience Interviews 2013/14

During Patient Experience Interviews, the inspector interviews patients about their experience of being in receipt of care and treatment in an inpatient setting.

### Aims

- To obtain the views of service users and their representatives on the inspection process and inspection themes.
- To establish a rapport with service users advocacy groups.
- To monitor the experiences of patients in Mental Health and Learning Disability wards.

### Objectives

- Ensure patients are afforded due respect for individual human rights.
- Monitor the context and environment within which care is provided.
- Monitor quality and availability of care.
- Make appropriate recommendations.

During 2013/14 142 patient experience interviews were undertaken in a range of mental health and learning disability facilities across Northern Ireland. The aim was to fulfil RQIA's responsibilities under Article 82 (2) of the Mental Health Order regarding the monitoring of care provided to detained patients. A continuing programme of patient experience reviews is planned from April 2014.

In general most people were satisfied with the information given in relation to their rights and their right of referral to the Mental Health Review Tribunal. RQIA found that information relating to independent advocacy services was not always available on some wards or patients were not informed of the role and function of independent advocates. Whilst most patients said they felt safe on the ward, a number of patients said they were "frightened when other patients were aggressive and shout".

Blanket restrictions were evident on some wards in each Trust. Some patients complained that

"if there is not enough staff on duty I don't get out for a walk".

A number of patients complained that they did not get to attend their multi-disciplinary team meeting and one young person indicated that they had not seen their consultant in the previous three month period. Positive comments also received

"staff have been very honest with me even when giving me difficult news"

And;

“staff on the ward know what I like to do and give me time to do it”.

A number of other issues raised concerned discharge arrangements. Some patients expressed frustration that they had to stay in hospital longer than necessary due to the lack of appropriate service provision in the community. One patient commented that they had limited space to meet with family or visitors and could not make a telephone call in private.

A number of patients commented about the lack of OT and psychology services and therapeutic activities

“I become more anxious when I’m bored and this does not help me in my recovery”.

Following patient interviews a quality improvement plan is forwarded to each trust. This is followed up by RQIA in relation to improvements made at the next inspection visit. MHL D inspectors have also developed a direct observation tool for use on wards for patients who have no capacity to answer or understand a structured questionnaire.

## Meeting with Independent Advocacy Groups

The MHL D inspector met with four independent advocacy groups in February 2014. These included;

- TILLI (individuals with a learning disability)
- Alzheimer’s society (individuals with dementia)
- NIAMH (individuals with mental health problems)
- VOYPIC ( young people with mental health problems)

The following matters were discussed;

- The theme for RQIA inspection year 2014 / 2015
- Inspection and PEI processes
- Inspector’s conduct / behaviour / dress on inspection i.e. what would assist the patients to be more relaxed when being interviewed by RQIA.



## **The Theme for RQIA Inspection Year 2014 / 2015**

All four groups agreed that the theme of autonomy was an appropriate theme. The theme of autonomy was broken into six statements; these were discussed with the service user groups, who indicated which they felt was most important to their group.

## **Future Plans**

All groups agreed to meeting with the RQIA inspector twice yearly. The PEI poster for the ward has been amended to reflect that patient interviews are offered by RQIA to all patients, not just patients subject to detention. RQIA will also continue to meet the Bamford Monitoring Group as requested.

## **Monitoring of Compliance with Article 116 of the Mental Health (Northern Ireland) Order 1986 in Respect of Patient Finances / Belongings**

The MHO defines a role for RQIA in Article 86 (2) (c) (iv) in “preventing or redressing loss or damage to [patients] property”. RQIA monitors the arrangements put in place by trusts to safeguard patients’ monies.

Assurances were requested from Trusts concerning records and procedures for monitoring patients’ and residents’ monies through reviewing:

- Compliance with DHSSPS Circular 57/2009 - Misappropriation of Residents’ Monies – Implementation and Assurance of Controls in Statutory and Independent Homes. This applies to all Health & Social Care (HSC) facilities including hospitals.
- Application of accounting policies as detailed in their Standing Financial Instructions (SFIs).
- Implementation of comprehensive local procedures; and
- Application of Standard 15 of the DHSSPS Nursing Homes Minimum Standards, 2005 (in so far as this can be applied to hospital patients).

A sample of patient records were selected across all wards visited to review the following:

- cash and valuables were held securely
- appropriate and complete income and expenditure records were maintained
- all transactions in the audit period were appropriately recorded and supported by a receipt where necessary
- amounts received from finance departments were recorded and received intact and in full at the of the relevant wards
- expenditure recorded appeared to be reasonable
- Regular checks had been undertaken by ward managers on patients’ income and expenditure records to confirm that entries were dual signed and expenditure was supported by receipts, where necessary, and that patients’ balance reports were received on a monthly basis from the finance department and reviewed by ward managers.

## Findings

The following findings were noted:

- Permission is not sought from RQIA requesting consent for trusts to hold balances of more than £20,000 for any single Mental Health and Learning Disability (MHL) patient by any of the four HSCTs. This is required at Article 116(4) of the MHO.
- Monies withdrawn from patients' accounts at the cash office by nursing staff for patients' use were not always recorded in cash record books at the wards and there was no evidence of receipt of these monies by patients in some cases. It was therefore difficult to confirm that these monies were used appropriately.
- Records of monies spent were not maintained and cash held by staff for group spend purposes was not stored securely.
- Access to keys of storage units where patients' monies / valuables were held was not strictly controlled.
- Patients' Property admission books had not been completed.
- Transactions in patients' cash record books (mainly withdrawals) were not signed by the patient and one staff member or by two staff members as per relevant procedures
- Receipts had not been issued to patients' relatives where monies had been handed in for patients' use or where relatives had received patient's property.

Quality improvement plans were issued to trusts with specific recommendations to address these areas. The MHL team has drawn up a matrix to risk assess wards that will require financial inspections in 2014/15.

## Working with Service Providers



The MHLD team held a roadshow on 31 March 2014 for all registered providers and managers in Antrim Civic Forum. The event was attended by 69 participants

The Roadshow focused on:

- The role of RQIA and the work of the Mental Health and Learning Disability Directorate.
- An outline of the main inspection Findings 2013-14
- A list of the key themes and standards under the human rights focus of autonomy in 2014/2015, these include:
  - capacity and consent
  - individualised assessment and management of need and risk
  - therapeutic and recreational activity
  - information provided to patients about their rights
  - restriction and Deprivation of Liberty
  - discharge planning
- Human rights and how specific articles link with the inspection theme
- The letters of serious concerns and escalation and reasons for these in 2013/14 were shared for learning
- The outcomes of Patient Experience Interviews undertaken in 2013/14 and the plan for 2014-15
- The overview of the content of the new draft Mental Health Capacity Legislation was provided by the DHSSPS and;
- Best practice examples from inspections

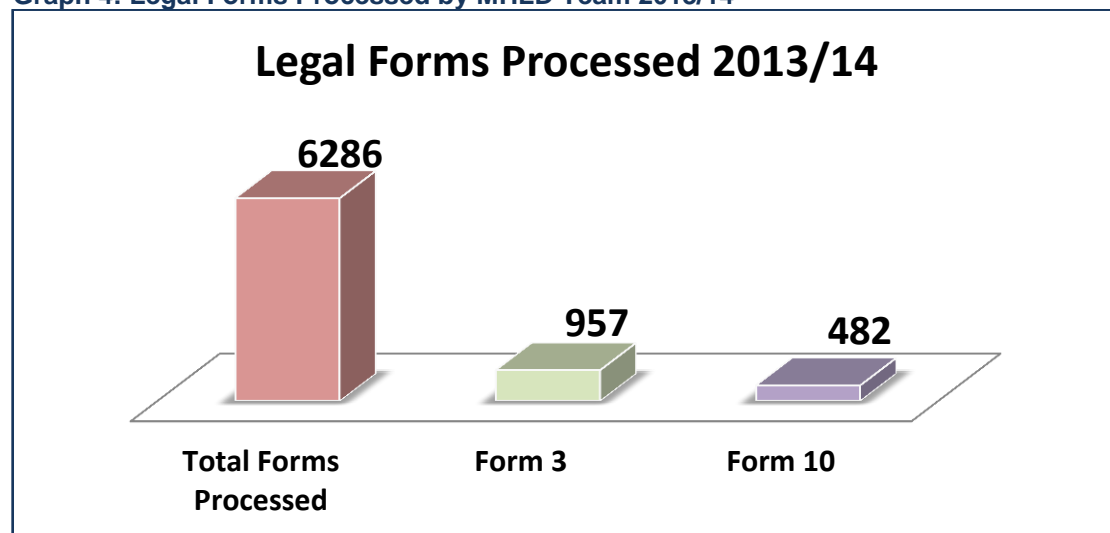
# Monitoring of Prescribed Forms

## Monitoring of Detention and other Prescribed Forms by the MHLD Directorate

Detention is defined as the deprivation of liberty or imprisonment or the placement of a person who is detained under legislation in a public or private institutional setting, which they are not permitted to leave at will.

The number of people detained under the Mental Health (Northern Ireland) Order 1986 is showing a decrease since 2013/ 2014. This reduction may be due to the centralisation of services and the increasing development of crisis response/ home treatment teams in each HSC Trust, combined with managing patients in a voluntary capacity instead of the more restrictive use of the Mental Health (Northern Ireland (1986)) Order.

**Graph 4: Legal Forms Processed by MHLD Team 2013/14**

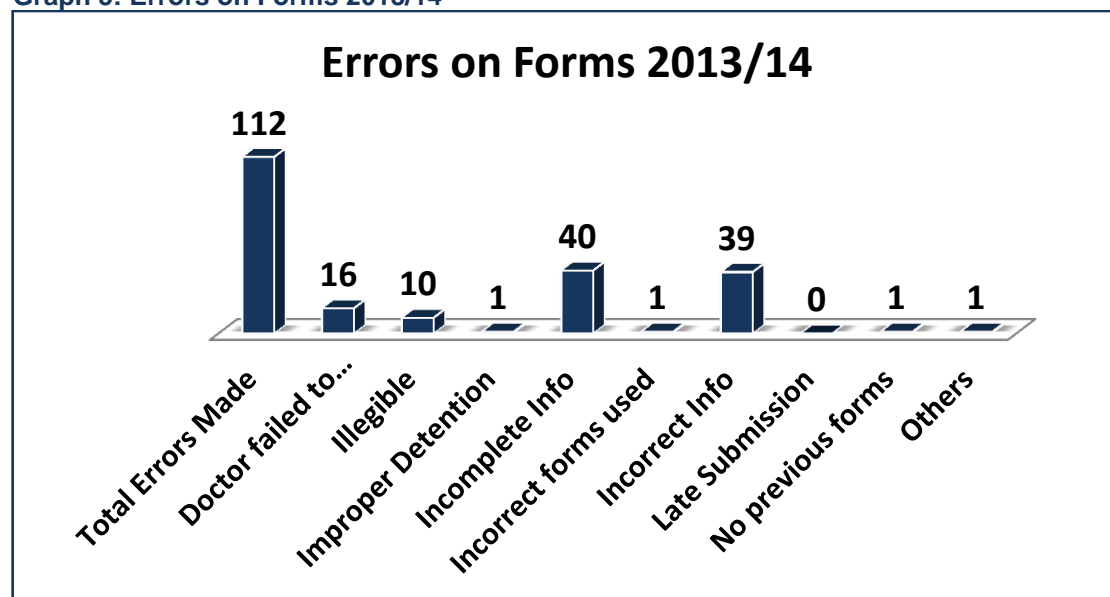


Form 3 is the form required to detain a patient for assessment and form 10 for detention for treatment. The purpose of the assessment period is to ensure that the patients' mental health condition is thoroughly investigated and the need for compulsory care or treatment fully established before they can be detained on a long term basis

Common errors on forms include the following:

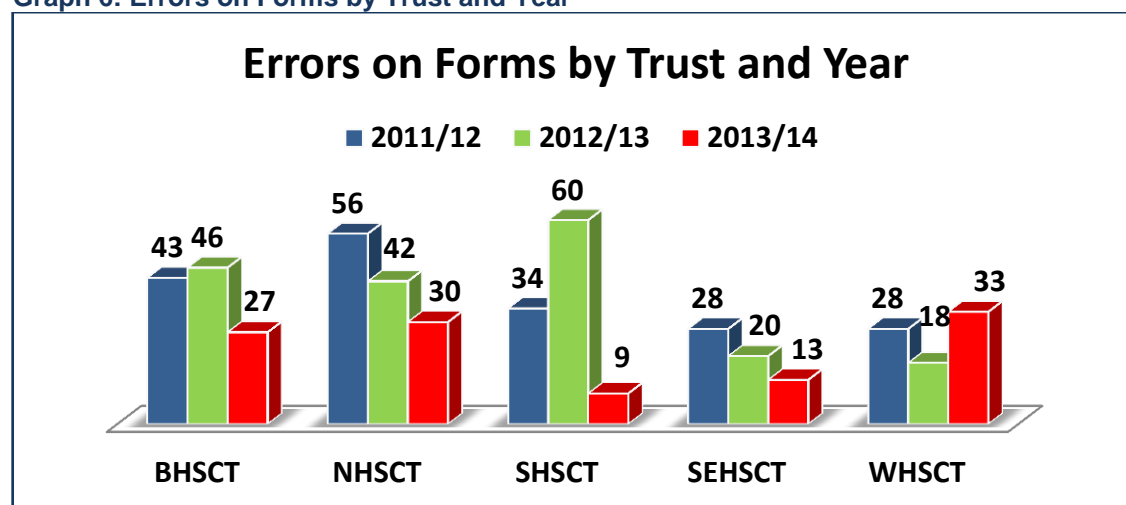
- Date had been entered incorrectly
- Full name of the patient spelled incorrectly
- Wrong name of patient entered
- Doctor failed to indicate reason for detention
- Writing illegible
- Full name for next of kin not completed
- Doctors status not indicated

Graph 5: Errors on Forms 2013/14



Errors in detention forms have continued to decrease since the transfer of functions in April 2009. The current rate of errors stands at 1.8%.

Graph 6: Errors on Forms by Trust and Year



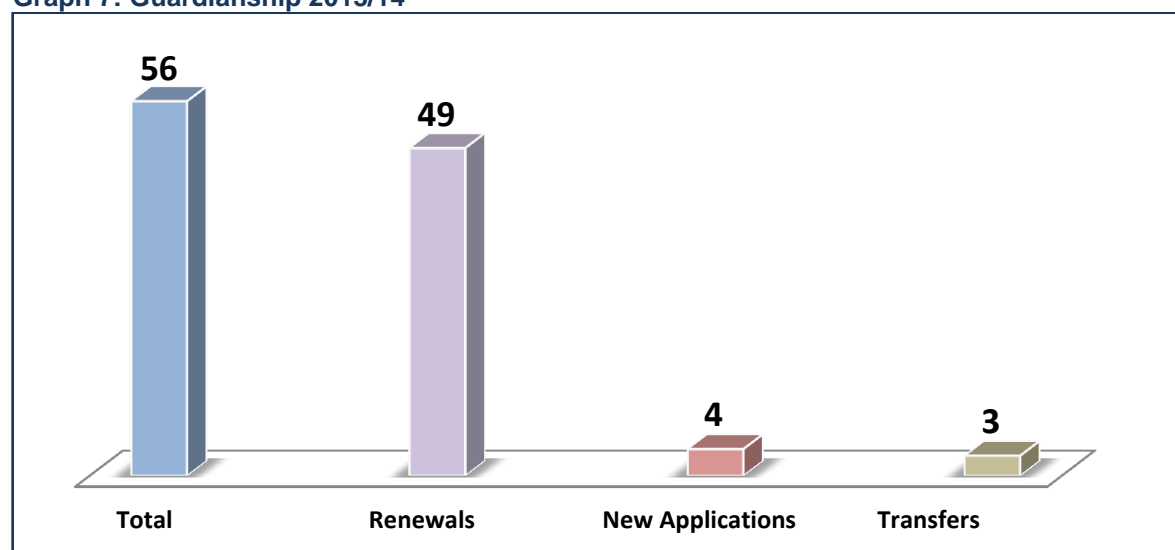
With the exception of the Western Trust there is a notable reduction in errors. This error rate may be caused by changes in personnel over the last year.

## Guardianship

The MHLTD Team quality assures all guardianship forms to ensure that the process is legal and measures compliance with Articles 22, 23, 24 and 86 of the Mental Health (Northern Ireland) Order 1986.

The purpose of guardianship is to ensure the welfare grounds (rather than medical treatment) of a patient in a community setting. This can be achieved with the use of some or all of the powers vested by guardianship. It provides a less restrictive means of offering assistance and an authoritative framework for working with a people with a minimum of constraint to help them to achieve as independent a life as possible in the community.

**Graph 7: Guardianship 2013/14**



Graph 5 indicates that there were 56 applications received by MHLTD Team, 49 of which were renewals of guardianship orders, 4 new applications and three inpatients who were transferred from detention to guardianship.

RQIA noted that:

- different practices continue to exist within trusts and across programmes of care, in adopting a rights based approach to the assessment for guardianship
- variations in use of guardianship across trusts
- there was lack of access of advocacy services in some trusts and variances in information provided and in decision making/ care planning
- variances were noted also in the range of activities provided to individuals subject to guardianship, in relation to the management of services user's finances and in the training needs of guardians

- a lack of attention was noted in relation to health promotion and awareness programmes in relation to risk factors, including diet, exercise and smoking

RQIA published an article on the overview by RQIA of guardianship in the Professional Social Work Journal in November 2013.

RQIA is currently involved in a review of the service provision available to enhance the physical health needs of mental health and learning disability patients as there is a need to address the existing health inequalities experienced by people with a mental health condition or learning disability, to further improve lifespan and their physical health. A copy of this review report will be published in September 2014 by Dr Oscar Daly.



# Audit of Treatment Plans 2013/14

Treatment Plans are referred to in the Mental Health (Northern Ireland) Order 1986 Code of Practice as essential in order to ensure that the different elements of patient care are coordinated, as part of an effective treatment programme for each patient.

Treatment Plans are required to be documented in each patient's clinical notes and must incorporate details of the patient's care, supervision and all forms of therapy received by the patient. The medicines for both physical and psychiatric conditions prescribed for the patient are written on their medicine Kardex.

Treatment Plans are recorded on Forms 22 and 23 and require a Part II Medical Practitioner to document the psychotropic medicines that the patient is receiving at that particular time.

## Standards used by RQIA to Audit Treatment Plans

- 1) Legibility
- 2) Patient name (and DOB if under 18)
- 3) Hospital name
- 4) Consultants name
- 5) Medications
  - a) Acceptable medication
  - b) Dosage within BNF Guidelines
  - c) Polypharmacy – indications e.g. changeover, treatment resistance etc.
  - d) Pro Re Nata Medication:
    1. Indications
    2. Minimum interval between dosages
    3. Maximum dosage in 24 hours
- 6) Signed and dated (within timescale)

## Summary of Audit Findings on Standard of Treatment Plans

An audit was undertaken of 132 treatment plans in 2013 / 2014. This indicated that little improvement had been made from the audit undertaken of 40 treatment plans in 2012/2013 year.

Number of treatment plans received (Forms 22 and 23)	132
Not approved	36 = 27%
Failure to meet standards	80

## Other Issues identified as a Result of the Audit

### a) Capacity to give Valid Consent.

It is essential for Part II Medical Practitioners completing Form 22s to:

- ensure that the patient can give their valid consent (i.e. that they are capable of understanding the nature, purpose and likely effects of the prescribed medicines) and to
- make a clinical record in the patient's notes of the process of obtaining consent.

The Medical Panel members were unable to judge from the information contained on the Form 22 and Form 10 whether or not the patient had capacity to consent. This should be commented on by a psychiatrist in their completion of the treatment plan.

It was noted in a small number of cases of patients with learning disability that the accompanying Form 10 stated that the patient had severe impairment of intelligence. In these cases the Medical Panel consider it good practice that the Part II Medical Practitioner comment on this apparent anomaly.

### b) Increase in Errors Noted where Treatment Plan is not Written by Consultant.

Although not one of the standards, it was clear from an examination of the writing on some of the treatment plans that the actual psychotropic medicines may have been written by someone other than the Consultant in a significant number of cases.

The MHLD Team has recommended that this matter is reviewed by the Clinical Directors of each Trust.

### c) Legibility and Clarity of Handwritten Forms

Although the legibility of the list of medicines on the Forms scored 96%, the Medical Panel had difficulty deciphering a significant number of the forms. The handwriting required close scrutiny and some of the forms were untidy with names or words frequently crossed out and re-written above or in the margin.

As treatment plans are legal documents, the Medical Panel recommended that these should be written clearly in capital letters and preferably completed by the Consultant.

## **Actions taken by the MHLTD Team**

- 1.** The findings of this audit was shared with the Medical Directors and Clinical Directors in each Trust, with a request that the issue of errors, legibility, obtaining consent, PRN prescribing, BNF dosage and indicators for polypharmacy are reviewed by their psychiatric staff.
- 2.** Clinical Directors were asked to review the process of completing Treatment Plans to ensure that Treatment Plans are completed solely by the Consultant.
- 3.** RQIA shared the findings with the HSC Board/ PHA so that areas requiring improvement were reinforced with the five trusts.
- 4.** RQIA will undertake a further audit of treatment plans in 2014-15 against the standards used in the 2013-14 audit. A report on the findings will be produced in November 2014 and shared at a workshop for Part II and Part IV Medical Practitioners.

# Review of Serious Adverse Incidents

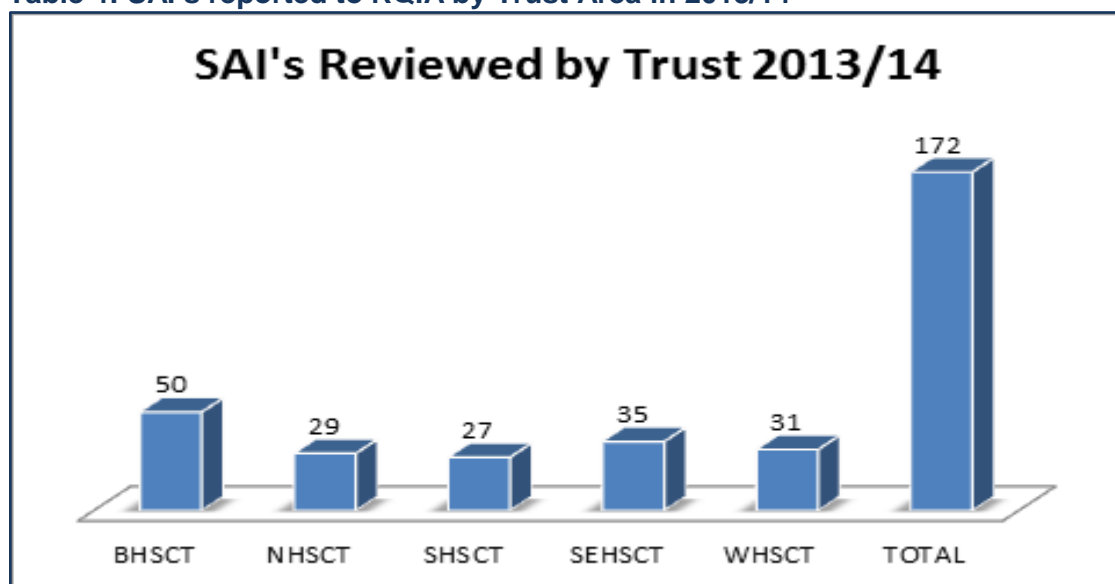
A function of the MHLD Team is to monitor Serious Adverse Incidents (SAIs), affecting users of MHL D health and social care services in Northern Ireland.

The duty is supported by the Mental Health (NI) Order 1986 Article 86 (2) (a) which requires RQIA to “make enquiry where it appears that there may be ill-treatment, deficiency in care and treatment”.

Article 26 (2) (c) to “secure the welfare of any patient by (ii) remedying any deficiency in care and treatment.

With effect from 1 May 2010 Serious Adverse Incidents (SAIs) are no longer reported to DHSSPS. The responsibility for managing SAI reporting transferred to the HSC Board, working in partnership with the Public Health Agency (PHA) and RQIA. The DHSSPS has proposed that these interim arrangements will remain in place until a new Regional Adverse Incidents and Learning (RAIL) system is established.

**Table 4: SAI's reported to RQIA by Trust Area in 2013/14**



## RQIA Overview of SAI Investigations undertaken by Trusts

In the audit of access to psychological therapies it was indicated that the majority of the trust review teams were reported as multidisciplinary, with 16 (40%) deemed to have an independent chair. However, there was variation across trusts with regard to the make-up of review teams and a lack of clarity about what constitutes independence. It was unclear whether there was a range of clinical knowledge and skills within the review teams as the designation of team members often referred to management roles rather than clinical background.

Few reviews followed a true root cause analysis format. A significant number of reports included family members and the treating doctors/therapists as members of the reviewing team.

A common conclusion from the review of suicide is the claim that the deaths were unexpected and could not have been predicted by staff.

Of the forty cases audited, 16 (40%) identified opportunities for learning, although these were very rarely related to clinical care and treatment.

RQIA has also highlighted the inadequate suicide prevention interventions for persons suffering from a dual diagnosis i.e. a mental illness and substance abuse problem, and particularly the need to review those who do not engage with services. The levels of staff support and debriefing following the reporting and investigation of SAls was found to be variable across trusts.

RQIA has recommended that the provision of psychological therapies should be a core component of all mental health and learning disability services in the future.

# Audit of Access to Evidence Based Psychological Therapies for Adults who subsequently Commit Suicide (December 2013)

Following the review of a number of Serious Adverse Incidents (SAIs) concerns were raised by MHL D staff about the number of cases where there appeared to be no access to psychological therapies.

The MHL D Sessional Psychologist agreed to undertake a random sample of 40 SAI reports from a list of list review reports, sent to RQIA. The findings and implications for future management were highlighted in the audit report which was shared with trusts at a workshop on 6 December 2013 with the Public Health Agency/ HSC Board in order to encourage improvement in this service.

## Evidence of Good Practice

There were very many examples of efforts to engage service users who had difficulty connecting with services. It was clear that in a number of cases every attempt was made to follow-up patients where staff was concerned for their safety and health. There were clear instances of sharing of information and good engagement with GP's. A number of reviews included areas of good practice noted during the investigation.

## Areas of Concern Noted by MHL D Inspector

### 1) Managing Co-Morbid Presentations

One area of particular concern is the passing of patients across teams where there is co-morbid (joint) alcohol and drug misuse (55% of the sample). We found that a number of individuals presenting with self-harm and suicide attempts were referred from Community Mental Health Team (CMHT) to Community Addiction Services (CAT) with no follow-up from mental health services. A significant proportion did not engage with CAT and were often discharged without being seen. There appeared to be little evidence of outreach working or co-working across teams which may have promoted better patient engagement and risk management.

There also appeared, from investigation reports, to be a lack of co-ordination across physical health and mental health services where the individual had co-morbid chronic physical illness and may have been attending health psychology, older people's services or community brain injury teams. Such services are often located within different directorates and information sharing can be difficult. RQIA recommend there should be opportunities for other teams to be involved in case discussion and care plans.

## 2) Co-Ordination of Input Across Teams and Services

Many patients experienced being passed between Home Treatment Teams (HTT) and CMHTs on a number of occasions. In addition, they were frequently seen by different psychiatrists, for example, in one case a person was referred to six different teams in the course of 7 months.

Given that research demonstrates the importance of the therapeutic relationship in achieving good mental health outcomes, without the opportunity to engage with key workers it is perhaps unsurprising that many service-users disengage from services.

A number of trust SAI report review recommendations also evidenced poor co-ordination and sharing of information across services and teams. We suggested that an opportunity for therapists to attend case discussions should be encouraged, particularly where there is involvement of community and voluntary services, or private therapy services. Without this there is no way of ensuring a co-ordinated care plan which includes the delivery of evidence-based interventions.

## 3) Limited Risk Assessment

The role of risk assessment in preventing suicide will always be a point of debate. Reviewing risk assessments in hindsight, does not have the benefit of the clinical presentation at the time. Nevertheless, while the reviews indicated evidence of completed risk assessments, the patient is reporting a lack of suicide plan seemed to over-rule other well established clinical risk factors.

A case example of this involved Patient A, a 56 year old man presenting with low mood, reported feelings of life not worth living, a previous suicide attempt, suicidal ideation, poor appetite and sleep, following his wife's death. The notes record that he "denied having a plan and stated his children as protective factors". He was judged to be of low risk and given the telephone number of Lifeline. He subsequently completed suicide by hanging. The findings of the review stated that Patient A's death "could not have been foreseen".

Obviously, each individual case is different and must be assessed in context. Nevertheless, it is suggested that had Patient A's presentation and history been considered in terms of psychological formulation, given his gender, age, history of loss, low mood and previous suicide attempt, he would have been judged to have a number of significant risk factors, which could then be weighed against his denial of an active plan.

#### 4) Poor Access to Psychological Therapies

Despite the growing evidence base, professional guidelines, local and national strategy, together with service-user preference for psychological interventions, there is very little evidence of improved access to psychological therapies. Medication appears to be the intervention of choice for all presentations, even when managing self-harm despite NICE guidance (CG133) stating “Do not offer drug treatment as a specific intervention to reduce self-harm.”

This is not to say that those psychiatrists and mental health staff trained in evidence based therapies and interventions were not utilising them appropriately, but rather points to the lack of inclusion of such information within the investigation reports. However, it may well also relate to the fact that many mental health professionals express frustration over the lack of time and supervision available to implement therapies in which they have been trained.<sup>3</sup>

Furthermore, in relation to NICE guidelines for moderate to severe depression, there was little evidence that the full range of high-intensity psychological interventions should normally be offered in inpatient settings. (CG90). It was often unclear about the nature of intervention and support being provided by community nursing services, other than the monitoring of mental state and adherence to medical regimen.

Where the cases reviewed had a history of relapse, there was no evidence, as per NICE guidelines, that „People with depression who are considered to be at significant risk of relapse (including those who have relapsed despite antidepressant treatment or who are unable or choose not to continue antidepressant treatment) or who have residual symptoms, should be offered one of the following psychological interventions:

- Individual CBT for people who have relapsed despite antidepressant medication and for people with a significant history of depression and residual symptoms despite treatment
- Mindfulness-based cognitive therapy for people who are currently well but have experienced three or more previous episodes of depression.<sup>4</sup>

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<sup>3</sup> QUB QPsyC report into Psychological Therapies Training 2013 (commissioned by HSCB Psychological Therapies Implementation Group)



## 5) Involvement of Families

Approximately 1/3 of families expressed dissatisfaction at their lack of involvement in their relative's care. There was a clear difference of approach when looking at statutory mental health services who report confidentiality issues as restrictive issues and in e.g. Lifeline, who regularly engage a contact person when working with individuals.

A number of reviews had clearly not engaged family members in the review process, whilst others appeared to include relatives as part of the review team.

## Summary of Audit Findings

This audit represented an opportunity to consider suicide reviews in a group context, with particular attention to quality of treatment and care provided and focusing on access to psychological therapies. The main methodological drawback is that the audit only accessed trust review reports, as opposed to the patient clinical files, and was therefore reliant on the reports accurately recording clinical care decisions and the treatment provided.

Nevertheless, the study has used epidemiological data and trust investigations to identify recurring themes and potential learning opportunities.

## Key Issues Identified

The care and treatment issues identified largely reflected those articulated by RQIA inspectors following their review of SAI reports, these included:

- The management of co-morbid presentations and dual diagnoses, particularly where this involves working and communicating across teams.
- The practice of transferring individuals across a number of teams, which affords little consistency in therapeutic relationships and presents as service-centred, as opposed to patient-centred, care.
- The nature and role of risk assessments and the need to be aware of the contribution of well recognised risk factors.
- The need to ensure an integrated and shared care plan which should include the interventions provided by external bodies.
- the apparent lack of awareness of/access to evidenced based psychological therapies and interventions.
- The importance of considering each service user systemically, including appropriate family involvement and awareness of risk factors where children are involved.

In conclusion, as suicide rates in Northern Ireland continue to rise and constricting mental health services continue to manage increasing numbers of referrals, it is important to consider how best to review the treatment and care provided to our service users and their families. The methodology used in this audit provided a supplement to the SAI review process, whereby the identification of recurring themes of good practice and gaps in service provision provided an opportunity for increased learning and service improvement.

The findings of this report have important implications for the role of the RQIA in monitoring SAls, who are identifying recurring themes and deficiencies in care and treatment

The MHLDT team are currently auditing 100 patient pathways of people who have been known to addiction services as addiction to drugs and alcohol feature largely in serious adverse incident reports and will publish our findings in June 2014.

Electroconvulsive Therapy (ECT) is considered an important and necessary form of treatment for some of the most severe psychiatric conditions and is, in many instances, a life-saving treatment, particularly for patients with severe depression.

Treatment with ECT requires valid consent from the patient, where possible. The percentage of patients receiving ECT on a voluntary basis and capable of giving valid consent, was 70%. Some patients commenced their course of ECT on a detained basis and completed it as a voluntary patient. The number of patients receiving ECT on an outpatient basis varied between trusts, and some patients who commenced ECT as an inpatient completed their course as an outpatient.

## Requests for Part IV Medical Practitioner's Opinions for ECT (1 April 2010 to 31 March 2013)

Forty five requests for Part IV Medical Practitioners' opinions were sought in relation to the administration of ECT from 1 April 2010 to 31 March 2013.

**Table 5: Number of requests to RQIA for Part IV Medical Practitioners' opinions from 1 April 2010 – 31 March 2013**

Trust	1 April 2010 / 31 March 2011	1 April 2011 / 31 March 2012	1 April 2012/ 31 March 2013
BHSCT	8	5	12
NHSCT	13	9	11
SHSCT	4	6	5
SEHSCT	11	8	10
WHSCT	8	8	7
<b>Total</b>	<b>44</b>	<b>36</b>	<b>45</b>

This demonstrates an increase of 9 second opinions in the 1 April 2012 to 31 March 2013 period.

**Table 6: Summary of rate of ECT per 100,000 of catchment population by Trust from 1 April 2012 to 31 March 2013**

<b>Table 6: Summary of rate of ECT per 100,000 of catchment population by Trust from 1 April 2012 – 31 March 2013</b>			
<b>Trust</b>	<b>Population</b>	<b>Number of Patients receiving ECT 2012/13</b>	<b>Rate per 100,000 population 2012/13</b>
BHSCT	335,774	30	9
NHSCT	458,746	37	8
SHSCT	358,647	15	4
SEHSCT	346,794	13	4
WHSCT	299,431	18	6
<b>Total</b>	<b>1,799,392</b>	<b>113</b>	<b>6</b>

Table 5 demonstrates a variation in the rate of the administration of ECT across the five trusts. A number of reasons may account for this variation. It should also be borne in mind when considering the disparity in these rates of administration of ECT that under-use of ECT is as undesirable as over-use. In respect of some patients with severe depression, treatment with ECT can bring about improvement in their mental state within a month of starting their course of ECT whereas drug therapy may require a high dosage or a combination of drugs given over several months to effect improvement. These factors may be extremely important in the management of an individual patient's illness when weighing up the risks and benefits of different treatments.

A survey of ECT administration in England carried out from January to March 2002 gives a figure of 4.6 people per 100,000 of the population. The most recent rate for England and Wales is approximately 0.4 patients per 100,000 population over 18 years of age (Personal Communication).

In Scotland, approximately 7.8 people per 100,000 of the population in 2009/2010 were treated with ECT<sup>4</sup>. The figure was 6.9 people per 100,000 of the population in 2012. (Personal Communication).

RQIA found it difficult to find accurate comparisons across the jurisdictions as the rates of ECT administration are not published on an annual basis.

Two Serious Adverse Incidents (SAIs) in relation to the administration of ECT were reported to RQIA during the period of this review. The Trust acted appropriately on the recommendations made for improvement.

<sup>4</sup> Scottish ECT Accreditation Network Annual Report 2011

## Action taken in 2013/ 14

RQIA developed a template for the return of figures on the administration of ECT across Northern Ireland quarterly to enable MHLD Team to monitor trend data and any emerging themes.

RQIA updated the list of those Part IV Medical Practitioners available to deliver second opinions in relation to ECT and in addition revised their policy and procedures for the appointment of Part IV Medical Practitioners.

The Director of Mental Health and Learning Disability obtained permission from ECTAS in 2013 to use an adapted version of their Patient Experience Questionnaire to obtain the views of patients about their experience of ECT. It was agreed with trusts that patients, on completion of their treatment with ECT, would be asked to complete the patient questionnaire. At the time of the publication of this report, the majority of patients who returned their questionnaire commented very positively on the quality of care that they received when undergoing electroconvulsive therapy. This included the process of giving consent and the way in which they were given information about the treatment.

## Sample of Comments from Patients

“ECT gave me my life back again...I thank God every day for ECT and getting my life back again...don't know what would have happened if I hadn't received it”.

“I was in a very bad place for 9 months and I am almost back to my old self.”

“I felt ECT was very important and I saw a dramatic change in my mental health. I would have no issues to having this treatment again or recommending to others. I felt the staff provided excellent support, care and reassurance”.

A journal article will be published by Dr Sara Maguire / Dr Shelagh - Mary Rea in June 2014 about the views of patients about their experience.

## Inspections of ECT Suites not Accredited by ECTAS 2013/14

Visits were undertaken to all ECT suites not accredited by ECTAS (Electroconvulsive Therapy Treatment Accreditation Service) across Northern Ireland to review the quality and safety of the administration of ECT in 2013/14.

RQIA found that the service was delivered effectively across Northern Ireland with some minor improvements required apart from the Tyrone County Hospital. The Western Trust temporarily had to cease operating the service until the required improvements were made in February 2014.

RQIA checked every Form 23 containing details of the treatment plan to administer ECT. All of the Form 23s completed by Part IV Medical Practitioners between 1 April 2010 and 31 March 2013 were checked and found to be correctly completed, in line with the legislative requirements.

## Leadership Development Programme

A number of conferences were attended and presentations were delivered by MHLD staff from April 2013, these are outlined in Appendix 1.

## Workshops for Part II / Part IV Medical Practitioners

A workshop was held on 6 December 2013 involving 80 consultant psychiatrists supported by the Royal College of Psychiatrists. Topics included:

- Audit of Treatment Plans
- Draft Mental Capacity (Health Welfare and Finance) Bill
- Access to Psychological Therapies / Review of SAI Report
- Key findings from Inspections of Safeguarding 2012 /13
- Inspection Standards 2013/14
- Co-morbid Physical Illness
- Overview of Implementation of ECT Recommendations

The Scottish and Republic of Ireland Mental Health Commission were represented at the workshop.

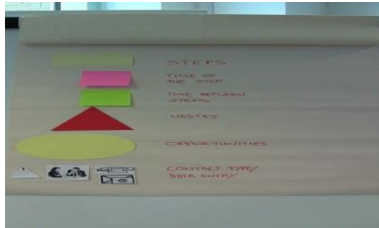
## Response to Consultation Documents

Since April 2013 – March 2014 the MHLD Team has responded to 3 consultation documents;

- The RQIA Review of Fostering Services (December 2013).
- The Department of Justice Consultation on Custodial Arrangements for Children in Northern Ireland (January 2014).
- The DHSSPS Consultation on Foster Placement and Fostering Agencies Regulations (Northern Ireland) 2014 (January 2014).

## Review of Internal MHL D Administration Systems

Work was undertaken to update all MHL D administrative systems and processes within the current programme following the Lean methodology process. This resulted in changes to the Inspection, SAI, Forms and PEIs policies and procedures, which are now clearer and more efficient in terms of staff time and resources.



## Mental Capacity (Health Welfare and Finance) Bill

The Mental Health and Learning Disability Team requested that the DHSSPS in December 2013 outline the proposals of the Mental Capacity Bill at a workshop for all Part II / Part IV Medical Practitioners on 6 December 2013 and again at a roadshow for all providers on 31 March 2013 in Antrim. The new legislation will focus on the capacity of the individual to make decisions, and the issues requiring consideration where a person lacks capacity to make decisions. The Bill will allow for interventions to be made in a person's life but protection of the interests of the individual will require to be put in place. Feedback has been given by the MHL D team from a range of scenarios reflecting current practice issues and future challenges. It is anticipated that the new legislation will be released for consultation in May 2014.

RQIA will contribute to the DHSSPS working group to develop the guide and new code of practice. Further discussions will be required with the DHSSPS in relation to the transmission of new forms electronically under the proposed new Mental Capacity (Health, Welfare and Finance) Bill in 2016.



During the 2014/2015 year the MHLD plan to make further developments in terms of how we:-

- Monitor SAI reports using service frameworks as a benchmark of practice.
- Train and support peer reviewers and lay assessors to ensure their continued involvement in the inspection process
- Provide information at the end of March 2015 for providers about the 2015/2016 inspection focus.
- Produce all inspection reports in easy read versions from 1 April 2014
- Report on people admitted to places of safety under Article 29/30 of the Mental Health (Northern Ireland) Order 1986
- Interview people subject to guardianship in residential or other settings
- Review the Physical Health needs of people within Mental Health / Learning Disability in hospital wards.
- Present of our findings from the inspections of Tier 4 Addiction Services.
- Collaborate with other NPM colleagues and EPSO regulators, in reviewing best practice and disseminating any learning for improvement.

The MHLD Team will also undertake a review of access to services for people who have eating disorders and other action as outlined in our business plan for 2014/15.

Theresa Nixon  
Director of Mental Health, Learning Disability and Social Work

17 April 2014

## Appendix 1 – Presentations made by MHL D Team since April 2013

- Director of MHL D presented a paper at the Equality and Human Rights Translating Equality and Human Rights into Care and Service Delivery Conference on 6 September 2013.
- Director of MHL D gave a presentation at the Four Jurisdictions Legal Conference on Capacity Issues for Individuals in Supported on 25 October 2013, London.
- Director of MHL D gave a presentation on Underpinning Human Rights in the Inspection Process at the Four Nations Regulators' Summit on Human Rights on 12 November 2013
- Director of MHL D gave a presentation at the BPS Division of Clinical Psychology 2013 Annual Conference at Riddel Hall, QUB, Belfast on 2 December 2013 (Good People Do Bad Things).
- Presentations were made by RQIA sessional staff Conference in Riddel Hall, QUB, Belfast on 6 December 2013
- Director of MHL D gave a presentation at the conference on Working Towards Improvement : Learning Disability Health Care & Improvement “Health for All – Everyone’s Business” at Mossley Mill, Newtownabbey on 7 March 2014
- MHL D Team presentations at provider roadshow, 31 March 2014.

## Appendix 2 : Financial Inspections undertaken under Article 116 of Mental Health (Northern Ireland) Order 1986

Appendix 2 : Financial Inspections undertaken under Article 116 of Mental Health (Northern Ireland) Order 1986			
No	Trust	Site	Number of Patients Sampled
1	WHSCT	Cedar Ward, Gransha Hospital	3
2	WHSCT	Carrick Ward, Grangewood, Gransha	3
3	WHSCT	Evish Ward, Grangewood, Gransha	1
4	WHSCT	Strule Lodge, Lakeview Hospital, Gransha	5
5	WHSCT	Beech Villa, Tyrone & Fermanagh Hospital	7
6	NHSCT	Holywell Hospital – Carrick 1	2
7	NHSCT	Holywell Hospital - Carrick 3	3
8	NHSCT	Holywell Hospital - Carrick four	8
9	NHSCT	Holywell Hospital - Inver 1	3
10	NHSCT	Holywell Hospital - Inver four	2
11	NHSCT	Holywell Hospital – Lissan 1	3
12	NHSCT	Holywell Hospital – Tardree	4
13	SEHSCT	Downshire - Kilclief (Ward 27)	5
14	SEHSCT	Downshire - Wards 28 /29 combined	7
15	BHSCT	Knockbracken Hospital – Avoca	5
16	BHSCT	Knockbracken Hospital – Clare	4
17	BHSCT	Knockbracken Hospital - Continuing Rehabilitation Unit	7
18	BHSCT	Knockbracken Hospital - Dorothy Gardiner Unit	4
19	BHSCT	Knockbracken Hospital – Inishfree	3
20	BHSCT	Knockbracken Hospital – Rathlin	1
21	BHSCT	Knockbracken Hospital – Valencia	1

### Appendix 3: Announced and Unannounced wards inspections in 2013/14

Appendix 3: Announced and Unannounced wards inspections in 2013/14			
Wards Inspected	Announced	Unannounced	Total
Ward 6 (Addictions) St Lukes	1	0	1
Addiction & Treatment Unit, Omagh	1	0	1
Ash	1	0	1
Beech	1	0	1
Beechcroft Ward 1	1	2	3
Beechcroft Ward 2	1	1	2
Bronte	1	0	1
Brooke Lodge	0	1	1
Carrick - Male	1	1	2
Carrick 1	1	0	1
Cedar Ward	1	0	1
Clare Ward	1	0	1
Cranfield Female	1	0	1
Cranfield ICU	0	2	2
Cranfield Male	1	0	1
Donegore	1	0	1
Dorothy Gardiner Unit Bush Rehab	1	0	1
Downe Dementia Ward	0	1	1
ECT Suite - Altnagelvin	1	0	1
ECT Suite - Causeway	1	0	1
ECT Suite - Craigavon	1	0	1
ECT Suite - Mater	1	0	1
ECT Suite - Tyrone County	1	0	1
Elm	1	1	2
Erne	0	1	1
Evish - Grangewood	1	0	1
Gillis Memory Centre	0	3	3
Innisfree/Brain Injury	1	0	1
Inver 1	1	0	1
Inver 4	0	1	1



Iveagh Centre	1	3	4
Lime	1	0	1
Longstone Assessment and Treatment Unit	1	0	1
Oak A	1	0	1
Oak B	1	0	1
Oldstone	1	0	1
Rathlin	1	0	1
Ross Thomson Unit	0	1	1
Shannon Clinic Ward 1	1	0	1
Shannon Clinic Ward 2	1	0	1
Shannon Clinic Ward 3	1	0	1
Silverwood/Bluestone	1	0	1
Six Mile Ward	1	0	1
Slievemore - Waterside	0	1	1
Spruce/ICU	1	0	1
Strule Lodge	0	1	1
Tardree 1	0	1	1
Tobernavreen Centre	1	0	1
Tobernavreen Lower	1	0	1
Tobernavreen Upper	1	1	2
Ward 1 - Waterside	0	1	1
Ward 12 - Lagan Valley	0	1	1
Ward 15 - Downshire	1	0	1
Ward 27 - Downshire	1	0	1
Ward 27 - Ulster	0	1	1
Ward 28 - Downshire	1	0	1
Ward 3 - St. Lukes	1	0	1
Ward 3 - Waterside	0	1	1
Ward J - Mater	1	1	2
Ward K - Mater	1	0	1
Ward L - Mater	0	1	1
<b>Grand Total:</b>	<b>47</b>	<b>28</b>	<b>75</b>


## Appendix 4 – Sample of Easy Read Report




### What we found when we visited **Cranfield Women's Ward**

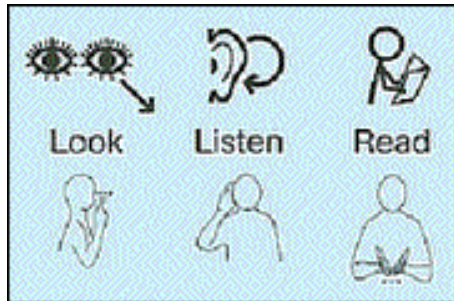
Easy to read report.

	<p>Cranfield Women's Ward Muckamore Abbey Hospital 1 Abbey Road Antrim Co. Antrim</p> <p>BT41 4SH</p>																																										
 <p>Belfast Health and Social Care Trust</p>	<p>Trust:</p> <p>Belfast Health and Social Care Trust</p>																																										
<p>July 2013</p> <table><tr><th>Sunday</th><th>Monday</th><th>Tuesday</th><th>Wednesday</th><th>Thursday</th><th>Friday</th><th>Saturday</th></tr><tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr><tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr><tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr><tr><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td></tr></table>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				<p>Date of RQIA inspection:</p> <p>9 July 2013</p>
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	<p>Type of Ward:</p> <p>Female admission</p>
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<p>Who are RQIA?</p>  <p><b>PICTURE HERE</b></p>	<p>Who is RQIA?</p> <p>RQIA is the group of people in Northern Ireland that visit wards in hospitals, homes and other services to check that they are good and make sure that they are safe for everyone. RQIA call these visits inspections. The people from RQIA that visit the ward are called inspectors.</p> <p>The inspectors that visited Cranfield Women's ward were called Siobhan and Gerry.</p>
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What did Siobhan and Gerry do?



What did Siobhan and Gerry do?

Siobhan and Gerry

- looked around the ward
- talked with patients on the ward
- talked to patients' families and carers
- talked to the staff working on the ward
- talked to the people that are in charge of Cranfield Women's ward

Siobhan and Gerry also

- read some of the notes that the staff write
- looked at some of the forms that the staff fill out

After Siobhan and Gerry visited the ward they wrote a report of what they found and sent it to the ward. RQIA asked the staff that work on the ward and the people that are in charge of the ward to make some changes. These will make the ward better place to be.



Siobhan and Gerry  
found it was good that



all of the staff working in Cranfield Women's went to special training to help keep patients on the ward safe



there was a poster up on the wall to remind staff of what to do if they are worried about a patient's safety



if staff were concerned about patient's they contacted people to help decide how best to keep the patient safe. This is called a vulnerable adults referral.



all of the patients notes that Siobhan and Gerry looked at had a risk assessment and a care plan



patients all had their own room with a shower and a toilet. Patients could have a key to their room and lock the door to their room.



patients could leave their money and valuables in a safe place in the office. Two members of staff checked patients' money and valuables each morning and night.



there was a cordless phone for patients to use so that they could make telephone calls in private









there were activities on the ward for patients to take part in each day



there was an information booklet about the ward for patients to keep. This booklet had lots of useful information for patients on

- different types of staff that work on the ward and what they do
- how to complain
- patient rights

<p>Siobhan and Gerry were concerned that</p>	<p> the patient's in Cranfield Women's ward had not signed their care plan</p> <p> the doors on the ward were locked but this was not in the patient's care plan</p> <p> there were things on the ward that patients were not allowed but this was not written down in the care plan</p> <p> the care plans were not always about the individual person</p> <p> some of the patient's on the ward said it was very noisy and they did not always feel safe</p> <p> some of the patients were ready to leave the hospital but there was nowhere for them to live in the community</p>
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What next?



What next?

After the inspection Siobhan and Gerry met with the managers from Cranfield Women's ward. They are going to write back to Siobhan and tell her how they are going to fix the problems on the ward and make it a better place for patients.

One of the inspectors will visit the ward again to see if the ward has improved.

## RQIA Board Meeting

Date of Meeting	15 May 2014
Title of Paper	Audit Committee Update
Agenda Item	11
Reference	G/03/14
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	<p>The Audit Committee has met on one occasion since the last Board meeting.</p> <p>At the meeting on 7 May 2014, the minutes of the meeting of 27 February 2014 were approved and these are attached for noting by the Board.</p> <p>The Committee Chairman will verbally update the Board on the meeting of 7 May 2014.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to <b>NOTE</b> the update from the Committee Chair.
Next steps	The Audit Committee is scheduled to meet again on 26 June 2014.

## MINUTES

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### **RQIA Audit Committee Meeting, 27 February 2014 Boardroom, 9th Floor, Riverside Tower, Belfast, 2.00pm**

#### **Present**

Denis Power (Chair)  
Geraldine Donaghy  
Patricia O'Callaghan  
Lindsey Smith

#### **Officers of the Board present**

Maurice Atkinson (Director of Corporate Services)  
Stuart Crawford (Planning and Corporate  
Governance Manager)  
Glenn Houston (Chief Executive)  
Jonathan King (Head of Finance)

#### **Apologies**

Catherine McKeown  
(Business Services  
Organisation, Internal Audit)

#### **In attendance**

Brian Clerkin (ASM)  
Conrad Kirkwood (DHSSPS)  
Jenny McCaw (Business Services Organisation,  
Internal Audit)  
Catherine O'Hagan (Northern Ireland Audit Office)  
Collette Patton (Northern Ireland Audit Office)  
Katie Symington (Board & Executive Support  
Manager)

## **1 Welcome and Apologies**

- 1.1** The Chair welcomed all members of the Audit Committee to the meeting and noted apologies from Catherine McKeown. The Chair also welcomed Jenny McCaw from the Business Services Organisation and Collette Patton from the Northern Ireland Audit Office.  
The Chair formally recorded his thanks to outgoing Board members Geraldine Donaghy, and also to Ruth Laird, past Audit Committee Chair.

## **2 Chairman's Business**

- 2.1** The Chair informed Audit Committee members that Daniel McLarnon has stepped down from the Audit Committee with effect from February 2014. New members will be appointed to the Audit Committee following the appointment of RQIA's five new Board members by the Minister.
- 2.2** The Chief Executive provided an update to Committee members following the last meeting on 24 October 2013. The Chief Executive wrote to Julie Thompson, Senior Finance Director/Deputy Secretary, DHSSPS, regarding RQIA's cost pressures within the 2013/ 14 financial year. The response from Julie Thompson indicated that RQIA should make Sponsor Branch, DHSSPS, aware of these cost pressures.

The Chief Executive subsequently wrote to Fergal Bradley on 11 February 2014 detailing RQIA's cost pressures including; £66,000 RRL adjustment, £33,000 BSTP Project costs and additional review activity costs.

An email response from Fergal Bradley, dated 26 February 2014, indicates that DHSSPS will provide additional funding to RQIA for the commissioned reviews, therefore a predicted breakeven position is expected at year end.

- 2.3** The Chief Executive highlighted the media interest in Cherry Tree House. He reported that the terms of reference of the Cherry Tree House Review have been extended to allow the Review Team to meet with relatives of patients of Cherry Tree House. The extension to the terms of reference has been advertised in the local press. This review is due for completion in March 2014.
- 2.4** The Chief Executive referred to the Child Sexual Exploitation Inquiry, led by Kathleen Marshall. The call for evidence closes on 18 March and further engagements with HSC bodies and with the education and criminal justice sectors are planned in the period March – June 2014. This inquiry is due for completion in November 2014. The Chief Executive noted the significant costs associated with this work.
- 2.5** The Chief Executive noted that RQIA had been asked by Minister to undertake an urgent inspection of the Royal Victoria Hospital ED and Acute Medicine Departments, which was completed on 4 February 2014. An interim report was provided to the Minister. The final report will be sent to the Belfast Trust for factual accuracy checking prior to publication. RQIA has also been asked by the Minister to undertake a Review of Arrangements for Management and Co-ordination of Unscheduled Care in the Belfast HSC Trust; Dr David Stewart, Director of Reviews and Medical Director, is leading this review. This review is due for completion in June 2014. The Chief Executive noted the significant costs associated with this Review.
- 2.6** The Chief Executive also highlighted to committee members the second Vulnerable Adult Investigation Report received from the Southern Health and Social Care Trust in relation to two registered residential care homes which is currently receiving consideration.
- 2.7** The Chair noted that the Chief Executive will provide a brief update to members at each Audit Committee meeting.
- 2.8** The Audit Committee **NOTED** the Chief Executive's update.
- 2.9** The Chair tabled a document for Board member information; "A study of major risk events: their origins, impact and implications. A report by Cass Business School on behalf of Airmic."
- 3 Minutes of previous meeting (Paper AC/min13/Oct)**
- **Matters Arising**
  - **Notification of AOB**
- 3.1** The minutes of the meeting of 24 October 2013 were **APPROVED** for onward transmission to the Board on 11 March 2014.

- 3.2** The Head of Finance informed Audit Committee members that in response to action 246, the improper authorisation of an invoice by a member of staff, the procurement action was properly authorised by the Chief Executive however when the invoice for £16,000 was received by RQIA it was signed off by a member of staff whose authorisation level was £5,000.

This staff member no longer works for RQIA and a new BSTP system is now in place, therefore no further action is required.

- 3.3** The Chair noted the advertisement for Lay Reviewers in January 2014 in response to action 237 and confirmed that the Mid-Year Assurance Statement had been approved before submission to DHSSPS in response to action 253. The Chief Executive noted that following the letter to David Bingham, action 248, a letter of response was received on 27 January providing a number of assurances regarding ongoing work to the HRPTS system.

- 3.4** **Resolved Actions**  
**Board & Executive Support Manager to bring the Audit Committee minutes of the 24 October 2013 to the 11 March 2014 meeting of the Board for noting**

#### **4 Action List Review**

- 4.1** The Chair went through the action list and noted that actions 233, 234, 237, 243-245, 247-249, 251-259 have been completed.  
Action 246 has been completed following the update from the Head of Finance. Action 250 will be addressed under item 8.

- 4.2** The Audit Committee **NOTED** the Action List Review.

#### **5 Update on Audit Action Plan (AC/01/14)**

- 5.1** The Planning and Corporate Governance Manager provided an update to the Committee on the Audit Action Plan, as at 30 January 2014 and identified the incomplete actions.
- 5.2** The Audit Committee noted that actions under point 1.1; to update finance policies and procedures, will be completed by 31 March 2014.
- 5.3** Members noted that the date for completion for testing of the Disaster Recovery Plan, action 1.3, has been moved to align with the revised date for the implementation of i-Connect. Action 1.4, inconsistencies in the filing process; Board members noted that a guidance document will be completed and circulated to all relevant staff by April 2014.
- 5.4** The Chair noted the Chief Executive's planned meeting on 4 April 2014 with BSO in relation to the Service Level Agreement. The Chief Executive highlighted to Committee members the increasing costs associated with BSO legal services, which is likely to further increase in the future.

- 5.5** Catherine O'Hagan asked the Head of Finance if RQIA will receive a reduced charge from BSO with the implementation of shared services. RQIA is awaiting confirmation of this charge.
- 5.6** The Audit Committee **NOTED** the update on the Audit Action Plan.
- 6 Internal Audit Update (AC/02/14)**
- Progress Report to Audit Committee
  - RQIA & BSO Review of recent Inspector recruitment process 2013/14
- 6.1** Jenny McCaw informed the Audit Committee that the Internal Audit report on Procurement and Contract Management will be presented at the May Audit Committee meeting. The Progress Report was presented to the Audit Committee; members noted that the Board Effectiveness & Performance Management Audit is currently ongoing. The year-end follow up report will be provided to RQIA at the end of the financial year.
- 6.2** Jenny McCaw presented the RQIA & BSO Review of recent Inspector recruitment process 2013/14 to Committee members and highlighted page four of this report which noted weaknesses in the process for both BSO and RQIA. Both organisations have accepted the recommendations from Internal Audit. Confirmation was provided that two of the recommendations have been shared with RQIA's line managers.
- 6.3** The Audit Committee **NOTED** the update from Internal Audit.
- 7 External Audit Update (AC/03/14)**
- Audit Strategy
- 7.1** Catherine O'Hagan presented NIAO's Audit Strategy, which sets out a risk based approach to the end of year audit. Brian Clerkin drew the Committees attention to the significant risk presented in this strategy in terms of RQIA achieving break-even for this financial year. The Chief Executive advised Audit Committee that recent e-mail correspondence from the Department gave an assurance that funds will be made available for commissioned reviews and thus the pressure on break-even status had abated since reported to Board in November 2013. The end of year audit will comprise two staff from ASM. Committee members noted the timetable for final accounts. NIAO indicated that they are seeking assurance from PWC in relation to the BSO Financial IT systems.
- 7.2** The Chief Executive reported the emerging risks relating to three additional commissioned reviews from DHSSPS and RQIA's increasing legal costs.
- 7.3** Committee members noted that the contract to undertake the Landscape Review of RQIA will be awarded shortly and a five week completion date will be provided for this review.



7.4 The Audit Committee **NOTED** the External Audit update.

7.5 **Resolved Actions**

**Board and Executive Support Manager will review the timetable for final accounts to ensure that the schedule aligns with the July Board meeting**

**8 Information Systems Security Update (AC/04/14)**

8.1 The Head of Information joined the meeting to provide an update to Committee members on the Data Security incident, as discussed at the meeting on 24 October 2013. The Head of Information informed members that the Information Commissioners Office (ICO) has written to RQIA, 20 January 2014, noting that no formal action will be taken as a result of the data breach on 4 September 2013.

8.2 The Head of Information noted that in future there will be proportionate monitoring of staff compliance with information governance policies. A blended approach to staff training will also be undertaken.

8.3 Appendix one of the presented report details the recommendations made following the data incident, which have been amended following discussion with the Executive Management Team. The recommendations, with the exception of recommendation one, mandatory training, are now complete. The date for completion of recommendation one has been changed to 31 March 2014.

8.4 The Head of Information confirmed that it is no longer possible to export the database involved in the data breach, and the email address drop down facility has been removed.

8.5 The Head of Information confirmed that the monitoring of staff compliance with the information governance policies will take the form of ad hoc testing. Audit Committee members were also informed that the ICO will be visiting RQIA on 21 March 2014 in an advisory capacity. Catherine O'Hagan welcomed the monitoring of compliance with the information governance policies.

8.6 The Head of Information drew the Committee's attention to Appendix three of the report, detailing the Infrastructure and Network Security for i-Connect. Confirmation was provided that ongoing support from Sysco has been budgeted for, following implementation of i-connect. Access levels can be set for different users and a system test will also be undertaken before the launch of i-connect.

8.7 A post project evaluation of the i-connect project will be brought to a future Board meeting.

8.8 The Audit Committee **NOTED** the update on the Information Systems Security Update.

**8.9 Resolved Actions**

**An i-connect Board workshop to be arranged for Board members**

**9 Corporate Risk Assurance Framework Report (AC/05/14)**

**9.1** The Planning and Corporate Governance Manager presented the Corporate Risk Assurance Framework Report to Committee members. Committee members were informed that a revised Corporate Risk Assurance Framework Report, following the Horizon Scanning workshop in February, will be presented at the Board meeting in May 2014.

**9.2** Committee members were asked to note the executive summary of the current report, detailing changes to the risks. Risks four, six and seven have been removed from the Corporate register and risks six and seven have been added to Directorate risk registers.

**9.3** The Chief Executive noted the steps taken by RQIA in relation to risk six, introduction of agenda for change revisions to travel claims. Staff members have been offered the opportunity to join a car leasing scheme or redesignate their base. A home working policy will not be introduced at this stage. The Chief Executive noted that it may be necessary to reinstate a payment for overnight accommodation for inspectors who are travelling long distances for work purposes.

**9.4** Committee members noted the four remaining risks on the Corporate Risk Assurance Framework Report. The updated report will be presented to members at the May Audit Committee meeting.

**9.5** Clarification was provided that the Business Cases as detailed in Risk 1 of the report are currently with the Permanent Secretary.

**10 Public Accounts Committee Report (NIFRS)**

**10.1** The Public Accounts Committee Report in relation to the NI Fire and Rescue Service was tabled at the Audit Committee meeting in October 2013. Audit Committee members are asked to reflect on possible learning from this report.

**10.2** A Committee member raised the issue of whistleblowing. Confirmation was provided by the Chief Executive that internally, whistleblowing is dealt with under the RQIA Whistleblowing Policy. Guidance has been provided to staff employed in health and social care organisations about whistleblowing and RQIA's role as a designated authority for the purposes of the Public Interest Disclosure legislation.

**10.3 Resolved Actions**

**Copy to RQIA's Whistleblowing Policy to be shared with members of the Audit Committee**

**11 Single Tender Actions & External Consultancy (AC/06/14)**

**11.1** The Head of Finance confirmed that no external consultancy engagements occurred during quarter three, or to date within quarter four.

**11.2** The Head of Finance noted that no new STA's were raised in Q3 and in Q4 there are five authorised STA's. The Audit Committee was informed that four STA's relate to the independent experts for the Cherry Tree House and the Child Sexual Exploitation Reviews. The Audit Committee noted that these STA's were completed retrospectively. The Chief Executive noted that the end to end review protocol does not address the appointment of independent experts; some clarity is therefore required in relation to the context under which clinical experts are engaged by RQIA.

**11.3** The Audit Committee **NOTED** the update on Single Tender Actions & External Consultancy.

**11.4** **Resolved Actions**

**Chief Executive will review the context under which independent experts are engaged by RQIA**

**12 Update on DHSSPS Circulars (AC/07/14)**

**12.1** The Head of Finance noted three DHSSPS circulars; compliance with these circulars was confirmed.

**12.2** The Audit Committee **NOTED** the update on DHSSPS Circulars.

**12.3** **Resolved Actions**

**Director of Corporate Services to ensure Board members are notified of DHSSPS Circulars which directly affect them**

**13 Any Other Business**

**13.1** As there was no other business the Chairman brought the meeting of the Audit Committee to a close.

**Date of next meeting: Wednesday 7 May 2014, 2.00pm, Boardroom, RQIA**

## ACTION LIST

### RQIA Audit Committee Meeting 27 February 2014

Action	Minutes Ref	Description	Assigned to	Date Due	Status
246	Oct 13 (Para 6.8)	Chief Executive to investigate the improper authorisation of an invoice by a member of staff	Chief Executive	February 2014	Complete
250	Oct 13 (Para 9.5)	The Chief Executive will provide an update to Committee members on the functionality of the RISCP system to protect sensitive, personal, identifiable information	Chief Executive	February 2014	Complete
260	Feb 14 (Para 3.4)	Board & Executive Support Manager to bring the Audit Committee minutes of the 24 October 2013 to the 11 March 2014 meeting of the Board for noting	Board and Executive Support Manager	March 2014	Complete
261	Feb 14 (Para 7.5)	Board and Executive Support Manager will review the timetable for final accounts to ensure that the schedule aligns with the July Board meeting	Board and Executive Support Manager	March 2014	Complete
262	Feb 14 (Para 8.9)	An i-connect Board workshop to be arranged for Board members	Director of Corporate Services	May 2014	Ongoing
263	Feb 14 (Para 10.3)	Copy of RQIA's Whistleblowing Policy to be shared with members of the Audit Committee	Board and Executive Support Manager	May 2014	Complete
264	Feb 14 (Para 11.4)	Chief Executive will review the context under which independent experts are engaged by RQIA	Chief Executive	May 2014	Ongoing

Action	Minutes Ref	Description	Assigned to	Date Due	Status
265	Feb 14 (Para 12.3)	Director of Corporate Services to ensure Board members are notified of DHSSPS Circulars which directly affect them	Director of Corporate Services	May 2014	Ongoing