The Regulation and Quality Improvement Authority

AGENDA

RQIA Board Meeting
Boardroom, RQIA
Thursday 9 June 2016, 11.55am

	PUBLIC SESSION		
1	Welcome and Apologies		11.55am
2	Minutes of the public meeting of the Board held on Thursday 12 May 2016	Min/ May16/ public	12.00pm **APPROVE**
3	Matters arising from minutes		12.05pm
4	Declaration of Interests		12.10pm
5	Chairman's Report **Chairman**	B/05/16	12.15pm **NOTE**
	STRATEGIC ISSUES		
6	EFQM Assessment and ISO 9001:2015 – Next Steps **Director of Corporate Services**	C/05/16	12.25pm **NOTE**
7	RQIA Consultation for Revised Inspection Policy for Regulated Services **Director of Regulation and Nursing**	D/05/16	11.15am **NOTE**
8	Proposed arrangements for the inspection of Mental Health and Learning Disability Wards 2016/17 **Director of Mental Health, Learning Disability and Social Work**	E/05/16	12.40pm **APPROVE**
9	Update on Acute Hospital Inspection Process **Acting Chief Executive**		12.55pm **NOTE**
10	Board Governance Self-Assessment **Chairman**	F/05/16	1.05pm **APPROVE**
11	Draft RQIA Workforce Plan 2016-17 **Director of Corporate Services**	G/05/16	1.35pm **APPROVE**
12	Update on new RQIA Website **Communications Manager**	H/05/16	1.55pm **NOTE**

OPERATIONAL ISSUES

13	Chief Executive's Performance Dashboard **Acting Chief Executive**	I/05/16	2.10pm **NOTE**
14	Any Other Business		2.25pm

Date of next meeting: Thursday 7 July 2016, Boardroom, RQIA

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	9 June 2016
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / May16 / public
Author	Katie Symington
Presented by	Dr Alan Lennon
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 12 May 2016.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the minutes of the Board meeting of 12 May 2016.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

The Regulation and Quality Improvement Authority

PUBLIC SESSION MINUTES

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

Present

Dr Alan Lennon OBE (Chair)
Seamus Magee OBE
Patricia O'Callaghan
Stella Cunningham
Daniel McLarnon
Lindsey Smith
Gerry McCurdy
Denis Power
Sarah Havlin
Dr John Jenkins CBE
Robin Mullan

Officers of RQIA in attendance

David Stewart (Acting Chief Executive)
Maurice Atkinson (Director of Corporate Services)
Theresa Nixon (Director of Mental Health, Learning Disability and Social Work)
Kathy Fodey (Director of Regulation and Nursing)
Malachy Finnegan (Communications Manager)
Katie Symington (Board and Executive Support Manager)

Apologies

Prof. Mary McColgan OBE
Dr Norman Morrow OBE

1.0 Agenda Item 1 - Welcome and Apologies

1.1 The Chairman welcomed all Board members and officers to the meeting. Apologies were noted from Professor Mary McColgan and Dr Norman Morrow.

2.0 Agenda Item 2 - Minutes of the meeting of the Board held on Thursday 24 March 2016 (min/Mar16/public)

2.1 The Board **APPROVED** the minutes of the meeting of the Board held on Thursday 24 March 2016.

3.0 Agenda Item 3 - Matters arising from minutes

3.1 Further to action 101, Board members noted the Enforcement Procedures workshop to be held on 6 June, with two Board members attending. Action 115 will be addressed within this meeting of the Board. The Director of Corporate Services informed board members that further to action 118, the funding for the Mental Health and Learning Disability Information System was escalated from the Project Board to the Project Sponsor (RQIA's Acting Chief Executive). A Strategic Outline Case (SOC) will be submitted to DoH for their approval.

Action 119 will be addressed within this meeting of the Board.

3.2 Board members noted that further to action 120, a letter has been issued to DoH; however a formal response has not yet been received. This issue was raised at the Bi-monthly meeting on 11 May 2016. The DoH has indicated that they will shortly formally respond to all RQIA Business Cases.

3.3 Board members noted that further to action 121 a meeting has been arranged to review the strategic nature of corporate risks. Further to action 122, the Director of Regulation and Nursing will discuss the use of Class 2 lasers, by unregistered services, with the Public Health Agency on 16 May 2016.

4.0 Agenda Item 4 - Declaration of Interests

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

5.0 Agenda Item 5 - Chairman's Report (C/04/16)

5.1 The Chairman drew Board members attention to the Chairman's Report, to include meetings attended.

5.2 The Chairman informed Board members of his attendance this morning, at a Q2020 Workshop. The Chairman also noted his time spent with RQIA's User Consultation Officer, who speaks to those members of the public receiving domiciliary care services within their home. RQIA currently has one member of staff, undertaking this work, for all users of domiciliary care.

5.3 The Chairman informed Board members that further to the retirement of the Chief Executive, he had invited expressions of interest from members of the Executive Team. Dr David Stewart has been appointed as RQIA's Acting Chief Executive until the appointment of the Interim Chief Executive. All Board members endorsed this decision.

5.4 **Resolved Action (123)**
The Chairman will inform Sponsor Branch, DoH, of the ratification of the appointment of the Acting Chief Executive.

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

6.0 Agenda Item 6 – Evaluation of the Public Consultation on Inspection Methodology and Next Steps

6.1 The Director of Regulation and Nursing provided a presentation to Board members on the recent Public Consultation of the Inspection Methodology, which ended on 29 April 2016. RQIA received 305 responses to the Consultation.

6.2 RQIA are currently testing the inspection methodology, undertaking consistency workshops with inspectors. Confirmation was provided to Board members that the Executive Management Team will discuss the inspection methodology to consider a consistent organisational approach.

6.3 The Director of Regulation and Nursing outlined the indicators which have been developed for use within the inspection methodology. The Director of Regulation and Nursing also informed Board members that she is undertaking consistency checks on completed reports.

6.4 The Board **NOTED** the Evaluation of the Public Consultation on Inspection Methodology and Next Steps.

7.0 Inspection Methodology Phase 2 (C/04/16)

7.1 The Director of Regulation and Nursing presented a proposal paper to the Board; increasing the number of care inspections in registered care homes and developing a composite approach to inspection.

7.2 The Director of Regulation and Nursing informed Board members that within the 2015/16 inspection year there was an increased number of care homes receiving two care inspections; the increased capacity for these inspections resulting from system improvements. Board members noted that a Business Case has been submitted to the DoH for funding for additional inspectors.

7.3 Board members noted the target of 20% increase in the number of homes receiving two care inspections above the number achieved in 2015/16.

7.4 Board members discussed a move to a composite inspection process, with a single report issued following inspection. The Director of Regulation and Nursing proposed a continuation of the risk based approach to specialist inspections in 2016/17. An economic analysis will be undertaken to look at composite inspections in the future. The Director of Regulation and Nursing noted that currently RQIA do not have the resources to undertake a composite inspection process.

7.5 Board members **NOTED** the Inspection Methodology Phase 2.

8.0 Agenda Item 8 – Savings Plan 2016-17 (D/04/16)

8.1 The Director of Corporate Services presented the Savings Plan to Board members. This Savings Plan was considered at the April Audit Committee meeting and will be submitted to DoH following this Board meeting. The Director of Corporate Services noted the Business Cases as previously submitted, by RQIA, to DoH.

8.2 A gap analysis has been undertaken, which identified a recurring funding deficit of £402,000 in 2016/17. This deficit includes unfunded National Insurance contributions of £123,000 and a 3% reduction in recurring revenue funding.

If savings are not addressed within this financial year, RQIA will enter 2017-18 with an underlying recurring financial gap of £269,000.

8.3 The Director of Corporate Services noted the potential use of the Voluntary Exit Scheme (VES) within 2016/17 and 2017/18. The Executive Management Team will agree the basis on which VES may be offered to staff members.

8.4 Board members noted the additional work, as undertaken by RQIA, at the request of the DoH. A Board member suggested a review of RQIA's accommodation costs.

8.5 **Resolved Action (124)**
A paper detailing how RQIA will take forward the Savings Plan, to be presented at a future meeting of the Board.

9.0 Agenda Item 9 – Q4 Corporate Performance Report 2015-16 (E/04/16)

9.1 The Director of Corporate Services presented the Q4 Corporate Performance Report to Board members and noted that 84% of actions are now completed, with 16% of actions not completed. Actions not completed are detailed within the exception report.

9.2 The Director of Corporate Services noted that of the seven actions in exception, the majority of these actions should be completed within Quarter 1/2 of the 2016/17 year.

9.3 Board members **APPROVED** the Q4 Corporate Performance Report 2015-16.

10.0 Agenda Item 10 – PPI End of Year Report 2015-16 & Way Forward (F/03/16)

10.1 The Director of Corporate Services presented the PPI End of Year Report to the Board and outlined the way forward for PPI, as previously discussed by the Board. The Director of Corporate Services noted that the PPI Forum has now been stood down, with the PPI work programme mainstreamed into RQIA's Business Plan. PPI work undertaken by RQIA will continue to be reported to the Board through the quarterly Corporate Performance Report.

10.2 Board members **NOTED** the PPI End of Year Report 2015-16 & Way Forward.

11.0 Agenda Item 11 – EFQM Assessment and ISO 9001:2015 – Next Steps (G/04/16)

11.1 This item will be discussed at the June Board meeting.

12.0 Agenda Item 12 – Implementation Plan for Revised Inspection Methodology of Mental Health and Learning Disability Hospitals (H/04/16)

12.1 The Director of Mental Health, Learning Disability and Social Work presented the Implementation Plan for the Revised Methodology to Board members.

12.2 All actions have been implemented, with the exception of the Escalation Policy, which will be revised following the revision of the Inspection Policy.

12.3 Board members **NOTED** the Implementation Plan for Revised Inspection Methodology of Mental Health and Learning Disability Hospitals.

13.0 Agenda Item 13 - Chief Executive's Performance Dashboard (I/04/16)

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

14.0 Agenda Item 14 - Director of Regulation's Report (J/04/16)

14.1 The Director of Regulation and Nursing noted the end of year report presented to Board members. This report provides a high level overview of the functions of the Regulation Directorate.

14.2 Board members agreed that the monthly reports by the Director of Regulation can now be incorporated into the Chief Executive's Performance Dashboard. A yearly report should continue to be provided by the Director of Regulation and Nursing to the Board.

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

15.0 Agenda Item 15 - Finance Report (K/04/16)

15.1 The Director of Corporate Services presented the Finance Report to Board members as at 31 March 2016. Board members noted the projection of break even for year end. The Director of Corporate Services noted that the provisional financial position may change with the completion of final accounts; however changes are not expected to be material.

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

16.0 Agenda Item 16 - Audit Committee Business
To include:

- **Approved minutes of meeting on 3 March 2016**
- **Verbal update on meeting on 28 April 2016**

16.1 The Chair of the Audit Committee presented the minutes of the meeting, 3 March 2016, to Board members.

16.2 The Chair of Audit Committee informed Board members that the Head of Internal Audit has reported a satisfactory system of internal control, at the Audit Committee meeting on 28 April 2016.

16.3 The Audit Committee received the draft Governance Statement at the meeting of 28 April. The Committee also noted progress on the Landscape Review, with 93% of actions completed and two actions outstanding.

17.0 Agenda Item 17 – Any Other Business

17.1 The Chairman noted the recent meeting of the Appointment and Remuneration Committee.

17.2 The Appointments and Remuneration Committee has **APPROVED** a fully acceptable pay award for three members of the Executive Management Team and the Chief Executive. This pay award is for the 2014/15 financial year.

17.3 The Board **APPROVED** the fully acceptable pay award.

17.4 As there was no other business, the Chairman brought the public session of the Board to a close at 5.10pm.

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

Signed _____
Dr Alan Lennon
Chairman

Date _____

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion
101	9 July 2015	The Director of Regulation and Nursing will present the revised Enforcement procedures to the Board within Quarter 2.	Director of Regulation and Nursing	22 September 2016
115	18 February 2016	A management/ Board group will take forward the Specialist Inspection Policy Developments.	Chief Executive	Quarter 1 – Quarter 3
117	24 March 2016	Workforce Plan to be presented at a future meeting of the Board.	Director of Corporate Services	9 June 2016
121	24 March 2016	Chief Executive, Director of Corporate Services and Audit Committee Chair to review the strategic nature of corporate risks.	Chief Executive	9 June 2016
122	24 March 2016	Director of Regulation and Nursing will discuss the use of Class 2 lasers, by unregistered services, with the Public Health Agency.	Director of Regulation and Nursing	12 May 2016
123	12 May 2016	The Chairman will inform Sponsor Branch, DoH, of the ratification of the appointment of the Acting Chief Executive.	Chairman	9 June 2016
124	12 May 2016	A paper detailing how RQIA will take forward the Savings Plan, to be presented at a future meeting of the Board.	Director of Corporate Services	7 July 2016

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	9 June 2016
Title of Paper	Chairman's Report
Agenda Item	5
Reference	B/05/16
Author	Dr Alan Lennon
Presented by	Dr Alan Lennon
Purpose	To inform the RQIA Board of the Chairman's external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	Between 6 May and 3 June 2016, I attended 7 meetings on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable

CHAIRMAN'S REPORT

I had a number of external meetings during the period. The main focus of my attention was the recruitment process for a new Chief Executive. The successful candidate in the competitive process was Olive MacLeod, currently Nursing Director at the Northern Trust.

Many thanks to Sarah Havlin and Daniel McLarnon, Lianne Kelly and the Business Services Organisation staff for their contributions to a successful process.

Dr Alan Lennon
Chairman

9 June 2016

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	9 June 2016
Title of Paper	Presentation on EFQM Assessment and ISO 9001:2015 Next Steps
Agenda Item	6
Reference	C/05/16
Author	Christine Goan
Presented by	Christine Goan
Purpose	The purpose of this presentation is to set out the proposed way forward in addressing the 60 identified areas for improvement as set out in the EFQM Feedback Report January 2016.
Executive Summary	From January 2016 to April 2016 RQIA considered the 60 potential 'areas for improvement' as specified in the EFQM Feedback Report January 2016. RQIA proposed 53 actions that would address the 'areas for improvement' aligning them to the actions in RQIA's Business Plan 2016-17. Further consideration of these actions resulted in a proposal to take forward 8 key corporate improvement projects, these are: 1. Deliver a range of outsourced corporate service functions 2. Progress towards next IiP assessment in 2017-18, including taking forward actions within the RQIA Workforce Plan 3. Develop and introduce ISO9001:2015 Quality Management System 4. Implement all recommendations from the external review of PPI taking account of the new PPI Standards

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

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	9 June 2016
Title of Paper	RQIA Consultation for Revised Inspection Policy for Regulated Services
Agenda Item	7
Reference	D/05/16
Authors	Kate Maguire & Ronan Strain
Presented by	Kathy Fodey
Purpose	To provide an overview of the response to public consultation on RQIA Inspection Policy for Regulated Services.
Executive Summary	The assessment of responses gives support to the revised inspection policy. A majority of those who responded welcomed: • An assessment and reporting on governance, leadership and management within a regulated service (95%). • An assessment framework with four levels of achievement (80%). • A summary of the inspection outcome on the front cover of the report (90%). Of the 305 responses received, 265 respondents made additional comments (87%) and a summary response to themes emerging is presented.
FOI Exemptions Applied	none
Equality Impact Assessment	Published
Recommendation/ Resolution	The Board are asked to **NOTE** the RQIA Consultation for Revised Inspection Policy for Regulated Services, for publication.
Next steps	Inspection Policy will be reviewed in light of comments received.

The Regulation and Quality Improvement Authority

RQIA's Revised Inspection Policy For Regulated Services

Consultation Analysis Report and Commentary from RQIA

June 2016

Assurance, Challenge and Improvement in Health and Social Care

www.rqia.org.uk

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SECTION 1: INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under "The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003" to drive improvements for everyone using health and social care services.

RQIA registers and inspects a wide range of HSC services. Our inspections are undertaken against Department of Health care standards[1].

Our inspectors visit a range of services from day centres to dental practices to care homes and independent hospitals.

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

In November 2016, RQIA undertook a review of its current approach to inspection of regulated services, and revised our inspection process for inspection.

"RQIA's Revised Inspection Policy For Regulated Services" was launched for public consultation published on 1 March 2016. The public consultation ran for eight weeks until 29 April 2016, and 305 responses were received. The consultation methodology included seven Regional Stakeholder Information Events, which were attended by 898 stakeholders. There were also eight events attended by 80 professionals with regards to the regulation of children's services. Age Sector Platform, (a group which represents the needs and views of older people) facilitated a focus group which was attended by 19 participants.

In tandem with the consultation RQIA undertook testing of proposed revised methodology. This pilot ran from 1 April to 5 May 2016. Resulting feedback from this pilot will be considered and alongside the consultation responses will be incorporated into the final revised inspection policy.

Appendix A and Appendix B set out a selection of responses submitted, Appendix C presents a weekly timeline of responses, Appendix D includes details of the regional stakeholder information events, Appendix E includes links to the consultation document, and Appendix F shows the list of respondents to the consultation exercise.

The revised inspection policy was equality screened and assessed as having a neutral impact on Section 75 groups. The equality screening documentation is available on the Equality Commission's website.

[1] http://www.rqia.org.uk/publications/index.cfm

This report summarises the responses to the consultation and within Appendix A we have identified a number of key themes arising from comments made by consultees. RQIA reviewed all of the responses made to the questions within the consultation. In doing so RQIA identified that there were certain areas which repeatedly emerged. As RQIA cannot respond to every comment it has grouped these responses into themes and has made a response to each of these themes.

We have taken the opportunity to present a selection of comments that were made in support of the revised approach and an equivalent amount of comments which raised questions or challenged the proposed approach.

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SECTION 2: SUMMARY OF CONSULTATION

There were 305 consultation responses, from regulated services, stakeholder organisations, service users and the general public.

229 (75%) of the responses were received via an online questionnaire. Not all respondents used the response questionnaire with 76 (25%) responses returned in hardcopy format, nor did all respondents choose to respond to every question.

The assessment of responses gives support to the need for a revised inspection policy. A majority of those who responded welcomed:

- An assessment and report on governance, leadership and management within a regulated service (95%).
- An assessment framework with four levels of achievement (80%).
- A summary of the inspection outcome on the front cover of the report (90%).

There were 265/305 (87%) comments received linked to the three questions during the eight week consultation. *Please note, several comments were submitted more than once*.

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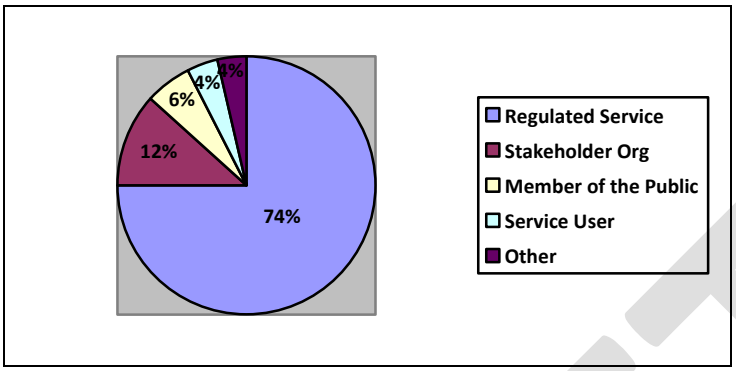
SECTION 3: SUMMARY OF CONSULTATION RESPONSES TO EACH QUESTION AND RQIA REPLIES

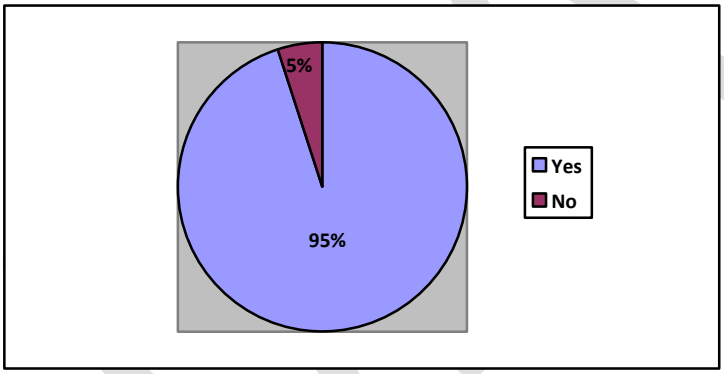
Source of Response (240/305)
74% of responders (180/240) were from a Regulated Service.



1. **The consultation asked:**

Do you agree that during an inspection we will assess and report on governance, leadership and management within a regulated service?

Response (240/305 – 79%)



95% of responders (227/240) agreed, while 5% (13/240) disagreed. 11 of the disagreements came from the regulated services, 1 from the public, and 1 from a service user.

169 of the agreements were from the regulated services, 28 from stakeholder organisations, 13 from a member of the public, 8 from service users, and 9 others.

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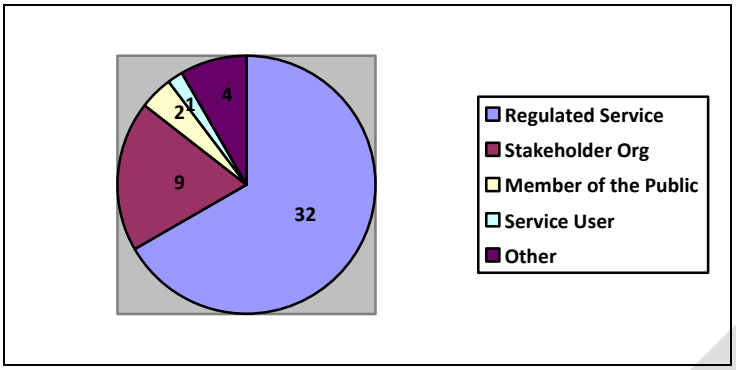
Response Comments (48/240)
32/48 (67%) of the response comments came from the Regulated Service.



RQIA response
RQIA welcomes the significant agreement that during an inspection they will assess and report on governance, leadership and management within a regulated service.

A number of respondents highlighted that:

- This is an essential aspect of inspection as those with governance responsibility should lead the organisation to the highest standards of practice.
- Good leadership is a must in order to provide a good service.
- These are all essential for a safe effective service.
- I agree that governance, leadership and management are key in a service and needs to be assessed.
- I feel this is an area where inspection is vitally important, the ethos, attitude, quality and effectiveness of the service delivered is very much a reflection of the management of that service by the management team.
- It is a very welcome addition. I would fully support this.

A number of respondents expressed the following concerns):

- "Is the service well-led?" The criterion within the graphic reproduced at appendix 2.0 on page 10 of the consultation document to the effect that: "Effective leadership, management and governance which creates a culture focused on the needs and experiences of service users in order to deliver safe, effective and compassionate care". Assessing and reporting on these issues within a one or two day inspection will be challenging and the RQIA needs to be explicit about the methods it will use to do so. A culture of openness and honesty is essential in promoting staff engagement with the inspection process.
- How these assessments will be measured by inspectors as everyone has their own style and vision on how these areas are achieved, including the Inspectors own perception.
- Requires specific criteria that regulated service knows exactly what is expected and removal of any ambiguity.

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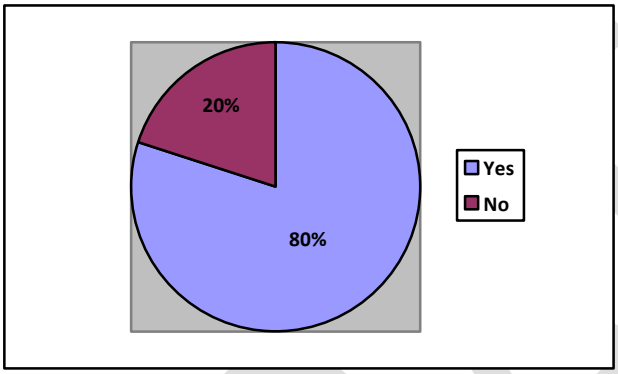
- Must be clear measurable goals to demonstrate leadership and examples of good practice in leadership such as the “My Home Life programme”.

2. **The consultation asked:**

Do you agree with the introduction of an assessment framework with four levels of achievement?
1. Excellent
2. Good
3. Requires Improvement
4. Unsatisfactory

Response (240/305 – 79%)

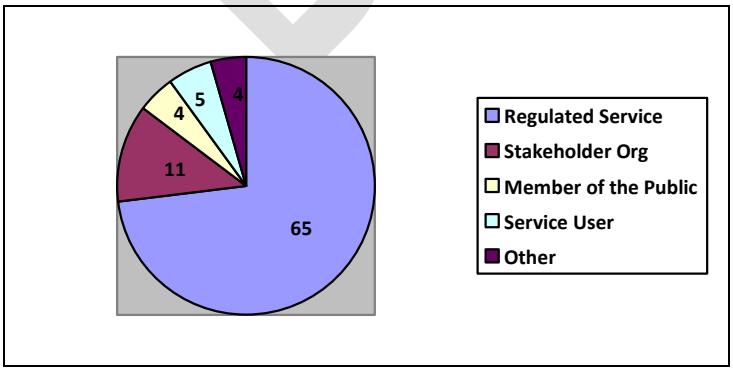


80% of responders (192/240) agreed, while 20% (48/240) disagreed. 36 of the disagreements were from the regulated services, 6 from stakeholder organisations, 1 from the public, 3 from service users, and 2 others.

144 of the agreements were from the regulated services, 22 from stakeholder organisations, 13 from a member of the public, 6 from service users, and 7 others.

Response Comments (89/240)

65/89 (73%) comments came from the regulated service.



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RQIA response
RQIA welcomes the responses regarding the introduction of an assessment framework with four levels of achievement.

A number of respondents highlighted that:

- This is a comprehensive, transparent and clear assessment criteria process which should be clearly understood by regulated services. It is a clear framework with clearly identified links of service provision to service user outcomes and the regulatory response required.
- Yes, this is clear, meaningful and user friendly for those wishing to access the outcomes.
- Easy to understand for the lay person. Four levels give the service user or family a quick and clear understanding of the inspection.
- I believe this framework is fair and reasonable, and is clearly explained in the document.
- Clear and easy to understand and more user friendly for our service users. Colour coding is good.
- I feel that this is a welcome addition to the inspection.

A number of respondents expressed the following concerns:

- Agree with assessment framework but not with bright colour coding which will be first thing that patient's will see and would possibly make them jump to incorrect opinion if they are not all blue as they may think service is failing them in some way.
- I think there should be an achievement of "Very Good", too big of a difference between excellent and good.
- There is caution over terminology, as the spectrum of issues identified within particularly the orange 'Requires Improvement' category may not be understood by a member of the public and this in turn could affect their view of a service. This needs to be balanced by the fact the findings are based on one day.
- I prefer "inadequate" to unsatisfactory. Inadequate infers that a suboptimal level of compliance has been achieved whereas unsatisfactory is a more subjective term e.g. someone/person is unsatisfied with an issue. I think inadequate will be easier for staff to relate to.
- I disagree with the simplistic colour coded grading of practices. I feel we are being graded as a professional service in a similar way to restaurants. Patients will simply look at the grade and will not analyse the reports within.

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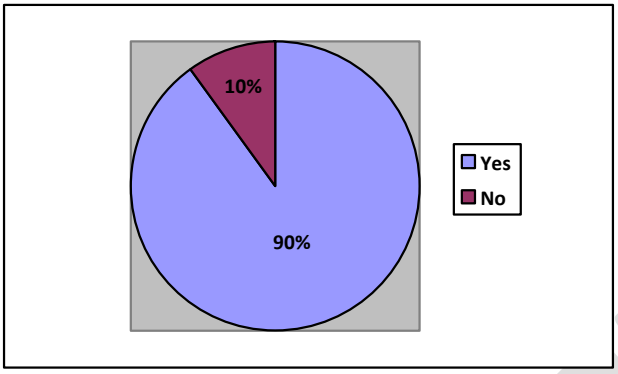
3. **The consultation asked:**

Do you agree that RQIA inspection reports will include a summary of the inspection outcome on the front cover?

Response (240/305 – 79%)

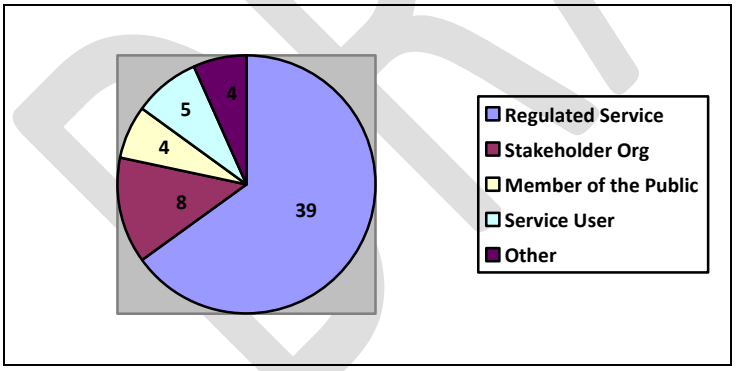


90% of those who responded (215/240) agreed, while 12% (25/240) disagreed. 14 of the disagreements were from the regulated services, 6 from stakeholder organisations, 2 from the public, and 3 from service users.

166 of the agreements were from the regulated services, 22 from stakeholder organisations, 12 from a member of the public, 6 from service users, and 9 others.

Response Comments (60/240)

39/60 (65%) comments came from the Regulated Service.



RQIA response

RQIA welcomes the responses regarding the introduction of a summary of the inspection outcome on the front cover of each report.

A number of respondents highlighted that:

- This promotes transparency, visibility of rating is very important for people who use care services and their relatives.
- Easy to access for those who do not want an in depth report.
- Useful tool and quick reference.
- More meaningful and makes overall comments more accessible.
- This will be useful as the inspection report itself can be very lengthy.

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- This is good for prospective tenants as it is visual and easy for them to understand, the inspection report can be lengthy and difficult for some to understand.

A number of respondents expressed the following concerns:

- Accept the case for including within the inspection report a simple summary of the outcome of the inspection to enable stakeholders, including particularly the public, to gain an immediate overview of how the establishment or service performed on the day of inspection. However, we do not necessarily concur that this summary should be reproduced on the front cover. It is important that the inspection summary is read and understood in the context of the report as a whole, enabling stakeholders to acquire an informed and balanced assessment of the performance of the service or institution. Publishing the summary on the front cover may provide a superficial or misleading initial impression that could discourage stakeholders from reading and evaluating for themselves the full report.
- I think the concept is good and people working in the care sector will understand it, but as a person outside of the care sector looking at the report will for those establishments who's reports say requires improvements could be off putting to those who people researching a place for a family member to attend.
- We feel that standards are reviewed and set on a regular basis by RQIA without proper research into the cost of adhering to these standards. It is becoming more and more difficult to meet the RQIA standards due to lack of significant investment by the trust in regulated services.
- Would need reassurance that the Finance Inspector will provide a true and honest summary of the inspection to be included on the front cover.
- Any amber should mention the issue and whether or not it has been resolved, there is no closure of the issue for the public. This has a tendency to reflect very good clinics on the same scale as those with multiple issues.
- If requires improvement or is unsatisfactory I think it should also state on the front cover the areas these refer to.

4. The consultation asked:

Do you have any additional comments you wish to make?

Response (169/305 – 55%)

43% of those who responded (73/169) commented, while 57% (96/169) decided not to comment.

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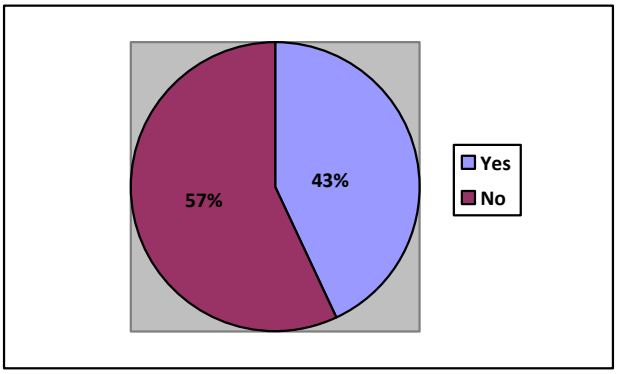
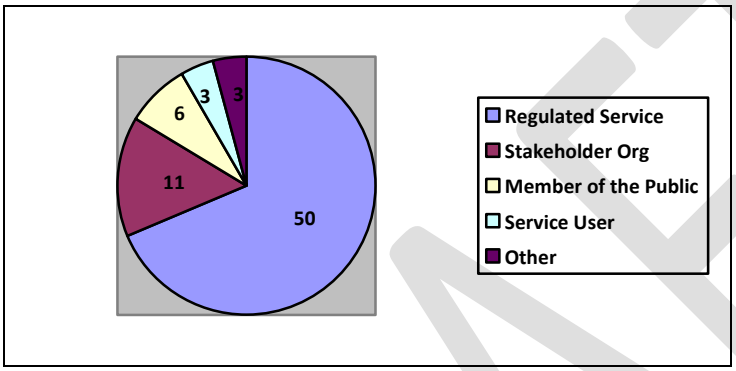


Response Comments (73/169)
50/73 (68%) comments came from the Regulated Service.



RQIA response
RQIA welcomed the 73 additional comments, as these help shape the next steps in relation to the revised inspection policy.

A number of respondents highlighted that:

- Welcome the proposed changes particularly as we are a provider operating across three countries and the changes will see a more consistent regulatory approach across CQC, CSSIW and RQIA.
- It will endorse internal governance systems for services and further enhance leadership and management across services.
- Although a simplification of the document, it still appears robust and effective. It should also lend itself to the inspectors spending as much of the inspection as possible on the "shop floor" where they can not only be told about the service but see the service in action. This is where, in my opinion, the inspector can see if care is safe, effective and compassionate.
- Very happy with new reporting frame work as will be able to see at a glance how clinic has been rated.
- The new overall format is user friendly and easier to read.
- I am very happy with these additions.

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A number of respondents expressed the following concerns: In the main, respondents expressed concerns that (summary):

- The revised inspection policy is helpful to service providers, however, the assessment on the front page using the colour code could be "off putting" to potential clients and their representatives, causing them to not read the report as a whole and make informed choices.
- Believe inspection is essential. However, one format does not suit all regulated services and the present format appears to be unnecessarily complicated and in some sections irrelevant to for example my service (dental practice). I believe in order for the system to be fair to the inspectors and to the establishments being inspected a formal appeal procedure clearly outlining a set process of appeal should be established.
- Would RQIA be able to consider amending the traffic light scoring to reflect action on the QIP? Services work very hard to quickly meet requirements/recommendations made and therefore the colour code would not necessarily be representative of the service for the year ahead.
- Having a part for appeal regarding the inspection report will be beneficial for the inspection process.

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SECTION 4: CONCLUSION, NEXT STEPS AND WAY FORWARD

The primary purpose of this consultation was to gather the views and opinions on a revised inspection policy for regulated services. RQIA has carefully considered the comments made both in support of the new approach and the concerns.

RQIA is committed to listening to all the views presented and to determining the best way forward. RQIA will ensure that the outcome of its consideration of all the responses is reflected in the future and that respondees can be assured their views have been considered. The consultation responses will inform the inspection policy for regulated services which will be brought to a future meeting of RQIA Board for approval.

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APPENDIX A - CONSULTATION THEMES AND RQIA RESPONSES

RQIA reviewed all of the responses made to the questions within the consultation. In doing so RQIA identified that there were certain areas which repeatedly emerged. As RQIA cannot respond to every comment it has grouped these responses into themes and has made a response to each of these themes.

Theme	RQIA Response
Is this new approach within the remit of RQIA?	RQIA was established in 2005 under "The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003" (The Order), to drive improvements for everyone using health and social care services. The order provides RQIA with a statutory obligation to register and inspect a number of services as prescribed by The Regulation and Improvement Authority (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2006. The Order is not prescriptive in relation to how RQIA should inspect registered services. The development of a new methodology lies with RQIA and in the development of the assessment framework RQIA undertook a review of the work of other health and social care regulators all of whom have moved towards an assessment of quality. RQIA's Corporate Strategy 2015-18 and Business Plan indicated that the development of a new inspection approach would be undertaken. These corporate documents also introduced the key stakeholder outcomes of: Is Care Safe, Is Care Effective, Is Care Compassionate and is are set out within the DHSSPS Quality 2020 Strategy. In 2015-16 RQIA introduced a model of assessment of services that focussed on: • Is Care Safe? • Is Care Effective? • Is Care Compassionate? Over the course of 2015-16 and in recognition RQIA in recognition of the role of leadership we developed and introduced a new domain, Is The Service Well Led?. It also developed the assessment framework of Excellent, Good, Requires Improvement and Unsatisfactory as an approach to report on the quality of service delivery on the day of the inspection. This approach was proposed for a number of reasons: a) To make the outcome of the inspection more accessible, open and transparent to interested stakeholders. b) To lead on quality improvement by indicating clearly to providers their need to strive not only for compliance but excellence through continuous quality improvement. This is in keeping with RQIA's vision statement and corporate values that aim to provide assurance about the quality of care, to challenge poor practice, to promote improvement, to safeguard the rights of service users and to inform

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	the public through the publication of our reports.
Can RQIA assure that there will be a consistent approach to assessing the leadership and other domains?	RQIA welcomes the level of support for the inclusion of a leadership domain and agrees with many of the responses that leadership, management and governance are important to deliver good quality care. RQIA have measures in place to ensure consistency across our inspectors. These include consistency meetings and peer and management review of reports. RQIA has developed provider guidance which sets out indicators and evidence sources that will assist providers of regulated services to understand this domain All of our inspections are underpinned by the relevant DHSSPS regulations and standards
There might be a negative impact on prospective service users in choosing a care home	RQIA believe that there are a number of factors which prospective service users and their families use when deciding upon a care placement. If any domain within a service has been assessed as unsatisfactory the potential service users would be able to make an informed decision as to whether or not to place their relative. We encourage anyone who accesses RQIA reports to read the full report and not just the summary. The aim of transparency and accessibility of information is in keeping with RQIA vision of improving care delivery by making our inspection report available to the public. .
Possible delays in reassessing inspection findings and will there be an appeal process?	Whilst the majority of respondents were happy with the new assessment framework there was concern expressed over two main areas. 1. The need for a formal appeal system 2. The need for an earlier reassessment when weaknesses are identified The process of publication of reports remains the same. The draft report will be sent to the provider for factual accuracy checking (this gives the provider an opportunity to ensure accuracy of content of the report). It is at this stage that the provider can challenge the findings of the inspection. RQIA inspectors provide feedback at the end of each inspection With regard to reassessment, RQIA expects that providers should implement the requirements/recommendations arising from the inspection as soon as possible. The assessment reflects the findings on the day of the inspection. In keeping with the current process, reassessment will occur at the next inspection. The Regulation and Improvement Authority (Fees and Frequency of

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	Inspections) Regulations (Northern Ireland) DHSSPS 2005 states the statutory minimum number of inspections. RQIA believe that the time taken until the next inspection will permit providers a period of time to demonstrate sustained improvement. Improvement will be commented upon and the reader will be able to see clearly the progress the provider has made since the previous inspection.
Concern over terminology of Requires Improvement	The majority of respondents agreed with the proposed assessment framework however some raised concerns surrounding the amber field 'requires improvement'. In the development of the assessment framework RQIA considered a number of terms that reflected the situation where a provider was not compliant, and an improvement programme was required to be put in place. In the interests of transparency it is important to indicate when improvement is required. We explain the areas where improvement is needed in more depth in the report. We will continue to monitor the impact of the assessment framework through ongoing evaluation RQIA is committed to improving health and social care and believes this model will assist providers to develop a model of continuous quality improvement
Reporting on good practice	RQIA will continue to report on good practice. Central to the ethos of continuous quality improvement is to report and share good, innovative practice which the whole sector can benefit from. We would encourage providers to share examples of good practice with their service users. This information should be made available for inspection
The use of Colour Coding	There was an overall approval of the colour coding of 80%. RQIA will review the impact of this approach throughout the inspection year. RQIA hope that this approach will encourage improvement.
Terminology of the assessment framework	When undertaking this review of inspection methodology and developing this new assessment approach RQIA undertook a scoping exercise of other regulators. After much deliberation we decided upon Excellent, Good, Requires Improvement and Unsatisfactory. These four levels were tested with a range of stakeholders during the development phase and changes were made as a result We believe that this terminology is in keeping with models of continuous improvement and one which encourages providers to strive towards excellence in their care delivery.

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APPENDIX B – SELECTION OF COMMENTS SUBMITTED

1. **The consultation asked:**

Do you agree that during an inspection we will assess and report on governance, leadership and management within a regulated service?

Please note there were 48/240 (20%) comments in relation to this question.

Comment	Source
Robust approach which should identify any areas which require improvement and also identify areas and exemplars of best practice.	Regulated Service
This is an essential aspect of inspection as those with governance responsibility should lead the organisation to the highest standards of practice.	Stakeholder Organisation
The RCN concurs that the RQIA should assess and report on governance, leadership and management within a regulated service in the context of the question: "Is the service well-led?" The RCN also endorses the criterion within the graphic reproduced at appendix 2.0 on page 10 of the consultation document to the effect that: "Effective leadership, management and governance which creates a culture focused on the needs and experiences of service users in order to deliver safe, effective and compassionate care". Assessing and reporting on these issues within a one or two day inspection will be challenging and the RQIA needs to be explicit about the methods it will use to do so. A culture of openness and honesty is essential in promoting staff engagement with the inspection process.	Stakeholder Organisation
Good leadership is a must in order to provide a good service	Regulated Service
This is an extremely important element to assess, I personally think it is one of the more difficult standards for managers to present to a regulator during an inspection and guidance as to what they expect to see in a well governed, led and managed service would be useful.	Other – Individual
I think it is equally as important to assess and report on service user /carer experiences involving lay assessors.	Stakeholder Organisation
I feel that unannounced visits are more acceptable but should happen much quicker when issues have been raised, particularly when they involve vulnerable people and other agencies.	Member of the Public
I believe this is important but should not be dominant aspect of any inspection. Self-assessment was a useful tool.	Stakeholder Organisation
These are all essential for a safe effective service.	Regulated Service
I agree that governance, leadership and management are key in a service and needs to be assessed.	Regulated Service
I would be interested to know how these assessments will be measured by inspectors as everyone has their own style and vision on how these areas are achieved, including the Inspectors own perception.	Regulated Service
I believe that although inspection continues to report on the above management aspects of an establishment focusing on the four stakeholder outcomes will demonstrate improvement in care more readily and it will be easier to demonstrate trend over time on the outcomes - whether negative or positive and act accordingly as per procedures	Other – Individual

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I feel this is an area where inspection is vitally important, the ethos, attitude, quality and effectiveness of the service delivered is very much a reflection of the management of that service by the management team.	Regulated Service
Requires specific criteria that regulated service knows exactly what is expected and removal of any ambiguity	Regulated Service
It is a very welcome addition. I would fully support this.	Regulated Service
We need greater clarity on the definitions of what is expected to ensure equity.	Regulated Service
I think this is an excellent addition of the new domains.	Stakeholder Organisation
I feel it is very important that governance and leadership is assessed organisations run from the top down	Regulated Service
Feel that this is a very important aspect of ensuring a well led service	Regulated Service
The introduction of this element of inspection is welcomed as the standard of leadership and management will be an important contributory factor to the quality of support provided in terms of safe, compassionate and effective support. As in previous consultations, we do not accept that the term “compassionate” is appropriate for social care services.	Regulated Service
We would require more detail on how inspections would be carried out and leadership measured against objective criteria before being able to agree to the introduction of inspections assessed and reported on governance, leadership and management.	Regulated Service

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2. **The consultation asked:**

Do you agree with the introduction of an assessment framework with four levels of achievement?
1. Excellent
2. Good
3. Requires Improvement
4. Unsatisfactory

Please note there were 89/240 (37%) comments in relation to this question.

Comment	Source
An overall rating for the service would also be helpful for providers, stakeholders and the people we support.	Regulated Service
This is a comprehensive, transparent and clear assessment criteria process which should be clearly understood by regulated services. It is a clear framework with clearly identified links of service provision to service user outcomes and the regulatory response required.	Regulated Service
This is clear, meaningful and user friendly for those wishing to access the outcomes.	Stakeholder Organisation
I think there should be an achievement of "Very Good", too big of a difference between excellent and good.	Regulated Service
Easy to understand for the lay person. Four levels give the service user or family a quick and clear understanding of the inspection	Member of the Public
I believe this framework is fair and reasonable, and is clearly explained in the document.	Regulated Service
Clear and easy to understand and more user friendly for our service users. Colour coding is good.	Regulated Service
Based on previous experience and my understanding of the parameters to achieve Blue/Green status, I think most private Nursing Homes will be unable to achieve these higher levels. This will lead to public perception that there are no 'excellent' or 'good' Nursing Homes in Northern Ireland.	Regulated Service
Agree with assessment framework but not with bright colour coding which will be 1st thing that patient's will see and would possibly make them jump to incorrect opinion if they are not all blue as they may think service is failing them in some way.	Service User
There is caution over terminology, as the spectrum of issues identified within particularly the orange 'Requires Improvement' category may not be understood by a member of the public and this in turn could affect their view of a service. This needs to be balanced by the fact the findings are based on 1 day.	Stakeholder Organisation
I prefer "inadequate" to unsatisfactory. Inadequate infers that a suboptimal level of compliance has been achieved whereas unsatisfactory is a more subjective term e.g. someone /person is unsatisfied with an issue. I think inadequate will be easier for staff to relate to.	Other - Individual
I think that it should be made clear about the time scales that these ratings apply e.g. on day of inspection.	Stakeholder Organisation
I feel that this is a welcome addition to the inspection.	Regulated Service

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I think this will be much easier for the public to understand.	Other - Individual
I am concerned however that by colour code a favourable inspection report could still only have amber colour due to few requirements made yet public will perceive this as a bad report due to alert of an amber sign.	Regulated Service
Useful guide, so long as the assessment is started fairly. Apprehensive as to how the bench mark is initially formatted. Hard work towards achieving goals should be acknowledged.	Stakeholder Organisation
This may cause the public to fail to continue reading the whole report if they see "requires improvement or unsatisfactory"	Regulated Service
A good, clear rating system. There could be further clarity and examples around the assessment criteria for these ratings.	Regulated Service
My only concern regards this is if it is on your report for a year after you have made improvements, I feel if it is unsatisfactory then it would be re-evaluated with another follow up inspection and level of achievement reviewed accordingly.	Regulated Service
I am concerned that a grading system might prejudice the public form using the service if one area may not have excellent or good, also if other businesses in the area are not assessed until several months after my business there may be an impact on revenue is any of the grading is unsatisfactory or requires improvement.	Regulated Service
It could be argued that the inspection shows only a snapshot in time and where an establishment is assessed as excellent one day, may not be (due to a number of factors) another day. However I believe the risk will be lowered substantially if there is strong data collected from the service users giving their opinion as to their experience of the service, as their opinion is not a snap shot but a considered view over time and therefore allows for a more robust assessment against the 4 stakeholder outcomes	Other - Individual
I think this is clear not only for those working in Health & social care but for people using the services, their family, advocates and other potential service users.	Regulated Service
I disagree with the simplistic colour coded grading of practices. I feel we are being graded as a professional service in a similar way to restaurants. Patients will simple look at the grade and will not analyse the reports within.	Service User
This is very concise and easy to understand. This system is used in other organisations for inspection and audit purposes.	Regulated Service
I would like to see an opportunity for the level of achievement to be updated following the return and acceptance of the QIP so that the work completed can be acknowledged immediately rather than leave it at the level of initial assessment.	Regulated Service
Most regulated services based upon the proposed tragic light system will only achieve amber	Regulated Service
This should give an understanding that even very good services may have a number of recommendations and help change the view that having recommendations means the service is below standard	Regulated Service
Easier for service users and general public to understand.	Regulated Service
This shall lead to competition between providers shall cause problems for the inspectors. Ratings can change it depends very much on the manager and a consistent team.	Regulated Service
It is nice to see excellent being featured - praise where praise is due (this will encourage organisations and staff to strive for a better organisation)	Regulated Service

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3. **The consultation asked:**

Do you agree that RQIA inspection reports will include a summary of the inspection outcome on the front cover?

Please note there were 60/240 (25%) comments in relation to this question.

Comment	Source
I feel for the report to be used appropriately the report summary should be at the end. However once this is common knowledge people are likely to go straight to the end of the report to look at the summary rather than read the entire report to get a true reflection of the inspection outcomes.	Regulated Service
If a domain receives a rating of 'requires improvement' could there be a short explanation put on the front page to reflect that the organisation has submitted a QIP to address the area of concern?	Regulated Service
This promotes transparency, visibility of rating is very important for people who use care services and their relatives. However we have some concerns about the implementation and practice of the policy. There are multiple factors that can impact upon the quality of any given registered location that are subject to change at short notice, such as: • Local commissioning and contracting arrangements; or • The presence of individual staff, particularly at management level, for example the arrival or departure of a registered manager will impact on the governance and leadership of a location. Such changes can serve to improve quality or be to the detriment of quality. It is vital that RQIA inspect services sufficiently regularly to ensure that reports accurately reflect the true quality of the service. This will be to the benefit of people who use services and will also incentivise improvement for services that have been rated as Requires Improvement or Unsatisfactory. It is vital that RQIA maintain a robust data source, and maintain an oversight of Trust commissioning and procurement practice given the impact these factors can have on quality, for both individual providers and at a system wide level.	Member of the Public
Easy to access for those who do not want an in depth report.	Member of the Public
Useful tool and quick reference.	Regulated Service
I suggest the summary is maybe more in terms of data/dashboard of compliance achieved. If it is in text form service providers will not take time to read the report in full.	Other - Individual
If requires improvement or is unsatisfactory I think it should also state on the front cover the areas these refer to.	Stakeholder Organisation
More meaningful and makes overall comments more accessible.	Other - Individual
I feel the colour coding may be misleading for service users as they may only look at that and not read full report on any recommendations.	Regulated Service
This will be useful as the inspection report itself can be very lengthy	Regulated Service
I think this is generally helpful, and I welcome the statement that encourages readers to read the full report.	Regulated Service
This is good for prospective tenants as it is visual and easy for them to understand, the inspection report can be lengthy and difficult for some to understand.	Regulated Service

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Would need reassurance that the Finance Inspector will provide a true and honest summary of the inspection to be included on the front cover	Regulated Service
This visual pictorial summary is straight forward and clear.	Other - Individual
Easier to read.	Stakeholder Organisation
Any amber should mention the issue and whether or not it has been resolved, there is no closure of the issue for the public. This has a tendency to reflect very good clinics on the same scale as those with multiple issues	Stakeholder Organisation
I think that the colour coding for the front cover of reports is a good idea as it will summarise the relevant information into a quick and concise report. However there was some confusion about the registration certificates that we are required to display. Is there going to be a colour coding rating on these?? As I feel it would be rather unfair as it looks like a 'scores on the doors' system and may put patients off attending. The whole point of the inspection process is to highlight areas that require improvement and help the profession be able to implement these to achieve best practice. I don't think a colour coding system to be displayed is fair for those practices (hopefully I'm not in this position) that require extra help in implementing these changes, its not fair to put them out of business so to speak.	Service User
This leaves it very clear for service users and their representatives the rating of that organisation during that inspection	Regulated Service
Feel this is important as it gives potential service users an immediate summary and will enable in part decisions to be made regarding choice of service	Regulated Service

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4. **The consultation asked:**

Do you have any additional comments you wish to make?

Please note there were 73/169 (43%) comments in relation to this question.

Comment	Source
While quite onerous I do feel that inspection and regulation goes a long way towards ensuring services are run at an appropriate standard and that all services are judged fairly. To date I have found inspections useful in helping maintain standards of service at a high level which can only benefit service users in the long run.	Regulated Service
Mencap welcome the proposed changes particularly as we are a provider operating across three countries and the changes will see a more consistent regulatory approach across CQC, CSSIW and RQIA.	Regulated Service
Thank you for this comprehensive revised framework for regulated services. It will endorse internal governance systems for services and further enhance leadership and management across services.	Regulated Service
Within 6 to 12 months period it may be helpful to review this process.	Regulated Service
Very happy with new reporting frame work as will be able to see at a glance how clinic has been rated.	Regulated Service
I believe inspection is essential. However, one format does not suit all regulated services and the present format appears to be unnecessarily complicated and in some sections irrelevant to for example my service (dental practice). I believe in order for the system to be fair to the inspectors and to the establishments being inspected a formal appeal procedure clearly outlining a set process of appeal should be established.	Regulated Service
I like the diagram indicating the domains of the inspection process and I particularly agree with the 'Principles of Good Regulation'. Also as alluded to earlier I think the grid displaying the assessment criteria is clear and straightforward.	Regulated Service
The new overall format is user friendly and easier to read.	Regulated Service
We feel it would be useful to have an overall scoring of the service based on the assessment of the four domains	Regulated Service
We feel that standards are reviewed and set on a regular basis by RQIA without proper research into the cost of adhering to these standards. It is becoming more and more difficult to meet the RQIA standards due to lack of significant investment by the trust in regulated services.	Regulated Service
In the HSE the regulation report would go back to the service provider in draft for comment and I am sure this is the same with RQIA. I suggest the comments received are reflected in an appendix as a record of service provider responses to the various sections of the report.	Other - Individual
I attended the provider information event in March which was very informative and helpful.	Regulated Service

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I have found that the previous inspections information that you have on your website about what will be required for each standard very helpful and beneficial. It allows me to look at this whole standard and i feel this drives up standards in care. If the RQIA could do each and every care standard and what is expected of a service i think this would be so helpful to a wide range of service providers	Regulated Service
Would RQIA be able to consider amending the traffic light scoring to reflect action on the QIP? Services work very hard to quickly meet requirements/recommendations made and therefore the colour code would not necessarily be representative of the service for the year ahead.	Regulated Service
In my opinion having a part for appeal regarding the inspection report will be beneficial for the inspection process.	Regulated Service
My experience of working with RQIA has been fair and has driven improvement in Service Delivery. I am happy to embrace the changes that have been detailed.	Regulated Service
After attending the workshop yesterday at Dunadry the new inspection process seems very positive.	Regulated Service
I think it would be good to ensure that examples of good practice are also highlighted within any report. I often feel that there is too much 'stick' and not enough 'carrot' in regulation. For example, our staffing levels are always very good, much higher than we are expected to provide, but this is never made clear in a report. It would be nice to receive credit for this as I think this is something that is very important to families who are looking for nursing care for a loved one.	Regulated Service
The revised inspection policy is helpful to service providers however the assessment on the front page using the colour key could be "off putting" to potential clients and their representatives, causing them to not read the report as a whole and make informed choices.	Regulated Service
With the rotation of inspectors across teams, as described, it will be important to ensure that there will be a consistency of approach.	Regulated Service
Although a simplification of the document it still appears robust and effective. It should also lend itself to the inspectors spending as much of the inspection as possible on the "shop floor" where they can not only be told about the service but see the service in action. This is where, in my opinion, the inspector can see if care is safe, effective and compassionate.	Regulated Service
I found the meeting in the Dunsilly Hotel informative and interesting.	Stakeholder Organisation
It is important to consider the safety of staff providing care within regulated services. I fully support inspection and regulation to ensure client safety, and hope that the work by RQIA will reflect staff safety issues. When a service user declines to accept measures which keep staff safe and then puts pressure on staff to perform high risk techniques, I think RQIA has a pivotal role in ensuring the public are informed that staff must be safe whilst at work.	Member of the Public
I am happy with the support RQIA give to the dental sector and am happy to comply to the best of our ability, just concerned that the new grading system might act like a decision making tool for the general public to use our services.	Regulated Service

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Perhaps the use of an observational tool should be used more widely to ascertain the demeanour and mood of patients or service users who may be termed vulnerable and unable to consent or give opinion verbally? Templates of the patient questionnaires, observational tools and inspection templates would be helpful added to appendix	Other - Individual
Concerns that rating/ colour code remains fixed for a year even though minor breaches in legislation may have been swiftly dealt with. Concerned about how consistently the inspectors apply the process	Stakeholder Organisation
The general public will see the front cover and will make decisions on this before or instead of reading the full report and so if this is not updated the results could be on view for nearly two years and may effect referrals to the service.	Regulated Service
The standards continue to have aspects that are allocated to providers that they have limited control over as it relies on the Trust mainly responding. For example care reviews notes being returned from Trust this is out of providers control and repeated emails are the only evidence w can supply to show our efforts. The standards need to reflect that.	Regulated Service
If a provider is found to be unsatisfactory in an area, and this is rectified quickly, how soon will the level of achievement be changed on the website and report?	Regulated Service
This document appears much more efficient and should yield improved outcomes recording.	Regulated Service
Feel that the pending information sessions should include a clear guide as to all elements constituting the 4 dimensions of inspection to enable providers to have the necessary structures in place to easily meet requirements	Regulated Service
Consideration should be given to increasing the length of time between inspections given that the inspections are changing from being themed to being much wider in context i.e. a change from annual inspections to every 2-3 years would be adequate for general dental practice.	Regulated Service

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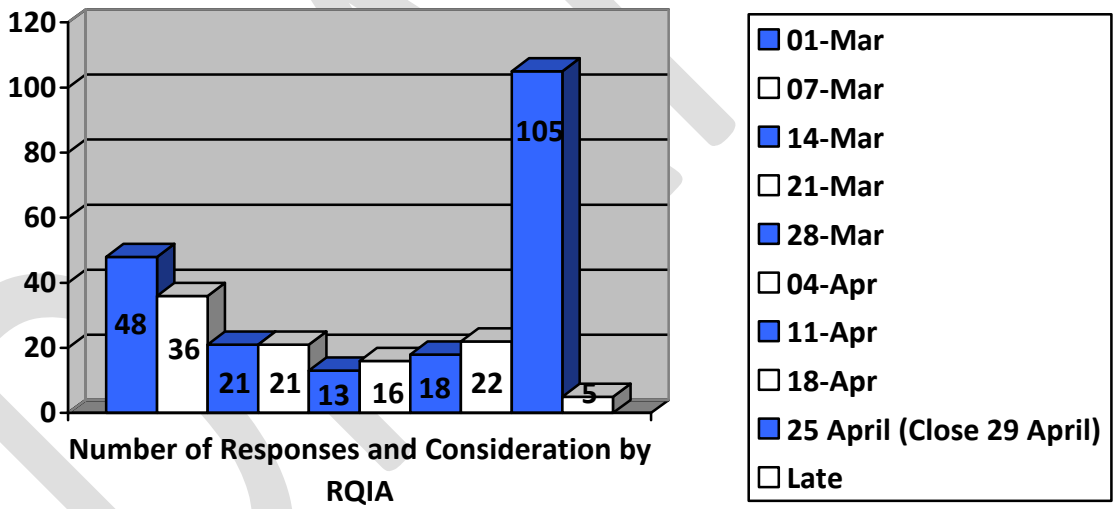
APPENDIX C – TIMELINE OF RESPONSES AND CONSIDERATIONS

Table of Responses and Consideration by RQIA (Weekly Timeline)

Week	Number of Responses and Consideration by RQIA
1 March	48
7 March	36
14 March	21
21 March	21
28 March	13
4 April	16
11 April	18
18 April	22
25 April (Close 29 April)	105
Late Submissions (29 April - 2 May)	5



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APPENDIX D – REGIONAL STAKEHOLDER INFORMATION EVENTS

Table of Regional Stakeholder Information Events

Date	Audience	Venue	Attendees
07/03/16	Dental only	Dunsilly Hotel, Antrim	153
14/03/16	Dental only	Seagoe Hotel, Portadown	106
16/03/16	Dental only	Beechhill House Hotel, Derry	29
22/03/16	All Adult services	Dunadry Inn, Antrim	236
22/03/16	All Adult services	Dunadry Inn, Antrim	187
23/03/16	All Adult services	Glenavon Hotel, Cookstown	106
23/03/16	All Adult services	Glenavon Hotel, Cookstown	81
28/04/16	Age Sector Forum	Linenhall Street, Belfast (HSCB)	19
04/04/16	Children Services	Southern HSC Trust	7
05/04/16	Children Services	South Eastern HSC Trust	8
12/04/16	Children Services	16+ Providers	30
14/04/16	Children Services	Western HSC Trust	9
15/04/16	Children Services	Belfast HSC Trust	8
19/04/16	Children Services	Northern HSC Trust	8
20/04/16	Children Services	South Eastern HSC Trust	8

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APPENDIX E – LINKS TO CONSULTATION DOCUMENTATION

http://www.rqia.org.uk/home/index.cfm

http://www.rqia.org.uk/cms_resources/Consultation%20Inspection%201%20March%202016.pdf

http://www.rqia.org.uk/cms_resources/Press%20Release%20Inspection%20Consultation%2022%20%20Mar%2016.pdf

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APPENDIX F - LIST OF RESPONDENTS

Organisations who responded to the consultation via the online questionnaire and hardcopy format

Action on Hearing Loss	Leonard Cheshire Disability
Action on Elder Abuse Northern Ireland	Limavady Community development Initiative
Age Concern Causeway	Limetree House Residential Home
AGE NI	Link Community Centre
ARC Association	Louisville Private Nursing Home
Armstrong Care Service	Lucas Love Healthcare
Association for Real Change, Northern Ireland	Marie Curie
Apex housing	Massereene Manor PNH
Autism NI	Mencap
Ballyclare Dental Practice	Mid and East Antrim Borough Council
Bawn cottage/Hebron House Residential Homes	MindWise
Beechview dental practice	Mourne Stimulus Day Centre
Belfast central mission Kirk House	MS Society
Belfast Trust Learning Disability Services	Mydentist
Belvedere Care Home	McHugh Dental Care
Belfast Health & Social Care Trust	Niamh
Bloomfields private nursing home	NI Social Care Council
Breffni House	Northern Ireland Ambulance Service HSC Trust
British Dental Association	Northern Ireland Hospice
Carewell Homes	Northern Health & Social Care Trust
Camphill Community Clanabogan	Northern Health & Social Care Trust
Castleview PNH	Oasis Dental Care
Carlisle House PCICSW	Patient and Client Council
Clanmil housing	Parkanaur College
Clear Dental	Positive Futures
Clogher Valley Dental Care	Potens care Agency
Clontara Ltd	Praxis Care
Commissioner for Older People for NI	Presbyterian Counsel of Social Witness
Cornfield Care Centre	Presbyterian Church Ireland P.C.I
Craegmoor Priory Group	Prospects
Dental	Provincial Care
Dental Solutions	Redburn Clinic
DJ Maguire & Associates	Rossmore Dental Care
Dunlady House	Royal College of Nursing, Northern Ireland
East Eden Ltd - Granard Residential Home	Royal National Institute of Blind People
Edgewater Private Nursing Home	Sanville PNH
Fairhaven Residential Home	Seabank Residential Home
Family Dental Care	Sense
Finaghy Orthodontics	Somerton Nursing Home
FOLD Housing	South Antrim Council
Four Seasons Health Care	South Eastern Health & Social Care Trust

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Foyle Hospice	Staff Nursing Ltd
GCRM-Belfast	Strule Erne Day Care
Gentle Dental care	Tandragee Dental Surgery
Gentle Touch Dental Studio	The Cedar Foundation
Gillaroo Lodge Nursing Home	The Firs Residential Home/Services
Gillbrooke Nursing Home	The Resource Centre Derry
Gransha Dental Surgery	Tillman and Cullen Dental Surgery
Glencarron Nursing Home	United Kingdom Homecare Association's
Glendun Nursing Home	University of Ulster
Greenpark Private Nursing Home	Valley Nursing Home
Health Service Executive, Cavan, Monaghan	Victoria House
High Street Dental, Ballymoney Ltd	Vita Dental Care
Hutchinson Care Homes	Western Health & Social Care Trust
Holywood dental care	Willowbank Ltd
Iveagh House PNH	Woodmount Nursing Home
Kennedy Orthodontics Ballymena	

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The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	9 June 2016
Title of Paper	Proposed arrangements for the inspection of Mental Health and Learning Disability Wards 2016/17.
Agenda Item	8
Reference	E/05/16
Author	Theresa Nixon
Presented by	Theresa Nixon
Purpose	The purpose of this paper is to update the Board on the action taken by the MHLD Team to revise their inspection methodology, following the evaluation undertaken by Professor Roy McConkey (February 2016). Some revisions have been made to the previous quality indicators based on the recommendations contained in the evaluation report. In addition the new domain of Well Led has been added with a set of outcome indicators and evidence based criteria. Proposed amendments to the assessment criteria are also included.
Executive Summary	The MHLD Team have developed their revised inspection methodology based on four stakeholder outcomes and an assessment framework. This fits with the strategic objectives 2, 4 and 6 set out in the RQIA Corporate Strategy 2015-18. A number of meetings have been held with the trusts to discuss the revised indicators and methodology. A Stakeholder Workshop will be held on 6 July in Mossley Mill. A short evaluation will be undertaken of the revised methodology following the completion of five inspections in Quarter two 2016.

	This will allow all the inspection teams in RQIA to have a further opportunity to review the learning in relation to the inspections across the MHLD, Review and Regulation Directorates. This should help RQIA in standardising our assessment approaches and to agree our future assessment matrix. Copies of the indicators that will be used and the evidence required to support the assessment of safe, effective, compassionate and well led are attached.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	None
Recommendation/ Resolution	The Board is asked to **APPROVE** the attached methodology for inspections of MHLD wards.
Next steps	A progress report will be presented to the Board in September 2016 and the process amended if required.

The Regulation and Quality Improvement Authority

Mental Health & Learning Disability Hospital Inspections 2016/17

Indicators of Safe, Effective Compassionate and a Well-Led, Service

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Our Vision, Purpose and Values

Vision

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

Purpose

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

Values

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

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

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

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1.0 Introduction

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

RQIA's Corporate Strategy for 2015-2018 encompasses RQIA's vision statement of being a driving force for improvement in the quality of health and social care in Northern Ireland. It is underpinned by a shared set of values defining our culture.

Over the course of this strategy RQIA will align its work with the strategic vision of the Department of Health (DoH) as set out in Quality 2020[1]. Given the recent emphasis on quality by DoH, RQIA will place greater emphasis on evaluating care outcomes for individual patients and clients.

RQIA intends to focus its programmes of inspection, review and monitoring of mental health legislation from 2015-2018, using four key domains:

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

(Figure 1)

[1] DHSSPS(NI) – Quality 2020 – A 10 Year Strategy to Protect and Improve Quality in Health & Social Care in Northern Ireland

2.0 Legislative Context

RQIA's statutory authority to require providers to maintain compliance with the minimum standards derives from the Health and Personal Social Services (Quality, Improvement & Regulation) (Northern Ireland) Order 2003[2] (2003 Order). Article 35 details the role and functions of RQIA and sets out RQIA's functions in terms of inspection and review of health and social care services and responsibilities for reporting.

2.1 Role of Mental Health and Learning Disability Team

The Mental Health and Learning Disability (MHLD) Team currently operates under the provision of The Mental Health (Northern Ireland) Order 1986[3](The Order).

This statutory duty is reinforced in Article 86 (2) (a) which underpins the MHLD Team's inspection programme and which states:

(2) In the exercise of its functions under paragraph (1) it shall be the duty of RQIA
(a) "to make enquiry into any case where it appears to RQIA that there may be ill-treatment, deficiency in care or treatment, or improper detention into hospital or reception into guardianship of any patient, or where the property of any patient may, by reason of his mental disorder, be exposed to loss or damage";

The Order also places a statutory duty on RQIA in Article 86(2) (b) to visit and interview patients who are detained in hospital in accordance with the provisions of The Order.

MHLD Inspections will be carried out using a team of RQIA inspectors supported by sessional inspectors and lay assessors.

Sessional Inspectors: Sessional Officers will provide professional advice and work to support the RQIA's MHLD Team in undertaking inspections and reviews of Health and Social Care Trusts. They will also be involved in monitoring how HSC Trusts discharge their statutory functions under The Order.

Lay Assessors: will support the inspection process by assisting with the collection of information using patient questionnaires. The information provided by patients and service users will be used to support the inspection findings and will also be included in the inspection report.

Generally an inspection team will include:

- the core team of RQIA inspectors
- lay assessor(s)
- an inspection coordinator/administrative support worker
- expert specialist reviewers, depending on purpose of inpatient facility

[2] The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
[3] The Mental Health (Northern Ireland) Order 1986

All team members will be provided with an inspection information pack designed to provide information to help team members prepare for the inspection visit.

A list of inpatient facilities to be included in the inspection process is attached at Appendix 2. This will be kept under review to respond to changes in service delivery.

We use intelligence monitoring to decide when, where and what to inspect, This combines information from a wide range of sources, local insight and patient experience information to give our inspectors a clear picture of the inpatient facilities that may need to be inspected.

However we will consider various factors about risk, quality and the context of the services to help us select and prioritise the areas we visit.
These may include, for example, inpatient facilities:

- where previous inspections or our intelligence monitoring has flagged a concern or risk
- about which we have received a complaint, there has been a safeguarding alert or we have heard from a whistleblower
- we have not inspected for a long period or have not previously inspected at all
- we have been made aware of areas of good practice
- a request has been made by the DoH, HSC Board or PHA
- subject to media attention

RQIA also undertake other inspections and review activities that are not covered in this handbook, such as inspections of suites where electroconvulsive therapy (ECT) is administered, prison inspections and thematic reviews. We coordinate this activity to reduce the burden on HSC organisations.

2.2 New Mental Health Capacity Act (Northern Ireland) 2016

A new Mental Capacity Act[4] received Royal Assent on 9 May 2016. This new legislation will be considered in terms of any changes required to the RQIA inspection methodology.

2.3 DHSSPS Minimum Quality Standards 2006

The Department of Health, Social Services and Public Safety (DHSSPS) endorsed The Quality Standards for Health and Social Care[5] as the minimum standards for the quality of service provision of health and social care services. These standards are currently used by the MHLD Team to assess the quality of services and make relevant recommendations for service improvement.

[4] Mental Capacity Act (Northern Ireland), 2016

[5] DHSSPS: The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006

3.0 Inspection Theme 2016/17 – Patient-Centred Care

The MHLD Team proposed that for the inspection years 2016/17, the inspection theme will focus on the standard of "Person-Centred Care".

This theme fits with the current DoH policy directions set out in Quality 2020[6] and Transforming Your Care[7], which both focus on the service user at the centre of any service provision.

"Patients receive care and treatment designed to meet their individual needs with the intention of ensuring the best results for each patient".

The overarching inspection theme of Person-Centred Care is also clearly referenced in 5.3.3 of the Quality Standards for Health and Social Care, 2006[8] which states:

The organisation:

> *"Promotes a person-centred approach and actively involves service users and carers in the development, implementation, audit and review of care plans and care pathways".*

[6] DHSSPS(NI) – Quality 2020 – A 10 Year Strategy to Protect and Improve Quality in Health & Social Care in Northern Ireland

[7] DHSSPS(NI) – Transforming Your Care: A Review of Health and Social Care in Northern Ireland, 2011

[8] DHSSPS(NI): The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006

4.0 Unannounced Inspections

All inspections will be unannounced, unless there are practical reasons why the facility should be informed prior to the planned date of inspection. Inspections can take place at any time during the day, evening or night.

An inspection site visit will generally last 3 days, including deliberation, gathering of findings and the trust feedback session and if required, the visit may be extended.

Organisations will normally receive a telephone call from a nominated person in the MHLD Team to the Chief Executive of the Trust, prior to the team arriving on site. However, at weekends or outside normal working hours this may not be possible, inspectors will ask the reception to contact the site manager.

On arrival on the facility to be inspected, the MHLD Team will introduce themselves to the Ward Manager or nurse in charge. Inspectors will, dependent on the needs of the facility, undertake a short briefing session for staff on how the inspection will be conducted.

The Ward Manager will be asked to provide a base room for the use of the MHLD Team throughout the 3 day visit. This should be, as much as possible, within close proximity to the facility and should be capable of accommodating around 5/6 people.

The Lead Inspector will set up an inspection hub in the base room from which all inspection activity will be coordinated.

The Ward Manager may be asked to liaise with the MHLD Team to co-ordinate a meeting with carers on day two of the inspection visit.

5.0 Indicators of Safe, Effective, Compassionate and a Well-Led Service

The indicators for the delivery of safe, effective, compassionate and well-led person-centred care for patients in mental health and learning disability hospitals and the types of evidence inspectors will look for to support the inspection findings for each of the four key domains are described in Table 1. The underpinning legislation, standards and good practice guidance which underpin the indicators are included as references in Appendix 1.

Having core indicators ensures consistency under each of the key objectives. This is vital for reaching a credible and comparable assessment and to provide evidence of ongoing improvement. During the inspection, the core inspection framework will be used; this will be supported by a number of additional information gathering tools including:

- the use of data, evidence and information to inform the inspection process
- core Indicators
- feedback from patients, relatives/carers
- feedback from staff

- ward physical environment observation tool
- direct observation sessions – Quality of Interaction Schedule Tool (QUIS)
- the review of relevant documentation and patients care records
- family and carer advocates

The core indicators are supported by a number of other investigatory processes including, observations of practice, staff interviews and/or meetings with patients and carers, and examination of supporting documentation.

This evidence will feed into the overall information gathered to assess the quality of care provided, the degree to which patients on the facility are being treated with dignity and respect and that their assessed/required care needs are being met in accordance with evidence based practice, DoH minimum quality standards and guidelines.

The inspection will, where necessary, include photographs of the environment and equipment for reporting purposes and primarily as evidence of assessments made. Not all photographs taken will be used in the reports. Photographs will help to enhance specific learning arising from inspection. No photographs of staff, patients or visitors will be taken in line with RQIA policy and procedure on the Use and Storage of Digital Images.[9]

Inspectors will use the evidence to assess the current level of service delivery and identify opportunities for improvement where gaps in service delivery exist. They will monitor that appropriate plans have been put in place by the trust to make any necessary changes to enhance service provision.

The indicators are not a definitive list; neither are they designed to be used as a "checklist". These characteristics, when considered along with inspection findings; legislative requirements; minimum standards; good practice guidance; and, professional judgement, will assist inspectors to assess each stakeholder outcome.

Respecting diversity, promoting equality and ensuring human rights will help to ensure that everyone using health and social care services receives good quality care. RQIA have developed the inspection process to ensure that it considers a range of human rights principles. Using a human rights approach that is based on the rights that people hold, rather than what services should deliver, also helps us to look at care from the perspectives of people.

[9] http://rqia-intranet.rqia.lan/Approved%20Policies%20and%20Procedures/Use%20and%20Storage%20of%20Digital%20Images%20Policy%20and%20Procedure.pdf

6.0 What We Look for When We Inspect

To help us assess whether the care is safe, effective, compassionate and well led, we will look for evidence against the following indicators. The evidence listed for each indicator provides examples of what may be reviewed and should not be considered exhaustive.

Table 1 – Indicators and evidence required to support the assessment of a Safe, Effective, Compassionate and a Well-Led Service

IS CARE SAFE? Avoiding and preventing harm to patients from the care, treatment and support that is intended to help them	
KEY INDICATOR S1	**EXAMPLES OF EVIDENCE**
There are systems in place to ensure unnecessary risks to the health, welfare or safety of patients are identified, managed and where possible eliminated.	Patients and/or their representatives are actively involved in designing and managing their own personal safety / risk management plans. Patients' personal safety / risk management plans; • are individualised • have appropriate actions devised • are implemented and regularly reviewed by the multidisciplinary team • are used to inform personal well-being plans / care plans which help to build capacity to self-manage health and well-being
KEY INDICATOR S2	**EXAMPLES OF EVIDENCE**
The premises and grounds are safe, well maintained and suitable for their state of purpose.	Environmental risk assessments are up to date with evidence of recent health and safety audit(s). Appropriate action plans are in place to address any deficits which are regularly reviewed and amended where required.

KEY INDICATOR S3	EXAMPLES OF EVIDENCE
There are at all times, suitably qualified, competent and experienced persons working in the facility.	Staff raise and, if necessary, escalate concerns to senior management about environmental safety, patient safety or the level of care provided to patients and know with whom to raise it. Staff do not work beyond their role, experience and training.
KEY INDICATOR S4	**EXAMPLES OF EVIDENCE**
Patients are detained appropriately with information provided about their rights and to make a complaint.	Detention in accordance with the Mental Health (NI) Order 1986 and associated rights have been explained to them and the patients have been facilitated to make application to the Mental Health Review Tribunal if applicable. Staff can demonstrate how consent is obtained. Robust arrangements are in place for the discharge of statutory functions, in accordance with provision of the Mental Health (Northern Ireland) Order 1986. Patients know how to make a complaint, the trust maintain a record of complaints which are dealt with in accordance with the trusts complaint procedure.

IS CARE EFFECTIVE? The right care is provided, at the right time in the right place with the best outcome	
KEY INDICATOR E1	**EXAMPLES OF EVIDENCE**
Comprehensive co-produced personal well-being plans/care plans are in place to meet the assessed needs of patients. **Care and treatment is evaluated for effectiveness.** **Effective discharge planning arrangements are in place.**	Patient's needs are comprehensively assessed on an ongoing basis with treatment plans amended when necessary. Care plans are holistic and co-produced in conjunction with the patient and/or their representative and include person centred goals to support recovery. A range of care and treatment options are planned and delivered in line with • current evidence based guidance • best practice standards • defined care pathways • legislative requirements and • address patients' assessed needs and include physical, nutrition and hydration needs. There is evidence that patients have timely access to specialist assessments and interventions according to their assessed needs. Accurate and detailed records are maintained to confirm decisions agreed at the ward round, the person responsible for implementing agreed actions is identified and the timeframe for implementation is reviewed. The evaluation of care and treatment provided to patients considers the effectiveness of the interventions and changes are made when and where necessary. Discharge planning commences early in the admission and the patient is actively involved. Appropriate community support mechanisms have been discussed with patients nearing discharge.
KEY INDICATOR E2	**EXAMPLES OF EVIDENCE**
Autonomy and Independence is promoted and the use of	The physical environment is; • enabling • the least restrictive and;

restrictive practice(s) is minimised	designed in accordance with best practice guidance relevant to the patient population. The need for the use of restrictive practices, including deprivation of liberty, restraint and seclusion is based on individualised assessment of need. This assessment indicates that the use of such practices are used proportionately, as a last resort and regularly reviewed in accordance with guidance.

IS CARE COMPASSIONATE? Patients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support	
KEY INDICATOR C1	**EXAMPLES OF EVIDENCE**
There is a culture/ethos that supports the values of dignity and respect and patients are responded to compassionately.	Staff treat patients with dignity and respect. Staff respond compassionately to physical and/or emotional distress.
KEY INDICATOR C2	**EXAMPLES OF EVIDENCE**
There are systems in place to ensure that the views and opinions of patients, and/or their representatives are sought and taken into account in all matters affecting them.	Patients are given the opportunity to have a representative of their choice and attend any meeting where decisions are made about their care and treatment. Patients are provided with appropriate information to make informed choices about the types of care and treatment options available. Staff explain the need for the use of any restrictive practice, ensure this is understood and debrief and support patients accordingly. Patients and/or their representatives are satisfied with the care and treatment provided and the way staff treat them from admission to discharge. They are given the opportunity to comment on their care. Patients can access independent advocacy support.

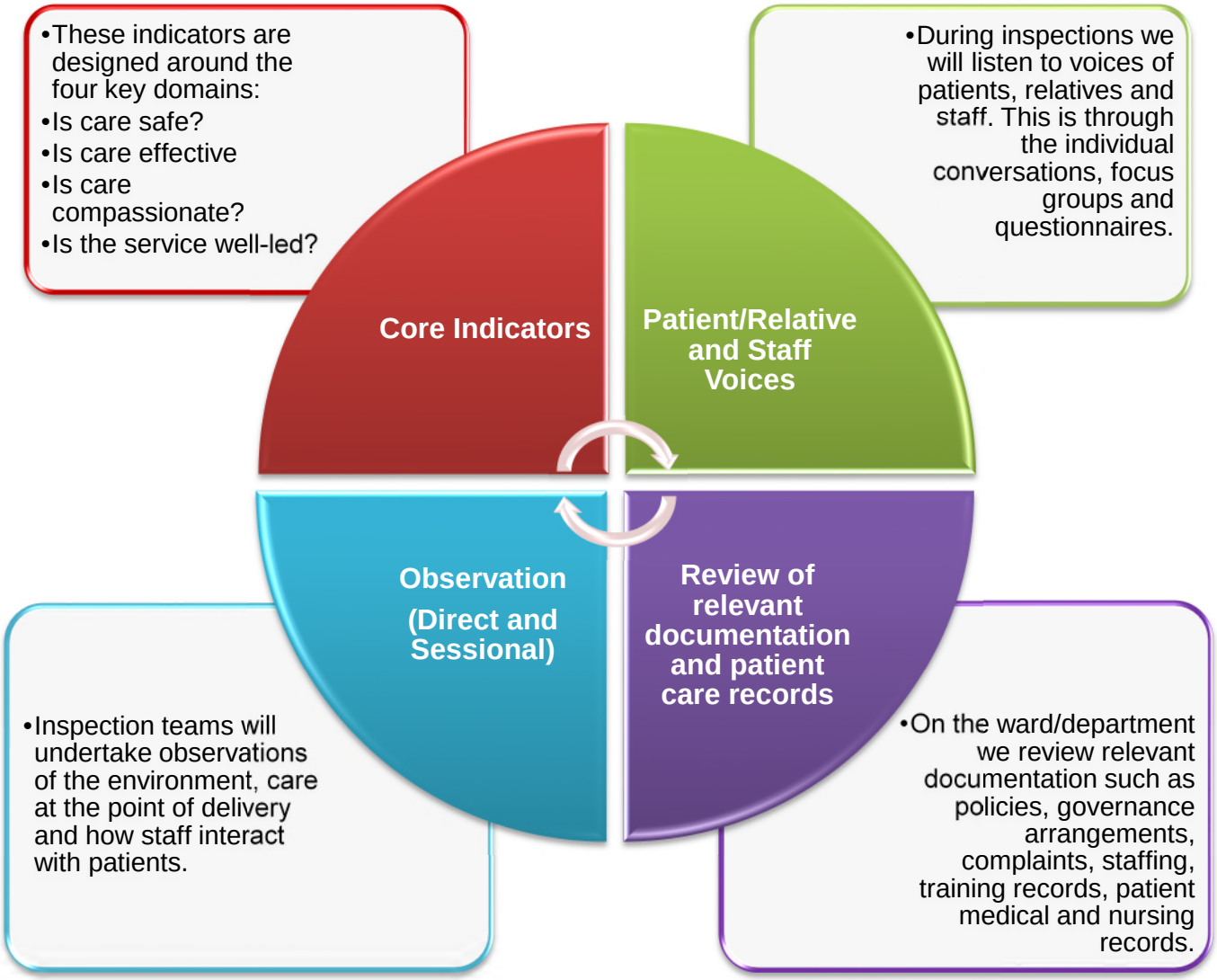
IS CARE WELL-LED? There is effective leadership management and governance which creates a culture focused on the needs and experiences of patients in order to deliver safe, effective and compassionate care	
KEY INDICATOR WL1	**EXAMPLES OF EVIDENCE**
There are appropriate management and governance systems in place to meet the needs of patients.	All staff are aware of their roles and responsibilities and actions they should take if they have a concern (safeguarding, child protection, escalation, whistleblowing). Robust governance arrangements are in place to monitor the prescription and administration of medication. All policies and procedures are relevant, up to date and are easily accessible by staff. There is governance oversight of patient plans and timely discharge in accordance with HSCB commissioning plans/ average length of stay/ over occupancy. Systems are in place to: • analyse risks, accidents and adverse incidents, serious adverse incidents, complaints, safeguarding referrals and the effectiveness of protection plans, staff disciplinary matters, whistleblowing, mortality rates, with a focus on learning when things go wrong. • effect change to improve safety through analysis of information • share learning with relevant staff • identify and disseminate outcomes of any audits, reviews or investigations with all appropriate staff including frontline staff • monitor the implementation of change to improve safety. • good working relationships are evident between the multi-disciplinary team.
KEY INDICATOR WL2	**EXAMPLES OF EVIDENCE**
There are appropriate management and governance systems in	Ward staff and management monitor overall patient experience, with systems in place to collect and analyse patient and carer views regarding their care and treatment including; • complaints and compliments

place that drive quality improvement.	• patient forum meetings • patient feedback surveys Action plans are devised and implemented to address areas identified for improvement by patients and carers.
KEY INDICATOR WL3	**EXAMPLES OF EVIDENCE**
There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure. There are appropriate supervision arrangements in place.	There is a defined organisational and management structure that identifies the lines of responsibility and accountability with specific roles and details of responsibilities of all staff clearly understood. Appropriate training, supervision and staff development: • staff have received up-to-date training in all relevant areas, and there is a regular review of the skill mix of the team to identify gaps in training. • staff are supervised appropriately in their deliver of planned evidenced based therapeutic interventions.
KEY INDICATOR WL4	**EXAMPLES OF EVIDENCE**
There are effective staffing arrangements in place to meet the needs of the patients.	There are effective staffing arrangements in place. • staff shortages are responded to in a way which minimises disruption to patient care and treatment. • there are governance arrangements to monitor the appropriate / effective use of bank / agency staff. • the multi-disciplinary team for the facility is agreed and all staff are currently available. • arrangements in place for all staff to access their line manager and to support staff (e.g. staff meetings, appraisal and supervision) • management are responsive to suggestions/concerns raised by the multi-disciplinary team.

7.0 How We Will Make Our Assessment

We will use the following evidence based assessment framework and a decision making matrix to report on the outcome of our inspection findings for the four domains in each inpatient ward. Each domain will be assessed separately and independently of each other.

Decision Matrix



The evidence to support our assessment in respect of the four key domains will be included in the inspection report against a framework of excellent, good, requires improvement or unsatisfactory. We will attribute one of the achievement levels to each domain. The criteria to inform the assessed levels of achievement are outlined in Table 2.

Table 2 – Assessment Framework

Assessment Criteria			
	Service Provision	Service User Outcomes	View of RQIA
Excellent	Outstanding delivery of safe, effective, compassionate care, or well-led service, is evident on inspection.	There is evidence, over time, of positive outcomes for service users.	No recommendations necessary
Good	Competent delivery of safe, effective, compassionate care, or well-led service, is evident on inspection.	There is evidence of positive outcomes for service users	There may be recommendations made to drive improvement.
Requires Improvement	Some weaknesses in the delivery of safe, effective, compassionate care, or well-led service, are evident on inspection	There is limited, or inconsistent, evidence of positive outcomes for service users.	Recommendations have been made to secure compliance with standards and drive improvement. Escalation may be considered.
Unsatisfactory	Deficiencies in the delivery of safe, effective, compassionate care, or well-led service, are evident on inspection.	There was a lack of evidence of positive outcomes for service users.	Escalation action and/or additional regulatory activity will be required to drive improvement.

8.0 What Happens Next?

Verbal feedback will be provided by the inspection team at the conclusion of each inspection.

There may be occasions when inspection findings indicate that formal escalation or enforcement action is required in accordance with RQIA's Escalation and/or Enforcement Policies and Procedures. This includes the issue of Improvement Notices, in accordance with Article 39 of the HPSS (Quality, Improvement & Regulation) (Northern Ireland) Order 2003[10].

RQIA's Escalation policy can be found on our website at www.rqia.org.uk.

Where specific issues are identified which could present an immediate and significant risk to the well-being or safety of patients, this will be brought to the attention of Trust staff to allow urgent action to be taken.

Where any aspect of service provision which is of unacceptably poor quality or where significant failings in the way the service is being run are identified, RQIA may recommend that the DoH take special measures in relation to that service (Article 39 HPSS (Quality, Improvement & Regulation) (Northern Ireland) Order 2003)[11].

The inspection team will reflect on inspection findings and prepare a draft report which will be clear, accessible and written in plain English and forwarded to the HSC Trust within **28 days of the date of the inspection.** The report will include the outcome of our inspection findings for each of the four key domains. Each domain will be assessed separately and independently of each other.

9.0 Factual Accuracy Check

When HSC Trusts receive a copy of the draft report they are invited to provide feedback on its factual accuracy. They can challenge the accuracy and completeness of the evidence on which the compliance levels are based. HSC Trusts have **28 calendar days** to review draft reports for factual accuracy and submit their comments to RQIA.

Any areas for improvement will be identified in the report and the HSC Trust will be asked to submit a Quality Improvement Plan (QIP) to RQIA within **28 days**.

Timescales required for each area for improvement will continue to be set by RQIA, using a 1, 2, or 3 priority status for implementation.

[10] HPSS (Quality, Improvement & Regulation) (Northern Ireland) Order 2003
[11] HPSS (Quality, Improvement & Regulation) (Northern Ireland) Order 2003

Priority Status

PRIORTY	TIMESCALE FOR IMPLEMENTATION IN FULL
1	This can be anywhere from **24 hours to 4 weeks from the date of the inspection** – the specific date for implementation in full will be specified
2	Up to **3 months** from the date of the inspection
3	Up to **6 months** from the date of the inspection

The Lead Inspector will review the returned QIP. If the QIP is considered to be deficient, the HSC Trust will be notified and asked to amend accordingly. If the QIP remains deficient after resubmission, RQIA's Escalation policy may be implemented.

The draft report and QIP will be deemed final at this stage and will be published on the RQIA website.

A follow up inspection may be undertaken dependent upon the key indicators below:

- if there are major weaknesses that require urgent attention
- if any of the stakeholder outcomes are assessed as unsatisfactory
- if a serious issue is identified on inspection which may require a more in depth inspection
- a serious issue not included in the four key domains may be identified during an inspection which may require some level of follow up, the type of follow up will be dependent on the level of risk identified

10.0 Next Steps proposed by MHLD Team

A Stakeholder Workshop will be held on 6 July in Mossley Mill.

A short evaluation will be undertaken of the revised methodology following the completion of five inspections in Quarter Two 2016.

This will allow all the inspection teams in RQIA to have a further opportunity to review the learning in relation to the inspections across the MHLD, Review and Regulation Directorates. This should help RQIA in standardising our assessment approaches and to agree our future assessment matrix.

Appendix 1 References

Underpinning Legislation, Minimum Standards & Good Practice Guidance

Legislation Mental Health (Northern Ireland) Order 1986 Human Rights Act 1998
Minimum Standards DHSSPS(NI): The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, (2006)
Good Practice Guidance Regional Mental Health Care Pathway (2014) Promoting Quality Care: Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services (2009) APCP Regional Child Protection Policy and Procedures (2005) Safeguarding Vulnerable Adults Regional Policy & Guidance (2006) Regional Psychological Therapies: Mental Health Services Threshold Criteria (2014) Accreditation for Inpatient Mental Health Services/Quality Network for Inpatient CAMHs Reference Guide to Consent for Examination, Treatment or Care (2003) Condition specific NICE Guidance Service Framework for Learning Disability (2012) Health and Social Care Board Commissioning Plans Quality 2020 A 10 Year Strategy to Protect and Improve Quality in Health & Social Care in Northern Ireland Complaints in Health and Social Care: Standards & Guidelines for Resolution & Learning (2009) Improving the Patient and Client Experience (2008) NICE Guidelines CG136: Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services Improving Dementia Services in Northern Ireland, A regional strategy (2011) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance (2010)

The Right Time, The Right Place – Sir Liam Donaldson (2014)
Adult Safeguarding – Prevention and Protection in Partnership (2015)
Transforming Your Care: A Review of Health and Social Care in Northern Ireland (2011)
NICE Guidelines NG11: Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. (2015)

Appendix 2:

Hospital wards we will inspect in the 2016/17

Ward	Hospital	Trust
Lissan 1	Holywell Hospital	NHSCT
Donegore	Muckamore Abbey Hospital	BHSCT
Dorsy	Craigavon Area Hospital	SHSCT
Oak A	Tyrone and Fermanagh Hospital	WHSCT
Ward 12	Lagan Valley Hospital	SEHSCT
Six Mile Ward	Muckamore Abbey Hospital	BHSCT
Ward J	Mater Hospital	BHSCT
Ward K	Mater Hospital	BHSCT
Innisfree	Knockbracken Healthcare Park	BHSCT
Avoca Ward	Knockbracken Healthcare Park	BHSCT
Dorothy Gardiner Unit Bush Rehab	Knockbracken Healthcare Park	BHSCT
Cranfield ICU	Muckamore Abbey Hospital	BHSCT
Beechcroft Ward 2	Beechcroft	BHSCT
Iveagh Centre	Iveagh Centre	BHSCT
Clare Ward	Knockbracken Healthcare Park	BHSCT
Erne	Muckamore Abbey Hospital	BHSCT
Rathlin	Knockbracken Healthcare Park	BHSCT
Valencia	Knockbracken Healthcare Park	BHSCT
Killead	Muckamore Abbey Hospital	BHSCT
Moylena	Muckamore Abbey Hospital	BHSCT
Shannon Clinic Ward 1	Knockbracken Healthcare Park	BHSCT
Shannon Clinic Ward 2	Knockbracken Healthcare Park	BHSCT
Cranfield Men	Muckamore Abbey Hospital	BHSCT
Carrick 1	Holywell Hospital	NHSCT
Inver 1	Holywell Hospital	NHSCT
Inver 4	Holywell Hospital	NHSCT
Ross Thomson Unit	Causeway Hospital	NHSCT
Tobernaveen Centre	Holywell Hospital	NHSCT
Tobernaveen Lower	Holywell Hospital	NHSCT
Ward 27	Ulster Hospital	SEHSCT
Downe Acute	Downe Hospital	SEHSCT
Ward 28 - Downshire	Downshire Hospital	SEHSCT
Ward 15 - Downshire	Downshire Hospital	SEHSCT
Downe Dementia Ward	Downe Hospital	SEHSCT
Ward 11 - Lagan Valley	Lagan Valley Hospital	SEHSCT
Willow	Bluestone Unit	SHSCT
Bronte	Bluestone Unit	SHSCT
Silverwood	Bluestone Unit	SHSCT
Rosebrook PICU	Bluestone Unit	SHSCT
Carrick - Male	Grangewood Hospital	WHSCT
Evish	Grangewood Hospital	WHSCT
Addictions Treatment Unit	Tyrone and Fermanagh Hospital	WHSCT

Beech	Tyrone and Fermanagh Hospital	WHSCT
Waterside 2 (Ballycann 2)	Waterside Hospital	WHSCT
Lime	Tyrone and Fermanagh Hospital	WHSCT
Ash	Tyrone and Fermanagh Hospital	WHSCT

* The inspection schedule above may vary dependent on availability and resources

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RQIA Board Meeting

Date of Meeting	9 June 2016
Title of Paper	Draft Workforce Plan 2016-17
Agenda Item	11
Reference	G/05/16
Author	Health & Social Care Leadership Centre (HSCLC) / Executive Management Team
Presented by	Maurice Atkinson
Purpose	The purpose of the Workforce Plan is to ensure RQIA optimises its current staff resources and aligns the future workforce capabilities with those required to deliver the corporate strategy. It is also important to create a workforce that is agile enough to respond in a fast changing environment in the wider HSC system.
Executive Summary	The Health & Social Care Leadership Centre (HSCLC) was commissioned to develop a Workforce Plan for RQIA following a recommendation in the DoH commissioned review of the Regulation and Quality Improvement Authority conducted by RSM McClure Watters in 2014. The development of the Workforce Plan by the HSCLC involved the following steps: • A desktop review of key reports and plans and discussions with the senior team to summarise the main strategic drivers for RQIA over the next year • Individual interviews with the Chair and members of EMT to identify current workforce strengths and areas for development and any constraints/risks • Workshops with Directorate teams to summarise key service/business developments and associated workforce implications and priorities • Analysis of key workforce data

	Section 2 of the report sets out the strategic drivers that need to be considered as part of the Workforce Plan. Section 3 summarises key information on the current RQIA workforce, including strengths and areas for development. Section 4 indicates that in developing the Workforce Plan for 2017-18 consideration may also be given to benchmarking RQIA's structure and workforce model with that of comparable organisations. Section 5 describes the corporate workforce development priorities in 2016-17 and Section 6 describes workforce priorities at Directorate level. The final sections of the Plan at sections 7 and 8 set out any constraints and risks associated with implementing the Plan and next steps, including how the plan will be monitored during 2016-17. This is the first Workforce Plan developed in RQIA and subsequent plans will be developed on an annual basis. The 2017-18 Plan will have a greater focus on how the organisation needs to be shaped in the context of austerity, increasing demand and the ongoing review of health and social care structures.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Draft Workforce Plan 2016-17.
Next steps	The Board will receive quarterly updates on progress in implementing the Corporate Workforce Development Priorities as part of the Corporate Performance Report.

Draft RQIA Workforce Plan 2016/17 for approval

June 2016

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1. BACKGROUND

INTRODUCTION

RQIA has developed a Corporate Strategy for 2015 - 2018 which sets out seven strategic areas for the organisation to deliver its aim of being a driving force for improvement in the quality of health and social care in Northern Ireland.

RQIA employs 147 staff (138.9 WTE) as at 31 March 2016 whose capabilities are central to the achievement of this aim. The Corporate Strategy recognises this and highlights the need to develop and make the most of these capabilities through a robust workforce planning process to support business requirements.

This report describes the aim, benefits and methodology for developing a Workforce Plan for RQIA. A number of significant structural and service changes are planned for the coming year in the wider Health and Social Care system. Some of these may impact on RQIA. Given the uncertainties in the system, the Workforce Plan will focus on key developments for 2016 – 2017, although it will refer to work that needs to be undertaken in this year that will have implications for the workforce in the following two years.

Section 2 of the report sets out the strategic drivers that need to be considered as part of the Workforce Plan. Section 3 summarises key information on the current RQIA workforce, including strengths and areas for development. Section 4 indicates that in developing the Workforce Plan for 2017-18 consideration may also be given to benchmarking RQIA's structure and workforce model with that of comparable organisations. Section 5 sets out the Corporate Workforce Development Priorities. Section 6 describes workforce priorities at Directorate level and the actions needed to address them. The final sections of the Plan at sections 7 and 8 set out any constraints and risks associated with implementing the Plan and next steps, including how the plan will be monitored during 2016 – 2017.

AIM AND BENEFITS OF THE WORKFORCE PLAN

Aim

The purpose of the Workforce Plan is to ensure RQIA optimises its current staff resources and aligns the future workforce capabilities with those required to deliver the corporate strategy. It is also important to create a workforce that is agile enough to respond in a fast changing environment in the wider HSC system.

Benefits

The senior team described five main benefits of developing a Workforce Plan:

- Fully understanding the current capacity and capabilities and assuring ourselves that they are being used in the most effective way
- Identifying the gaps between the current and future workforce requirements and taking a planned approach to addressing them
- Informing discussions with Department of Health (DoH) on changes to RQIA's mandate and providing supporting information for resource and business case development
- Ensuring RQIA staff have a clear, consistent understanding of the contribution of all roles and the need for them to embrace change and development

ASSUMPTIONS

The senior team summarised the following assumptions that need to underpin the workforce plan:

- The current level of financial austerity will continue over the next three years
- The expectation that RQIA's role will continue to expand and develop (with or without associated funding).
- There will be a significant turnover of staff in the next three years due to staff retirements

METHODOLOGY

The development of the Workforce Plan involved the following steps:

- A desktop review of key reports and plans and discussions with the senior team to summarise the main strategic drivers for RQIA over the next year
- Individual interviews with the Chair and members of EMT to identify current workforce strengths and areas for development and any constraints/risks
- Workshops with Directorate teams to summarise key service/business developments and associated workforce implications and priorities
- Analysis of key workforce data

This is the first Workforce Plan developed in RQIA and subsequent plans will be developed on an annual basis.

2. STRATEGIC DRIVERS FOR CHANGE

This section summarises key strategic drivers set out in external reports and internal planning documents,[1] supplemented by discussions with RQIA's senior team. These drivers impact on RQIA's workforce and need to be considered as part of the Workforce Plan.

EXPANSION OF SERVICES

There are three areas to consider: Services new to Regulation – In 2016/17 these will include fostering agencies, embedding the Acute Hospital Inspection programme and the implications of the Mental Health Capacity Act 2016.

These are summarised below.

FOSTERING AGENCIES

The Department of Health have developed regulations that, when brought forward into legislation, will require Fostering Agencies to be registered with RQIA. This additional activity will require an initial resource commitment to complete the registration of services. The resource required to undertake inspections is expected to be absorbed within the current complement.

ACUTE HOSPITALS INSPECTION PROGRAMME

The Hospital Inspection Programme was introduced in the autumn of 2015 and provides an opportunity to consider how to revise the current inspection categories and approach. It will be helpful to take account of the recent consultation paper from Healthcare Improvement Scotland (HIS) on the future of Regulation, summarised below.

Healthcare Improvement Scotland carried out a consultation exercise in September 2015, *"Reviewing the Quality of Care*", which set out a new model of healthcare scrutiny. The consultation paper described several significant changes to the way the quality of care is currently reviewed:

- A new framework to assess and improve the quality of care that can be used locally and nationally

[1] McClure Watters Landscape Review (2014); Donaldson Review (2014); IIP External Assessment Report (2015); RQIA's Corporate Strategy 2015 – 2018

- The establishment of more comprehensive assessments of the quality of care, considering domains of leadership, governance, workforce, improvement infrastructure as well as person-centered, safety and effectiveness
- Independent and objective external assessments of the sustainability of care, and
- An increased emphasis on local systems of scrutiny and assurance with service providers using the framework to assess the quality of care.

MENTAL HEALTH CAPACITY BILL

It is anticipated that this will be introduced in a phased way from April 2016 onwards. It will impact on all inspections across all Hospitals, Nursing, Residential Homes and Daycare Centres and will require a workforce training and development plan for all staff in Regulation, MHLD team and Review Directorates and a new information system.

REVIEW OF FEES AND FREQUENCY OF INSPECTIONS

DoH has initiated a review of the legislation governing the fees and frequency of inspections and has engaged RQIA's senior team in discussion. There may be different expectations about what the review will deliver for example, will any additional capacity that may be released, be offered as efficiency savings or will it be used for other inspections or improved compliance monitoring. It was felt that there is a need for consensus at EMT level on whether any capacity will be released and if so, what it will be used for. This will also require an associated transition plan to reallocate inspection resource.

REVIEW OF ADMINISTRATIVE STRUCTURES

In March 2016 the RQIA Board decided to accept the following BSO Service Offerings:

1. BSO Service Offering (1) - Health & Safety, Premises Management, Information Governance (including Records Management) and Finance
2. BSO Service Offering (2) - Administration of Fee Income
3. BSO Service Offering (3) - ICT
4. BSO Service Offerings (4) - Organisational Development
5. BSO Service Offering (5) - Enhanced Equality/DDO Service

These services will be outsourced to BSO in 2016-17 and will have implications for how RQIA will manage the Service Level Agreement with BSO to ensure their effective delivery.

ECONOMIC CONTEXT

RQIA has received notification of its Revenue Resource Limit for 2016/17 and is required to achieve savings of 3%. There is uncertainty about available resources in future years. RQIA needs to consider the potential use of the Voluntary Exit Scheme (VES) to achieve financial targets. The scale of reductions will have associated implications for RQIA's workforce.

FURTHER DEVELOPMENT OF RQIA FUNCTIONS

There are a number of potential changes to RQIA functions which may impact on the delivery of RQIA services. These include:

COMPLIANCE MONITORING

There is a need to consider alternative approaches to following up on inspection recommendations to give public assurance that providers have taken action to address inspection recommendations. This could involve the Regulation Directorate and iConnect support team making better use of the iConnect web portal to allow registered providers to update progress within agreed timelines. This would also require an identified resource to check and validate compliance and take action where necessary. There is a need for consensus on how best to resource any increase in compliance monitoring within RQIA and to consider if different approaches are required in different directorates.

WHISTLEBLOWING

RQIA is a Designated Authority under The Public Interest Disclosure Order (Prescribed Persons) (Amendment) Order (Northern Ireland) 2014. Sir Liam Donaldson recommended that there should be a review of HSC whistleblowing processes through the review programme but there is also a need to consider RQIA's internal resource and processes to support the "Right to Speak Up" campaign.

OTHER

Senior Managers referred to a number of other external factors which may impact on RQIA workforce planning:

- The current wider review of HSC structures may mean that some functions currently carried out by other organisations could potentially move to RQIA, as referred to in the OECD Report (February 2016). There may also be implications arising from the current review of HSC service configuration being carried out by an Expert Panel led by Professor Rafael Bengoa and the new Commission for Adult Social Care (announced by Minister (10 March 2016)). Managers also raised other potential areas for expansion in the roles of RQIA such as in regulation of Early Years Services or a wider role in regulation of Primary Care Services.
- In October 2015 the Older People's Commissioner presented the final report to the NI Assembly on the progress of the 13 recommendations from the earlier "Changing the Culture of Care in NI" report. Some of these have implications for the Regulation Directorate in particular.

WORKFORCE IMPROVEMENTS 2015/16

Although there are significant challenges in the wider HSC environment which may impact on RQIA, there is recognition that the organisation needs to maintain a clear focus on continuous improvement and adapting to change. The senior managers summarised the following key changes and improvements that have happened to the workforce in the past year;

- **Re-organisation of the Regulation Directorate** – there has been a significant reorganisation in the Directorate which led to a reduction from four to three Heads of Programme and an associated consolidation of inspection and administrative teams. This has included the Registration and Administration teams diversifying their work and optimising their use of systems. It has also involved increasing and strengthening the role of senior inspectors to place an emphasis on the performance management and quality assurance of inspections

- **Transfer of GAIN to RQIA** – it is felt that this has enhanced RQIA's reputation in the HSC and increases access to clinical capacity for assessment of the HSC system

- **Acute Hospital Inspection Programme** – has widened RQIA's remit, presented opportunities to further develop inspection methodologies and will provide further assurance of the quality of HSC services

- **Development of Lay Assessors** - the Lay Assessor model was developed to include direct involvement of service users in inspections. This model was formally evaluated in February 2016 to assess the costs of recruitment, training, support and expenses versus the value they add to the inspection process. There also needs to be consideration of the administrative and co-ordination resource for Lay Assessors within RQIA.

- **iConnect** - the development and implementation of phase 1 of this system

- **Development of People Practices** – there has been an increased focus on culture and people development following the Titanic staff event in April 2013 and RQIA was successfully accredited against the Investors in People standard

3. CURRENT WORKFORCE PROFILE

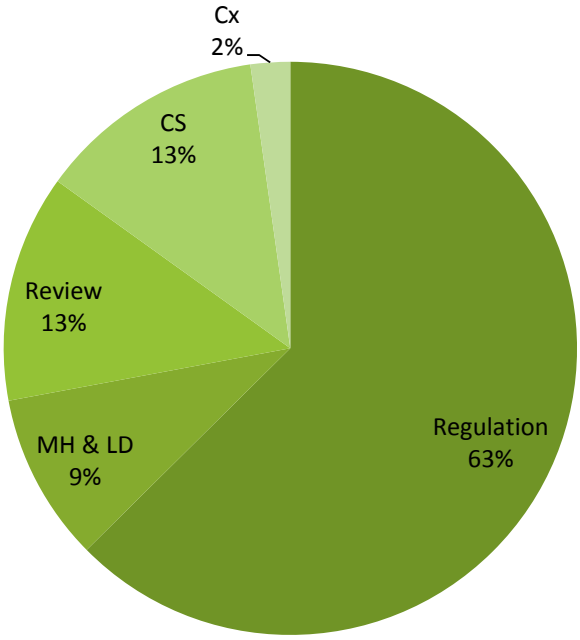
WORKFORCE PROFILE

The information in this section analyses the current composition of the RQIA workforce.

OVERALL BREAKDOWN

The chart below demonstrates the proportion of staff in each directorate/office.

Fig.1 Overall Staff Composition

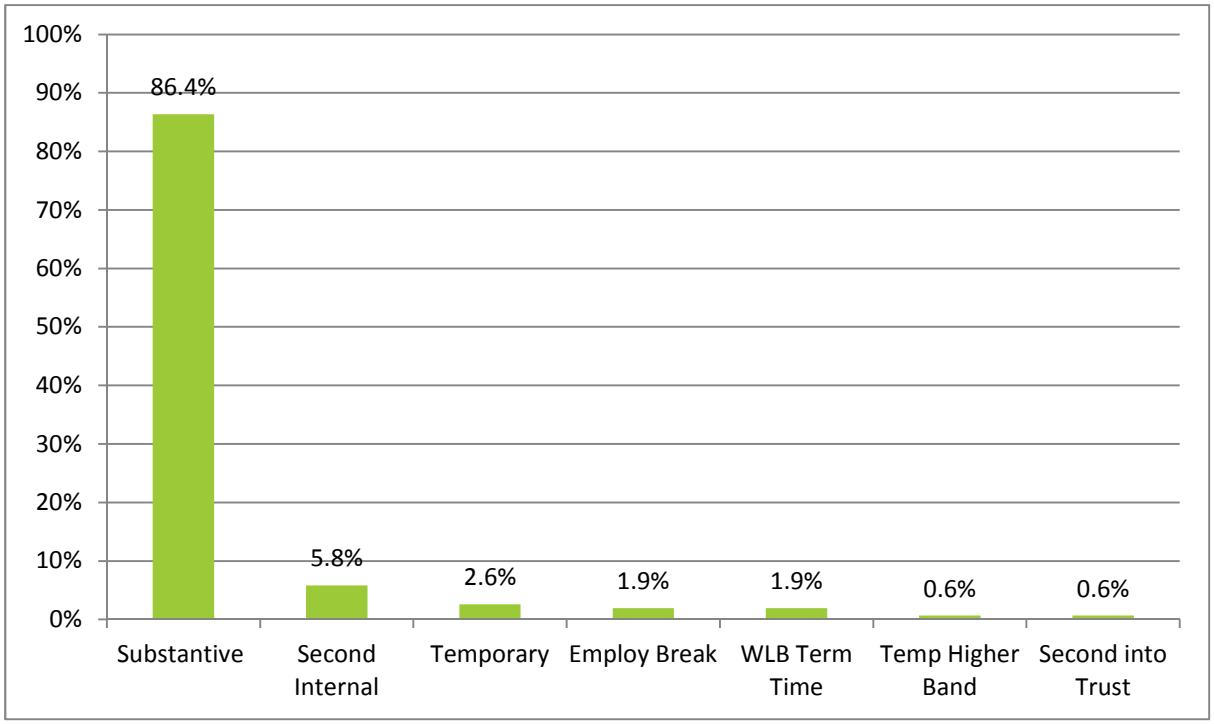


As shown above the majority of RQIA staff, 63%, are in the Regulation Directorate with staff spread relatively equally across the other directorates.

BREAKDOWN BY CONTRACT

The chart below shows the contract types for RQIA's core employees (n=154) and the proportion of staff currently on each type.

Fig. 2 Breakdown by Contract Type

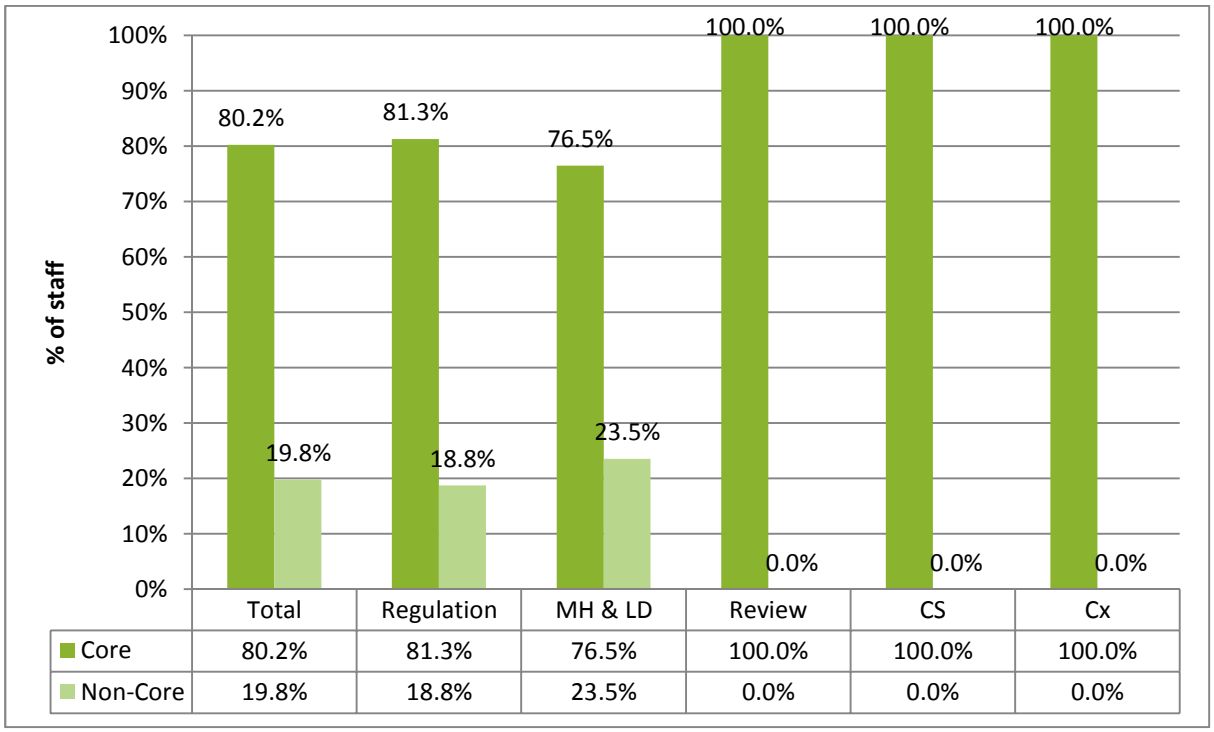


As shown, 86.4% of permanent staff are currently in their substantive posts. This leaves 13.6% of staff on permanent contracts that are not in their substantive post. Three out of four of the GAIN team, who have recently moved to RQIA, are on fixed term contracts.

PAYROLL BREAKDOWN

The chart below demonstrates a breakdown of core and non-core staff by directorate. Core staff refers to those staff in post (as shown in figure 1) and non-core staff refers to bank and sessional staff. These categories have been selected based on the information available. .

Fig 3 Core v non-Core Staff by Directorate



As shown in the chart, non-core staff who are paid on a sessional basis, account for approximately a fifth of staff and these are based in the Regulation and Mental Health and Learning Disability Directorates. This suggests that these directorates have the ability to draw on extra expertise or capacity at times of increased demand on services.

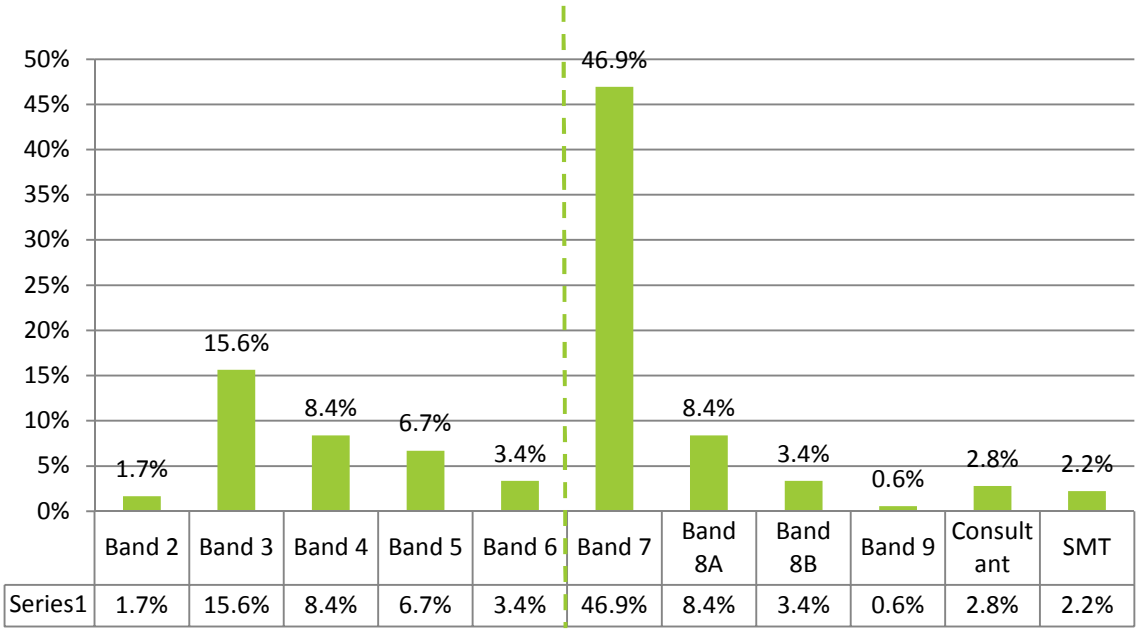
There are no non-core staff in the Review and Corporate Services Directorate thus limiting their ability to scale up in times of high demand. However, to mitigate this, the Review directorate does have a panel of peer reviewers who participate in inspections including the new programme of acute hospital inspections. For specific thematic reviewers, RQIA identifies individuals with relevant expertise who will often be from outside Northern Ireland. These can be identified through contact with other regulators or organisations, such as Royal Colleges.

RQIA also has access to a number of lay people who are not counted as non-core staff.

BANDING BREAKDOWN

The graph below demonstrates the breakdown of staff by banding.

Fig. 4 Staff Breakdown by Band



As demonstrated above, the biggest category of staff is Band 7 which represents almost 47% of the workforce. The next biggest category is Band 3 representing 15.6% of staff. Each remaining banding accounts for less than 10% of the total number of staff each.

Given the professional requirements for the majority of Band 7 posts in RQIA, it is useful to consider career development for staff in two parts; Bands 3 to 6 and band 7 upwards. There are approximately half the numbers of Band 4 posts as there are Band 3 posts and the same split between Band 5 and 6 posts. As can be seen above there is also a large discrepancy between the number of Band 7 (46.9%) and Band 8A posts (8.4%). Given that the turnover figure for RQIA for 14/15 was 9.44% this suggests that the opportunity to apply for vacancies can be limited thus preventing staff from progressing through the organisation. This reinforces anecdotal evidence that suggested this was a problem, particularly for staff at Band 3 level.

The table below demonstrates the turnover by directorate

Fig. 5 Turnover by Directorate 2014/15

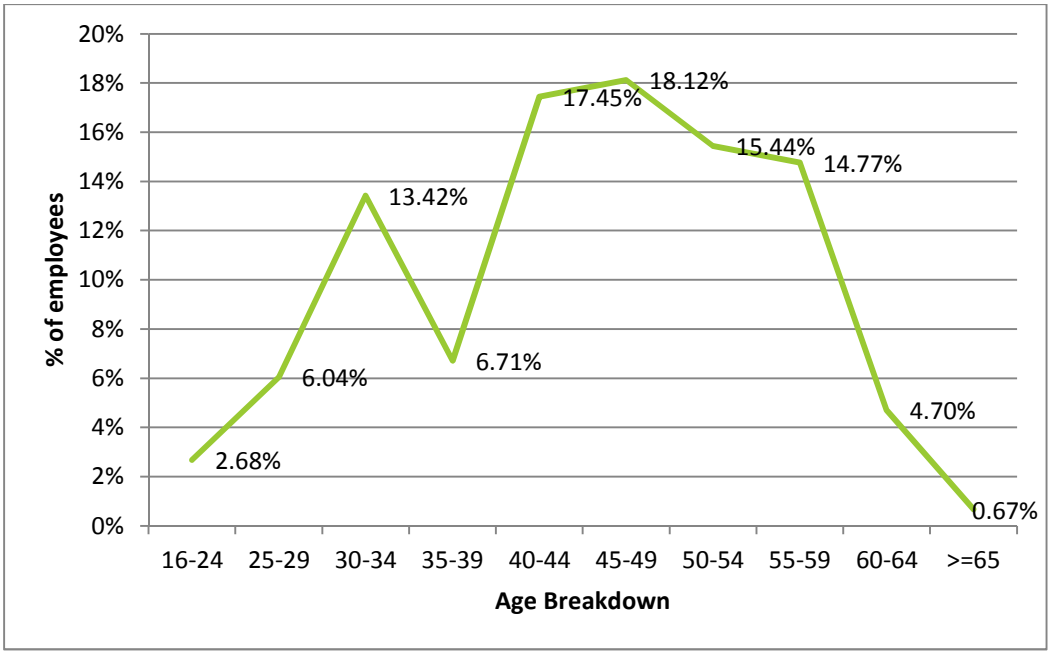
Directorate	Turnover
Corporate Services	8.00%
MH & LD	36.36%
Regulation	6.86%
Review	5.41%

As shown above, turnover is highest in the Mental Health and Learning Disability Directorate with Review having the lowest turnover. One of the reasons for the high turnover of Band 3 posts in particular is the grading of the post compared to similar posts in trusts. This matter has been raised with BSO and job roles have been sent to BSO for evaluation. Where turnover is high, there is a large impact on the organisation, especially those areas with lower staffing numbers. The time taken to replace posts can be particularly problematic with staff having to undertake additional workload and train new staff.

AGE PROFILE

The chart below shows the age profile of RQIA staff:

Fig. 6 Age Profile of RQIA Staff



There is a general increase in the proportion of staff in each age bracket up to the 45-49 age bracket (with the exception of the 35-39 bracket). 50% of staff fall between the ages of 40 and 54 years old. The smallest brackets are the 16-24 and over 65 brackets which together account for 3.35% of staff. Just over 20% of staff are over 55 years of age and may therefore be considering retiring from the organisation.

In light of this, RQIA needs to consider if the necessary skills reside within the existing workforce to ensure continuity of service. This may pose a problem for the organisation given the limited opportunities for career development previously discussed.

Succession planning strategies may therefore need to include proactive contact with potential external applicants to develop a viable recruitment pool for posts with high anticipated vacancies in the coming years.

CURRENT WORKFORCE STRENGTHS

Senior managers described a number of recurring themes in relation to the strengths of the current workforce;

- They recognised that there has been significant work in the past year to strengthen the RQIA Board and that there is an engaged, enthusiastic and energetic Board who have led the development of a new corporate strategy with seven clear strategic priorities.

- There was also recognition of the high levels of professionalism and expertise that exist amongst the current workforce. This is at both inspector and senior levels. Inspectors are drawn largely from HSC practitioners who have "*cut their teeth in delivery frontline services*" and who maintain their professional accreditation. They have significant specialist inspection expertise and are "*well-honed in constructive challenge and holding organisations to account".*

- At a senior level, the Directors also act as professional leads and have extensive networks and links to the HSC system. There is however acceptance that in some cases the time they can dedicate to their professional roles is limited by their current operational workloads.

- All of the managers mentioned the dedication of the workforce and how they are passionate about improving patient experience.

- They also acknowledged the growing reputation of RQIA in the wider HSC system. They felt there was increasing confidence in its contribution and impact and this has been strengthened in the past year with the transfer of GAIN to RQIA and the introduction of the Acute Hospital Inspection programme. The organisation is also developing a reputation as a desired placement for doctors in training to take part in reviews and inspections.

AREAS FOR DEVELOPMENT

The senior managers were asked about key areas for development for the current workforce and they identified the following:

DATA ANALYTICS

Most of the senior team highlighted a capacity gap in relation to data analytics. They recognised that it is essential for RQIA to have the resource to turn information into intelligence. There is a gap in the current ability to collate information from a wide variety of sources and turn it into useful information to inform inspections and reviews and summary information for stakeholders.

There is also a need for data analytic capability at inspector level. During assessments inspectors need the ability to collate quantitative samples, interpret and display this information in reports and write clear, coherent findings using the information.

MODELS OF EMPLOYMENT

It is clear that a number of senior staff will be leaving RQIA over the next year and senior staff are concerned that many inspectors may also be considering retirement or reducing their hours. This has implications for succession planning. The age profile data will be interesting to analyse in this regard.

There was consensus that this is a key issue for RQIA that needs a planned approach including consideration of alternative models of working rather than automatically filling posts on a like for like basis. Initial thoughts include consideration of a non-core workforce that could include greater use of sessional and Bank staff, external experts, Associates and extended use of Lay and Peer Reviewers.

INSPECTOR CAPABILITIES

The inspector role has the largest number of staff in RQIA. A number of gaps were identified including:

- **Conducting and reporting on inspections**. It will be helpful to clarify the skill set required to lead a programme of hospital inspections that will have real impact. How Inspection staff interface with senior clinicians and management teams is critical in terms of ensuring that the outputs of inspections are accurate, robust and evidence based. Inspectors need to be able to write clear, high quality reports.

  Inspectors' behaviours also need to reflect the general shift in the approach to inspections that seeks an appropriate balance between identifying poor practice and encouraging improvement through recognising and signposting good practice.

- **Composition of Inspection teams**. There is scope to consider more flexibility and agility in the inspection teams. There is also an opportunity for more joint/holistic assessments especially in higher risk facilities or where "deep dives" into specific areas are required.

- **Quality Assurance of inspections**. The role of the senior inspector is crucial in managing the performance of their team and quality assuring their reports. RQIA needs to confirm the quality assurance model across Directorates, including developing standards/processes for administrative and inspection staff and the associated expectations and skills of senior inspectors and inspectors. There may also be a need for independent quality assurance/audit from outside the team

PERFORMANCE MANAGEMENT

Senior managers emphasised the need for a clear, consistent approach to effectively managing performance at all levels from Chief Executive, to Director to Senior managers. An integral part of the leadership culture in RQIA has to be making explicit the aspiration to have an agile, flexible, high performing workforce. In particular there is a need to ensure that managers at 8A and 8B levels can use iConnect data to effectively manage their teams' performance, including agreeing which Performance Management reports they need and how to use them to allocate and monitor workloads.

IMPROVEMENT CAPACITY

RQIA has a key role in supporting and acting as a catalyst for quality improvement across HSC which is summarised in *RQIA's Response to the OECD Report of Health and Care Quality, March 2016.* This has implications for RQIA's staff which need to be considered when looking at future capabilities.

However there is also a need for RQIA staff to have the capacity to continually improve their internal services and processes to ensure these are as streamlined and effective as possible before considering the need for any additional resources. It will be helpful to collate the internal skills available to support improvement and identify any development needs.

EXTERNAL COMMUNICATIONS

It is important for RQIA that the Northern Ireland public understands its role and has confidence in its ability to challenge organisations and hold them accountable for standards of care. This requires excellent external communications, media management and public relations skills. This includes developing RQIA's social media presence.

4. BENCHMARKING

Having understood the requirements and workforce development needs of RQIA, it is anticipated that in the Workforce Plan 2017-18, the structures and workforce models within the organisation may be benchmarked against comparable organisations. This research will include, but will not necessarily be limited to the following organisations:

- Health Information and Quality Authority
- Healthcare Improvement Scotland
- Her Majesty's Inspectorate of Prisons
- Care Inspectorate Scotland
- Mental Welfare Commission Scotland

The benchmarking exercise will focus specifically on the following areas;

- Workforce model
- Ratio of core staff to non-core staff
- Variety of employment types used
- Funding models for non-core staff

The 2017-18 Plan will also have a greater focus on how the organisation needs to be shaped in the context of austerity, increasing demand and the ongoing review of health and social care structures.

5. CORPORATE WORKFORCE DEVELOPMENT PRIORITIES

This section sets out the eight Corporate Workforce Development Priorities:

- Improve our inspection methodology reporting and quality assurance processes
- Take forward the RQIA communication strategy.
- Increase flexibility to respond to changes in service priorities and demands
- Make appropriate use of information and intelligence from external sources to support inspection and review processes.
- Extend our contribution to quality improvement initiatives in Health and Social Care
- Enhance performance management
- Develop leaders in the organisation
- Work closely with BSO to deliver a range of outsourced corporate services functions

These eight priorities came from discussions with staff and the Executive Management Team.

CORPORATE ACTIONS

Service Priority	Workforce Development Area	Actions	Timescale	Responsibility
Improve our inspection methodology reporting and quality assurance processes	• Map and review our existing processes internally and compare with other regulators to - re-define existing roles if appropriate. - scope potential roles - train and develop staff. • Develop and implement training plan for all inspectors and administrative staff in revised methodology. • Update training for all inspectors in report writing.	• Host a symposium of other UK Regulators to share best practice. • Directors of Regulation, Reviews and MHLD to establish a task and finish group to develop and deliver an action plan for improvements in reporting and QA processes.	Q4	Directors of Regulation, Reviews and MHLD
Take forward the RQIA communication strategy	• To enhance the confidence and skills of staff in delivering consistent messages about RQIA.	• Training events for appropriate staff.	Q4	Directors of Regulation, Reviews, Corporate Services and MHLD.
Increase flexibility to respond to changes in service priorities and demands	• Establish an expanded list of Bank Inspectors to enhance flexibility in responding to demands.	• Advertise and recruit following advice from BSO.	Q2	Directors of Regulation, Review and MHLD

Service Priority	Workforce Development Area	Actions	Timescale	Responsibility
Make appropriate use of information and intelligence from external sources to support inspection and review processes.	• Develop staff skills in accessing and using relevant sources of information. • Implement the recommendations from the Information Sources Project.	• Host a workshop with providers of information relevant to RQIA's area of business. • Engage with HSCB to ensure RQIA is included on the implementation of e-health and care strategy. • Develop a programme of events for staff in using information sources.	Q2	Directors of Reviews, MHLD, Regulation and Corporate Services
Extend RQIA's contribution to quality improvement initiatives in HSC	• Develop staff capabilities in quality improvement tools and techniques. • Use the OECD paper as the basis of determining the capabilities required for RQIA staff to support and act as a catalyst for Quality Improvement across the HSC Sector.	• Identify staff to participate in appropriate high level quality improvement training e.g. the Scottish Patient Safety Fellows and Generation Q. • Facilitate staff to access training programmes on Quality Improvement e.g. Level One Attributes training and other programmes such as IHI Open Learning and FISH training.	Q3	Director of Reviews, Regulation, Corporate Services and MHLD.

Service Priority	Workforce Development Area	Actions	Timescale	Responsibility
Enhance performance management	• Ensure staff have the knowledge and skills to effectively manage team performance.	• Commission HSCLC to deliver a training course on performance management.	Qtrs 2 – 4	Directors of Regulation and Corporate Services
Develop leaders in the organisation	• Enhance the leadership behaviours of line managers in each of the 9 leadership dimensions of the NHS Healthcare Leadership Model (HLM): - Inspiring shared purpose - Leading with care - Evaluating information - Connecting our service - Sharing the vision - Engaging the team - Holding to account - Developing capability - Influencing for results	• Commission HSCLC to deliver a modular leadership programme based on the 9 dimensions of the HLM	Qtrs 2 – 4	Director of Corporate Services

Service Priority	Workforce Development Area	Actions	Timescale	Responsibility
Work closely with BSO to deliver a range of outsourced corporate services functions	• Implement the following outsourced corporate functions i.e.: - Health & Safety - Premises Management - Information Governance (including Records Management) - Finance - Administration of Income - ICT - Organisational Development - Enhanced Equality/DDO service	• Work in collaboration with BSO, develop and implement a project plan consisting of 6 work-streams: - HR/TUPE - Agreement of SLAs - Transfer of Services - Impact on Corporate Services and other Directorates - Training and Support - Communication and Engagement	Qtrs 1 – 4	Director of Corporate Services

6. DIRECTORATE WORKFORCE PRIORITIES

Each of the four main Directorates engaged in a process to review their service priorities for 2016 – 2017 and to highlight any workforce implications.

For each of these areas the teams then summarised:

- The workforce development actions needed to address each area
- Indicative timescales during 2016/17

These are set out by Directorate in the following pages.

1. REGULATION DIRECTORATE

Service Priorities	Workforce implications	Workforce Development	Timescale
Introduce revised inspection methodology to include: ▪ indicators for "Well Led" domain; ▪ Outcomes Framework ▪ Proposals for Generic Care inspections	• There will be a need to train inspectors and admin staff in the revised methodology. • It will be important to develop an approach to moderation that facilitates consistency of judgements and to clarify the HOP role in implementing the process.	• Directorate to develop inspection and Quality Assurance methodology guidance and training plan. • Implement the training plan for all inspectors and administrative staff to include the new inspection policy. • Consider approaches to Compliance Monitoring. • Consider approaches to generic inspections.	Q2
Develop the 16/17 Directorate Improvement Plan	• The directorate has an annual improvement plan which should be updated for 16/17 to include agreed priorities. • Evaluate the role of the directorate Service Improvement lead.	• Review implementation of 2015/16 Improvement Plan. • Evaluation of new systems and processes. • Map out SMART objectives for 2016/17 plan.	Q1 – 4
Recruitment of core and non-core staff	• Progress decisions on recruitment. • Identify and train 3 - 4 additional Bank staff.	• Consolidate Regulation Directorate Workforce Review. • Consider workforce plan to meet future needs. • Review bank inspector induction and training plan.	Q2

Service Priorities	Workforce implications	Workforce Development	Timescale
Increase productivity through review of workload and activity analysis	• There will be changes to existing roles and a requirement for new roles. • There will be a need for additional resource in some areas which may require movement of staff across teams within Regulation. • There will be a need to update performance management processes and review the role of 8As and 8Bs in implementing them.	• Complete the activity review and develop a reconfiguration plan to take account of the following influencing factors: ▪ Services new to registration ▪ Changes to registered services resulting from: - Review of residential beds in Nursing Homes - Market forces charges impacting on new providers. New entities. - Outcome of Domiciliary Care tender exercises. ▪ Inspector resource, Administrative Resource and Registration team resource. - Impact of revised Inspection Policy and review of inspection procedures. - Impact of revised Enforcement Policy and review of Enforcement Procedure. - Introduction of Web Portal. ▪ Team training and the development of guidance. • Clarify the processes for moving staff between Regulation Directorate teams and securing any additional resources from outside the directorate. • Engage staff at 8A and 8B levels in agreeing a Performance Management system to effectively manage their teams' performance, including the management information they need to allocate and monitor workloads.	Q2

2. REVIEW DIRECTORATE

Service Priorities	Workforce implications	Workforce Development	Timescale
Role of GAIN team in RQIA	• GAIN now has a role in providing information for the Confidential Enquiry into Homicide and suicide. • GAIN will potentially have a role in oversight of Northern Ireland participation in National audit.	• Acquiring knowledge of the Confidential Enquiry, training in acquiring data from NISRA and trusts, storing data and passing it to the enquiry. • Training in assessing suitability of applications for participation in national audits.	Q4
Introduction of Hospital Inspection Programme	• New approach to inspections involving a range of individuals. • Ensure that RQIA continues to deliver all of the functions of the hygiene team. • The Inspection Programme would be subject to an external review.	• Opportunity for directorate members e.g. administrative staff to shadow. • Opportunity to collaborate with other directorates. • Training in new inspection processes. • Increased training needs for administration team e.g. use of spreadsheets. • Greater use of data analytics skills. • Appropriate composition of review and inspection teams.	Q4
Ensure profile of administration staff is in keeping with needs of the whole directorate	• Review of administration support functions. • Enhance the flexibility of staff to respond to emerging demands.	• Implement conclusions from the review of administration support functions.	Q4
Delivery of commissioned projects	• Staff to work to current timetable of projects and take on new projects as and when they arise.	• Use of smaller teams in shorter timeframe to promote flexibility. • Increased training in report writing skills.	Q4

3. MENTAL HEALTH AND LEARNING DISABILITY

Service Priorities	Workforce implications	Workforce Development	Timescale
Clarify implications of the Mental Health Act (2016) and associated regulations for RQIA and assess impact of any associated requirements	• This will require a training and development programme for all inspection and relevant administrative staff across all directorates. Training in the use of any new data information reporting systems may be required.	• Engage with DoH in working groups to finalise Code of Practice for Mental Health Act. • Develop and implement a cross Directorate training and development plan in line with any proposed additional functions. Until RQIA see the associated regulations and Code of Practice, it is difficult to quantify what this Act will mean for the workforce.	Q1 – 4 Q4 (depending on phasing of Act by DoH)
Develop and implement the MHLD Inspection and thematic review plan	• Agree a programme of inspections / thematic reviews to improve care and treatment. This will include a review of ECT suites and an audit of mortality figures for patients, subject to detention in MHLD hospitals. These will be done using non-payroll staff. • MHLD administrative staff will support the development of the work plan agreed above, as one member of staff has been upgraded temporarily to Band 4 for 6 months (June 2016).	• Develop the MHLD Work Plan for 16/17. • Identify and review administrative resource to support MHLD Work plan in the longer term, in view of any associated requirements in the Mental Health Act.	Q1 Q1 – 4

Service Priorities	Workforce implications	Workforce Development	Timescale
Introduce revised inspection methodology to include : ▪ indicators for "Well Led" domain; ▪ the recommendations from Professor McConkey's evaluation; ▪ the recommendations from the Lay Assessor's evaluation	• Guidance on the revised methodology and training of inspectors, (sessional and administrative staff) will be required. • Recruitment of short term expert inspectors / peer reviewers for regional inspections. • Ensure additional time is available for sessional/ expert staff to conduct inspections. • Work with Band 8A from Corporate Services to recruit, train and induct 30 new lay assessors in 2016/17.	• Act up a Band 3 administrative officer to Band 4 to coordinate the development of the revised inspection methodology, guidance and associated training plan. • Integrate monitoring and quality assurance standards into appraisal and supervision processes of HOP and inspectors. • Implement the training plan for all inspectors and admin staff to include: o MDT approach to inspections o Implementing the quality assurance framework o Report writing • Identify training and development programmes to provide enhanced inspector knowledge and awareness in emerging areas including: o Eating disorders. o Learning Disability Review findings - Suicide / Root Cause Analysis - Perinatal Mental Health - Electro convulsive therapy - Physical health needs of mental health patients - Forensic mental health • Develop and implement a plan for the recruitment, induction, training, supervision and administrative support for new Lay Assessors.	Q2

Service Priorities	Workforce implications	Workforce Development	Timescale
Other - Recruitment of Core and non-core staff	Progress decisions made regarding: • Senior Inspector post. • Band 3 Project Administrator vacancies. • Use of sessional staff / expert reviewers. • Consider use of ADEPT Fellows to conduct audit or Review work.	• Funding for Senior Inspector post will be reallocated to non-sessional budget to enable recruitment of a sessional Band 8a Officer for Quality Assurance, on a planned basis. • Request job role for Band 3 basis to be reviewed by BSO. • Part iv Sessional Medical Officer will work as required on SAI Reviews/Audits of Detention.	Q1

4. CORPORATE SERVICES

Service Priorities	Workforce implications	Workforce Development	Timescale
Work closely with BSO to deliver a range of outsourced corporate services functions	See Section 5, Page 25 – Corporate Actions.		
Modernisation of Information Systems	• Key areas of focus: Mental Health and Learning Disability, Records Management and Mobile Data Capture • Increased use of self-service reporting	• Secure resources for a Project Manager/s to take forward projects in relation to MHLD Information System, EDRM and mobile data capture. • Review capacity in relation to system administration of future system developments.	Qtrs 1 – 4

7. CONSTRAINTS AND RISKS

The senior team considered internal and external factors that may constrain changes to RQIA's workforce.

CONSTRAINTS

EXTERNAL CONSTRAINTS

Review of Legislative Framework and Statutory Requirements

- **Financial Context -** The financial context means that current Business Cases for additional resources will not be met. In addition, the savings target for 2016-17 of 3% (£207,078) and continuing austerity means there is a diminishing resource with which to continue to deliver RQIA's core activities.
- **Changes to structures and functions across Health and Social Care.** – The ongoing review of Arm's Length Bodies may have implications for the role and function of RQIA.

INTERNAL CONSTRAINTS

- **New ways of Working –** it will be important to consider employee's capacity for new ways of working, especially given the amount of change the organisation has faced in the recent past. Managers were also concerned that some staff feel their role is unique and will therefore be "protected" from any changes and that there is sometimes a lack of appreciation amongst staff of how *all* posts need to explicitly contribute to RQIA's current and future objectives
- **Staff Flexibility** – there is consensus that more collaborative working across Directorates will add value to inspection and review processes. However there are also concerns that the volume of work can constrain the release of staff to participate in cross Directorate projects. There is an opportunity for RQIA to consider how to use coaching, shadowing, internal secondments etc. to improve organisational agility and awareness of what other teams do, whilst also facilitating personal development

- **Currency of Staff Skills** – managers explained that the same people can often be doing the same things for a long time. Although they may have a professional background, if it is a long time since they practised, it is important for RQIA to assure itself that they are up to date in their field and are making recommendations based on the latest evidence based practice.
- **Balancing Operational and Strategic Roles -** the Senior Team needs to consider if they are dividing their energies appropriately between delivering the core, statutory work and the strategic development of the organisation in line with the vision. Director's visibility and proactive input into the HSC system can be constrained by their operational workloads.

RISKS

Recurring themes which need to be monitored and managed at EMT level include:

- The outsourcing of a range of corporate functions to BSO in 2016/17 represents a potential risk to the continuity and quality of services delivered to RQIA. This risk will be mitigated through the project management of the service change, working collaboratively with BSO during the period of transition and managing the performance of BSO in delivering the new services to RQIA. The financial situation may mean a reduction in current budget and/or no monies for additional functions. This will have implications for how to manage and prioritise demands in line with available capacity
- A loss of corporate memory from a high turnover of senior positions and from the transfer of core functions.

8. NEXT STEPS

The Workforce Plan has been included in RQIA's 2016 - 2017 Business Plan as action 3.2 – "*Finalise and implement the Workforce Plan*". The Director of Corporate Services has lead responsibility for co-ordinating the implementation of the Corporate Actions identified in Section 5 of the Plan. Progress on the Corporate Actions (Section 5) will be reported through the quarterly Corporate Performance Report.

All Directors have a role to play in ensuring that there are clear responsibilities for the actions within their directorate plans and that these are monitored by the directorate senior teams.

It is recognised that there may be changes to the Plan as the year progresses in line with any changes to RQIA business objectives and services. The EMT will have a standing item on their meeting agenda on a quarterly basis to consider if any of these developments have workforce implications and to agree the responsibilities for updating the Workforce Plan.

It is anticipated that an annual Workforce Plan will be produced. The 2017-18 Plan will have a greater focus on how the organisation needs to be shaped in the context of austerity, increasing demand and the ongoing review of health and social care structures. Consideration may also be given to benchmarking RQIA's structure and workforce model with that of comparable organisations.

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	9 June 2016
Title of Paper	Update on new RQIA Website
Agenda Item	12
Reference	H/05/16
Author	Malachy Finnegan
Presented by	Malachy Finnegan
Purpose	To update RQIA Board on developments to replace RQIA's website, and to provide a preview of new site.
Executive Summary	In July 2015, a business case was approved by DHSSPS to provide capital funding for the replacement of RQIA's website, which had been launched in April 2007. In November 2015, following a tender process, i3 Digital was appointed to develop a new website for RQIA. This development took account of customer feedback via RQIA's public perception survey, a dedicated web survey, service user focus groups and feedback from RQIA staff and board representatives. The technical build of the site commenced in January 2016 and was completed by the end of March 2016. Work on the hardware infrastructure, provided by BSO, is nearing completion, and the site is currently subject to ICT security testing, prior to going live.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the paper and accompanying demonstration.
Next steps	On completion of security testing, any issues will be addressed prior to the website going live.

The Regulation and Quality Improvement Authority

Date of Meeting	9 June 2016
Title of Paper	Chief Executive's Performance Dashboard
Agenda Item	13
Reference	I/05/16
Authors	Executive Team
Presented by	Acting Chief Executive
Purpose	To present a summary of performance and key risks across our core activities.
Executive Summary	Updates are provided in respect of the following – • Regulation • Reviews • Mental Health & Learning Disability • Quality Improvement Workstreams • Finance
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **COMMENT** on the Chief Executive's Performance Dashboard.
Next steps	Not applicable

CHIEF EXECUTIVE'S PERFORMANCE DASHBOARD

Performance Area		Commentary	
Regulation	***Is the programme of work in Regulation on track?***	***Update***	Inspections of regulated services continue with a number of inspections taking place in response to concerns. Contingency measures have been put in place for business continuity during a period of iConnect shutdown. Publication of reports on RQIA website is impacted: • during the development of the new website • pending approval of revised inspection policy.
		***Significant risks, issues or concerns* for escalation to the Board**	iConnect shutdown for the initiation of the web portal has a number of risks associated with it and these are identified and monitored through iConnect Project Board.
Reviews	***Is the programme of work in Reviews on track?***	***Update***	Three review reports are awaiting publication; • Review of Governance Arrangements relating to General Practitioner (GP) Services in Northern Ireland • Review of HSC Trusts' Readiness to comply with an Allied Health Professions Professional Assurance Framework • Review of Quality Improvement Systems and Processes Four review reports are at the factual accuracy stage; • Review of the Operation of Whistleblowing Arrangements in Arm's Length Bodies • Review of Governance Arrangements relating to Professional Regulation

Performance Area		Commentary	
			• Review of Adult Learning Disability Services • Review of Maternity Services Five reviews from the 2016-2017 year have commenced. For 2016/17, there will be a significant focus on completing augmented care inspections for those specialist clinical areas such as renal units which have not yet been inspected under this programme. Four hospitals have now been inspected within the new acute inspection programme. A joint inspection of Hydebank Wood College and Ash House Women's Prison was carried out in May 2016 together with inspectors from Her Majesty's Inspectorate of Prisons, Criminal Justice Inspection (NI) and the Education and Training Inspectorate.
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Mental Health & Learning Disability (MHLD)	***Is the programme of work in MHLD on track?***	***Update***	Fieldwork continues in respect of the Review of Perinatal Mental Health. A range of focus groups have been convened with a variety of stakeholders.

Traffic Light (Red-Amber-Green) Rating System

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

Performance Area		Commentary	
			The Director of the Mental Health, Learning Disability and Social Work Team arranged an Induction meeting for Mr John Wadham, independent Chair of UK NPM on 1 & 2 June 2016. Meetings were held with the Prisoner Ombudsman, NI Commissioner for Children and Young People Chief Executive and staff, Criminal Justice Inspectorate, NI Human Rights Commission, Independent Monitoring Board, NI Policing Board and the Department of Health. Work has continued involving a number of UK Regulators to review the pathways and transitions between places of detention. This is being undertaken in two phases; evidence gathering (in year one, 2016/17) based on the findings from phase 1, making recommendations and strengthening NPM monitoring (year two, 2017/18). The Director of Mental Health, Learning Disability and Social Work was asked by NISCC to Chair a Panel to select the winning entry for the partnership award for the Social Work Awards 2016. This will be announced in the Armagh City Hotel, 18 November 2016. The Director of Mental Health, Learning Disability and Social Work participated in a working group to progress the revision of the NISCC Employer Code of Conduct. This will be consulted on later this year. Meetings have been held to agree the arrangements for the recruitment of Lay Assessors; the closing date for applications is 27 June 2016.

Traffic Light (Red-Amber-Green) Rating System

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

Performance Area		Commentary	
			This recruitment will be limited to thirty applications for 2016-17.
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Finance	**Are we on target to achieve break-even?**	***Update***	RQIA delivered its savings plan 2015-16 and achieved an end of year break-even position on income and expenditure. The draft Annual Report and Final Accounts have been submitted to External Audit and DoH. The audited accounts will be presented to the Audit Committee on 23 June and the Board on 7 July 2016.
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Update on Information System Developments	**iConnect Web Portal** The RQIA Web Portal is going to be launched shortly as a second phase of a project to implement a corporate wide information system (iConnect) with the aim to increase efficiency and visibility of the information flow between RQIA and regulated and inspected HSC services. The portal will allow Registered Managers and Providers to submit notifications of adverse events, apply for registration, make changes to registration details, submit Quality Improvement Plans (QIP) and provide feedback on Inspections as well as enable the creation and management of delegated users authorised to interact with RQIA though the portal.		

Traffic Light (Red-Amber-Green) Rating System

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

Performance Area	Commentary
	On 4 June, the technical migration of the Web Portal onto the main iConnect system will commence. Pending successful final user acceptance testing, a four week pilot will commence on 20 June. Following this, the web portal will be rolled out to services regulated and inspected by the Regulation and MHLD Directorates in five sections, broken down by trust areas and service types. The roll out will be completed in January 2017. **MHLD Information System Project** The MHLD Information System Project Board met on 24 May 2016 and agreed the submission of the Strategic Outline Case (SOC) to the DoH, for their approval.

Traffic Light (Red-Amber-Green) Rating System

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

The Regulation and Quality Improvement Authority

RQIA's Performance Dashboard - Monthly KPIs

2016-17

Board Meeting – June 2016

Traffic Light (Red-Amber-Green) Rating System

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

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

Reporting Frequency: Monthly

Owner: Chief Executive

How do we measure this:

Number of complaints about RQIA received

EFQM Excellence Model[1]

Customer Results

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

Summary

A complaint received in March was resolved at stage 1 in April.
A complaint received in April was resolved at stage 1 in May.
A complaint received in March remained ongoing in May.

[1] EFQM Excellence Model (Results) is detailed at the end of the performance dashboard

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Public and professional engagement activities

Reporting Frequency: Monthly

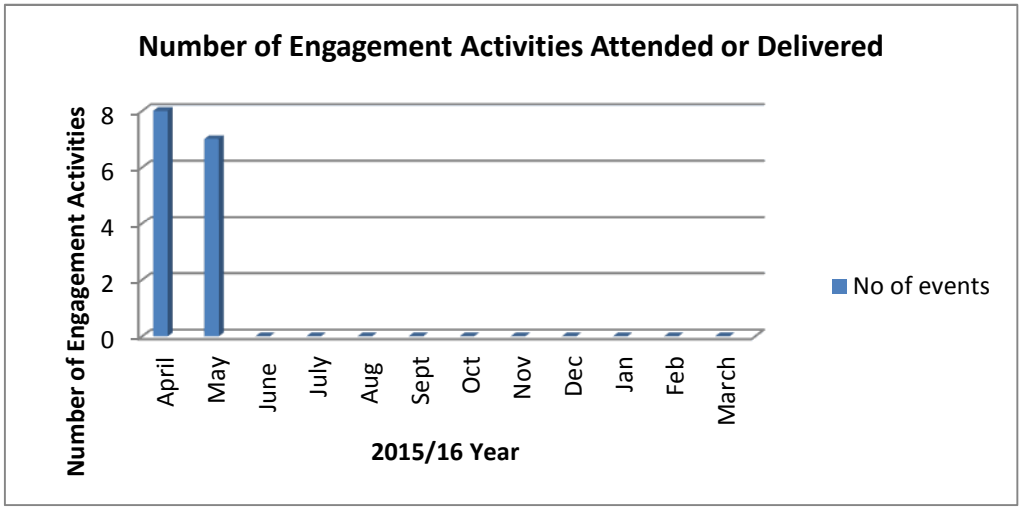
Owner: Chief Executive

How do we measure this:

Number of public and professional engagement activities attended or delivered

EFQM Excellence Model

Society Results



RAG Rating:

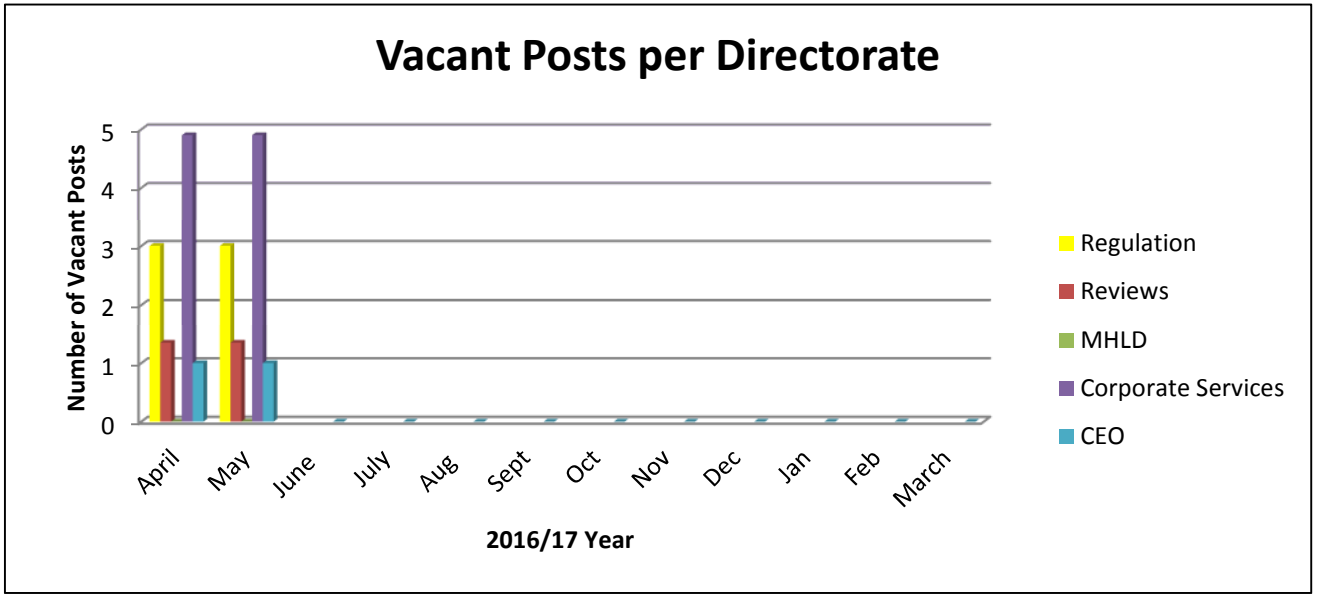
Summary

In April RQIA held a series of stakeholder engagement events for providers of children's homes in each of the health trusts. As part of the consultation on the new approach to inspection RQIA held an event for NISCC staff. During May, RQIA engaged with a range of organisations including the Nursing and Midwifery Council, Association for Real Change and the Social Care Institute for Excellence.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Vacancies per Directorate	
Reporting Frequency: Monthly	**Owner:** Director of Corporate Services
How do we measure this: Number of vacancies as per Directorate **EFQM Excellence Model** People Results	 **Summary** May vacant posts: **Corp Services -** B3 Admin Officer – 1.0 WTE, B2 Receptionist - 0.5 WTE, B4 0.4 of a (job share) PA post, B7 HR Manager – 1.0 WTE, B7 IT Manager – 1.0 WTE, Band 4 – 1.0 WTE **Reviews** - B3 Project Admin 1.0 WTE, B7 Project Manager 0.45 WTE **Regulation** - B7 Inspector 1.0 WTE , B3 Admin Officer 2.0 WTE **MH&LD** - No Vacancies **CE's Office** – CEO 1.0 WTE

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Sickness Absence

Reporting Frequency: Monthly

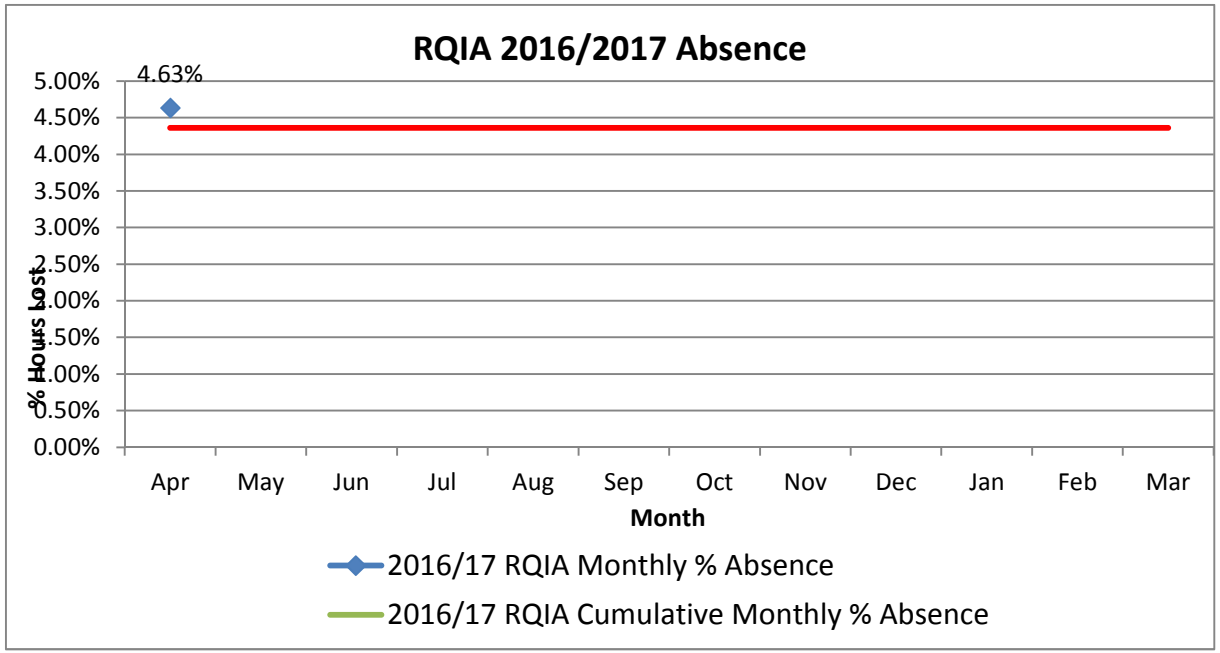
Owner: Director of Corporate Services

How do we measure this:

Sickness absence figures, achieved versus 4.36% target

EFQM Excellence Model

People Results



RAG Rating:

Summary

In April RQIA's absenteeism was 4.63% which is marginally above the Department's set target of 4.36%.

May's absenteeism figures will not be available until mid-June.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Financial Position Forecast

Reporting Frequency: Monthly

Owner: Director of Corporate Services

How do we measure this:

Forecast expenditure versus total authorised spend

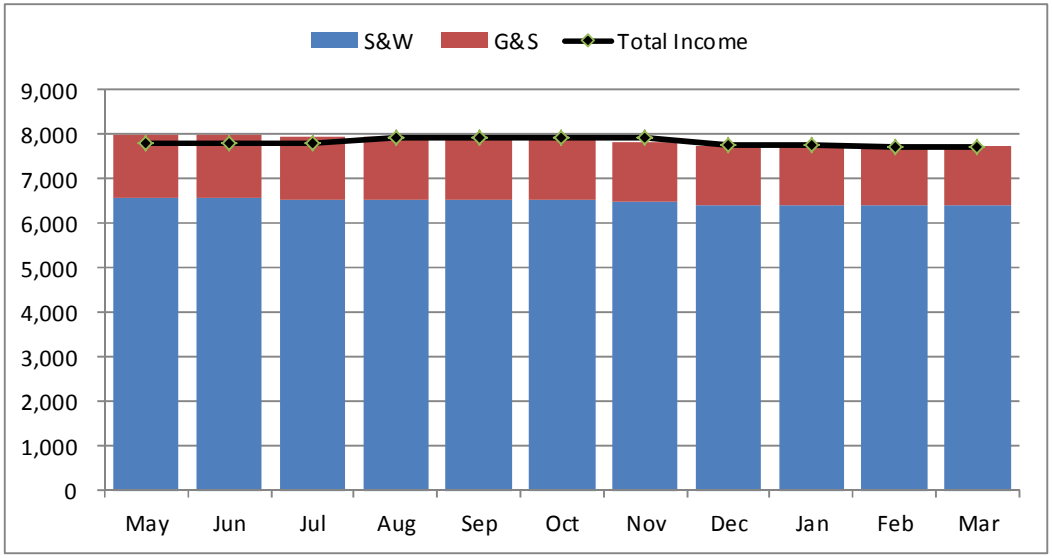
EFQM Excellence Model

Business Results

RAG Rating:

Progress reported up to end of March 2016

Monthly Forecast of Year End Position



	Mar £'000
Expenditure	
S&W	6,414
G&S	1,331
Total Expend	7,745
Income	
Other Income	929
RRL	6,815
Total Income	7,744
Surplus/(Deficit)	(1)

Note: RQIA successfully delivered its savings plan and achieved an end of year break-even position on income and expenditure. Please note that Aprils and Mays figures will not be available until mid-July.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Percentage of recommendations and requirements stated once and on further occasions following RQIA Inspections of Regulated Services

Reporting Frequency: Monthly

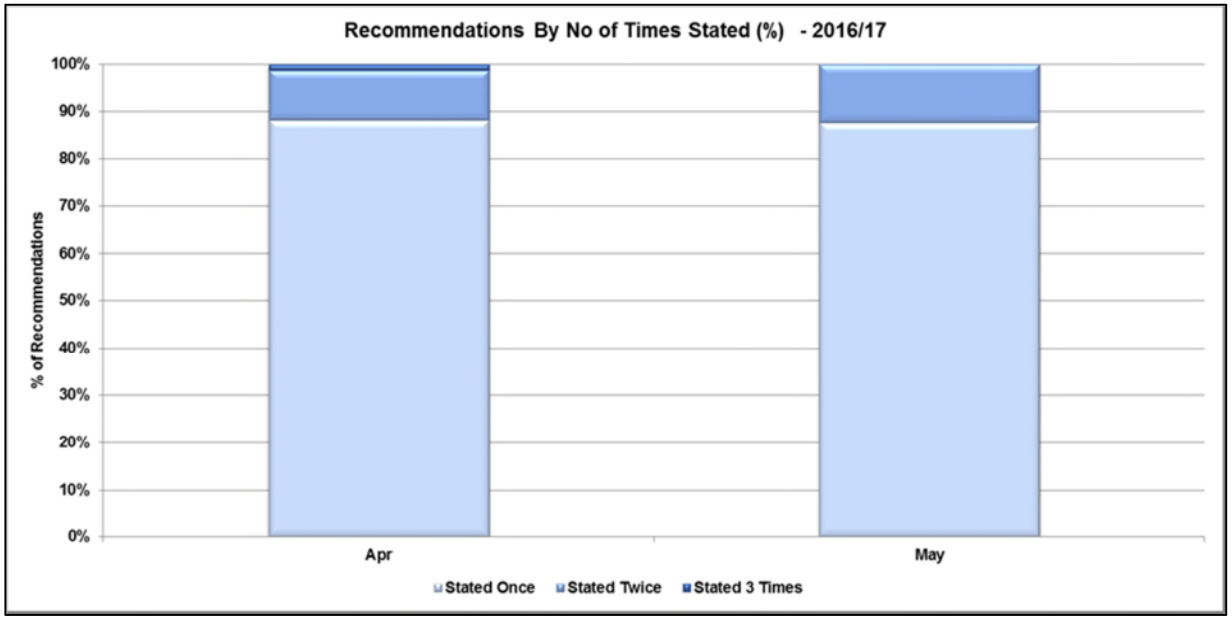
Owner: Director of Regulation and Nursing

How do we measure this:

Total number of recommendations and requirements stated for the 1st, 2nd, 3rd time and on further occasions

EFQM Excellence Model

Customer Results



Summary

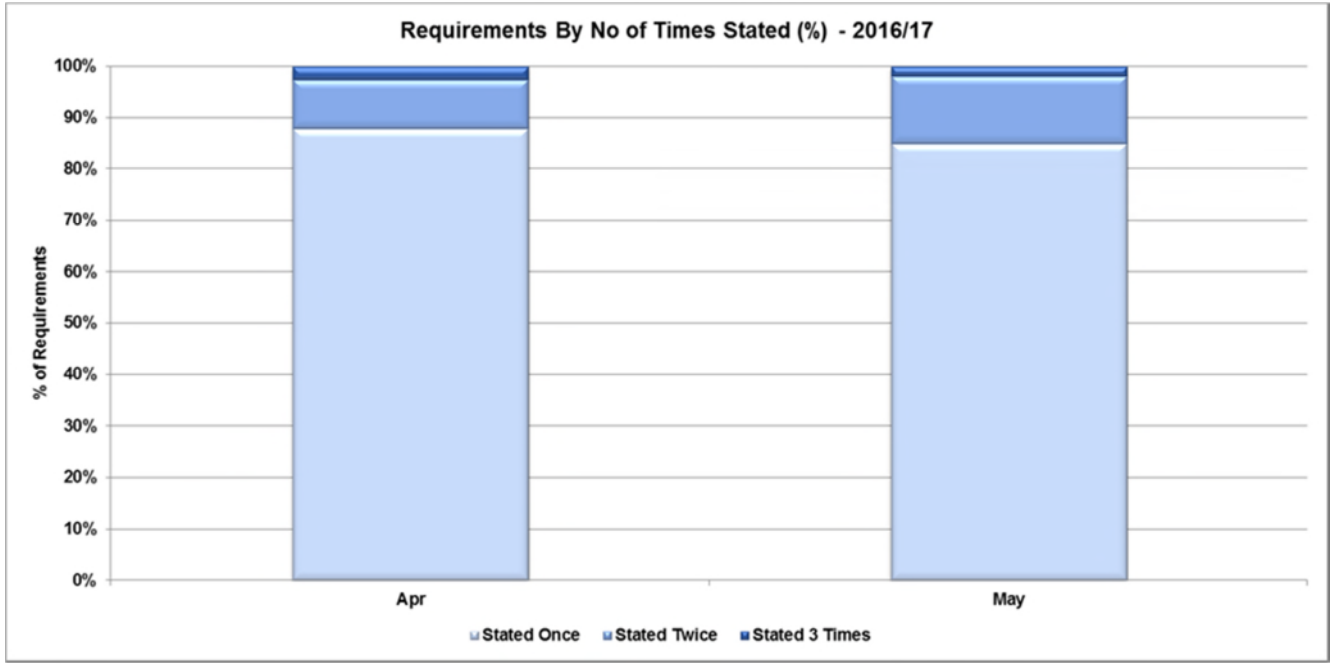
A breakdown of the recommendations stated are:

	Stated Once		Stated Twice		Stated 3 Times	
	Number	Percent	Number	Percent	Number	Percent
April	290	88%	35	11%	4	1%
May	192	88%	27	12%	0	0%

The cumulative total for recommendations at the end of May 2016 is stated once 482 (88%), twice 62 (11%) and three times 4 (1%). No recommendations were stated more than three times.

Traffic Light (Red-Amber-Green) Rating System

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



Summary

A breakdown of the requirements stated are:

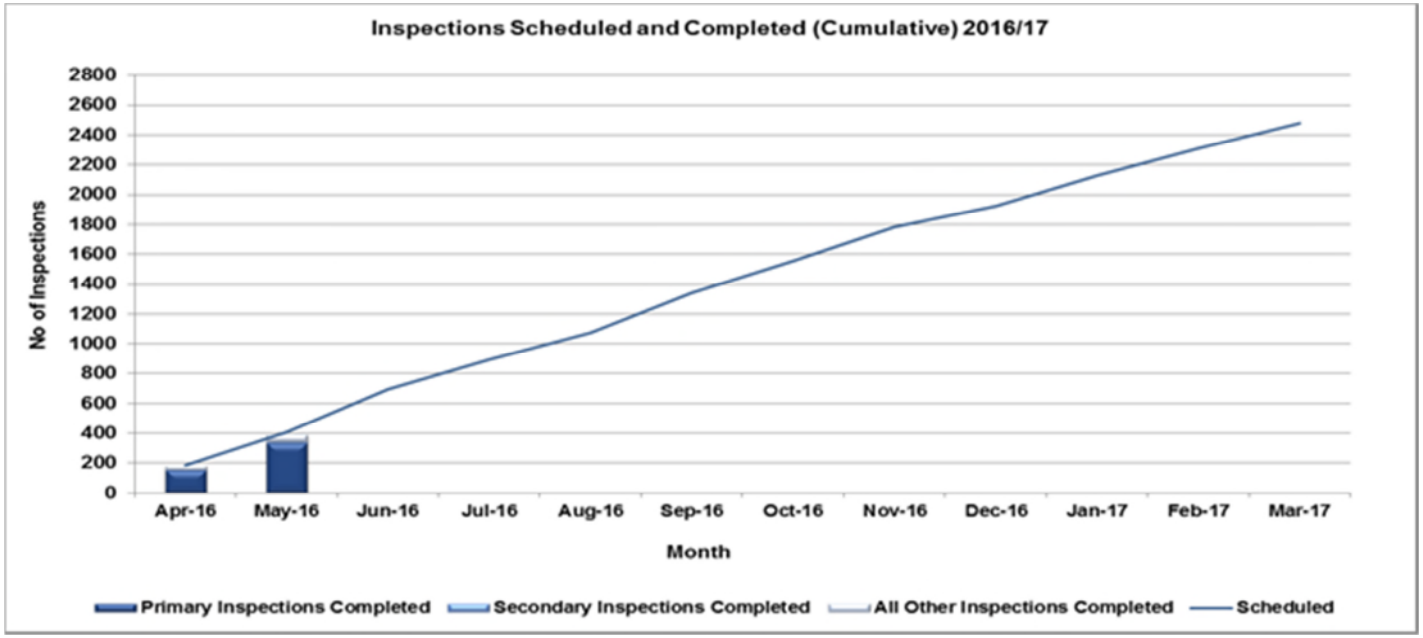
	Stated Once		Stated Twice		Stated 3 Times	
	Number	Percent	Number	Percent	Number	Percent
April	101	88%	11	10%	3	3%
May	90	85%	14	13%	2	2%

The cumulative total for requirements at the end of May 2016 is stated once 191 (86%), twice 25 (11%) and three times 5 (2%). No requirements were stated more than three times.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Regulation inspection progress on planned inspection activity for the year	
Reporting Frequency: Monthly	**Owner:** Director of Regulation and Nursing
How do we measure this: Number of inspections planned versus completed **EFQM Excellence Model** Business Results	
RAG Rating:	**Summary** In May 223 inspections were scheduled and 204 inspections were completed and updated on iConnect. There is a delay between the time of the inspection and when it is updated on iConnect which means a slight variance between the two figures is anticipated. This KPI is on target.
Exception Report:	

Traffic Light (Red-Amber-Green) Rating System

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

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

Reporting Frequency: Monthly

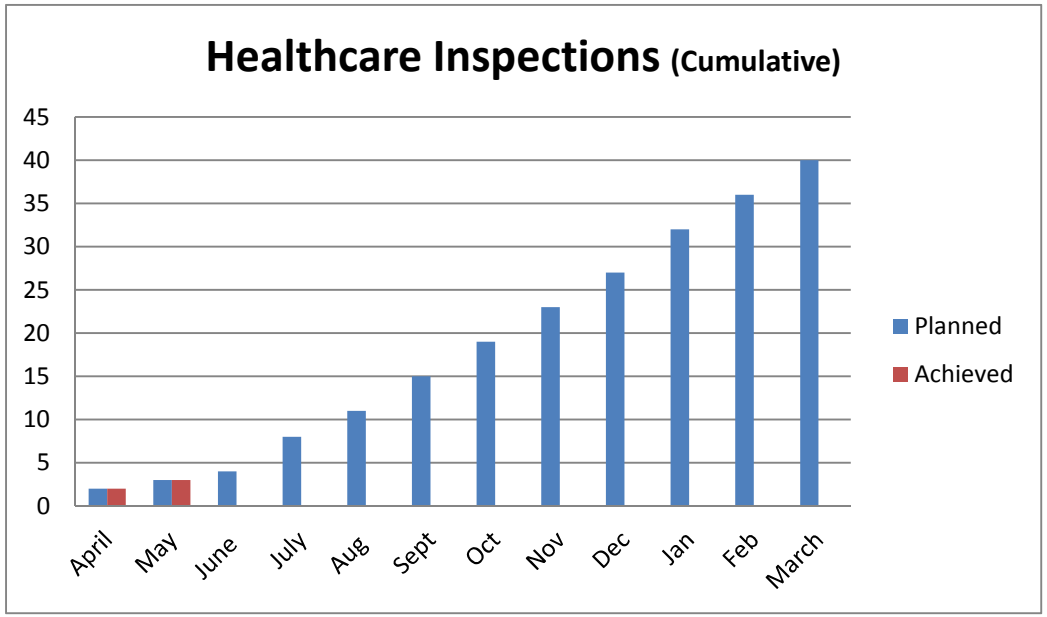
Owner: Director of Reviews and Medical Director

How do we measure this:

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

EFQM Excellence Model

Business Results



RAG Rating:

Summary

By the end of March 2017 40 inspections are planned. The April figures include an acute hospital inspection of Craigavon Hospital. In May a joint inspection of Hydebank Wood College and Ash House Women's Prison was carried out.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Review Programme progress on milestones

Reporting Frequency: Monthly

Owner: Director of Reviews and Medical Director

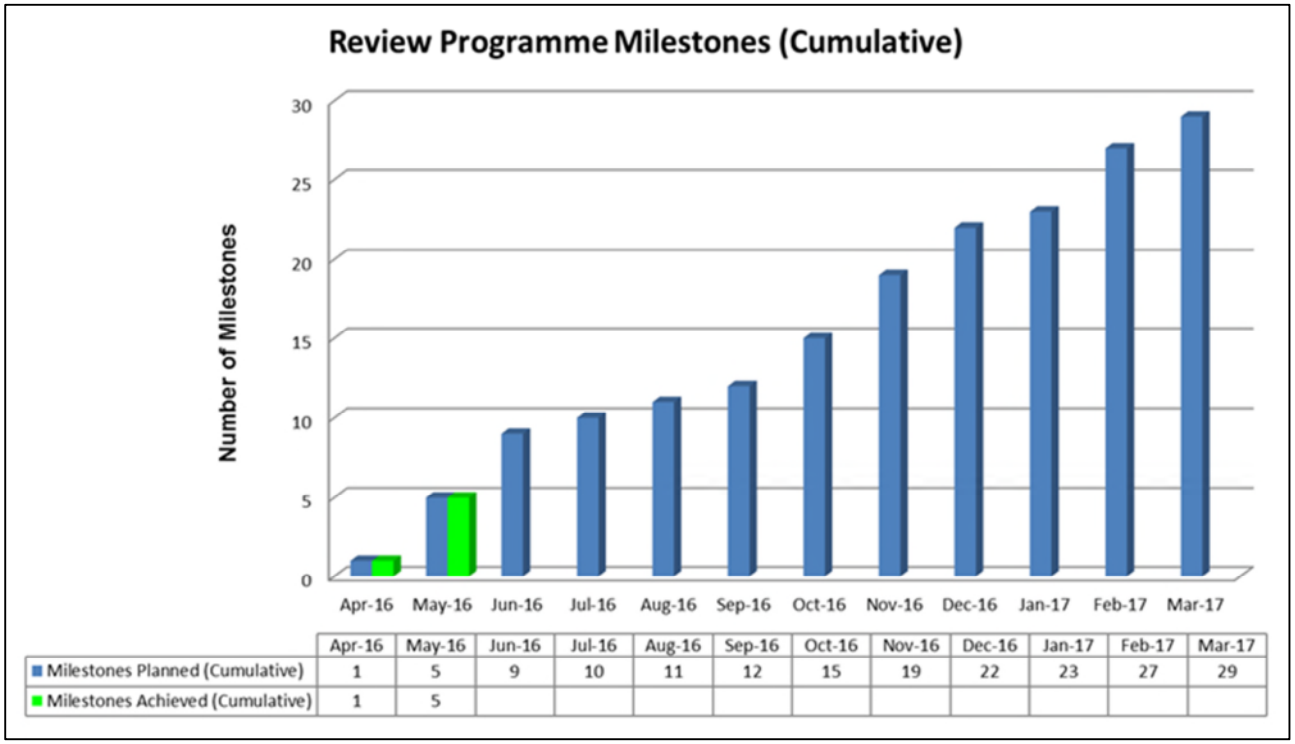
How do we measure this:

Number of milestones planned and met, monthly & YTD

EFQM Excellence Model

Business Results

RAG Rating:



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Milestones Planned (Cumulative)	1	5	9	10	11	12	15	19	22	23	27	29
Milestones Achieved (Cumulative)	1	5										

Summary

Milestones of the RQIA Review Programme Delivery Plan agreed for 2016/2017: Project briefs agreed; fieldwork commenced; first draft of Review Reports completed and Review Reports submitted to the DHSSPS. There are a total of 29 milestones. The Review Programme is on track.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: GAIN Programme progress on milestones

Reporting Frequency: Monthly

Owner: Director of Reviews and Medical Director

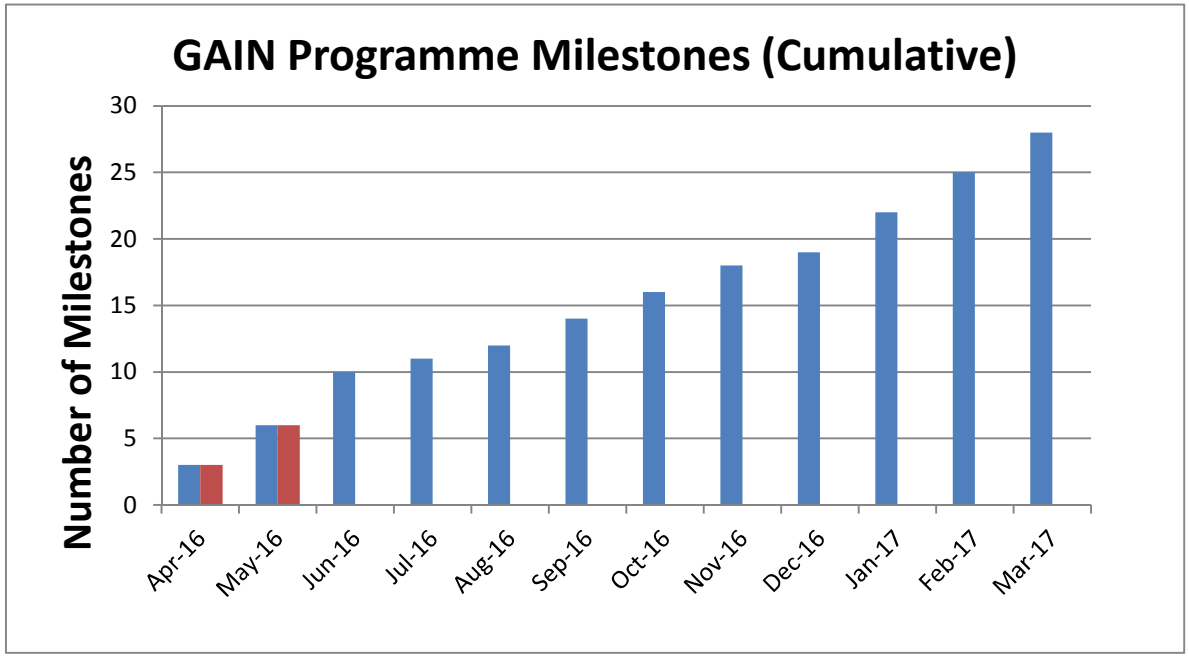
How do we measure this:

Number of milestones planned and met, monthly & YTD

EFQM Excellence Model

Business Results

RAG Rating:



Summary

A GAIN Delivery Plan has been agreed for 2016/2017 with milestones set for key deliverables. These include, programme deliverables such as assessment of applications for guidelines and audits and agreeing a programme for the year; and individual milestones for specific audit and guideline projects.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

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

Reporting Frequency: Monthly

Owner: Director of MHLD

How do we measure this:

Total number of recommendations stated for the 1st, 2nd, 3rd time and on further occasions

EFQM Excellence Model

Customer Results

	Stated once	Stated twice	Stated three times	Stated more than three times
Month	Number	Number	Number	Number
April	0	N/A	N/A	N/A
May	0	N/A	N/A	N/A
June				
July				
August				
September				
October				
November				
December				
January				
February				
March				
Total	0	0		0

Summary

No inspections were undertaken as the inspection methodology and inspection handbook were both being revised. A number of discussions were held with stakeholder reference groups in relation to the revised methodology. In May a ward was inspected in relation to a concern raised with RQIA.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

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

Reporting Frequency: Monthly

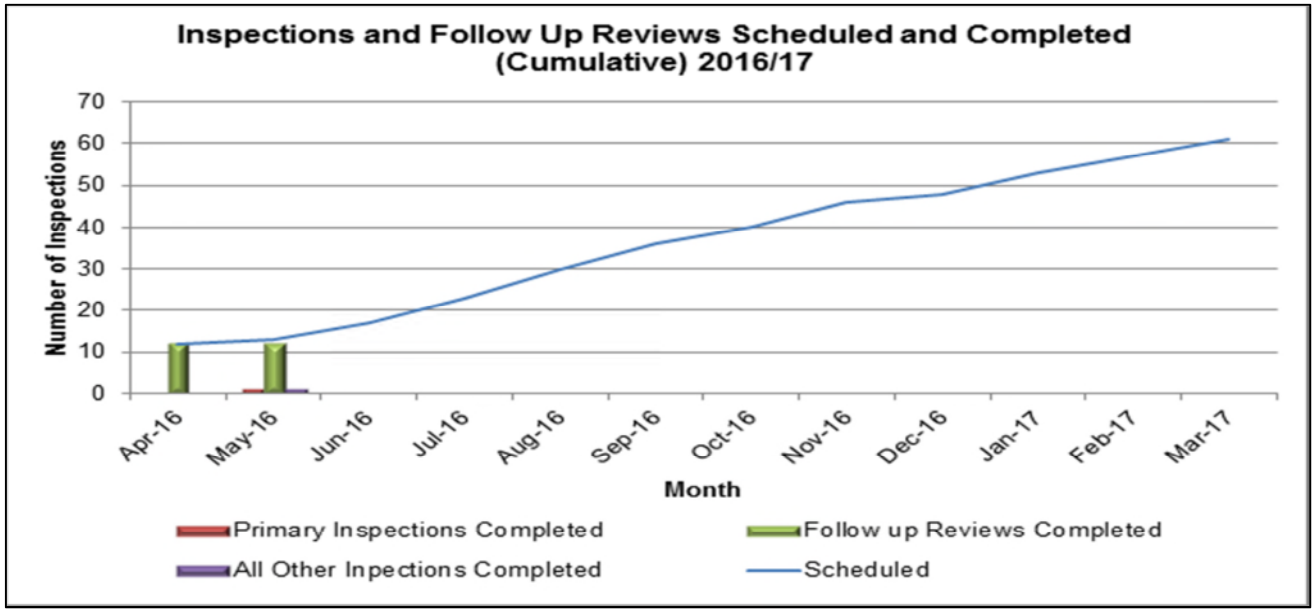
Owner: Director of MHLD

How do we measure this:

Number of inspections planned versus completed

EFQM Excellence Model

Business Results



RAG Rating:

Summary

In April and May the MHLD Directorate did not complete any inspections. However 12 follow up reviews were completed in relation to the progress reports received from Trusts that were inspected last year. The follow up reviews do not involve stating recommendations but are used to determine that the Trusts are on target for completing their improvement plans or if any further action is required..

This KPI is on target.

Exception Report:

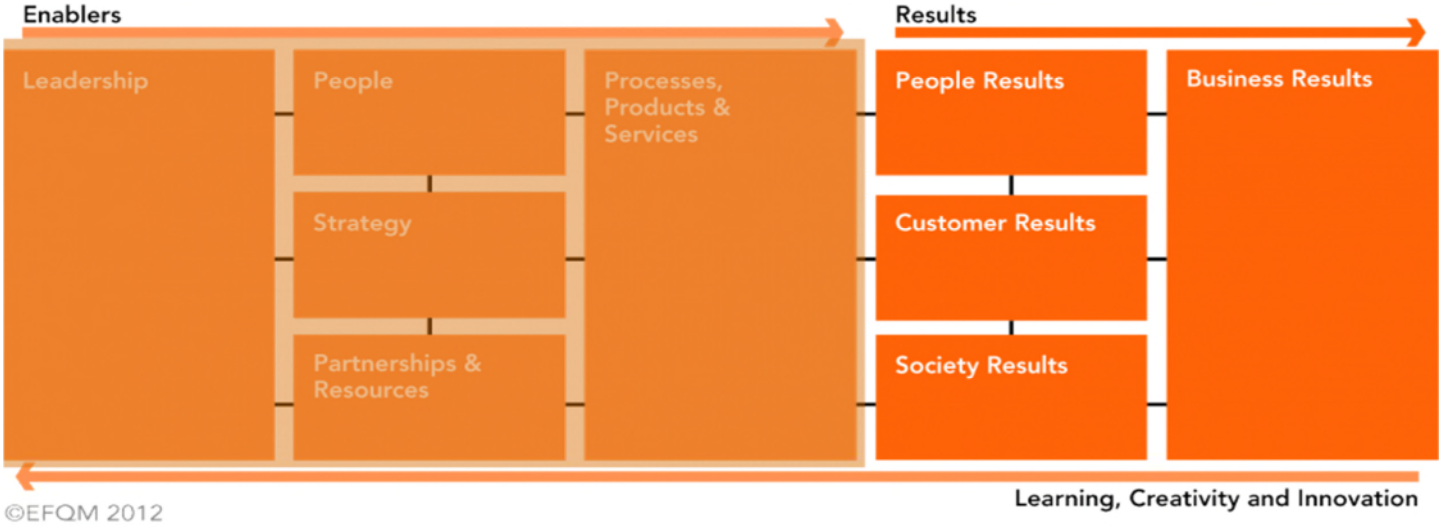
Traffic Light (Red-Amber-Green) Rating System

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

EFQM Excellence Model (Results)

RQIA's staff take responsibility and lead on improvement initiatives identified in our latest European Foundation for Quality Management (EFQM) assessment and RQIA was delighted to have been awarded the prestigious 4 star award recognised for excellence in December 2015.

There are four results areas, shown on the right-hand side of the model displayed below. These are the results an organisation achieves, in line with their strategic goals and these have been mapped against the monthly KPI's detailed throughout this dashboard.



- **Customer Results -** Excellent organisations achieve and sustain outstanding results that meet or exceed the need and expectations of their customers.
- **People Results -** Excellent organisations achieve and sustain outstanding results that meet or exceed the need and expectations of their people.
- **Society Results -** Excellent organisations achieve and sustain outstanding results that meet or exceed the need and expectations of relevant stakeholders within society.

Traffic Light (Red-Amber-Green) Rating System

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

- **Business Results -** Excellent organisations achieve and sustain outstanding results that meet or exceed the need and expectations of their business stakeholders.

Traffic Light (Red-Amber-Green) Rating System

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