

## AGENDA

---

**RQIA Board Meeting**  
**Boardroom, RQIA**  
**Thursday 26 September 2019, 10.30am**

### **PUBLIC SESSION**

- |   |   |                        |                           |
|---|---|------------------------|---------------------------|
| 1 | Minutes of the public meeting of the Board held on Thursday 4 July 2019 and matters arising   | Min/ July19/<br>public | 10.30am<br><b>APPROVE</b> |
| 2 | Declaration of Interests  |                        | 10.40am                   |
| 3 | Presentation – Using Information and Intelligence Effectively - RQIA's Improvement Journey<br><b>Information and Intelligence Manager</b> |                        | 10.45am<br><b>NOTE</b>    |
| 4 | Acting Chair's Report<br><b>Acting Chair</b>  | B/09/19                | 11.05am<br><b>NOTE</b>    |

### **STRATEGIC ISSUES**

- |   |  |         |                        |
|---|--|---------|------------------------|
| 5 | RQIA Engagement Strategy<br><b>Head of Business Support</b>                      | C/09/19 | 11.15am<br><b>NOTE</b> |
| 6 | Mental Capacity Act (2016)<br><b>Head of Business Support</b>                    | D/09/19 | 12.00pm<br><b>NOTE</b> |
| 7 | SOAD Policy and Procedure<br><b>Director of Improvement and Medical Director</b> | E/09/19 | 12.15pm<br><b>NOTE</b> |

### **OPERATIONAL ISSUES**

- |    |  |         |                        |
|----|--|---------|------------------------|
| 8  | Chief Executive's Report<br><b>Chief Executive</b>                       | F/09/19 | 12.30pm<br><b>NOTE</b> |
| 9  | Equality and Disability Annual Report<br><b>Head of Business Support</b> | G/09/19 | 12.40pm<br><b>NOTE</b> |
| 10 | Any Other Business   |         | 12.50pm                |

**Date of next meeting: 21 November 2019, Boardroom, RQIA**

## RQIA Board Meeting

Date of Meeting	19 September 2019
Title of Paper	Public Session Minutes
Agenda Item	1
Reference	Min / July19 / public
Author	Hayley Barrett
Presented by	Prof. Mary McColgan
Purpose	To provide Board members with 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 4 July 2019
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to <b>APPROVE</b> the minutes of the Board meeting on 4 July 2019
Next steps	The minutes will be formally signed off by the Chair.

## PUBLIC SESSION MINUTES

<b>RQIA Board Meeting</b> <b>Boardroom, RQIA</b> <b>4 July 2019; 11.15am</b>	
<b>Present</b> Prof. Mary McColgan OBE ( <b>MMcC</b> ) Lindsey Smith ( <b>LS</b> ) Gerry McCurdy ( <b>GMcC</b> ) Denis Power ( <b>DP</b> ) Robin Mullan ( <b>RM</b> ) Seamus Magee OBE ( <b>SM</b> ) Dr Norman Morrow ( <b>NM</b> ) Patricia O'Callaghan ( <b>POC</b> )  <b>Apologies</b> Dr Lourda Geoghegan (Director of Improvement and Medical Director) ( <b>LG</b> ) Sarah Havlin ( <b>SH</b> )	<b>Officers of RQIA in attendance</b> Olive Macleod OBE (Chief Executive) ( <b>OM</b> ) Theresa Nixon (Director of Assurance) ( <b>TN</b> ) Jennifer Lamont (Head of Business Support) ( <b>JL</b> ) Emer Hopkins (Deputy Director of Improvement) ( <b>EH</b> ) Maureen Hetherington (Assistant Director of Assurance) ( <b>MH</b> ) Hayley Barrett (Board and Executive Support Manager) ( <b>HB</b> )

### 1.0 Welcome and Apologies

- 1.1 MMcC welcomed all members and Officers of the Board to this meeting. Apologies were noted from Sarah Havlin and Dr Lourda Geoghegan. MMcC welcomed Maureen Hetherington, Assistant Director of Improvement to the meeting. MMcC congratulated HB on her appointment as Business Manager.

### 2.0 Agenda Item 1 – Minutes of the public Board meeting held on 16 May and matters arising

- 2.1 Board members **APPROVED** the minutes of the Board held on Thursday 16 May.
- 2.2 Board members noted that actions 201 and 204 are ongoing. All other actions are now completed.

### **3.0 Agenda Item 2 –Declaration of Interests**

- 3.1 MMcC 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.

### **4.0 Agenda Item 3 – Acting Chair’s Report**

- 4.1 MMcC presented the Acting Chair’s Report and advised of meetings with the Permanent Secretary, Patient Client Council, BSO and Peter McNaney. MMcC advised of workshops attended with CPEA, IHRD Stocktaking event, NICON meeting in respect of a presentation on Programme for Government.
- 4.2 Board members **NOTED** the Acting Chair’s Report.

### **5.0 Agenda Item 4 – Risk Management Strategy**

- 5.1 JL advised that the Risk Management Strategy was approved at the Audit and Risk Committee in June. JL informed Board members that HB has rewritten the Risk Management Strategy to reflect the ISO 31000:2018 standard. JL advised that the strategy for 2019-20 clearly outlines the Risk Management process for RQIA.
- 5.2 DP advised that he welcomes the initiative from HB to take forward the changes outlined in the document as the Audit and Risk Committee were previous resistant to any change. DP advised that the process for Risk Management has been clearly presented.
- 5.3 Board members **APPROVED** the Risk Management Strategy.

#### **5.6 Resolved Action (208)**

**Risk Management Strategy to be shared with all RQIA Staff following the meeting.**

### **6.0 Agenda Item 5 – Corporate Risk Assurance Framework Report**

- 6.1 JL advised Board members that this iteration of the Corporate Risk Assurance Framework Report was approved by the Audit Committee on 16 June.
- 6.2 JL advised Board members that RQIA are currently considering a risk in relation to the upcoming implementation of the Mental Capacity Act, Deprivation of Liberty Safeguards in October. JL advised that RQIA are seeking urgent clarity on the scope of the Act as it applies to RQIA.
- 6.3 JL advised that a meeting is scheduled for 5 July with the DoH to ascertain further clarity on the role of RQIA. Further consideration to this risk will take place following this meeting.
- 6.4 Board members **APPROVED** the Corporate Risk Assurance Framework Report.

## **7.0 Agenda Item 6 – Corporate Performance Report, Quarter 1**

- 7.1 JL presented the Corporate Performance Report (Quarter 1) to Board members. JL advised that all actions are on target for completion and that the core activities section of the report would not be shared until quarter 4.
- 7.2 JL highlighted the publication of the overview report on Registered Nursing and Residential Homes and Bed Trends. It is anticipated that the next report will be in respect of Dental Practices.
- 7.3 Board members commented that the overview report was an informative document that was user friendly. JL noted that a corporate identity for RQIA has been established and will be visible on all corporate documents going forward.
- 7.4 MMcC noted the timeliness of the report, which highlights the importance of the information and emphasises the volume of work undertaken within one quarter.
- 7.5 Board members provided positive feedback in relation to the first iteration of the RQIA Staff Newsletter. GMcC suggested that the Board could be involved as a feature. JL noted the suggestion from GMcC and advised that she would pass the information on. JL advised that the development of the newsletter has increased morale amongst the administrative staff group.
- 7.6 JL provided an update in relation to the RQIA transformation and modernisation plan that the Business Manager and two Business Support Officers have now been appointed. During quarter 2 it is anticipated that the band 8a Senior Inspector positions will be advertised.
- 7.7 Board members **APPROVED** the Corporate Performance Report, Quarter 1.

## **8.0 Agenda Item 7 – Audit Committee Business**

- **Approve minutes of meeting on 16 May 2019**
  - **Verbal update on meeting on 14 June 2019**
- 8.1 DP, Audit and Risk Committee Chair, informed Board members of the approved minutes of the Audit Committee meeting on 16 May 2019.
- 8.2 Board members **NOTED** the approved minutes of the Audit and Risk Committee meeting on 16 May 2019.
- 8.3 DP provided a verbal update of the meeting on 14 June 2019. DP advised that he met with BSO Senior Client Accountant on 10 May. The Audit and Risk Committee received the draft Annual Report and Accounts 2018/19 for approval and highlighted that RQIA achieved breakeven at year end.
- 8.4 DP advised Board members that the Corporate Risk Assurance Framework report was presented on 14 June for noting.
- 8.5 DP advised that the draft Report to those Charged with Governance was presented with an unqualified audit opinion without modification. DP advised

that it is anticipated that no adjustments would be made. No findings or recommendations were identified.

8.6 Board members **NOTED** the Audit Committee Business.

## **9.0 Agenda Item 8 – Chief Executive’s Report**

9.1 OM presented the Chief Executive’s Report to Board members highlighting the volume of enforcement since the last meeting.

9.2 OM advised that she met with a family following the death of their relative in a MHLD ward. OM advised that the meeting was timely following a recent inspection. OM has offered to meet with the family again.

9.3 OM advised that there are no updates in respect of ongoing legal actions.

9.4 OM advised of significant staffing shortages in the Children’s Team. OM advised Board members that following a small restructure, one current inspector will move to the children’s team and RQIA awaits new starts from the inspector waiting list.

9.5 TN advised Board members of a meeting with DoH in relation to the announcement of a temporary reduction in beds in the Beechcroft facility.

9.6 OM advised Board members that the review programme is ongoing with a number of reviews, audits and QI projects underway.

9.7 Board members **NOTED** the Chief Executive’s Report.

## **10.0 Agenda Item 10 – Any other business**

10.1 MMcC acknowledged a compliment received from an anonymous inspector. The compliment has been shared with all staff and Board members.

10.2 As there was no other business, MMcC thanked Board members and Officers for their attendance and contribution and brought the meeting to a close.

**Date of next meeting:  
19 September 2019**

Signed





---

**Professor Mary McColgan  
Acting Chair**




Date

---

## **Board Action List**

<b>Action number</b>	<b>Board meeting</b>	<b>Agreed action</b>	<b>Responsible Person</b>	<b>Date due for completion</b>	<b>Status</b>
201	21 March 2019	LG to invite NI Ambulance Service to a Board meeting / workshop to share their experience with Board members	Director of Improvement and Medical Director	19 September 2019	
204	16 May 2019	Information and Intelligence Manager to attend Board meeting in September to present RADaR and geo coding analysis.	Board and Executive Support Manager	19 September 2019	
207	16 May 2019	Audit Committee Annual Report to be amended to include Business Continuity Planning.	Chair of Audit Committee	4 July 2019	
208	4 July 2019	Risk Management Strategy to be shared with all RQIA Staff following the meeting.	Business Manager	26 September 2019	

### **Key**

<b>Behind Schedule</b>	
<b>In Progress</b>	
<b>Completed or ahead of Schedule</b>	

## RQIA Board Meeting

Date of Meeting	26 September 2019
Title of Paper	Acting Chair's Report
Agenda Item	4
Reference	B/09/19
Author	Prof. Mary McColgan
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board of external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	External engagements and key meetings since the last Board meeting of RQIA.
FOI Exemptions Applied	None.
Equality Impact Assessment	Not applicable.
Recommendation/Resolution	The Board is asked to <b>NOTE</b> this report.
Next steps	Not applicable.



## **ACTING CHAIR'S REPORT FOR RQIA BOARD ON 26 SEPTEMBER 2019**

1. **Forthcoming conference:** NICON has circulated information about the Leadership and Governance Conference on 27 November 2019 in Lisburn Civic Centre. The conference is open to all NED's.
2. **NI Public Sector Chair's Forum** will hold a seminar on Preparing for Brexit on 8 October. Both Denis Power and I will attend this meeting.
3. **CPEA update:** the Reference Group will receive an update from CPEA on 1 October with a specific focus on Adult Safeguarding.
4. **IHRD Board Effectiveness Group:** I attended meetings on 13 August and 17 September. There are several noteworthy developments in relation to this workstream: (1) the group is developing a Handbook for Non-Executive Directors which will be disseminated for consultation once it is completed, (2) work has been progressed in relation to ALB compliance with Good Management, Good Records (recommendation 70) and there is a workshop scheduled for 30<sup>th</sup> September to discuss and agree a Regional approach to the presentation of Corporate Information on ALB websites.
5. **IHRD RQIA Remit Sub group:** the next meeting is scheduled for 23 September and I will provide a verbal update for Board.
6. **Meeting with NISCC and Patient Client Council** to profile RQIA's work in relation to data collection and monitoring on 31 July 2019. Both agencies had expressed an interest in understanding developments in RQIA which underpin the effectiveness of using data for planning and monitoring. Rachel provided an excellent presentation outlining the systems currently used by RQIA, detailing the contribution to service delivery and effectiveness.
7. Throughout the summer, RQIA has been actively involved in a number of high profile matters which will be reported at the Board meeting. Responding and progressing the complex issues arising from these matters has involved the CEO, Acting Chair, Senior staff, Board colleagues, RQIA's legal representation and RQIA inspectors. I have had the privilege to see 'first hand' the highly professional approach adopted by all colleagues as they strived to ensure the needs of vulnerable people were safeguarded in addition to working collaboratively with service providers and external agencies to maintain good working relationships in the face of tremendous pressures. In my view, the approach demonstrated the values espoused by RQIA and the commitment to teamwork at its very best.

## **MEETINGS ATTENDED BY NON-EXECUTIVE DIRECTORS**

None.

Mary McColgan

**Acting Chair**

19 September 2019

## RQIA Board Meeting

Date of Meeting	26 September 2019
Title of Paper	Communications and Engagement Strategy 2019-20
Agenda Item	5
Reference	C/09/19
Author	Business Support Unit
Presented by	Head of Business Support
Purpose	The purpose of this report is to advise the Board of the Communications and Engagement Strategy for RQIA in 2019-20.
Executive Summary	The attached report provides an overview of how RQIA will deliver its Business Plan 2019-20 objectives aligned to Communications and Engagement.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	The Board is asked to <b>NOTE</b> this Communications and Engagement Strategy 2019-20
Next steps	N/A



# Communications and Engagement 2019-20

# 2018-19 RQIA Communications and Engagement in Numbers

During 2018-19 RQIA:



Published more than 2,400 reports on our website (inspections, reviews, audits and guidelines)



Responded to 180 media requests about our work



Tweeted 140 times



Had 185,000 visitors to our website  
550k page views

12%

Had information stalls at:

- 12 Pensioners Parliaments across NI
- The 2019 NICON conference
- 2 ADEPT/NIMDTA events
- 5 political party conferences



Received over 1,700 calls to our duty desk - around 700 of these calls related to concerns about a health and social care service



Responded to 28 Freedom of Information / Subject Access Requests

We also produced a series of new publications, including:



## **Corporate Strategy 2017-21**

Strategic Theme 3: Engage and involve service users and stakeholders: Develop and implement a communications and engagement strategy.

### **Business Plan 2019-20 Communications and Engagement**

- We will consider how we gather and disseminate examples of good practice in all settings where we have a presence, in order that learning can be shared throughout the HSC system.
- We will review our website to make better use of this resource in sharing information and intelligence in a meaningful way.
- We will increase the profile of RQIA with the public.
- We will facilitate an RQIA open house event where all stakeholders will be welcome to meet RQIA staff and learn about any aspect of our work.
- We will introduce a regular e-Zine to communicate with our stakeholders.
- We will evaluate and revise our use of social media to ensure we are communicating in the most effective way for all our stakeholders.

### **Our Vision**

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

### **Our 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.

### **Our Values**

RQIA has four core values that underpin how we work. In all that we do we will be FAIR – fair and accountable and act with integrity and respect. We live these values in how we do behave with service users, providers, carer and the general public and in how we act with each other.

## **Communication and Engagement Principles**

In order to support our strategic goals we have developed three principles to underpin all our communication and engagement.

### **Honesty:**

We will be open, honest and candid when we communicate with all our stakeholders. We will give them as much information as is relevant and appropriate about how we have made our decisions. We will be fair and balanced in all our communication and engagement activity.

### **Accessibility:**

We will understand the needs of our stakeholders and adapt how we communicate and engage with them. We will always use plain English. We will make best use of the communication tool and channels open to us to ensure we meet the needs and preferences of all our stakeholders.

### **Inclusivity:**

We will encourage and support our stakeholders to engage with us in a meaningful way. We will ensure that our stakeholders are involved in our work at the earliest possible opportunity. We will be fair and consistent in all our dealings with them; and will listen and take on board their views.

## **Communication and Engagement Objectives**

The Communications and Engagement team is now part of Business Support Unit (BSU). BSU has three key objectives:

- To support the Chief Executive achieve the goals of RQIA.
- To deliver a discrete programme of work in respect of information and intelligence, registration, Mental Health and Learning Disability, communication and engagement, administration, support for the RQIA Board and corporate functions.
- To support the work of the Assurance and Improvement directorates.

As RQIA strengthens its evidence-based, risk-assessed and intelligence led approach to its work, our communication and engagement strategy must also embrace and support this approach. To that end, our objectives for this strategy are:

- To maintain the confidence in RQIA as a trusted brand which delivers high quality, independent assurance on the safety and quality of care in Northern Ireland;
- To clearly communicate our decisions and the basis for them;
- To promote awareness and understanding of our role, remit and functions – including the limitations of what we are able to do; and
- To support improvement across the sectors we register, inspect, audit and review.

The RQIA Business Plan and BSU Business Plan includes specific actions to meet these objectives.

## Stakeholder Map





## **Internal Communication**

Our staff have told us that they value effective communication; that they want to engage with their colleagues throughout the organisation and they want to be appropriately involved in the decisions made at all levels. We have tended to use a traditional approach when communicating and engaging with staff. We have relied on meetings at various levels – often with set agendas.

We know that this is not everyone's preferred way of communicating and learning and we have observed how this doesn't always facilitate two-way conversations. It also doesn't always align with our strategic objectives to have meaningful involvement and buy-in from our staff. Collective leadership relies on effective communication and we want to empower our staff and equip them with the most effective communication tools at our disposal.

We have therefore already begun a discussion with staff – starting with our Executive Team – around how they would like to communicate and engage; including how often.

On the suggestion of staff from BSU we have reintroduced a staff newsletter which includes a mixture of personal news and business updates. These have been well-received.

We will survey staff to ask them their preferences in respect of whole-staff meetings and events going forward.

We have committed to review our website this year – we will ask staff for suggestions about our intranet and build this into the BSU business plan for 2020-21.

Given the nature of our work, many of our inspection staff in particular are not in the office during core hours. However, our communications systems and processes have not developed to meet the agile nature of the work. We will consider more innovative ways of ensuring that we engage with our staff; making full use of the technology available to us.

## External Communication

We recognise that it is our external communication and engagement efforts that will support us achieving our objectives which are:

- To maintain the confidence in RQIA as a trusted brand which delivers high quality, independent assurance on the safety and quality of care in Northern Ireland;
- To clearly communicate our decisions and the basis for them;
- To promote awareness and understanding of our role, remit and functions – including the limitations of what we are able to do; and
- To support improvement across the sectors we register, inspect, audit and review.

Specifically we will:

- Maintain a schedule of regular meetings with health and social care spokespersons from political parties to keep them updated generally on our work. Respond positively to ad hoc requests for meetings and information.
- Introduce a schedule of meetings with relevant colleagues across the wider public sector – to include various ombudsmen, commissioners (equality, children, older people, human rights) and other regulatory bodies.
- Use every communication as a positive opportunity to reinforce RQIA's role, remit and powers.
- Review our website to ensure it is relevant, appropriate and meets the needs of our stakeholders.
- Increase the use of our web portal for the exchange of information with providers.
- Review our use of social media.
- Develop and issue an electronic newsletter to providers sharing information about developments in RQIA and best practice across the sectors.

## **RQIA Open House**

On 10 October we will host our first “open house” event. This is an opportunity for providers, political representatives and other stakeholders to visit the office and meet the RQIA staff.

There will be two sessions during the day and we will present information about the generality of our work as well as specific stands on the review of our inspection methodology; our reviews programme; our RADAR project and how we use intelligence; the duty desk; and driving improvement through regulation.

We plan to have facilitated sessions on “Ask Me Anything” with Board members and the Executive Team as well as opportunities to speak to inspectors and other staff about the work we do.

Press releases will be issued to publicise the event and we have begun to informally advise media colleagues to save the date.

We will use the open house event to launch our newly-designed poster and leaflets.

The event will be filmed so it can be used on our website and social media channels to inform about the work of RQIA.

We will survey attendees after the event to assess its impact.



**The Regulation and Quality Improvement Authority**  
**9th Floor, Riverside Tower, 5 Lanyon Place, Belfast BT1 3BT**

Telephone: (028) 9536 1111  
[info@rqia.org.uk](mailto:info@rqia.org.uk) | [www.rqia.org.uk](http://www.rqia.org.uk) | [@RQIANews](https://twitter.com/RQIANews)

---

Assurance, Challenge and Improvement in Health and Social Care

## RQIA Board Meeting

Date of Meeting	26 September 2019
Title of Paper	Mental Capacity Act (2016)
Agenda Item	6
Reference	D/09/19
Author	Head of Business Support Unit
Presented by	Head of Business Support Unit
Purpose	The purpose of this paper is to update the Board on the work undertaken by the Executive Team in preparing for the commencement of the Act and to highlight any issues specific to RQIA.
Executive Summary	<p>The MCA has been in development for a number of years. The purpose of the Act is to provide a statutory framework for people who lack capacity to make decisions for themselves. The Act recognises the concept of fluctuating capacity. It applies to people aged 16 years and over and who is present in Northern Ireland (that is to say it is not relevant where the person may be from or normally resides).</p> <p>When the MCA is fully commenced, the Mental Health (Northern Ireland) Order 1986 (MHO) will be repealed. However, until this time the Order will continue to operate alongside the Act.</p> <p>Board members are aware that, under the MHO, RQIA has specific responsibilities in respect of the care and treatment of people with mental ill health. These arrangements will continue until such time as the Order is repealed.</p>
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/Resolution	The Board is asked to <b>NOTE</b> this Report.

Next steps	N/A
------------	-----

## **Introduction**

1. The Mental Capacity Act (Northern Ireland) 2016 (MCA) will be partially commenced on 1 October. The key provisions of the Act to be commenced at this time are around deprivation of liberty (DoL) as well as some additional matters including offences and money and valuables.
2. The purpose of this paper is to update the Board on the work undertaken by the Executive Team in preparing for the commencement of the Act and to highlight any issues specific to RQIA.

## **Background**

3. The MCA has been in development for a number of years. The purpose of the Act is to provide a statutory framework for people who lack capacity to make decisions for themselves. The Act recognises the concept of fluctuating capacity. It applies to people aged 16 years and over and who is present in Northern Ireland (that is to say it is not relevant where the person may be from or normally resides).
4. When the MCA is fully commenced, the Mental Health (Northern Ireland) Order 1986 (MHO) will be repealed. However, until this time the Order will continue to operate alongside the Act.
5. Board members are aware that, under the MHO, RQIA has specific responsibilities in respect of the care and treatment of people with mental ill health. These arrangements will continue until such time as the Order is repealed.

## **Considerations for RQIA under the MCA**

6. The new Act references RQIA throughout. However, the functions and duties are not as clearly described as in the MHO. Under the terms of the Act, the Department is required to produce regulations and codes of practice to support its implementation. Draft regulations and final codes have been published in respect of DoL and patient finance and valuables – the two key areas of the Act being commenced on 1 October.
7. In preparation for the commencement of the Act, the Chief Executive established an internal working group which has met weekly since May. The purpose of the group is to establish the implications of the Act for RQIA and agree and implement appropriate actions in order to effectively discharge our duties and functions thereunder.
8. The group is chaired by the Chief Executive and membership includes all Directors and Head of BSU; Assistant and Deputy Directors; relevant senior inspectors; the head of information; our aligned solicitor; and a sessional psychiatrist. The group meets weekly and has hosted colleagues from the Department who have provided clarity and further detail on some aspects of the Act and the expectations around our role.

## **RQIA Role - Deprivation of Liberty**

9. Under the new Act a DoL will have to be authorised by a Trust panel which must meet a number of stipulations in terms of its make up; the considerations it must make in reaching a decision; and the forms it must complete in considering, authorising or extending a DoLs. From 1 October a panel must consider all new cases where it is intended to deprive a patient of their liberty. There is no expectation at this point that it will be applied retrospectively to all patients. Where an existing patient is subject (or potentially subject) to a DoLs; this will be part of the care plan review.
10. RQIA's role at this point will largely be oversight of awareness of process and procedure. We will check this on inspection and have developed tools for inspectors to use.

## **RQIA Role – Patient Finance**

11. The Act gives specific protection to patients who lack capacity in respect of their money and valuables. This is not restricted to patients subject to a DoL. RQIA will, as part of our evaluation of the well-led domain, check the governance arrangements in respect of patient finance and have included appropriate questions in the inspection tool to support staff in this regard.
12. There is a specific requirement under the Act for RQIA to give consent where a managing authority (ie a Trust or a care home) holds more than £20k of money and valuables for an individual patient. We are currently seeking clarity via our sponsor branch in terms of the expectations of us in this regard.

## **Training**

13. In order to evaluate and assess governance around the implementation of the Act it is important that our inspectors understand the standards to which HSC and independent sector staff have been trained. Staff will therefore complete the online training which has been made available by the Department; and a bespoke session has been organised for staff on 19 September. This will be filmed and shared internally for all those unable to attend (including Board members).
14. This training is tailored to support the needs of RQIA staff – which will be materially different in some aspects to the needs of Trust or care home staff.

## **Next Steps**

15. As the Act is implemented it is likely that issues will arise where RQIA is asked to play a different or more involved role. As with all new functions and duties this will be considered within the frame of resources and capacity to undertake the work. The Board will be kept updated through the Chief Executive Brief in respect of any issues arising.



- 16.** The internal working group will continue to meet weekly until at least the end of the calendar year at which point we will assess the frequency of meetings going forward.

## RQIA Board Meeting

Date of Meeting	26 September 2019
Title of Paper	Policy and Procedure for Appointing Second Opinion Appointed Doctors
Agenda Item	7
Reference	E/09/19
Author	Dr Lourda Geoghegan, Director of Improvement and Medical Director
Presented by	Dr Lourda Geoghegan , Director of Improvement and Medical Director
Purpose	<p>The purpose of this paper to ask the Board to <b>Approve</b> the refreshed Policy and Procedure for Appointing of Second Opinion Appointed Doctors</p> <p><b>Approve</b>, making the new procedure operational from 1 October 2019</p>
Executive Summary	<p>Second Opinion Appointed Doctors (SOADs) are authorised to provide a second opinion, using agreed prescribed forms, in relation to Part IV of the Mental Health (Northern Ireland) Order 1986 (the Order). Medical practitioners seeking appointment as a SOAD must meet a set of eligibility criteria and provide documentation to support their application.</p> <p>As part of this refreshed Policy and Procedure, we propose that consultant psychiatrists will now be appointed as a SOAD for 5 rather than 4 years. This is to align with a medical practitioner's medical revalidation and is reflective of the same criteria for appointing Part II Medical Practitioners.</p>
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	The Board should <b>APPROVE</b> the Policy and Procedure for Appointing of Second Opinion Appointed Doctors
Next steps	New Procedure operational from 1 October 2019



# Policy for Appointing Second Opinion Appointed Doctors

Policy type:	RQIA Board Policy
Directorate area:	Improvement Directorate
Policy author/champion:	Dr Lourda Geoghegan, Director of Improvement and Medical Director
Equality Screened	28 January 2016
Board agreement required	YES <input checked="" type="checkbox"/> NO (tick) <input type="checkbox"/>
Date agreed by RQIA Board	21 January 2015
Date of issue to RQIA staff	30 January 2015
Date Reviewed	23 December 2015
Date of Review by Board	21 January 2016
Date of issue to RQIA staff	30 January 2016
Date of Review	30 January 2019
Date of Review by Board	26 September 2019
Date of issue to RQIA staff	26 September 2019
Date of Next Review	26 October 2020

<b>Contents</b>	<b>Page</b>
1.0 Introduction	3
2.0 Scope of the Policy	3
3.0 Policy Statement	3
4.0 Entitlements	3
5.0 Legislative Framework	3
6.0 Responsibilities	4
7.0 Removal from the List of Second Opinion Appointed Doctors	8
8.0 Training	8
9.0 Equality	8
10.0 Review	8
11.0 Dissemination of the Policy and Procedure	8
<b>Appendix 1</b> Eligibility Criteria for Appointment to the RQIA List of Second Opinion Appointed Doctors	10
<b>Appendix 2</b> Application for Appointment to RQIA's List of Second Opinion Appointed Doctors	11
<b>Appendix 3</b> Example of Referee Form	15
<b>Appendix 4</b> Appointment Representation Panel	17

## **1.0 Introduction**

- 1.1 The power to appoint Second Opinion Appointed Doctors (SOADs) was vested in The Regulation and Quality Improvement Authority (RQIA) following the transfer of functions from the former Mental Health Commission under Article 25(1) Health and Social Care (Reform) Act (Northern Ireland) 2009.  
[http://www.legislation.gov.uk/nia/2009/1/pdfs/nia\\_20090001\\_en.pdf](http://www.legislation.gov.uk/nia/2009/1/pdfs/nia_20090001_en.pdf)
- 1.2 A consultant psychiatrist with specialist experience in the assessment and detention of a patient, who meets the criteria set out by RQIA, is eligible to apply for appointment as a SOAD.
- 1.3 The suitability of each applicant is considered by an Appointment Panel with account taken of the relevant experience, training and professional standing of the medical practitioner. SOAD appointments are not automatic.
- 1.4 The criteria for appointment to the list of SOADs are set out in Appendix 1.

## **2.0 Scope of the Policy**

- 2.1 This policy will apply to the appointments made to the list of SOADs and should be read in conjunction with other associated documents;
  - Procedure for Appointing Second Opinion Appointed Doctors
  - Guidance for Appointing Second Opinion Appointed Doctors
  - RQIA Complaints Policy

## **3.0 Policy Statement**

- 3.1 This policy sets out the general principles and processes for appointing Second Opinion Appointed Doctors.

## **4.0 Entitlements**

Second Opinion Appointed Doctors are authorised to provide a second opinion using agreed prescribed forms in relation to Part IV of the Mental Health (Northern Ireland) Order 1986 (the Order).

RQIA will remunerate SOADs for providing a second opinion and any travelling expenses incurred in fulfilling this function.

## **5.0 Legislative Framework**

- 5.1 All medical practitioners are required to comply with the general provisions set out in the Order, or any revision thereof.  
<https://www.rqia.org.uk/guidance/legislation-and-standards/legislation/>

## **6.0 Responsibilities**

### **RQIA Board**

#### **Standing Order Three**

- 6.1 Under Standing Order Three RQIA's Board has powers to delegate any of its functions to a committee, or sub-committee, including powers reserved to the Board.

#### **Standing Order Five**

- 6.2 Under Standing Order Five, RQIA's Board has delegated authority to the Appointment Panel to appoint SOADs.
- 6.3 RQIA's Chair will seek expressions of interest from Board members and will agree the appointment of two Board members to the Appointment Panel.

### **RQIA Appointment Panel**

- 6.4 RQIA's Appointment Panel will only appoint applicants that meet the eligibility criteria for appointment as a SOAD.
- 6.5 The Appointment Panel will ensure consistency in all appointments and ensure that all information relating to appointments is kept up to date and shared, as appropriate.
- 6.6 In exceptional circumstances the Appointment Panel will make a determination if there is an immediate requirement for an urgent appointment.
- 6.7 The Appointment Panel is made up of:
- Director of Improvement and Medical Director – Appointment Panel Chair
  - Assistant Director of Improvement
  - A Sessional Professional Officer
  - Two RQIA Board members
  - Appointment Panel Administrator

### **Quorate Requirements**

- 6.8 To facilitate any Appointment Panel meeting to proceed a quorum of four of the six Panel members is required, one of whom should be an RQIA Board member and one of whom should be a Sessional Professional Officer.
- 6.9 In the event that a Panel member is unable to fulfil their role, or the Panel is unable to meet its quorate requirements the Panel Chair may

facilitate individual discussions with Panel members to ensure urgent application can be progressed.

### **The Appointment Panel Chair**

- 6.10 The Appointment Panel Chair is responsible for convening meetings of the Panel and for ensuring the accuracy of recording decisions made.
- 6.11 When the Panel approves an appointment, a letter and certificate of appointment will be signed by the Appointment Panel Chair and issued to the SOAD.
- 6.12 RQIA's seal must be fixed to any certificate of appointment signed by either the Appointment Panel Chair (or RQIA's Chief Executive).
- 6.13 The Appointment Panel Chair can appoint a deputy to act as Chair in his/her absence.

### **The Chief Executive**

- 6.14 RQIA's Chief Executive is responsible for the effective implementation of the Policy for Appointing Second Opinion Appointed Doctors and will delegate responsibility to the relevant Director for the effective operational management of the procedure.

### **Director of Improvement and Medical Director**

- 6.15 The Director of Improvement and Medical Director will act as Appointment Panel Chair and is responsible for the effective operational management of the procedure.
- 6.16 Should any additional information come to the attention of RQIA which may have implications in relation to a SOAD appointment, the Appointment Panel Chair will update and agree any action required with Appointment Panel members.

### **Assistant Director of Improvement**

- 6.17 The Assistant Director has oversight of the day-to-day operation of the procedure.

### **Sessional Professional Officer**

- 6.18 RQIA's Sessional Professional Officers (consultant psychiatrists) will advise the Panel on all applications for SOAD appointment.



## **The Appointment Panel Administrator**

- 6.19 He/she is responsible for all administrative functions in line with the Procedure for Appointing Second Opinion Appointed Doctors.
- 6.20 The Appointment Panel Administrator will notify the medical practitioner when their SOAD appointment is due for renewal. He/she will ensure that any guidance is provided to all relevant stakeholders.
- 6.21 When a medical practitioner has been appointed; their name and period of appointment will be recorded by the Appointment Panel Administrator on the list of Second Opinion Appointed Doctors on RQIA's website.  
<https://www.rqia.org.uk/RQIA/media/RQIA/Resources/WhatWeDo/MentalHealth/List-of-Medical-Practitioners-as-of-Feb-19.pdf>

## **Second Opinion Appointed Doctors**

- 6.22 Those appointed as SOADs by RQIA's Appointment Panel are authorised to provide a second opinion using agreed prescribed forms in relation to Part IV of the Mental Health (Northern Ireland) Order, 1986.
- 6.23 A medical practitioner will ensure their application for SOAD appointment is completed fully, detailing clearly how they meet the criteria for appointment.
- 6.24 It is the responsibility of the medical practitioner to submit the required documentation to allow RQIA to assess an application for SOAD appointment.
- 6.25 Medical practitioners in substantive posts will be appointed as a SOAD for five years, unless a shorter period of appointment is requested. At the end of the five years, a SOAD can apply to RQIA for reappointment of their SOAD status.
- 6.26 Any medical practitioner whose SOAD status has expired must refrain from carrying out any second opinion duties until they are reappointed by RQIA's Appointment Panel.
- 6.27 A medical practitioner must inform RQIA of any changes in employment.
- 6.28 The following information must be submitted to the Appointment Panel Administrator:
  - A completed application form, signed and dated;

And

- Confirmation that the medical practitioner has been appointed to the post of consultant psychiatrist for at least 5 years and completes applications for and/or renewal of detention of patients, under Part II of the Mental Health (Northern Ireland) Order, 1986; and/or
- Confirmation that the medical practitioner has been appointed to the post of consultant psychiatrist for at least 5 years and gives evidence to, or prepares reports/assessments for, the court under Part III of the Mental Health (Northern Ireland) Order 1986; and/or
- Confirmation that the medical practitioner has been appointed to the post of Sessional Professional Officer for RQIA;

And

- Confirmation that the medical practitioner is registered with the General Medical Council (GMC) and holds a current licence to practise;
- Confirmation that the medical practitioner is on the Specialist Register of GMC;
- Confirmation that the medical practitioner is actively participating in activities relating to annual whole-practice appraisal and medical revalidation;
- A copy of the medical practitioner's RQIA e-Learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986, within two years prior to application for SOAD status;
- A copy of the medical practitioner's Access NI Enhanced Disclosure Certificate (initial applications only) countersigned by RQIA;
- A Referee Form which should be completed by a Medical Director (or nominated senior medical leader);
- A copy of the medical practitioner's current insurance certificate of indemnity, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986.

### **Medical Director (or Nominated Senior Medical Leader)**

- 6.30 It is the responsibility of a Medical Director (or nominated senior medical leader) to submit a referee form on behalf of the medical practitioner to allow RQIA to assess an application for SOAD appointment.

## **7.0 Removal from the List of Second Opinion Appointed Doctors**

- 7.1 In cases where a medical practitioner wishes to be removed from the list of SOADs, he/she should inform the Appointment Panel Administrator who will update the Appointment Panel at the next Appointment Panel meeting. A record of the date of removal from the list of Second Opinion Appointed Doctors will be retained by the Appointment Panel Administrator.
- 7.2 The Appointment Panel Chair will formally advise the medical practitioner of their removal from the list of SOADs and the date that this removal will become effective.
- 7.3 In circumstances where RQIA is advised by any parties of any information which may impact adversely on the medical practitioner's ability to fulfil their functions and/or impacts adversely on patient safety, the Appointment Panel will be required to take this information into consideration in any decision regarding appointment or continued appointment of a SOAD.
- 7.4 The Appointment Panel reserves the right to suspend or remove SOAD status from that practitioner.

## **8.0 Training**

- 8.1 Training on this Policy, and its related Procedure, will be provided to any new Board members involved in the Appointment Panel or Representation Panel process.

## **9.0 Equality**

- 9.1 This Policy in its original format was equality screened on 28 January 2016. It was considered to have neutral impact implication for equality of opportunity and does not require to be subjected to a full equality assessment.

## **10.0 Review**

- 10.1 This Policy will be reviewed to evaluate its effectiveness in October 2020 and every two years thereafter.
- 10.2 Any proposed amendments will require Board approval.

## **11.0 Dissemination of Policy and Procedure**

- 11.1 The Policy and Procedure associated with appointing Second Opinion Appointed Doctors will be communicated to all relevant stakeholders, these include;

- RQIA Board and staff
- Chief Executive and Medical/Clinical Directors of HSC trusts
- Part II Medical Practitioners
- Second Opinion Appointed Doctors
- Royal College of Psychiatrists (NI Division)
- Patient and Client Council (PCC)
- Health and Social Care Board (HSCB)
- Public Health Agency (PHA)
- Department of Health (DoH)
- General Medical Council (GMC)
- Directorate of Legal Services (DLS), Business Services Organisation (BSO)

## **Appendix 1**

### **Eligibility Criteria for Appointment as a Second Opinion Appointed Doctor**

The following criteria must be met for each applicant:

- Evidence of at least 5 years' experience as a consultant psychiatrist and completion of applications for and/or renewal of detention of patients under Part II of the Mental Health (Northern Ireland) Order 1986; and/or
- Evidence of at least 5 years' experience as a consultant psychiatrist giving evidence to, or preparing reports/assessments for the court under Part III of the Mental Health (Northern Ireland) Order 1986; and/or
- Evidence of appointment as a Sessional Professional Officer in RQIA

And

- Confirmation that the medical practitioner is registered with the General Medical Council (GMC) and holds a current licence to practise;
- Confirmation that the medical practitioner is on the Specialist Register of GMC;
- Confirmation that the medical practitioner is actively participating in activities relating to annual whole-practice appraisal and medical revalidation;
- Confirmation that the medical practitioner has completed RQIA e-Learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986, within the last two years;
- Confirmation the medical practitioner is adequately indemnified to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986;
- Confirmation the medical practitioner has an Access NI Enhanced Disclosure Certificate countersigned by RQIA.

## Appendix 2

### Application for Appointment as a Second Opinion Appointed Doctor

Please complete all sections.

1.0	Name of the Medical Practitioner	
2.0	Name and address of Trust or Independent Healthcare Organisation	
3.0	Position within the Trust or Independent Healthcare Organisation	
4.0	GMC Reference Number	
5.0	Please indicate duration of Appointment for which application is made	
5.1	Please confirm date(s) of <b>last</b> and <b>next</b> medical revalidation	
Last Revalidation:		
Next Revalidation:		
<b>Please confirm the following information:</b>		
6.0	The medical practitioner has been a consultant psychiatrist for at least 5 years and completes applications for and/or renewal of detention of patients, under Part II of the Mental Health (Northern Ireland) Order 1986; and/or	<input type="checkbox"/>
	The medical practitioner has been a consultant psychiatrist for at least 5 years and gives evidence to, or prepares reports/assessments for, the court under Part III of the Mental Health (Northern Ireland) Order 1986; and/or	<input type="checkbox"/>

	The medical practitioner has been appointed to the post of Sessional Professional Officer in RQIA.	<input type="checkbox"/>
<b>7.0</b>	The medical practitioner is registered with the General Medical Council (GMC) and holds a current licence to practise.	<input type="checkbox"/>
<b>8.0</b>	The medical practitioner is on the Specialist Register of GMC.	<input type="checkbox"/>
<b>9.0</b>	<p>The medical practitioner is on the Specialist Register for one of these psychiatric specialisms:</p> <ul style="list-style-type: none"> <li>1) Adult psychiatry</li> <li>2) Intellectual disability</li> <li>3) Child and adolescent psychiatry</li> <li>4) Forensic psychiatry</li> <li>5) Old age psychiatry</li> <li>6) Psychotherapy</li> </ul>	<p>Speciality in:</p> <p>_____</p>
<b>10.0</b>	The medical practitioner can demonstrate completion of RQIA e-Learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986, within the last two years.	<input type="checkbox"/>
<b>11.0</b>	The medical practitioner is adequately indemnified to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986.	<input type="checkbox"/>
<b>12.0</b>	An AccessNI Enhanced Disclosure Certificate countersigned by RQIA is available to support this application	<input type="checkbox"/>

<b>13.0</b>	<b>Please add any other comments you consider to be relevant to the application</b>		
<b>14.0</b>	<b>Name</b>	<b>Signature of Medical Practitioner</b>	<b>Date</b>

**Documentation required to be returned to RQIA with SOAD Application**

It is your responsibility to submit the required documentation to allow RQIA to assess your application for SOAD appointment:

- A completed application form, signed and dated;

And

- Confirmation that the medical practitioner has been appointed to the post of consultant psychiatrist and completes applications for and/or renewal of detention of patients, under Part II of the Mental Health (Northern Ireland) Order, 1986; and/or
- Confirmation that the medical practitioner has been appointed to the post of consultant psychiatrist and gives evidence to, or prepares reports/assessments for, the court under Part III of the Mental Health (Northern Ireland) Order 1986 and/or
- Confirmation that the medical practitioner has been appointed to the post of Sessional Professional Officer for RQIA.

And

- Confirmation that the medical practitioner is registered with the General Medical Council (GMC) and holds a current licence to practise;
- Confirmation that the medical practitioner is on the Specialist Register of GMC;



- Confirmation that the medical practitioner is actively participating in activities relating to annual whole-practice appraisal and medical revalidation;
- A copy of the medical practitioner's RQIA e-Learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986, within two years prior to application for SOAD status;
- A copy of the medical practitioner's Access NI Enhanced Disclosure Certificate (initial applications only) countersigned by RQIA;
- A Referee Form which should be completed by a Medical Director (or nominated senior medical leader);
- A copy of the medical practitioner's current insurance certificate of indemnity, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986.

### Appendix 3

#### Example of Second Opinion Appointed Doctor Referee Form

*Please complete all shaded sections. Use page overleaf if necessary*

<b>Name of the Medical Practitioner</b>	
<b>Name and address of Trust or Independent Healthcare Organisation</b>	
<b>Position of applicant within the Trust or Independent Healthcare Organisation</b>	
<b>In what capacity is the applicant known to you?</b> <i>(please delete as appropriate)</i>	I am the applicant's: <ul style="list-style-type: none"><li>• Medical Director</li><li>• Nominated Senior Medical Leader</li><li>• Responsible Officer</li></ul>
<b>The length of time the applicant has been known to you professionally.</b>	
<b>Duration of SOAD Appointment for which application is made</b>	
<b>Please confirm that the medical practitioner is actively engaged in annual medical appraisal; Please confirm date(s) of <b>last</b> and <b>next</b> medical revalidation</b>	
Last Revalidation:	
Next Revalidation:	
Most recent Medical Appraisal:	

**Please add any other comments you consider to be relevant to the application for the above individual**

--

**I confirm that I am not a relative, nor have I any conflict of interest in relation to the person applying for appointment.**

**I support this application for appointment as a Second Opinion Appointed Doctor.**

Name	Signature of Medical Director or Nominated Senior Medical Leader or Responsible Officer	Date

## **Appendix 4**

### **Appointment Representations Panel**

There is currently no legislative provision for making representations regarding non appointment as a Second Opinion Appointed Doctor. However, RQIA has determined that in accordance with the principles of fairness, openness and transparency, a medical practitioner should be afforded the opportunity to make representations concerning any decision of the Appointment Panel.

In line with the principles outlined above, all medical practitioners have an opportunity to formally make representations to RQIA if their appointment is refused by the Appointment Panel or if they have concerns with how the Appointment Panel came to their decision.

Such representations must be made in writing within 28 calendar days of the doctor's receipt of the Appointment Panel's decision. A Representations Panel will convene to consider any representations made and will share their final decision with the relevant medical practitioner.

Reference No. MHL-D-SOAD
--------------------------

# Procedure for Appointing Second Opinion Appointed Doctors

<b>Policy type:</b>	RQIA Board Procedure
<b>Directorate area:</b>	Improvement Directorate
<b>Policy author/champion:</b>	Dr Lourda Geoghegan, Director of Improvement and Medical Director
<b>Equality screened:</b>	28 January 2015
<b>Board agreement required</b>	YES <input checked="" type="checkbox"/> NO (tick) <input type="checkbox"/>
<b>Date agreed by RQIA Board</b>	21 January 2015
<b>Date of issue to RQIA staff</b>	30 January 2015
<b>Date of Reviewed</b>	28 January 2015
<b>Date of Review</b>	30 January 2019
<b>Date agreed by RQIA Board</b>	26 September 2019
<b>Date of issue to RQIA Staff</b>	26 September 2019
<b>Date of Next Review</b>	26 October 2020

## **1.0 Appointment to the RQIA List of Second Opinion Appointed Doctors**

### **Initial Appointment**

- ✚ Applies to those **not** currently appointed as Second Opinion Appointed Doctors (SOADs)

- 1.1 A medical practitioner in a HSC Trust or Independent Healthcare Organisation (IHO) will contact RQIA to request a SOAD application pack. This can be done by emailing [Part11@rqia.org.uk](mailto:Part11@rqia.org.uk) or in writing to:

Appointment Panel Administrator  
Regulation and Quality Improvement Authority  
9<sup>th</sup> Floor, Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

- 1.2 The Appointment Panel Administrator will send an application pack [M:\MHLD\Part\\_IV\2. SOAD Application Packs\1. Initial Appointment](#) as an email attachment, within 2 calendar days of request, using the letter template (L1a - Appendix B) and will update the contact log. [M:\MHLD\Part\\_IV](#)

### **Reappointment**

- ✚ Applies to those currently appointed as Second Opinion Appointed Doctors

- 1.4 The Appointment Panel Administrator sends a reappointment reminder letter and application pack via email to the Second Opinion Appointed Doctor 3 months before SOAD status expires (L1b - Appendix C). [M:\MHLD\Part\\_IV\2. SOAD Application Packs\2. Extension](#) and will update the contact log, [M:\MHLD\Part\\_IV](#)
- 1.5 The SOAD returns a completed application to the Appointment Panel Administrator, via email, within 28 calendar days. The following documentation must be submitted by the SOAD via email or in hard copy (using the address(es) above):

- A completed application form, signed and dated;

And

- Confirmation that the medical practitioner has been appointed to the post of consultant psychiatrist for at least 5 years and completes applications for and/or renewal of detention of patients under Part II of the Mental Health (Northern Ireland) Order 1986; and/or

- Confirmation that the medical practitioner has been appointed to the post of consultant psychiatrist for at least 5 years and gives evidence to, or prepares reports/assessments for, the court under Part III of the Mental Health (Northern Ireland) Order 1986; and/or
- Confirmation that the medical practitioner has been appointed to the post of Sessional Professional Officer for RQIA;

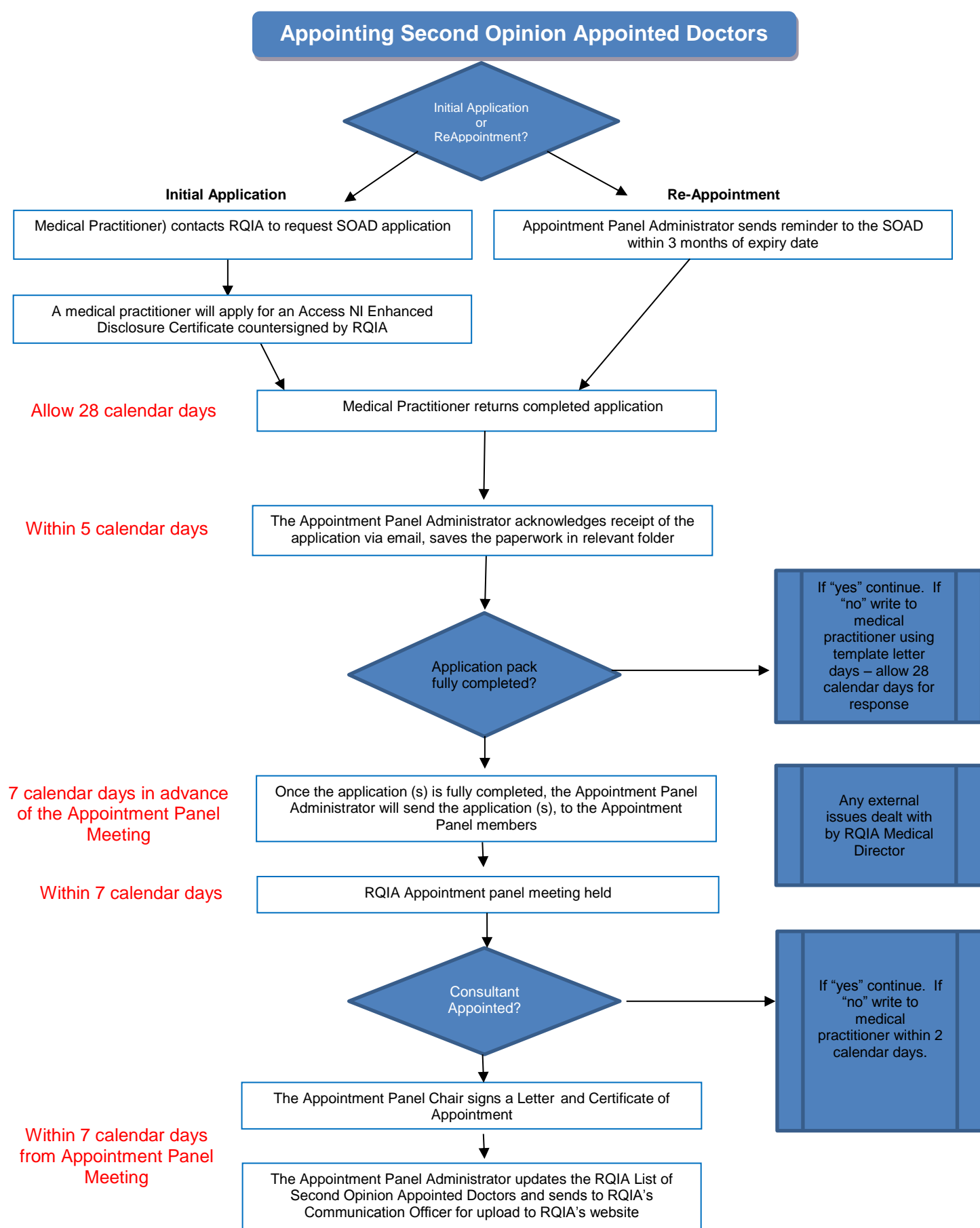
And

- Confirmation that the medical practitioner is registered with the General Medical Council (GMC) and holds a current licence to practise;
  - Confirmation that the medical practitioner is on the Specialist Register of GMC;
  - Confirmation that the medical practitioner is actively participating in activities relating to annual whole-practice appraisal and medical revalidation;
  - A copy of the medical practitioner's RQIA e-Learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986, within two years prior to application for SOAD status;
  - A Referee Form which should be completed by a Medical Director (or nominated senior medical leader);
  - A copy of the medical practitioner's current insurance certificate of indemnity, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986.
- 1.6 The Appointment Panel Administrator acknowledges receipt of the application via email and saves the paperwork in a folder created for the medical practitioner [M:\MHLD\Part\\_IV\1. Doctor Name](#), on the day email received.
- 1.7 If the application is not fully completed or has missing documentation, the Assistant Director, Improvement Directorate, will write to the medical practitioner using the letter template (L2 - Appendix D) requesting missing documentation [M:\MHLD\Part\\_IV\4. Letter Templates](#) and will update the contact log. [M:\MHLD\Part\\_IV](#)
- 1.8 If the medical practitioner does not supply the outstanding documentation requested in L2 (as above), the Assistant Director, Improvement Directorate, will escalate to the Appointment Panel Chair, who will write to the medical practitioner the using the letter template (L2A - Appendix E). [M:\MHLD\Part\\_IV\4. Letter Templates](#) and the Appointment Panel Administrator will update the contact log [M:\MHLD\Part\\_IV](#)

- 1.9 Any amended applications received will follow the same process from 1.6 above.
- 1.10 When the application is fully complete, the Appointment Panel Administrator will send the following to the Appointment Panel members 7 calendar days in advance of the Appointment Panel meeting.
- application(s) to include:
    - Fully completed referee form signed and dated by Medical Director (or nominated senior medical leader)
    - All supporting information (listed in 1.5)
  - Appointment Panel meeting agenda
  - Minutes from the previous Appointment Panel meeting
- 1.11 Any SOAD applications will be added to the next Appointment Panel Meeting.
- 1.12 When the medical practitioner has been appointed by the Appointment Panel, the Appointment Panel Chair signs the Letter (L5- Appendix F) and certificate of appointment (L5a - Appendix G). [M:\MHLD\Part\\_IV\4. Letter Templates](#), within 7 calendar days of the Appointment Panel meeting.
- 1.13 The certificate of appointment must be sealed with RQIA's official seal.
- 1.14 The Appointment Panel Administrator will save the letter and certificate of appointment in the relevant medical practitioner's folder [M:\MHLD\Part\\_IV\1. Doctor Name](#) then send to the medical practitioner via email. The Appointment Panel Administrator will update the contact log [M:\MHLD\Part\\_IV](#). A hard copy of the letter and certificate of appointment is sent to the medical practitioner via post, within 7 calendar days of the Appointment Panel meeting.
- 1.15 If a medical practitioner has not been appointed as a SOAD by the Appointment Panel, the Appointment Panel Chair will write to the medical practitioner within two days of Appointment Panel decision using the letter template and proforma (L3 (Appendix H) & L4 – (Appendix I)) [M:\MHLD\Part\\_IV\4. Letter Templates\Nonappointment](#)
- 1.16 The Appointment Panel Administrator updates the list of Second Opinion Appointed Doctors [M:\MHLD\Part\\_IV\7. Website Info](#), within 7 calendar days of the Appointment Panel meeting and forwards to RQIA's Communication Officer for upload to the website.



## Appendix A – Flowchart of Appointing Second Opinion Appointed Doctors



## **Appendix B- L1a– Cover letter for Appointment Pack**

### **TEMPLATE**

Our Ref: **L1a/LG/Admin Initials**

**[Insert Date]**

Dear Dr **[Insert name and address of Medical Practitioner]**

### **Appointment as a Second Opinion Appointed Doctor**

Further to your **(letter/email/call)** on **(insert date)**. I enclose a Second Opinion Appointed Doctor application pack for completion, together with related information.

RQIA's Appointment Panel meet on a monthly basis. The application form and any supporting documentation required should be returned to the Appointment Panel Administrator at [Part11@rqia.org.uk](mailto:Part11@rqia.org.uk) on or before **(28 calendar days from date of letter)**.

Should you have any queries about this matter, please contact the Appointment Panel Administrator on 02895 361847

Yours sincerely

**Dr Lourda Geoghegan  
Appointment Panel Chair**

## **Appendix C – L1b – Reappointment Cover Letter**

### **TEMPLATE**

Our Ref: **L1b/LG/admin initials**

**(Insert date)**

Dear Dr **[Insert name and address of Medical Practitioner]**

### **Second Opinion Appointed Doctor Reappointment**

It has come to my attention that your appointment as a Second Opinion Appointed Doctor status is due to expire on **(insert date of expiration)**. Should you wish to apply for reappointment as a Second Opinion Appointed Doctor, I enclose an application pack for completion.

I ask that you complete this application form, including any supporting documentation required and return it to the Appointment Panel Administrator at [Part11@rqia.org.uk](mailto:Part11@rqia.org.uk) no later than **(allow 28 days of date of letter)**.

Should you have any queries about this matter, please contact the Appointment Panel Administrator on 02895 361847

Yours sincerely

**Dr Lourda Geoghegan  
Appointment Panel Chair**

## **APPENDIX D –L2 – Request for Outstanding Information**

### **TEMPLATE**

Our ref: L2/PC/admin initials

#### **PRIVATE AND CONFIDENTIAL**

(Date)

[Name and address of Medical Practitioner]

Dear (Name of Medical Practitioner)

#### **Request for Outstanding Information – (Name of medical practitioner)**

I am writing on behalf of the Regulation and Quality Improvement Authority's Appointment Panel to request the outstanding information required in respect of your SOAD application.

The following information is required:

(List missing information)

I would be grateful if you would send this documentation to the Appointment Panel Administrator at [Part11@rqia.org.uk](mailto:Part11@rqia.org.uk) on or before (insert date 28 days postdate of letter). Failure to submit this information will mean that RQIA cannot progress this application.

Your cooperation in this matter is appreciated.

Yours sincerely

**Assistant Director  
Improvement Directorate**

## **APPENDIX E – L2A – Reminder Letter Request for Outstanding Information**

### **TEMPLATE**

Our ref: L2A/LG/admin initials

**Private and Confidential**

(Date)

[Name and address of Medical Practitioner]

Dear (Name of Medical Practitioner)

### **Reminder for Outstanding Information**

Further to our letter of (insert date) RQIA has not received the following information required to progress your application for appointment as a Second Opinion Appointed Doctor.

(List missing information)

I regret that your application cannot be progressed at this time in the absence of the information required. Can I ask that you please review this as a priority matter and advise me if you wish to progress the application.

Yours sincerely

**Dr Lourda Geoghegan  
Appointment Panel Chair**

## **APPENDIX F –L5 Letter of Appointment**

### **TEMPLATE**

Our ref: L5/LG/admin initials

(Date)

[Name and professional address of medical practitioner]

Dear (Name of medical practitioner)

I am writing to inform you that you have been appointed as a Second Opinion Appointed Doctor for a period (duration to be inserted as appropriate).

As a Second Opinion Appointed Doctor you are required to adhere to your responsibilities under the Mental Health (Northern Ireland) Order 1986 including:

- Signing all prescribed forms, for which you are authorised, in relation to the legal detention and treatment of patients;
- Completion of relevant forms in respect of providing a second opinion regarding administration of ECT or psycho-surgery;
- Providing as required reports for a court under Part III of the Mental Health (Northern Ireland) Order 1986;
- Informing RQIA of any change to the details you have submitted e.g. change of employer or if you wish to be removed from the list of Second Opinion Appointed Doctors.

Your certificate of appointment is enclosed.

Yours sincerely

**Dr Lourda Geoghegan**  
**Appointment Panel Chair**

## APPENDIX G –L5a - Certificate of Appointment

### TEMPLATE

<div><div>The Regulation and Quality Improvement Authority</div></div> <div><h2>Certificate of Appointment</h2><p>To the List of Second Opinion Appointed Doctors</p><p>This certificate of appointment relates only to person named below and cannot be transferred to another person.</p><p>The Regulation and Quality Improvement Authority 9th Floor, Riverside Tower, 5 Lanyon Place, BELFAST, BT1 3BT, Northern Ireland Tel: 028 95 361847    web: <a href="http://www.rqia.org.uk">www.rqia.org.uk</a>    Email: <a href="mailto:Part11@rqia.org.uk">Part11@rqia.org.uk</a> Established under The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003</p><div><p>The person named below has been added to the RQIA list of Part IV Medical Practitioners for the period from:</p><table><tr><td>From: xxx</td><td>To: xxx</td></tr><tr><td>Name: xxx</td><td>GMC Ref No.: xxx</td></tr></table><p>Signed on behalf of RQIA: _____ Chair of RQIA Appointment Panel</p><p>Date: _____</p><p><i>Sealed with the official seal of The Regulation and Quality Improvement Authority</i></p></div></div>	From: xxx	To: xxx	Name: xxx	GMC Ref No.: xxx
From: xxx	To: xxx			
Name: xxx	GMC Ref No.: xxx			

## **APPENDIX H – L3– Letter of Non Appointment and Representation Proforma**

### **TEMPLATE**

Our ref: L3/LG/admin initials

### **PRIVATE AND CONFIDENTIAL**

(Date)

[Name and address of Medical Practitioner]

Dear (Name of Medical Practitioner)

RQIA's Appointment Panel met on (insert date of panel meeting) to consider your application for appointment as a Second Opinion Appointed Doctor.

I regret to inform you that based on the information available the Appointment Panel has not approved this appointment.

Should you wish to make representation to RQIA regarding this decision you can do so by using the attached proforma which should be received at RQIA by (insert date – 28 calendar days).

Yours sincerely

**Dr Lourda Geoghegan  
Appointment Panel Chair**



**APPENDIX I – L4 Proforma Letter of Representation – Non Appointment  
TEMPLATE**

Our ref:        LG/L4/SOAD - Proforma

(Date)

Appointment Panel Chair  
Regulation and Quality Improvement Authority  
9<sup>th</sup> Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

Dear (RQIA Board Chair)

**Decision by RQIA Appointment Panel not to ratify Appointment as a  
Second Opinion Appointed Doctor**

I wish to make representation in respect of the decision made by the  
Appointment Panel on (insert date) regarding my non-appointment as a  
Second Opinion Appointed Doctor.

I make my representation on the following matters:

-----  
-----  
-----

I would be grateful if you could acknowledge receipt of my letter and inform  
me of the outcome of your decision within 28 calendar days of the receipt of  
this letter.

Yours sincerely

Signed (Medical Practitioner)

## RQIA Board Meeting

Date of Meeting	26 September 2019
Title of Paper	Chief Executive's Update
Agenda Item	8
Reference	F/09/19
Author	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of the paper is to update the Board on strategic issues which the Chief Executive and EMT has been dealing with since the Board meeting on 4 July 2019 and to advise Board members of other key developments or issues.
Executive Summary	This paper provides an update to the Board of the key developments for RQIA since the last Board meeting.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should <b>NOTE</b> the Chief Executive's Update.
Next steps	A further update will be provided at the November meeting.

## **BUSINESS SUPPORT UNIT**

### **Media Interest**

During the summer months there has been ongoing print, broadcast and online media interest in RQIA's activities. Enforcement action at a number of services across Northern Ireland continued to attract coverage in both the daily and weekly newspapers.

There were a number of actions which resulted in significant coverage, including broadcast interviews in each case. These were: the improvement notice issued to the Western Trust in relation to the recognition and management of adverse incidents and near misses in its adult mental health and learning disability services; improvement notices issued to the Belfast Trust in relation to the staffing arrangements, management of patient finances and safeguarding arrangements at Muckamore Abbey Hospital; and imposing five conditions on the registration of Owen Mor Care Centre, a nursing home in Derry, with immediate effect through an application to a lay magistrate.

Given the media focus on services subject to enforcement, to assure the public we submitted a platform article to newspapers in Co Tyrone on the breadth of our work. This aimed to put our enforcement actions in context, with of the majority of services operating broadly in line with regulations and a smaller number receiving no requirements and recommendations at their most recent inspection. We also encouraged the public to contact us about their real-life experiences of services - both positive and challenging.

### **Political Engagement**

Given the public attention on the situation at Muckamore Abbey Hospital, we contacted representatives of the main political parties on the day we issued our enforcement notices to explain our rationale and context for our enforcement action, and assurance on our ongoing oversight at this service.

### **Complaints**

During July and August we received four complaints. Two were addressed at local resolution stage and two are being managed in line with our complaints policy and procedures.

### **Chief Executive Key Meetings**

20 June –Prisoner Ombudsman  
20 June - Year End Accountability - R Pengelly  
21 June - Meet with Kevin Mitchell & Peter McLeod Scotland  
25 June - National Preventative Mechanism (NPM) workshop  
26 June - Permanent Secretary Neurology Recall Assurance Group  
1 July - HSCQI Leadership Alliance  
29 July - RQIA/DOH Liaison meeting  
30 July – Prisoner Ombudsman  
1 August - Regulator Meeting with Four Seasons Health Care (FSHC)  
22 August - Meeting with IHCP

## **Inquiry into Hyponatraemia-Related Deaths (IHRD)**

The Working Group for IHRD Workstream 9 will meet on 27 September 2019.

### **Legal Action**

We have received confirmation of our liability in the settlement in the case of Kathleen Fegan (deceased). We are liaising with DLS to determine if we will cover this cost from our baseline budget or if it will be funded centrally.

### **Finance**

DoH recently requested urgent input into a review of its financial position. RQIA did not declare any pressures at this point and a small underspend in respect of vacant posts. We have accounted for a 1% pay uplift in our budget forecast.

### **EU Exit**

Arm's Length Bodies have been asked to provide an update to their boards in respect of any issues likely to arise from the UK's exit from the EU.

I have attended the Department's planning meetings over the last year. There are three key areas of focus:

- Staff;
- Supplies; and
- Information sharing with EU member states.

As RQIA does not deliver frontline care the issue of medical supplies is not relevant. Similarly, there is no risk to RQIA in terms of staff working on this side of the border and living on the other. BSO ran a campaign to encourage all relevant HSC staff to apply for UK residency earlier in the year and RQIA was included in these communications.

We do not have any information sharing agreements in place with EU member states.

The organisational risk to RQIA is therefore minimal. The Common Travel Area has been confirmed as remaining in place after EU Exit and disruption to travel in the border region is expected to be minimal. In the unlikely event of other disruption we will resort to our business continuity arrangements.

I have sought advice from DoH in respect any guidance to be followed should EU Exit lead directly to a deterioration in standards in the services we inspect and review – for example in the availability of medicines, other supplies or staff resources. The initial response is that all services should be operating business as usual and there is no "tolerance" to be applied should they cite EU Exit as a reason for failure to meet the required standards.

We will be mindful of the potential of impact and will monitor this through our consideration of governance under the well-led domain.

## **ASSURANCE DIRECTORATE**

### **Care Homes Team**

#### **RADaR (Risk Adjusted Dynamic and Responsive)**

The RADaR project team is meeting on 27 September 2019 to progress the issues from the May Workshop such as the development of a risk matrix for pharmacy / estates / finance and the roll out of the tool across the other service areas. It has been agreed that this will commence in the Children's team

#### **Four Seasons Health Care**

I remain in regular contact with Four Seasons Health Care, HSCB, DoH and Trusts in relation to the pending sale of the group. The Director and Deputy Director of Assurance and I visited the FSHC senior management team to discuss the proposed sale in August.

### **Day Care, Agencies, Estates, Finance & Pharmacy**

#### **Domiciliary Care**

The easy read project is completed effective from the end of September 2019. The aim of these reports is to describe the outcomes of RQIA inspections to people with an intellectual disability or cognitive impairment in an accessible format using simple words, large print and straightforward pictures. The team have produced and issued 31 reports to date from April 2019. A questionnaire will be forwarded to the services in early October 2019, to ask for service users comments on their report and seek their view on anything they would like changed. An end report will then be produced which will be shared when completed. A draft guidance document has also been produced to support other RQIA regulation teams in the preparation of easy read inspection reports.

We have engaged with the HSC Board social care leads in relation to the Shared Lives project. Shared Lives is the new term for Adult Placement agencies and schemes are regulated by RQIA in accordance with the Adult Placement Agencies Regulations (Northern Ireland), 2007.

### **Children's Services**

#### **Unregistered Facilities Accommodating Young People**

RQIA and DoH are due to meet in relation to a number of matters including the Jointly Commissioned Projects 16+ inspections on 23 September 2019.

#### **Monthly Monitoring Reports**

In August the team worked in detail with one trust to improve the compliance and effectiveness of the monthly monitoring reports which are required under legislation. A workshop with the monitoring officers for all registered providers has been booked for 19 September 2019 where learning from this exercise will be shared regionally. . The Children's Team will give feedback on findings and focus on how the sector can improve the quality of the reporting.

We are currently planning improvement workshops for children's service providers.

**Engagement with young people**

We are engaging with trusts and VOYPIC to arrange engagement sessions with young people living in the Children's Homes. The sessions will set out the purpose of the inspection and role of the inspector. It is hoped these sessions will establish a group of young people who would be willing to co-produce child friendly inspection documents such as questionnaires. The consultations also have the potential to generate interest in the apprenticeship opportunity that has been deferred until 2020.

**Registration of Children's Homes**

We have noted an increase in the registration of new children's homes. Two new providers have opened homes and four trusts have submitted applications and variations to increase the size of their existing homes or register new homes. The trend appears to be for smaller homes.

Name of Service	Type of enforcement	Date of Issue	Compliance required by
Owen Mor Care Centre Nursing Home, Derry	4 x FTC 5 x COR	15 May 2019 16 August 2019	Ongoing
Ringdufferin Nursing Home, Killyleagh (Ms B McKay)	4 x FTC	25 June 2019	25 September 2019
Rockfield Care (Nursing) Home, Newry (Mrs Briege Agnes Kelly)	3 x FTC	9 July 2019	9 October 2019
Valley Nursing Home, Clogher (Valley Nursing Home (MPA) Ltd)	7 x FTC	15 July 2019	20 September 2019
Western HSC Trust (Dr A Kilgallen)	1 x IN	22 July 2019	22 October 2019
Valley Nursing Home, Clogher (Valley Nursing Home (MPA) Ltd)	1 x NOP	24 July 2019	Ongoing
Brooklands Healthcare Londonderry (Nursing Home) (Brooklands Healthcare Ltd)	2 x FTC	12 August 2019	14 October 2019:
Strabane & District Caring Services (Domiciliary Care Agency) (Mr G M Harkin)	1 x FTC	13 August 2019	14 October 2019:
Muckamore Abbey Hospital (Belfast HSC Trust)(Mr M Dillon)	3 x IN	16 August 2019	16 November 2019
Knockmoyle Lodge (Nursing Home), Omagh (Mrs Linda Florence Beckett)	4 x FTC	20 August 2019	17 October 2019
Three Rivers Care Centre, Nursing Home, Omagh (Zest Care Homes Ltd)	1 x FTC	27 August 2019	28 October 2019
Three Rivers Residential Care Home, Omagh (Zest Care Homes Ltd)	1 x FTC	27 August 2019	28 October 2019
Wood Lodge Nursing Home, Castlewellan (G&M Lodge Care Ltd)	1 x NOP	13 September 2019	10 October 2019

## **IMPROVEMENT DIRECTORATE**

### **Healthcare Inspections**

#### **Northern Ireland Ambulance Service (NIAS)**

Unannounced follow-up inspections were carried out 29 and 30 July to assess compliance with the Improvement Notice issued on 21 December 2018. We visited a range of stations from each division as well as NIAS Headquarters. It was determined that the Trust has not achieved compliance with the areas for improvement outlined in the Notice. The Trust was subsequently invited to attend a Serious Concerns Meeting on 11 September.

#### **Acute Hospitals – Unannounced Inspection Programme (HIP)**

We continue to work collaboratively with the Belfast Trust to progress the areas for improvement identified in the April inspection of the Royal Belfast Hospital for Sick Children.

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

#### **Northern Health and Social Care Trust**

An unannounced inspection of three mental health acute admission wards in Holywell Hospital NHSCT was undertaken in July 2019.

#### **Belfast Health and Social Care Trust**

An unannounced inspection of Ward 4, in the Mental Health Inpatient Unit of the Belfast City Hospital was undertaken in August in response to concerns about an individual patient. We are liaising with the Trust to ensure that the care provided is appropriate to the person's needs.

Three Improvement Notices in relation to adult safeguarding, staffing and management of patient finances were issued on 16 August to the BHSCT in relation to Muckamore Abbey Hospital. Compliance is required by 16 November.

#### **Western Health and Social Care Trust**

One Improvement Notice relating to the governance arrangements in place to support incident management in the acute mental health wards in Gransha and the Tyrone and Fermanagh sites was issued on 22 July. Compliance is required by 22 October.

#### **Audit Mental Health (Northern Ireland) Order 1986 FORM 10**

We have commenced some improvement work in respect of receipt and oversight of Form 10s, received under the Mental Health Order 1986. These forms are used to authorise hospital detention for care and treatment under the MHO.

#### **International Atomic Energy Agency (IAEA)**

The International Atomic Energy Agency (IAEA) will be carrying out an Integrated Regulatory Review Service Mission in the UK during October 2019. In preparation for this a UK wide self-assessment has been completed and coordinated by the Office for Nuclear Regulation (ONR). We attended a workshop facilitated by ONR in August. At this workshop the ONR outlined the various stages where EU member



states can interface with the IAEA and provide comment on IAEA standards which are under development or review.

We are attending the pre-mission meeting ahead of the IRRS mission in early October; and the mission will commence in mid-October. The IAEA will not be visiting Northern Ireland as part of the mission however RQIA will liaise with them in October and provide supporting evidence in relation to the submitted self-assessment.

## **Reviews**

Three reports are scheduled for publication in September. These are the reviews of Developing Better Eyecare partnerships, emergency mental health care provision and general paediatric surgery.

### **I. Expert review of clinical case notes of patients of Dr X who have died in the previous 10 years**

We continue to progress preparatory work for this sensitive and complex review. We have identified affiliates for the various organisations, have had several meetings with stakeholder organisation and are finalising our Legal Framework in respect of receiving patient records. An Information sub group is meeting to identify the cohort of deceased patients. We are currently identifying potential experts for our Review Panel(s).

### **II. Review of governance (corporate and clinical) relating to health services delivered by independent sector hospitals in Northern Ireland**

This review has recently completed fieldwork, and draft report will be prepared by November. The outputs of the fieldwork are currently being analysed.

### **III. Review of Serious Adverse Incidents (SAIs)**

This review is currently in fieldwork with plans for meetings with staff and senior managers to take place during November / December. Plans for patient engagement with patients / families are currently being finalised.

### **IV. Review of Vulnerable Prisoners**

Preparatory work to support this review has commenced. The review will include all prisons and is aiming to complete by March 2020.

## **Audit, Guidelines and Quality Improvement (QI) Prototypes**

### **Programme 2018/2019**

- Two projects (1 x audit, 1 x QI) completed and uploaded onto RQIA website.
- Three projects (2 x audit, 1 x QI) are awaiting final comments before final proof and upload to RQIA website.
- One Guideline "Planning to Birth at Home in Northern Ireland" will be published to coincide with a planned event which the Chief Nursing Officer will host in November.

### **Programme 2019/2020**

- Three audit projects (relating to re-audit of medicines reconciliation of the Immediate Discharge Document; red flag referrals to BHSCT Dentistry; Stroke Network Regional TIA re-audit) are at data analysis stage and one (relating to audit of guideline for admissions to MLU units) is at data collecting stage.

- Work on two QI prototypes (development of patient information leaflets and departmental cancer handbook and self-sampling to decrease the DNA rate in people referred to colposcopy or on follow up for cervical abnormalities) has commenced.

## RQIA Board Meeting

<b>Date of Meeting</b>	26 September 2019
<b>Title of Paper</b>	2018-19 Annual Progress Report on Section 75 of the NI Act and Section 49a of the Disability Discrimination Order for The Regulation and Quality Improvement Authority
<b>Agenda Item</b>	9
<b>Reference</b>	G/09/19
<b>Author</b>	BSO Equality Unit / RQIA Executive Management Team/ Malachy Finnegan
<b>Presented by</b>	Olive Macleod
<b>Purpose</b>	The purpose of this report is to satisfy the Board, and subsequently the Equality Commission that RQIA is compliant with the duties outlined in Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006.
<b>Executive Summary</b>	<p>The attached report provides an overview of how RQIA has delivered its obligations and duties under Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006. The report is structured as follows:</p> <ul style="list-style-type: none"> <li>• Chapters 1, 2 and Appendix: Public Authority Statutory Equality, Good Relations and Disability Duties – Annual Progress Report 2018-19</li> <li>• Chapter 3: RQIA Equality Action Plan Progress Report 2018-19</li> <li>• Chapter 4: RQIA Disability Action Plan Progress Report 2018-19</li> <li>• Chapter 5: RQIA Equality and Human Rights Screening Report 2018-19</li> <li>• Chapter 6: RQIA Mitigation Report 2018-19</li> </ul> <p>The report provides an overview of RQIA's activities and actions that result in positive outcomes for the Section 75 groups. RQIA's annual progress report was submitted to the Equality Commission on 30 August 2019 in line with its requirements.</p>

FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	The Board is asked to <b>NOTE</b> this Report.
Next steps	N/A

## Public Authority Statutory Equality, Good Relations and Disability Duties - Annual Progress Report 2018-19

### Contact:

<ul style="list-style-type: none"> <li>Section 75 of the NI Act 1998 and Equality Scheme</li> </ul>	<p>Name: Malachy Finnegan</p> <p>Telephone: 028 9536 1921</p> <p>Email: malachy.finnegan@rqia.org.uk</p>
<ul style="list-style-type: none"> <li>Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan</li> </ul>	<p>As above</p> <p>Name:</p> <p>Telephone:</p> <p>Email:</p>

Documents published relating to our Equality Scheme can be found at:  
[www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/corporate-documents/](http://www.rqia.org.uk/who-we-are/corporate-documents-(1)/corporate-documents/)

### (ECNI Q28)

Our Equality Scheme is due to be reviewed by April 2021.

### Signature:



Olive Macleod, Chief Executive

**This report has been prepared adapting a template circulated by the Equality Commission.**

**It presents our progress in fulfilling our statutory equality and disability duties.**

**This report reflects progress made between April 2018 and March 2019**

## Contents

<b>Chapter</b>	<b>Page</b>
1. Summary Quantitative Report	<b>3</b>
2. Section 75 Progress Report	<b>6</b>
3. Equality Action Plan Progress Report <b>(ECNI Q2)</b>	<b>17</b>
4. Disability Action Plan Progress Report	<b>25</b>
5. Screening Report <b>(ECNI Q18)</b>	<b>33</b>
6. Mitigation Report <b>(ECNI Q1,3,3a,3b)</b>	<b>35</b>
Appendix – Further Explanatory Notes <b>(ECNI Q10,13,14,20)</b>	<b>15</b>

# Chapter 1 Summary Quantitative Report

(ECNI Q15,16,19)

## Screening, EQIAs and Consultation

1. Number of policies screened (as recorded in screening reports). (see also Chapter 5)	Screened in	Screened out with mitigation	Screened out without mitigation	Screening decision reviewed following concerns raised by consultees
	0	2	0	0
2. Number of policies subjected to Equality Impact Assessment.	0			
3. Indicate the stage of progress of each EQIA.	<b>Title</b> <b>N/A</b>		<b>Stage</b>	

4. Number of policy consultations conducted	0
5. Number of policy consultations conducted with screening presented.	0

**(ECNI Q24)****Training**

6. Staff training undertaken during 2018-19. (See also Chapter 2, Q6)

<b>Course</b>	<b>Staff Trained</b>	<b>Board Members Trained</b>
Disability Placement Scheme Training	2	0
<b>Total</b>	<b>2</b>	<b>0</b>

eLearning: Discovering Diversity

Module 1 to 4 – Diversity	9
Module 5 – Disability	9
Module 6 – Cultural Competencies	9

eLearning: Making a Difference:

Part 1 – All Staff	76
Part 2 – Line Managers	14

**(ECNI Q27)**  
**Complaints**

7. Number of complaints in relation to the Equality Scheme received during 2018-19

0
---

Please provide detail of any complaints:

Not applicable
----------------



**(ECNI Q7)**

**Equality Action Plan (see also Chapter 3)**

8. Within the 2018-19 reporting period, please indicate the number of:

Actions completed:	<input type="text" value="2"/>	Actions ongoing:	<input type="text" value="4"/>	Actions to commence:	<input type="text" value="1"/>
--------------------	--------------------------------	------------------	--------------------------------	----------------------	--------------------------------

**(ECNI Part B Q1)**

**Disability Action Plan (see also Chapter 4)**

1. Within the 2018-19 reporting period, please indicate the number of:

Actions completed:	<input type="text" value="4"/>	Actions ongoing:	<input type="text" value="0"/>	Actions to commence:	<input type="text" value="1"/>
--------------------	--------------------------------	------------------	--------------------------------	----------------------	--------------------------------

## Chapter 2    Section 75 Progress Report

(ECNI Q1,3,3a,3b,23)

1. In 2018-19, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved. Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

Table 1 below outlines progress to better promote equality of opportunity and good relations<sup>i</sup>.

**Table 1:**

	<b>Outline new developments or changes in policies or practices and the difference they have made for specific equality groupings.</b>
Persons of different religious belief	<ul style="list-style-type: none"> <li>• Alongside the BSO Procurement and Logistics Service, we took action to proactively promote equality of opportunity with regards to our contracts with recruitment agencies. Together with our HSC partners, we included in the most recent tender specific requirements for bidders to demonstrate how they promote equality with reference to: training their staff; gathering feedback from agency workers; their provisions on making reasonable adjustments for agency workers; and outreach work to attract a diverse range of agency workers. Collection of this monitoring data for all nine equality groupings was audited in 2019. This will enable us in future to monitor the diversity of agency workers placed with us and, where necessary, to engage with recruitment agencies in relation to measures to address under-representation and the user experience of specific equality groupings.</li> <li>• Similarly, we used equality monitoring forms for people who participate in our <b>Disability Placement Scheme</b>, capturing all nine equality groupings. This will enable us to see how diverse the group of people being placed with us are and where necessary work with the provider to take further outreach measures.</li> </ul>
Persons of different political opinion	

Persons of different racial groups	
Persons of different age	<ul style="list-style-type: none"> <li>• In May 2018, RQIA published the findings of our Review of the Governance Arrangements for Child Protection in the HSC in Northern Ireland. We review the implementation of the 28 recommendations from our previous child protection review to assess the effectiveness of current arrangements in Northern Ireland. We found significant progress had been made to support improvement in outcomes for vulnerable children and their families in Northern Ireland. We also found evidence of strong leadership and a committed workforce, and noted some concerns in relation to workload, which includes often complex cases, and the management of unallocated cases. The review team made 14 recommendations to support further improvement in child protection arrangements across the HSC.</li> <li>• We have also commenced reviews of General Paediatric Surgery; Review of Acute Emergency Mental Health; and the Use of Restraint and Seclusion. The outcomes and recommendations from these reviews will be published during 2019-20.</li> <li>• Following the introduction of posters displayed in every care home highlighting RQIA's role in inspecting the service, we introduced calling cards, which our inspectors leave in bedrooms and day rooms, inviting service users and their families to tell us about their personal experiences at the home. This feedback provides RQIA with a unique insight into the care provision and helps us to present a fully rounded view of a service in our inspection reports.</li> </ul>

<p>Persons of different age cont.</p>	<ul style="list-style-type: none"> <li>• During inspections, RQIA inspectors distribute leaflets to support people wishing to raise concerns about a service, explaining the roles and responsibilities of RQIA, HSC trusts and the service provider in simple terms.</li> <li>• In June 2018 RQIA launched its Membership Scheme, inviting the public to join with us to help design and deliver the best ways of sharing the information we gather. The aim of the scheme is to ensure that our inspections and reviews help with the choices service users might have to make and the questions that they should be asking when they receive care.</li> <li>• In March 2019 we held our inaugural Membership Forum where we discussed how we can improve how we involve the public in our work, and improve the accessibility of our information to ensure this can help to support the public when making choices about health and social care services. Going forward we will hold membership focus groups to help shape our inspection reports and improvements to our website.</li> <li>• During 2018-19, RQIA attended the full programme of Age Sector Platform's Pensioners Parliament events across Northern Ireland. At these events we engaged with over 1,000 older people, discussing our role and providing information and advice on how our work supports improvements in health and social care services.</li> </ul>
<p>Persons with different marital status</p>	

Persons of different sexual orientation	<ul style="list-style-type: none"> <li>• The regional Bullying and Harassment policy was developed by HR and colleagues from other regional HSC organisations and HSC trusts. In order to give LGB people more confidence in reporting incidences of conflict, bullying and harassment, sexual orientation is clearly defined in the policy as a protected Equality Group in the definition of Harassment. Moreover, the policy states that Line managers have a specific responsibility in the prevention and resolution of conflict, bullying and harassment.</li> </ul>
Persons of different genders and gender identities	<ul style="list-style-type: none"> <li>• Gender Identity and Expression Employment Policy: The regional Task &amp; Finish group has met a number of times over the last year. RQIA and other regional HSC organisations are represented by senior staff from BSO HR and BSO Equality. The work this year focused on developing checklists for line managers and HR for key aspects of the transition include the handling of information records in relation to transgender and non-binary staff. Work has also included an assessment of the awareness and training needs of staff.</li> </ul>
Persons with and without a disability	<ul style="list-style-type: none"> <li>• In January 2019, RQIA launched a new module for mental health and learning disability services to iConnect - RQIA's inspection information management system. This additional functionality now support our inspectors in monitoring and assessing all activity relating to patients within a mental health/learning disability hospital, including detention details and associated forms, warrants, guardianship, electro-convulsive therapy episodes, patient finances, second opinions (in relation to consent to treatment under Part IV of the Mental Health</li> </ul>

<p>Persons with and without a disability cont.</p>	<p>(Northern Ireland) Order 1986), patient experience reviews and notifications of patients under 18 admitted to adult wards.</p> <ul style="list-style-type: none"> <li>• During 2018-19 RQIA introduced inspections conducted by multidisciplinary teams to mental health settings. The teams, which include peer and lay involvement, inspect hospital sites rather than individual wards. This allows us to assess the governance arrangements to support the provision of care across a hospital, identifying both areas of good practice and issues that require attention by the HSC trust.</li> <li>• During 2018-19 RQIA's care inspectors developed an easy read inspection report which will be introduced for facilities used by those with a learning disability during 2019-20.</li> <li>• This year we held two Disability Awareness Days – one in September 2018 focusing on Multiple Sclerosis (MS), and a second day in February 2019 focusing on Autism. These Awareness Days were highlighted in a series of corporate communications to staff. In addition, the RQIA invited a speaker from the MS Society to RQIA offices at Lanyon Place, Belfast for the MS Awareness Day, and put up an information stand. The RQIA also actively participated in the Autism Awareness Day, with activities including a presentation from a speaker from Autism NI and an information stand for staff. Both events were well attended and feedback from attendees was highly positive.</li> </ul>
<p>Persons with and without dependants</p>	<ul style="list-style-type: none"> <li>• To help support people choosing a care service, we filmed an interview with a member of the public, who spoke about her personal experiences of choosing a care home for a loved one, providing advice and guidance for people finding</li> </ul>

	themselves in a similar position. This interview - Geraldine's Story- is available on RQIA's website: <a href="http://www.rqia.org.uk">www.rqia.org.uk</a> , and on RQIA's YouTube channel.
--	---

**(ECNI Q4,5,6)**

2. During the 2018-19 reporting period

(a) were the Section 75 statutory duties integrated within...?

	Yes/No	Details
Job descriptions	Yes	Our job descriptions include the following: "Staff are required to assist the Authority in fulfilling its statutory duty under Section 75 of the Northern Ireland Act 1998 to provide equality of opportunity and the promotion of good relations. Staff are required to support the authority in complying with its obligations under Human Rights Legislation."
Performance objectives for staff	No	Included in job descriptions as above.

(b) were objectives and targets relating to Section 75 integrated into...?

	Yes/No	Details
Corporate/strategic plans	Yes	Our Corporate Strategy 2017-21 outlines our commitment to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.  In the Strategy we commit to: 1. engage service users and stakeholders in the co-design of our interventions (audit, review, inspection and investigations);



		2. involve service users as part of inspections and reviews; 3. develop and implement a communications and engagement strategy; and, 4. enable and encourage service users and the public to provide the intelligence needed to inform assurance and improvement activity
Annual business plans	Yes	RQIA's Annual Business Plan 2018-19 states that we act to protect the rights of all vulnerable people by taking account of the principles of Human Rights and Equality and by discharging our statutory functions under the Mental Health (Northern Ireland) Order 1986. Within the plan, Strategic Theme 3: Engage and involve service users – states our commitment to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.

**(ECNI Q11,12,17)**

3. Please provide any details and examples of good practice in consultation during the 2018-19 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

No such consultation took place.

**(ECNI Q21,26)**

4. In analysing monitoring information gathered, was any action taken to change/review any policies?

~~Yes / No / Not applicable (delete as appropriate)~~

**(ECNI Q22)**

5. Please provide any details or examples of where the monitoring of policies, during the 2018-19 reporting period, has shown changes to differential/adverse impacts previously assessed:

No such monitoring took place.

**(ECNI Q25)**

6. Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

**(ECNI Q29)**

**Making A Difference training**

The aim of 'Making A Difference' is to show how staff can make a difference to the culture of their organisation by:

- Promoting positive attitudes to diversity
- Ensuring everyone is treated with respect and dignity
- Behaving in a way that is in keeping with HSC values and equality and human rights law.

This e-learning package on equality awareness now forms part of mandatory training for all staff in our organisation. To date, 93 RQIA staff have participated in Making a Difference training.

7. Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? (please provide details)

We anticipate the following areas to be focused upon:

- equality screenings and their timely publication
- undertaking EQIAs as appropriate
- monitoring, including of policies screened.

## **Appendix – Further Explanatory Notes**

### **1 Consultation and Engagement**

#### **(ECNI Q10)**

**targeting** – During the year, where relevant, we took a targeted approach to consultation in addition to issuing an initial notification of consultation. Moreover, we engaged with targeted groups as part of our work preceding formal consultations to inform our consultation documents.

#### **(ECNI Q13)**

##### **awareness raising for consultees on Equality Scheme commitments –**

During the year, in our quarterly screening reports we raised awareness as to our commitments relating to equality screenings and their publication. In any EQIA reports we explained our commitments relating to Equality Impact Assessments. We did the same when we held consultation events, such as in relation to our Equality Action Plan, and in the action plan document itself.

#### **(ECNI Q14)**

**consultation list** – During the year, we reviewed our consultation list every quarter.

### **2 Audit of Information Systems**

#### **(ECNI Q20)**

We completed an audit of information systems at an early stage of our Equality Scheme implementation, in line with our Scheme commitments.

<sup>1</sup> This includes as a result of

- screening / Equality Impact Assessments (EQIAs)
- monitoring
- staff training
- engagement and consultation
- improvements in access to information and services
- implementation of Equality and Disability Action Plans.

In most cases, it is not possible to ascribe developments and changes to one single factor. As mainstreaming progresses and the promotion of equality becomes part of the organisational culture and way of working, the more difficult it becomes to ascribe activities and outcomes to the application of a specific element of Equality Scheme implementation.



9<sup>th</sup> Floor Riverside Tower  
5 Lanyon Place  
Belfast BT1 3BT

[info@rqia.org.uk](mailto:info@rqia.org.uk)  
(028) 9536 1111

---



## **Chapter 3: Equality Action Plan 2018-2023**

### **What we did between April 2018 and March 2019**

Our Equality Action Plan 2018-23 can be found at:

[www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/corporate-documents/](http://www.rqia.org.uk/who-we-are/corporate-documents-(1)/corporate-documents/)

If you need this document in another format please get in touch with us. Our contact details are at the back of this document.

## Equality Action Plan 2018-2023:

### What we will do to promote equality and good relations

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
1. Promote information for staff who are carers on available policies and measures that might meet their needs; including sign- posting to relevant support organisations.	Staff who are carers feel more supported in the workplace and aware of options available to them	Sickness absence of carers reduced.  Retention of staff who are carers.	BSO HR with support by Equality Unit  2018/19
<p><b>What we did over the last year</b></p> <p>To date, the Equality Unit in BSO, alongside members of our Disability Staff Network, and colleagues within BSO and other HSC organisations, have developed a leaflet to provide information to staff who are carers. This leaflet highlights the policies and support offered by HSC Regional Organisations, and also signposts staff to different local sources of help in each HSC Trust area. Details are also provided on counselling and advice services. The leaflet will be included in the Tapestry website, and forwarded to staff through a series of corporate communications.</p> <p>The Equality Unit are also planning a regional HSC staff survey and interviews to explore and highlight different issues for carers within the forthcoming year.</p> <p><b>ONGOING</b></p>			

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
3. Making a Difference – e-learning <ul style="list-style-type: none"> <li>• Add module to suite of mandatory training for all staff</li> <li>• Deliver on training targets</li> </ul>	Increased staff awareness of equality and human rights.	Making a Difference e-learning included in mandatory training for staff  100% staff have completed the e-learning module	BSO HR with support by Equality Unit  Annually
<b>What we did over the last year</b>  Making A Difference e-learning has been rolled out, and is replacing the Discovering Diversity e-learning training package. We have made it mandatory for all our staff to complete the module. To date, a total of 93 RQIA staff have completed the Making A Difference Training.			
<b>COMPLETED</b>			
5. Review and equality screen guidance relating to Inspection of Domiciliary Care Agencies.	S75 has been considered in the Inspection process, resulting in improved outcomes for service users.	Screening Templates and Revised Guidance published	2018-19
<b>What we did over the last year</b>  We have a series of targets to review and equality screen inspection guidance for a range of services over the 2018-23 period. During 2018-19 we commenced a project to review our inspection methodology, so we have put the development of associated guidance on hold until the conclusion of this review.			
<b>ONGOING</b>			

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
<p>13. Accessible Information and Communications - ensure checks for accessibility of information are built into all inspection procedures/provider guidance/audit tools in accordance with:</p> <ul style="list-style-type: none"> <li>• BHSCT Making Communication Accessible (Disability)</li> <li>• Accessible Formats Policy (Language and Disability accessibility)</li> <li>• Corporate Style Guide</li> </ul>	<p>Better access to information for service users</p>	<p>Evidence of checks in inspection reports through the process of audit</p>	<p>2018-19 and ongoing</p>
<p><b>What we did over the last year</b></p> <p>Our inspection reports are reviewed by peers and managers to ensure compliance with RQIA's Style Guidance and associated policies and guidelines. To ensure service users have better access to RQIA's inspection findings, during 2018-19 we developed an easy read inspection report format for facilities used by those with a learning difficulty. This will be introduced during 2019-20. We have also upgraded the 'Browsealoud' facility on RQIA's website, which gives every visitors a better experience, reducing barriers between its content and our audiences. This software adds speech, reading, and translation facilities allowing access and participation for people with dyslexia, low literacy, English as a second language, and those with mild visual impairments.</p> <p><b>COMPLETED</b></p>			



Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
14. RQIA will collaborate with NIGALA and PCC to explore ways to improve feedback from children and young people about the quality of services they receive. NIGALA will develop a website to facilitate this with links to PCC and RQIA information.	Improved engagement with children and young people.	Website operational and collation of feedback from children and young people about the quality of services they receive.	2018-19 and ongoing
<b>What we did over the last year</b>  This has not been actioned, and this action will be carried over into next year.  <b>OUTSTANDING</b>			

15. Ensure that all our public engagement events include consideration of S75 in the organising of the events and in the information/questions asked at the events as appropriate.	Engagement events are more inclusive.	Evaluation of events indicates that needs have been met.	2018-19 and ongoing
--	---------------------------------------	--	---------------------

#### **What we did over the last year**

In planning engagement events we ensure that accessibility arrangements are considered in relation to access to the venue and arrangements at the events to allow full participation from all attendees.

#### **ONGOING**

<b>Action Point</b>	<b>Intended Outcome</b>	<b>Performance Indicator and Target</b>	<b>By Whom/ When</b>
16. In the appointment of new lay assessors <ul style="list-style-type: none"> <li>include a welcoming statement for people with disabilities</li> <li>send advertisement to disability organisations</li> </ul>	People with disabilities are more involved in public life.	Numbers of additional lay assessors with a disability.	2018-19 and ongoing

### **What we did over the last year**

During 2018-19 RQIA commenced a review of tools to support lay assessor involvement in inspection. Following piloting with current lay assessors, RQIA will seek to recruit a new cohort of lay assessors, including those with a disability.

**ONGOING**

### **Conclusions**

- We completed **two** actions (Numbers 3, and 13)
- **Four** actions are ongoing (Numbers 1, 5, 15, and 16)
- **One** of our actions has not been started (Number 14)
- All of the actions in our action plan are at regional and at local level.



9<sup>th</sup> Floor Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

[info@rqia.org.uk](mailto:info@rqia.org.uk)  
(028) 9536 1111

## **Chapter 4: Disability Action Plan 2018-2023**

### **What we did between April 2018 and March 2019**

Our Disability Action Plan 2018-23 can be found:

[www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/corporate-documents/](http://www.rqia.org.uk/who-we-are/corporate-documents-(1)/corporate-documents/)

If you need this document in another format please get in touch with us. Our contact details are at the back of this document.

## Disability Action Plan 2018-2023: What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
1. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day)	Increased staff awareness of the range of disabilities and needs	Two annual awareness days profiled >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days	RQIA Annually
<p><b>What we did over the last year</b></p> <p>This year we held two Disability Awareness Days – one in September 2018 focusing on Multiple Sclerosis (MS), and in February 2019 on Autism. These Awareness Days were highlighted in a series of corporate communications to staff. Staff were also emailed with information about MS and autism, as well as details of speakers and information stands in different HSC organisations. Staff also received an electronic version of the Disability Insight bulletin, which highlights different ways staff can support colleagues with the disability, and signposts staff to further sources of support and information.</p> <p>In addition to the above, the RQIA actively participated in both awareness days. As part of the MS Awareness Day, a speaker from the MS Society gave a presentation (with opportunities for staff to ask questions) in the RQIA offices at Lanyon Place, Belfast. An information stand for staff was also put up in the Belfast offices of RQIA. Similarly, activities organised for the Autism Awareness Day included a presentation made by from a speaker from Autism NI and an information stand for staff in the RQIA offices.</p> <p>The Disability Awareness Days were evaluated using a staff survey issued to all regional HSC organisations. Evaluation results suggest that the HSC Awareness Days do improve staff knowledge about disabilities: 84% of those who were aware of the MS Day said that it had improved their knowledge of the condition and 67% of staff knew more about autism.</p> <p><b>COMPLETED</b></p>			

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
2. Create and promote meaningful placement opportunities for people with disabilities in line with good practice and making use of voluntary expertise in this area.	People with a disability gain meaningful work experience	1 placement offered per year.  Feedback through annual evaluation of scheme indicates that placement meets expectations	RQIA with support by BSO Equality Unit Annually

### What we did over the last year

- The Disability Placement Scheme is facilitated jointly by the Equality in BSO and Supported Employment Solutions (a consortium of 7 voluntary sector organisations), and each participant had an assigned Placement Manager (from one of the organisations above) and an Employment Support Officer (from a voluntary sector organisation).
- By the end of May 2018, 12 participants completed their 26-week placement (from 1<sup>st</sup> December 2017 to 31<sup>st</sup> May 2018). Of these, 1 was placed in the RQIA
- “How to get that Job” training is also delivered to participants on the disability placement scheme. This provides participants with information and skills to apply for jobs. The training also includes a mock interview to allow participants to develop interview skills. Participants will become eligible to apply for internal jobs from 1<sup>st</sup> April and this training also helps participants to prepare for the process.
- Evaluation of the scheme via a series of focus groups with participants, placement managers, and support officers found that most of those who took part were happy with the scheme. Participants reported that the scheme had given them more confidence, and had improved their skills set, particularly with regards to social and communication skills.

**COMPLETED**

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
3. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	<p>Staff with a disability feel more confident that their voice is heard in decision-making.</p> <p>Staff with a disability feel better supported.</p>	Tapestry staff survey in 2022-23	<p>RQIA</p> <p>Annually</p>
<p><b>What we did over the last year</b></p> <p>RQIA works alongside the other regional HSC organisations to promote and maintain an effective staff disability forum. Tapestry meets on a quarterly basis, and is promoted in a number of different ways. Any equality training that is provided by the Equality Unit highlights Tapestry, and details are given of forthcoming meetings, and the Tapestry website is publicised. Also, reminders of forthcoming meetings are emailed to all regional HSC organisations, and sent out as corporate communications, which also encourages new members to join. Tapestry penguin stands are taken to any outside corporate events (e.g. BSO Values Awards, Disability Placement Scheme opening and closing events etc.)</p> <p><b>COMPLETED</b></p>			



Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
<p><b>4.</b> Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and providing guidance to staff on the importance of monitoring.</p> <p>Prompt staff to keep up to date their personal equality monitoring records (via self-service on new Human Resources IT system)</p>	<p>More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.</p>	<p>Increase in completion of disability monitoring information by staff to 90%</p> <p>Prompt issued to staff on a regular basis.</p>	<p>BSO HR with support by Equality Unit</p> <p>Annually</p>
<p><b>What we did over the last year</b></p> <p>Staff completion of disability monitoring data has been impeded by an on-going issue with HRPTS (the HSC human resources, pay and travel portal). This action has not been completed and will be carried forward into next year.</p> <p><b>OUTSTANDING</b></p>			

<p>5. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on disability equality and disability legislation.</p>	<p>Increased staff and Board Member awareness of the range of disabilities and needs.</p>	<p>All staff trained (general and bespoke) within 2 years through eLearning or interactive sessions and staff awareness initiatives delivered</p>	<p>RQIA</p> <p>Annually</p>
--	---	---	-----------------------------

### What we did over the last year

People with disabilities and voluntary organisations were involved alongside BSO equality unit staff in the development of our new e-learning Making A Difference. The training includes a number of scenarios that involve people with a disability and asks staff to think through how best to support the individuals, as well as giving information on disability legislation. Making A Difference e-learning has been rolled out, and we have made it mandatory for all our staff to complete the module once every two years. To date, 93 RQIA staff have completed the Making A Difference Training.

**COMPLETED**

## **(5) Additional Measures**

- We always include Disability on our list of things to talk about at our quarterly Equality Forum with our partner organisations.
- We report on progress against our Disability Action Plan to our Board and Senior Management Team (the people at the top of our organisation) every year.

## **(6) Encourage Others**

- We include questions relating to the two duties in our equality and human rights screening form. The screening form is completed for all policies and decisions. This includes work that other organisations will do for us, for example, contracts that we have with voluntary sector organisations for health and wellbeing promotion work.

## **(7) Monitoring**

- During the year, we spoke to three groups of people involved in our work placement scheme, together with our Health and Social Care partner organisations. These are the people who were on a placement with us, their Employment Support Officers and their Placement Managers. From these focus groups we evaluate how the scheme went this year. It also helps us to make changes to the scheme where we need to. Also, we asked all participants to complete an equality monitoring form. We want to see whether we are successful at offering placement opportunities to a diverse range of people and, if not, which groups we want the provider to reach out to specifically.

## **(8) Revisions**

- We have made no revisions to our plans this year.

## **(9) Conclusions**

- We completed **four** actions (Numbers 1, 2, 3, and 5)
- We didn't do what we said we would do for **one** action (Number 4)
- All of the actions in our action plan are at regional and at local level.
- Our action plan is a live document. If we make any big changes to our plan we will involve people with a disability. We will tell the Equality Commission about any changes.



9<sup>th</sup> Floor Riverside Tower  
5 Lanyon Place  
Belfast BT1 3BT

[info@rqia.org.uk](mailto:info@rqia.org.uk)  
(028) 9536 1111



## **Chapter 5: Equality and Human Rights Screening Report 2018 –19**

Key	
*1	'screened in' for equality impact assessment (EQIA)
2	'screened out' with mitigation
3	'screened out' without mitigation

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
<b>RQIA</b>	Family Pack	The document provides guidance to managers and employees in relation to family leave arrangements including the roles and responsibilities of all parties. The document is designed to ensure consistency of approach across BSO.	Nov-18	2
<b>RQIA</b>	Leave Pack	The document provides guidance to managers and employees in relation to leave arrangements including the roles and responsibilities of all parties. The document is designed to ensure consistency of approach across RQIA.	Nov-18	2

No concerns were raised by consultees on screening published in 2018-19.



## **Chapter 6: Equality and Human Rights Mitigation Report 2018 –19**

## Family pack

In developing the policy or decision what did you do or change to address the equality issues you identified?	What do you intend to do in future to address the equality issues you identified?
<p><b><u>Gender – Maternity Leave</u></b></p> <p>RQIA has incorporated other policies in this Pack to include males and females i.e. Adoption Leave, Paternity Leave and Shared Parental Leave.</p> <p><b><u>Gender and Sexual Orientation – Adoption Leave</u></b></p> <p>Whilst the policy refers to paternity leave, the same provisions are available to all individuals irrespective of sexual orientation and gender following the birth or adoption of a child.</p> <p><b><u>Gender – Shared Parental Leave</u></b></p> <p>Whilst the use of the feminine pronoun has been used in this document, RQIA recognises that in cases of adoption the primary adopter may be male.</p> <p><b><u>Age – Maternity Leave</u></b></p> <p>RQIA will provide reasonable adjustment and time off for any antenatal appointments for expectant mothers.</p>	<ul style="list-style-type: none"> <li>• Policy will be available on the intranet and all new starts will be required to read policies</li> <li>• Policies will be outlined and brought to employees attention at corporate induction</li> <li>• HR will continue to provide advice to managers and employees on equality issues (having sought advice from Equality Unit where applicable)</li> </ul>



### **Disability – Maternity Leave**

RQIA's management is committed to supporting employees who have a disability and ensuring reasonable adjustments are in place.

### **Parental Leave – Gender, Dependents**

Whilst RQIA recognises this issue, decisions will be taken based on business needs. RQIA will make every effort to grant requests for parental leave for staff with a disabled child. RQIA will give particular consideration to meeting the needs of staff who have caring responsibilities where possible.

### **Paternity Leave – Sexual Orientation**

Whilst the policy refers to paternity leave, the same provisions are available to all individuals irrespective of sexual orientation following the birth or adoption of a child.

### **Sexual Orientation – Shared Parental Leave**

Whilst the use of the feminine pronoun has been used in this document, the same provisions are available to all individuals irrespective of sexual orientation following the birth or adoption of a child.

## Leave pack

In developing the policy or decision what did you do or change to address the equality issues you identified?	What do you intend to do in future to address the equality issues you identified?
<p><b>Disability</b></p> <p><b>Special Leave Policy –</b> Attendance at medical/ dental Appointments</p> <p>RQIA's management is committed to supporting employees who have a disability and ensuring reasonable adjustments are in place, including longer appointment times.</p> <p>Moreover, employees can available of other types of leave including flexi-time, time off in lieu and annual leave if required.</p> <p><b>Special Leave Policy- Attendance at Funerals</b></p> <p>Consideration of requests for leave to attend funerals will be on a case-by-case basis, and employees can available of other types of leave including flexi-time, time off in lieu and annual leave if required. RQIA will take into consideration the mode of transport and associated travel times when presented with a request. Staff consulted with did not believe that this</p>	<ul style="list-style-type: none"> <li>• Policy will be available on the intranet and all new starts will be required to read policies</li> <li>• Policies will be outlined and brought to employees attention at corporate induction</li> <li>• Memo will be issued to advise employee of new policy and where to locate it</li> <li>• HR will continue to provide advice to managers and employees on equality issues (having sought advice from Equality Unit where applicable)</li> </ul>

would be a major concern as other types of leave could be used.

### **Flexible Working Policy**

RQIA is committed to supporting employees who have a disability and ensuring reasonable adjustments are in place, including requests for flexible working.

### **Gender & Age**

### **Flexible Working Policy**

Whilst preference will initially be given on the basis of length of service, every effort will be made to facilitate such requests on a rotational basis.

### **Religion**

### **Special Leave Policy**

Consideration of requests for leave to attend funerals will be on a case-by-case basis, and employees can avail of other types of leave including flexi-time, time off in lieu and annual leave if required.

### **Dependents**

### **Special Leave Policy**

RQIA will make every effort to grant requests for carers leave for staff with a disabled child.

### **Flexible Working Policy – part-time working**

<p>Whilst RQIA recognises this issue, decisions will be taken based on business needs and financial circumstances in line with this policy.</p> <p>RQIA will give particular consideration to meeting the needs of staff who have caring responsibilities where possible.</p>	
---	--





9<sup>th</sup> Floor Riverside Tower  
5 Lanyon Place  
Belfast BT1 3BT

[info@rqia.org.uk](mailto:info@rqia.org.uk)  
(028) 9536 1111