

RQIA Board Meeting

Date of Meeting	16 January 2013
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Nov13 / public
Author	Katie Symington
Presented by	Dr Ian Carson
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 14 November 2013.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to APPROVE the minutes of the Board meeting of 14 November 2013.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

PUBLIC SESSION MINUTES

RQIA Board Meeting

Board Room, 9th Floor, Riverside Tower, Belfast

14 November 2013, 1.30pm

Present

Ian Carson (Chairman)
Sarah Havlin
Patricia McCoy
Lindsey Smith
Ruth Laird CBE
Daniel McLarnon
Patricia O'Callaghan
Denis Power
John Jenkins CBE
Una O'Kane

Officers of RQIA present

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

In attendance

Malachy Finnegan (Communications Manager)
Katie Symington (Board and Executive Support
Manager)

Apologies

Geraldine Donaghy
Mary McColgan
Kathy Fodey (Director of Regulation and Nursing)

13.72 **Agenda Item 1 - Welcome and Chairman's remarks**

- 13.72.1 The Chairman welcomed Board members, Officers of the Board and a member of the public to the meeting of the RQIA Board.
- 13.72.2 Apologies were noted from Geraldine Donaghy, Mary McColgan (Board members) and Kathy Fodey, Director of Regulation and Nursing.

13.73 **Agenda Item 2 - Minutes of the meeting of the Board held on Tuesday 3 September 2013 (min/Sept13/public)**

- 13.73.1 The Board **APPROVED** the minutes of the Board meeting held on 3 September 2013. Board members noted the completed actions from the action list. The Chief Executive drew the Boards' attention to items 26 and 27 which are now completed. Confirmation was provided to the Board that the Review of the Risk Register will be undertaken with Board members at the February 2014 Board workshop.

Resolved Actions

Minutes to be formally signed off by the Chairman

13.74 **Agenda Item 3 - Matters arising from minutes**

- 13.74.1 No matters were raised from the minutes of 3 September 2013.

13.75 Agenda Item 4 - Declaration of Interests

- 13.75.1 The Chairman asked Board members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders. No declarations of interests were made.
- 13.75.2 The Chairman asked Board members to advise the Board & Executive Support Manager of any necessary updates to the Register of Interests.

13.76 Agenda Item 5 - Chairman's Report (A/06/13)

- 13.76.1 The Chairman noted the Information Sharing Event for regulatory bodies which took place on 24 October 2013, co-chaired by himself and the Chief Medical Officer. The report from the Information Summit will be shared with Board members.

Confirmation was provided to Board members that a further joint workshop with the Patient and Client Council will be organised after March 2014.

- 13.76.2 The Board **NOTED** the Chairman's Report.

13.77 Agenda Item 6 - Chief Executive's Report (B/06/13)

- 13.77.1 The Chief Executive informed Board members that the name for RQIA's new IT system is i-connect. He congratulated the Director of Corporate Services on proposing the new name and said that it would replace RISCP as the preferred title.
- 13.77.2 The Chief Executive noted the Culture Charter launch in Omagh on 11 November which was attended by 13 members of staff.
- 13.77.3 The Chief Executive noted that a 'Measures of Success' workshop was held in September to consider key performance indicators for the 2014/15 business year. This workshop was facilitated by Dr Pietro Micheli, Warwick Business School. The outcomes of this workshop will be shared with Board members at the December Board workshop.
- 13.77.4 The Chief Executive highlighted to Board members recent inspections of a range of domiciliary care services which identified significant issues around management of service users finances. RQIA participated in a meeting with the relevant stakeholders, convened by Department of Social Development.
- 13.77.5 The Chief Executive informed Board members that following the conclusion of the Coroner's Inquest into the death of Mrs Lynn Lewis, a patient in the Ulster Independent Clinic, a series of enhanced inspections are planned in collaboration with inspectors from the reviews team to take place across all Independent Hospitals, and will include a focus on surgical and theatre practices.

- 13.77.6 The Chief Executive informed Board members that RQIA has responded to the DHSSPS on the draft Minimum Standards for Children's Homes and the draft Minimum Care Standards for Independent Healthcare Establishments.
- 13.77.7 The Chief Executive noted the recent Inspector training, which took place in October and November 2013.
- 13.77.8 Board members were asked to note the update on enforcement activity at Appendix A of the Report.
- 13.77.9 The Chief Executive noted that RQIA has been commissioned by the Minister to carry out two additional reviews:-
- (i) **Cherry Tree Review**
The Review on Cherry Tree Nursing Home of actions taken by organisations in response to whistle-blower and other allegations is underway and is likely to conclude in January 2014.
 - (ii) **Child Sexual Exploitation Inquiry**
The independent Inquiry into Child Sexual Exploitation in Northern Ireland will be led by Kathleen Marshall and will continue throughout 2014.
- The Chief Executive highlighted the reports of inspections of Hydebank Wood Young Offenders Centre and Ash House Women's Prison on 1 October 2013, which were published by Criminal Justice Inspection Northern Ireland.
- 13.77.10 The Chief Executive noted the appointments made to the RQIA List of Part II Medical Practitioners, by the Appointments Panel. The Director of Mental Health, Learning Disability and Social Work noted that the new procedures have been sent to Responsible Officers and a workshop for Part II Medical Practitioners will take place on 6 December. An invitation to attend this workshop was extended to Board members.
- Board members noted that work has begun on the procedures for Part IV Medical Practitioners, which will be brought to the Board for approval.
- 13.77.11 The Chief Executive highlighted to Board members the current financial position which will be discussed within the Finance Report to the Board.
- 13.77.12 The Chief Executive informed Board members of a data security incident, which did not result in a data loss. This incident has been brought to the attention of the Audit Committee. A number of recommendations have been made following this incident and will be reported by the Executive Management Team to the Audit Committee.

- 13.77.13 The Chief Executive informed Board members that no new complaints and 10 whistleblowing disclosures have been received since the last Board meeting.
- Board members were also informed that since 1 September there have been seven new Freedom of Information requests.
- 13.77.14 The Chief Executive highlighted to Board members a 30 per cent increase in visits to the RQIA website over the previous two month period (1 September to 31 October 2013).
- 13.77.15 A Board Member requested that a paper is provided to the Board on the implementation of recommendations, following RQIA Review Reports.
- 13.77.16 Board members commended the Director of Mental Health, Learning Disability and Social Work for the work undertaken by the Mental Health team to complete the LEAN project.
- 13.77.17 **Resolved actions**
A paper on the implementation of RQIA recommendations following Review Reports will be provided to Board members
- 13.77.18 The Board **NOTED** the Chief Executive's report.

13.78 Agenda Item 7 – Finance Report (C/06/13)

- 13.78.1 The Director of Corporate Services presented the Finance Report to Board members. This report details RQIA's position at 30 September 2013. Board members were informed that RQIA's budget had been reduced non-recurrently by £66,000 (1%) due to the overall HSC funding gap in 2013/14. Board members were asked to note the forecast revenue position of £66,000 over spend. The Director of Corporate Services also noted the request from BSO for an apportionment of costs, from RQIA, for the BSTP overspend of £33,000. RQIA has indicated that it will not be able to pay these costs.
- 13.78.2 The Director of Corporate Services noted the improvement in prompt payment compliance to 71.9% cumulatively. The prompt payment target of 95% will not be met by year end. Board members were asked to note the outstanding annual fees and noted that all outstanding debts from previous financial years has been recovered.
- 13.78.3 Board members noted the risk resulting from the reduction of RQIA's budget and the request for an additional payment to BSTP.
- 13.78.4 The Board **NOTED** the Finance report.

13.79 Agenda Item 8 - Corporate Performance Report for 2013/14 (D/06/13)

- 13.79.1 The Director of Corporate Services presented the Corporate Performance Report and highlighted that 95% of the actions within the Business Plan are reported as either green or blue. Board members were asked to note the exception report within this document.

The Director of Corporate Services informed Board members work is currently ongoing in relation to the review of mandatory training for staff members.

- 13.79.2 Board members **APPROVED** the Corporate Performance Report.

13.80 Agenda Item 9 – Standing Orders (E/06/13)

- 13.80.1 The Director of Corporate Services presented the amendment to Standing Order 3.4.1.2.

- 13.80.2 Board members **APPROVED** the change to Standing Orders.

13.81 Agenda Item 10 - Escalation Policy (F/06/13)

- 13.81.1 The Chief Executive presented the revised Escalation Policy. Board members requested some amendments to this policy. All agreed changes will be made before the final version is uploaded onto the RQIA internet.

- 13.81.2 Board members **APPROVED** the Escalation Policy.

- 13.81.3 **Resolved Actions**
Board members to be informed when the Escalation policy has been placed on the RQIA internet.

13.82 Agenda Item 11 – Audit Committee Business (G/05/13)
Approved Minutes of meeting of 27 June
Verbal update on Meeting of 24 October

- 13.82.1 The Chair of the Audit Committee presented the agreed minutes of the Audit Committee, 27 June 2013.

- 13.82.2 The Board **NOTED** the approved minutes of the meeting of 27 June 2013.

- 13.82.3 The Chair of the Audit Committee provided Board members with a verbal update on the meeting of 24 October 2013. The Chair noted the Internal Audit Reports presented at this meeting; Risk Management, Information Governance and Finance, and the priority recommendations associated with each report.

The Chair of the Audit Committee noted that Audit Committee members have now received the final Report to those Charged with Governance from the NIAO.

The Chair informed Board members that the Audit Committee was provided with an update on BSTP issues. RQIA's allocated cost for the BSTP overspend was also discussed. Audit Committee members noted the data security breach and will focus on the learning from this incident.

13.82.4 The Director of Reviews and Medical Director informed Board members that the lay reviewer posts will be advertised in December.

13.83 Agenda Item 12 - Management Statement (Proposed Revision)/ Revised End to End Review Protocol (H/06/13)

13.83.1 The Director of Reviews and Medical Director presented the revised End to End Review Protocol to Board members, which is part of the RQIA/ DHSSPS Management Statement. Board members were asked to note the changes to this protocol. It was agreed that the revised protocol should replace the existing protocol in the Management Statement.

13.84 Agenda Item 13 - Any Other Business

13.84.1 There was no other business. The member of the public was thanked for attending the meeting, and as they had no formal questions for the Board and the Executive Team the public session of the meeting was brought to a close at 4.30pm.

Date of next meeting:

Thursday 16 January 2014, Boardroom, Belfast City Hospital.

Signed

Dr Ian Carson
Chairman

Date

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Status
23	3 September 2013	Output from the Measures of Success workshop to be reported to the Board	Director of Corporate Services	Completed
25	3 September 2013	The results of the Oval Mapping exercise will be shared with Board members	Chief Executive	Ongoing
28	3 September 2013	The Director of Corporate Services will identify from the BSO the length of time taken to pay invoices, if this is not done within 30 days	Director of Corporate Services	Completed
29	3 September 2013	Risk Register to be reviewed by the Executive Management Team; two risks to be removed and strategic risks to be included	Chief Executive	Ongoing
30	3 September 2013	Chief Executive will review the Escalation Policy and present a draft at the October Board workshop and bring to the November Board meeting for approval	Chief Executive	Completed
31	14 November 2013	Minutes to be formally signed off by the Chairman	Chairman	Completed
32	14 November 2013	A paper on the implementation of RQIA recommendations following Review Reports will be provided to Board members	Chief Executive	Ongoing
33	14 November 2013	Board members to be informed when the Escalation policy has been placed on the RQIA internet	Board & Executive Support Manager	Completed

RQIA Board Meeting

Date of Meeting	16 January 2014
Title of Paper	Chairman's Report
Agenda Item	5
Reference	A/07/13
Author	Dr Ian Carson
Presented by	Dr Ian Carson
Purpose	To inform the RQIA Board of the Chairman's external engagements and key meetings since the last Board meeting of the Authority.
Executive Summary	Between 14 November 2013 and 16 January, I attended 7 engagements on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE this report.
Next steps	Not applicable

CHAIRMAN'S REPORT

Meetings attended

- NICE Question Time and Public Board Meeting – 20 November 2013.
- Chairs Forum/CIPFA Governance Conference – 22 November 2013.
- DHSSPS/RQIA Accountability Review meeting – 26 November 2013.
- Public Appointments/RQIA Board Interviews – 4, 5, 6, & 10 December 2013.
- Health Committee Evidence Session on Child Sexual Exploitation Inquiry – 11 December 2013
- Meeting with Chair and Chief Executive, Scottish Care Inspectorate, Musselburgh, Scotland – 16 Dec 2013.
- Chairs/Chief Executives Forum/NICON Governance Seminar, University of Ulster – 14 January 2014.

DR IAN CARSON

Chairman

16 January 2014.

RQIA Board Meeting

Date of Meeting	16 January 2014
Title of Paper	Chief Executive's Report
Agenda Item	6
Reference	B/07/13
Authors	Glenn Houston
Presented by	Glenn Houston
Purpose	The purpose of the Report is to update the Board on strategic issues which the Chief Executive and Senior Management Team have been dealing with since the November Board meeting, and to advise Board members of other forthcoming key developments or issues.
Executive Summary	<p>The matters highlighted in the Report include:</p> <ul style="list-style-type: none"> • Strategic Developments or Issues • Significant Operational Issues or Risks • Resource Issues (Finance and Human Resources) • Corporate Governance Issues • Communications • Significant Events
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to COMMENT on the Chief Executive's Report.
Next steps	Not applicable

CHIEF EXECUTIVE'S REPORT

1. Strategic Developments or Issues

1.1 Corporate Services

***i*-Connect Project**

The *i*-Connect Project Board met on 9 January. The original go-live date (for the core system) of 4 April 2014 has been revised to end of June 2014. More time than was anticipated is required for the collation of responses to the Request for Information document provided by Sysco and preparation for data migration.

The continuing services of the current *i*-Connect Project Manager have been secured until the end of March 2014. Arrangements are being put in place for project management support from April onwards.

RQIA Draft Business Plan 2014/15

The draft Business Plan 2014/15 has been prepared in consultation with RQIA Board and with staff representatives of the various directorates. The draft plan will be considered at agenda item D/07/13.

In keeping with the requirements of the letter dated 11 November from Andrew McCormick, Permanent Secretary, DHSSPS, all arms-length bodies are required to provide DHSSPS with a Board approved business plan by 17 January 2014.

1.2 Regulation

Inspection Activity

An update report was provided to DHSSPS (under Article 4 of the 2003 Order) on the enhanced inspection activity undertaken to follow up on financial management concerns identified within Autism Initiatives, Domiciliary Care Agency – Supported Living Service. Seven services had been served with a total of 11 Failure to Comply Notices from September 2013. Compliance was assessed at follow up inspections in November with two notices extended to the end of the month and compliance achieved at that time.

Standards and Guidelines

Guidelines for Palliative and End of Life Care in Nursing and Residential Care Homes were launched in November 2013 in Mossley Mill where a range of professionals, including the Director of Regulation and Nursing, made presentations. The guidelines were developed in partnership with Northern Ireland Hospice and facilitated by RQIA, following a bid for funding to the Guidelines and Audit Implementation Network, GAIN.

Enforcement Activity Update

An update on enforcement activity is included at Appendix A. Of note, two dental practices were issued with Failure to Comply notices relating to lack of compliance with HTM 01/05, Decontamination in Primary Care Dental Practice.

1.3 Reviews

RQIA published its independent review of Statutory Fostering Services in Northern Ireland on 18 December 2013. The independent review team, which included lay membership, and inspectors from the Scottish and Welsh care regulators, sought the views of foster carers, children and of staff supporting these services. The clear message coming from children and young people looked after by foster carers is the need to feel secure, and to be treated the same as children living with their own parents. Young people also told RQIA that they wanted more involvement in decisions about their lives. RQIA's review team made 46 recommendations for improvement in fostering services, including a call for agreed regional standards for Northern Ireland.

In September 2013, RQIA was commissioned to conduct a review of actions taken by organisations in response to whistle-blower and other allegations made concerning Cherry Tree House, a nursing and residential care home in Carrickfergus. These allegations related to: the quality of care; safeguarding; and employment issues. The expert panel has been examining documentation provided by organisations in relation to this review. In view of the amount of documentation, an extension was requested and provided for the completion of this review.

On 11 December 2013, The Chair of the Independent Inquiry into Child Sexual Exploitation, Kathleen Marshall and Inquiry Board members, Glenn Houston and Sheila Taylor provided evidence about the inquiry to the Assembly Committee for Health, Social Services and Public Safety. On the same day the Inquiry launched a Call for Evidence which will be open until Tuesday 18 March 2014. An Inquiry website has been set up linked to the RQIA website and can be accessed at: <http://www.rqia.org.uk/cseinquiry>.

A further review was commissioned by DHSSPS on 7 November 2013 to examine the implementation of the actions set out in the Dental Hospital Inquiry Action Plan which was published in July 2013. Initial planning for his review is now taking place.

Oversight of Patient Finances in Residential Settings: The final product will be an Overview Report in relation to the implementation of the DHSSPS Circular Reference: HSS (F) 57/2009 and its implementation in the HSC Trusts. The draft report was forwarded to DHSSPS for consideration on 19 December 2013.

1.4 Mental Health and Learning Disability

The MHLD team inspected five of seven ECT suites in November/ December 2013 (The remaining two suites are ECTAS accredited). A letter of escalation was sent to the Chief Executive of the Western HSC Trust on 4 December 2013 regarding governance arrangements, in respect of ECT in Tyrone County Hospital. Arrangements have been made for patients to have ECT treatment at Altnagelvin Area Hospital until training, competency and related issues have been addressed.

An unannounced inspection of Ward 27 Ulster Hospital was undertaken on 14 November 2013, resulting in a letter of escalation to the Chief Executive at SEHSCT concerning lack of progress in implementing RQIA recommendations. A meeting was held with senior SEHSCT staff on 28 November 2013, and on 20 December 2013, to discuss the completed QIP and associated actions to address the areas of concern.

A letter of escalation in relation to a serious adverse incident involving a patient in Tobernaveen Upper, Holywell Hospital, was forwarded to the Senior Director of Corporate Management at the NHSCT on 20 December 2013. A response is expected by 3 January 2014.

A successful information sharing conference was held at Riddel Hall on 6 December 2013 attended by approximately 80 Consultant Psychiatrists from across NI. Conference topics included the review of treatment plans by RQIA, the analysis of ECT administration, and the review of the use of Psychological Therapies for patients who have contemplated suicide. The Scottish and ROI Mental Health Commissions were also represented at the conference. The procedure for appointment to the list of Part IV Medical Practitioners has been revised for approval by Board members (agenda item G/07/13).

2. Significant Operational Issues or Risks

The most significant operational risk in Quarter 4 relates to the achievement of breakeven at 31 March 2014. This risk is addressed in greater detail in section 3 below and in the Finance Report (agenda item C/07/13). The Chief Executive wrote to Julie Thompson on 2 December regarding the impact of the reduction of £66k in the RRL for 2013/14, the additional mandatory payment of £33k towards BSTP project costs and the impact of the additional reviews commissioned by DHSSPS since November 2013. This letter advises that RQIA is facing inescapable pressures of £113k in addition to the baseline reduction of £66k. To date RQIA has not received a response.

3. Resource Issues (Finance and Human Resources)

Finance

See Finance Report (Agenda item C/07/13).

At the Accountability Review meeting on 26 November 2013 the Director of Finance, DHSSPS confirmed that RQIA would be required to pay circa £33k of unfunded BSTP Programme costs (total £2.6m).

4. Corporate Governance Issues

Complaints

Since the last Board meeting, a new complaint has been received in relation to a staff member. This is currently being addressed in line with RQIA's Policy and Procedure on the Management and Handling of Complaints, September 2011.

Whistleblowing Disclosures

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

- Two disclosures were made in relation to nursing homes, raising concerns about low staffing levels and care practices.
- One disclosure was made in relation to a residential care home, raising concerns of alleged abuse within the home.
- One disclosure was made in relation to a domiciliary care agency, raising allegations of ongoing abuse on staff by a service user.
- Two disclosures were made about HSC bodies, which have been forwarded to the relevant persons for appropriate action.

Freedom of Information & Subject Access Requests

Since 1 November there have been 10 new Freedom of Information requests.

Of these:

- partial exemption was applied to 6 requests
- full exemption was applied to 1 request
- information was fully disclosed for 3 requests

One request for internal review has also been received since 1 November; the decision not to disclose was fully upheld.

3 new subject access requests have been received since 1 November.

Of these:

- 1 request was processed with exemptions partially applied (i.e. redacting information relating to other living individuals)
- 2 requests are currently ongoing (i.e. requests for proof of identification have been requested by RQIA, but as yet not supplied)

5. Communications

Since the November Board Meeting, RQIA responded to a range of media queries relating to the role of RQIA and its independence; regulatory activities in a range of services including adult and children's care services, laser clinics, vulnerable adult issues, and enforcement action; and review activities. In each case RQIA's communications manager issued statements, providing details of RQIA's activities and actions, and, where appropriate, the Chief Executive spoke to the media on behalf of RQIA.

On 10 December, Kathleen Marshall, chair the independent inquiry into child sexual exploitation in Northern Ireland, provided evidence to the NI Assembly Health Committee, accompanied by Sheila Taylor, NWG Network (NWG) Tackling Child Sexual Exploitation, and RQIA's Chief Executive, Glenn Houston. At the meeting Mrs Marshall announced a call for evidence from anyone with something to say on this matter. The committee hearing and the call for evidence attracted significant media print, broadcast and online coverage, with Mrs Marshall providing interviews to BBC Northern Ireland television, BBC Radio Ulster, Belfast Citybeat, U105 and UTV.

On 18 December 2013, RQIA published its independent review of statutory fostering services in Northern Ireland. The independent review team, made 46 recommendations for improvement in fostering services, including a call for agreed regional standards for fostering services in Northern Ireland. This report's key messages received print, online and broadcast media coverage.

During November and December 2013, www.rqia.org.uk received over 80,000 page views (hits) from some 13,000 visitors. Inspection reports and enforcement activity remain the most popular pages on the website. Since its publication in October 2013, RQIA's guidance on whistleblowing has been accessed on over 800 occasions.

The fifth edition of, Assurance, Challenge and Improvement, RQIA's ezine was published at www.rqia.org.uk in December, and circulated to some 1,500 contacts.

6. Significant Events

EPSO Peer Evaluation

In November 2013 the Chief Executive participated in the EPSO led multinational peer evaluation of Sundhedsstyrelsen (Danish Regulatory Authority). The final report will be delivered to the Department of Health (Denmark) in March 2014.

Accountability Review

An accountability review with Dr A. McCormick, Permanent Secretary, and with other senior members of Sponsor Branch (DHSSPS Safety, Quality and Standards directorate) took place on 26 November 2013 in Castle Buildings. A minute of this meeting will be circulated to all Board members in due course.

Meeting with Care Commission Scotland

On Monday 16 December the Chairman and Chief Executive met with their counterparts in the offices of the Care Commission Scotland, in Edinburgh.

Health and Safety Executive

On Wednesday 8 January the Executive Management Team of RQIA met with the Chief Executive and Senior Management Team of the Health and Safety Executive (HSE) to discuss areas of mutual interest and concern.

GLENN HOUSTON

Chief Executive

16 January 2014

Appendix A

Enforcement Activity: Update: 7 November 2013 – 8 January 2014

1. Conditions of Registration

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

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

2. Previous Enforcement Action

During September 2013, notices of failure to comply with regulations were issued to a number of Autism Initiatives supported living domiciliary care services, in relation to service users finances. These included: Sperrin Drive, Belfast; Rathgill Link, Bangor; Boyd's Row, Armagh; Bryansford Road, Newcastle; Ashley Grove, Dunmurry; and Glen Road, Belfast.

Compliance was achieved with these notices of failure to comply with regulations during November 2013.

On 18 September 2013, one notice of failure to comply with regulations was issued to Meadowbank Nursing Home, Londonderry relating to transport services and transport policy. On 14 November 2013, the compliance date was extended to 13 December 2013, and compliance was achieved on this revised date.

A notice of decision to cancel the registration of Philip Murphy, as registered person of a dental practice was issued following a GDC Professional Conduct Hearing's decision to suspend Mr Murphy's registration for one year (professional regulation a requirement under 2003 order and associated regulations. This deregistration took effect from 21 October 2013, as a letter of confirmation that no appeal would be lodged with Care Tribunal was received on 14 November 2013.

3. Ongoing Enforcement Activity: Adult Services

Notices of failure to comply with regulations have been issued with respect to three private dental practices: Miss Frances McCann BDS Dental Surgery, Ballyclare, issued on 26 November 2013; Crumlin Road Dental Surgery, Belfast, issued on 17 December 2013; and Lisburn Dental Surgery, Lisburn, issued on 6 January 2013. In each case the notice relates to arrangements relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical

devices. Compliance is required on 29 January; 18 February; and 10 March 2014 respectively.

Enforcement Activity: Adult Services, as at 7 January 2014

Miss Frances McCann BDS Dental Surgery, Ballyclare FTC/IHC- DT/11507/2013-14/01	26 November 2013 Compliance required by 29 January 2014	1 x FTC	(01) Where reusable medical devices are used in an establishment or agency, the registered person shall ensure that appropriate procedures are implemented in relation to cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of such devices. (Reg 15 (3))
Crumlin Road Dental Surgery, Belfast (R McMitchell Dental World Ltd) FTC/IHC- DT/11474/2013-14/01	17 December 2013 Compliance required by 18 February 2014	1 x FTC	(01) Where reusable medical devices are used in an establishment or agency, the registered person shall ensure that appropriate procedures are implemented in relation to cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of such devices. (Reg 15 (3))
Lisburn Dental Surgery, Lisburn (R McMitchell Dental World Ltd) FTC/IHC- DT/11475/2013-14/01	6 January 2014 Compliance required by 10 March 2014	1 x FTC	(01) Where reusable medical devices are used in an establishment or agency, the registered person shall ensure that appropriate procedures are implemented in relation to cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of such devices. (Reg 15 (3))

4. Enforcement Activity: Children's Services

During December 2013, notices of failure to comply with regulations were issued to two children's respite services, in relation to breaches of statement of purpose. One service, in Newtownards, achieved compliance with regulations on 3 January 2014. The other service, in Omagh, is required to achieve compliance by 17 January 2014.

RQIA Board Meeting

Date of Meeting	16 January 2014
Title of Paper	Summary Finance Report
Agenda Item	7
Reference	C/07/13
Author	Jonathan King
Presented by	Maurice Atkinson
Purpose	The purpose of this paper is to present RQIA's summary financial position as at 30 November 2013.
Executive Summary	£21K Over spend
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to NOTE this update.
Next steps	N/A

FINANCE REPORT

Funding / Revenue Resource Limit (RRL)

The previous reported RRL stood at £6,563,895 and incorporated the 1% (£66K) in year budget retraction.

In November RQIA received from the Department the outstanding confirmation of funding for a Clinical Excellence Award equalling £38K.

Furthermore the Health and Social Care Board confirmed they will fund an additional £18.7K non-recurrently to cover several small revenue ICT expenditures.

These adjustments increased RQIA's RRL to £6,620,671.

Revenue Position

RQIA's expenditure up to and including November equalled £4.87 million compared to a straight line budget of £4.99 million creating a year to date under spend of £127K. The majority of the year to date under spend is generated through the timing of non-pay expenditure. The remainder relates to slippage caused by turnover times on several vacated posts and this is planned to be utilised by year end.

RQIA continues to predict an outturn spend of £7.53 million now equating to a £21K over spend. This position also accounts for a payment of £33K to BSO to pay for the maintenance of the computer systems implemented by BSTP.

This improved bottom line position incorporates additional income from HSCB for several ICT items and an improvement in the forecast income from registration fees.

Capital Resource Limit (CRL)

Due to slippage in the i-Connect project (formerly known as RISCP) it is anticipated that RQIA will hand back £82K in 2013/14. The Department has provisionally agreed that this funding will be made available in 2014/15 to complete the project.

The HSCB provided a capital allocation of £34K in relation to several ICT items, the largest part relating to the replacement of Tape Drives. The work paid for by this allocation is scheduled to be completed by the end of January 2014.

RQIA has made a further bid to the HSCB for capital funding in relation to the rolling laptop/desktop hardware refresh and awaits confirmation of funding.

Prompt Payment Compliance

The prompt payment target requires the payment of 95% of invoices within 30 days of receipt of goods or invoice, whichever comes later. A second target was agreed with the Department to pay 50% of invoices within 10 days.

From April to November BSO paid 855 invoices on RQIA's behalf, of which 76.4% were processed within the departmental 30 day target. The cumulative 30 day performance has improved month on month however as previously reported, even a perfect record from December to March will still see us fall short of the 95% cumulative target in 2013/14.

The following table shows our 30 day performance from April to November.

Table 1: Payment Performance Vs. the 30 Day Target: April – Nov 2013

Month	Invoices Paid			% Paid Promptly
	Total	< 30 Days	> 30 days	
Apr	123	70	53	56.9%
May	95	69	26	72.6%
Jun	179	90	89	50.3%
Jul	82	71	11	86.6%
Aug	113	109	4	96.5%
Sep	76	71	5	93.4%
Oct	78	74	4	94.9%
Nov	109	99	10	90.8%
Total	855	653	202	76.4%

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

Table 2: Analysis of Invoices Paid outside 30 Days

Month	Total	31 - 45 Days	46 - 60 Days	61 - 75 Days	76 + Days
Oct	4	2	1	0	1
Nov	10	9	1	0	0
Total	14	11	2	0	1

The October invoice that took longer than 76 days to process was caused by the failure of the BSTP central team to set up a user within a reasonable timeframe. This user has since been provided with a login to FPM.

Although the monthly performance continues to fall short of the departmental target the underlying trend is that invoices paid outside 30 days are getting closer to the target. For example in September those invoices missing the deadline did so by an average of 21 days. However by November this had fallen to an average of 8 days with a number only marginally missing the target.

The 10 day statistic also shows a general trend improvement rising steadily from 42% in April to 86% in October before dipping to 61% in November. This statistic can be used as a proxy to show that those invoices being paid within the 30 day target are also being paid faster.

Of the 855 invoices paid by BSO over April to November 56% were paid within 10 days. The following table shows performance from April to November against the 10 day target.

Table 3: Payment Performance Vs. a 10 Day Target: April – Nov 2013

Month	Invoices Paid			% Paid Promptly
	Total	<10 Days	> 10 days	
Apr	123	52	71	42.3%
May	95	48	47	50.5%
Jun	179	60	119	33.5%
Jul	82	44	38	53.7%
Aug	113	84	29	74.3%
Sep	76	54	22	71.1%
Oct	78	67	11	85.9%
Nov	109	66	43	60.6%
Total	855	475	380	55.6%

It is important to note that the small volumes of invoices we process each month means that failure of a relatively small number of invoices will have a significant effect on the percentage position.

Outstanding Annual Fees (Debtors)

At the end of quarter three £21K remained outstanding (2.69%). It is anticipated that we will make full recovery by year end.

All outstanding debt from previous financial years has been recovered.

Recommendation

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

Maurice Atkinson

Director of Corporate Services

RQIA Board Meeting

Date of Meeting	16 January 2014
Title of Paper	RQIA Business Plan 2014-5
Agenda Item	8
Reference	D/07/13
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of this paper is to present to the Board the RQIA Business Plan 2014-15 for approval.
Executive Summary	<p>The annual Business Plan sets out how RQIA intends to deliver its strategic objectives, the timescale for action and how it intends to use the resources at its disposal for the period 2014-15. Measures of success have been identified to monitor our progress in achieving our strategic objectives and are included in Appendix 2.</p> <p>In addition RQIA has incorporated a range of new and existing business actions that meets the criteria set out in the DHSSPS Departmental Business Objectives 2014-15. These actions have been identified with (DO).</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the Business Plan 2014-15.
Next steps	The Business Plan will be sent to DHSSPS on 17 January 2014 for approval.

RQIA Business Plan 2014-15

Assurance, Challenge and Improvement in Health and Social Care

Foreword

The Regulation and Quality Improvement Authority (RQIA) was established on 1 April 2005 under the provisions of the Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

RQIA's mission is to provide independent assurance about the safety, quality and availability of health and social care services in Northern Ireland. RQIA, through its programme of activities, seeks to encourage continuous improvement in services, and to safeguard the rights of service users.

In April 2014, RQIA will enter the final year of the current Corporate Strategy 2012-15. Over the course of 2014-15 we will engage in a public consultation on the development of a new corporate strategy for RQIA. The new three-year strategy will set the strategic direction for regulation of health and social care in Northern Ireland until 2018. We are keen to engage with all our stakeholders so that they can help shape the new corporate strategy.

In 2014-15, RQIA will take forward a range of actions aimed at improving internal business systems and processes. RQIA will further develop its Steps to Excellence Programme (STEP) and will undertake an assessment for Investors in People (IiP) accreditation.

RQIA will implement a new ICT system (i-Connect), which will allow staff in the regulation and mental health and learning disability (MHLD) directorates to connect to and manage the information they need within a single, integrated system. RQIA will update its website to make sure that it is accessible and easy to navigate.

During the course of 2014-15 we will see further transformation of the RQIA Board, with 5 newly appointed Board members due to take up appointment, and the Chair's position falling vacant in May 2014. RQIA will take appropriate steps to induct new Board members and to ensure appropriate representation of Board members on all Board committees.

A number of strategic priorities will impact on the work of RQIA during 2014-15. RQIA will assist the implementation of the Quality 2020 work streams, including, in particular, the establishment of a stakeholder forum. RQIA will consider the implications of the Francis Report, and any recommendations from the Hyponatraemia Inquiry for the future regulation of health and social care services.

RQIA is responsible for the registration and inspection of more than 1,400 agencies and establishments. These include: nursing homes, residential care homes, children's homes, day care settings, residential family centres, nursing agencies, domiciliary care agencies and independent hospitals (including private dental treatment, hospices and clinics). RQIA will continue to carry out a planned programme of announced and unannounced inspections, in accordance with the requirements of the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005.

RQIA will continue to adopt a risk-based approach to inspection, by stepping up the frequency of inspections to agencies and establishments. This is in accordance with RQIA's risk assessment profiles, and in response to specific concerns. RQIA will also work in collaboration with DHSSPS in revising and updating the minimum standards for nursing homes, children's homes and independent healthcare establishments.

In 2014-15, RQIA will take forward the programme of planned reviews set out in the Three Year Review Programme 2012-15.

The planned programme of reviews for 2014-15 includes:

- advocacy services for children and adults
- diabetic retinopathy
- eating disorder services
- learning disability community services: phase ii
- maternity services
- palliative care services
- provision of service for people with an acquired brain injury
- provision of specialist care services for people in their own homes

RQIA can be asked by the minister to carry out additional reviews, in response to emerging issues, for example, the independent inquiry into child sexual exploitation. RQIA will liaise with DHSSPS to ensure that the necessary resources are provided to enable RQIA to undertake urgent investigations and reviews in response to such requests.

During 2014-15, development of the new three year review programme (2015-18) will take place, in consultation with relevant stakeholders.

RQIA's programme of hygiene inspections will provide independent assurance of the performance of HSC trusts in maintaining infection prevention and safe hygiene practices across wards and clinical areas. RQIA has extended its programme of hygiene inspections into a range of additional clinical areas, including intensive care wards, neonatal units and other augmented care settings, using tools which have been

endorsed by DHSSPS. This programme of inspection will be maintained throughout 2014-15.

RQIA has been commissioned to review progress made in relation to the healthcare recommendations within the Review of the Northern Ireland Prison Service (Prison Review Team Final Report, October 2011). This work will continue during 2014-15.

RQIA has a specific statutory responsibility for the inspection of services providing exposure to ionising radiation in a clinical setting, including radiology procedures, x-rays and radiotherapy. RQIA will continue to inspect facilities in accordance with the provisions of the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2010.

RQIA will continue to discharge its responsibilities for adults and children with mental ill health and those with a learning disability, as set out in the Mental Health (Northern Ireland) Order 1986 and in the Health and Social Care (Reform) Act (Northern Ireland) 2009. These duties include: preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention; and preventing or redressing loss or damage to a patient's property.

RQIA is one of four designated national preventive mechanisms (NPM) under the United Nations Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). RQIA will continue to exercise its duties as a designated NPM by visiting places of detention, including psychiatric hospitals and prisons, to assess whether those detained are subject to humane treatment.

The MHLTD team will implement a new procedure for the monitoring of serious adverse incidents. The team will increase the number of inspections of learning disability and mental health wards, and produce easy read versions of each inspection report.

RQIA will continue to work collaboratively with other HSC bodies, including DHSSPS, HSC Board, Public Health Agency (PHA), and the Patient and Client Council (PCC). RQIA will work with other regulatory bodies such as the Criminal Justice Inspection Northern Ireland (CJI), and the Education and Training Inspectorate (ETI). In taking forward its planned work programme, RQIA will also work with arms-length bodies such as the Commissioner for Older People and the Northern Ireland Commissioner for Children and Young People.

RQIA's work programme will help to inform the public about the safety and quality of services regulated, reviewed and monitored by RQIA, in the context of the continuing transformation of health and social care in Northern Ireland.

Corporate Strategy 2012-15

The Business Plan 2014-15 has been developed within the context of the RQIA corporate strategy, which sets the strategic direction for RQIA.

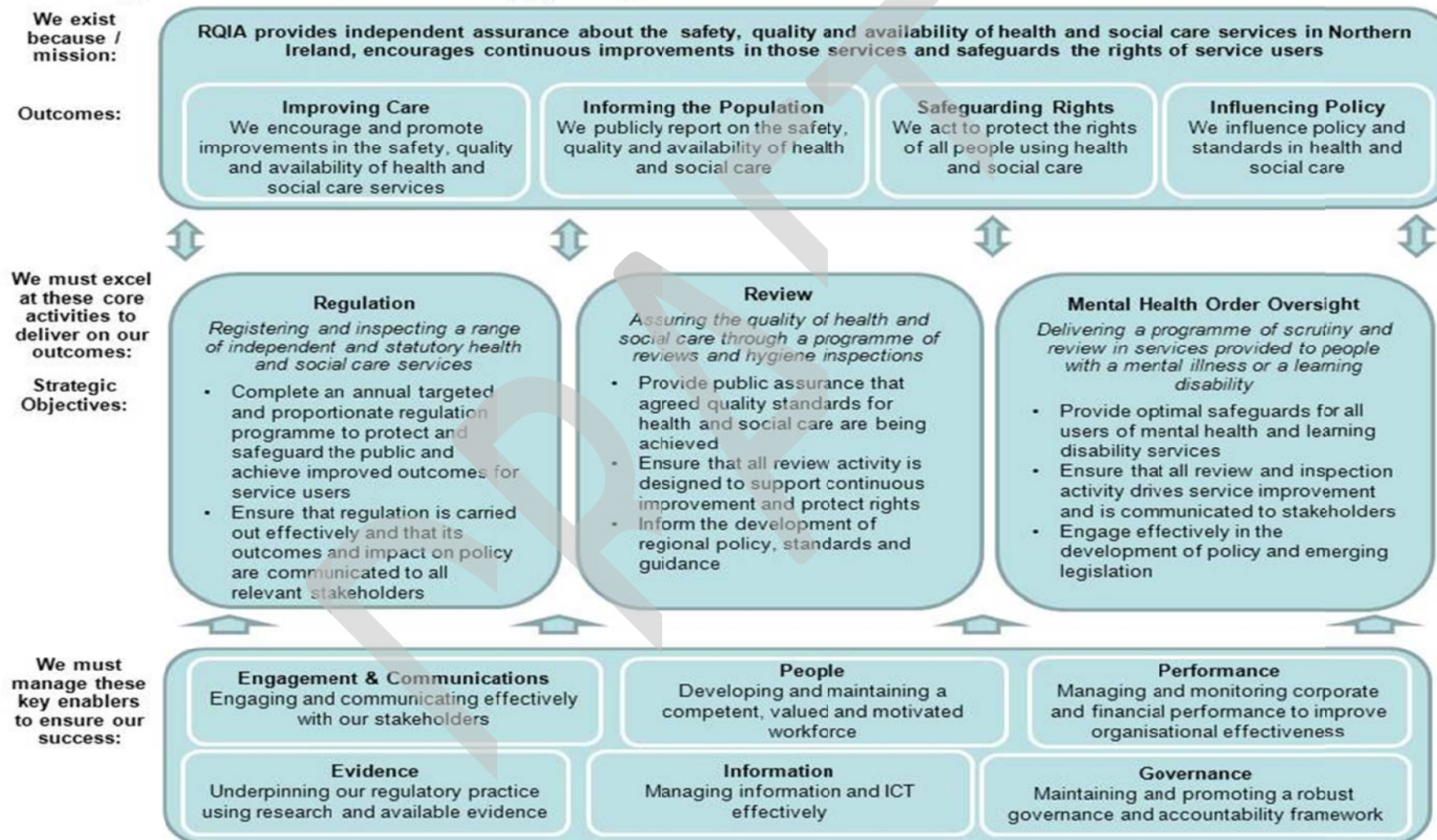
RQIA's strategy map (Figure 1) serves as a roadmap to guide the activities of the organisation for the period 2012-15. It is a visual representation of our strategy.

The strategy map brings together the key elements of the strategy: what we are here to do (our mission); the outcomes we must deliver to our stakeholders; the core activities we need to excel at; and the key enablers we must manage to ensure our success. It is a visual representation of the relationship between each of these elements, and provides an integrated and coherent picture of RQIA's mission.

Each element of the map is explained in more detail below:

- We exist because /mission /outcomes: states why RQIA exists, and defines the value and outcomes we are delivering to our stakeholders.
- We must excel at these core activities to deliver on our outcomes/strategic objectives: the vital activities at which RQIA must excel in order to deliver our mission.
- We need to manage these key enablers to ensure our success: the value-adding activities or functions performed within the organisation that provide support and enable the delivery of the core activities and the organisation's overall mission.

Figure 1 - RQIA Strategy Map 2012-15



Financial Context 2014-15

RQIA derives its income from a recurring allocation (revenue resource limit) from DHSSPS and through income generated from the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005. In addition, RQIA receives a capital allocation each year from DHSSPS.

Details of RQIA's funding requirements in 2014-15 are set out in the finance section of the Business Plan (see Appendix 1).

RQIA must break-even each year and make significant and recurring efficiency savings of £439K (-6.9%) over the four year comprehensive spending review (CSR) period 2011-15. RQIA has developed an Improvement and Efficiency Plan 2011-15, a framework for the achievement of efficiencies through workforce controls, improvement initiatives and review and control of non-pay spend. RQIA is on target to achieve the required level of efficiency savings by March 2015.

Capacity and Capability

RQIA must achieve the statutory minimum number of inspections of all regulated services. In addition, RQIA must increase its regulatory oversight of agencies or establishments that are in breach of regulations and/or the minimum standards. RQIA will not be able to provide an

adequate level of assurance to DHSSPS, and to the wider public on the quality and safety of services, unless it has the capacity to undertake unplanned inspections in response to increased concerns. Therefore, in order to more effectively deliver our programme of work in 2014-15 the capacity of the organisation needs to be strengthened, particularly within the operational directorates.

In 2013-14, RQIA submitted two business cases for additional resources to DHSSPS. RQIA will continue to make the case for additional capacity to meet the increasing demand for regulatory oversight of all regulated services.

Business Plan 2014-15

The annual Business Plan sets out how RQIA intends to deliver its strategic objectives, the timescale for action and how it intends to use the resources at its disposal. Measures of success have been identified to monitor progress in achieving our strategic objectives (see Appendix 2).

RQIA will report on performance on a quarterly basis at public Board meetings, and through the publication of an annual report and accounts and an annual quality report. RQIA will provide reports of its activities through biannual accountability review meetings with the DHSSPS (these reports are available at www.rqia.org.uk).

This plan should be read in conjunction with the Corporate Risk Assurance Framework, which identifies risks in relation to the delivery of corporate objectives and how these risks are being managed.

The Business Plan 2014-15 was approved by the Board on **[insert date]** and the financial allocation letter for 2014-15 was received on **[insert date]**.

Further information

For further information on the Business Plan 2014-15 or the Corporate Risk Assurance Framework, please contact:

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1	Regulation Registering and inspecting a range of independent and statutory health and social care services			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
1.1	Completed an annual targeted and proportionate regulation programme to protect and safeguard the public and achieve improved outcomes for service users	<p>We will carry out a programme of registration and inspection of services subject to regulation using robust methodologies based on principles of proportionality, accountability, consistency and transparency.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • reviewing and developing a range of registration policies and procedures, ensuring that we meet all relevant legislation • further develop of our inspection methodology to all regulated sector services in order to keep abreast of changing patterns of health and social care delivery • implement new information system that will facilitate the effective and efficient use of resources and enable reporting of inspection outcomes • ensuring that a programme of IR(ME)R inspections is undertaken in regulated sector services 	<p>Complete a programme of themed and focused inspections of all regulated sector services in line with the statutory minimum frequencies outlined within the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005.</p> <p>Complete additional inspections above those set out in the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005, where assessed as necessary to provide assurance on the quality and safety of regulated services.</p> <p>Publish inspection reports on all regulated sector service inspections on the RQIA website and within pre-set reporting targets (excluding children's services). (DO)¹</p>	<p>March 2015</p> <p>March 2015</p> <p>March 2015</p>

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

1	Regulation Registering and inspecting a range of independent and statutory health and social care services			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
			<p>Maintain a dynamic and accurate register of services and establishments.</p> <p>Further promote a rights based approach to regulation, in order to ensure that service users are not inappropriately deprived of liberty or subject to inappropriate restrictive interventions.</p> <p>Report on enforcement action, failure to comply notices and improvement notices at regular bi-monthly sponsorship meetings with DHSSPS. (DO)</p> <p>Provide a six monthly summary of enforcement actions, including failure to comply notices and improvement notices to DHSSPS. (DO)</p>	<p>March 2015</p> <p>March 2015</p> <p>March 2015</p> <p>October 2014 / March 2015</p>

1	<u>Regulation</u> Registering and inspecting a range of independent and statutory health and social care services			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
1.2	Ensured that regulation is carried out effectively and that its outcomes and impact on policy are communicated to all relevant stakeholders	<p>We will ensure that the outcomes of inspection activity are published on RQIA's website (excluding children's). The outcomes of regulation activity will be reported to relevant stakeholder on an on-going basis to ensure that any regional learning or is identified in a timely manner.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • regular communication with service providers and commissioners on emerging issues • ensuring that all inspection reports are made available to the public on the RQIA website • proactively communicating with DHSSPS on the insights gained from regulatory activity in order to inform the review, revision and development of policy, standards and guidelines 	<p>Pilot the introduction of lay assessors in inspections in order to capture the views of service users.</p> <p>Proactively communicate the specific role we play as regulator of services and establishments.</p>	<p>March 2015</p> <p>March 2015</p>

2	Review Assuring the quality of health and social care through a programme of reviews and hygiene inspections			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
2.1	Provided public assurance that agreed quality standards for health and social care are being achieved	<p>We will implement and report on the programme of service reviews and infection prevention/hygiene inspections set out in our agreed 2012-15 review programme.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • completing within agreed timescales any specific reviews commissioned by the minister • carrying out a programme of announced and unannounced infection prevention and hygiene inspections in relation to agreed regional hygiene standards • reviewing our methodologies to ensure that our processes are effective and efficient • implementing a programme of inspection and thematic reviews of prison health services working with partner regulators as required • reviewing our approach to reporting on review activity to ensure that our reports are designed to meet the needs of our stakeholders 	<p>Conduct a review programme examining and reporting on the quality and availability of health and social care services, highlighting best practice and making recommendations for improvement where necessary.</p> <p>Provide the DHSSPS with advice, reports or information in relation to the provision of service, or the exercise of its functions, at the department's request.</p> <p>Report on progress of the Three-Year Review Programme, keeping the department informed at bi-monthly liaison meetings about the provision of services, and in particular their availability and quality. (DO)</p>	<p>March 2015</p> <p>March 2015</p> <p>March 2015</p>

2	Review Assuring the quality of health and social care through a programme of reviews and hygiene inspections			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
			<p>Report to the department on the quality of regulated services and any specific concerns arising from thematic and commissioned reviews. Keep the department informed on the overall quality and availability of services by means of regular updates at bi-monthly meetings and provide written reports and correspondence as necessary. (DO)</p> <p>Develop a delivery plan for achieving the 2014-15 programme of scheduled thematic reviews.</p> <p>Complete the planned reviews as set out in the 2014-15 schedule.</p> <p>Develop a delivery plan for achieving a programme of infection prevention/hygiene inspections for 2014-15, to include augmented care settings. (DO)</p>	<p>March 2015</p> <p>April 2014</p> <p>March 2015</p> <p>April 2014</p>

2	Review Assuring the quality of health and social care through a programme of reviews and hygiene inspections			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
			<p>Complete the planned programme of infection prevention/hygiene inspections, to include augmented care settings, for 2014-15.</p> <p>Introduce a lay assessor's component into the infection prevention/hygiene programme for 2014-15.</p> <p>Complete a programme of IR(ME)R inspections with input from Public Health England (PHE).</p> <p>Establish a baseline to demonstrate improvement in compliance with identified IR(ME)R procedure(s)/process(es).</p> <p>Develop a delivery plan for achieving a programme of healthcare inspections to prisons and to other criminal justice settings, including co-operation with Her Majesty's Inspectorate of Prisons (HMIP), CJI and with ETI.</p>	<p>March 2015</p> <p>Sept 2014</p> <p>March 2015</p> <p>March 2015</p> <p>April 2014</p>

2	<u>Review</u> Assuring the quality of health and social care through a programme of reviews and hygiene inspections			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
			<p>Report on the findings of inspections of prison health care, including those carried out in collaboration with other regulators.</p> <p>Undertake the work required to provide an overview on the progress made in relation to the healthcare recommendations within the report of Review of the Northern Ireland Prison Service (Prison Review Team Final Report; October 2011).</p>	<p>March 2015</p> <p>March 2015</p>
2.2	Ensured that all review activity is designed to support continuous improvement and protect rights	<p>We will design our programme and our approaches to carrying out and reporting on specific reviews and inspections to support action to improve services and protect rights.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> ensuring that recommendations of our reviews and inspections are focused on improving services for patients and clients and that good practice is shared widely considering the potential for each review and inspection to contribute to the protection and safeguarding of rights 	<p>Develop a comprehensive three year programme of review activity (2015-18).</p> <p>Develop a comprehensive three year programme of infection prevention/hygiene activity, to include augmented care settings (2015-18).</p>	<p>March 2015</p> <p>March 2015</p>

2	Review Assuring the quality of health and social care through a programme of reviews and hygiene inspections			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
			<p>Develop a framework and timetable for a programme of IR(ME)R inspections (2015-18).</p> <p>Develop an agreed approach to carrying out a programme of healthcare inspections to prisons and other criminal justice settings (2015-18).</p> <p>During the development of all planned programmes for 2015-2018, consult with key stakeholders as to effective communication methods.</p> <p>Assess during the planning and evaluation stages the impact of individual reviews on improving services and protecting rights.</p> <p>Review progress on recommendations from reviews published in 2012-13 and 2013-14.</p>	<p>March 2015</p> <p>March 2015</p> <p>March 2015</p> <p>March 2015</p> <p>March 2015</p>

2	<u>Review</u> Assuring the quality of health and social care through a programme of reviews and hygiene inspections			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
2.3	Informed the development of regional policy, standards and guidance	<p>We will actively contribute to regional processes for the development of policy, standards and guidance.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> ensuring that each of our reviews considers the implications of our findings for developing regional policy standards and guidance 	<p>Ensure effective liaison with regional policy leads during the planning and delivery of reviews.</p> <p>Set each review in the context of relevant regional policy, standards and guidance and, where appropriate, make recommendations regarding the need for service development and systems improvement.</p>	<p>March 2015</p> <p>March 2015</p>

3	<u>Mental Health Order Oversight</u> Delivering a programme of scrutiny and review in services provided to people with a mental illness or a learning disability			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
3.1	Provided optimal safeguards for all users of mental health and learning disability services	<p>We will undertake inspections and patient experience reviews to facilities where patients are detained under the Mental Health (Northern Ireland) Order 1986 using the human rights theme of protection.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • monitoring the use of seclusion, observation policies and restrictive practices in mental health and learning disability facilities implementing the human rights approach to other areas including mental health and learning disability, children's services, prison health and social care and agencies • agreeing joint areas of research with academic partners and others in order to ensure we continue to highlight our human rights based approach to our process for inspection and review • reviewing the care and treatment of voluntary patients 	<p>Undertake a planned programme of announced and unannounced inspections to mental health and learning disability inpatient settings.</p> <p>Undertake a planned programme of patient experience interviews in mental health and learning disability inpatient settings, and of people subject to guardianship, and report the findings. (DO)</p> <p>Undertake a review of the implementation of Article 116 of the Mental Health (Northern Ireland) Order 1986.</p> <p>100% of inspection reports and patient experience inspection reports to be produced in both full and easy read versions. (DO)</p>	<p>March 2015</p> <p>March 2015</p> <p>March 2015</p> <p>March 2015</p>

3	<u>Mental Health Order Oversight</u> Delivering a programme of scrutiny and review in services provided to people with a mental illness or a learning disability			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
			<p>100% of inspection reports and patient experience inspection reports for adult inpatient facilities will be published on RQIA's website.</p> <p>Undertake a review of the process for the internal scrutiny of treatment plans and the availability and use of a range of treatments prescribed.</p>	<p>March 2015</p> <p>Sept 2014</p>
3.2	Ensured that all review and inspection activity drives service improvement and is communicated to stakeholders	<p>We will provide verbal and written feedback to all relevant stakeholders in the form of inspection reports and quality improvement plans.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> disseminating all our inspection reports and quality improvement plans to chief executives and managers of mental health and learning disability services scrutinising all detention forms, highlighting errors and any improper detentions and reporting to the Board quarterly on the error rate for each Trust 	<p>Monitor the use of ECT and patient experience across the five HSC trusts.</p> <p>Complete a review of a random sample of treatment plans and report on findings to the five trusts.</p> <p>Review 100% of SAI investigation reports using an RQIA agreed set of standards.</p> <p>Review access to psychological therapies across the five HSC trusts.</p>	<p>March 2015</p> <p>Sept 2014</p> <p>March 2015</p> <p>March 2015</p>

3	<u>Mental Health Order Oversight</u> Delivering a programme of scrutiny and review in services provided to people with a mental illness or a learning disability			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
		<ul style="list-style-type: none"> • monitoring and reviewing the accuracy, appropriateness and quality of guardianship documentation in both statutory and regulated sector services • conducting a review of RQIA's responsibilities in respect of financial matters under the Mental Health (Northern Ireland) Order 1986, Article 116 annually and report on findings to the health and social care trusts and board (subject to a dedicated resource being made available to do so) • inspecting 25 inpatient facilities where patients are detained • reporting on the full range of activities completed by RQIA as a national preventive mechanism in keeping with the United Kingdom Central Coordinating Body • continued to monitor serious adverse incidents in conjunction with the Health and Social Care Board and Public Health Agency • publishing the findings and recommendations from the reviews and inspection reports of mental health and learning disability facilities 	<p>Provide feedback to the HSC trusts in respect of the RQIA's overview of the discharge of statutory functions under the Mental Health (Northern Ireland) Order 1986.</p> <p>Facilitate:</p> <ul style="list-style-type: none"> • an annual provider information event on the standards MHL D will use to inspect services • an annual medical conference on findings from audit and inspection of MHL D services • a north/south conference on areas of joint interest in MHL D services <p>Complete themed reviews of:</p> <ul style="list-style-type: none"> • use of restrictive practices • safeguarding • physical health of MHL D patients and produce reports accordingly. 	<p>March 2015</p> <p>March 2015</p> <p>Dec 2014</p> <p>March 2015</p> <p>Dec 2014</p> <p>March 2015</p> <p>March 2015</p>

3	<u>Mental Health Order Oversight</u> Delivering a programme of scrutiny and review in services provided to people with a mental illness or a learning disability			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
			<p>Develop and implement a procedure in relation to involvement of lay reviewers and experts by experience in inspection type activity, including patient experience inspections and report on outcomes in the annual quality report.</p> <p>Participate in planned review programme (where applicable to MHLD services) to include:</p> <ul style="list-style-type: none"> • addiction /dual diagnosis • eating disorder services • phase 2 of learning disability community services 	<p>March 2015</p> <p>April 2014 March 2015 March 2015</p>
3.3	Engaged effectively in the development of policy and emerging legislation	We will continue to provide feedback to DHSSPS in respect of the draft Mental Capacity (Health, Welfare and Finance) Bill.	Contribute to the DHSSPS working group in drawing up guidance to accompany the new mental capacity legislation as required.	June 2014

4	Engagement & Communications Engaging and communicating effectively with our stakeholders			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
4.1	Embedded personal and public involvement (PPI) as a fundamental part of all of RQIA's work	<p>We will ensure that service users, carers and the public are actively involved in the planning and delivery of our work.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> ensuring clear and meaningful engagement processes are in place involving service users, carers and the public in the planning and delivery of our work further developing partnerships with independent, voluntary and community groups to enhance our approach to regulation, review and protection and safeguarding monitoring and evaluating of all PPI activity, focusing on outcomes and future learning 	<p>Implement patient and public involvement (PPI) for 2014-15 inclusive of monitoring and evaluation of all PPI activity. (STEP)²</p> <p>Prepare progress report on 2013-14 PPI Action Plan. (STEP)</p>	<p>March 2015</p> <p>May 2014</p>
4.2	Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public	<p>We will ensure that our vision and objectives are clearly, effectively and appropriately communicated to staff and key stakeholders.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> ensuring that RQIA communicates with a range of audiences in a clear, consistent, professional and effective manner 	<p>Quality assure all outward facing communications including inspection and review reports, ensuring they are concise and easy to understand.</p> <p>Upgrade/replace RQIA website and intranet.</p>	<p>March 2015</p> <p>March 2015</p>

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

4	Engagement & Communications Engaging and communicating effectively with our stakeholders			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
		<ul style="list-style-type: none"> gaining understanding and recognition for RQIA's role amongst our key stakeholders, so that they associate our services with quality and professionalism ensuring that all RQIA staff have access to relevant and timely information to allow them to carry out their work effectively promoting the profile of RQIA at a local, national and international level in a way that ensures that key influencers are kept informed about the positive achievements and capabilities of the organisation in order to maximise its future opportunities 	<p>Survey the public/stakeholders perceptions on RQIA's role and responsibilities.</p> <p>Engage with public/stakeholders through use of a Twitter account, communicating messages about RQIA's activities.</p> <p>Deliver key messages effectively to all staff through team meetings, monthly staff meetings and by making appropriate use of the RQIA intranet.</p> <p>Continue to play an active role in the health care (Five Nations) regulators' forum, the UK Heads of Inspectorate forum, and in the European partnership of Supervisory Organisations (EPSO).</p>	<p>Dec 2014</p> <p>March 2015</p> <p>March 2015</p> <p>March 2015</p>

4	Engagement & Communications Engaging and communicating effectively with our stakeholders			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
			Publish RQIA's 2013-14 annual quality report, to include: (DO) <ul style="list-style-type: none"> • regulation • review • infection prevention/hygiene inspections • IR(ME)R • mental health and learning disability 	March 2015

5	People Developing and maintaining a competent, valued and motivated workforce			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
5.1	Continued to ensure that we have a professionally competent workforce delivering on RQIA's strategic objectives	<p>We will manage, support and develop our people through a range of human resources policies, processes and development initiatives, which are in line with employment legislation and best practice.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> continuing to develop our staff through a range of learning and development initiatives linked to Continuing Professional Development (CPD) requirements and Knowledge and Skills Framework (KSF) outlines maintaining robust internal human resources processes for managing and supporting people in partnership with trade union side and the Business Services Organisation fully embedding KSF as part of the appraisal system within RQIA ensuring organisational readiness for new health and social care business systems and the transition to shared services 	Implement year two human resources actions from the Human Resources and Organisational Development (HROD) Strategy 2013-15 (STEP) .	March 2015
			Develop, implement and evaluate the corporate and directorate learning and development plans (STEP) .	March 2015
			Provide sickness absence reports to EMT and to the Board. Support line managers regarding the management of individual cases, with a view to facilitate a return to work and improve attendance (DO) .	March 2015
			Develop the HROD Strategy 2015-18.	March 2015
5.2	Designed and implemented a range of organisational development initiatives	We will continue to improve organisational effectiveness and performance through planned and systematic organisational development activities, taking a holistic approach which involves the staff of RQIA.	Implement the year two organisational development actions from the HROD Strategy 2013-15. (STEP)	March 2015
			Participate in HSC-wide staff survey.	Dec 2014

5	People Developing and maintaining a competent, valued and motivated workforce			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
		<p>Our priorities include:</p> <ul style="list-style-type: none"> • achieving the core Investors in People standard • developing and implementing a range of initiatives linked to the EFQM model • implementing the RQIA Human Resources and Organisational Development Strategy 2012-15 • developing and implementing a range of engagement and wellbeing initiatives 	<p>Design and begin to deliver a management and leadership development programme.</p> <p>Achieve at least the core liP standard. (STEP).</p>	<p>March 2015</p> <p>Sept 2014</p>

6	Performance Managing and monitoring corporate and financial performance to improve organisational effectiveness			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
6.1	Embedded a fully integrated planning and performance management approach to manage the organisation more effectively and efficiently and promote continuous improvement and learning	<p>We will implement and embed RQIA's performance management framework in order to ensure an integrated approach to strategic planning and performance management which supports learning and improvement.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • implementing and continuously reviewing the corporate strategy • developing and implementing annual business plans aligned to the corporate strategy • reviewing annually measures of success • implementing a range of approaches to ensure that organisational performance is effective e.g.: <ul style="list-style-type: none"> - strategic and operational performance reporting - benchmarking with other organisations involved in regulation and standard setting - using a business excellence model (EFQM) to measure organisational effectiveness and ensure an integrated approach to quality improvement in RQIA - implementing a sustainability development action plan 	<p>Develop the Corporate Strategy 2015-18.</p> <p>Develop a corporate scorecard based on a best practice framework.</p> <p>Develop and seek Board approval of RQIA's Business Plan 2015-16. (DO)</p> <p>Submit a sustainability development plan 2014-15 and implement the actions. (STEP) (DO)</p> <p>Implement STEP improvement actions identified in the Improvement and Efficiency Plan 2014-15. (STEP)</p> <p>Update RQIA's Property Asset Management Plan, and forward to DHSSPS. (DO)</p> <p>Updates to current, planned and potential annual disposal plans to be submitted to DHSSPS on a quarterly basis. (DO)</p>	<p>March 2015</p> <p>September 2014</p> <p>Jan 2015</p> <p>April 2014 / March 2015</p> <p>March 2015</p> <p>April 2014</p> <p>March 2015</p>

6	Performance Managing and monitoring corporate and financial performance to improve organisational effectiveness			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
			Provide DHSSPS with accurate and timely information which meets DHSSPS performance management and reporting requirements and deadlines. (DO)	March 2015
6.2	Aligned resources to support RQIA's strategic priorities and maintained our financial performance	<p>We will support RQIA's activities through the effective and efficient planning, management and control of its finances. In addition we will develop and implement effective systems, processes and services to improve the operation of the finance function.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> maintaining and developing an effective system of internal control to satisfy accountability standards and internal or external reporting requirements embedding a robust and effective budgetary control system, including effective budget setting establishing clear internal communication processes developing transactional finance systems and processes to ensure compliance with Departmental standards and sound financial management principles revising, updating and documenting all Finance policies and procedures 	<p>Secure adequate funding for the Business Plan 2015-16.</p> <p>Manage the balance of CSR efficiencies by:</p> <ul style="list-style-type: none"> developing plans to deliver efficiency savings in 2015-16 (DO) implementing the Improvement and Efficiency Plan (DO) <p>Produce an annual report (incorporating an approved set of accounts and governance statement approved by NIAO). (DO)</p> <p>Implement and monitor a capital investment plan.</p>	<p>March 2015</p> <p>June 2014</p> <p>March 2015</p> <p>July 2014</p> <p>March 2015</p>

6	Performance Managing and monitoring corporate and financial performance to improve organisational effectiveness			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
		<ul style="list-style-type: none"> advising, monitoring, and reporting in relation to the delivery of the required efficiency savings ensuring organisational readiness for new health and social care business systems and the transition to shared services 	<p>The actual year-end forecast and monthly profiled financial forecast of expenditure provided to DHSSPS each month is prepared on a robust basis and that any variances +/- 5% of the previous month's forecast are fully explained. (DO)</p> <p>The monthly year-end financial forecast as at September 2014 (and subsequent months) should be within +/- 0.5% of the final outturn. (DO)</p> <p>For capital, external consultancy/revenue business cases, ensure that submission to DHSSPS is in line with agreed timeframes. (DO)</p> <p>Ensure that a suitable skills base is maintained/developed to produce business cases and provide written assurance to RQIA's Board. (DO)</p>	<p>March 2015</p> <p>March 2015</p> <p>March 2015</p> <p>March 2015</p>

6	Performance Managing and monitoring corporate and financial performance to improve organisational effectiveness			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
			<p>Ensure Single Tenders Actions (STAs) >£30k are publicly published on a monthly basis in line with CPD requirements. (DO)</p> <p>Provide assurance to the Board that RQIA has adopted and maintained good procurement practice, as specified in DHSSPS's Review of Procurement, or as separately promulgated by DHSSPS. Report to the Board in September 2014 and March 2015 on this matter. (DO)</p>	<p>March 2015</p> <p>Sept 2014 / March 2015</p>

7	Evidence Underpinning our regulatory practice using research and available evidence			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
7.1	Embedded an evidence and research based culture within RQIA	<p>We will design and implement actions to embed evidence based practice across all the functions of RQIA</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • implementing an agreed action plan to ensure that relevant research and evidence informs our functions and that our staff have the training and skills required, increasing the contribution of RQIA to building the evidence base for effective regulation of health and social care • establishing effective collaboration for research with academic organisations and to share good practice with other regulators 	<p>Implement the objectives for the year 2014-15 as set out in the evidenced based practice framework and supporting action plan. 2014-15 actions include:</p> <ul style="list-style-type: none"> • Discussions with HSC Leadership Centre to develop systematic arrangements for submitting evidence to the knowledge exchange site • 2014-15 Schedule of invited speakers to address staff 	March 2015

8	Information Managing information and ICT effectively			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
8.1	Ensured that information is managed effectively to support RQIA's strategic and operational objectives	<p>The Information and Information Communication Technology (ICT) Strategy 2012-15 recognises that the effective management of information is critical to the delivery of RQIA's business priorities and aims to ensure that information is used to promote better decision-making.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • implementing the new Corporate Information Management System (i-Connect) • improving RQIA's performance by: <ul style="list-style-type: none"> – ensuring the effective management of information including data quality, analysis and reporting – improving access to accurate information to make better decisions at all levels – developing better mechanisms for exchanging and sharing information in controlled ways to support operational activities 	<p>Implement year three of the Information Management Action Plan from the Information and ICT Strategy 2012-15.</p> <p>Implement the new i-Connect system.</p> <p>Develop an Information and ICT Strategy for 2015-18.</p>	<p>March 2015</p> <p>Sept 2014</p> <p>March 2015</p>
8.2	Complied with best practice and the highest standards of information governance	We will ensure that we have the necessary policies, procedures, and systems in place to achieve a high level of compliance with information governance and records management standards.	Implement year three information governance actions from the Information and ICT Strategy 2012-15.	March 2015

8	Information Managing information and ICT effectively			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
		<p>Our priorities include:</p> <ul style="list-style-type: none"> • implementing the Information Governance Action Plan • developing and managing an information asset register • implementing a suite of records management procedures • ensuring compliance with relevant legislation and guidance • effectively managing information risks 		
8.3	Continued to provide an ICT environment that is user focused and able to respond effectively and efficiently to RQIA's changing business needs in order to support the organisation in meeting its statutory requirements	<p>We will take a holistic approach to the delivery of the best possible ICT environment which is flexible, robust, responsive, accessible, available and secure.</p> <p>Our priorities include:</p> <ul style="list-style-type: none"> • implementing the ICT initiatives within the Information and ICT Strategy 2012-15 • establishing a replacement ICT service by September 2012 • ensuring an appropriate and consistent investment in a robust ICT infrastructure through the annual capital investment plan 	<p>Implement year three ICT actions from the Information and ICT Strategy 2012-15.</p> <p>Review and test of ICT disaster recovery systems. (DO)</p>	<p>March 2015</p> <p>April 2014</p>

9	Governance Maintaining and promoting a robust governance and accountability framework			
	Strategic Objectives By 2015 we will have:	Key Priorities 2012-15	Actions 2014-15	Completion Date
			<p>Prepare and submit the Annual Progress Report on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order 2006.</p> <p>Carry out an independent evaluation of the Board governance arrangements. (DO)</p>	<p>Sept 2014</p> <p>March 2015</p>

Appendix 1 - Finance Section

1. Revenue Resource Limit (RRL)

The Department provided a four year allocation on the 1st of April 2011. On the 2nd July 2012 the Department enhanced this allocation by recurrently funding Dental Regulation. RQIA's allocation in relation to 2014/15 equates to:

	£	
Recurrent Allocation Baseline	6,604,955	
Additional 2014/15 Inescapables	140,889	
Incremental Savings	(42,114)	
Clinical Excellence award	38,076	
Total Allocation 2014/15	<u>6,741,806</u>	6,741,806

2. Capital Resource Limit (CRL)

The i-Connect project (originally named CIMS) received Department approval in 2012. The project is anticipated to deliver the completed system in Quarter 2 of 2014/15. A CRL allocation of £82K is required in 2014/15 to complete the project.

During 2014/15 we also plan to undertake a number of small capital expenditures, funding permitting. These schemes include the replacement of our phone system (£45K), our uninterruptable power supply (£6K), and our website

(£40K) and the implementation of the next phase of our rolling laptop/desktop hardware refresh (£25K). A business case will be developed for each scheme and submitted in quarter one of 2014/15.

3. Estimated Income from Charges

The estimated income from charges in 2014/15 is £896,074.

This figure is based on the current fees and frequencies regulations and includes estimates in relation to registration fees.

4. Total Permitted Gross Expenditure

The permitted gross revenue expenditure in 2014/15 is therefore estimated as follows:

Total Allocation 2014/15	6,741,806
Estimated Income from Charges	<u>896,074</u>
Total Permitted Gross Revenue Expenditure	<u>7,637,880</u>

Appendix 2 - Measures of Success

Measures of Success describe the qualitative and quantitative data that helps RQIA to gain insights, make better informed decisions and improve performance. The Measures of Success developed by RQIA as an integral part of the Corporate Strategy and performance management process are outlined below:

	Strategic Objectives By 2015 we will have:	Measures of success ³
1.1	Completed an annual targeted and proportionate regulation programme to protect and safeguard the public and achieve improved outcomes for service users	<ul style="list-style-type: none"> • Evaluation of the volume of inspection recommendations/requirements: <ul style="list-style-type: none"> – number of recommendations in the inspection reports that have been made against a specified standard (S) – number of requirements in the inspection reports that have been made against a specified standard (S) • Volume of inspection activity (completed versus scheduled) <ul style="list-style-type: none"> – % of inspections completed in line with the statutory minimum requirements (measured against valid number of establishments) (Q) – number of unplanned inspections undertaken to follow up on concerns (Q) – volume of regulation registrations and de-registrations (Q) • Number of service users and staff consulted as part of the inspection process <ul style="list-style-type: none"> – number of service users and/or representatives interviewed (during inspections) (Q) – number of staff consulted with as part of the inspection process (Q)
1.2	Ensured that regulation is carried out effectively and that its outcomes and impact on policy are communicated to all relevant stakeholders	<ul style="list-style-type: none"> • Evaluation of the support and guidance provided by Regulation Directorate <ul style="list-style-type: none"> – % of persons who attended the annual provider information events who are satisfied with the guidance and information provided at these events (A) – number of stakeholder workshops provided (S) • Number of liaison meetings held with stakeholders (HSC trusts/Board/PHA etc.) (Q)

³ Frequency of reporting is indicated by (Q), (S) or (A). “Q” denotes quarterly reporting; “S” denotes six monthly reporting; and “A” denotes annual reporting.

	Strategic Objectives By 2015 we will have:	Measures of success ³
		<ul style="list-style-type: none"> Assessment of the regulation and inspection documentation that has been produced within agreed timescales <ul style="list-style-type: none"> inspection packs issued to providers six weeks prior to inspection (Q) draft inspection reports issued to providers within 28 days from when the inspection was completed (Q) (DO) inspection reports to be provided to the communications team within three days of being made open (Q) Number of consultations, number of working groups and number of issues raised with DHSSPS that have led to the revision of standards, guidelines and policies (Q)
2.1	Provided public assurance that agreed quality standards for health and social care are being achieved	<ul style="list-style-type: none"> Progression on completion of the Three-Year Review Programme 2012-15 (Q) Progression on completion of the 2014-15 IR(ME)R inspection programme (Q) Progression on completion of agreed 2014/15 core infection prevention and control and hygiene inspection programme (Q)
2.2	Ensured that all review activity is designed to support continuous improvement and protect rights	<ul style="list-style-type: none"> Assessment of compliance with regional targets for the augmented care inspection programme (Q) Evaluation of the delivery of Prison Review Team recommendation compliance reports (Q)
3.1	Provided optimal safeguards for all users of mental health and learning disability services	<ul style="list-style-type: none"> % of recommendations in the inspection reports that have been fully implemented by the HSC trusts at the date of the next inspection activity (Q) % of patients and/or representatives interviewed (during inspections and patient experience interview inspections) who are satisfied with the quality of their care and treatment as a hospital inpatient (Q) % compliance by HSC trusts with HSC Board regional procedure for reporting and follow-up of serious adverse incidents using RQIA agreed set of standards (Q) 100% of prescribed forms screened within the agreed statutory and organisational timeframes (72hrs) and HSC trusts informed of any errors (Q)

	Strategic Objectives By 2015 we will have:	Measures of success³
3.2	Ensured that all review and inspection activity drives service improvement and is communicated to stakeholders	<ul style="list-style-type: none"> • % hospital wards who attended RQIA MHL D annual provider information events and annual medical conference (A) • % attendees at the annual provider information events and annual medical conference who are satisfied with the guidance and information provided at these events (A) • % of ward managers that were satisfied with the inspection experience including the guidance and information provided throughout the inspection process (Q)
3.3	Engaged effectively in the development of policy and emerging legislation	<ul style="list-style-type: none"> • Number and types of recommendations made following inspections that directly influenced the DHSSPS revision of regional guidance and policy or HSCB commissioning plans (Q)
4.1	Embedded Personal and Public Involvement (PPI) as a fundamental part of all of RQIA's work	<ul style="list-style-type: none"> • Analysis of user consultation interviews to ascertain the views of both service users and their representatives as part of the domiciliary care agencies inspection to demonstrate assurance in care, improvement in care documentation and identifying areas of concern (Q) • % of actions implemented in the PPI Action Plan that met their intended outcome (S)
4.2	Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public	<ul style="list-style-type: none"> • Assess print and broadcast media coverage of the work of RQIA and to determine the proportion of positive/negative/neutral coverage (Q) • Evaluation of the number and type of external presentations made by RQIA staff (Q)
5.1	Continued to ensure that we have a professionally competent workforce delivering on RQIA's strategic objectives	<ul style="list-style-type: none"> • A minimum of 90% of all staff with completed appraisals and PDPs by May (DO) (Q) • A minimum of 90% of all staff with completed mid-year reviews completed by October (S) • % time lost due to sickness on average not in excess of 4.6% (DO) (Q) • % of time lost due to sickness that is work related (Q) • % and attainment of substantive compliance of the HR CAS (A)

	Strategic Objectives By 2015 we will have:	Measures of success ³
5.2	Designed and implemented a range of organisational development initiatives	<ul style="list-style-type: none"> • Improvement in biannual regional staff survey and annual pulse survey results (A) • % of learning interventions as identified in the corporate and directorate learning plans that achieved the planned outcomes (A) • 100% of staff compliant with statutory and mandatory training requirements (S) • Improvement in biannual culture survey results (S)
6.2	Aligned resources to support RQIA's strategic priorities and maintained our financial performance	<ul style="list-style-type: none"> • Breakeven on income and expenditure (+/- 0.25%) (DO) (Q) • 95% of invoices paid each month within terms and conditions (30 days) (DO) (Q) • 50% of invoices paid each month within terms and conditions (10 days) (DO) (Q) • 100% of outstanding debt recovered within the financial year (Q) • % and attainment of substantive compliance of the finance CAS (A)
8.1	Ensured that information is managed effectively to support RQIA's strategic and operational objectives	<ul style="list-style-type: none"> • % and attainment of substantive compliance of the information management CAS (A) (DO)
8.2	Complied with best practice and the highest standards of information governance	<ul style="list-style-type: none"> • 100% of freedom of information (FOI) requests responded to within 20 working days – input/process (Q) • 100% subject access requests completed within 40 days (Q)
8.3	Continued to provide an ICT environment that is user focused and able to respond effectively and efficiently to RQIA's changing business needs in order to support the organisation in meeting its statutory requirements	<ul style="list-style-type: none"> • % and attainment of substantive compliance of the ICT CAS (A) • Assessment of the effectiveness level of RQIA's ICT service (good to excellent as per staff satisfaction survey) (A)

	Strategic Objectives By 2015 we will have:	Measures of success ³
9.1	Complied with legislative requirements and best practice in relation to governance, risk management and independent assurance	<ul style="list-style-type: none"> • Attainment of an unqualified audit opinion from the C&AG (A) • Attainment of a minimum score of 75% to achieve substantive compliance with the 10 controls assurance standards (A) (DO) • % of internal/external audit recommendations successfully implemented within agreed timescale (Q)

Appendix 3 – Glossary of Terms and Abbreviations

BCP	Business continuity plan
CAS	Controls assurance standards
CIMS	Corporate Information Management System
DDO	Disability Discrimination Order
DHSSPS	Department of Health, Social Services and Public Safety
EDRMS	Electronic documents records management system
EFQM	European Foundation for Quality Management
EPSO	European Partnership for Supervisory Organizations in Health Services and Social Care
FOI	Freedom of information
HSC	Health and social care
ICT	Information communications technology
IIP	Investors in People
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
KPI	Key performance indicators
KPQ	Key performance questions
KSF	Knowledge and skills framework
MHLD	Mental health and learning disability
MHO	Mental Health (Northern Ireland) Order 1986
MOU	Memorandum of understanding
NIAO	Northern Ireland Audit Office
NISSC	Northern Ireland Social Care Council
NPM	National preventive mechanism
OPCAT	Optional Protocol to Convention Against Torture
PDP	Personal development plan
PPI	Personal and public involvement
SAI	Serious adverse incidents
ToR	Terms of reference
VfM	Value for money



The Regulation and Quality Improvement Authority is an independent organisation which aims to ensure the public in Northern Ireland has access to the best possible standards of health and social care.

RQIA was set up by the Department of Health, Social Services and Public Safety in 2005. It has a remit to regulate, inspect, and monitor statutory, private and voluntary sector bodies which provide health and social care services and to promote, and in certain areas enforce, improved standards wherever they are needed.

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RQIA Board Meeting

Date of Meeting	16 January 2014
Title of Paper	Plan for the Development of the new Corporate Strategy 2015-18
Agenda Item	9A
Reference	E/07/13
Author	Maurice Atkinson
Presented by	Maurice Atkinson
Purpose	The purpose of this paper is to outline the approach and timelines for the development of the new Corporate Strategy 2015-18.
Executive Summary	<p>The high level Plan on Page 3 outlines the key tasks and associated timeline for the development of the new Corporate Strategy 2015-18. It is anticipated that the Corporate Strategy will be approved at the meeting of the Board in January 2015.</p> <p>The Board is asked to nominate 3 Board members to join the Strategy Steering Group. The role of the Steering Group will be to provide strategic input to the development of the new Corporate Strategy. Members of the Executive Team will also be members of the Steering Group which will be chaired by the Director of Corporate Services.</p> <p>The Planning & Corporate Governance Manager will act as the project lead for the development of the Strategy.</p> <p>The first task for the Steering Group will be to engage in the preliminary thinking about the Strategy in preparation for the pre-consultation and roundtable events.</p>
FOI Exemptions Applied	None























Equality Impact Assessment	Not Applicable
Recommendation/Resolution	The Board is asked to APPROVE the proposed approach and timelines for the development of the new Corporate Strategy 2015-18 and to NOMINATE 3 Board members to join the Strategy Steering Group.
Next steps	Formation of the Strategy Steering Group and the development of the Corporate Strategy 2015-18.

DEVELOPMENT OF RQIA CORPORATE STRATEGY 2015-18																		
	2013		2014												2015			
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April
Initiate Project and establish Steering Group																		
Develop materials for pre-consultation with internal stakeholders																		
Run pre-consultation and roundtable events																		
Run staff engagement workshop/s																		
Develop draft strategy																		
Approval of draft strategy (Board Meeting 3 July)																		
Formal Consultation (12 weeks)																		
Analysis of feedback from consultation																		
Finalise draft strategy																		
Approval of draft strategy:																		
RQIA Board January 2015																		
DFP																		
Communicate new strategy to staff																		
Development/Approval of Business Plan 2015/16 (based on draft Corporate Strategy)																		

RQIA Board Meeting

Date of Meeting	16 January 2014
Title of Paper	Plan for the Development of the RQIA Review Programme 2015-2018
Agenda Item	9B
Reference	F/07/13
Author	Jacqui Murphy David Stewart
Presented by	David Stewart
Purpose	The purpose of this paper is to outline the approach and timescale for the development of the RQIA Review Programme 2015-2018.
Executive Summary	<p>The attached high level plan outlines the key tasks and associated timescales for the development of the RQIA Review Programme 2015-2018. It is anticipated that the RQIA Review Programme will be approved at the meeting of the Board in January 2015.</p> <p>The Board is asked to initially nominate 2 Board members to join the Project Team. The role of these Board members will be to represent the Board on the Project Team and provide strategic input to the development of the RQIA Review Programme. The Project Team will comprise:</p> <ul style="list-style-type: none"> • 2 identified Board Members • Director of Reviews and Medical Director • Head of Programme, Reviews Directorate • Senior Project Manager, Reviews Directorate • An identified Project Manager, Reviews Directorate <p>Upon appointment of the next set of Board members, a further representative will be sought.</p> <p>The first task for the Project Team will be to agree an approach for consultation and development of the published Review Programme.</p>

	<p>The Project Team will report to the already established Review Programme Steering Group which comprises representation from all RQIA Directorates.</p> <p>Development of the Review Programme involves consultation with a wide range of stakeholders and, as far as possible, existing liaison methods will be used.</p> <p>A parallel process of engagement with the DHSSPS in respect of commissioned reviews will also take place.</p>
FOI Exemptions Applied	None
Equality Impact Assessment	Not Applicable
Recommendation/ Resolution	The Board is asked to APPROVE the proposed approach and timescales for the development of the RQIA Review Programme 2015-2018 and to NOMINATE 2 Board members to join the Project Team.
Next steps	Formation of the Project Team and agreement of an approach for consultation and development of the published Review Programme.

	2014-15															
Development of Review Programme 2015-2018	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015
RQIA Board Meetings																
Review Programme Steering Group	28-Jan	18-Feb	27-Mar	15-Apr	21-May	17-Jun	16-Jul	19-Aug	17-Sep	21-Oct	19-Nov	16-Dec	tbc	tbc	tbc	tbc
Project Team Meetings	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
PLANNING																
Develop plan																
Agree plan																
Agree process for development																
Submit plan to RPSG																
PRE-CONSULTATION																
Preparation for pre-consultation																
Pre-consultation period																
PRE-CONSULTATION ANALYSIS																
PLANNING REVIEW PROGRAMME																
Shortlisting																
Prioritisation																
Balancing																
Rationale Documents																
DRAFT PROGRAMME DOCUMENT																
Submit to RPSG																
Amendments to programme																
Submit to RQIA Board																
DHSSPS COMMISSIONED REVIEWS																
Parallel work to identify DHSSPS commissioned reviews																
Balancing meeting with DHSSPS																
FINAL PROGRAMME DOCUMENT																
Consultation on review programme																
Amendments to programme																
Submit to RQIA Board																
Printing																
Publish																
Commence Programme																

RQIA Board Meeting

Date of Meeting	16 January 2014
Title of Paper	Policy, Procedures and Standing Orders for the Appointment to or Suspension or Removal from the RQIA List of Part IV Medical Practitioners
Agenda Item	10
Reference	G/07/13
Author	Theresa Nixon
Presented by	Theresa Nixon
Purpose	To seek approval of the Policy, Procedures and associated documentation regarding the Appointment/ Suspension or Removal of Part IV Medical Practitioners from the RQIA List of Part IV Medical Practitioners.
Executive Summary	Following the September Board meeting, it was agreed that the policy and procedures and other associated documentation to enable the Board to make decisions regarding appointments to the RQIA List of Part IV Medical Practitioners, should be completed. All of the required documentation has been completed for Board approval.
FOI Exemptions Applied	None
Equality Impact Assessment	13 December 2013
Recommendation/ Resolution	<p>Agree the appointment of a Chairperson for the Appointment Panel and three other Board members who will meet monthly to review applications for appointment.</p> <p>Approve the draft Policy and Procedures for the Appointment to the RQIA List of Part IV Medical Practitioners.</p> <p>Approve the Policy and Procedures for the establishment of a Suspension or Removal Panel.</p>

	<p>Approve the procedures to be followed should any Medical Practitioner make representation in respect of a decision made by the Appointment and Removal Panel.</p> <p>Approve Standing Order Number Five which establishes a Panel for the Appointment to or Suspension or Removal from the RQIA List of Part IV Medical Practitioners.</p> <p>Agree that a training plan is put in place for Board members involved in any of the above processes.</p> <p>Agree if the Chair of the proposed Part IV RQIA Appointment Panel should produce a report annually to the RQIA Board, on the work of the Panel.</p>
Next steps	<p>Application Forms and Guidance notes for Part IV Medical Practitioners will be placed on the RQIA website.</p> <p>Details of appointments made will also be placed on the website.</p> <p>Deliver a training programme if agreed for Board members involved in the appointment to or Suspension or Removal of Part IV Medical Practitioners.</p>



APPOINTMENT TO THE LIST OF RQIA PART IV MEDICAL PRACTITIONERS

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	L1B	Letter	Letter of Response to Application for Re-Appointment to the RQIA List of Part IV Medical Practitioners enc. application pack
	L1C	Letter	Letter to advise Medical Practitioner of the date of renewal of their Part IV status and need to apply for Re-appointment to the RQIA List of Part IV Medical Practitioners enc. application pack
2	L2A	Letter	Letter advising applicant that relevant information is not enclosed and application cannot be progressed
	L2B	Letter	Letter of Non Progression of Application for Re-Appointment to the RQIA List of Part IV Medical Practitioners due to absence of required information
3	L3A	Letter	To Sessional Medical Officer seeking professional opinion for Appointment Panel regarding Appointment to the RQIA List of Part IV Medical Practitioners
	L3B	Letter	Letter to Sessional Medical Officer seeking professional opinion for Appointment Panel regarding Re-Appointment to the RQIA List of Part IV Medical Practitioners

4	L4A	Letter	Letter to Appointment Panel to accompany applications from Medical Practitioners seeking Appointment to the RQIA List of Part IV Medical Practitioners
	L4B	Letter	Letter to Appointment Panel to accompany applications (Re-Appointment)
5	L5A	Letter	Letter of Confirmation of Appointment to the RQIA List of Part IV Medical Practitioners
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6	L6A	Letter	Letter of Decision confirming Non appointment by Panel (Appointment)
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7	L7	Letter	Letter for Medical Practitioner to make Representation following the decision by the RQIA Appointment Panel not appoint as a Part IV Medical Practitioner
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9	L9	Letter	Covering Letter: Decision of RQIA Appointment Representation Panel– Upheld/Not Upheld
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TEMPLATE L1A

**Response to application for appointment to the RQIA List of Part IV
Medical Practitioners enc. application pack**

Our ref: L1A/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Appointment to the RQIA List of Part IV Medical Practitioners

Further to your request on (insert date received) to be appointed to the RQIA List of Part IV Medical Practitioners, I enclose an application pack for your completion.

The RQIA Appointment Panel meet on a monthly basis. The application form and any supporting documentation required should be returned to RQIA no later than (insert date 28 days post date of letter).

Should you have any queries about this matter, please contact the Mental Health and Learning Disability Team on 028 9051 7500.

Yours sincerely

**Patrick Convery
Head of Mental Health and Learning Disability**

TEMPLATE L1B

**Response to Application for Re-Appointment to the RQIA List of Part IV
Medical Practitioners enc. application pack**

Our ref: L1B/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Re-Appointment to the RQIA List of Part IV Medical Practitioners

Further to your request on (insert date received) to be re-appointed to the RQIA List of Part IV Medical Practitioners, I enclose an application pack for your completion.

The RQIA Appointment Panel meet on a monthly basis. The application form and any supporting documentation required should be returned to RQIA no later than (insert date 28 days post date of letter).

Should you have any queries about this matter, please contact the Mental Health and Learning Disability Team on 028 9051 7500.

Yours sincerely

**Patrick Convery
Head of Mental Health and Learning Disability**

TEMPLATE – L1C

Letter to advise Medical Practitioner of the date of renewal of their Part IV status and need to apply for Re-appointment to the RQIA List of Part IV Medical Practitioners enc. application pack

Our ref: L1C/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Re-Appointment to the RQIA List of Part IV Medical Practitioners

I write to advise that your current appointment to the RQIA List of Part IV Medical Practitioners is due for renewal on the xxxx (date). I enclose an application pack for your information and completion, should you wish to seek reappointment.

Should you not wish to make application for reappointment please advise me by return.

The RQIA Appointment Panel meet on a monthly basis. The application form and any supporting documentation required should be returned to RQIA no later than (insert date 28 days post date of letter).

Should you have any queries about this matter, please contact the Mental Health and Learning Disability Team on 028 9051 7500.

Yours sincerely

Patrick Convery
Head of Mental Health and Learning Disability

Enc

TEMPLATE – L2A

Letter advising applicant that relevant information is not enclosed and application cannot be progressed

Our ref: L2APC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Appointment to the RQIA List of Part IV Medical Practitioners

I am writing to inform you that despite making contact with you on (insert dates) RQIA has not received the following information which is required to progress your application for appointment to the RQIA List of Part IV Medical Practitioners:

(List the missing information)

I regret that your application cannot be progressed at this time in the absence of the information required. I would be pleased if you would review this matter and advise me if you wish to progress with your application.

Yours sincerely

Patrick Convery
Head of Mental Health and Learning Disability

TEMPLATE – L2B

Non Progression of Application for Re-Appointment to the RQIA List of Part IV Medical Practitioners due to absence of required information

Our ref: L2B/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Re-Appointment to the RQIA List of Part IV Medical Practitioners

I am writing to inform you that despite making contact with you on (insert dates) RQIA has not received the following information in support of your application for re-appointment to the RQIA List of Part IV Medical Practitioners:

(List missing information)

I regret that your application can no longer be progressed at this time in the absence of the information required.

Yours sincerely

Patrick Convery
Head of Mental Health and Learning Disability

TEMPLATE – L3A

To Sessional Medical Officer seeking professional opinion for Appointment Panel regarding Appointment to the RQIA List of Part IV Medical Practitioners

Our ref: L3A/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Appointment to the RQIA List of Part IV Medical Practitioners

Please find enclosed application form(s) and associated documents for your consideration prior to the next Appointment Panel on *insert date of next meeting*, from the following Medical Practitioner(s):

(Bullet point by name of those applying - may be more than one)

A copy of the eligibility criteria has also been enclosed for ease of reference.

I should be grateful if you could review the following application(s) and complete the attached pro-forma and return this to me by (add date – 5 working days post date of letter)

Very many thanks.

Yours sincerely

Patrick Convery
Head of Mental Health and Learning Disability

Enc

TEMPLATE – L3B

**Letter to Sessional Medical Officer seeking professional opinion for
Appointment Panel regarding Re-Appointment to the RQIA List of Part IV
Medical Practitioners**

Our ref: L3B/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Re-Appointment to the RQIA List of Part IV Medical Practitioners

Please find enclosed application form(s) and associated documents for your consideration prior to the next Appointment Panel on *insert date of next meeting*, from the following Medical Practitioner(s):

(Bullet point names of those applying - may be more than one)

A copy of the eligibility criteria has also been enclosed for ease of reference.

I should be grateful if you could review these applications and complete the attached pro-forma (Form 5 – Appointment/ Re-appointment checklist - 18) and return it to me by (add date – 5 working days post date of letter).

Many thanks.

Yours sincerely

Patrick Convery
Head of Mental Health and Learning Disability

Enc

TEMPLATE – L4A

To Appointment Panel to accompany applications from Medical Practitioners seeking Appointment to the RQIA List of Part IV Medical Practitioners

Our ref: L4A/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Panel Member)

Dear (Name of Panel Member)

Appointment to the RQIA List of Part IV Medical Practitioners

Please find enclosed for your consideration application forms and associated documentation from the following Medical Practitioners seeking appointment to the RQIA List of Part IV Medical Practitioners:

(Bullet point list of names of those applying - may be more than one)

The attached application forms have been reviewed by Dr (insert name), (Sessional Medical Practitioner for RQIA and his/ her comments are provided). A copy of the eligibility criteria has also been enclosed for verification by the Panel.

The date of the next Appointment Panel meeting is (insert date) at (insert time).

Thank you for your consideration of these applications. Should you have any queries please do not hesitate to contact me on 028 90517569.

Yours sincerely

Patrick Convery
Head of Mental Health and Learning Disability

Enc

TEMPLATE – L4B

To Appointment Panel to accompany applications (Re-Appointment)

Our ref: L4B/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Panel Member)

Dear (Name of Panel Member)

Re-Appointment to the RQIA List of Part IV Medical Practitioners

Please find enclosed for your consideration application forms and associated documentation from the following Medical Practitioners seeking appointment to the RQIA List of Part IV Medical Practitioners:

(Bullet point names of those applying - may be more than one)

These application forms have been reviewed by Dr (insert name), (Sessional Medical Practitioner for RQIA and his/her comments are provided). A copy of the eligibility criteria has also been enclosed for verification by the Panel.

The date of the next Appointment Panel meeting is (insert date) at (insert time).

Thank you for your consideration of these applications. Should you have any queries please do not hesitate to contact me on 028 90517569.

Yours sincerely

Patrick Convery
Head of Mental Health and Learning Disability

Enc

TEMPLATE – L5A

Confirmation of Appointment to the RQIA List of Part IV Medical Practitioners

Our ref: L5A/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Appointment to the RQIA List of Part IV Medical Practitioners

I am writing to inform you that the RQIA Appointment Panel has agreed your appointment (delete as appropriate) to the RQIA list of Part IV Medical Practitioners for the period (duration to be inserted as appropriate).

As an RQIA Part IV Medical Practitioner 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 second opinion regarding need for ECT or psycho-surgery.
- Provide as required reports for a court under Part III of the Mental Health (Northern Ireland) Order 1986.
- Inform RQIA of any change to the details you have submitted to us e.g. change of your employer or if you wish to be removed from the RQIA List of Part IV Medical Practitioners.

Your Certificate of Appointment is enclosed.

Yours sincerely

Dr John Jenkins CBE
Chairman of RQIA Appointment Panel

TEMPLATE – L5B

Confirmation of Re-Appointment to the RQIA List of Part IV Medical Practitioners

Our ref: L5B/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Re-Appointment to the RQIA List of Part IV Medical Practitioners

I am writing to inform you that RQIA has re-appointed (delete as appropriate) you to the RQIA list of Part IV Medical Practitioners for a period (duration to be inserted as appropriate).

This appointment authorises you to admit and detain a patient in hospital for assessment under Part II of The Mental Health (NI) Order 1986. As an RQIA Part IV Medical Practitioner you are required to adhere to your responsibilities under the Mental Health (Northern Ireland) Order 1986 including:

- Completion of relevant forms in respect of providing second opinion regarding need for ECT or psycho-surgery.
- Provide as required reports for a court under Part III of the Mental Health (Northern Ireland) Order 1986.
- Inform RQIA of any change to the details you have submitted to us e.g. change of your employer or if you wish to be removed from the RQIA List of Part IV Medical Practitioners.

Your Certificate of Appointment is enclosed.

Yours sincerely

Dr John Jenkins CBE
Chairman of RQIA Appointment Panel

TEMPLATE – L6A

Letter of Decision confirming Non appointment by Panel (Appointment)

Our ref: L6A/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Appointment to the RQIA List of Part IV Medical Practitioners

The RQIA Appointment Panel met on (insert date of Panel Meeting) to consider your application for appointment (delete as appropriate) to the RQIA List of Part IV Medical Practitioners.

I regret to inform you that based on the information available the Appointment Panel has not approved your appointment (delete as appropriate).

(Panel Chair to complete one of the following sentences)

The information you submitted in support of your application was incomplete, and the Appointment Panel did not receive confirmation of (insert details of missing information).

AND/OR

The information you provided does not meet the specified criteria for appointment (delete as appropriate) in respect of (insert reasons why information did not meet the criteria).

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 days).

Yours sincerely

Dr John Jenkins CBE
Chairman of the Appointment Panel

TEMPLATE – L6B

Letter of Decision confirming Non appointment by Panel (Re-Appointment)

Our ref: L6B/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Re-Appointment to the RQIA List of Part IV Medical Practitioners

The RQIA Appointment Panel met on (insert date of Panel Meeting) to consider your application for re-appointment (delete as appropriate) to the RQIA List of Part IV Medical Practitioners.

I regret to inform you that based on the information available the Appointment Panel has not approved your re-appointment (delete as appropriate).

(Panel Chair to complete one of the following sentences)

The information you submitted in support of your application was incomplete, and the Appointment Panel did not receive confirmation of (insert details of missing information).

AND/OR

The information you provided does not meet the specified criteria for re-appointment (delete as appropriate) in respect of (insert reasons why information did not meet the criteria).

Should you wish to make representation to RQIA regarding this decision you can do so by using the attached proforma (See L10) which should be received at RQIA by (insert date – 28 days).

Yours sincerely

Dr John Jenkins CBE
Chairman of the Appointment Panel

TEMPLATE L7

Letter for Medical Practitioner to make Representation following the decision by the RQIA Appointment Panel not appoint as a Part IV Medical Practitioner

Our ref: L7/PC/admin initials

(Date)

The RQIA Board Chairman
Regulation and Quality Improvement Authority
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Dear (Chairman)

Decision by the RQIA Appointment Panel not to ratify my appointment to the RQIA List of Part IV Medical Practitioners

I wish to make representation in respect of the decision of the RQIA Appointment Panel of (*insert date*) regarding my non-appointment to the RQIA List of Part IV Medical Practitioners.

I make my representation on the following matters:

I should be grateful if you could acknowledge receipt of my letter and inform me of the outcome of your decision, in line with RQIA's Appointment Representation Panel Procedures, within 28 working days of the receipt of this letter.

Yours sincerely

Signed (Medical Practitioner)

TEMPLATE – L8

Letter of acknowledgement of written representation following non appointment by Part IV Appointment Panel

Our ref: L8/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Receipt of Letter of Representation of RQIA's decision not to agree Appointment to the RQIA List of Part IV Medical Practitioners (Name of Doctor)

I write to acknowledge receipt of your written representation with regard to the RQIA decision not to appoint you to the RQIA List of Part IV Medical Practitioners as outlined to you in your letter from the Chairman of the RQIA Part IV Medical Practitioner Appointment Panel, of (insert date of previous correspondence from the Chairman).

In line with RQIA's Appointment Representation Panel Procedures, I will convene an Independent Appointment Representation Panel to consider your letter.

I will write to you within 28 working days to advise you of the decision of this Panel.

Yours sincerely

RQIA Chairman

cc Chief Executive, RQIA
Director of Mental Health, Learning Disability and Social Work
Head of Mental Health and Learning Disability Directorate

TEMPLATE –L9

Covering Letter: Decision of RQIA Appointment Representation Panel – Upheld/Not Upheld

Our ref: L9/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Decision of RQIA Appointment Representation Panel following representation re non-appointment to the RQIA List of Part IV Medical Practitioners

I refer to previous correspondence sent to you on (insert date).

An RQIA Appointment Representation Panel was set up to review your representation regarding your non-appointment to the RQIA List of Part IV Medical Practitioners.

The Panel has considered your written representation dated (insert date) and decided that (delete as appropriate):

1. the grounds of your representation has been upheld
or
2. that the decision of the RQIA Appointment Panel has not been upheld and your appointment has been agreed by the Appointment Representation Panel.

The RQIA Appointment Representation Panel's reason(s) for reaching this decision are as follows:

However, if you are dissatisfied with the way RQIA has responded to your representation, you may complain to me in writing within 28 working days following the receipt of this letter.

Yours sincerely

RQIA Chairman

cc Chief Executive
Complaints Manager
Communications Manager

CEO of all HSCTs / DHSSPS / HSCB / Other relevant Stakeholders, if relevant on advice of DLS

TEMPLATE L10

Template letter for Medical Practitioner to make representation following suspension or removal from RQIA's List of Part IV Medical Practitioners

Our ref: L10/PC/admin initials

(Date)

RQIA Board Chairman
Regulation and Quality Improvement Authority
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Dear **Chairman**

Letter of Representation following the decision by the RQIA Suspension or Removal Representation Panel to suspend or remove Dr xx (add name of doctor), from the RQIA List of Part IV Medical Practitioners (delete as appropriate)

I wish to make representation in respect of the decision of the RQIA Suspension or Removal Representation Panel regarding my suspension or removal [delete as appropriate] from the RQIA List of Part IV Medical Practitioners, as received by me on (insert date).

I make representation in relation to the following matters:

I should be grateful for an acknowledgement of my letter and would ask that you inform me of the outcome of your decision within 28 working days of the receipt of my letter, in line with RQIA's Suspension or Removal Representation Panel Procedure.

Yours sincerely

Signed (**Medical Practitioner**)

TEMPLATE –L11

Acknowledgement of Receipt of Letter of Representation by RQIA Chairman

Our ref: L11/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Receipt of Letter of Representation following RQIA's decision to remove your name from the RQIA List of Part IV Medical Practitioners

I write to acknowledge receipt of your written representation with regard to the RQIA decision to remove or suspend (~~delete as appropriate~~) you from the RQIA List of Part IV Medical Practitioners as outlined to you in my letter of (~~insert date of previous correspondence from the Chairman~~).

In line with RQIA's Suspension or Removal Representation Panel Procedure, I will convene an independent RQIA Suspension or Removal Representation Panel to consider your letter of representation.

I will write to you within 28 working days to advise you of the decision of the RQIA Suspension or Removal Representation Panel.

Yours sincerely

RQIA Chairman

cc Chief Executive, RQIA
Director of Mental Health, Learning Disability and Social Work
Head of Mental Health and Learning Disability Directorate

TEMPLATE –L12

Covering Letter: Decision of RQIA Suspension and Removal Panel

Our ref: L12/PC/admin initials

Private and Confidential

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Decision of RQIA Suspension or Removal Representation Panel to suspend or remove you from the RQIA List of Part IV Medical Practitioners

I refer to previous correspondence sent to you on (insert date) which confirmed that in line with the Regulation and Quality Improvement Authority's (RQIA) Suspension or Removal Policy and Procedure, a Suspension or Removal Representation Panel was set up to consider your written representations in relation to your suspension or removal (delete as appropriate) from the RQIA List of Part IV Medical Practitioners.

The RQIA Suspension or Removal Representation Panel has considered your written representations dated (insert date) and determined that the decision to suspend or remove you should be upheld and your name will be removed from the RQIA List of Part IV Medical Practitioners

or (please delete as appropriate)

that the decision of the RQIA Suspension or Removal Representation Panel has not been upheld (delete as appropriate).

The reason(s) for the Panel's determination is / are (delete as appropriate) as follows:

This decision is final and there is no right of appeal. However, if you are dissatisfied with the way RQIA has responded to your representation, you may complain to the RQIA Board Chairman in writing within 28 working days following the receipt of this letter.

Yours sincerely

Chairman of Suspension/ Removal Panel

cc Chief Executive
 Complaints Manager
 Communications Manager
 CEO of all HSCTs / DHSSPS / HSCB / Other relevant Stakeholders, if
 relevant on advice of DLS

TEMPLATE – E1

Reminder of outstanding information to enable renewal of Application for Appointment to the RQIA List of Part IV Medical Practitioners

Our ref: E1/PC/admin initials/Reference number

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Request for Part IV Medical Practitioner Information – (Name of Medical Practitioner)

Further to the email sent to you on (date of initial letter) by (indicate name of person), I am writing on behalf of the Regulation and Quality Improvement Authority's Appointment Panel, to request the outstanding information requested in respect of your application for appointment to the RQIA list of Part IV Medical Practitioners.

The following information is required:

(List Missing Information)

I would be grateful if you would provide RQIA with this material as a matter of urgency on or before (insert date 28 days post date of letter). Failure to submit this information will mean that RQIA is not in a position to progress your appointment.

Your cooperation in this matter is greatly appreciated.

Yours sincerely

Patrick Convery
Head of Mental Health and Learning Disability



**APPLICATION FOR APPOINTMENT TO THE RQIA LIST OF PART IV MEDICAL
PRACTITIONERS UNDER THE MENTAL HEALTH (NORTHERN IRELAND) ORDER
1986**

Please complete electronically or legibly in block capitals using black ink otherwise this application form will be returned to you. Please refer to enclosed guidance notes

Part A

1.0 Information about the Medical Practitioner

Personal Details

Title	
First Name	
Middle Names <i>(if any)</i>	
Surname (please indicate professional surname if different)	
Date of Birth	
Address Line 1	
Address Line 2	
Town	
Postcode	
Telephone (home)	
Mobile/Preferred Number	

Employment Details

Substantive post	
Employer's Name	
Professional/Work Address Line 1	

F1A – Appointment Application Form

Professional/Work Address Line 2	
Town	
Postcode	
Telephone	
E-mail Address	

2.0 Details of Previous Relevant Consultant Psychiatric Appointments (if required please use Continuation Sheet)

[illegible]

F1A – Appointment Application Form

Job Title	
Employer's Name	
Employer's Address	
Dates of employment	
Comments:	

Part B**3.0 Classification of Medical Practitioner**

	<i>Please tick the appropriate box below.</i>		Comment
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(a) Working for at least 10 years' in an HSC Trust as a Consultant Psychiatrist, in Mental Health, Learning Disability, Old Age Psychiatry, or related specialism	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Working for at least 10 years in an Independent Hospital as a Consultant Psychiatrist, in Mental Health, Learning Disability, Old Age Psychiatry, or related specialism	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Working as a Consultant Psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body in another jurisdiction (please state name of body)	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Working as a sessional Consultant Psychiatrist for RQIA	<input type="checkbox"/>	<input type="checkbox"/>	

4.0 Documents to be Provided by the Medical Practitioner

All documents in relation to the Medical Practitioner as listed below should be enclosed. Please refer to the guidance notes for further information.

It is the responsibility of each applicant to submit the required documentation to allow RQIA to consider the application for appointment to the list of Part IV Medical Practitioners. Should the applicant fail to do so, RQIA may not be able to progress their application.

F1A – Appointment Application Form

[illegible]

F1A – Appointment Application Form

<p>6. Evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years</p>	<input type="checkbox"/>	
<p>7. A referee form should be completed by a Medical Director or the Medical Director's authorised nominee, who can be an Associate Medical Director or a Clinical Director or Responsible Officer (if Independent Medical Practitioner)</p>		
<p>8. If Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986</p>		
<p>9. Applicants must provide a copy of their AccessNI Enhanced Disclosure Certificate</p> <p>OR if not available</p> <p>Medical practitioners should submit Valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £30 to RQIA</p> <p>Cheque (provide number):</p> <p>_____</p> <p>Or</p> <p>BACS remittance advice (provide reference):</p> <p>_____</p>		

F1A – Appointment Application Form

10. Evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland, within the current period of approval e.g. attendance at training course in respect of the draft Mental Capacity (Health, Welfare and Finance) Bill		
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5.0 Information Required Under The Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979

Have you ever been convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u><i>If yes, please provide details</i></u>		
<p>Please note: All Part IV Medical Practitioners must inform RQIA without delay if they:</p> <ul style="list-style-type: none">• have accepted a caution from the police or been criticised by an official inquiry• they have been charged with or found guilty of a criminal offence• another professional body has made a finding against their registration as a result of fitness to practise procedures• If they are suspended by an organisation from a medical post, or have restrictions placed on their practice		

Are you aware of any prosecutions outstanding or any pending court action against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u><i>If yes, please provide details</i></u>		

F1A – Appointment Application Form

Are you currently subject to any criminal investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><u><i>If yes, please provide details</i></u></p> <p>Where an applicant or appointee is cautioned or charged with any criminal offence, other than a parking or speeding offence, without aggravating circumstances, he/ she must report the matter at once to the RQIA Directorate of Mental Health and Learning Disability and Social Work.</p> <p>The applicant or appointee must keep RQIA informed of the progress and the outcome of the case. Convictions for some offences including motoring offences, need not necessarily be regarded as incompatible with continuing to provide services under Part IV of the Mental Health Order 1986.</p> <p>In such cases the Appointment Panel will review the appointment and decide if any further action is required.</p>		

6.0 Declaration of being subject to any current fitness to practise proceedings with professional regulatory body

Please indicate if you are subject to any current fitness to practise proceedings with your professional regulatory body

Yes
☐

No
☐

If yes, please provide details

7.0 Details of Referee	
Title	
First Name	
Surname	
Address Line 1	
Address Line 2	
Town	
Postcode	
Email Address	
Telephone	
Occupation	
Capacity in which known to you	
<ul style="list-style-type: none"> - Medical Director - Responsible Officer 	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <input type="checkbox"/> <input type="checkbox"/> </div>

8.0 Declaration of Medical Practitioner Applying to be Appointed to the RQIA List Of Part IV Medical Practitioners

I understand that it is an offence to knowingly make a statement which is false or misleading in a material respect and hereby confirm that all information in respect of this application is, to the best of my knowledge and belief, correct and complete. I am aware that it is my responsibility to inform RQIA of any information that is relevant to my application, and to update this information accordingly.

I understand that if applying as a Private Medical Practitioner or in circumstances where an AccessNI Enhanced Disclosure check was not undertaken as part of my current contract of employment in a HSC Trust or Independent Hospital, an Enhanced Disclosure Check must be obtained, before my application can be progressed. I am aware that spent convictions may be disclosed and I consent to the check being made.

I have knowledge and understanding of my legal responsibilities in relation to carrying on the functions of the Mental Health (Northern Ireland) Order 1986 and other relevant standards set by professional bodies and standard setting organisations.

Should it be required, I will undertake up-date training to ensure I have the necessary knowledge and skills to carry out my functions. I will maintain registration with my relevant professional regulatory body and adhere to its Code of Professional Conduct.

I declare that I am of the opinion that I am physically and mentally fit to carry out the duties of a Part IV Medical Practitioner under the Mental Health (Northern Ireland) Order 1986

Name <i>(print)</i>	Signature	Date

Continuation Sheet

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APPLICATION FOR RE-APPOINTMENT TO THE RQIA LIST OF PART IV MEDICAL PRACTITIONERS UNDER THE MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986

Please complete electronically or legibly in block capitals using black ink otherwise this application form will be returned to you. Please refer to enclosed guidance notes

Part A

1.0 Information about the Medical Practitioner

Personal Details

Title	
First Name	
Middle Names <i>(if any)</i>	
Surname (please indicate professional surname if different)	
Date of Birth	
Address Line 1	
Address Line 2	
Town	
Postcode	
Telephone (home)	
Mobile/Preferred Number	

Employment Details

Substantive post	
Employer's Name	
Professional/Work Address Line 1	

F1B – Re-Appointment Application Form

Professional/Work Address Line 2	
Town	
Postcode	
Telephone	
E-mail Address	

2.0 Details of Previous Relevant Consultant Psychiatric Appointments (if required please use Continuation Sheet)

[illegible]

F1B – Re-Appointment Application Form

Job Title	
Employer's Name	
Employer's Address	
Dates of employment	
Comments:	

Part B**3.0 Classification of Medical Practitioner**

	<i>Please tick the appropriate box below.</i>		Comment
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(a) Working for at least 10 years' in an HSC Trust as a Consultant Psychiatrist, in Mental Health, Learning Disability, Old Age Psychiatry or related specialism	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Working for at least 10 years in an Independent Hospital as a Consultant Psychiatrist, in Mental Health, Learning Disability, Old Age Psychiatry, or related specialism	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Working as a Consultant Psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body in another jurisdiction (please state name of body)	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Working as a sessional Consultant Psychiatrist for RQIA	<input type="checkbox"/>	<input type="checkbox"/>	

4.0 Documents to be Provided by the Medical Practitioner

All documents in relation to the Medical Practitioner as listed below should be enclosed. Please refer to the guidance notes for further information.

It is the responsibility of each applicant to submit the required documentation to allow RQIA to consider the application for re-appointment to the list of Part IV Medical

F1B – Re-Appointment Application Form

Practitioners. Should the applicant fail to do so, RQIA may not be able to progress their application.

F1B – Re-Appointment Application Form

Item	Tick	Comment
1. A fully completed application form	<input type="checkbox"/>	
<p>2. Evidence of 10 years relevant medical experience as a Consultant Psychiatrist in the specialism of Mental Health, Learning Disability, Old Age Psychiatry or related specialism</p> <p>Or</p> <p>Evidence of working as a Consultant Psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body</p> <p>Or</p> <p>Evidence of appointment as a Sessional Consultant Psychiatrist for RQIA</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3. Confirmation of full registration with the General Medical Council (GMC) and hold a current licence to practise for your last academic year	<input type="checkbox"/>	
4. Evidence of a valid Certificate of Specialist Training (CST) and/or be on the Specialist Register of GMC		
5. Evidence of satisfactory participation in continuing professional development including demonstration of registration with and provision of Continuing Professional Development (CPD) Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within your last academic year (please state name of body)	<input type="checkbox"/>	

F1B – Re-Appointment Application Form

<p>6. Evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years</p>	<input type="checkbox"/>	
<p>7. A referee form should be completed by a Medical Director or the Medical Director's authorised nominee, who can be an Associate Medical Director or a Clinical Director or Responsible Officer (if Independent Medical Practitioner)</p>		
<p>8. If Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986</p>		
<p>9. Applicants must provide a copy of their AccessNI Enhanced Disclosure Certificate</p> <p>OR if not available</p> <p>Medical practitioners should submit Valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £30 to RQIA</p> <p>Cheque (provide number):</p> <p>_____</p> <p>Or</p> <p>BACS remittance advice (provide reference):</p> <p>_____</p>		

F1B – Re-Appointment Application Form

<p>10. Evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland, within the current period of approval e.g. attendance at training course in respect of the draft Mental Capacity (Health, Welfare and Finance) Bill</p>		
<p>11. In addition to satisfying the requirements listed above, applicants for re-appointment are required to demonstrate on-going involvement in the diagnosis or treatment of mental disorder, for example by providing written confirmation of involvement in one or more of the following:</p> <p>(a) Acting as a Medical Member of the Mental Health Review Tribunal for Northern Ireland or equivalent body in another jurisdiction</p> <p>(b) Undertaking at least two Mental Health assessments where you had to consider the Mental Health (Northern Ireland) Order 1986 within the previous calendar year e.g. provision of second opinion for ECT</p> <p>(c) Working as a Sessional Consultant Psychiatrist for RQIA</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

5.0 Information Required Under The Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979

Have you ever been convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u><i>If yes, please provide details</i></u>		
<p>Please note: All Part IV Medical Practitioners must inform RQIA without delay if they:</p> <ul style="list-style-type: none">• have accepted a caution from the police or been criticised by an official inquiry• they have been charged with or found guilty of a criminal offence• another professional body has made a finding against their registration as a result of fitness to practise procedures• If they are suspended by an organisation from a medical post, or have restrictions placed on their practice		

Are you aware of any prosecutions outstanding or any pending court action against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u><i>If yes, please provide details</i></u>		

F1B – Re-Appointment Application Form

Are you currently subject to any criminal investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><u><i>If yes, please provide details</i></u></p> <p>Where an applicant or appointee is cautioned or charged with any criminal offence, other than a parking or speeding offence, without aggravating circumstances, he/ she must report the matter at once to the RQIA Directorate of Mental Health and Learning Disability and Social Work.</p> <p>The applicant or appointee must keep RQIA informed of the progress and the outcome of the case. Convictions for some offences including motoring offences, need not necessarily be regarded as incompatible with continuing to provide services under Part IV of the Mental Health Order 1986.</p> <p>In such cases the Appointment Panel will review the appointment and decide if any further action is required.</p>		

6.0 Declaration of being subject to any current fitness to practise proceedings with professional regulatory body

Please indicate if you are subject to any current fitness to practise proceedings with your professional regulatory body

Yes
☐

No
☐

If yes, please provide details

7.0 Details of Referee

Title	
First Name	
Surname	
Address Line 1	
Address Line 2	
Town	
Postcode	
Email Address	
Telephone	
Occupation	
Capacity in which known to you	
<ul style="list-style-type: none"> - Medical Director - Responsible Officer 	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>

8.0 Declaration of Medical Practitioner Applying to be Re-Appointed to the RQIA List Of Part IV Medical Practitioners

I understand that it is an offence to knowingly make a statement which is false or misleading in a material respect and hereby confirm that all information in respect of this application is, to the best of my knowledge and belief, correct and complete. I am aware that it is my responsibility to inform RQIA of any information that is relevant to my application, and to update this information accordingly.

I understand that if applying as a Private Medical Practitioner or in circumstances where an AccessNI Enhanced Disclosure check was not undertaken as part of my current contract of employment in a HSC Trust or Independent Hospital, an Enhanced Disclosure Check must be obtained, before my application can be progressed. I am aware that spent convictions may be disclosed and I consent to the check being made.

I have knowledge and understanding of my legal responsibilities in relation to carrying on the functions of the Mental Health (Northern Ireland) Order 1986 and other relevant standards set by professional bodies and standard setting organisations.

Should it be required, I will undertake up-date training to ensure I have the necessary knowledge and skills to carry out my functions. I will maintain registration with my relevant professional regulatory body and adhere to its Code of Professional Conduct.

I declare that I am of the opinion that I am physically and mentally fit to carry out the duties of a Part IV Medical Practitioner under the Mental Health (Northern Ireland) Order 1986

Name <i>(print)</i>	Signature	Date

Continuation Sheet

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

RQIA is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

A Medical Practitioner wishing to be appointed/re-appointed to the RQIA list of Part IV Medical Practitioners is required to make application to the RQIA Appointment Panel.

RQIA requires Medical Practitioners to meet the eligibility criteria set out in the RQIA Policy and Procedures for Appointment to the List of Part IV Medical Practitioners.

Medical Practitioners seeking appointment to the RQIA List of Part IV Medical Practitioners are required to declare all convictions subject to the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979. It is essential therefore that you inform RQIA of any convictions or other matters known to you which may render the applicant unsuitable for working with vulnerable people.

The reference you provide will be used to assist the Appointment Panel in agreeing your appointment to the RQIA Part IV List of Medical Practitioners. RQIA may be required to contact you, to further clarify or verify details provided in your reference. Please only complete the form if you are content for RQIA to do so.

I should be pleased if you could complete the attached form and add any other comments you consider to be relevant and **return the reference to the applicant at the address they have provided to you.**

Should you have any queries, please do not hesitate to contact the Mental Health and Learning Disability Team in RQIA on (028) 9051 7530.

Patrick Convery
Head of Mental Health and Learning Disability

TEMPLATE - FORM 2
EXPLANATORY NOTE & REFEREE FORM



REFEREE FORM

CONFIDENTIAL

Please complete all shaded sections. Use page overleaf if necessary

Name of the Applicant	
Position	
Organisation	
In what capacity is the applicant known to you? (please delete as appropriate)	<p>I am the applicant's:</p> <ul style="list-style-type: none">• Medical Director• The Medical Director's authorised nominee (who can be an Associate Medical Director or a Clinical Director)• Responsible Officer (if Independent Medical Practitioner).
The length of time the applicant has been known to you	
Duration of Employment (if applicable)	

Please confirm that the Medical Practitioner is actively engaged in annual appraisal of practice and fulfilling the requirements of their post

--

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

TEMPLATE - FORM 2
EXPLANATORY NOTE & REFEREE FORM

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I confirm that I am not a relative, nor have I any conflict of interest in relation to the person applying for appointment as a Part IV Medical Practitioner.

I support the application for the appointment or reappointment to the RQIA list of Part IV Medical Practitioners.

Name	Signature of Medical Director or Medical Director's authorised nominee (i.e. Associate Medical Director or Applicant's Clinical Director)	Date



Page 1 of 5

PART B Applicant's details

B1	Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>																				
	If 'Other' please give details																														
B2	Surname																														
B3	Forename(s)																														
B4	Name usually known by																														
B5	Surname at birth (if different)																														
	used until	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																								
B6	Any other surname(s) used?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If 'Yes', please complete F1, if 'No' go to B7																									
B7	Any other forename(s) used?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If 'Yes', please complete F5, if 'No' go to B8																									
B8	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>																										
B9	Date of birth	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																								
B10	Place of birth -	Town																													
		Country																													
B11	National insurance number																														
B12	Driving licence number																														
B13	Do you hold a valid passport?	No	<input type="checkbox"/>	If No, go to B17.				Yes	<input type="checkbox"/>	If Yes, complete B14, B15 and B16.																					
B14	Passport number																														
B15	Nationality																														
B16	Country of issue																														
B17	Do you have an ISA registration number?	No	<input checked="" type="checkbox"/>	If No, go to B19.				Yes	<input checked="" type="checkbox"/>	If Yes, complete B18.																					
B18	ISA registration number	<table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>										X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X												
B19	Do you have a Scottish Vetting & Barring number?	No	<input checked="" type="checkbox"/>	If No, go to B21.				Yes	<input checked="" type="checkbox"/>	If Yes, complete B20.																					
B20	Scottish Vetting & Barring number	<table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>										X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X												
B21	Preferred contact number																														

For AccessNI use only

PART D Applicant's current and delivery address

Please give details of your current address. This is the address to which all correspondence will normally be sent.

D1	Current address	<input type="text"/>
D2	Town / City	<input type="text"/>
D3	County	<input type="text"/>
D4	Country	<input type="text"/>
D5	Postcode	<input type="text"/>
D6	Lived at this address since	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please give details of a preferred Delivery Address for the Applicant's Correspondence (if different from above).

D7	Delivery address	<input type="text"/>
D8	Town / City	<input type="text"/>
D9	County	<input type="text"/>
D10	Country	<input type="text"/>
D11	Postcode	<input type="text"/>

PART E Address history

If you have lived at the address at D1-D5 for less than 5 years please provide details of all your previous address(es), including student accommodation, and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards. If necessary, please use the approved Address Continuation Sheet – this is downloadable at www.nidirect.gov.uk/accessni.

E1	Address	<input type="text"/>
E2	Town / City	<input type="text"/>
E3	County	<input type="text"/>
E4	Country	<input type="text"/>
E5	Postcode	<input type="text"/>
E6	Lived at this address from	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E7	Address	<input type="text"/>
E8	Town / City	<input type="text"/>
E9	County	<input type="text"/>
E10	Country	<input type="text"/>
E11	Postcode	<input type="text"/>
E12	Lived at this address from	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

This Section should only be completed if you have answered Yes to questions B6 or B7. You must provide details of your previous name(s), along with dates these names were used. There must be no gaps in the dates; overlapping dates are acceptable. Please use an additional page if necessary, clearly writing your current name at the top of the page.

Once you have completed Part F, please return to B8 to continue with this Form.

I understand the following:

- Page 4 of 5

PART H Registered Body information

H1 Is the applicant applying for an AccessNI disclosure? No ☐ If No, go to H7. Yes ☒ If Yes, continue from H2.

H2 Position applied for

H3 Organisation Name

H4 Will the work be carried out at the home of the applicant? No ☐ Yes ☐

H5 Is the disclosure required for the purposes of asking an exempted question? No ☐ Yes ☐

H6 Is the disclosure required for a prescribed purpose? No ☐ Yes ☐

H7 Does this position require a check of the Children's Barred List? (Regulated Activity) No ☐ Yes ☐

H8 Does this position require a check of the Vulnerable Adults' Barred List? (Regulated Activity) No ☐ Yes ☐

H9 Have you established the true identity of the applicant by examining a range of documents as set out in AccessNI Guidance, and verified the information provided in Parts B, D, E & F? No ☐ Yes ☐

H10 Application type: New post holder ☐ Existing post holder ☐ Re-check of existing post holder ☐

H11 Your reference Number

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

 (Do not use Counter Signatory number)

PART I Payment

11	Method of Payment	Account		No Payment (Volunteer)	
----	-------------------	---------	--	------------------------	--

PART J Declaration by Countersignatory

I confirm that the requisite documentation and information has been supplied and checked in accordance with AccessNI Guidance. I declare that the information I have provided in support of the application is complete and true and understand that knowingly to make false statement for this purpose may be a criminal offence.

J1 Signature of registered person (*please sign in box*)

J2 Date of signature

		/		/				
--	--	---	--	---	--	--	--	--

J3 Name in CAPITALS

Data Protection

Information on this form will be treated in confidence.

AccessNI is registered with the Information Commissioner. Data supplied by you on this form will be processed in accordance with the provisions of the Data Protection Act 1998.

TEMPLATE – FORM 4
SIGNATURE FORM FOR MEDICAL PRACTITIONER



**Signature Form for Medical Practitioner Appointed to the
RQIA List of Part IV Medical Practitioners**

First Name: _____
(Please print)

Surname: _____
(Please print)

Signature:

(Please sign within box)

Date: _____

TEMPLATE – FORM 5A

Appointment Checklist

Appointment to the RQIA List of Part IV Medical Practitioners

Ref: Dr _____

[illegible]

TEMPLATE – FORM 5A
Appointment Checklist

4. Evidence of a valid Certificate of Specialist Training (CST) and/or be on the Specialist Register of GMC	<input type="checkbox"/>	
5. Evidence of satisfactory participation in continuing professional development including demonstration of registration with and provision of Continuing Professional Development (CPD) Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within your last academic year (please state name of body)	<input type="checkbox"/>	
6. Evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years	<input type="checkbox"/>	
7. A referee form should be completed by a Medical Director or the Medical Director's authorised nominee, who can be an Associate Medical Director or a Clinical Director or Responsible Officer (if Independent Medical Practitioner)	<input type="checkbox"/>	
8. If Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of	<input type="checkbox"/>	

TEMPLATE – FORM 5A
Appointment Checklist

<p>their current insurance certificate of indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986</p>		
<p>9. Applicants must provide a copy of their AccessNI Enhanced Disclosure Certificate,</p> <p>Or if not available</p> <p>Medical practitioners should submit Valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £30 to RQIA</p> <p>Cheque (provide number):</p> <p>_____</p> <p>Or</p> <p>BACS remittance advice (provide reference):</p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>10. Evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland, within the current period of approval e.g.</p>	<p><input type="checkbox"/></p>	

TEMPLATE – FORM 5A
Appointment Checklist

attendance at training course in respect of the draft Mental Capacity (Health, Welfare and Finance) Bill		
--	--	--

TEMPLATE – FORM 5A
Appointment Checklist

I have reviewed the application form submitted by Dr _____.

I am satisfied that this applicant be progressed to the RQIA List of Part IV Medical Practitioners.

OR

I am not satisfied that this application should be progressed by the Appointment Panel at this time for the following reasons:

(Please list concerns)

Signed _____ (RQIA Sessional Medical Practitioner)

Date _____

TEMPLATE – FORM 5B
Re-Appointment Checklist

Re-Appointment to the RQIA List of Part IV Medical Practitioners

Ref: Dr _____

Eligibility Criterion	Accurate information received	Comments
1. A fully completed application form	<input type="checkbox"/>	
2. Evidence of 10 years' relevant medical experience as a Consultant Psychiatrist in the specialism of Mental Health, Learning Disability, Old Age Psychiatry or related specialism Or Evidence of working as a Consultant Psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body Or Evidence of appointment as a Sessional Consultant Psychiatrist for RQIA.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3. Confirmation of full registration with the General Medical Council (GMC) and hold a current licence to practise for your last academic year	<input type="checkbox"/>	

TEMPLATE – FORM 5B
Re-Appointment Checklist

4. Evidence of a valid Certificate of Specialist Training (CST) and/or be on the Specialist Register of GMC	<input type="checkbox"/>	
5. Evidence of satisfactory participation in continuing professional development including demonstration of registration with and provision of Continuing Professional Development (CPD) Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within your last academic year (please state name of body)	<input type="checkbox"/>	
6. Evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years	<input type="checkbox"/>	
7. A referee form should be completed by a Medical Director or the Medical Director's authorised nominee, who can be an Associate Medical Director or a Clinical Director or Responsible Officer (if Independent Medical Practitioner)	<input type="checkbox"/>	
8. If Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of	<input type="checkbox"/>	

TEMPLATE – FORM 5B
Re-Appointment Checklist

<p>their current insurance certificate of indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986</p>		
<p>9. Applicants must provide a copy of their AccessNI Enhanced Disclosure Certificate,</p> <p>OR if not available</p> <p>Medical practitioners should submit Valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £30 to RQIA</p> <p>Cheque (provide number):</p> <p>_____</p> <p>Or</p> <p>BACS remittance advice (provide reference):</p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>10. Evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland, within the current period of approval e.g.</p>	<p><input type="checkbox"/></p>	

TEMPLATE – FORM 5B
Re-Appointment Checklist

<p>attendance at training course in respect of the draft Mental Capacity (Health, Welfare and Finance) Bill</p>		
<p>11. In addition to satisfying the requirements listed above, applicants for re-appointment are required to demonstrate on-going involvement in the diagnosis or treatment of mental disorder, for example by providing written confirmation of involvement in one or more of the following:</p> <p>(a) Acting as a Medical Member of the Mental Health Review Tribunal for Northern Ireland or equivalent body in another jurisdiction</p> <p>(b) Undertaking at least two Mental Health assessments where you had to consider the Mental Health (Northern Ireland) Order 1986 within the previous calendar year e.g. provision of second opinion for ECT</p> <p>(c) Working as a Sessional Consultant Psychiatrist for RQIA</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

TEMPLATE – FORM 5B
Re-Appointment Checklist

I have reviewed the application form submitted by Dr _____.

I am satisfied that this applicant be progressed to the RQIA List of Part IV Medical Practitioners.

OR

I am not satisfied that this application should be progressed by the Appointment Panel at this time for the following reasons:

(Please list concerns)

Signed _____ (RQIA Sessional Medical Practitioner)

Date _____



The **Regulation** and
Quality Improvement
Authority

Certificate of Appointment

To the RQIA List of Part IV Medical Practitioners

In exercise of the powers issued under The Health and Social Care Reform (Northern Ireland) Act 2009 Section 25 (1) we have appointed the person below hereto to be a Medical Practitioner for the purposes of Part IV of the Mental Health (Northern Ireland) Order 1986.

The person named below has been added to the RQIA list of Part IV Medical Practitioners for the period:

From: _____ To: _____

Name:

*Sealed with the official seal
of the Regulation and Quality
Improvement Authority*

Signed on behalf of RQIA: _____
Chairperson of RQIA or
Person designated to sign

Date:

This certificate of appointment relates only to person named above and cannot be transferred to another person.

Assurance, Challenge, Improvement in Health and Social Care

9th Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT, Northern Ireland
Tel: 028 9051 7500 Fax: 028 9051 7501 email: info@rqia.org.uk

Established under The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003

Policy for Appointment/Re-Appointment to the RQIA List of Part IV Medical Practitioners

Policy type:	Mental Health and Learning Disability
Directorate area:	Mental Health and Learning Disability
Policy author/champion:	Theresa Nixon - Director of Mental Health
Equality screened:	13 December 2013
Board agreement required	YES <input checked="" type="checkbox"/> NO (tick) <input type="checkbox"/>
Date agreed by RQIA Board	
Date of issue to RQIA staff	
Date of Review	

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1.0 Introduction

The power to appoint to the RQIA List of Part IV Medical Practitioners is vested in 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.

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

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

The criteria for appointment to the RQIA List of Part IV Medical Practitioners is set out in a separate procedure attached to this policy (see RQIA Procedure for Appointment to the RQIA List of Part IV Medical Practitioners).

This policy needs to be read in conjunction with the procedures for the Appointment to the RQIA list of Part IV Medical Practitioners.

2.0 Scope of the Policy

This policy will apply to the appointment to the RQIA List of Part IV Medical Practitioners, in accordance with the Health and Social Care Reform (Northern Ireland) Act 2009 and RQIA Standing Orders Number Three and Five.

This policy should be read in conjunction with other associated procedures relating to the appointment/ non-appointment, re-appointment, suspension or removal of Part IV Medical Practitioners, and the RQIA Escalation Policy and the Complaints Policy.

3.0 Policy Statement

This policy sets out the general principles, procedures and processes that RQIA follows in relation to approving appointments to the RQIA List of Part IV Medical Practitioners.

The administrative arrangements to support the implementation of this policy are set out in the RQIA Procedures and in RQIA Standing Order Three, which includes the arrangements for the establishment by the RQIA Board of a Panel to oversee the appointment to the RQIA List of Part IV Medical Practitioners.

Standing Order Five also provides a facility for Medical Practitioners to make representation about any decision about appointment or non-appointment made by the Appointment Panel.

These arrangements are set out in the RQIA Procedure for responding to a letter of representation following the decision of the Panel.

4.0 RQIA Principles

The RQIA has adopted the principles of proportionality, consistency, transparency and accountability.

5.0 Entitlements

Part IV Medical Practitioners, appointed by RQIA, are authorised to provide second opinion in relation to Part IV of the Mental Health (Northern Ireland) Order 1986.

A form 23 shall be submitted by a Medical Practitioner who has been appointed by RQIA for the purposes of Part IV of the Mental Health (Northern Ireland) Order 1986.

RQIA will remunerate Medical Practitioners for providing a second opinion and any travelling expenses incurred in fulfilling this function in line with nationally agreed terms and conditions.

6.0 Responsibilities of RQIA

RQIA will ensure that Medical Practitioners who apply to be appointed to the RQIA List of Part IV Medical Practitioners meet the eligibility criteria for appointment.

RQIA will check the GMC online register on an annual basis to determine if the Medical Practitioner holds a licence to practise and/or if any conditions have been applied to the Medical Practitioners practise which may impact on their ability to fulfil their Part IV functions. Should any additional information come to the attention of RQIA, immediate contact will be made by the Head of Mental Health & Learning Disability Programme to discuss any implications for their appointment.

If an applicant is subject to any GMC fitness to practise proceedings they must advise the Director of Mental Health and Learning Disability and Social Work in writing immediately. The applicant must keep RQIA informed of the progress and outcome of the case. The Chairman of the Appointment Panel will bring this information to the attention of the Appointment Panel who will consider if any action is required.

If any concerns are brought to the attention of the Appointment Panel Chairman, between the time of application and the meeting of the Appointment Panel, the Panel will review the information and decide if any action is required.

RQIA will process all personal data or sensitive personal data (as both terms are defined in the Data Protection Act 1998) in accordance with that Act; and any such other conditions as RQIA deems appropriate.

6.1 Standing Order Three

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

6.2 Standing Order Five

The RQIA Board has delegated authority to the Appointment Panel to make decisions about appointments to the RQIA List of Part IV Medical Practitioners, under RQIA Standing Order Five.

This requires RQIA to convene a Panel in respect of all matters regarding the appointment to the RQIA list of Part IV Medical Practitioners, on behalf of Board.

The Appointment Panel will make a determination usually within 28 working days of an application to RQIA for appointment being submitted to the RQIA Appointment Panel.

Medical Practitioners in substantive posts in a trust or independent hospital will usually be approved for four years. A Part IV Medical Practitioner will have worked as a consultant psychiatrist for a minimum of 10 years.

If the RQIA Appointment Panel approves the appointment, the Chairman of the Appointment Panel will issue a letter confirming the appointment and the duration of appointment. A certificate with the RQIA seal will be issued to the Medical Practitioner.

In the event that a Medical Practitioner is not appointed or dissatisfied with the process used by the Panel to make its decision, they can make representation to the RQIA Appointment Representation Panel.

The process for making representation is set out in a separate procedure.

The membership of this Panel will be independent of the membership of the Appointment Panel, which made the decision not to appoint. Decisions of the Appointment Representation Panel will be required within 28 working days (Monday-Friday excluding public holidays) of the meeting of the Panel.

6.3 Removal from the RQIA List of Part IV Medical Practitioners

In cases where a Medical Practitioner has been included on the list and notifies RQIA that they no longer wish to practise as a Part IV Medical Practitioner, the Medical Practitioner should be informed in writing, by the Chair of the Appointment Panel, that their name will no longer be included on the RQIA List of Part IV Medical Practitioners. The date that this becomes effective will also be stated in the letter.

RQIA will ensure that the Medical Practitioner's name is removed from the RQIA list of Part IV Medical Practitioners. In circumstances where the RQIA is advised of the withdrawal of a Medical Practitioner's licence to practise by the GMC or of any other information which may impact on the ability of the Part IV Medical Practitioner to fulfil their functions, the Appointment Panel will be required to take this information into consideration in any decision regarding their appointment. The procedure for the Suspension or Removal of Part IV Medical Practitioners should be considered in these circumstances.

7.0 Eligibility Criteria for the Initial Appointment to the RQIA List of Part IV Medical Practitioners

The following information must be sent to RQIA in order that an appointment to the RQIA List of Part IV Medical Practitioners can be considered by the Appointment Panel:

- A fully completed application form
- Evidence of 10 years' experience as a Consultant Psychiatrist in the specialism of Mental Health, Learning Disability, Old Age Psychiatry or related specialism

OR

- Evidence of working as a Consultant Psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body

OR

- Evidence of appointment as a Sessional Consultant Psychiatrist for RQIA
- Confirmation of full registration with the General Medical Council (GMC) and hold a current licence to practise for your last academic year
- Evidence of a valid Certificate of Specialist Training (CST) and/or be on the Specialist Register of GMC

- Evidence of satisfactory participation in continuing professional development, including demonstration of registration with and provision of Continuing Professional Development (CPD). Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within your last academic year (please state name of body)
- Evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years
- A referee form should be completed by a Medical Director or the Medical Director's authorised nominee, who can be an Associate Medical Director or a Clinical Director or Responsible Officer (if Independent Medical Practitioner)
- If Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986
- Applicants must provide a copy of their AccessNI Enhanced Disclosure Certificate

OR if not available

Medical practitioners should submit valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £30 to RQIA

- Evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland, within the current period of approval e.g. attendance at training course in respect of the draft Mental Capacity (Health, Welfare and Finance) Bill

If the Panel agrees to the appointment, the name, professional address or address agreed by the Medical Practitioner and the period of appointment will be recorded on the RQIA List of Part IV Medical Practitioners and stored in a secure database.

The list of appointments of Part IV Medical Practitioners and the time period of their approval will be published on the RQIA website.

www.rqia.org.uk/publications/legislative.cfm

RQIA **does not** indemnify Part IV Medical Practitioners.

7.1 Eligibility Criteria for the Re-Appointment to the RQIA List of Part IV Medical Practitioners

Re-appointment to the RQIA List of Part IV Medical Practitioners is not automatic and applications are processed in the same way as new applications.

- A fully completed application form
- Evidence of 10 years' experience as a Consultant Psychiatrist in the specialism of Mental Health, Learning Disability, Old Age Psychiatry or related specialism

OR

- Evidence of working as a Consultant Psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body

OR

- Evidence of appointment as a Sessional Consultant Psychiatrist for RQIA
- Confirmation of full registration with the General Medical Council (GMC) and hold a current licence to practise for your last academic year
- Evidence of a valid Certificate of Specialist Training (CST) and/or be on the Specialist Register of GMC
- Evidence of satisfactory participation in continuing professional development, including demonstration of registration with and provision of Continuing Professional Development (CPD). Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within your last academic year (please state name of body)
- Evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years
- A referee form should be completed by a Medical Director or the Medical Directors authorised nominee, who can be an Associate Medical Director or a Clinical Director or Responsible Officer (if Independent Medical Practitioner)
- If Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity with a recognised medical defence organisation,

or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986

- Applicants must provide a copy of their AccessNI Enhanced Disclosure Certificate.

OR if not available

Medical practitioners should submit valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £30 to RQIA

- Evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland, within the current period of approval e.g. attendance at training course in respect of the draft Mental Capacity (Health, Welfare and Finance) Bill

All applicants seeking re-appointment are required to demonstrate on-going involvement in the diagnosis or treatment of mental disorder, for example by providing written confirmation of involvement in **one or more** of the following:

- Acting as a Medical Member of the Mental Health Review Tribunal for Northern Ireland or equivalent body in another jurisdiction
- Undertaking at least two Mental Health (Northern Ireland) Order 1986 assessments within the previous calendar year e.g. provision of second opinion for ECT
- Working as a Sessional Consultant Psychiatrist for RQIA

If the Panel agrees to the re-appointment, the name, professional address or address agreed by the Medical Practitioner and the period of re-appointment will be recorded on the RQIA List of Part IV Medical Practitioners and stored in a secure database.

7.2 Responsibilities of RQIA Part IV Medical Practitioners

All Medical Practitioners who intend to carry out any duties relating to the Mental Health (Northern Ireland) Order 1986 **must** ensure they are approved by RQIA **before** carrying out any duties.

Part IV Medical Practitioners must:

- Hold a licence to practise with the GMC and notify RQIA immediately if they become subject to Fitness to Practise proceedings or their licence is withdrawn or suspended at any time (suspension of registration may result in suspension of Part IV approval by the RQIA Panel)

- Keep up to date with the Mental Health (Northern Ireland) Order 1986 and Code of Practice or any replacement thereof and provide evidence of participation in a training course in relation to the new draft Mental Capacity (Health, Welfare and Finance) Bill
- Recognise and work within the limits of their competence / General Medical Council Good Medical Practice 2013
- Work in accordance with the GMC 'duties of a doctor' (see GMC Good Medical Practice 2013, Paragraph 72-76, Openness and Legal Disciplinary Proceedings)
- Inform RQIA of any change in personal circumstances which may impact on their ability or the public perception of their ability to carry out their functions as a Part IV Medical Practitioner in a professional manner
- Inform RQIA about any change to home or work address, telephone numbers, email address or any other contact information

8.0 General Advice and Guidance

Approval of appointments cannot be given retrospectively. The MHLD Head of Programme will endeavour to notify practitioners when their approval is due for renewal.

8.1 Process for Making Representations in Respect of Non - Appointment to the RQIA List of Part IV Medical Practitioners

There is currently no legislative provision for this process but RQIA believes, in accordance with the principles of natural justice, that a Medical Practitioner should be afforded the opportunity to make representation concerning any decision of the Appointment Panel.

In line with the RQIA principles of proportionality, consistency, transparency, fairness, accountability and good governance, all Medical Practitioners have an opportunity to formally make representations to RQIA if their appointment to the RQIA List of Part IV Medical Practitioners is refused by the Appointment Panel.

The arrangements for responding to letters of representation are set out in RQIA Standing Order Five.

A separate RQIA procedure for responding to letters of representation following non-appointment of a Part IV Medical Practitioner is available.

Letters of representation in respect of non-appointment will only be considered if received with 28 working days of notification of the decision of the Appointment Panel.

9.0 Legislative Framework

All Part IV Medical Practitioners are required to comply with the conditions set out in the Mental Health (Northern Ireland) Order 1986. The authority to appoint Part IV Medical Practitioners has been vested in RQIA by virtue of the Health and Social Care Reform (Northern Ireland) Act 2009.

This information is also available on the RQIA website at www.rqia.org.uk/publications/legislative.cfm

10.0 Communication with Relevant Stakeholders

The policy and procedures associated with the appointment / suspension or removal from the RQIA List of Part IV Medical Practitioners will be communicated to all relevant stakeholders, these include;

- The Chief Executive and Medical Directors of any employing Trust / Independent hospital
- The Health and Social Care Board and the Public Health Agency
- The Safeguarding Board for Northern Ireland
- Relevant Professional Regulators
- DHSSPS / Minister
- Northern Ireland Court Service
- General Medical Council
- Royal College of Psychiatrists (NI Faculty)
- All Responsible Officers
- The Head of the Northern Ireland Judiciary

RQIA publishes an annual report which incorporates information about the activity of Part IV Medical Practitioners:

(www.rqia.org.uk/publications/corporate_documents.cfm)

RQIA may inform relevant stakeholders if there are concerns about the quality of work undertaken by any appointed Part IV Medical Practitioner.

This policy and associated procedures have been devised in consultation on advice from the DLS (BSO) and the RQIA Board.

11.0 Policy Implementation

The RQIA Board is responsible for approving this policy. The Chairman will hold the Appointment Panel for Part IV Medical Practitioners accountable for the discharge of their duties.

Standing Order Number Five also sets out the responsibilities of RQIA regarding the appointment to the RQIA List of Part IV Medical Practitioners. There is also a representation process in respect of the decisions of each of these Panels.

12.0 Training

Training on this policy and related procedures will be provided to Board members involved in the RQIA Appointment, and Suspension or Removal Panels, and any Board members involved in the respective Representation Panel processes.

The Head of Programme, Senior Inspector and all MHLA administrators involved in the maintenance of the RQIA List of Part IV Medical Practitioners will be provided with appropriate training.

Areas covered will include the legislative requirements, criteria to be met, administrative procedures requiring to be completed, timelines for completion of applications, the recording of decisions about any appointment, non-appointment, suspension or removal from the RQIA List of Part IV Medical Practitioners.

13.0 Equality

This Policy was equality screened on 13 December 2013. It was considered to have neutral impact implication for equality of opportunity.

The Policy does not require to be subjected to a full equality assessment.

14.0 Review of the Policy

This policy will be reviewed to evaluate its effectiveness and of the associated procedures in January 2015.

Procedure for Appointment/Re- appointment to the RQIA List of Part IV Medical Practitioners

Procedure type:	Mental Health and Learning Disability
Directorate area:	Mental Health and Learning Disability
Procedure author/champion:	Theresa Nixon, Director of Mental Health, Learning Disability and Social Work
Equality screened:	13 December 2013
Board agreement required	YES <input checked="" type="checkbox"/> NO (tick) <input type="checkbox"/>
Date agreed by RQIA Board	
Date of issue to RQIA staff	
Date of Review	

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1.0 Appointment to the RQIA List of Part IV Medical Practitioners

The power to appoint to the RQIA List of Part IV Medical Practitioners is vested in 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.

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

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

These procedures should be read as part of;

- The Policy for the Appointment to the RQIA List of Part IV Medical Practitioners
- The RQIA Complaints Policy and Procedures
- The RQIA Escalation Policy

1.1 Purpose

The purpose of this procedure is to provide a framework within which Appointments/re –appointments of Part IV Medical Practitioners will be undertaken by RQIA.

1.2 Application for Appointment to the RQIA List of Part IV Medical Practitioners

Application for appointment to the RQIA List of Part IV Medical Practitioners will be considered from Medical Practitioners who have evidence of 10 years' experience as a Consultant Psychiatrist in the specialism of Mental Health, Learning Disability, Old Age Psychiatry or related specialism.

1.3 Change in Personal or Professional Circumstances

All registered Medical Practitioners must inform RQIA of any change in their personal circumstances which may impact on their ability, or the public perception of their ability, to carry out their function as a Part IV Medical Practitioner in a professional manner.

This may include notification about any ill health, rendering them unable to perform Part IV duties. All Part IV Medical Practitioners are required to report to RQIA any termination, retirement or resignation of employment of contract from a HSC trust or Independent Hospital or if they cease to practise as an independent Part IV Medical Practitioner.

If termination of employment has occurred or the private Medical Practitioner has ceased to practise, the Medical Practitioner's name will be removed from the RQIA List of Part IV Medical Practitioners.

If an applicant is subject to any GMC fitness to practise proceedings they must advise the Director of Mental Health and Learning Disability and Social Work, in writing immediately. The applicant must keep RQIA informed of the progress and outcome of the case. The Director of Mental Health and Learning Disability and Social Work will bring this information to the attention of the Appointment Panel, who will consider this information and any action required.

2.0 RQIA Appointment Panel

The RQIA Appointment Panel acts on behalf of the RQIA Board in respect of all matters relating to the appointment or non-appointment to the RQIA List of Part IV Medical Practitioners.

The decision not to appoint any Part IV Medical Practitioner, to the RQIA list of Part IV Medical Practitioners, will be taken by the Appointment Panel, following discussion and review of the Medical Practitioner's compliance with the eligibility criteria for Part IV Medical Practitioners. These criteria are set out in the RQIA application form for appointment to the RQIA list of Part IV Medical Practitioners.

If the Appointment Panel agrees to the appointment of a Part IV Medical Practitioner, the Chairman of the Appointment Panel, or person designated by them, will issue a letter and certificate, with the RQIA seal, to the applicant confirming his or her appointment and the period of appointment. This information will be recorded on the RQIA List of Part IV Medical Practitioners and stored in a secure database.

The Appointment Panel will usually make a decision within 28 working days of receiving an application for appointment to the RQIA List of Part IV Medical Practitioners. Exceptional circumstances may apply if there is an immediate requirement for a more urgent appointment. The seal of RQIA will require to be fixed to any certificate of appointment approved by the Appointment Panel and signed by the RQIA Board Chairman (or a Board member nominated to act by him/her on his/her behalf)

The list of appointments of Part IV Medical Practitioners and the duration of their appointments and the duration of their approval will also be published on the RQIA website.

www.rqia.org.uk/publications/legislative.cfm

The RQIA **does not** indemnify Part IV Medical Practitioners.

Where the Appointment Panel has not agreed an appointment, the reason(s) for the decision not to appoint must be provided to the Medical Practitioner, in writing, by the Chair of the Appointment Panel.

The Medical Practitioner should be informed of the facility of making representation to RQIA about the decision of the Appointment Panel. Any letter of representation must be received with 28 working days of the issuing of the letter of decision by the Appointment Panel Chairman.

Following receipt of a letter of representation from the applicant, the RQIA Board Chairman will set up an Appointment Representation Panel.

Decisions of the Appointment Representation Panel will generally be required within 28 working days of the meeting of the Appointment Representation Panel (see separate RQIA Procedure for Responding to Representation following Non Appointment to the RQIA list of Part IV Medical Practitioners).

3.0 Representation Appointment Panel

An Appointment Representation Panel will be convened to review any decision not to appoint the applicant to the RQIA List of Part IV Medical Practitioners, following a letter of representation from the applicant (see Standing Order Three and Five and the RQIA Procedure for Responding to Representation following Non Appointment to the RQIA list of Part IV Medical Practitioners).

4.0 Eligibility Criteria for the Initial Appointment to the RQIA List of Part IV Medical Practitioners

The following information must be sent to RQIA in order that an appointment to the RQIA List of Part IV Medical Practitioners can be considered by the RQIA Appointment Panel:

- A fully completed application form
- Evidence of 10 years' experience as a Consultant Psychiatrist in the specialism of Mental Health, Learning Disability, Old Age Psychiatry or related specialism

OR

- Evidence of working as a Consultant Psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body

OR

- Evidence of appointment as a Sessional Consultant Psychiatrist for RQIA
- Confirmation of full registration with the General Medical Council (GMC) and hold a current licence to practise for your last academic year

- Evidence of a valid Certificate of Specialist Training (CST) and/or be on the Specialist Register of GMC
- Evidence of satisfactory participation in continuing professional development, including demonstration of registration with and provision of Continuing Professional Development (CPD). Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within your last academic year (please state name of body)
- Evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years
- A referee form should be completed by a Medical Director or the Medical Directors authorised nominee, who can be an Associate Medical Director or a Clinical Director or Responsible Officer (if Independent Medical Practitioner)
- If Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986
- Applicants must provide a copy of their AccessNI Enhanced Disclosure Certificate

OR if not available

Medical practitioners should submit valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £30 to RQIA

- Evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland, within the current period of approval e.g. attendance at training course in respect of the draft Mental Capacity (Health, Welfare and Finance) Bill

5.0 Criteria for the Re-Appointment to the RQIA List of Part IV Medical Practitioners

Re-appointment to the RQIA List of Part IV Medical Practitioners is not automatic and applications are processed in the same way as new applications.

The following information must be sent to RQIA in order that a re-appointment to the RQIA List of Part IV Medical Practitioners can be considered by the Appointment Panel.

- A fully completed application form

- Evidence of 10 years' experience as a Consultant Psychiatrist in the specialism of Mental Health, Learning Disability, Old Age Psychiatry or related specialism

OR

- Evidence of working as a Consultant Psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body

OR

- Evidence of appointment as a Sessional Consultant Psychiatrist for RQIA
- Confirmation of full registration with the General Medical Council (GMC) and hold a current licence to practise for your last academic year
- Evidence of a valid Certificate of Specialist Training (CST) and/or be on the Specialist Register of GMC
- Evidence of satisfactory participation in continuing professional development, including demonstration of registration with and provision of Continuing Professional Development (CPD). Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within your last academic year (please state name of body)
- Evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years
- A referee form should be completed by a Medical Director or the Medical Directors authorised nominee, who can be an Associate Medical Director or a Clinical Director or Responsible Officer (if Independent Medical Practitioner)
- If Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986
- Applicants must provide a copy of their AccessNI Enhanced Disclosure Certificate

OR if not available

Medical practitioners should submit valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £30 to RQIA

- Evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland, within the current period of approval e.g. attendance at training course in respect of the draft Mental Capacity (Health, Welfare and Finance) Bill

All applicants seeking re-appointment are required to demonstrate on-going involvement in the diagnosis or treatment of mental disorder, for example by providing written confirmation of involvement in **one or more** of the following:

- Acting as a Medical Member of the Mental Health Review Tribunal for Northern Ireland or equivalent body in another jurisdiction
- Undertaking at least two Mental Health (Northern Ireland) Order 1986 assessments within the previous calendar year e.g. provision of second opinion for ECT
- Working as a Sessional Consultant Psychiatrist for RQIA

If the Panel agrees to the re-appointment, the name, professional address or address agreed by the Medical Practitioner and the duration of their re-appointment will be recorded on the RQIA List of Part IV Medical Practitioners, by the Head of Mental Health and Learning Disability Team.

The seal of RQIA will require to be fixed to any certificate of re-appointment approved by the Appointment Panel and signed by the RQIA Board Chairman (or a Board member nominated to act by him/her on his/her behalf)

An entry of every sealing has to be made and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the seal.

A report of all sealings shall be made to the Board at least quarterly.

The list of re-appointments of Part IV Medical Practitioners and the duration of their re-appointment will be published on the RQIA website.

www.rqia.org.uk/publications/legislative.cfm

This information will be stored in a secure database.

6.0 MHL D Administrative Procedures to Support Appointment and Representation Panels

The Administrative procedure (attached in Appendix 1) supports the implementation and application of the overarching policy for the appointment or non-appointment to the RQIA List of Part IV Medical Practitioners.

7.0 Associated MHL D Administrative Procedures, Letters and Template forms

The following step by step procedure is supported by a number of template documents accessed in the RQIA 12/13 folder under RQIA Approved Policy and Procedures (folder name MHL D).

MHLD ADMINISTRATIVE PROCEDURE FOR THE APPOINTMENT OR RE-APPOINTMENT TO THE RQIA LIST OF PART IV MEDICAL PRACTITIONERS, IN HSC TRUSTS/INDEPENDENT HOSPITALS OR AS INDEPENDENT MEDICAL PRACTITIONERS, PROVIDING REPORTS TO THE COURT

Step	Action	Responsibility	Template	Timeframe
1.0	<p>Request for initial appointment to the RQIA List of Part IV Medical Practitioners :</p> <ul style="list-style-type: none"> The Consultant Psychiatrist seeking to be appointed will forward a letter seeking an application form to RQIA requesting an appointment to the RQIA List of Part IV Medical Practitioners. Application pack to be forwarded to the Medical Practitioner to be completed and returned to RQIA within 28 days. <p>Reappointment to the RQIA List of Part IV Medical Practitioners:</p> <ul style="list-style-type: none"> RQIA will alert the Medical Practitioner that their appointment to the RQIA List of Part IV Medical Practitioners is due to expire in 12 weeks. RQIA will forward the relevant application pack to the Medical Practitioner to be completed and returned to RQIA within 28 days. 	<p>MHLD Administrator</p> <p>MHLD administrator</p>	<p>L1A F1A F2 F3 G1 G2</p> <p>L1B or L1C F1B F2 F3 G1 G2</p>	<p>Within five working days of receipt of request</p> <p>12 weeks prior to expiry date</p>
<p>Incomplete or no request received, go to Step 1.1 Complete request received, go to Step 2</p>				

Step	Action	Responsibility	Template	Timeframe
1.1	Request Incomplete: Request for Missing Information			
	Contact Medical Practitioner by email, requesting missing information to be sent to RQIA within five working days. MHL D administrator to prompt Head of Programme (HOP).	Head of Programme MHL D MHL D administrator	E1	Two days post deadline for receipt of application form
Satisfactory response received to Step 1.1, go to Step 2 If missing information is not received within 5 working days, go to step 1.2				
1.2	Head of Programme MHL D to telephone Medical Practitioner and request missing information. Record of conversation to be recorded in MHL D Part IV Appointment folder. MHL D administrator to prompt HOP. If information is not received within 5 working days no further progression of applicants' application will be made. This will be explained to the applicant in writing by HOP.	Head of Programme MHL D MHL D administrator Head of Programme MHL D	Contact Folder L2A or L2B	One day post agreed deadline above
2.0	Filing of Information Received The application form and any supporting documentation is itemised, recorded and filed in the appropriate MHL D Part IV Appointment folder. The application form and accompanying documentation will be forwarded to the RQIA Sessional Medical Practitioner to review the applicant's compliance with the eligibility criteria for appointment. The Sessional Medical Officer should confirm that he/she is satisfied that the applicant should be progressed to the RQIA list of Part IV Medical Practitioners.	MHL D Administrator MHL D Administrator	 L3A or L3B F5A/ F5B	Within five working days of receipt. Within five working days

Step	Action	Responsibility	Template	Timeframe
2.1	<p>This information should be returned to the MHL D administrator within five working days, together with their comments and signature.</p> <p>The application form for Appointment to the RQIA List of Part IV Medical Practitioners (or Reappointment to the RQIA List of Part IV Medical Practitioners) as well as the supporting evidence and the recommendation from the Sessional Officer regarding the appointment should be forwarded to the Appointment Panel for their consideration.</p> <p>An Appointment Panel will normally meet monthly. It will comprise of four Panel members, appointed by the Board. The Chair will normally be a Medical Practitioner and agreed by the Board Chairman. The Chair of the Panel will agree suitable meeting dates with the Senior Administrator, monthly, who will book meeting rooms as required in advance of meeting.</p>	MHL D administrator	L4A or L4B	Two weeks prior to date of Appointment Panel Meeting for review
	Duration of Appointment to the RQIA Part IV List of Part IV Medical Practitioners	Chair of the Panel Senior Administrator	L5A	Within five working days of panel meeting
	Appointment as a Part IV Medical Practitioner – the period for appointment will be for a period of four years .		L5B	
	<p>Re-Appointment to the RQIA List of Part IV Medical Practitioners for a period of up to four years. The period of appointment will be confirmed by the Panel in writing to the applicant.</p> <p>The details of the appointment (Medical Practitioner's name and date of expiry of appointment) will be recorded on a RQIA spreadsheet. A brought forward system for expiry/renewal date will be maintained.</p>	MHL D Administrator		On issue of documentation to the Medical Practitioner

Step	Action	Responsibility	Template	Timeframe
	<p>The Senior MHLA Administrator will record a minute of the decision. The Chairman of the Appointment Panel will advise the applicant and the Chairman of the RQIA Board of the Panel's decision and the agreed period of appointment.</p> <p>The Mental Health and Learning Disability Administrator will seek a copy of the Medical Practitioner's signature on a proforma. This should be issued with the letter of appointment and used to verify that the prescribed forms are being completed by the applicant.</p>	<p>Senior Administrator</p> <p>MHLA Administrator</p>	F4	Within five working days of panel meeting
3.0	<p>Confirmation of Medical Practitioner's Appointment/re-appointment to the RQIA List of Part IV Medical Practitioners</p> <p>To the Part IV Medical Practitioner Standard letter signed by the Chair of the Appointment Panel or a person designated by them, is sent to the Medical Practitioner, at their professional address supplied with the original request documentation, confirming his/ her appointment and indicating the time period for appointment by RQIA.</p> <p>Return of Signature Proforma Following receipt of returned signature proforma, this should be scanned and attached to the Medical Practitioner's name on the spread sheet titled: 'Part IV Medical Practitioners recorded by Trust, Independent Hospital or independent Medical Practitioners list', Independent Hospital or Independent Part IV Medical Practitioner's list. The procedure for this is as follows:</p> <ul style="list-style-type: none"> - On the list, select the appropriate Medical Practitioner's name and right click - Select the option 'hyperlink' 	<p>MHLA Administrator and Chair of the Panel</p> <p>MHLA Administrator</p>	L5A/ L5B F6 (Certificate)	<p>Within five working days of panel meeting</p> <p>Within five working days of receipt at RQIA</p>

Step	Action	Responsibility	Template	Timeframe
	<ul style="list-style-type: none"> - On the MHL D shared drive attach the Medical Practitioner's folder. <p>Confirmation of Non-Appointment to the RQIA List of Part IV Medical Practitioners</p> <p>If appointment is not agreed by the Appointment Panel, a letter will be issued to the Medical Practitioner from the Chair of the Appointment Panel, advising that the request has been considered, but, based on the information supplied, a decision has been made not to agree the appointment and stating the reason. The reason for non-appointment may include incomplete information (although this should be resolved on receipt by requesting the correct evidence) or that the information provided does not meet the specified criteria for appointment or reappointment.</p> <p>The applicant will be advised by the Chairman of the Appointment Panel of the facility for making Representation to the Representation Appointment Panel.</p> <p>Any letter of representation must be received by the Chairman of RQIA, using template L7, within 28 days working following the notification of the decision of the Appointment Panel.</p>	MHL D Administrator and Chair of the Panel	L6A/ L6B L7	
4.0	<p>Inclusion on RQIA Part IV List of Part IV Medical Practitioners</p> <p>The detail of the appointment from the list is recorded on the MHL D administrative system.</p> <p>The following details should be entered:</p> <ul style="list-style-type: none"> - Employing Trust - Medical Practitioner specialty - Type of appointment (substantive locum or other) - Date and period of appointment 	MHL D Administrator	FOXpro Part IV Medical Practitioner List	Within five working days of appointment or reappointment

Step	Action	Responsibility	Template	Timeframe
	- Expiry date.			
5.0	<p>Register of Sealing</p> <p>The Seal of RQIA will require to be fixed to any documents of decision, where the Board Chairman has delegated powers to the relevant RQIA Panels regarding the appointment, suspension or removal from the RQIA list of Part IV Medical Practitioners.</p> <p>Before any document is sealed it must be approved and signed by the RQIA Board Chairman (or a Board member nominated to act by her / him on his / her behalf).</p> <p>An entry of every sealing has to be made and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the Seal.</p> <p>A report of all sealings shall be made to the Board at least quarterly.</p>	MHLD Administrator		

Policy for the Suspension or Removal from the RQIA List of Part IV Medical Practitioners

Policy type:	Mental Health and Learning Disability
Directorate area:	Mental Health and Learning Disability
Policy author/champion:	Theresa Nixon - Director of Mental Health
Equality screened:	13 December 2013
Board agreement required	YES <input checked="" type="checkbox"/> NO (tick) <input type="checkbox"/>
Date agreed by RQIA Board	
Date of issue to RQIA staff	
Date of Review	

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1.0 Suspension from the RQIA list of Part IV Medical Practitioners

Suspension from the RQIA list of Part IV Medical Practitioners may be an appropriate sanction for misconduct which while serious, is not so serious as to justify removal from the RQIA List of Part IV Medical Practitioners; for example, where there has been an acknowledgment of failings and where the RQIA Suspension and Removal Panel is satisfied, that the behaviour is unlikely to be repeated, and the Part IV Medical Practitioner has no psychological or other difficulties preventing them from understanding and seeking to remedy the failings and the failings are realistically capable of being remedied.

Suspension from the RQIA List of Part IV Medical Practitioners may be considered when some or all of the following factors are apparent (this list is not exhaustive):

- serious misconduct where suitability to practice is impaired and where a lesser sanction is not sufficient, but removal is not warranted
- behaviour is not fundamentally incompatible with continuing to be on the RQIA List of Part IV Medical Practitioner
- interests of service users and the public are sufficiently protected by suspension
- no real risk of repeating the behaviour
- no evidence of harmful deep-seated personality or attitudinal problems
- no evidence of a repetition of the behaviour since the incident/s
- where the evidence demonstrates that the Part IV Medical Practitioner will be able to resolve or remedy the cause of the misconduct during the period of suspension

1.1 Removal from the RQIA List of Part IV Medical Practitioners

This is the most serious sanction which the RQIA Suspension and Removal Panel can impose. A decision to remove a Part IV Medical Practitioner from the RQIA list is likely to be appropriate when the Medical Practitioner's conduct or behaviour is fundamentally incompatible with the behaviour / practice expected by RQIA. Removal from the RQIA list of Part IV Medical Practitioners may be considered in situations where it is made known to RQIA that a Part IV Medical Practitioner has, for example, a conviction for criminal offences which is incompatible or can be reasonably perceived as incompatible with continuance as a Part IV Medical Practitioner and or other matters relating to conduct or ability to practise.

Removal should be used where this is considered necessary to protect the public, for example, where there is a lack of insight, continuing problems or issues of ability to practise and a pattern of unacceptable behaviour or denial. Removal may also be considered where there is inadequate evidence that there is likely to be satisfactory remediation and where confidence in the continuing practice of the Part IV Medical Practitioner would be undermined by allowing them to remain on the RQIA Part IV list.

Removal may be appropriate where some or all of the following factors are apparent (this list is not exhaustive):

- doing serious harm to service users either deliberately or through gross neglect and particularly where there is a continuing risk to service users
- abuse of position/trust (particularly involving vulnerable people who use services) or the violation of the rights of people who use services, e.g. sexual abuse
- dishonesty (especially where persistent or covered up)
- persistent lack of insight into seriousness of actions or consequences
- blatant disregard for the system of appointment to the RQIA List of Part IV Medical Practitioners which is designed to safeguard the interests of service users, the public and the reputation and standards of the medical profession
- A serious departure from the relevant professional standards set out in the Code of Practise for the Medical Practitioners by the GMC

This policy should be read in conjunction with the procedure for the Suspension or Removal from the RQIA List of Part IV Medical Practitioners.

1.2 Circumstances for Removal from the RQIA List of Part IV Medical Practitioners

These are the circumstances in which removal from the RQIA list will be considered/ required;

- a) Where the Medical Practitioner wishes to be removed from the RQIA List of Part IV Medical Practitioners, the Medical Practitioner should notify the Chairman of the Appointment Panel of their intention. The Chairman will advise the RQIA Administrator to remove the practitioner's name from the list and record the date that their name has been removed from the list. A letter will be sent to the Medical Practitioner from the Chairman advising them of the date on which their name has been removed from the list.

1.3 Other circumstances in which removal or suspension will be considered

- b) Where RQIA has become aware of any information that may impact adversely on the ability of the Part IV Medical Practitioner to fulfil their functions or
- c) If the GMC has suspended or removed the Practitioner's fitness to practise licence or applied any conditions to their registration and removal from the Part IV Register is thereby required or
- d) If RQIA becomes aware that the Medical Practitioner is not discharging their responsibilities as set out in 6.2 of the Policy and Procedure for Appointment to the List of Part IV Medical Practitioners.

- e) Where the GMC Conduct Committee has made a finding of Misconduct against the Medical Practitioner.
- f) Where a Charge of Misconduct against the Medical Practitioner has been referred to the Conduct Committee and the Medical Practitioner has been found unfit to plead.
- g) Where the Medical Practitioner has been convicted (at any time) in the United Kingdom of a criminal offence and which offence is deemed incompatible or could reasonably be perceived as incompatible with continuance as a Part IV Medical Practitioner or has been convicted (at any time) elsewhere of an offence which, if committed in the United Kingdom would constitute a criminal offence, whether registered or not.

In these circumstances, this information will be provided to the Chairman of RQIA who will convene a Suspension or Removal Panel to consider and determine the suitability of the Part IV Medical Practitioner to remain on the RQIA List of Part IV Medical Practitioners.

In the event that a decision is taken to suspend or remove a Medical Practitioner from the list, the Medical Practitioner will be notified in writing of the decision by the Chairman of the RQIA Suspension or Removal Panel. The Medical Practitioner will be advised of the process for making representation.

1.4 Entitlements

The Chairman will set up a RQIA Suspension or Removal Panel to respond to any letter of representation regarding suspension or removal from the RQIA List of Part IV Medical Practitioners.

2.0 Policy Statement

This policy sets out the general principles, procedures and processes that RQIA follows in relation to suspension or removal of a Part IV Medical Practitioner appointed to discharge the functions of the Mental Health (Northern Ireland) Order 1986.

The administrative procedures to support the implementation of this policy are set out in the RQIA Policy and Procedures and in RQIA Standing Order Three. These include the arrangement for the establishment, by the RQIA Board, of a RQIA Suspension or Removal Panel, to agree the suspension or removal from the RQIA List of Part IV Medical Practitioners.

Standing Order Five provides a process for the Medical Practitioner to make representation about decisions of the RQIA Suspension or Removal Panel.

3.0 Responsibilities of RQIA

This policy needs to be read in conjunction with the RQIA Procedure for the Suspension or Removal from the RQIA List of Part IV Medical Practitioners.

RQIA is required to keep an up to date list of all Part IV Medical Practitioners suspended or removed from the Part IV list.

RQIA will ensure that Medical Practitioners involved in discharging the functions of the Mental Health (Northern Ireland) Order 1986 are appropriately suspended or removed from the RQIA List of Part IV Medical Practitioners in accordance with the RQIA Procedure for the Suspension or Removal from the RQIA List of Part IV Medical Practitioners.

RQIA will process all personal data or sensitive personal data (as both terms are defined in the Data Protection Act 1998 (a)) in accordance with that Act; and any such other conditions as RQIA thinks appropriate.

3.1 Standing Order Three and Five

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

RQIA has delegated the authority to make decisions about suspension or removal of appointment from the RQIA List of Part IV Medical Practitioners under RQIA Standing Order Five and the Procedure for the Suspension or Removal from the RQIA List of Part IV Medical Practitioners as follows:

- a) RQIA is required to convene a Suspension or Removal Panel in respect of all matters regarding consideration of the removal from the RQIA List of Part IV Medical Practitioners on behalf of Board. The RQIA Suspension or Removal Panel will make a determination if reasonably practicable within 28 working days of a notification to RQIA of concerns about a Part IV Medical Practitioner.
- b) If the RQIA Suspension or Removal Panel decides to remove or suspend a Part IV Medical Practitioner from the RQIA List of Part IV Medical Practitioners, the Medical Practitioner will be informed by the Chairman of the Suspension or Removal Panel of the decision and of the process for making representation.
- c) Should an applicant wish to make representation they should write to the RQIA Board Chairman who will convene a RQIA Suspension or Removal Representation Panel within 28 working days of the issuing of the letter of decision.
- d) The membership of this Panel will be independent of the membership of the RQIA Suspension or Removal Representation Panel. The

process for making representation is set out in a separate Suspension or Removal Representation Procedure (Appendix 1).
Decisions of the RQIA Suspension or Removal Representation Panel will generally be required within 28 working days of their meeting.
The Chairman of the Suspension/ Removal Panel will notify the Medical Practitioner of the decision of the Suspension/ Removal Panel.

4.0 Scope of the Policy

This policy will apply to the suspension or removal from the RQIA List of Part IV Medical Practitioners in accordance with the Health and Social Care Reform (Northern Ireland) Act 2009 and RQIA Standing Orders Number Three and Five.

This policy should be read in conjunction with the RQIA Escalation Policy and RQIA Complaints Policy which relate to the management and handling of complaints against RQIA.

5.0 RQIA Principles

The RQIA has adopted the principles of proportionality, consistency, transparency and accountability.

6.0 Legislative Framework

All Part IV Medical Practitioners are required to comply with the conditions set out in the Mental Health (Northern Ireland) Order 1986. The authority to appoint Part IV Medical Practitioners has been vested in RQIA by virtue of the Health and Social Care Reform (Northern Ireland) Act 2009.

This information is also available on the RQIA website at www.rqia.org.uk/publications/legislative.cfm

7.0 Communication with Relevant Stakeholders

The policy and procedures associated with the appointment and suspension or removal of Medical Practitioners from the RQIA List of Part IV Medical Practitioners will be communicated to all relevant stakeholders including:

- The Chief Executive and Medical Directors of all employing Trusts/ Independent hospitals
- The Health and Social Care Board
- The Public Health Agency
- The Safeguarding Board for Northern Ireland
- Relevant Professional Regulators
- DHSSPS
- Minister for Health and Social Services
- Northern Ireland Court Service
- General Medical Council

- Royal College of Psychiatrists (NI Faculty)
- All Responsible Officers
- The Lord Chief Justice as Head of the Northern Ireland Judiciary

RQIA publishes an annual report which incorporates information about the activity of Part IV Medical Practitioners:

(www.rqia.org.uk/publications/corporate_documents.cfm)

RQIA may inform relevant stakeholders if there are concerns about the quality of work undertaken by an RQIA Part IV Medical Practitioner.

This Policy and associated Procedures have been developed in consultation with the RQIA Board and on advice from the Director of Legal Service, Business Services Organisation.

8.0 Policy Implementation

The RQIA Board is responsible for approving and overseeing this policy. The Chairman will hold the RQIA Suspension or Removal Panel for Part IV Medical Practitioners accountable for the discharge of their duties.

9.0 Training

Training on this policy and related procedures will be provided to all members of the Board involved in decision making with regard to suspension, removal and representation panels.

The Head of Programme, Senior Inspector and all MHL D administrators involved in the maintenance of the RQIA List of Part IV Medical Practitioners will also be provided with appropriate training.

Areas covered will include the legislative requirements, criteria to be met, administrative procedures requiring to be completed, timelines and the recording of decisions about the removal / suspension of Part IV Medical Practitioners.

10.0 Equality

This Policy was equality screened on 13 December 2013. It was considered to have neutral impact implication for equality of opportunity.

The Policy does not require to be subjected to a full equality assessment.

11.0 Review of the Policy

This policy will be reviewed in January 2015.

RQIA Procedure for Responding to Representation following a Decision regarding Suspension or Removal from the RQIA List of Part IV Medical Practitioners

Policy type:	Mental Health and Learning Disability
Directorate area:	Mental Health and Learning Disability
Policy author/champion:	Theresa Nixon - Director of Mental Health
Equality screened:	13 December 2013
Board agreement required	YES <input checked="" type="checkbox"/> NO (tick) <input type="checkbox"/>
Date agreed by RQIA Board	
Date of issue to RQIA staff	
Date of Review	

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1.0 Introduction

This procedure outlines the processes to be followed in line with **Standing Order Five** by the RQIA Suspension or Removal Representation Panel following receipt of a letter of representation about a decision of the RQIA Suspension or Removal Panel, to remove a Medical Practitioner from the RQIA List of Part IV Medical Practitioners.

A RQIA Suspension or Removal Representation Panel will be convened by the RQIA Board Chairman. The Medical Practitioner will be advised of the decision of the RQIA Suspension or Removal Representation Panel normally within 28 working days by the RQIA Board Chairman. These procedures should be read in conjunction with the;

- RQIA Standing Orders Three and Five
- RQIA Escalation Policy and Procedure
- RQIA Complaints Policy and Procedure

2.0 Written Representation

Any representation with regard to the removal or suspension of a Medical Practitioner should be submitted within 28 working days of the decision of the Appointment Panel using the template provided (L10) to:

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

The Chairman shall acknowledge receipt of the letter of representation within five working days (L11).

The range of template forms and letters associated with the RQIA Representation Panel Procedures are contained in Appendix 1.

3.0 The Procedure for Making Representation regarding the Suspension or Removal from the RQIA List of Part IV Medical Practitioners

On receipt of a written representation (L10), the RQIA Board Chairman will convene a RQIA Suspension or Removal Representation Panel.

All written representations to the RQIA Board Chairman regarding suspension or removal of a Part IV Medical Practitioner will be acknowledged in writing (L11).

The Director of Mental Health and Learning Disability will be informed of the date of the RQIA Representation Panel meeting by the RQIA Board Chairman. The Head of Programme will ensure that all relevant documentation regarding the decision is made available to the Panel. This should include a file of all correspondence sent to the applicant and their responses and the minute of the decision of the RQIA Suspension or Removal Representation Panel.

4.0 Composition of the RQIA Suspension or Removal Representation Panel

The RQIA Board Chairman, following approval of the Board, will agree the appointment of the three members to the Suspension or Removal Representation Panel, one of whom will be a Board member to act as Chair of the Panel. None of these members should have been involved in the original decision to suspend or remove the Medical Practitioner.

The membership of the RQIA Suspension or Removal Representation Panel will also comprise the following:

- A member of the RQIA Board to act as Chair of the Panel
- A member of the RQIA Executive Team
- An Independent Medical Advisor with experience of the Mental Health (Northern Ireland) Order 1986 (who has not been recently involved with Medical Practitioner making the representation). The independent advisor will provide information and advice on relevant operational issues in respect of the procedure. The advisor will not be a voting member of the Representation Panel.

The MHLD Head of Programme will offer administration support to the RQIA Suspension or Removal Representation Panel.

5.0 RQIA Suspension or Removal Representation Panel – Terms of Reference

The Chair of the RQIA Suspension or Removal Representation Panel will ensure that the Panel follow the terms of reference for the RQIA Suspension or Removal Representation Panel. The draft Terms of Reference, for consideration by the Panel, are attached in Appendix 2.

Where the Chair of the RQIA Suspension or Removal Representation Panel considers that legal advice is required in respect of any aspect of the representation, this advice may be sought through the Director of Legal Services, Business Services Organisation.

The Panel may consult any relevant member of the RQIA Suspension or Removal Panel as necessary to ascertain the context of any fact and / or process regarding the decision made to remove or suspend an applicant, where further relevant information might assist it in its assessment of the matters identified in the letter of representation.

The RQIA Suspension or Removal Representation Panel will produce a written report reflecting their detailed assessment against all the points made by the Medical Practitioner in the letter of representation. The RQIA Suspension or Removal Representation Panel should reach a firm conclusion against each point made, generally within 28 working days of receiving the letter of representation.

In exceptional circumstances, if more time is required to assist the Panel in making an informed decision, the RQIA Board Chairman will write to the Medical Practitioner advising of a delay in the production of the RQIA Suspension or Removal Representation Panel's report.

A copy of the Panel's written report and a record of the RQIA Suspension or Removal Representation Panel's decision (L12) shall be submitted by the Panel Chairman to the RQIA Board Chairman. The outcome of the Panel's (L12) decision will normally be sent to the Medical Practitioner within 28 working days of the issue of the decision by the RQIA Suspension or Removal Representation Panel.

The RQIA Suspension or Removal Representation Panel Chair may also make recommendations to the RQIA Board Chairman as part of the outcome of its review of matters raised in the letter of representation.

6.0 Feedback to Medical Practitioners Making Representation

Following consideration of the Medical Practitioner's representation by the RQIA Suspension or Removal Representation Panel, the Practitioner will be notified in writing by the RQIA Board Chairman of RQIA's decision as follows (L12):

RQIA's decision **is** to uphold the decision of the RQIA Suspension and Removal Panel; or

RQIA's decision is **not** to uphold the decision of the RQIA Suspension or Removal Representation Panel.

The decision of the RQIA Suspension or Removal Representation Panel is final and there is no right of appeal.

A letter of decision will be sent to the Medical Practitioner confirming the provision made to permit a complaint to the RQIA Board Chairman in the event of being dissatisfied about the process used by the RQIA Suspension or Removal Representation Panel to come to their decision.

7.0 Complaints

All complaints about process used the RQIA Appointment Panel to come to their decision must be submitted by the Medical Practitioner to the RQIA Board Chairman within 28 working days of the issue of the letter of decision from the RQIA Suspension or Removal Representation Panel.

The RQIA Board Chairman will ensure that the complaint is investigated in line with the RQIA Complaints Policy and Procedure.

If the Medical Practitioner remains dissatisfied with the outcome of the complaints process he / she can write to the Commissioner for Complaints Ombudsman (Northern Ireland).

8.0 Monitoring

The RQIA Suspension or Removal Representation Panel will ensure that formal, accurate minutes of its activity are maintained and made available to the RQIA Board.

The Chairman of the RQIA Suspension or Removal Representation Panel will report annually to the Board on RQIA Representation Panel meetings which have taken place throughout the year.

9.0 RQIA Representation Panel Support

The Chair of the RQIA Suspension or Removal Representation Panel has responsibility for coordinating Panel meetings. Administrative support, including minute taking, will be undertaken by the MHL D Head of Programme.

10.0 Review

The RQIA Suspension or Removal Representation Panel Procedure will be reviewed in January 2015.

RQIA Representation Panel **Associated Template Letters** **and Forms**

Letter of Decision to Remove Medical Practitioners from the RQIA List of Part IV Medical Practitioners and List of Template Letters and Forms

- Template L10: Letter in which Medical Practitioner should make representation
- Template L11: Letter of acknowledgement from RQIA Board Chairman following letter of representation regarding the decision of the RQIA Suspension or Removal Representation Panel
- Template L12: Decision of RQIA Suspension or Removal Representation Panel

TEMPLATE L10

Template letter for Medical Practitioner to make representation following suspension or removal from RQIA's List of Part IV Medical Practitioners

Our ref: L10/PC/admin initials

(Date)

The RQIA Board Chairman
Regulation and Quality Improvement Authority
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Dear (Name of Medical Practitioner)

Letter of Representation following the decision by the RQIA Suspension or Removal Representation Panel to suspend or remove Dr xx (add name of doctor), from the RQIA List of Part IV Medical Practitioners (delete as appropriate)

I wish to make representation in respect of the decision of the RQIA Suspension or Removal Representation Panel regarding my suspension or removal [delete as appropriate] from the RQIA List of Part IV Medical Practitioners, as received by me on (insert date).

I make representation in relation to the following matters:

I should be grateful for an acknowledgement of my letter and would ask that you inform me of the outcome of your decision within 28 working days of the receipt of letter, in line with RQIA's Suspension or Removal Representation Panel Procedure.

Yours sincerely

Signed (Medical Practitioner)

TEMPLATE –L11

**Acknowledgement of Receipt of Letter of Representation by RQIA
Chairman**

Our ref: L11/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

**Receipt of Letter of Representation following RQIA's intention to remove
(Name of Doctor) from the RQIA List of Part IV Medical Practitioners**

I write to acknowledge receipt of your written representation in regard to the RQIA decision to remove or suspend (delete as appropriate) you from the RQIA List of Part IV Medical Practitioners as outlined to you in my letter of (insert date of previous correspondence from the Chairman).

In line with RQIA's Suspension or Removal Representation Panel Procedure, I will convene an independent RQIA Suspension or Removal Representation Panel to consider your letter of representation.

I will write to you within 28 working days to advise you of the decision of the RQIA Suspension or Removal Representation Panel.

Yours sincerely

RQIA Chairman

cc Chief Executive, RQIA
Director of Mental Health, Learning Disability and Social Work
Head of Mental Health and Learning Disability Directorate

TEMPLATE –L12

Covering Letter: Decision of RQIA Suspension and Removal Panel

Our ref: L12/PC/admin initials

Private and Confidential

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

Decision of RQIA Suspension or Removal Representation Panel to suspend or remove you from the RQIA List of Part IV Medical Practitioners

I refer to previous correspondence sent to you on (insert date) which confirmed that in line with the Regulation and Quality Improvement Authority's (RQIA) Suspension or Removal Policy and Procedure, a Suspension or Removal Representation Panel was set up to consider your written representations in relation to your suspension or removal (delete as appropriate) from the RQIA List of Part IV Medical Practitioners.

The RQIA Suspension or Removal Representation Panel has considered your written representations dated (insert date) and determined that the decision to suspend or remove you should be upheld and your name will be removed from the RQIA List of Part IV Medical Practitioners

or

that the decision of the RQIA Suspension or Removal Representation Panel has not been upheld (delete as appropriate).

The reason(s) for the Panel's determination is / are (delete as appropriate) as follows:

This decision is final and there is no right of appeal. However, if you are dissatisfied with the way RQIA has responded to your representation, you may complain to the RQIA Board Chairman in writing within 28 working days following the receipt of this letter.

Yours sincerely

Chairman of Suspension/ Removal Panel

cc Chief Executive
 Complaints Manager
 Communications Manager
 CEO of all HSCTs / DHSSPS / HSCB / Other relevant Stakeholders, if
 relevant on advice of DLS

DRAFT

Appendix 2

Draft Terms of Reference for a RQIA Suspension or Removal Representation Panel

The RQIA Suspension or Removal Representation Panel should consider whether:

- The decision has been issued in line with RQIA's Suspension or Removal from the RQIA List of Part IV Medical Practitioners policy and procedure
- Having considered all the information in the case determine if the decision of the RQIA Suspension or Removal Representation Panel was correct and reasonable in all aspects of the appointment to the RQIA List of Part IV Medical Practitioners
- The letter to the applicant references clearly the reasons why the suspension or removal from the RQIA List of Part IV Medical Practitioners is required
- To make a determination to uphold the decision for removal of the Part IV Medical Practitioner or not to uphold the decision of the RQIA Suspension or Removal Representation Panel to remove the applicant from the RQIA List of Part IV Medical Practitioners. The Panel may also make recommendations to the RQIA Board Chairman for learning or review

This list is not exhaustive; rather it is a guide for the RQIA Suspension or Removal Representation Panel.

The Chair of the Panel is responsible for establishing the terms of reference at the outset of the Panel's work and for clarifying that there are no conflicts of interest with regard to the members of the Panel.



The **Regulation** and
Quality Improvement
Authority

Standing Order Number Five

Panel for the Appointment to or Suspension or Removal from the RQIA List of Part IV Medical Practitioners

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1.0 Introduction

The power to appoint to the RQIA List of Part IV Medical Practitioners is vested in RQIA following the transfer of functions from the former Mental Health Commission under Article 25 (1) of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

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

Under Standing Order Five, the RQIA Board has delegated the authority to make decisions about appointment to or suspension or removal from, the RQIA List of Part IV Medical Practitioners.

2.0 Establishment of the RQIA Appointment Panel

The Board will establish an RQIA Appointment Panel to make appointments to the RQIA List of Part IV Medical Practitioners.

Medical Practitioners at Consultant Psychiatrist level with specialist experience in the diagnosis or treatment of mental disorder, who meet the conditions set out by RQIA, are eligible to apply for appointment to the RQIA List of Part IV Medical Practitioners. The criteria for appointment to the RQIA List of Part IV Medical Practitioners are set out in a separate procedure, attached to this policy (see RQIA Procedure for Appointment to the RQIA List of Part IV Medical Practitioners).

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

2.1 Membership of the RQIA Appointment Panel

The Chairman of RQIA will seek expressions of interest from four Board members and will appoint a Medical Practitioner as Chairman of the Panel. In the event of the Chairman of the Panel being unavailable, another Board member may deputise in agreement with the Chair of the Panel.

The Chairman of RQIA, following approval of the Board, will agree the appointment of the three additional Board members to the RQIA Appointment Panel.

Any appointments made to the RQIA Appointment Panel will be ratified at a Public Board meeting and formally recorded in the minutes.

2.2 Terms of Reference for the RQIA Appointment Panel

The RQIA Appointment Panel will process all applications in line with the RQIA Policy and Procedure for the Appointment to the RQIA List of Part IV Medical Practitioners.

The Panel will formally agree and record in the minutes of its meetings the name of every applicant appointed to the RQIA List of Part IV Medical Practitioners.

The Panel shall advise the Board of all decisions made with regard to any applications for appointment.

If the Panel agree that an applicant should not be appointed to the RQIA List of Part IV Medical Practitioners the applicant should be advised that they can make representation to separate RQIA Appointment Representation Panel, within 28 days of the decision of the Appointment Panel.

3.0 Establishment of the RQIA Appointment Representation Panel

The Board will establish an RQIA Appointment Representation Panel to respond to a letter of representation from any Medical Practitioner not appointed to the RQIA List of Part IV Medical Practitioners.

3.1 Membership of the RQIA Appointment Representation Panel

The membership of the RQIA Appointment Representation Panel will comprise of:

- The Medical Director of RQIA, or if not available, another RQIA Director and two other Board members appointed by the RQIA Board Chairman not previously involved in the decision not to appoint the Medical Practitioner.
- An Independent Medical Advisor with experience of the Mental Health (Northern Ireland) Order 1986 (who has not been recently involved with Medical Practitioner making the representation). The independent advisor will provide information and advice on relevant operational issues in respect of the procedure. The advisor will not be a voting member of the RQIA Appointment Representation Panel.

3.2 Terms of Reference of the RQIA Appointment Representation Panel

The Chairman of the RQIA Appointment Representation Panel will agree the meeting dates of the Panel.

The RQIA Appointment Representation Panel shall review the:

- Letter of representation (ensuring that it is submitted within the timeline set out in the procedure).
- Accompanying documents sent to the RQIA Appointment Representation Panel by the Medical Practitioner making representation
- Any correspondence sent to the applicant by RQIA concerning their non-appointment to the RQIA List of Part IV Medical Practitioners and the response received from RQIA from the applicant
- The process used by the RQIA Appointment Panel to come to their decision
- A minute of the original decision made by the RQIA Appointment Panel
- A copy of any legal advice obtained by the RQIA Appointment Panel

The Director of Mental Health and Learning Disability will provide administrative support and ensure a formal record of the proceedings is recorded. A report of the decision of the RQIA Appointment Representation Panel will be forwarded to the RQIA Board Chairman, generally within 28 working days of receiving the letter of representation, or in the event that this is not achievable, the record will be forwarded as soon as is reasonably practicable. Save as otherwise expressly provided herein, the Chair of the RQIA Appointment Representation Panel shall decide the procedures to be followed by this Panel.

The RQIA Appointment Representation Panel shall determine whether or not it is satisfied that the decision made by the RQIA Appointment Panel was consistent with the RQIA Policy and Procedure, and reasonable in all aspects of the appointment to the RQIA List of Part IV Medical Practitioners.

The Chairperson of the RQIA Appointment Representation Panel will advise the RQIA Board Chairman of its decision and make a report to the RQIA Board of the outcome.

Letters of representation will not be considered outside of a 6 month timeline i.e. from the date of notification regarding the Panel's decision not to appoint the Medical Practitioner to the RQIA List of Part IV Medical Practitioners.

4.0 Establishment of the RQIA Suspension or Removal Panel

An RQIA Suspension or Removal Panel will also be established by the RQIA Board, to make a decision about suspension or removal of any Medical Practitioner from the RQIA List of Part IV Medical Practitioners. The suspension or removal of appointment may be for the following reasons:

- a) Where the Medical Practitioner wishes to be removed from the RQIA Part IV List of Medical Practitioners. In these circumstances the Medical Practitioner should notify the Chairman of the RQIA Appointment Panel of their intention. The Chairman will advise the RQIA Administrator in the Mental Health and Learning Disability Team to remove their name from the list and notify the Medical Practitioner of the date on which their name has been removed.
- b) Where RQIA has become aware of any information that may impact on the ability of the Part IV Medical Practitioner to fulfil their functions or
- c) If the GMC has suspended or removed their fitness to practise licence or applied any conditions to their registration and removal from the RQIA List of Part IV Medical Practitioners requires to be made or
- d) If RQIA becomes aware that the Medical Practitioner is not discharging their responsibilities as set out in 6.2 of the RQIA Appointment Policy and Procedures. In these circumstances, this information will be brought to the Chairman of RQIA who will convene a RQIA Suspension or Removal Representation Panel to consider the suitability of the Part IV Medical Practitioner to remain on the RQIA List of Part IV Medical Practitioners.

4.1 Membership of the RQIA Suspension or Removal Panel

The RQIA Board Chairman will seek expressions of interest from three Board members, who were not part of the original decision making Panel, to consider the suspension or removal from the RQIA List of Part IV Medical Practitioners. The RQIA Board Chairman will nominate one Board member, of the three, to act as the Chairman of the Panel and seek approval from the Board for these appointments.

Board nominations to the RQIA Suspension or Removal Panel will be confirmed at a Public Board meeting and formally recorded in the minutes.

4.2 Terms of Reference for the RQIA Suspension and Removal Panel

The RQIA Suspension and Removal Panel, will process all applications in line with the RQIA Policy and Procedures for the suspension and removal of Part IV Medical Practitioners from the RQIA List of Part IV Medical Practitioners.

The Panel will formally agree and record in the minutes of its meetings, any applicant who has had their appointment suspended or removed.

In the event that the RQIA Suspension or Removal Panel for Part IV Medical Practitioners makes the decision to suspend or remove the appointment of a Part IV Medical Practitioner from the RQIA list, the Medical Practitioner concerned may raise his/ her representation, with RQIA, by writing a formal letter of representation to the RQIA Chairman within 28 working days of the notification of the decision of the RQIA Board. The RQIA Chairman will set up a Suspension and Removal Representation Panel.

The Panel shall advise the Board of any decision(s) made with regard to any suspension and removal of any Part IV Medical Practitioner.

Letters of representation will not be considered outside of a 6 month timeline i.e. from the date of notification regarding the Panel's decision to suspend or remove the Medical Practitioner from the RQIA List of Part IV Medical Practitioners.

5.0 Establishment of the RQIA Suspension or Removal Representation Panel

A RQIA Suspension or Removal Representation Panel will be convened by the RQIA Chairman, to hear the representation following the decision by the RQIA Suspension or Removal Panel to suspend or remove any Medical Practitioner from the RQIA list of Part IV Medical Practitioners.

The Chair of this Representation Panel will advise the RQIA Board Chairman if the suspension or removal of the Medical Practitioner's name from the list is upheld by the Panel. The Medical Practitioner has the right to complain to the RQIA Chairman if unhappy with the process used by the Representation Panel to come to their decision.

All Panels are required to comply with all aspects of the law, good practice and governance.

5.1 Membership of the RQIA Suspension or Removal Representation Panel

The RQIA Board Chairman, following approval of the Board, will agree the appointment of the three members to the Suspension or Removal Representation Panel, one of whom will be a Board member to act as Chair of the Panel. None of these members should have been involved in the original decision to suspended or remove the Medical Practitioner.

The membership of the RQIA Suspension or Removal Representation Panel will also consist of the following:

- A member of the RQIA Board to act as Chair of the Panel
- A member of the RQIA Executive Team
- An Independent Medical Advisor with experience of the Mental Health (Northern Ireland) Order 1986 (who has not been recently involved with Medical Practitioner making the representation). The independent advisor will provide information and advice on relevant operational issues in respect of the procedure. The advisor will not be a voting member of the Representation Panel.

The Mental Health and Learning Disability Senior Administrator will facilitate the administrative requirements of the Panel.

Any appointments made to the RQIA Suspension or Removal Representation Panel will be confirmed at a Public Board meeting and formally recorded in the minutes.

5.2 Terms of Reference for the RQIA Suspension or Removal Representation Panel

The Chairman of the RQIA Suspension or Removal Representation Panel will agree the meeting dates of the Representation Panel.

The Representation Panel shall review the:

- Correspondence and concerns regarding the Medical Practitioner's ability to remain on the RQIA List of Part IV Medical Practitioners
- Accompanying documents sent to the Representation Panel by the Medical Practitioner making representation
- Any correspondence sent to the applicant by RQIA concerning their suspension or removal of from the RQIA List of Part IV Medical Practitioners and the response received from RQIA from the applicant
- The process used by the RQIA Suspension and Removal Panel to come to their decision
- A minute of the original decision made by the RQIA Suspension and Removal Panel
- A copy of any legal advice obtained by the RQIA Suspension and Removal Panel

The Head of Programme for Mental Health and Learning Disability will provide administrative support and ensure a formal record of the proceedings is recorded. A report of the decision of the RQIA Suspension or Removal Representation Panel will be forwarded to the RQIA Board Chairman, generally within 28 working days of receiving the letter of representation, or in the event that this is not achievable, the record will be forwarded as soon as is reasonably practicable. Save as otherwise expressly provided herein, the Chair of the Panel shall decide the procedures to be followed by this Panel.

The Panel shall determine whether or not it is satisfied that the decision made by the RQIA Suspension or Removal Representation Panel was consistent with the RQIA Policy and Procedure, in respect of the suspension or removal of Part IV Medical Practitioners and reasonable in all aspects of the appointment to the RQIA List of Part IV Medical Practitioners.

The Chairperson of the Panel will advise the RQIA Board Chairman of its decision and make a report to the RQIA Board of the outcome.

Letters of representation will not be considered outside of a 6 month timeline i.e. from the date of notification regarding the Panel's decision to suspend or remove the Medical Practitioner from the RQIA List of Part IV Medical Practitioners.

6.0 Additional Matters

The RQIA Appointment Panel or RQIA Suspension or Removal Panel may co-opt additional Board members for a defined period to provide specialist skills, knowledge and experience, or seek advice from one of RQIA's Sessional Medical Practitioners as required.

The Chairman of the RQIA Appointment Panel and the RQIA Suspension or Removal Panel may commission any legal advice required through the Director of Legal Services, Business Services Organisation.

7.0 Period of Appointment

The RQIA Board Chairman will review the membership of the RQIA Appointment Panel and RQIA Suspension or Removal Panel normally every two years.

The RQIA Board Chairman should ensure that the periods of membership of the Panel are consistent with the periods of appointment of Board members.

8.0 Quorum

A duly convened meeting of the RQIA Appointment Panel or RQIA Suspension or Removal Panel at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Panel.

The quorum necessary for the transaction of any business shall be any three of the four Board members of the RQIA Appointment Panel and two out of the three members for the RQIA Suspension or Removal Panel.

At the beginning of each meeting the RQIA Appointment Panel Chairman or Chairman of the RQIA Suspension or Removal Panel will establish and note any conflicts of interest.

In the event that the Chairman of the RQIA Appointment Panel or RQIA Suspension or Removal Panel is not available, he/she will nominate another Panel member to chair the meeting on his/her behalf.

9.0 Secretariat

The RQIA Appointment or Suspension or Removal Representation Panels will be provided with a secretariat function by the Head of Programme for Mental Health and Learning Disability.

10.0 The Administrative Scheme of Delegation

10.1 Sealing Documents for the Appointment, Suspension or Removal

The Seal of RQIA will require to be fixed to any documents of decision, where the Board Chairman has delegated powers to the relevant RQIA Panels regarding the appointment, suspension or removal from the RQIA list of Part IV Medical Practitioners.

Before any document is sealed it must be approved and signed by the RQIA Board Chairman (or a Board member nominated to act by her / him on his / her behalf).

10.2 Custody of Seal

The Common Seal of RQIA shall be kept by the Chairman in a secure place.

10.3 Register of Sealing

An entry of every sealing has to be made and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the Seal.

A report of all sealings shall be made to the Board at least quarterly.

10.4 Signature of Documents

Where the signature of any document shall be a necessary step in legal proceedings involving RQIA, it shall be signed by the RQIA Chairman of the Board.

RQIA Procedure for Responding to Representation following Non Appointment to the RQIA List of Part IV Medical Practitioners

Policy type:	Mental Health and Learning Disability
Directorate area:	Mental Health and Learning Disability
Policy author/champion:	Theresa Nixon - Director of Mental Health, Learning Disability and Social Work
Equality screened:	13 December 2013
Board agreement required	YES <input checked="" type="checkbox"/> NO (tick) <input type="checkbox"/>
Date agreed by RQIA Board	
Date of issue to RQIA staff	
Date of Review	

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1.0 Introduction

This procedure outlines the process to be followed in line with Standing Order Five by the RQIA Appointment Representation Panel following receipt of a letter of representation about a decision of the RQIA Appointment Panel, not to appoint a Medical Practitioner to the RQIA List of Part IV Medical Practitioners.

An Appointment Representation Panel will be convened by the RQIA Board Chairman, following receipt of a written representation from a Medical Practitioner.

Any written representation to the RQIA Board Chairman regarding the non-appointment of a Part IV Medical Practitioner will be acknowledged in writing (L8).

The Medical Practitioner will be advised of the decision of the RQIA Appointment Representation Panel normally within 28 working days by the RQIA Board Chairman. These procedures should be read in conjunction with the:

- RQIA Standing Orders Three and Five
- RQIA Escalation Policy and Procedure.
- RQIA Complaints Policy and Procedure

2.0 Written Representation

Any representation in relation to non-appointment of a Medical Practitioner should be submitted within 28 working days, following the decision of the Appointment Panel. The Medical Practitioner should use the template provided (L7) to make representation and send this to:

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

The RQIA Board Chairman should acknowledge receipt of the letter of representation within five working days (L8).

*The range of template forms and letters associated with the RQIA Appointment Representation Panel Procedures are contained in Appendix 1.

3.0 The Procedure for Making Representation regarding the Non-Appointment to the RQIA List of Part IV Medical Practitioners

On receipt of a written representation (L7), the RQIA Board Chairman will convene an RQIA Appointment Representation Panel.

The Director of Mental Health and Learning Disability and relevant Head of Programme will be informed of the date of the RQIA Appointment Representation Panel meeting by the RQIA Board Chairman. The Head of Programme will ensure that all relevant documentation regarding the decision is made available to the Panel. This should include a file of all correspondence sent to the applicant and their responses and the minute of the decision of the RQIA Appointment Panel.

4.0 Composition of the RQIA Appointment Representation Panel

The membership of the RQIA Appointment Representation Panel will comprise of:

- The Medical Director of RQIA, or if not available, another RQIA Director and two other Board members appointed by the RQIA Board Chairman not previously involved in the decision not to appoint the Medical Practitioner.
- An Independent Medical Advisor with experience of the Mental Health (Northern Ireland) Order 1986 (who has not been recently involved with Medical Practitioner making the representation). The independent advisor will provide information and advice on relevant operational issues in respect of the procedure. The advisor will not be a voting member of the RQIA Appointment Representation Panel.

5.0 RQIA Appointment Representation Panel – Terms of Reference

The Chair of the RQIA Appointment Representation Panel will ensure that the Panel follow the terms of reference for the RQIA Appointment Panel. The draft Terms of Reference, for consideration by the Panel, is attached in Appendix 2.

If the Chair of the RQIA Appointment Representation Panel determines that legal advice is required in respect of any aspect of the representation, this advice may be sought through the Director of Legal Services, Business Services Organisation.

The RQIA Appointment Representation Panel may consult with any relevant member of the RQIA Appointment Panel as necessary to ascertain the context of any fact and / or process regarding the decision made not to appoint or to de-register any applicant, if further relevant information might assist it in its assessment of the letter of representation.

The RQIA Appointment Representation Panel Chairperson will produce a written report reflecting their detailed assessment against all points made by the Medical Practitioner in their letter of representation. The RQIA Appointment Representation Panel should reach a firm conclusion against each point made, generally within 28 working days of receiving the letter of representation.

In exceptional circumstances, if more time is needed by the RQIA Appointment Representation Panel to assist it in making an informed decision, the RQIA Board Chairman will write to the Medical Practitioner advising them of a revised timeline for production of the RQIA Appointment Representation Panel's report.

A copy of the Panel's written report and a record of the RQIA Appointment Representation Panel's decision (L9) shall be submitted by the RQIA Appointment Representation Panel Chairman to the RQIA Board Chairman. The outcome of the RQIA Appointment Representation Panel (L9) decision will normally be sent to the Medical Practitioner within 28 working days of the issue of the decision by the RQIA Appointment Panel.

The RQIA Appointment Representation Panel Chair may also make recommendations to the RQIA Board Chairman as part of the outcome of its review of the letter of representation.

6.0 Feedback to Medical Practitioner Making Representation

Following consideration of the Medical Practitioner's representation by the RQIA Appointment Representation Panel, the Medical Practitioner will be notified in writing by the RQIA Board Chairman of the RQIA Appointment Representation Panel's decision as follows (L9):

RQIA's decision **is** to uphold the decision of the RQIA Appointment Panel or:

RQIA's decision is **not** to uphold the decision of the RQIA Appointment Panel. The decision of the RQIA Appointment Representation Panel is final.

The applicant will be informed of their right to complain about their non-appointment to the RQIA List of Part IV Medical Practitioners.

7.0 Complaints

Any complaint about the processes used by the RQIA Appointment Representation Panel to come to their decision must be sent by the Medical Practitioner to the RQIA Board Chairman within 28 working days of the issue of the letter of decision from the RQIA Representation Appointment Panel.

The RQIA Board Chairman will ensure the complaint is investigated and will advise the complainant on the outcome in line with the RQIA Complaints Procedure.

If the Medical Practitioner is dissatisfied with the outcome of the complaint investigation by RQIA he / she can write to the Commissioner for Complaints Ombudsman (Northern Ireland).

8.0 Monitoring

The RQIA Appointment Representation Panel will ensure that formal, accurate minutes of its activity are maintained and a report is made available to the RQIA Board.

The Chairman of the RQIA Appointment Panel will make an annual report to the Board on any RQIA Appointment Representation Panel meetings and related matters which have taken place each calendar year.

9.0 RQIA Appointment Representation Panel Support

The Chair of the RQIA Appointment Representation Panel has responsibility for coordinating Panel meetings. Administrative support, including minute taking for the Panel, will be undertaken by an identified member of RQIA MHLA administrative staff.

10.0 Review

The RQIA Appointment Representation Panel Procedures will be reviewed in January 2014.

RQIA Appointment Representation Panel Associated Template Letters and Forms

Letter of decision of non-appointment to the RQIA List of Part IV Medical Practitioners and list of template letters

- Template L7: Letter for Medical Practitioner to make representation
- Template L8: Letter of acknowledgement from RQIA Board Chairman following receipt of letter of representation regarding the decision of the RQIA Appointment Representation Panel
- Template L9: Decision of RQIA Appointment Representation Panel

TEMPLATE L7

Letter for Medical Practitioner to make Representation following the decision by the RQIA Appointment Panel not appoint as a Part IV Medical Practitioner

Our ref: L7/PC/admin initials

(Date)

RQIA Board Chairman
Regulation and Quality Improvement Authority
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Dear (Name of Medical Practitioner)

Decision by the RQIA Appointment Panel not to ratify my appointment to the RQIA List of Part IV Medical Practitioners

I wish to make representation in respect of the decision of the RQIA Appointment Panel of (*insert date*) regarding my non-appointment to the RQIA List of Part IV Medical Practitioners.

I make my representation on the following matters:

I should be grateful if you could acknowledge receipt of my letter and inform me of the outcome of your decision, in line with RQIA's Appointment Representation Panel procedures within 28 working days of the receipt of this letter.

Yours sincerely

Signed (Medical Practitioner)

TEMPLATE – L8

Letter of acknowledgement of written representation following non appointment by Part IV Appointment Panel

Our ref: L8/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

**Receipt of Letter of Representation of RQIA's decision not to Appoint
(Name of Doctor)**

I write to acknowledge receipt of your written representation in regard to the RQIA decision not to appoint you to the RQIA List of Part IV Medical Practitioners as outlined to you in my letter of (insert date of previous correspondence from the Chairman).

In line with RQIA's Appointment Representation Panel Procedures, I will convene an Independent Appointment Representation Panel to consider your letter.

I will write to you within 28 working days to advise you of the decision of the Panel.

Yours sincerely

RQIA Chairman

cc Chief Executive, RQIA
Director of Mental Health, Learning Disability and Social Work
Head of Mental Health and Learning Disability Directorate

TEMPLATE –L9

**Covering Letter: Decision of RQIA Appointment Representation Panel–
Upheld/Not Upheld**

Our ref: L9/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Practitioner)

Dear (Name of Medical Practitioner)

**Decision of RQIA Appointment Representation Panel following
representation re non-appointment to the RQIA List of Part IV Medical
Practitioners**

I refer to previous correspondence sent to you on (insert date).

An RQIA Appointment Representation Panel was set up to review your representation regarding your non-appointment to the RQIA List of Part IV Medical Practitioners.

The Panel has considered your written representation dated (insert date) and decided that (delete as appropriate):

1. the grounds of your representation has been upheld
or
2. that the decision of the RQIA Appointment Panel has not been upheld and your appointment has been agreed by the Appointment Representation Panel.

The RQIA Appointment Representation Panel's reason(s) for reaching this decision are as follows:

However, if you are dissatisfied with the way RQIA has responded to your representation, you may complain to the RQIA Board Chairman in writing within 28 working days following the receipt of this letter.

Yours sincerely

RQIA Chairman

cc Chief Executive

Complaints Manager
Communications Manager
CEO of all HSCTs / DHSSPS / HSCB / Other relevant Stakeholders, if
relevant on advice of DLS

Appendix 2

Draft Terms of Reference of the RQIA Appointment Representation Panel

The RQIA Appointment Representation Panel should consider whether;

- The decision has been issued in line with RQIA's Appointment Panel for the Part IV Medical Practitioners policy and procedures
- Having considered all the information in the case decide if the decision of the RQIA Appointment Panel was correct and reasonable in all aspects of the appointment to the RQIA List of Part IV Medical Practitioners
- The letter to the applicant identifies clearly the reasons why the appointment was not approved
- The RQIA Appointment Representation Panel should make a decision to
 - a. uphold the decision of the RQIA Appointment Panel not to appoint the applicant as a Part IV Medical Practitioner
 - b. Agree that the applicant should be appointed to the RQIA List of Part IV Medical Practitioners

The Panel may make recommendations to the RQIA Board Chairman for learning or review.

This list is not exhaustive; rather it is a guide for the RQIA Appointment Representation Panel.

The Chair of the RQIA Appointment Representation Panel is responsible for establishing the terms of reference at the outset of the Panel's work and for clarifying there is no conflict of interest for any member appointed to the Panel.

GUIDANCE NOTES FOR THE APPOINTMENT / RE-APPOINTMENT TO THE RQIA LIST OF PART IV MEDICAL PRACTITIONERS

The power to appoint/re-appoint to the RQIA List of Part IV Medical Practitioners is vested in 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.

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

The suitability of every applicant is considered individually by the RQIA Appointment Panel with account taken of the relevant experience, professional standing, training, qualifications and indemnity of the applicant. Appointment/Re-appointment to the RQIA list of Part IV Medical Practitioners is not automatic.

Format of the Application

Please complete the application form electronically or legibly in block capitals using black ink otherwise the form will be returned to you:

PART A	1.0 Information About the Medical Practitioner Please complete in full
	2.0 Details of Previous Relevant Consultant Psychiatric Appointments Please provide details of any previous relevant Consultant Psychiatric positions held, use continuation sheet if required
Part B	3.0 Classification of Medical Practitioner Please tick the appropriate box at each section providing an explanatory comment as necessary.
	4.0 Documents to be Supplied by the Applicant All documents in relation to the appointment listed on the application form should be submitted to RQIA by hard copy or by email to team.mentalhealth@rqia.org.uk (where applicable) It is the responsibility of the applicant to submit the required documentation to allow the RQIA Appointment Panel to consider the application for appointment. Should the applicant fail to do so, the RQIA Appointment Panel will not be able to progress the application.

	<p>If employed by a HSC Trust or Independent Hospital please provide a copy of the AccessNI Enhanced Disclosure Certificate.</p> <p>Or if not available</p> <p>Medical practitioners should submit valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £30 to RQIA</p> <p>It is important that you enclose the relevant documents as failure to do so will result in your application being returned to you.</p> <p>Further information may be accessed on the AccessNI website http://www.dojni.gov.uk/index/accessni.htm.</p>
	<p>5.0 Information Required Under the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979</p> <p>Please tick the appropriate box at each section providing an explanatory comment as necessary.</p>
	<p>6.0 Declaration of being subject to any current fitness to practise proceedings with professional regulatory body</p> <p>Please complete in full and provide any details as necessary.</p>
	<p>7.0 Referee</p> <p>A referee form should be completed by a Medical Director or the Medical Directors authorised nominee, who can be an Associate Medical Director or a Clinical Director or Responsible Officer (if Independent Medical Practitioner).</p> <p>Please ensure you ask your referee to complete the Reference template (F2) and ensure this is attached to your application form.</p>
	<p>8.0 Declaration</p> <p>Please print, date and sign the application form.</p>
	<p>Please use the continuation sheet for any additional relevant information.</p>

Submission of Application

The **completed application form and all other required documentation** should be returned to RQIA at the following address:

Mental Health and Learning Disability Team
Regulation and Quality Improvement Authority
9th Floor Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Or

e-mailed to Team.mentalhealth@rqia.org.uk ensuring that all required completed documentation has been attached.

TEMPLATE - G1

APPOINTMENT / RE-APPOINTMENT APPLICATION GUIDANCE NOTES

Appendix 1 – Quick Guide for Completing: Enhanced Disclosure Application Form



Adobe Acrobat
Document

Appendix 2- Identification documents required by AccessNI

The identification documents required by AccessNI differ from the requirements for identification documents by RQIA. It is important that you enclose the relevant documents as failure to do so will result in your application being returned to you:

- Please provide three documents in the name of the applicant; one from Group 1 and two from Group 2 (see table below);
- If this is not possible, then five documents from Group 2 must be produced;
- At least one of these documents must include photographic identification.

GROUP 1		GROUP 2	
<input type="checkbox"/>	Valid Passport	<input type="checkbox"/>	Marriage certificate/ Civil Partnership Certificate
<input type="checkbox"/>	UK Driving License Full or Provisional – England/Wales/Scotland/Northern Ireland/Isle of Man; either photo card or paper a photo card or paper (a Photo card is only valid if accompanied with the paper counterpart)	<input type="checkbox"/>	Non-original UK birth certificate (issued after 12 months of date of birth, full or short form acceptable)
<input type="checkbox"/>	Original UK birth certificate (issued within 12 months of date of birth, full or short form acceptable)	<input type="checkbox"/>	P45/P60 statement
<input type="checkbox"/>	Valid photo identity card (EU countries only)	<input type="checkbox"/>	Utility bill (electricity, gas, water, telephone – including mobile phone contract/bill)
<input type="checkbox"/>	UK Firearms license	<input type="checkbox"/>	Valid TV license
<input type="checkbox"/>	HM Forces ID card (UK)	<input type="checkbox"/>	Credit card statement
<input type="checkbox"/>	Adoption Certificate (UK)	<input type="checkbox"/>	Store card statement
<p>* documentation must be less than 3 months old</p> <p>** documentation must be issued within the last 12 months</p>		<input type="checkbox"/>	Mortgage Statement
		<input type="checkbox"/>	Valid insurance certificate
		<input type="checkbox"/>	Certificate of British nationality
		<input type="checkbox"/>	British work permit/visa **
		<input type="checkbox"/>	Asylum Registration Card
		<input type="checkbox"/>	AccessNI Disclosure Certificate
		<input type="checkbox"/>	Personal correspondence or a document from a Government Department *
		<input type="checkbox"/>	Bank or Building Society Document **
		<input type="checkbox"/>	Financial statement e.g. pension, endowment, ISA **
		<input type="checkbox"/>	Valid vehicle registration document
		<input type="checkbox"/>	Mail order catalogue statement*
		<input type="checkbox"/>	Court summons
		<input type="checkbox"/>	Valid NHS card
		<input type="checkbox"/>	Court Claim Form
		<input type="checkbox"/>	Addressed pay slip*
		<input type="checkbox"/>	National insurance number card
		<input type="checkbox"/>	Examination certificate (e.g. GCSE, NVQ)
		<input type="checkbox"/>	Letter from a Head Teacher*
		<input type="checkbox"/>	Child Benefit book
		<input type="checkbox"/>	Smart pass

Appendix 3 - Fee Payment - AccessNI Fee

As outlined overleaf, RQIA is required to countersign an application for an enhanced records disclosure in respect of an applicant for registration. To do so, the applicant is required to enclose evidence of **payment of £30** payable to RQIA by cheque or BACS remittance advice to cover the cost of obtaining an enhanced disclosure certificate from AccessNI. This fee is set by AccessNI.

Method of Payment

Fee payments can currently be made by cheque or BACS payment.

Cheques should be made **payable to RQIA**

BACS payment details are as follows: **Sort Code** 902127
Account No 88056622

The cheque or BACS remittance advice should be included in the application pack.

Any reference numbers should be noted in the checklist section of the application form.

Failure to submit the appropriate fee(s) might result in your application to be refused.



Access NI
PO Box 1085
Belfast BT5 9BD

QUICK GUIDE FOR COMPLETING: ENHANCED DISCLOSURE APPLICATION FORM

Please complete this Application Form in CAPITAL LETTERS, using black ink. Applicants must complete Parts B, D, E, F and G and return the Form to the Registered Body for completion of Part A, H, I and J.

Text in **RED** indicates fields that are mandatory on the Form - failure to complete the relevant information will result in the Form being returned unprocessed.

PART A – TYPE OF APPLICATION

Indicate the type of Disclosure being requested by marking 'X' in the appropriate box. If you are unsure speak to your Registered Body who will advise you.

- A1** Please indicate which disclosure you are requesting, X one box only
- A2** Enter Registered Body Name
- A3** Enter 10 digit Registered Body Number
- A4** Enter 10 digit Countersignatory Number (this should not be completed until after the Applicant has completed their details onto the Form)

PART B – PERSONAL DETAILS

- B1** **Title** - mark 'X' clearly in the appropriate box. Examples of 'other' may be 'Reverend', 'Sister' etc.
- B2** **Surname** - enter your current Surname or last name. This will be the name that appears on your Disclosure Certificate.
- B3** **Forename(s)** - please write your full first name not just initials. Include all your forenames if you have more than one.
- B4** **Name usually known by** - use this section to include abbreviations, nicknames, etc by which you are more commonly known.
- B5** **Surname at birth (if different)** - if your surname at birth was different from your current surname please provide details and the date during which the names were used. This would only be applicable where your surname is different from your current surname i.e. changed by marriage, deed poll, etc.
- B6** **Any other surname(s) used?** - one of the boxes must be completed. This applies to all other previously used surnames you have used during your lifetime e.g. previous marriages, previous deed poll changes. Please also supply dates of changes. **If yes, complete E1- E4**, if no, go to B7.
- B7** **Any other forename(s) used?** - one of the boxes must be completed. This applies to all previous forenames you have used during your lifetime and the dates when these names were used. **If yes, complete E5 - E8**.
- B8** **Gender** - mark on the appropriate box. If you are transgender and do not wish your employer to know of your previous gender, please contact AccessNI for advice.

- B9 Date of Birth** - enter the day, month and year you were born in the format DD/MM/YYYY - e.g. 04/03/1960.
- B10 Place of Birth** - enter the name of the **town** and the **country** where you were born.
- B11** National Insurance Number - enter in spaces provided. This can normally be found on your payslip or any personalised Customs and Revenue Documents.
- B12** Driving Licence Number - enter the full Driving Licence number as found on your UK driving licence (point 5 on your driving licence refers).
- B13** Do you hold a valid passport? - if no, go to B17, if yes, **you must complete B14, B15 and B16.**
- B14** Passport number - enter passport number. The passport should be valid.
- B15** Nationality - enter your nationality as indicated on your passport.
- B16** Country of issue - enter the country your passport was issued in.
- B17** Do you have an ISA registration number - **Do not complete.**
- B18** ISA Registration number- **Do not complete.**
- B19** Do you have a Scottish Vetting & Barring number - **Do not complete.**
- B20** Scottish Vetting and Barring Number - **Do not complete.**
- B21** Preferred contact number - enter the number you would prefer AccessNI to contact you on if necessary.

PART D - APPLICANTS CURRENT AND DELIVERY ADDRESS

- D1-D6 Current Address** - please note that this will be the delivery address of the Disclosure Certificate. It should be your home address or, where this is not possible, Halls of Residence or temporary lodgings. Also include the date from which you have been a resident at this address. Each section **must** be completed. It is essential you supply a date at D6. If the date is within the last 5 years you must complete additional addresses to cover the full 5 years in Part E.
- Please give full address details, including postcode and dates of residence. If you do not provide a full 5 year address history your Form will be returned unprocessed.
- D7 – D11 Delivery Address** (if different) - this is the address to which you would prefer AccessNI to forward the Disclosure Certificate to. If it is the same as your current please leave blank.

PART E - ADDRESS HISTORY

- E1-E12 Previous Address(es)** - if you have lived at your current address for less than 5 years you will need to provide your continuous address history for the last 5 years. You should include addresses outside the UK where appropriate. There **must** be no gaps in the dates provided; overlapping dates are acceptable. Please give full address details, including postcode.
- If your address history does not fit in the spaces provided you should use the approved Address Continuation Sheet which can be downloaded at <http://www.dojni.gov.uk/index/accessni/application-forms/addresscontinuationsheet.pdf>.

PART F - NAMES HISTORY

Only applies if you have any previous surnames or forenames not recorded in Part B6 and B7. This should be completed **if you have answered yes to B6 or B7**. There must be no gaps in the dates; overlapping dates are acceptable.

F1-F4 - Insert any additional surnames used, and dates.

F5-F8 - Insert any additional forenames used, and dates.

If necessary, please use an additional page, clearly writing your current name and date of birth at the top of the page.

PART G – DECLARATION BY APPLICANT

Please read this section carefully as it is where you declare that all the information provided is correct and up to date and where you are informed that AccessNI will use the information supplied to verify your identity against information held on Police and Government data bases. If necessary information provided may be used to update or perfect records already held within such data bases. In addition AccessNI may pass the information provided on this form to Police, Government Organisations and law enforcement agencies for the purposes of the protection and detection of crime.

All Sharing of information will be in accordance with section 29 of the Data Protection Act 1998 and AccessNI's Information Charter (see guidance on website for this http://www.dojni.gov.uk/index/accessni/about-ani/accessni_information_charter_sept_2012.pdf).

- G1** Do you have any convictions - have you ever been convicted in a court of law. Place a cross in the relevant box.
- G2** Signature of Applicant - place your signature ensuring it stays within the box provided.
- G3** Date of Signature.
- G4** Insert your name in CAPITALS.

PART H – REGISTERED BODY INFORMATION

- H1** Is the applicant applying for an AccessNI disclosure - must be Yes.
- H2** Position applied for - please ensure the position applied contains clear evidence for the request. It must be obvious the position qualifies for an enhanced disclosure.
- H3** Organisation name - the description you enter here will be recorded on the certificate
- H4** Will the work be carried out at the home of the applicant? - if Yes, this will determine whether further checks on others in the household are required. One box must be X..
- H5** Is the disclosure required for the purpose of asking an exempted question? - Enhanced Disclosures can only be provided if the position applied for H2 is exempt from the provisions of set out in the Rehabilitation of Offenders (Northern Ireland) Order 1978 - it is the responsibility of the Counter Signatory to ensure this is the case. If No, is marked with X then the form will be returned unprocessed.
- H6** Is the disclosure required for a prescribed purpose - this must be X Yes. If you are unsure a list of prescribed purposes can be viewed on our website.
- H7** Does this position require a check of the Children's Barred List (Regulated Activity) - Insert X at No unless applying for Enhanced with Barred List Check at A1. Insert X at Yes if appropriate.
- H8** Does this position require a check of the Vulnerable Adults' Barred List (Regulated Activity) Insert X at No unless applying for Enhanced with Barred List Check at A1. Insert X at Yes if appropriate
- H9** Have you established the true identity of the applicant by examining a range of documents as set out in AccessNI guidance, and verified the information provided in Parts B, D, E & F. This box must be X Yes or the form will be returned.
- H10** Application Type - please indicate if the post is for an New Post Holder, Existing Post Holder, Re Check of existing post holder.
- H11** Your reference number. If you require a number which you would like to appear on the certificate please enter it here i.e. an internal recruitment code. **Do not use Countersignatory number.**

H7 & H8 - IF APPLYING FOR ENHANCED WITH BARRED LIST CHECK AT A1 AT LEAST ONE OF THESE BOXES MUST BE YES.

PART I – PAYMENT

I1 Please X the appropriate box.

Account

Invoices will issue at the beginning of each month and will include charges for Disclosure Certificates issued during the previous month. Acceptable payment methods can be found on page 1 of the invoice.

No Payment (Volunteer)

Access NI will provide free disclosure services to volunteers who meet the AccessNI definition. Further details can be found on <http://www.dojni.gov.uk/index/accessni/who-uses-ani/volunteers.htm>.

PART J – DECLARATION

Please read the declaration and sign. This is the Registered Body statement that all documentation has been supplied and checked in accordance with AccessNI guidance.

J1 Signature of Registered Person - this must be an original signature.

J2 Date of signature - must always be within 3 months from the date received by AccessNI.

J3 Name in CAPITALS

TEMPLATE – G3
BACKGROUND PAPER FOR APPLICANT

Dear Applicant

Appointment to the RQIA List of Part IV Medical Practitioners

The power to appoint to the RQIA List of Part IV Medical Practitioners is vested in 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.

The Regulation and Quality Improvement Authority (RQIA) has reviewed their procedures for the appointment of Part IV Medical Practitioners.

Following legal advice from BSO, RQIA has established an RQIA Appointment Panel to support RQIA in the discharge of its statutory functions and powers. The Appointment Panel has delegated responsibility, from the RQIA Board, to make decisions regarding the appointment of all Part IV Medical Practitioners.

From 16 January 2014 the following Appointment Procedure applies. The eligibility criteria for appointment/re-appointment to the RQIA List of Part IV Medical Practitioners are listed in Appendices 1 & 2.

Procedure for Initial Appointment to the RQIA List of Part IV Medical Practitioners

- The Medical Practitioner seeking to be appointed should contact RQIA to seek an application form.
- RQIA will forward the application pack to the Medical Practitioner to be completed and returned within a specified date.
- The RQIA Appointment Panel will consider the suitability of every applicant with account taken of the relevant experience, training, good standing, qualifications and indemnity of the practitioner. Appointment is not automatic.
- The Appointment Panel will meet monthly. Exceptional circumstances may be applied if there is an immediate requirement for a more urgent appointment.
- If the Appointment Panel agrees to the appointment to the RQIA List of Part IV Medical Practitioners, the Chairman of the Appointment Panel, or person designated by them, will issue the applicant with a letter. A certificate confirming their appointment, with the RQIA seal, will be forwarded to the applicant confirming the date and duration of his or her appointment.
- RQIA maintains a list of all Part IV Medical Practitioners which details the date and duration of the appointment.
- In cases of non-appointment and following receipt of a letter of representation from the applicant, the RQIA Chairman will set up an RQIA Representation Appointment Panel. Decisions of the Appointment Representation Panel will be made within 28 working days of the meeting of the Representation Appointment Panel.

TEMPLATE – G3 BACKGROUND PAPER FOR APPLICANT

Procedure for seeking Re-Appointment to the RQIA List of Part IV Medical Practitioners

- The same procedures apply as for re-appointment as initial appointment, as set out above.
- However RQIA will contact the Medical Practitioner 12 weeks before the date of expiry of their appointment, advising the Medical Practitioner of the date of the expiry of their appointment. An application pack will be sent to the Medical Practitioner in order that they can seek re-appointment to the RQIA List of Part IV Medical Practitioners.
- The RQIA Appointment Panel will consider the suitability of the applicant taking account of the relevant experience, training, good standing, qualifications and indemnity of the practitioner. Re-appointment is not automatic.
- The Appointment Panel will meet monthly. Exceptional circumstances may be applied if there is an immediate requirement for a more urgent appointment.
- If the Appointment Panel agrees to the re-appointment to the RQIA List of Part IV Medical Practitioners, the Chairman of the Appointment Panel, or person designated by them, will issue the applicant with a letter. A certificate confirming their appointment, with the RQIA seal, will be forwarded to the applicant confirming the date and duration of his or her appointment.
- If the Appointment Panel do not agree to the re-appointment and a letter of representation is received from the applicant, the RQIA Chairman will set up an RQIA Representation Appointment Panel. Decisions of the Appointment Representation Panel will be required within 28 working days of the meeting of the Panel.

All appointees are required to inform RQIA of any change in their personal circumstances, which may impact on their ability, or the public perception of their ability, to carry out their function as a RQIA Part IV Medical Practitioner in a professional manner. This may include notification about ill health rendering them unable to perform Part IV duties or, if subject to any GMC fitness to practise proceedings.

All Part IV Medical Practitioners must inform RQIA without delay inform RQIA if they:

- have accepted a caution from the police or been criticised by an official inquiry
- they have been charged with or found guilty of a criminal offence
- another professional body has made a finding against their registration as a result of fitness to practise procedures.
- If they are suspended by an organisation from a medical post, or have restrictions placed on their practice.

TEMPLATE – G3 BACKGROUND PAPER FOR APPLICANT

Where an applicant or appointee is cautioned or charged with any criminal offence, other than a parking or speeding offence, without aggravating circumstances, he/she should report the matter at once to the RQIA Directorate of Mental Health and Learning Disability and Social Work.

The applicant or appointee should keep RQIA informed of the progress and the outcome of the case. Convictions for some offences including motoring offences, need not necessarily be regarded as incompatible with continuing to provide services under Part IV of the Mental Health Order 1986.

In such cases the Appointment Panel will review the appointment and decide if any further action is required.

All RQIA Part IV Medical Practitioners are required to report to RQIA any termination of their employment as a Part IV Medical Practitioner from either a Trust/Independent Hospital.

Part IV Medical Practitioners working in a private capacity, e.g providing reports to the court, should also advise RQIA if they cease to do so, so that their name can be removed from the RQIA Part IV List of Medical Practitioners.

The list of appointments and re-appointments to the RQIA list of Part IV Medical Practitioners and the duration of their appointment will be published on the RQIA website.

www.rqia.org.uk/publications/legislative.cfm

Should you have any queries regarding this matter, please contact the Mental Health and Learning Disability Team at 02890 517530 or by email at Team.MentalHealth@rqia.org.uk.

TEMPLATE – G3
BACKGROUND PAPER FOR APPLICANT

Appendix 1

Eligibility Criteria for the Initial Appointment to the RQIA List of Part IV Medical Practitioners

The following information must be sent to RQIA in order that an appointment to the RQIA List of Part IV Medical Practitioners can be considered by the Appointment Panel:

- A fully completed application form
- Evidence of 10 years' experience as a Consultant Psychiatrist in the specialism of Mental Health, Learning Disability, Old Age Psychiatry or related specialism

OR

- Evidence of working as a Consultant Psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body

OR

- Evidence of appointment as a Sessional Consultant Psychiatrist for RQIA
- Confirmation of full registration with the General Medical Council (GMC) and hold a current licence to practise for your last academic year
- Evidence of a valid Certificate of Specialist Training (CST) and/or be on the Specialist Register of GMC
- Evidence of satisfactory participation in continuing professional development, including demonstration of registration with and provision of Continuing Professional Development (CPD). Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within your last academic year (please state name of body)
- Evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years
- A referee form should be completed by a Medical Director or the Medical Director's authorised nominee, who can be an Associate Medical Director or a Clinical Director or Responsible Officer (if Independent Medical Practitioner)
- If Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986

TEMPLATE – G3
BACKGROUND PAPER FOR APPLICANT

- Applicants must provide a copy of their AccessNI Enhanced Disclosure Certificate

OR if not available

Medical practitioners should submit valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £30 to RQIA

- Evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland, within the current period of approval e.g. attendance at training course in respect of the draft Mental Capacity (Health, Welfare and Finance) Bill

If the Panel agrees to the appointment, the name, professional address or address agreed by the Medical Practitioner and the period of appointment will be recorded on the RQIA List of Part IV Medical Practitioners and stored in a secure database.

TEMPLATE – G3
BACKGROUND PAPER FOR APPLICANT

Appendix 2

Criteria for the Re-Appointment to the RQIA List of Part IV Medical Practitioners

Re-appointment to the RQIA List of Part IV Medical Practitioners is not automatic and applications are processed in the same way as new applications.

The following information must be sent to RQIA in order that a re-appointment to the RQIA List of Part IV Medical Practitioners can be considered by the Appointment Panel.

- A fully completed application form
- Evidence of 10 years' experience as a Consultant Psychiatrist in the specialism of Mental Health, Learning Disability, Old Age Psychiatry or related specialism

OR

- Evidence of working as a Consultant Psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body

OR

- Evidence of appointment as a Sessional Consultant Psychiatrist for RQIA.
- Confirmation of full registration with the General Medical Council (GMC) and hold a current licence to practise for your last academic year
- Evidence of a valid Certificate of Specialist Training (CST) and/or be on the Specialist Register of GMC
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- Evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years
- A referee form should be completed by a Medical Director or the Medical Directors authorised nominee, who can be an Associate Medical Director or a Clinical Director or Responsible Officer (if Independent Medical Practitioner)
- If Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of

TEMPLATE – G3
BACKGROUND PAPER FOR APPLICANT

indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986

- Applicants must provide a copy of their AccessNI Enhanced Disclosure Certificate.

OR if not available

Medical practitioners should submit valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £30 to RQIA

- Evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland, within the current period of approval e.g. attendance at training course in respect of the draft Mental Capacity (Health, Welfare and Finance) Bill

All applicants seeking re-appointment are required additionally to demonstrate on-going involvement in the diagnosis or treatment of mental disorder, for example by providing written confirmation of involvement in **one or more** of the following:

- Acting as a Medical Member of the Mental Health Review Tribunal for Northern Ireland or equivalent body in another jurisdiction
- Undertaking at least two Mental Health (Northern Ireland) Order 1986 assessments within the previous calendar year e.g. provision of second opinion for ECT
- Working as a Sessional Consultant Psychiatrist for RQIA

If the Panel agrees to the re-appointment, the name, professional address or address agreed by the Medical Practitioner and the period of re-appointment will be recorded on the RQIA List of Part IV Medical Practitioners and stored in a secure database.

TEMPLATE - G4
BACKGROUND PAPER FOR MEDICAL DIRECTOR

Dear (Medical Director)

Appointment to the RQIA List of Part IV Medical Practitioners

The power to appoint to the RQIA List of Part IV Medical Practitioners is vested in 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.

The Regulation and Quality Improvement Authority (RQIA) has recently reviewed their procedures for the appointment of Part IV Medical Practitioners.

Following legal advice from BSO, RQIA has established an RQIA Appointment Panel to support RQIA in the discharge of its statutory functions and powers. The Appointment Panel has delegated responsibility, from the RQIA Board, to make decisions regarding the appointment of Part IV Medical Practitioners.

From 16 January 2014 the following Appointment Procedure will apply.

Procedure for Initial Appointment to the RQIA List of Part IV Medical Practitioners

- The Medical Practitioner seeking to be appointed should contact RQIA to seek an application form.
- RQIA will forward the application pack to the Medical Practitioner to be completed and returned within a specified date.
- The RQIA Appointment Panel will consider the suitability of every applicant with account taken of the relevant experience, training, good standing, qualifications and indemnity of the practitioner. Appointment is not automatic.
- The Appointment Panel will meet monthly. Exceptional circumstances may be applied if there is an immediate requirement for a more urgent appointment.
- If the Appointment Panel agrees to the appointment to the RQIA List of Part IV Medical Practitioners, the Chairman of the Appointment Panel, or person designated by the RQIA Board Chairman, will issue a letter and certificate of appointment, with the RQIA seal, to the applicant confirming his or her appointment and the period of this appointment.
- In cases of non-appointment and following receipt of a letter of representation from the applicant, the RQIA Chairman will set up an RQIA Representation Appointment Panel. Decisions of the Appointment Representation Panel will be made within 28 working days of the meeting of the Representation Appointment Panel.

Procedure for seeking Re-Appointment to the RQIA List of Part IV Medical Practitioners

- RQIA maintains a list of all Part IV Medical Practitioners and the date of expression of appointment.

TEMPLATE - G4
BACKGROUND PAPER FOR MEDICAL DIRECTOR

- RQIA will contact the Medical Practitioner 12 weeks before the expiry date of their appointment advising of the date of the expiry of their appointment. An appropriate application pack will be sent to the Medical Practitioner in order that they can seek to be reappointed to the RQIA List of Part IV Medical Practitioners. The relevant Medical Director will be included in relevant correspondence.
- The RQIA Appointment Panel will consider the suitability of the applicant taking account of the relevant experience, training, good standing, qualifications and indemnity of the practitioner. Appointment is not automatic.
- The Appointment Panel will meet monthly. Exceptional circumstances may be applied if there is an immediate requirement for a more urgent appointment.
- If the Appointment Panel agrees to the appointment to the RQIA List of Part IV Medical Practitioners, the Chairman of the Appointment Panel, or person designated by the RQIA Board Chairman, will issue a letter and certificate, with the RQIA seal, to the applicant confirming his or her appointment and the period of this appointment.
- In cases where the Appointment Panel do not agree to the reappointment and following receipt of a letter of representation from the applicant, the RQIA Chairman will set up an RQIA Representation Appointment Panel. Decisions of the Representation Panel will be required within 28 working days of the meeting of the Representation Appointment Panel.

The eligibility criteria for appointment/re-appointment to the RQIA List of Part IV Medical Practitioners are listed in Appendices 1 & 2.

All appointees must inform RQIA of any change in their personal circumstances, which may impact on their ability, or the public perception of their ability, to carry out their function as an RQIA Part IV Medical Practitioner in a professional manner. This may include notification about ill health rendering them unable to perform Part IV duties or, if subject to any GMC fitness to practise proceedings.

All RQIA Part IV Medical Practitioners are required to report to RQIA any termination of their employment as a Part IV Medical Practitioner from either a Trust / Independent Hospital.

The list of appointment and reappointment of Part IV Medical Practitioners and the time period of their approval will be published on the RQIA website.

www.rqia.org.uk/publications/legislative.cfm

Should you have any queries regarding this matter, please contact the Mental Health and Learning Disability Team at 02890 517530 or email at Team.mentalhealth@rqia.org.uk.

Appendix 1

Eligibility Criteria for the Initial Appointment to the RQIA List of Part IV Medical Practitioners

The following information must be sent to RQIA in order that an appointment to the RQIA List of Part IV Medical Practitioners can be considered by the Appointment Panel:

- A fully completed application form
- Evidence of 10 years' experience as a Consultant Psychiatrist in the specialism of Mental Health, Learning Disability, Old Age Psychiatry or related specialism

OR

- Evidence of working as a Consultant Psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body

OR

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TEMPLATE - G4
BACKGROUND PAPER FOR MEDICAL DIRECTOR

- Applicants must provide a copy of their AccessNI Enhanced Disclosure Certificate.

OR if not available

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- Evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland, within the current period of approval e.g. attendance at training course in respect of the draft Mental Capacity (Health, Welfare and Finance) Bill

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TEMPLATE - G4
BACKGROUND PAPER FOR MEDICAL DIRECTOR

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OR if not available

Medical practitioners should submit valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £30 to RQIA


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- Working as a Sessional Consultant Psychiatrist for RQIA

If the Panel agrees to the re-appointment, the name, professional address or address agreed by the Medical Practitioner and the period of re-appointment will be recorded on the RQIA List of Part IV Medical Practitioners and stored in a secure database.

<Attach cheque/BACS remittance advice here>

 The Regulation and Quality Improvement Authority			
internal memo			
From:	MHLD Team Member	To:	Finance Department
Date:		Re:	Fee Receipt

Please see attached

Cheque number:

in relation to:

Type: MHLD

with the ID:

The payment relates to:

- Appointment/Reappointment to RQIA List of Part IV Medical Practitioners
- AccessNI fee - £30 (Applicant)
- Total payment - £30

Please contact the MHLD team immediately should any issues in relation to the above payment(s) occur.

Regards

XXXXXXX
MHLD Team

Enc. Cheque(s) or BACS remittance advice

RQIA Board Meeting

Date of Meeting	16 January 2014
Title of Paper	Regional Overview Report of RQIA Infection Prevention and Hygiene Inspections 1 April 2012 – 31 March 2013
Agenda Item	12
Reference	I/07/13
Author	Elizabeth Colgan David Stewart
Presented by	David Stewart
Purpose	The purpose of this paper is to provide a summary of the RQIA Infection Prevention and Hygiene Inspection Programme for the 2012/13 Year.
Executive Summary	<p>RQIA established a programme of infection prevention and hygiene inspections in 2008 - 09. This report summarises the findings of inspections carried out from April 2012 to March 2013. These were carried out using the Regional Healthcare Hygiene Standards and Audit Tool.</p> <p>In total, 39 inspections were carried out covering 61 wards or departments. The sites visited were chosen to ensure delivery of the RQIA infection prevention and hygiene team core inspection programme for 2011 to 2014. RQIA also carried out a number of announced inspections to endoscopy units in independent hospitals. Infection prevention and control and hygiene in operating theatres was inspected as part of the RQIA review of theatres in Northern Ireland.</p> <p>The inspectors found that, in general, there have been continued improvements in the standard of cleaning, the physical environment and healthcare hygiene practices across Health and Social Care (HSC) facilities in Northern Ireland. This has led to safer care and is important to inform public confidence in services.</p>

	<p>Whilst in certain cases there some outstanding estates issues, strong leadership and commitment from staff have resulted in significant improvements in practice.</p> <p>High compliance scores were achieved in many of the wards and facilities. This is to be commended. However, RQIA considers that concentrated efforts are required in some areas to ensure that all staff adhere to best practice. In four of the six largest acute hospitals in Northern Ireland, at least one ward required a follow up visit in view of the findings from the initial inspection.</p> <p>In response to a ministerial request, RQIA, in conjunction with the Public Health Agency (PHA), HSC trusts and other key stakeholders, has developed a suite of specialised audit tools for augmented care area, including neonatal care and critical care. These tools will be used to carry out augmented care inspections to provide an assurance of the standards of infection prevention and control. They will be used to complement the regional healthcare hygiene audit tool as part of the announced inspection programme in future years.</p> <p>The drive across Northern Ireland to reduce hospital infections is having a significant impact with reducing rates of infection in hospitals. RQIA's inspection programme, and the development of new inspection tools, are helping to maintain and widen this focus on improvement. While RQIA commends the improvements identified in this report, there is no room for complacency. There is a need for continued vigilance to ensure that these improvements are sustained in the future.</p>
FOI Exemptions Applied	None
Equality Impact Assessment	Not Applicable
Recommendation/Resolution	That RQIA notes the findings of the report.

Next steps

In 2014, RQIA will be preparing a first Annual Quality Report in response to a Departmental Objective. It is planned to include a section on the work of the Infection Prevention and Hygiene programme for the year 2013/14 rather than prepare a separate report. This is set out in the draft RQIA Business Plan for the year.

Regional Overview Report of RQIA Infection Prevention and Hygiene Inspections 1 April 2012 – 31 March 2013

DRAFT

January 2014

The Regulation and Quality Improvement Authority

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

RQIA's reviews and inspections are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest.

Our Hygiene and Infection Prevention and Control inspections are carried out by a dedicated team of inspectors, supported by peer reviewers from all trusts who have the relevant experience and knowledge. Our reports are available on RQIA's website at www.rqia.org.uk.

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Executive Summary

RQIA established a programme of infection prevention and hygiene inspections in 2008-09. This report summarises the findings of inspections carried out from April 2012 to March 2013. These were carried out using the Regional Healthcare Hygiene Standards and Audit Tool.

In total, 39 inspections were carried out covering 61 wards or departments. The sites visited were chosen to ensure delivery of the RQIA infection prevention and hygiene team core inspection programme for 2011 to 2014. RQIA also carried out a number of announced inspections to endoscopy units in independent hospitals. Infection prevention and control and hygiene in operating theatres was inspected as part of RQIA's review of theatres in Northern Ireland.

The inspectors found that, in general, there have been continued improvements in the standard of cleaning, the physical environment and healthcare hygiene practices across health and social care (HSC) facilities in Northern Ireland. This has led to safer care and is important to inform public confidence in services.

Whilst in certain cases there are some outstanding issues, strong leadership and commitment from staff have resulted in significant improvements in practice.

High compliance scores were achieved in many of the wards and facilities. This is to be commended. However, RQIA considers that concentrated efforts are required in some areas to ensure that all staff adhere to best practice. In four of the six largest acute hospitals in Northern Ireland, at least one ward required a follow-up visit in view of the findings from the initial inspection.

In response to a ministerial request, RQIA, in conjunction with the Public Health Agency (PHA), HSC trusts and other key stakeholders, has developed a suite of specialised audit tools for augmented care areas, including neonatal care and critical care. These tools will be used to carry out augmented care inspections to provide an assurance of the standards of infection prevention and control. They will be used to complement the regional healthcare hygiene audit tool as part of the announced inspection programme in future years.

The drive across Northern Ireland to reduce hospital infections is having a significant impact with reducing rates of infection in hospitals. RQIA's inspection programme, and the development of new inspection tools, are helping to maintain and widen this focus on improvement. While RQIA commends the improvements identified in this report, there is no room for complacency. There is a need for continued vigilance to ensure that these improvements are sustained in the future.

1. Introduction

1.1 RQIA Infection Prevention and Hygiene Inspection Programme

Following a ministerial request in 2008-2009, RQIA established a rolling programme of announced and unannounced infection prevention and hygiene inspections. This was one element in the drive to reduce the incidence of healthcare associated infections.

In July 2011, the Minister for Health, Social Services and Public Safety, endorsed the Regional Healthcare Hygiene and Cleanliness Standards and Audit tool, agreed by all HSC trusts, Department of Health, Social Services and Public Safety (DHSSPS), HSC Board, and the PHA.

RQIA assesses compliance against the Regional Healthcare Hygiene and Cleanliness Standards. RQIA has developed an inspection process (methodology, follow-up and reporting) to support the publication of the DHSSPS Regional Healthcare Hygiene and Cleanliness Standards¹. This was agreed with all trusts, and is available on RQIA's website www.rqia.org.uk.

Inspections focus on cleanliness, infection prevention and control, clinical practice and the fabric of the environment and facilities. The announced inspection process examines the governance arrangements and systems in place to ensure that environmental cleanliness and infection prevention and control policies and procedures are working in practice.

Unannounced inspections are conducted with no prior notice. Facilities receive six weeks' notice in advance of an announced inspection, with no details of the areas to be inspected.

The core inspection programme is planned to include acute hospital settings and other areas including: community hospitals; mental health and learning disability facilities; primary care settings; the Northern Ireland Ambulance Service Trust; and other specialist and regulated services, when required. Inspections may be targeted to areas of public concern, or themed to focus on a particular type of hospital, area or process. RQIA is currently carrying out a three-year core programme of inspection for the period 2011 to 2014.

In order to enhance the effectiveness of the inspection programme, reports from infection prevention/hygiene inspections are published on completion on an agreed action plan².

RQIA, with support from all trusts, engages peer reviewers to assist in the inspections as required. The peer reviewers are provided with training prior to

¹ http://www.rqia.org.uk/cms_resources/Inspection%20Process%20V2%205_1.pdf

² http://www.rqia.org.uk/publications/infection_control_and_hygiene_inspections.cfm

their participation in inspections. RQIA is grateful for their contribution to the inspection process.

This report provides an overview of the findings of the inspections carried out from April 2012 to March 2013. Individual inspection reports are available on RQIA's website.

1.2 Other Inspection/Review Activity

During 2012-13, in addition to the core inspection programme, as part of RQIA's review programme, the infection prevention/hygiene team undertook inspections into the delivery of healthcare. Inspections took place in relation to reviews of the hospital at night and weekends and theatres. On completion, review reports are published on RQIA's website.

The team also continued to support and carry out inspection to regulated care providers on request from RQIA's Regulation Directorate. These inspection reports are also available on RQIA's website.

On 30 January 2012, following outbreaks and incidents of *Pseudomonas aeruginosa* in neonatal units across Northern Ireland, the Minister for Health, Social Services and Public Safety, asked RQIA to facilitate the development of a range of specialised audit tools with expert public health input from the PHA. These tools were to be used to provide an assurance of the standards of infection prevention and control within neonatal units and other augmented care settings.

During 2012–2013, in conjunction with the PHA and key stakeholders, RQIA developed and piloted a suite of specialised audit tools to be used for inspection in HSC trusts augmented care areas. These tools were endorsed by the DHSSPS in January 2013. A programme of inspection commenced during 2013–2014.

To facilitate improvement through partnership working, the infection prevention and hygiene team delivers presentations at a range of events including:

- training for HSC trust nursing and infection control staff
- regulated care provider road shows
- HSC trust internal training for domestic staff
- HSC Leadership Centre clinical infection prevention and control link nurse study day

1.3 Changes to the Inspection Process

During 2012-13 RQIA undertook further developments to the inspection process:

- RQIA engaged with DHSSPS, who are leading a review of the regional healthcare hygiene audit tool, in accordance with the agreement that it should be reviewed after three years.
- The infection prevention/hygiene team reviewed the format of inspection reports to provide shorter and more focused reports and recommendations. This has been shared and agreed with trusts.
- To promote engagement, the infection prevention/hygiene team has considered the introduction of patient participation into the inspection process. This will be introduced through the recruitment of lay reviewers, to accompany inspectors on selected inspections.
- RQIA developed an additional section to the regional healthcare hygiene and cleanliness audit tool for use in specialised theatre inspections. This was used as part of the RQIA review of theatres. Regional agreement will now be sought as to whether this can be used within the core inspection process.
- RQIA developed a suite of audit tools for augmented care areas, including neonatal care and critical care. These tools will be used to carry out augmented care inspections, and, where appropriate, to complement the regional healthcare hygiene audit tool as part of the announced inspection programme.
- Spot checks of previously inspected facilities have been undertaken to ensure that compliance levels have been maintained.

1.4 Further Developments

During the year 2013-14 RQIA is planning to take forward further developments to the inspection process:

- RQIA will continue to work with the DHSSPS who are leading the review of the regional healthcare hygiene audit tool.
- RQIA will continue to seek feedback from trusts on the format of reports and recommendations.
- A further programme of peer reviewer training and liaison with trusts, to support this participation, will be carried out. Peer reviewers will continue to be involved in the inspection process.
- To promote engagement, the infection prevention/hygiene team will develop an information package to introduce public participation into the inspection process. This will be through the recruitment of lay reviewers, to accompany inspectors on selected inspections.
- RQIA will liaise with HSC trusts to develop an announced inspection programme, examining the governance arrangements and systems in place to ensure that environmental cleanliness and infection prevention and control policies and procedures are working in practice. Inspections will be carried out using the Regional Infection Prevention

and Control Governance Assessment Tool, developed as part of the suite of augmented care audit tools.

- A series of spot checks of previously inspected facilities will be continue to be undertaken to ensure that compliance levels have been maintained.
- RQIA will continue to work with the Northern Ireland Ambulance Service Trust to develop suitable inspection tools and a programme of inspections.

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2. Key Findings of the RQIA Inspections in 2012-13

2.1 Improvements

RQIA's infection prevention and hygiene inspection programme has been in place since 2008. During this period RQIA inspectors have observed significant improvements in practice.

Inspectors have seen a greater focus and commitment from board to ward to improve performance. Infection prevention/hygiene inspection reports are now an agenda item on all trust board meetings.

- Follow-up inspections found that the majority of actions identified for improvement had been addressed. All wards achieved an overall compliant score at the time of any required follow-up inspection.
- Improvement has been observed in cleaning practices. Most areas inspected were generally clean.
- Mechanisms are in place to ensure effective environmental cleanliness and infection prevention and control.
- Improvements have been noted in the accountability and assurance frameworks in all HSC trusts.
- There is evidence of HSC greater staff awareness on their role and that of RQIA in environmental cleanliness and infection prevention and control.
- RQIA has been invited to participate in HSC trust staff training programmes for domestic services and nursing staff.

In most of the hospitals and facilities inspected there was evidence of improvement and good practice as indicated in the photographs below.



Reception Area



Main reception

2.2 What Needs to Improve Further

A number of key areas for further improvement have been identified through the inspection process. They include:

- A greater focus on improving environmental cleanliness and infection prevention and control practice in the larger acute hospitals in Northern Ireland. Four of the six largest acute hospitals required follow-up inspections.
- Systems and processes should be kept under review as some inspections indicated that there were instances when the board to ward approach needed to be more firmly embedded at ward level.
- The organisational culture should enable staff to challenge poor practice, and non-compliance with policies and best practice.
- Information leaflets should be available for staff, patients and visitors. Every opportunity should be taken to educate staff, patients and visitors on the importance of hand hygiene and adherence to good infection prevention and control practice.
- Continued emphasis is required on providing clean, well maintained and clutter free environments and clean patient equipment.
- Further work is required to minimise recurring issues identified during inspections.



Tidy dirty utility room



Cluttered dirty utility room

- Staff should consistently implement standard infection control precautions for all patients in every setting³.
- Care plans and care pathways for patients with infections requiring isolation precautions should be in place, detailed and be fully completed.
- Cleaning schedules for patient equipment and the environment need to be more detailed and include monitoring by senior staff to provide appropriate quality assurance.

³ Standard infection prevention and control precautions includes hand hygiene which should be performed at five moments of care using the correct seven step hand hygiene technique, the supply and use of personal protective equipment PPE, the management and disposal of linen, waste and sharps. The decontamination of equipment, management of blood spills, and the isolation of patients.

- Staff need to be clear on how and when to use disinfectants and cleaning products, and the control of substances hazardous to health (COSHH) regulations applied when using chemicals.
- HSC trust infection prevention and control teams should continue to educate all disciplines of staff and work at ward level to monitor, sustain and improve infection prevention and control practices.

Regionally, there are important initiatives which are taking forward actions for improvement. These are highlighted in section 4.0 of this report. RQIA supports these initiatives. Compliance with regional healthcare hygiene and cleanliness standards and audit tool will complement and strengthen the goal for zero tolerance of healthcare associated infections.

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3. RQIA Inspection Programme

3.1 Overview

This report provides an overview of the findings of inspections carried out, using the regional standards and audit tool, from April 2012 to March 2013.

During this period, RQIA conducted 39 inspections to a range of facilities and specialities, covering 61 wards or departments across Northern Ireland. This is in line with the infection prevention and hygiene team core inspection programme for 2011 to 2014.

The suite of 39 reports, which are available on RQIA's website, provides details of the issues impacting on hygiene and infection prevention and control in the facilities and hospitals in Northern Ireland. Inspections were both announced and unannounced. These were carried out in acute general hospitals, psychiatry, learning disability units and specialist units which included children, dentistry, neurology, rehabilitation and theatre.

A follow-up inspection was required in 11 facilities. Seven follow-up inspections were completed relating to an earlier inspection in 2012-13 report. Three follow-up inspection during this time period related to an initial inspection carried out at the end of the 2011-12 inspection programme. One maintenance inspection was carried out which showed a sustained compliance score.

Follow-up inspections are undertaken where compliance in some aspects of the audit tool did not achieve a satisfactory level. All areas subject to a follow-up inspection achieved compliance with the audit tool.

The individual reports can be used as a tool for improvement. By reviewing the findings, RQIA can provide an overall picture of the quality of environmental cleaning and healthcare hygiene across the range of services inspected. Each report makes a number of recommendations to drive further improvement.

3.2 Unannounced Inspections

3.2.1 Overall Performance

Since the introduction of the unannounced inspection programme in 2008–09, RQIA has found a good improvement in the standard of cleaning; the physical environment; and hygiene practices across HSC facilities.

Figure 1 compares the overall compliance rate for unannounced inspections carried out in 2011-12 with those carried out in 2012-13, using the regional healthcare hygiene audit tool.

Figure 1: Comparison of the overall compliance rates for clinical areas during unannounced inspections carried out by RQIA in 2011-12 and 2012-13

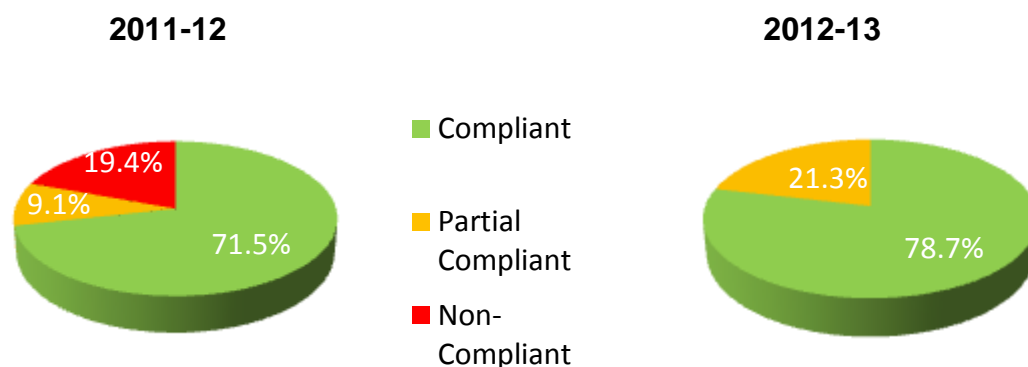


Figure 1 illustrates that the number of facilities achieving overall compliance scores rose from 71.5 per cent in 2011-12 to 78.7 per cent in 2012-13. It is particularly encouraging to note that in 2012-13 there were no facilities assessed with an overall score of non-compliant compared to 19.4 per cent in 2011-12.

The inspections provided evidence that in most of the areas inspected, there was compliance with regional healthcare hygiene and cleanliness standards. However, in some instances, inspectors observed that while systems and mechanisms were in place to assist compliance, these were not always effectively implemented or adhered to by staff. The inspections have raised an awareness of the importance of creating a safe healthcare environment for patients, visitors and staff. HSC trusts have advised that the inspections have raised awareness of accountability, and there has been more focused activity directed towards continuous improvement.

Whilst there has been improvement in the average scores achieved, there was evidence that there continues to be some variation and inconsistency in environments and practice within and between areas in trusts.

In 2012-13 inspections were undertaken to acute general hospitals, psychiatry, learning disability units and specialist units, which included children, dentistry, neurology and rehabilitation.

Follow-up inspections were undertaken where compliance in some aspects of the audit tool did not achieve a satisfactory level. Key indicators that would prompt a follow up inspection are outlined in the RQIA Infection Prevention/ Hygiene Inspection Process (Methodology, Follow-up and Reporting). The HSC Board and PHA are responsible for performance management of wards or facilities that do not achieve an overall compliance score on the follow up inspection.

Follow-up inspections were not required in any psychiatry or specialist area. This is to be commended. However, the findings from the unannounced inspections to acute hospitals resulted in a follow-up inspection in four of the six largest acute hospitals. Antrim Area Hospital and Altnagelvin Hospital did not require follow up inspections.

Some learning disability facilities inspected in the 2011–12 inspection programme required follow up inspections in 2012–13. It was encouraging to note that these were then found to be compliant.

Table 1: Number of wards which required a follow up inspection by hospital

Name of Hospital/Facility	Number of wards inspected	Number of wards that required a follow up inspection
Royal Victoria Hospital	4	2
Belfast City Hospital	3	1
Ulster Hospital	4	3
Craigavon Area Hospital	3	1
Muckamore Abbey	2	1
Longstone Hospital	2	2
Iveagh Centre	1	1

All areas subject to a follow up inspection achieved an overall compliance score.

All trusts developed an improvement plan to ensure that appropriate steps were taken to address each point of non-compliance. Detailed improvement plans for each facility were submitted to RQIA, and are included in published inspection reports.

3.2.2 Findings in Relation to Specific Sections of the Audit Tool

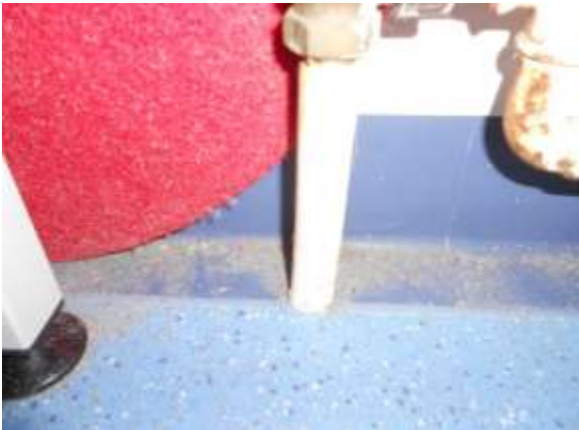
The inspections provided evidence that in most of the areas inspected, there was compliance or partial compliance with regional healthcare hygiene and cleanliness standards. In some instances inspectors observed that while systems and mechanisms were in place to assist compliance, these were not always effectively implemented or adhered to by staff. Inspectors identified recurring issues in each section of the audit tool as outlined in the following sections.

(i) Environment

The inspections highlighted that in most areas the overall cleaning of the environment has improved. Mechanisms have been put in place by all HSC trusts to ensure effective cleaning of the environment and equipment. In some areas attention to cleaning and repair in hospital main reception areas is required. A high standard of cleaning and well-maintained public areas,

such as the reception, corridors and public toilets, promotes public confidence in the standards set by the trust.

At ward/department level, particular attention is required to the cleaning of: horizontal surfaces; shelves; high density storage; air vents; window blinds; windows; sanitary areas; corners of flooring; skirting; and inaccessible areas.



Dust and debris in corners and edges



Clean, tidy shower room

The provision of clutter-free areas, and effective utilisation of space and good stock management, assists with effective cleaning. Inspectors continue to note problems with storage: on dedicated clinical work surfaces; on top of cupboards; on floors; in corridors; and communal areas. A cluttered environment impedes effective cleaning and is a challenge for domestic staff. In some instances re-configuration of rooms has occurred, or is planned, to improve storage issues.



Tidy mail box storage



Cluttered locker room

Effective cleaning is also hindered by damage to the surfaces of furniture, fixtures and fittings. Common areas for repair include damage to doors, walls, skirting and missing or displaced ceiling tiles. In some areas there was damaged or worn fixtures in sanitary areas and dirty utility rooms.

Inspectors also noted worn wooden surfaces, which are not impervious to moisture, and cannot be effectively cleaned.

Inspectors observed posters and labels which were not laminated and posters attached to surfaces with adhesive tape. Adhesive tape can damage surfaces and also impede the cleaning process.

Inconsistencies were noted on the range of information displayed for staff, patients and visitors. For example information posters for staff to reference when carrying out their role and on inoculation injury were not always available. Information leaflets on general infection prevention and control and specific infections were not always present for patients and visitors.

Displayed and accessible information promotes DHSSPS's Changing the Culture 2010⁴ message that infection prevention and control is everyone's business.



Infection control information board

Inspectors continue to be concerned that, when cleaning issues were identified, cleaning schedules were either not adhered to, or did not outline staff roles and responsibility. A robust audit process was not in place.

Temperature records for the drugs' fridges were not consistently recorded. In some instances there was nowhere for staff to record actions to be taken in the event of fridge temperatures being outside the identified range.

Inspectors note that many areas inspected were working to maximum bed capacity, with additional emergency beds created in some instances. When necessary, concerns were raised by inspectors regarding capacity and space utilisation, which could have a detrimental effect on the patient's experience (privacy and dignity) and delivery of service.

⁴ http://www.dhsspsni.gov.uk/changing_the_culture.pdf

(ii) Patient Linen

Inspectors identified that there has been an overall improvement in the management and use of patient linen. Linen was free from damage and stored appropriately in a designated store. However, in certain instances inspection teams continued to find linen stores which were cluttered, multifunctional, and required cleaning.

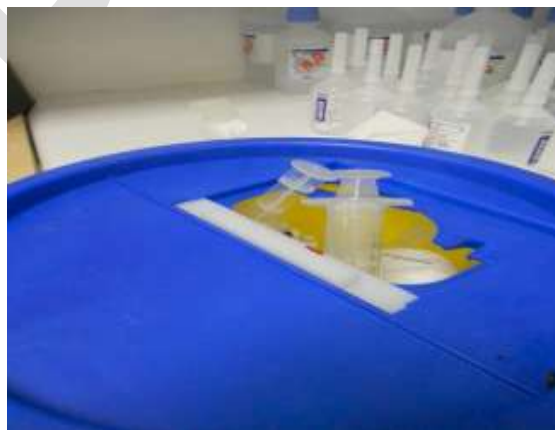


Cluttered linen store

Inspection of practice indicated the storage and segregation of used linen was generally good, however, overfilled and damaged linen skips continued to be observed. Inconsistencies in the use of personal protective equipment (PPE) when staff were handling used linen, and the inappropriate use of contaminated and water soluble linen bags, were occasionally observed.

(iii) Waste and Sharps

Overall, inspections evidenced good practice in the handling, segregation and store of waste. However, areas for improvement were identified. Waste bins, while generally in good repair, required greater attention to detail when cleaning. Inspectors again noted the incorrect segregation of household and pharmaceutical waste into the correct waste disposal stream. Incorrect waste bag liners were observed in some bins.



Protruding syringe plunger in sharps box

The safe management and disposal of sharps has been an area where minimal compliance has again been noted in some clinical areas. Sharps boxes were not signed, dated or secure; temporary closures were not in use; boxes were overfilled; integral sharps trays were dirty and not always available. This highlights the continued need for staff education in this area.

(iv) Patient Equipment

Inspections evidenced that patient equipment management continues to require staff education and monitoring across the majority of trusts. Inspectors identified inconsistencies with the standard of equipment cleaning between different areas in some trusts.

In some areas, nursing equipment cleaning schedules were unavailable, not detailed or inconsistently completed. Nursing staff knowledge on equipment cleaning and the symbol for single use equipment was variable.

Inspectors noted that in certain areas patient equipment was dusty, splashed or damaged with adhesive labels present, impeding effective cleaning. Trigger tape to denote equipment that had been cleaned was inconsistently used. Some equipment, for example commodes, labelled as clean, were observed to be faecally stained.

Some single use equipment was not in its original packaging, with no traceability labels or expiry date present. Inspectors noted that single use jugs were being reused, prior to appropriate decontamination. Occasionally, inspectors found out-of-date intravenous fluids, indicating poor stock rotation.

Effective cleaning and audit processes were not always in place.



Exposed syringe with 10ml inflated air



Glucometer, damaged casing and tape



Decontamination of commodes poster



Clean commodes

(v) Hygiene Factors

Inspectors found that in some areas the ratio of dedicated accessible clinical hand washing sinks did not comply with the HBN 04-01 guidance⁵; multi-bed rooms should contain two clinical sinks, one close to the entrance to the room and the other placed in a convenient position for staff working at the other end of the room.

In general hand washing sinks and fixtures and fittings were clean, working and in a good state of repair. Occasionally taps were not sensor or elbow operated. Maintenance and repair issues highlighted poor sink drainage, sinks too small for effective hand washing, some old worn sinks and a plug in situ. Consumables were in general readily available to promote effective hand hygiene for staff, patients and visitors. However, alcohol gel dispensers were not always present or full. In some areas greater attention was required to cleaning, especially taps and the underside of dispensers. In comparison to 2011-12 inspections, inspectors noted that there was a reduction in the level of limescale present on sinks and taps.

The availability of PPE was good, however, in some areas, the placement of PPE stations remains an issue. Stations were positioned in areas where there was a potential risk of aerosol contamination. At times, face masks and goggles for general use, and a range of glove sizes were not always present.

In all trusts, issues around the materials and equipment used for cleaning continue to be observed. More attention was required to the cleaning, repair and the correct storage of domestic cleaning equipment. Non-adherence or awareness of the National Patient Safety Agency (NPSA) colour coded guidelines was also observed.

⁵https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148503/HBN_04-01_Supp_1_Final.pdf



Cloths and mops left soaking in solution



Domestic Services Manual

It is concerning to note that chemicals used for cleaning were not always stored in line with COSHH regulations and locked in a secure area. Staff continue to be inconsistent in their knowledge of: the chemical disinfectant used for routine cleaning; dilution rates; contact time; and when to discard as per manufacturers guidelines.

(vi) Hygiene Practices

Inspectors observed good practice in many of the areas inspected including: effective hand hygiene; safe handling and disposal of sharps; effective use of PPE; and isolation. However, in all trusts, inspectors identified areas where different disciplines of staff did not adhere to trust policy, or carry out standard infection prevention and control procedures.

Inspectors observed that staff did not always carry out the seven step hand hygiene technique. Staff did not always comply with the World Health Organisation (WHO) five moments of care for hand hygiene; and patients were not always offered hand hygiene prior to meals. This would indicate the continued need for staff education in this area.



Access to hand washing sink blocked



Hand hygiene and PPE station

Inspectors found that while practice with the safe handling and disposal of sharps was generally good, issues continue with staff re-sheathing needles and not disposing of sharps at the point of care. Variation in practice continues to be observed for staff wearing gloves and aprons, not wearing or removing PPE as required.

The review of patient care plans for patients with a known alert organism, such as MRSA or *Clostridium difficile*, found that these were not always in place, or completed. There was also a variation in the level of written detail in care plans.

Signage to denote isolation was not always present in the isolation room. On occasions cleaning within these areas could be improved.

Discussion, with staff in all HSC trusts continues to identify that not all nursing and health care staff were aware of the correct disinfectant solution to use or its dilution rate for cleaning blood and body fluid spillages. COSHH data sheets were not always available, and in many nursing staff were unaware of the NPSA colour coding system.

In conjunction with the DHSSPS uniform guidelines, accessible via the Regional Northern Ireland Regional Infection Control Manual⁶, all HSC trusts have developed a strict dress code policy. However, inspectors observed variation in staff compliance. Some staff were observed with long hair not secured, long sleeved clothing, watches and stoned jewellery. Designated staff changing facilities were not always available for nursing staff to change into and out of their uniform at work.

3.3 Announced Inspections

During 2012-13 the following announced inspections were carried out in line with the infection prevention and control three year programme of inspection.

3.3.1 Announced Follow-up Inspections of Endoscopy Units

A programme of follow-up inspections was carried out to endoscopy units in independent healthcare facilities registered with RQIA. These inspections were conducted by members of RQIA's Infection Prevention and Hygiene Team (IPHT), estates, independent health care team (IHCT) and Health Estates Investment Group (HEIG) inspectors from the DHSSPS.

Endoscopy units were initially inspected in 2011-12 to provide assurance that facilities and practices specific to endoscopic procedure within these regulated facilities complied with current standards. Findings from these inspections indicated that further work was required in all hospitals. Each facility was required to devise an action plan for the recommendations made.

⁶ <http://www.infectioncontrolmanual.co.ni>

The 2012–13 inspections, identified improvement in all hospitals. Endoscopy units were working to fully implement action plans to meet recommendations made.

3.3.2 Announced Inspections of Theatre Suites

As part of the DHSSPS commissioned review of theatres, RQIA carried out a programme of inspections to theatre units in trusts across Northern Ireland. The purpose of RQIA's announced inspections was to review theatre facilities, practices and procedures, in line with current guidance and best practice.

The inspections of ten theatre units were conducted by members of RQIA's IPHT and pharmacy teams.

The inspections indicated that further work is required in all HSC trusts to fully implement current guidelines. All trusts are to devise an action plan for the recommendations made.

An overview report and reports of the individual theatre inspections will be published by RQIA in 2014.

4. Regional Initiatives

A range of initiatives will continue to send a strong message of the importance of environmental cleanliness and infection prevention and control for hospitals across Northern Ireland.

1. Cleanliness Matters⁷, and the DHSSPS Environmental Cleanliness Controls Assurance Standard⁸ are to be supported in the near future by a new initiative, Policy for the Provision and Management of Cleaning Services. The draft policy, which is subject to consultation, sets out the DHSSPS commitment to maintaining and improving environmental cleanliness in Northern Ireland⁹.
2. Changing the Culture 2010¹⁰, the strategic regional action plan for the prevention and control of healthcare associated infections in Northern Ireland, outlined a core aim: "Eliminate the occurrence of preventable healthcare-associated infections in all health and social care settings, and promote, strengthen and maintain public confidence and understanding".
3. The Regional Infection Prevention and Control Manual is a key source of information for all professionals, which is kept under review to update advice when required¹¹.
4. The Infection Prevention Society and the Association of Cleaning Professionals provide advice and help to share good practice, and standardise practice regionally and across HSC trusts.
5. RQIA has facilitated development of a new set of audit tools for augmented care settings, including neonatal and intensive care¹².
6. DHSSPS has developed guidelines to facilitate HSC trust board members to ensure that action is taken on environmental cleanliness and infection prevention and control¹³.
7. Implementation of the Saving Lives high impact intervention care bundles should be further developed and implemented to standardise and promote best practice¹⁴.
8. The Ward Sisters' charter emphasises that ward sisters and charge nurses need to ensure that the highest standard of cleanliness and infection prevention and control is maintained¹⁵.

⁷ http://www.dhsspsni.gov.uk/facilities_management_cleanliness_matters_strategy_sept05.pdf

⁸ http://www.dhsspsni.gov.uk/environmental_cleanliness_06_pdf.pdf

⁹ <http://www.dhsspsni.gov.uk/showconsultations?txtid=54968>

¹⁰ http://www.dhsspsni.gov.uk/changing_the_culture.pdf

¹¹ <http://www.infectioncontrolmanual.co.ni/>

¹² http://www.rqia.org.uk/publications/infection_control_and_hygiene_inspections.cfm

¹³ www.dhsspsni.gov.uk/hss-md-32-2012-leaflet.docx

¹⁴ http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078134

5. Conclusion

Infection prevention and hygiene inspections are part of a programme of initiatives designed to reduce healthcare associated infections in Northern Ireland and to provide public assurance about services.

Since the introduction of the unannounced inspection programme in 2008-09 and Regional Healthcare Hygiene and Cleanliness Standards in 2011, RQIA has found improvements in the standard of cleaning, the physical environment, and healthcare hygiene practices across health and social care (HSC) facilities in Northern Ireland. However, there needs to be a continued focus on the fight to prevent HCAs.

The inspections provided evidence that, in most of the areas inspected, there was compliance with regional healthcare hygiene and cleanliness standards. However, in some instances, inspectors observed that, while systems and processes were in place to assist compliance, these were not always effectively implemented across organisations, nor always adhered to by staff.

Whilst there has been an improvement in the average scores recorded during inspection in 2012–13, there continues to be variation in practice within ward/facilities in the same HSC trusts and between trusts.

RQIA was concerned to find that not all wards inspected in four of the six largest acute hospitals in Northern Ireland complied with Regional Healthcare Hygiene and Cleanliness Standards. Follow-up unannounced inspections were carried out, and all wards subject to a further inspection were found to be compliant on the second visit.

During 2012-13 announced inspections were carried in line with the infection prevention and control three-year programme of inspection. RQIA carries out announced visits to HSC trusts as part of the inspection programme to facilitate the examination of compliance with organisational governance standards for infection prevention and hygiene. RQIA will continue to liaise with trusts to develop an announced inspection programme.

RQIA continues to carry out inspections to raise awareness of the importance of creating a safe healthcare environment for patients, visitors and staff. HSC trust staff have advised that the inspections have raised awareness of accountability, and there has been more focused activity directed towards continuous improvement within ward/facilities.

Significant work already carried out across Northern Ireland to reduce hospital infections has impacted on the rates of infection in hospitals. However, there is no room for complacency, and this focus on improvement must continue.

¹⁵ http://www.dhsspsni.gov.uk/ward_sisters_charter.pdf

The Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool should be used in conjunction with the Regional Infection Prevention and Control Manual to standardise practice. Leading regional experts in the Infection Prevention and Control Society and the Association of Cleaning Professionals promote and share good practice. They act as catalysts for new innovations and encourage new staff to engage and champion good practice, regionally and within HSC trusts.

The development of a suite of specialised augmented care audit tools to be used for inspection and the planned programme of inspection will further promote high standards in infection prevention and control practices.

Ward sisters, charge nurses, domestic supervisors and support services managers need to ensure that the highest standard of cleanliness and infection prevention and control is maintained.

The key message, remains, that all staff and visitors can contribute to the task of maintaining a clean and safe environment and in taking action to reduce the risk of health care associated infections. Staff, patients and visitors must feel empowered to challenge others who are not following good infection prevention and control practices. Every opportunity should be taken to educate staff, patients and visitors on the importance of hand hygiene and adherence to good infection prevention and control practice.

RQIA commends the efforts of all HSC staff in affording this matter priority. The inspections are just one of a number of initiatives aimed at raising awareness of hygiene and infection control. It is, however, an important initiative and one which is helping to highlight good practice and to bring focus to areas where it is most needed.

Appendix: List of Hospitals and Facilities Inspected by RQIA April 2012–March 2013

Belfast HSC Trust

Hospital/Facility Inspected	Date of Inspection	Type of Inspection
Knockbracken Health Care Park	3 April 2012	Unannounced Inspection
Regional Brain Injury Unit	3 April 2012	Unannounced Inspection
Muckamore Abbey	25 April 2012	Unannounced follow-up inspection
Royal Belfast Hospital for Sick Children	17 May 2012	Unannounced Inspection
Iveagh Centre	20 June 2012	Unannounced Inspection
Royal Dental Hospital	25 June 2012	Unannounced inspection
Royal Victoria Hospital	17 July 2012	Unannounced inspection
Iveagh Centre	28 August 2012	Unannounced follow-up inspection
Royal Victoria Hospital	27 September 2012	Unannounced follow-up inspection
Belfast City Hospital	12 December 2012	Unannounced inspection
Musgrave Park Hospital	30 November 2012	Unannounced Inspection
RBHSC - Children	14 January 2013	Unannounced Inspection
Belfast City Hospital	26 March 2013	Unannounced follow-up inspection

Northern HSC Trust

Hospital/Facility Inspected	Date of Inspection	Type of Inspection
Whiteabbey Hospital	31 May 2012	Unannounced inspection
Causeway Hospital	24 June 2012	Unannounced Inspection
Antrim Area Hospital	9 October 2012	Unannounced Inspection

South Eastern HSC Trust

Hospital/Facility Inspected	Date of Inspection	Type of Inspection
Lagan Valley Hospital	11 May 2012	Unannounced Inspection
Ulster Hospital	19 November 2012	Unannounced Inspection
Ulster Hospital	10 January 2013	Unannounced follow-up inspection

Southern HSC Trust

Hospital/Facility Inspected	Date of Inspection	Type of Inspection
Longstone Hospital	3 May 2012	Unannounced follow-up inspection
South Tyrone Hospital	29 May 2012	Unannounced Inspection
Craigavon Hospital	4 December 2012	Unannounced Inspection
Craigavon Hospital	26 March 2013	Unannounced follow-up inspection

Western HSC Trust

Hospital/Facility Inspected	Date of Inspection	Type of Inspection
South West Acute	13 November 2012	Unannounced Inspection
Altnagelvin Hospital	23 March 2013	Unannounced Inspection

The reports of these inspections are available on RQIA website, www.rqia.org.uk.

Independent Healthcare Facilities – Follow up Inspections of Endoscopy Units

Hospital Inspected	Date of Inspection	Type of Inspection
Kingsbridge	5 July 2012	Announced follow up inspection
Ulster Independent Clinic	6 July 2012	Announced follow up inspection
North West Independent Hospital	9 July 2012	Announced follow up inspection
Hillsborough Private Clinic	10 August 2012	Announced follow up inspection

The announced follow up inspections of endoscopy units in regulated independent healthcare facilities were conducted by members of RQIA Infection Prevention/Hygiene Team (IPHT); Estates, Independent Health Care Team (IHCT); and HEIG (Health Estates Investment Group) inspectors from the DHSSPS. The HEIG inspectors had previously undertaken similar inspections in trust facilities. The purpose of these announced follow up inspections was to provide assurance that units were implementing recommendations made by the inspection team on the initial inspections. The follow up inspections assessed if facilities and practices specific to endoscopic procedures within these regulated services complied with current standards.

Inspections of Theatre Units

Hospital Inspected	Date of Inspection	Type of Inspection
Ulster Hospital	4 February 2013	Announced inspection
Lagan Valley Hospital	5 February 2013	Announced inspection
Craigavon Hospital	7 February 2013	Announced inspection
Daisy Hill Hospital	8 February 2013	Announced inspection
Altnagelvin Hospital	12 February 2013	Announced inspection
South West Acute	15 February 2013	Announced inspection
Royal Victoria Hospital	5 March 2013	Announced inspection
Belfast City Hospital	6 March 2013	Announced inspection
Antrim Area Hospital	11 March 2013	Announced inspection
Causeway Hospital	14 March 2013	Announced inspection

The announced inspections of theatre units were carried out as part of the DHSSPS commissioned Theatre Review carried out a programme of inspections to theatre units in trusts across Northern Ireland. The purpose of RQIA's announced inspections was to review theatre facilities, practices and procedures in line with current guidance and best practice.



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