The Regulation and Quality Improvement Authority

AGENDA

RQIA Board Meeting
Boardroom, RQIA
Thursday 22 September 2016, 2.00pm

	PUBLIC SESSION		
1	Welcome and Apologies		2.00pm
2	Minutes of the public meeting of the Board held on Thursday 7 July 2016	Min/ July16/ public	2.05pm **APPROVE**
3	Matters arising from minutes		2.10pm
4	Declaration of Interests		2.15pm
5	Chairman's Report **Chairman**	B/07/16	2.20pm **NOTE**
	STRATEGIC ISSUES		
6	Good Practice - Acute Hospital Inspections **Senior Inspector, Healthcare Team**		2.35pm **NOTE**
7	RQIA Inspection Assessment Framework: A Proposed Way Forward **Chief Executive**	C/07/16	2.45pm **NOTE**
8	Q1 2016/17 Corporate Performance Report **Director of Corporate Services**	D/07/16	3.45pm **APPROVE**
9	Development of RQIA's Corporate Strategy 2017-21 **Chief Executive**	E/07/16	4.00pm **NOTE**
10	Annual Progress Report 2015/16 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 **Director of Corporate Services**	F/07/16	4.15pm **NOTE**
	OPERATIONAL ISSUES		
11	Chief Executive's Performance Dashboard **Chief Executive**	G/07/16	4.25pm **NOTE**
12	Finance Report **Director of Corporate Services**	H/07/16	4.40pm **NOTE**

13	Proposed inclusion to the RQIA Part II and Second Opinion Appointed Doctors Policies **Director of Mental Health, Learning Disability and Social Work**	I/07/16	4.50pm **APPROVE**
14	Any Other Business		5.00pm

Date of next meeting: 10 November 2016, Boardroom, RQIA

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	22 September 2016
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / June16 / public
Author	Katie Symington
Presented by	Dr Alan Lennon
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 7 July 2016.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the minutes of the Board meeting of 7 July 2016.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

The Regulation and Quality Improvement Authority

PUBLIC SESSION MINUTES

RQIA Board Meeting
Boardroom, RQIA
7 July 2016, 10.40am

Present

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

Officers of RQIA in attendance

Olive MacLeod (Interim Chief Executive)
David Stewart (Director of Reviews and Medical Director)
Maurice Atkinson (Director of Corporate Services)
Theresa Nixon (Director of Mental Health, Learning Disability and Social Work)
John Black (Head of Programme)
Malachy Finnegan (Communications Manager)
Katie Symington (Board and Executive Support Manager)

Apologies

Dr John Jenkins CBE
Sarah Havlin
Prof. Mary McColgan OBE
Kathy Fodey (Director of Regulation and Nursing)

1.0 Agenda Item 1 - Welcome and Apologies

1.1 The Chairman welcomed all Board members and officers to the meeting. Apologies were noted from Dr John Jenkins, Sarah Havlin, Professor Mary McColgan and Kathy Fodey. The Chairman welcomed John Black, Head of Programme, to this meeting. The Chairman also welcomed the new Interim Chief Executive, Olive MacLeod to this meeting.

1.2 The Chairman noted the letter as received from the Health Minister, accepting the invitation to attend RQIA offices to meet with staff members. The Chairman invited Board members to attend this meeting.

2.0 Agenda Item 2 - Minutes of the meeting of the Board held on Thursday 12 May 2016 (min/May16/public)

2.1 The Board **APPROVED** the minutes of the meeting of the Board held on Thursday 9 June 2016.

3.0 Agenda Item 3 - Matters arising from minutes

3.1 The Director of Reviews and Medical Director noted that action 101, revised enforcement procedures, is due to be presented at the September Board meeting.

In relation to action 115 the Chairman highlighted to Board members the need for all inspection reports, care and specialist, to be combined into one single report. This item will be discussed further at the August Board workshop.

3.2 The Director of Reviews and Medical Director noted that a further meeting will be arranged in relation to the review of the strategic nature of corporate risks, action 121. The Director of Reviews and Medical Director noted that action 124, paper on taking forward the Savings Plan will be discussed at the August Board workshop.

3.3 In relation to action 125, the Chief Executive agreed to discuss the length of time for factual accuracy checking with the Director of Reviews and Medical Director. This will include discussion on the feedback provided at the end of the inspection process to inform the inspection report.

3.4 The Audit Chair highlighted to Board members the issue of non-recurrent savings, in relation to taking forward the Savings Plan. The Chairman noted the meeting with the Permanent Secretary and the requirement for more detail to be provided within the Savings Plan. The Chairman also noted the need for a cost model.

3.5 The Chairman noted that action 126 has been completed.
The Chairman noted the addition made by one Board member to this document, which was shared with members.
Board members **APPROVED** the Board Governance Self-Assessment document, with this addition.

3.6 The Director of Reviews and Medical Director informed Board members that in relation to action 127, Professor Tom Trinnick will attend a Board meeting to provide a presentation to members on the work of GAIN.

4.0 Agenda Item 4 - Declaration of Interests

4.1 The Chairman asked Board members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders. Robin Mullan declared his membership of the Equality Commission. This was noted by the Chairman.

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

5.1 The Chairman asked Board members to note the Hybrid Health Care Governance for Improvement paper, as published in Public Administration, June 2015. The Chairman noted that a report has not yet been published by Professor Bengoa and the expert panel.

5.2 The Chairman noted that in conjunction with the new Programme for Government RQIA will now develop a new Four Year Strategic Plan.

5.3 Board members discussed the strategic direction of RQIA. The Chief Executive noted the need for RQIA to demonstrate both their regulation and improvement function. The Chairman noted the 2003 Order which details both Quality Assurance and Quality Improvement. A Board member highlighted the need to discuss this issue with Senior Managers and the Executive Management Team within RQIA.

5.4 The Director of Reviews and Medical Director highlighted to Board members the OECD Report, Northern Ireland (United Kingdom): Implementing Joined-up Governance for a Common Purpose. RQIA was invited to attend the launch of this Report on 6 July 2016. The themes from this report will impact on the Programme for Government.

5.5 **Resolved Action (128)**
The summary OECD report will be provided to Board members.

5.6 The Chairman noted his membership of the Steering Group for 'My Home Life', which is a knowledge transfer programme for managers and staff of care homes. The Chairman will discuss with RQIA staff members the issue currently facing the group; generation of funds to run training.

5.7 A Board member noted the Northern Ireland Integrated Health Care Conference, to take place in September 2016.

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

6.0 Agenda Item 6 – Update on Acute Hospital Inspection Programme and current reviews

6.1 The Director of Reviews and Medical Director highlighted to Board members the recent publication of the Antrim Hospital Inspection Report, which was published on 28 June 2016. The Director of Reviews and Medical Director noted the press briefing as offered by RQIA for the launch of this report. Board members noted the good preparation made for communication prior to the publishing of this report.

6.2 A Board member noted the importance of reflecting on the five acute hospital inspection reports following completion and reviewing RQIA's Quality Improvement role.

6.3 The Director of Reviews and Medical Director noted that Adrian Gundy from the Centre of Competitiveness will be observing the next acute hospital inspection. Following the completion of all five inspection reports, an external assessment will be carried out.

6.4 The Director of Reviews and Medical Director highlighted the value of different individuals attending the hospital inspections and the fact that learning can then be taken away.

6.5 Board members acknowledged the Communication Plan, put into place for the publication of the Antrim Hospital Inspection Report.

6.6 Board members noted the need to communicate with the Minister, in terms of the completion of the Acute Hospital Inspection Reports, as commissioned by the Minister, and also communication with patients.

6.7 The Chief Executive noted that following completion of the five inspection reports, the process will be reviewed and a report made for the Minister.

6.8 The Director of Reviews and Medical Director informed Board members that the DoH have a formal process for reporting on the progress of recommendations made, following reviews.

6.9 The Director of Reviews and Medical Director noted that a Review of Whistleblowing will be published shortly by RQIA. This review was commissioned in light of the recommendations made by Sir Liam Donaldson. RQIA engaged with Policy at Work in the completion of this review. A highlight report will also be published by RQIA.

6.10 A Board member queried as to whether the Whistleblowing Review made any recommendations for future arrangements in relation to the work of the HSCB. Agreement that the Chairman will write to the Permanent Secretary in relation to the HSCB Review.

6.11 **Resolved Action (129)**
Chairman to write to the Permanent Secretary in relation to the HSCB Review.

6.12 Board members noted the role of RQIA, as defined in the 2003 Order.

6.13 The Board **NOTED** the Update on Acute Hospital Inspection Programme and current reviews.

7.0 Agenda Item 7 – Overview of Equality Scheme Commitments

7.1 Sandra Rafferty attended this meeting of the Board to provide a presentation to members on the Overview of Equality Scheme Commitments.

7.2 The Chairman offered his thanks to Sandra Rafferty for this presentation to the Board.

7.3 Board members **NOTED** the presentation on the Overview of Equality Scheme Commitments.

8.0 Agenda Item 8 – Risk Management Strategy (E/06/16)

8.1 The Director of Corporate Services presented the Risk Management Strategy to Board members. This document was presented at the Audit Committee meeting on 23 June 2016. Controls Assurance Standards require this document to be approved annually by the Board. Board members noted that RQIA's most recent strategy map was added to this document.

8.2 A Board member requested that an addition is made to this document to include feedback sought from Service Users. Agreement that this will be added to the document.

8.3 Board members **APPROVED** the Risk Management Strategy, to include the proposed addition.

9.0 Agenda Item 9 – Corporate Risk Assurance Framework Report (F/06/16)

9.1 The Director of Corporate Services presented the Corporate Risk Assurance Framework Report to Board members. This document was considered by the Audit Committee on 23 June 2016. Six risks are identified within this document. The Director of Corporate Services noted the risk log, which summarises key changes to this document following the last presentation at a Board meeting.

9.2 The Director of Corporate Services noted the change to Risk Four, which has been reworded in relation to Shared Services, with four actions and three controls added. (Previously) Risk Six has been reworded, re-assessed and de-escalated to the Regulation Risk Register. Members noted that one action has been added to Risk Five and Risk Six.

9.3 The Chair of the Audit Committee noted that this document was discussed at Audit Committee; the review of the strategic nature of this register was noted. The Chair of the Audit Committee will meet with the Chief Executive to discuss. This item will be discussed further at the Board workshop in August.

9.4 The Director of Corporate Services noted that an update in relation to the Internal Audit Special Assignment will be provided to the Audit Committee in October.

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

10.0 Agenda Item 10 – Chief Executive's Performance Dashboard (G/06/16)

10.1 The Director of Reviews and Medical Director presented the Chief Executive's Performance Dashboard to members. The Director of Reviews and Medical Director highlighted the sickness absence report to members and noted an improved absence figure for June 2016.

10.2 The Chairman noted that there is still some work to be done in terms of the identification of KPI's for this report. The Board and Executive Management Team will work together to identify the required KPIs.

10.3 John Black, Head of Programme, informed Board members that Employers for Childcare provide services to families with children with a disability. RQIA believe that these providers should be regulated under the domiciliary care minimum standards; should these services require regulation, it will require a modification to the minimum standards.

10.4 A Board member requested further information to be included within the Chief Executive's Report on the transfer to Shared Services.

10.5 A Board member noted the Internal Audit finding in relation to the MHLD information system. The Director of Corporate Services informed Board members that the Strategic Outline Case for the Mental Health and Learning Disability Information System has been submitted to the DoH. This was also discussed at the Bi-monthly meeting on 5 July. RQIA anticipate that comments will be received from DoH by 15 July 2016.

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

11.0 Agenda Item 11 – Audit Committee Business (H/06/16)

11.1 The Chair of the Audit Committee provided an update to members on the Audit Committee meeting of 23 June 2016 and presented the minutes of the 28 April to members.

11.2 The Chair noted the letter from the BSO Chief Executive, presented to the Audit Committee at the meeting on 23 June. This letter was received further to two Internal Audits, Recruitment Shared Services, which received an unacceptable level of assurance and Payroll Shared Services which received a limited level of assurance. An action plan was provided to address the issues identified. The Chair of Audit Committee noted his concern in relation to these audits, in light of the transfer of some of RQIA's functions to BSO Shared Services. The Audit Committee will receive updates on progress on this action plan.

11.3 The Chair noted the agreement of the Internal Audit Plan by the Audit Committee. The Chair also noted the meeting with Internal and External Audit and their assurances of a good working relationship with RQIA's finance team. The Chair noted that RQIA have received an unqualified audit opinion for final accounts.

11.4 The Chairman thanked the Audit Committee for their work. The Chair of Audit Committee thanked the Board and Executive Support Manager for her work in supporting the Audit Committee.

12.0 Agenda Item 12 – Any Other Business

12.1 Board members discussed agenda items for the August Board workshop.

12.2 As there was no other business, the Chairman brought the public session of the Board to a close at 1.50pm.

Date of next meeting:
Thursday 22 September 2016, RQIA Boardroom

Signed _____

Dr Alan Lennon
Chairman

Date _____

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion
101	9 July 2015	The Director of Regulation and Nursing will present the revised Enforcement procedures to the Board within Quarter 2.	Director of Regulation and Nursing	22 September 2016
115	18 February 2016	A management/ Board group will take forward the Specialist Inspection Policy Developments.	Chief Executive	Quarter 1 – Quarter 3
121	24 March 2016	Chief Executive, Director of Corporate Services and Audit Committee Chair to review the strategic nature of corporate risks.	Chief Executive	9 June 2016
124	12 May 2016	A paper detailing how RQIA will take forward the Savings Plan, to be presented at a future meeting of the Board.	Chief Executive/ Director of Corporate Services	7 July 2016
125	9 June 2016	Executive Management Team to review the time allowed for factual accuracy checking, as provided by RQIA, for inspected services.	Executive Management Team	7 July 2016
127	9 June 2016	Board members to receive a presentation, at a future Board meeting, on the work of the GAIN team.	Acting Chief Executive	22 September 2016
128	7 July 2016	The summary OECD report will be provided to Board members.	Director of Reviews and Medical Director	22 September 2016
129	7 July 2016	Chairman to write to the Permanent Secretary in relation to the HSCB Review.	Chairman	22 September 2016

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	22 September 2016
Title of Paper	Chairman's Report
Agenda Item	5
Reference	B/ 07/ 16
Author	Dr Alan Lennon
Presented by	Dr Alan Lennon
Purpose	To inform the RQIA Board of the Chairman's external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	Between 3 July and 16 September 2016, I attended 9 meetings on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable

CHAIRMAN'S REPORT

Meetings Attended:

4 July 2016	Home Life Steering Group, University of Ulster
8 July 2016	Paula Bradley, Chair of Health Committee
8 July 2016	Eddie Lynch, Commissioner for Older People Northern Ireland
4 August 2016	RQIA Board Workshop
11 August 2016	RQIA Agenda Forming Meeting
22 August 2016	Dr Paddy Woods, DoH
13 September 2016	Parliamentary Reception
15 September 2016	Dental Inspection
16 September 2016	Chairs Forum Luncheon

I will provide the Board with an oral report on matters arising since the last Board meeting.

Dr Alan Lennon
Chairman

22 September 2016

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	22 September 2016
Title of Paper	RQIA Inspection Assessment Framework: A Proposed Way Forward
Agenda Item	7
Reference	C/07/16
Authors	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of this document is to propose the establishment of an RQIA corporate project to Introduce an RQIA Inspection Assessment Framework.
Executive Summary	Inspection methodologies have been revised and piloted over the past year for: • Mental Health and Learning Disability Inspections • Inspections in Registered Establishments and Agencies • New Acute Hospital Inspections This has included the introduction of an inspection against four domains. This paper outlines the various approaches employed, along with some learning following the use of improvement tools and an EMT Workshop in September 2016. The paper concludes with the proposal to formally establish an RQIA **corporate project** to Introduce an RQIA Inspection Assessment Framework across the organisation.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable

Recommendation/ Resolution	The Board is asked to **ENDORSE** the establishment of a corporate project to Introduce an RQIA Inspection Assessment Framework.
Next steps	If endorsed, a corporate project will be established in October 2016, under the leadership of the Chief Executive.

The Regulation and Quality Improvement Authority

RQIA Inspection Assessment Framework

A Proposed Way Forward

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Prepared by: Chief Executive

Version 0_2
15 September 2016

1 Introduction

RQIA is a non-departmental public body responsible for monitoring and inspecting the quality, safety and availability of health and social care services across Northern Ireland. It also has the responsibility of encouraging improvements in those services. The functions of RQIA are derived from The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

RQIA operates within a value system that supports the belief that learning is at the heart of improvement. To ensure a clear focus on improvement, RQIA needs to put in place a mechanism to encourage organisations in their drive for improvement.

RQIA's Corporate Strategy for 2015-2018[1] encompasses the vision statement of being a driving force for improvement in the quality of health and social care in Northern Ireland. The Corporate Strategy underpins the commitment of the organisation to align its work with the strategic vision of the Department of Health (DoH) as set out in Quality 2020[2], thus placing greater emphasis on evaluating care outcomes for individual patients and clients.

RQIA is embedding and focusing its programmes of inspection using the four key stakeholder outcomes of:

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

Various assessment frameworks are in use across RQIA, revised in the last year for:

- Mental Health and Learning Disability (MHLD) inspections
- Inspections of Registered Services
- New Acute Hospital Inspections

A decision matrix is used to help provide the outcome of assessment for the area under inspection.

In order to ensure consistency of approach by RQIA and, more importantly, in order to move further on a journey of continuous improvement, this paper has been prepared to provide a way forward for the establishment of a **corporate** RQIA Inspection Assessment Framework.

[1] RQIA Corporate Strategy 2015-2018
[2] DHSSPS(NI): Quality 2020: A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland (November 20111)

At the June 2016 RQIA Board meeting, confirmation was provided that the Executive Management Team (EMT) would review the inspection methodologies to consider a consistent approach across the organisation.

2 Background and Context

As part of a programme of ongoing improvement activities at RQIA, reviews of inspection methodology have been underway in the past year. Separate reviews undertaken included:

- MHLD Directorate – for its inspections in inpatient facilities
- Regulation Directorate – for its inspections in registered establishments and agencies
- Reviews Directorate – for the introduction of its inspections in its new Acute Hospital Inspection Programme (HIP)

The following provides a synopsis.

Mental Health and Learning Disability (MHLD) Inspections

The DoH Quality Standards[3] , alongside other standards and guidance, are used by the MHLD Directorate to assess the quality of services and identify areas for service improvement. These standards are the minimum standard for the quality of service provision of health and social care services.

In the period 2015/2016, the MHLD Directorate focused its programme of inspection, around the theme of person-centred care, focusing on the three stakeholder outcomes of:

- Is Care Safe?
- Is Care Effective?
- Is Care Compassionate?

Key indicators of safe, effective and compassionate care related to the inspection themes were also identified. The already established compliance ratings were maintained:

- Met: always or consistently evidenced on the indicators
- Partially Met: mostly evidenced on the indicators but some gaps
- Not Met: indicators are not achieved, evidenced or observed

The new methodology was piloted across 12 wards from 1 September 2015 to 31 December 2015 and was then subjected to an external independent evaluation by Professor Roy McConkey in February 2016, which resulted in 10 recommendations for improvement.

A paper outlining the evaluation was brought to the RQIA Board in March 2016. The next steps noted that the MHLD Directorate was revising its inspection methodology for 2016/2017 and this would be subject to further consultation with stakeholders. The RQIA Board noted the need for consistency for all inspections, across Directorates. The revised inspection methodology included the fourth stakeholder outcome of “Is Care Well-Led?”.

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

A revised assessment framework, assessing each stakeholder outcome separately and independently of each other, was used, along with a decision matrix, which would report on the outcomes of the inspection findings.

An assessment framework of:

- Excellent
- Good
- Requires improvement
- Unsatisfactory

was proposed to be used and the evidence to support the assessment in respect of the four key stakeholder outcomes would be included in the inspection report.

During the pilot inspections, the MHLD Directorate shared its revised methodology with key stakeholders in the HSC Trusts and at a stakeholder workshop in July 2016.

It is now proposed to undertake a short evaluation in October 2016 following completion of a further number of inspections in relation to this methodology.

Inspections in Registered Establishments and Agencies

In November 2015, the Regulation Directorate, as part of a programme of ongoing improvement activities, reviewed its approach to the inspection of regulated services. This included the development of an assessment framework and a revised report format.

The three stakeholder outcomes of:

- Is Care Safe?
- Is Care Effective?
- Is Care Compassionate?

were enhanced to include a focus on leadership, management and governance and an additional domain of "Is the Service Well-led?" was included.

The revised inspection methodology introduced a new framework, with an assessment of each stakeholder outcome achieving a level of:

- Excellent
- Good
- Requires Improvement
- Unsatisfactory

The RQIA Board agreed to approve the future model for inspections of regulated services in January 2016, subject to public consultation. A Communications Plan, detailing stakeholder engagement, was developed and then approved by the RQIA Board in February 2016. The revised inspection policy was launched for public consultation from 1 March 2016 to 29 April 2016.

During the consultation period, RQIA hosted 15 stakeholder events across Northern Ireland and presented materials relating to the proposed inspection policy. A pilot phase allowed RQIA to test the proposed inspection methodology in practice.

An evaluation of the pilot inspections followed using methods such as feedback from RQIA Heads of Programme, Senior Inspectors and Inspection Teams; and an online survey and

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questionnaires for service providers and inspectors. Analysis of the feedback from both the consultation and the evaluation of the pilot phase was made available as two reports. In June 2016, a paper was presented to the RQIA Board which provided an overview of the responses to the public consultation. The assessment of responses gave general support to the revised inspection policy, with the majority of respondents welcoming the assessment of governance and leadership.

New Acute Hospital Inspections

In October 2014, a project was established to develop, design and pilot an agreed hospital inspection programme, with associated procedures, following a Ministerial commission.

The new programme was designed to support HSC Trusts to understand how they deliver care, identify what works well and where further improvements are needed. The inspection framework for the new programme was developed in line with Quality 2020, focusing on increasing the quality of care and reducing patient harm.

As with the other inspection frameworks, it assessed against four stakeholder outcomes:

- Is the Clinical Area Well-Led?
- Is Care Safe?
- Is Care Effective?
- Is Care Compassionate?

The overall outcome assessment of the area inspected was based on the decision matrix.

It was agreed to allocate percentage scores to demonstrate a level of compliance against each of stakeholder outcomes, to the ward/area inspected. A four-point scale in relation to reporting compliance was agreed:

- Excellent Compliance
- Good Compliance
- Partial Compliance
- Minimal Compliance

Weighting of criteria was not put in place and each of the four stakeholder outcomes would receive an overall score - a combined overall score was not to be given.

Methodologies and inspection tools were developed from December 2014 to March 2015, along with a recruitment of peer reviewers to support the inspections. This was followed by a pilot phase which commenced in April 2015 and completed in August 2015, with learning from the pilot used to finalise inspection tools and processes.

It was agreed to commence the programme officially with an inspection to a hospital in each HSC trust. The first inspection took place in October 2015, with the fifth one completing in July 2016.

RQIA decided that for the first five inspections the approach to inspection reports would not include assessment scores, but instead would present the results of the assessment in a narrative format.

This decision was taken to ensure consistency of assessment for all inspection reports, as the process of inspection had evolved considerably since the first inspection had taken

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place. It was also deemed to be prudent to ensure the hospital inspection programme was included in the work to standardise assessment approaches across the RQIA inspection programmes. The new programme is currently being evaluated.

3 Current Position

Throughout the revision of RQIA's inspection methodology and through various consultations and evaluations with key stakeholders, there has been some support for the use of an assessment framework to provide a measure of the quality of services in relation to safety, effectiveness, compassion and leadership.

This, however, is not enough.

To date, the development of each of these assessment frameworks has been undertaken separately to meet different inspection needs for different services. Some evaluation of the frameworks has taken place with various stakeholders.

Feedback from the evaluations has pointed towards:

- Lack of definitions within the different levels of assessment;
- The need for clarity and guidance in relation to achieving each assessment level, particularly an assessment of excellent;
- The need to understand the impact of assessments;
- The detailed criteria and thresholds of how each stakeholder outcome is assessed;
- The consideration of weighting particular stakeholder outcomes.

Consideration of feedback from the various evaluations and of the assessment framework as a whole has been undertaken by Heads of Programme, Senior Inspectors and EMT, using improvement tools and methods such as:

- Theory of constraints
- Root cause analysis
- Pre-requisite mapping

An EMT workshop was held at the beginning of September 2016 using a structured framework in analysing the feedback. A robust approach was facilitated and resulted in the development of a pre-requisite tree[4]. The pre-requisite tree is a tool that uses condition thinking to describe the path or paths that must be taken in order to accomplish defined objectives and goals. It leads to a definition of the obstacles and identifies what needs to happen to ensure the goals are achieved.

The focus of this was to ensure the organisation considers a consistent organisational approach to an inspection assessment framework and addresses all identified issues prior to implementation.

The learning from the various feedback and the EMT Workshop concluded that, moving forward, RQIA must make sure there is:

- A corporate approach to assessment
- A robust evidence base to underpin the approach to assessment, ensuring that it is deliverable within our legislative mandate and standards framework

[4] Thinking for a Change: Putting the TOC Thinking Processes to Use, Lisa J Scheinkopf (2000)

- Full and meaningful engagement with all stakeholders
- Engagement with the general public
- Engagement with the DoH to ensure delivery within the agreed policy position and strategic fit across the HSC sector
- A flexible framework which will help to encourage best practice and access the full range and depth of the minimum standards
- Clear definitions for each level of achievement
- Clarity of criteria in each stakeholder outcome of safety, effectiveness, compassion and leadership
- Consideration of the potential regulatory impact of the assessment when a service receives a particular level of achievement
- A simple matrix which provides a practical vehicle for giving full effect to the minimum standards and continuous improvement
- An approach to provide information and trends to describe service improvement against the four stakeholder outcomes of safety, effectiveness, compassion and leadership

The design and introduction of the assessment framework must be underpinned by a sound evidence base.

4 Next Steps

In order to address these issues, it is proposed that the following is set in place:

Establish an RQIA corporate project to **Introduce an RQIA Inspection Assessment Framework**

The project should be managed using an appropriate project management methodology, such as PRINCE2.

This will comprise:

- Appointing an experienced Project Manager
- Setting up a project structure, to include a Project Sponsor, Project Board (with RQIA Board involvement) and a small Project Team and relevant Short-life Working Groups
- Agreeing project objectives
- Undertaking a risk assessment to ensure business continuity
- Ensuring full stakeholder engagement and involvement
- Developing a project plan, to include the following phases:
    - Planning
    - Initiation and Start Up, to include a review of the learning from previous approaches
    - Review of the Literature and Analysis by Expert(s)
    - Design and Development of RQIA-wide Assessment Framework
    - Completion of necessary impact assessments
    - Testing and Pilot of Assessment Framework
    - Evaluation of Pilot
    - Assessment Framework Finalised
    - Implementation Delivery Plan

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The project will commence in October 2016, following approval by the RQIA Board. A completion date will be agreed following the development of a project plan.

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The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	22 September 2016
Title of Paper	Q1 2016/17 Corporate Performance Report
Agenda Item	8
Reference	D/ 07 /16
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan linked to its strategic themes as described in the Corporate Strategy 2015-18. The report will present a **cumulative** picture of corporate performance and summarise key achievements and issues.
Executive Summary	At the end of the first quarter of 2016-17, 100% of the actions within the Corporate Performance Report are on target to be delivered by the year end.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Corporate Performance Report

The **Regulation** and
Quality Improvement
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Corporate Performance Report 2016-17
Quarter 1: April - June 2016

Assurance, Challenge and Improvement in Health and Social Care

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Progress of outstanding actions from RQIA's Corporate Performance Report 2015/16 ..... **31**

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Introduction

Purpose

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

RQIA's Strategic Map as detailed in page 33 is a visual representation on one page creating an integrated and coherent picture of the organisation's forward strategy.

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

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

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

The Traffic Light rating operates as follows:

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

Exception Reporting

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

Frequency of Reporting

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

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

The table below shows a summary of the Traffic Light rating assigned to 24 actions within the Business Plan for the period ending June 2016.

Traffic Light	Period Ending June 2016	Period Ending September 2016	Period Ending December 2016	Period Ending March 2017
Red	0			
Amber	1 (4%)			
Green	23 (96%)			
Blue	0			

At the end of the 1st Quarter of 2016/17, 0% of the actions within the Business Plan were reported as blue.

Headline achievements within the Quarter for the period ending June 2016

Strategic Publications (Approved and Published)

- Review of Administration of Electro Convulsive Therapy 2014/15
- Review of the Experience People Subjected of Guardianship under the Mental Health (NI) Order 1986

Business Priorities

- RQIA Annual Business Plan 2016/17 approved
- Governance Statement produced
- Annual Report and Accounts produced
- Review of Community Services for Adults with a Learning Disability completed

Reviews Published (Q1)

- Review of HSC Trusts' Readiness to Comply with Allied Health Professions Professional Assurance Framework
- Review of Quality Improvement Systems and Processes

Performance and Exception Report

Strategic Theme 1: Deliver Operational Excellence

Action 1.1

Plan, implement and evaluate a programme of quality improvement initiatives focused on the core functions of registration and inspection

How do we measure this?

- Evaluation of year 2 actions successfully implemented and monitored through the Corporate Performance Report
- Attainment of satisfactory assurance through the internal audit of inspection systems and processes
- Analysis of the outcomes of inspections against the achievement matrix
- Number of inspections above the statutory minimum undertaken to respond to concerns
- Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action

Owner

Regulation and Nursing Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Attainment of satisfactory assurance through the internal audit of inspection systems and processes	Quarter 4
Analysis of the outcomes of inspections against the achievement matrix	Quarter 4
Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action	Quarter 4

Evaluation of year 2 actions successfully implemented and monitored through the Corporate Performance Report

The public consultation on the revised inspection policy was completed on 29 April 2016. An evaluation of the revised inspection policy pilot commenced in Quarter 1 and will be completed in Quarter 2.

Number of inspections above the statutory minimum undertaken to respond to concerns

	% of Services who received the following no of inspections in period 1 April 2016-30 June 2016					
Service Type	**1**	**2**	**3**	**4**	**5+**	**No of Services Inspected**
Adult Placement Agency (APA)						
Boarding School						
Childrens (CH)	88%	13%				**24**
Day Care Setting (DCS)	91%	9%				**45**
DCA-Conventional	100%					**35**
DCA-Supported Living	96%	4%				**50**
Independent Clinic (IC)	100%					**2**
Independent Hospital (IH)	79%	14%		7%		**14**
Independent Hospital (IH) - Dental Treatment	93%	6%	1%			**90**
Independent Medical Agency (IMA)						
Nursing (NH)	71%	25%	2%	1%	1%	**180**
Nursing Agency (NA)	100%					**2**
Residential (RC)	74%	24%	2%			**121**
Residential Family Centre (RFC)						
Young Adult Supported Accommodation	100%					**2**
Grand Total	**82%**	**16%**	**1%**	**1%**	**0.2%**	**565**

Action 1.2

Complete the planned programme of activity for 2016/17 in respect of the following areas: Reviews, Infection & Hygiene, Acute Hospitals, Ionising & Radiation, GAIN Programme, MHLD and Regulated Services

How do we measure this?

- Reviews progress on planned activity for the year
- Infection & Hygiene progress on planned inspection activity for the year
- Acute Hospitals progress on planned inspection activity for the year
- Ionising Radiation progress on planned inspection activity for the year
- Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action

Owner

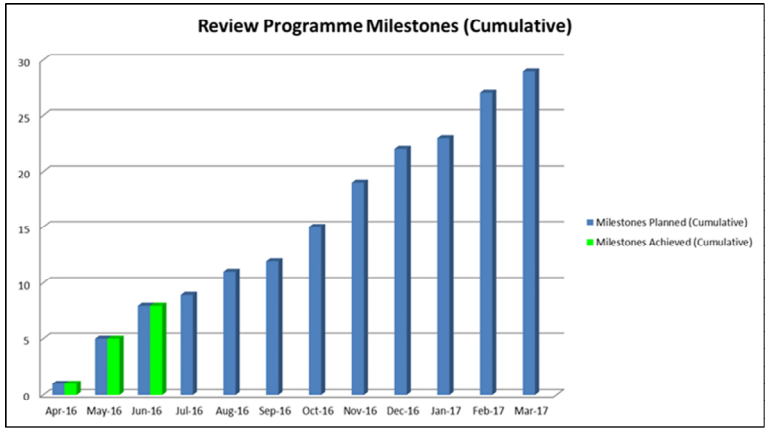
Reviews Directorate
Regulation and Nursing Directorate
MHLD Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action	Quarter 4

Reviews progress on planned activity for the year



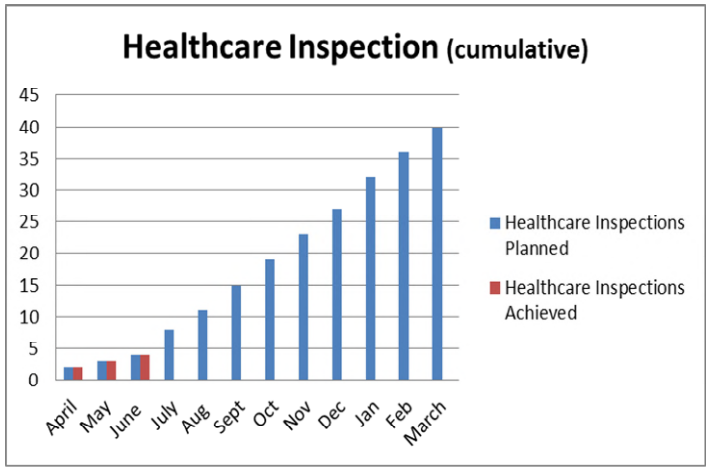
Milestones of the RQIA Review Programme for 2016/2017 include agreement of delivery plan; project briefs agreed; fieldwork commenced; first draft of review reports completed and review reports submitted to the Department of Health. There are a total of 29 milestones. During Q1, all planned milestones had been achieved.

The Review Programme is on track.

Infection & Hygiene / Acute Hospitals / Ionising Radiation progress on planned inspection activity

Infection and Hygiene - Following the introduction of the new Acute Hospitals inspection programme, inspections in Infection and Hygiene re-commenced in June 2016. The three year inspection programme continues to be implemented and is on track.

Acute Hospitals - Quarter 1 completed 4 out of the 5 new acute hospital inspections. The fifth inspection is planned for Quarter 2. During the remainder of 2016/2017, a comprehensive evaluation of the new programme will be undertaken, and inspections will re-commence following this evaluation.



Ionising Radiation - During 2016/2017 the IR(ME)R programme will undergo an assessment of its previous activity and processes. Inspections will resume following this review.

Action 1.2 (Continued)

Complete the planned programme of activity for 2016/17 in respect of the following areas: Reviews, Infection & Hygiene, Acute Hospitals, Ionising & Radiation, GAIN Programme, MHLD and Regulated Services

How do we measure this?

- GAIN Programme progress on milestones
- MHLD progress on planned inspection activity for the year
- Number of inspections undertaken in regulated services as per the statutory requirement

Owner

Reviews Directorate

Regulation and Nursing Directorate

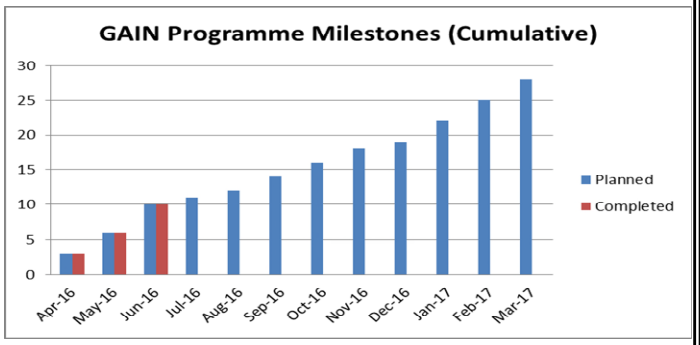
MHLD Directorate

BRAG Rating:

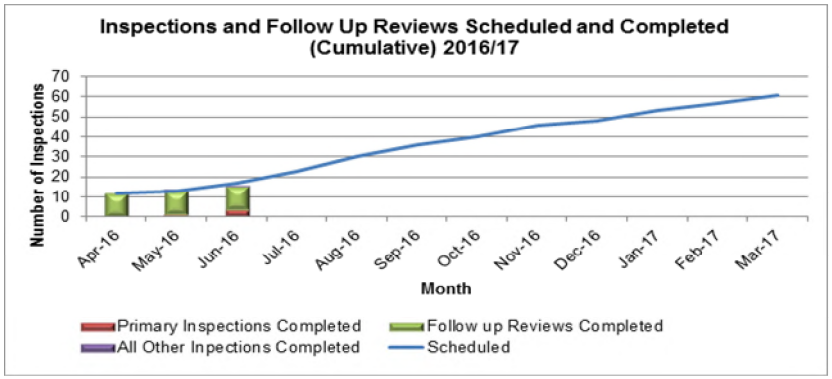
Quarterly Performance

A GAIN delivery plan has been agreed for 2016/2017 with milestones set for key deliverables. These include, programme deliverables such as assessment of applications for guidelines and audits and agreeing a programme for the year; and individual milestones for specific audit and guideline projects. There are a total of 28 milestones. During Quarter 1, all planned milestones had been achieved. The GAIN Programme is on track.

GAIN Programme progress on Milestones



MHLD progress on planned inspection activity for the year



In April and May the MHLD Directorate did not complete any inspections. However 12 follow up reviews were completed in relation to the progress reports received from Trusts that were inspected last year. In June the MHLD Directorate completed four unannounced inspections. Three scheduled inspections which are part of the pilot for the revised methodology and one in response to a whistleblowing letter received. This KPI is on target.

Number of inspections undertaken in regulated services as per the statutory requirement

In Quarter 1, 316 (22%) registered services had received the minimum number of inspections required by the Fees and Frequencies of Inspections Regulations.

Service Type	No of Registered Services	Services Had Min Stat Req	% Services Had Min Stat Req
Adult Placement Agency (APA)	4		0%
Childrens (CH)	46	3	7%
Day Care Setting (DCS)	180	45	25%
DCA-Conventional	121	31	26%
DCA-Supported Living	176	47	27%
Independent Clinic (IC)	6	2	33%
Independent Hospital (IH)	50	13	26%
Independent Hospital (IH) - Dental Treatment	374	89	24%
Independent Medical Agency (IMA)	5		0%
Nursing (NH)	257	52	20%
Nursing Agency (NA)	32	2	6%
Residential (RC)	194	32	16%
Residential Family Centre (RFC)	1		0%
Voluntary Adoption Agency (VAA)	4		0%
Overall Total	**1450**	**316**	**22%**

Action 1.3

Assess the impact of RQIA review activities in driving quality improvement in HSC Services

How do we measure this?

- Take forward the lessons learnt from the agreed approach with DOH to monitoring progress on the implementation of recommendations from RQIA reviews

Owner

Reviews Directorate

BRAG Rating:

Quarterly Performance

Take forward the lessons learnt from the agreed approach with DoH to monitoring progress on the implementation of recommendations from RQIA reviews

A Departmental-led regional short life working group, with representation from RQIA, the 5 HSC Trusts, the HSC Board and PHA was established to develop a mechanism to advise RQIA and the DoH as to progress of the implementation of recommendations from RQIA review reports.

A standardised template was developed by RQIA and has been agreed.

The template includes the facility to report whether an individual recommendation is:

- Complete, with date of completion
- On target to be completed, with date of planned completion
- Not on target to be completed, with reason
- Not achievable / no longer appropriate, with reason

It has also been agreed to look back approximately two years and report on all RQIA recommendations made since March 2014. This exercise will be completed for the end of Quarter 2.

Strategic Theme 2: Develop and Execute New Capabilities

Action 2.1

Engage with DOH and other stakeholders, as and when required, to review the legislative framework and standards for regulation of health and social care in Northern Ireland

How do we measure this?

- The Draft Mental Capacity legislation developed
- Updated care standards for residential care homes
- The outcome of the DoH led review of the Fees and Frequencies of Inspections regulations (2005)

Owner

Chief Executive's Office
Reviews Directorate
Regulation and Nursing Directorate
MHLD Directorate

BRAG Rating:

Quarterly Performance

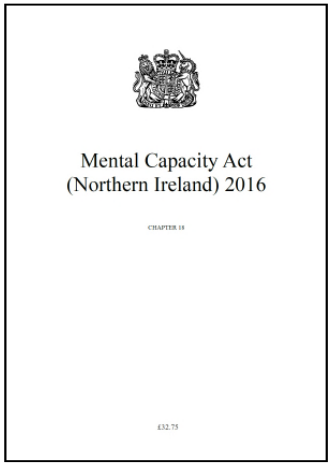
Measures with Future Reporting Dates	
Measure	**Report Date**
The outcome of the DoH led review of the Fees and Frequencies of Inspections regulations (2005)	Quarter 4

The Draft Mental Capacity legislation developed

The Mental Capacity Act received Royal assent on 10 May 2016.

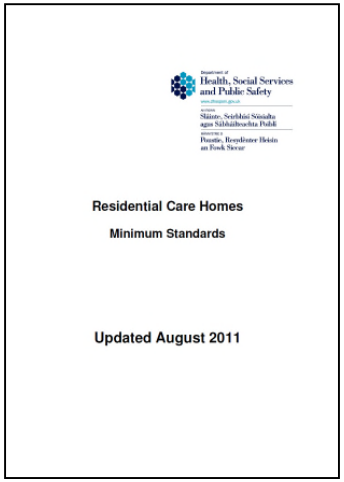
Updated care standards for residential care homes

RQIA is engaged with the Department of Health (DoH) on a review of the care standards for Residential Care Homes. Progress with the engagement with DoH will be reported throughout the year.


Mental Capacity Act
(Northern Ireland) 2016

CHAPTER 18

£32.75


Health, Social Services and Public Safety

Residential Care Homes

Minimum Standards

Updated August 2011

Action 2.2

RQIA/GAIN deliver additional DOH commissioned projects in relation to learning from Serious Adverse Incidents

How do we measure this?

- Project milestones delivered on target

Owner

Reviews Directorate

BRAG Rating:

Quarterly Performance

Project milestones delivered on target

GAIN project focusing on Learning from Serious Adverse Incidents (SAIs) arising from Suicide, Homicide and Serious Self Harm

There are 7 project milestones, to include:

1. Approval of Start Up and Initiation by Project Board
2. Completion of Literature Review
3. Position Papers: Arrangements in NI: Arrangements in Other Countries
4. Design of Methodology
5. Fieldwork: Focus Groups; Questionnaires; Audit
6. Assessment by Project Board
7. Production of Report for DoH

By the end of Quarter 1 2016/17, milestones 1-3 have been completed and fieldwork had commenced, comprising engagement with staff, organisations representing service users and an organisational and regional learning audit. There has been a slight delay in completing the audit due to availability of expert reviewer. This will complete the fifth milestone.

GAIN Project Identifying Learning from Serious Adverse Incidents (SAIs)

There are 7 project milestones, to include:

1. Approval of Start Up and Initiation by Project Board
2. Training Manual on Mortality & Morbidity Process to inform SAI Process
3. Production of Learning Videos: Second Victim and Carer Perspective completed: SAIs in Theatres not yet undertaken
1. Fieldwork: Focus Groups; Questionnaires; Audit
2. Completion of Literature Reviews
3. Assessment by Project Board
4. Production of Report for DoH

By the end of Quarter 1 2016/17, milestones 1-2 had completed and further work had commenced production of videos, focus groups / questionnaires and an audit of the number of SAIs reported during 2014 and 2015 per HSC Trust (excluding NIAS) across all programmes of care excluding all mental health, children under 18, and those occurring in primary care and social care.

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Action 2.3

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

How do we measure this?

- Assessment of the impact of the new Mental Capacity Legislation, regulations and associated code of practice on RQIA's role and functions

Owner

MHLD Directorate

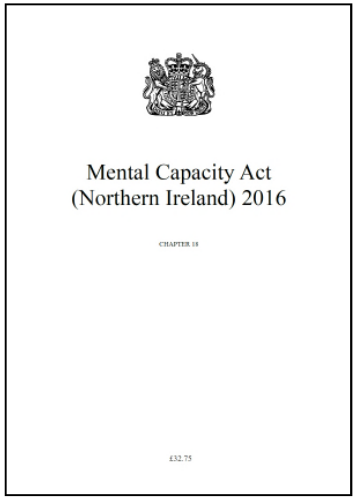
BRAG Rating:

Quarterly Performance

Assessment of the impact of the new Mental Capacity Legislation, regulations and associated code of practice on RQIA's role and functions

The Mental Capacity Act received Royal assent on 10 May 2016. A paper was sent to DoH regarding the amendments required to be made to the 2003 Order. DoH is currently preparing a first draft of the Code of Practice.

A substantial number of regulations (88) need to be drafted by DoH before any assessment of the impact of Act can be considered.


Mental Capacity Act
(Northern Ireland) 2016

CHAPTER 18

£32.75

Strategic Theme 3: Use Resources Effectively

Action 3.1

Work closely with BSO to deliver a range of outsourced corporate services functions

How do we measure this?

Progress in outsourcing the following corporate functions:

- Health & Safety
- Premises Management
- Information Governance (including Records Management)
- Finance
- Administration of Income
- ICT
- Organisational Development
- Enhanced Equality/DDO service

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Progress in outsourcing corporate functions

A project has been established within RQIA to manage the transition of a range of corporate functions to an outsourced service model delivered by BSO. The project consists of six work-streams:

- HR/TUPE
- Agreement of SLAs
- Transfer of Services
- Impact on Corporate Services and other Directorates
- Training and Support
- Communication and Engagement

RQIA is working collaboratively with BSO in progressing the transition to shared services.
Timescales for the transfer of a range of corporate functions to BSO will vary depending on the service area, complexity and progress in placing affected staff.
Progress is as follows in each service area:

Administration of Income – this function has transferred. Work is ongoing in relation to developing new processes and procedures to support the administration of income. These will need to be signed off once complete.

Enhanced Equality/DDO – this function has transferred to BSO and the first meeting of the new RQIA Equality Forum has taken place.

OD – this function has been outsourced to the HSCLC.

ICT – good progress continues to be made in relation to the phased transfer of ICT functions which is due to be completed by the end of September.

Finance – discussions are ongoing with BSO Finance, but it is anticipated that the Finance function will transfer to BSO on 1 November 2016.

Corporate Functions (IG/RM, H&S, Premises Management) – it is anticipated that these functions will transfer to BSO on 1 September 2016.

Action 3.2

Finalise and implement the workforce plan

How do we measure this?

- Finalise and commence implementation of the recommendations of the workforce plan 2016/17.
- Updated workforce plan for 2017/18

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Updated workforce plan for 2017/18	Quarter 4

Finalise and commence implementation of the recommendations of the workforce plan 2016/17

Initial discussions with the Leadership Centre have been held to identify a consultant to scope a workforce review of RQIA to realise and seek opportunities for efficiencies to enable a modernisation of our services.

Action 3.3

Produce an agreed budget and savings plan based on a 3% reduction to our RRL and manage RQIA's finances within the revenue resource limit for 2016-17

How do we measure this?

- Directorate and team budgets established
- Regular monthly monitoring reports provided to all budget owners
- Deliver savings and achieve an end-of-year break-even position on income and expenditure
- Achieve an unqualified audit opinion of final accounts

Owner

Corporate Services Directorate

BRAG Rating:

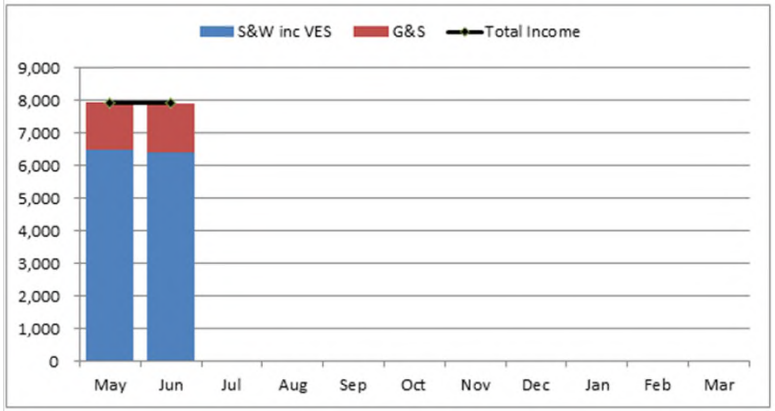
Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Directorate and team budgets established	Quarter 2
Deliver savings and achieve an end-of-year break-even position on income and expenditure	Quarter 4
Achieve an unqualified audit opinion of final accounts	Quarter 4

Regular monthly monitoring reports provided to all budget owners

Each director has received a pay report for their specific teams detailing current month, year to date and year end expenditure projections against budget. Non pay expenditure has been reported at a corporate level summarising the year to date and year end expenditure against budget.

Monthly Forecast of Year End Position



	Jun £'000
Expenditure	
S&W inc VES	6,421
G&S	1,510
Total Expend	7,931
Income	
Other Income	884
VES	184
RRL	6,844
Total Income	7,912
Surplus/(Deficit)	(19)

The current RRL funding excludes £19k Clinical Excellence Award for the period April 16 -Sept 16 inclusive. This outstandinging funding will enable RQIA to break even at the year end. Ring Fenced funding for Voluntary Exit Scheme (VES) has been confirmed, it is assumed that the full amount will be utilised and has been included within the S&W costs.

The monthly forecast for the end of Year position 2016/17 as reported at the end of June shows that RQIA is on-target for break-even.

Action 3.4

Fulfil RQIA's statutory obligation as a designated authority to whom whistle-blowers can make a protected disclosure

How do we measure this?

- The nature and extent of whistleblowing disclosures made to RQIA and a summary (anonymised) report of how RQIA responded to whistleblowing disclosures
- Assessment of the implementation of any recommendations for RQIA arising from the Departmental review of whistleblowing

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Assessment of the implementation of any recommendations for RQIA arising from the Departmental review of whistleblowing	Quarter 4

The nature and extent of whistleblowing disclosures made to RQIA and a summary (anonymised) report of how RQIA responded to whistleblowing disclosures

RQIA is a prescribed body under The Public Interest Disclosure (Northern Ireland) Order 1998. Those wishing to raise concerns about wrongdoing in their workplace can bring these to RQIA, who will work to ensure the protection of vulnerable service users. It is this legislation that provides protection to the person raising the concerns.

The number of people contacting RQIA to whistleblowing is increasing. During 2015-16, RQIA received around 80 disclosures. During April, May June 2016, RQIA was contacted on 45 occasions by people making whistleblowing disclosures. Issues raised included: staffing levels, particularly at night, wakening patients early to wash them, verbal abuse of patients by staff members; and concerns about management.

	Total No of contacts	Anonymous	Named
Regulated Services	**42**	26	16
MHLD	1	1	0
HSC Trusts	2	0	2

Strategic Theme 4: Continuously Improve Key Systems and Processes

Action 4.1

Make appropriate use of information and Intelligence from external sources to support inspection and review processes

How do we measure this?

- Evaluation of the pilot of the use of the information from the Data Warehouse Project in the Nursing and Residential Teams and implementation of next steps
- Implementation of the recommendations from the Information Sources Project

Owner

Chief Executive's Office
Corporate Services Directorate
Reviews Directorate

BRAG Rating:

Quarterly Performance

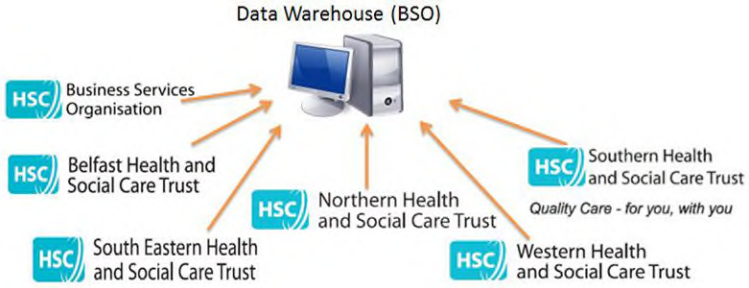
Evaluation of the pilot of the use of the information from the Data Warehouse Project in the Nursing and Residential Teams and implementation of next steps

During Quarter 1, RQIA contacted the Honest Broker Service (HBS) at BSO which is the HSC contact group for accessing the Data Warehouse Project. The HBS will enable the provision of anonymised, aggregated and in some cases pseudonymised health and social care data from Data Warehouses (held within the Business Services Organisation) to the DoH and HSC organisations.

It was agreed with the Honest Broker Service to extract regional figures for patients admitted to A&E departments from residential care homes, during the period of one calendar month, which RQIA will evaluate and potentially combine with the data it currently holds on registered residential homes. This is a pilot exercise in order to inform RQIA of the breadth and detail of data held by the Regional Data Warehouse, and how it could be used to enhance and support the inspection and review processes within RQIA. It is anticipated that this information will be available to RQIA by end August 2016.

Implementation of the recommendations from the Information Sources Project

Information Sources Project
Following agreement by Project Board, an Information Event to examine potential sources of external information took place. Presentations from NI Neighbourhood Information Service (NINIS), Information Analysis Directorate (IAD) at the DoH, the Data Warehouse at BSO, the Confidential Inquiries and other data sources at the PHA were given and 31 staff from all Directorates across RQIA were invited. The event was successful and a post-event survey was distributed, giving all attendees the opportunity to comment on the event itself and to offer suggestions going forward. The project is completing now, with an End of Project Report being prepared, which will include recommendations for consideration.



Action 4.2

Commence roll out of iConnect web portal

How do we measure this?

- Progress in implementing the web portal roll out plan
- Number of providers registered with and using the web portal system

Owner

Corporate Services Directorate

BRAG Rating:

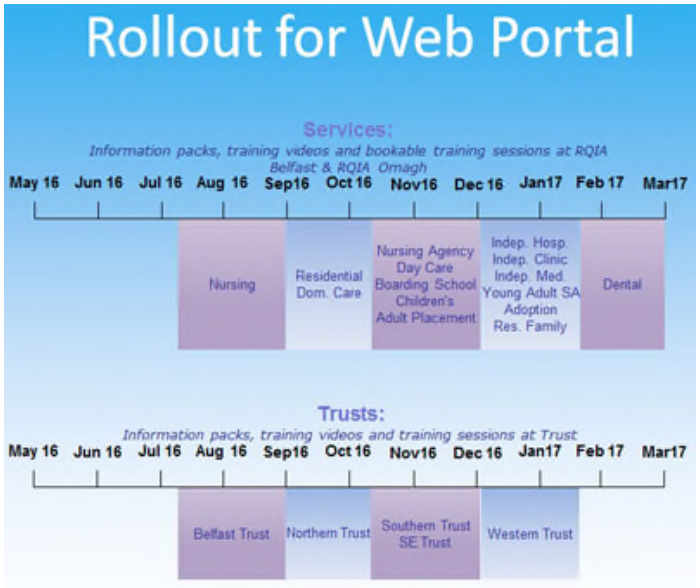
Quarterly Performance

Progress in implementing the web portal roll out plan

The web portal pilot commenced on the 30 June 2016 which is due to last 3 weeks. It is anticipated that the web portal will go live in mid August as per the roll out plan with the registered nursing providers.

Number of providers registered with and using the web portal system

The number of providers registered with and using the web portal will be reported from Quarter 2 onwards.



Action 4.3

Initiate a project to develop and implement an integrated MHLD information system to replace the existing legacy systems

How do we measure this?

- Progress in implementing the MHLD information system project plan

Owner

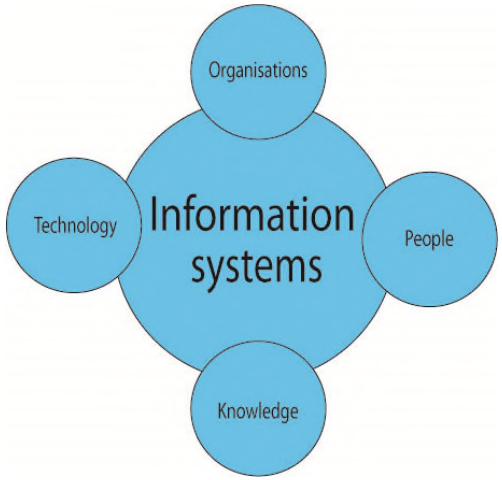
Corporate Services Directorate
MHLD Directorate

BRAG Rating:

Quarterly Performance

Progress in implementing the MHLD information system project plan

The MHLD Information System Project Initiation Document was approved by the project board in May 2016. The MHLD Information System Strategic Outline Business case was submitted for approval via the Regional E-Health Programme in June 2016. It is scheduled for consideration with the E-Health Programme Board in September 2016. The project team continue to meet to document the system specification in anticipation of approval to proceed to Outline Business Case.



Action 4.4

Undertake the initial phase of preparations for ISO9001:2015 Certification leading to the development of a robust and flexible Quality Management System which will improve organisational performance

How do we measure this?

- An initial diagnostic of RQIA's level of compliance against the ISO9001:2015 criteria
- Action Plan in place to address the gaps identified in the diagnostic exercise

Owner

Corporate Services Directorate
Executive Management Team

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Action Plan in place to address the gaps identified in the diagnostic exercise	Quarter 4

An initial diagnostic of RQIA's level of compliance against the ISO9001:2015 criteria

A project brief to initiate a Project Initiation Document (PID) will be completed in Quarter 2. A Senior Manager workshop was held on 20 June where ISO 9001:2015 standard was discussed. This will be a corporate wide project managed at a Director level and led by Kathy Fodey.

Strategic Theme 5: Develop and Enhance Effective External Relationships

Action 5.1

Implement the recommendations from the external review of PPI, completed in 2015, taking account of the new PPI Standards

How do we measure this?

- Successful implementation of the 13 recommendations from the external review of PPI which demonstrates continued improvements in the embedding of PPI into RQIA's culture and practice based on the adoption of the new PPI Standards across the organisation

Owner

Corporate Services Directorate

Executive Management Team

BRAG Rating:

Quarterly Performance

Successful implementation of the 13 recommendations from the external review of PPI which demonstrates continued improvements in the embedding of PPI into RQIA's culture and practice based on the adoption of the new PPI Standards across the organisation

The Corporate Response Plan with actions aligned to the 5 PPI Standards was developed through the PPI Forum December 2015 and Senior Managers Workshop June 2016. This plan is to be tabled at EMT 16 August for approval and implementation.

Personal and Public Involvement (PPI)

Involving you, improving Care

Action 5.2

Position RQIA as an effective, reputable independent regulator

How do we measure this?

- Progress in implementing the RQIA communications and stakeholder engagement plan
- Annual survey of public opinion focusing on their knowledge of RQIAs role and function in support of RQIA's PPI obligations
- Evidence of engagement with DoH concerning key strategic decisions about the future of health and social care in NI

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Evidence of engagement with DoH concerning key strategic decisions about the future of health and social care in NI	Quarters 2 - 3
Annual survey of public opinion focusing on their knowledge of RQIAs role and function in support of RQIA's PPI obligations	Quarter 3

Progress in implementing the RQIA communications and stakeholder engagement plan

During Quarter 1, work continued on the development of RQIA's new website in preparation for its formal launch. The number of followers of RQIA's Twitter account @RQIANews increased by almost 20% to 900 followers during this period. Three major review reports were also published each accompanied by a short summary leaflet highlighting our key findings and recommendations.

In April, RQIA organised a number of stakeholder engagement events, which included information sessions for regulated children's and consultation and focus group events on our inspection methodology. In June, at the annual NICON conference, attended by over 250 leaders in health and social care in Northern Ireland RQIA's Acting Chief Executive hosted a workshop session "Regulation - Our Change...Supporting your Change, in partnership with other systems and professional regulators. RQIA's information stand at the conference attracted considerable interest and provided a platform to showcase the work of the organisation.

Action 5.3

Review the effectiveness of the current working arrangements with other regulatory organisations and arms-length bodies (ALB)

How do we measure this?

- Revise and update existing MoUs and Information Sharing agreements with other statutory organisations and regulatory bodies
- Assessment of the effectiveness of the current working arrangements

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Assessment of the effectiveness of the current working arrangements	Quarter 4

Revise and update existing MoUs and Information Sharing agreements with other statutory organisations and regulatory bodies

In Quarter 1 Memorandums of Understanding were initiated with the

- General Dental Council
- Nursing and Midwifery Council

General Dental Council — protecting patients, regulating the dental team

NMC Nursing & Midwifery Council

In Quarter 1 Memorandums of Understanding were signed off with the:

- HSCB Dental Services

HSC Health and Social Care Board

Strategic Theme 6: Focus Improvement Activities on Outcomes

Action 6.1

Evaluate and agree the future use of lay assessors and peer reviewers in the delivery of RQIA's inspection and reviews programme

How do we measure this?

- The number of inspections and reviews which have involved lay assessors and peer reviewers
- Completed evaluation of the experience of lay assessors engaged in inspections and reviews and take forward the areas for improvement
- Evaluation of the role and contribution of peer reviewers in the RQIA inspection programme and take forward the areas for improvement

Owner

Chief Executive's Office
Executive Management Team

BRAG Rating:

All measures on target for completion

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Completed evaluation of the experience of lay assessors engaged in inspections and reviews and take forward the areas for improvement	Quarter 4
Evaluation of the role and contribution of peer reviewers in the RQIA inspection programme and take forward the areas for improvement	Quarter 4

The number of inspections and reviews which have involved lay assessors and peer reviewers

An evaluation was completed of lay assessors experience in December 2015.

Fifteen recommendations were made for improvement. A new recruitment campaign was commenced in Quarter 1.

During Q1, there has been one Healthcare inspection which involved a team of lay assessors and peer reviewers, ie: Acute Hospital Inspection to Craigavon Area Hospital.

Four reviews were completed during Q1, all of which involved peer reviewers from:

- University of Jordanstown involved in the Review of Adult Learning Disability Community Services Phase II
- Health Improvement Scotland, General Practitioner from England and NIMDTA involved in the Review of the Maternity Strategy
- NIMDTA involved in Review of Governance Arrangements in HSC Organisations that Support Professional Regulation

RQIA's Healthcare Team supported by a range of professional clinical staff from NIs Health and Social Care Trusts and Lay Assessors

Action 6.2

Actively engage with HSC organisations to promote initiatives to improve the quality of health and social care in Northern Ireland

How do we measure this?

- Evidence of RQIA's involvement in Quality 2020 work-streams where appropriate
- Evidence of engagement with the developing Improvement Networks for Northern Ireland

Owner

Chief Executive's Office

BRAG Rating:

The survey on target to be embedded within the Reviews Directorate

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Evidence of RQIA's involvement in Quality 2020 work-streams where appropriate	Quarter 4

Evidence of engagement with the developing Improvement Networks for Northern Ireland

The job description for the Medical Director is currently under review to incorporate a lead role to improve the quality of health and social care in Northern Ireland.

INNI IMPROVEMENT NETWORK NORTHERN IRELAND

Action 6.3

Publish information about the impact of RQIA's programmes of work on Health and Social Care in N.I.

How do we measure this?

- RQIA will strengthen our collection of information on outcomes to inform our reporting about the impact of our work programmes in our reports to the public

Owner

Chief Executive's Office

BRAG Rating:

All measures on target for completion

Quarterly Performance

RQIA will strengthen our collection of information on outcomes to inform our reporting about the impact of our work programmes in our reports to the public

Monitoring of RQIA Recommendations from Review Reports

A Departmental-led regional short life working group, with representation from RQIA, the 5 HSC Trusts, the HSC Board and PHA was established to develop a mechanism to advise RQIA and the DoH as to progress of the implementation of recommendations from RQIA review reports. A standardised template was developed by RQIA and has been agreed. The template includes the facility to report whether an individual recommendation is:

· Completed, with date of completion
· On target to be completed, with date of planned completion
· Not on target to be completed, with reason
· Recommendation not achievable / no longer appropriate, with reason

It has also been agreed to look back approximately two years and report on all RQIA recommendations made since March 2014. This exercise will be completed for the end of Quarter 2. Upon completion of the exercise, an agreed mechanism will be put in place, with reporting arrangements to the DoH and RQIA.

Annual Quality Report

RQIA has strengthened its annually produced quality report to better demonstrate the impact of RQIA's services and functions. The production of the Annual Quality Report 2015-16 has commenced and is due for completion and Departmental approval in Quarter 2.

Strategic Theme 7: Actively Lead Change and Manage Risk

Action 7.1

Develop and produce a Corporate Strategy 2017-21

How do we measure this?

- Production and approval of RQIA's Corporate Strategy 2017-21

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Production and approval of RQIA's Corporate Strategy 2017-21	Quarter 4

Production and approval of RQIA's Corporate Strategy 2017-21

A project will be initiated in Quarter 2 to take forward the development of the new Corporate Strategy 2017-21 aligned to the Programme for Government.

Action 7.2

Develop and take forward a programme of key strategic and quality improvement work streams taking account of external benchmarks including the Ireland Excellence Award (EFQM)

How do we measure this?

- Progress in implementing the EFQM identified improvements, following assessment in 2015, through the EMT and the Corporate Performance Report
- Production of RQIA's Quality Report 2015/16

Owner

Chief Executive's Office
Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Production of RQIA's Quality Report 2015/16	Quarter 2

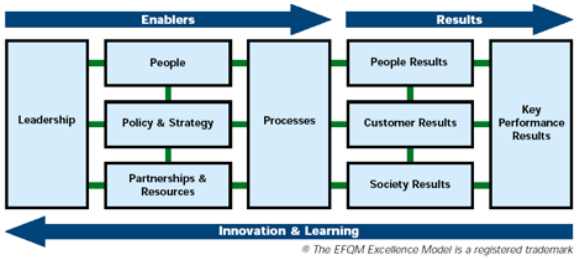
Progress in implementing the EFQM identified improvements, following assessment in 2015, through the EMT and the Corporate Performance Report

The STEPs to Excellence Programme 2016-17 was drafted and considered by EMT on 4 May, with key actions considered at a Senior managers Workshop 20 June. The programme was amended to be presented to the Executive Management Team for approval in July 2016.

The Steps to Excellence Programme in 2016-17 consists of the following seven key initiatives:

1 Deliver a range of outsourced corporate service functions
2 Progress towards next IiP assessment in 2017-18
3 An initial diagnostic of RQIA's level of compliance against the ISO9001:2015 criteria
4 Implement all recommendations from the external review of PPI
5 Actively engage with HSC organisations to promote initiatives to improve the quality of health and social care in Northern Ireland
6 Publish information about the impact of RQIA's programmes of work on health and social care in N.I.
7 Review the effectiveness of the current working arrangements with other regulatory organisations and arms-length bodies

These are aligned to actions identified in the Business Plan. Progress will therefore be provided via the quarterly Corporate Performance Report.



Action 7.3

Implement a robust Risk Management Strategy

How do we measure this?

- Attainment of substantive compliance with the Risk Management Controls Assurance Standard
- Revised Risk Management Strategy approved by the Audit Committee and RQIA Board

Owner

Corporate Services Directorate

BRAG Rating:

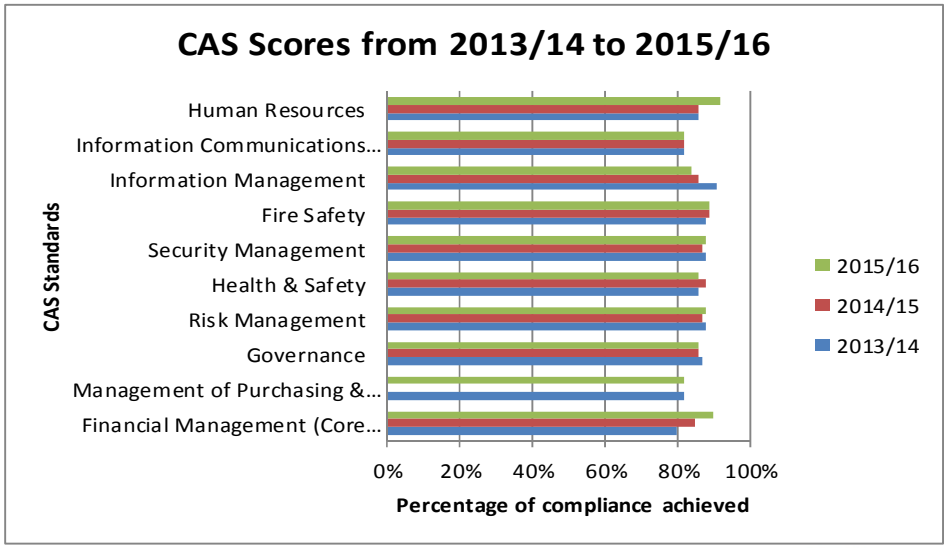
Quarterly Performance

Attainment of substantive compliance with the Risk Management Controls Assurance Standard

Standard	Level of Compliance
Financial Management (Core Standard)	90% - Substantive
Management of Purchasing & Supply	82% - Substantive
Governance	86% - Substantive
Risk Management	88% - Substantive
Health & Safety	86% - Substantive
Security Management	88% - Substantive
Fire Safety	89% - Substantive
Information Management	84% - Substantive
Information Communications Technology	82% - Substantive
Human Resources	92% - Substantive

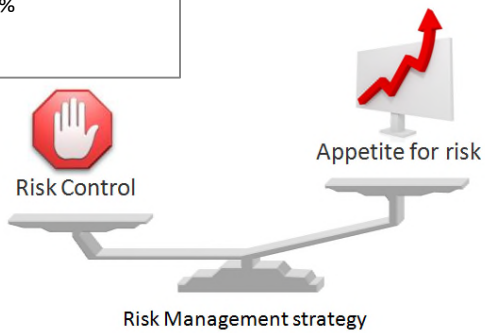
Achieved substantive compliance (88%) in Risk Management in 2015-16. The table details the compliance scores for the 10 Controls Assurance Standards completed by the RQIA with all functions achieving substantive compliance.

The bar chart below shows the CAS scores achieved from 2013/14 up to 2015/16 with RQIA consistently meeting substantive compliance in all CAS standards that we are assessed against.



Revised Risk Management Strategy approved by the Audit Committee and RQIA Board

The draft Risk Management Strategy 2016/17 is due to go to the Board on 7 July for approval.



Action 7.4

Agree and deliver a risk based Internal Audit Plan

How do we measure this?

- RQIA's Internal Audit Plan successfully delivered on target
- Implementation of the recommendations from a programme of risk based internal audits focused on the operational work of RQIA

Owner

Corporate services Directorate

BRAG Rating:

Quarterly Performance

Implementation of the recommendations from a programme of risk based internal audits focused on the operational work of RQIA

The Regulation and Quality Improvement Authority

RQIA AUDIT RECOMMENDATIONS

Summary of Progress as at June 2016

(i) Financial Review	
1. COMPLIANCE WITH PROMPT PAYMENT TARGETS	
2. ORGANISATION MANAGEMENT (OM) STRUCTURE	
3. SALARY OVERPAYMENTS	
4. CHECKING OF IT ASSETS	
(ii) Board Effectiveness	
5. SUCCESSION PLANNING FOR THE BOARD	
6. COMMUNICATION ISSUES	
7. DEVELOPMENT OF INFORMATION PROVIDED TO THE BOARD	
8. FOLLOW UP OF THE BOARD SELF-ASSESSMENT CHECKLIST	
(iii) Regulation and Nursing	
9. FOLLOW UP OF PREVIOUS REQUIREMENTS AND RECOMMENDATIONS IN QIPS	
10. QUALITY ASSURANCE PROCESS	
11. POLICY, PROCEDURES AND TRAINING	
12. PRE INSPECTION AUDIT TOOL	
(iv) MHO Responsibilities 2015-16	
13. COMPUTER SYSTEMS IN MHLD	
14. REVISED CAPACITY LEGISLATION	
15. FUNDING FOR PART IV DOCTORS	
16. PEER REVIEW PROCESS	
Outstanding Audit Recommendations from 2015-16	
FOLLOW UP OF THE 2014/15 SPECIAL ASSIGNMENT	
QUALITY ASSURANCE PROCESS	
RQIA ENFORCEMENT POLICY AND PROCEDURES	
PROCUREMENT AND CONTRACT MANAGEMENT	
CONTRACT MANAGEMENT	

Guide

Actions behind schedule	Actions on target	Actions implemented

By the end of Quarter 1, 44% (7) recommendations were implemented, 50% (8) are on target and 6% (1) is behind schedule.

One recommendation from the previous year remains outstanding.

RQIA Internal Audit Plan successfully delivered on target

In Quarter 1 2016/17 no internal audits have been scheduled. Two audits in relation to Whistleblowing and Complaints and Regulation and Nursing are due to be completed in quarter 2.

Progress of outstanding actions from RQIA's Corporate Performance Report 2015/16

Actions		Progress	Exception Report: Reason / Action / Emerging Risk
1.2	Complete the planned programme of reviews set out for 2015-16 in the 3 Year Review Programme 2015-18		The schedule and timeframe for each review for 2015-2016 was agreed in April 2015. Review reports containing recommendations to improve services were submitted to Minister from Quarter 2. There are a total of 42 milestones. By the end of March 2016, 39 had been completed, whilst 3 have not been achieved. These 3 include submission of the Maternity, Learning Disability: Community Services: Phase II and Governance (Professional Regulation) review reports to the DoH. The Governance (Professional Regulation) review report was submitted to the DoH during Q1 of 2016/2017. The Learning Disability: Community: Phase II and Maternity review reports are planned to go to the DoH during Quarter 3, 2016/2017 and their progress will be reported through Action 1.2 of this Corporate Performance Report and will therefore be removed from the outstanding actions table.
1.3	Complete the planned programme of inspections of statutory healthcare		The Annual Inspection Plan was developed and agreed in Quarter 1. The Programme of inspections of statutory healthcare (including infection prevention and hygiene, augmented care, prison healthcare and IR(ME)R) is illustrated in the table below. By the end of March 2016, 49 planned inspections had been completed out of a total of 50. An IR(ME)R inspection had to be postponed and took place in April 2016. This measure is also reported via the Chief Executive's monthly KPI report.
3.6	Establish a workforce plan to deliver the organisation's key strategic and business objectives		Initial discussions with the Leadership Centre have been held to identify a consultant to scope a workforce review of RQIA to realise and seek opportunities for efficiencies to enable a modernisation of our services. The progress in the delivery of this action will be reported through Action 3.2 of this Corporate Performance Report and will therefore be removed from the outstanding actions table.

Actions		Progress	Exception Report: Reason / Action / Emerging Risk
3.7	Produce a zero based budget for 2016/17		The development of a zero-based budget will be taken forward in 2017-18 in conjunction with BSO as part of the outsourcing of the Finance function.
4.3	Develop and commence implementation of a new Information and ICT Plan 2015-16		Most of the outstanding information and ICT strategic framework actions for 2015/16 have been progressed in the last Quarter. • iConnect Strategic Roadmap was approved at EMT in February 2016. • Penetration and hacking tests were completed on the iConnect Web-portal resulting in a revised go -live plan. As a result, applications to extend the project manager resource and conduct reconciliation works between iConnect and Web-portal were approved and funded. The go-live target is now mid July 2016. • The new enforcement and concerns modules for iConnect were built and tested by end March 2016. However, the working groups agreed that the iConnect Web-portal should be stabilised before introducing these modules to iConnect. Go-live of these modules is now planned for July 2016 allowing the working groups to finalise their training plans/materials and operational procedures in advance. The delivery of the web portal will be reported in Action 4.1 of this Corporate Performance Report and will therefore be removed from the outstanding actions table.
5.2	Develop an effective communications and stakeholder engagement plan		The new website build was completed during Quarter 4. Hosting is being undertaken by ITS at BSO and a delay in launching the website has been agreed in order to carry out additional robust failsafe testing. The new website is due to go operational by Quarter 2, 2016/17.

RQIA Strategy Map 2015-18

Vision

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

Purpose

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

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

Stakeholder Outcomes

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

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

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

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

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

Strategic Themes

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

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

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

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

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

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

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

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

Values

Independence ◆ Inclusiveness ◆ Integrity ◆ Accountability ◆ Professionalism ◆ Effectiveness

Vision
Purpose
Stakeholder Outcomes
Strategic Themes
Values

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	22 September 2016
Title of Paper	Development of RQIA's Corporate Strategy 2017-21
Agenda Item	9
Reference	E/ 07/ 16
Author	Planning and Corporate Governance Manager
Presented by	Chief Executive
Purpose	The purpose of this paper is to provide the Board with a schedule for the completion of the Corporate Strategy 2017-21.
Executive Summary	This paper provides a schedule with the goals and timelines for the completion and final approval of the Corporate Strategy 2017-21.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the development of RQIA's Corporate Strategy 2017-21.
Next steps	A Steering Group consisting of RQIA's Chairman, Board and EMT will lead the development and production of the draft Corporate Strategy.

Development of RQIA's Corporate Strategy 2017-21

1. Introduction

As per Department of Health (DoH) guidance, all Arms-Length Bodies must produce their Corporate Strategy to align with the new Programme for Government, which is produced on a 5 year cycle. The current Corporate Strategy 2015-18 will terminate one year earlier than anticipated and the new strategy will last for 4 years.

The Programme for Government Framework sets out the ambition the Executive has for our society. It is a new approach which focuses on the major societal outcomes that the Executive wants to achieve and provides a basis for all sectors to contribute to the development of their plans and actions. There are 14 strategic outcomes which, taken together, the Executive believes best describe the society we wish to have.

To align our new corporate strategy with the Programme for Government we have identified the 4 outcomes which best match the role, responsibility and ambition of RQIA. These outcomes will be used as the basis to identify and implement the key strategic themes which will support the Executive in delivering the Programme for Government Outcomes Framework.

2. Schedule

The schedule for the production of the Corporate Strategy is impacted by the following factors:

- Must tie in with the Programme for Government cycle
- A Steering Group consisting of RQIA's Chairman, Board and EMT will lead the development and production of the draft Corporate Strategy
- Subject to 12 weeks consultation
- Will be translated into 4 annual Business Plans (Business Plan 2017-18 will be developed along with the Corporate Strategy)
- A measures working group consisting of key members of staff will meet on two occasions in October to review and develop a range of outcome focused measures to be incorporated into Corporate Strategy 2017-21 (sources of review include benchmarking with other UK regulators, EFQM 2015 results, IiP 2017 application)

The attached Gantt chart shows the key milestones and dates for the Completion of the Corporate Strategy 2017-21.

	2016					2017		
	Aug	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Corporate Strategy 2017-21								
Board Workshop (4 Aug)								
Corporate Strategy Steering Group (22 Sept / 28 Oct / 20 Feb)								
Staff Pre-consultation Workshops (27 /29 /30 Sept)								
Strategic Outcome Measures Working Group (tbc)								
RQIA Board approval for Public Consultation (10 Nov)								
Formal Consultation (12 weeks)								
Consultation Events Londonderry and Greater Belfast (W/c 28 Nov)								
Consultation Event with other NI Regulators (1 Dec)								
Department of Health Consultation Meeting (2 Dec)								
Analysis of feedback from consultation								
Finalise draft Corporate Strategy								
RQIA Board approval of Final Corporate Strategy (23 March)								
Department of Health / DFP approval (24 March)								
Communicate new Corporate Strategy to all staff								
Business Plan 2016-17								
Produce draft Business Plan (EMT / Senior Managers / Staff meetings)								
EMT revisions and final approval of draft Business Plan (15 March)								
RQIA Board approval of draft Business Plan (23 March)								
Department of Health / DFP approval (24 March)								
Communicate new Business Plan to all staff								

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	22 September 2016
Title of Paper	Annual Progress Report 2015/16 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006
Agenda Item	10
Reference	F/ 07/ 16
Author	BSO Equality Unit / RQIA Equality Forum
Presented by	Maurice Atkinson
Purpose	The purpose of this report is to satisfy the Board, and subsequently the Equality Commission that RQIA is compliant with the duties outlined in Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006.
Executive Summary	The attached report provides an overview of how RQIA has met its obligations and duties of Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006. The report is structured as follows: • Public Authority Statutory Equality and Good Relations Duties Annual Progress Report • Appendix 1: RQIA Equality Action Plan 2013-18 - Progress Report April 2015 to March 2016 • Appendix 2: Equality and Human Rights Screening Report • Appendix 3: Equality and Human Rights Mitigation Report • Appendix 4: RQIA Disability Action Plan 2013-18 - Progress Report April 2015 to March 2016 • Appendix 5: RQIA Disability Action Plan 2013-18 (Updated August 2016) • Appendix 6: RQIA Equality Action Plan 2013-18 (Updated August 2016)

FOI Exemptions Applied	None
Equality Impact Assessment	N/A
Recommendation/ Resolution	The Board is asked to **NOTE** this report. The Chair of the Board and Chief Executive are asked to sign this report for submission to the Equality Commission NI.

The Regulation and Quality Improvement Authority

Public Authority Statutory Equality and Good Relations Duties

Annual Progress Report 2015-16

Contact:

• Section 75 of the NI Act 1998 and Equality Scheme	Name:	Maurice Atkinson
	Telephone:	028 9051 7501
	Email:	maurice.atkinson@rqia.org.uk
• Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan	As above ☒	
	Name:	
	Telephone:	
	Email:	

Documents published relating to our Equality Scheme can be found at:

http://www.rqia.org.uk/publications/corporate_documents.cfm

Signature:

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

It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans.

This report reflects progress made between April 2015 and March 2016

PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme

Section 1: Equality and good relations outcomes, impacts and good practice

1 In 2015-16, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

Reviews

One of the functions of RQIA is to undertake reviews of health and social care services, to provide assurance, where we can, that services are safe and of good quality. Of the reviews undertaken in the reporting timeframe, a number bring about, or are likely to bring about, positive change for some of the Section 75 groups:

- One of the recommendations in the Review of Eating Disorder Services (mostly young **women** aged 15 – 25) focuses on the need to consider the welfare of family members as part of the treatment of children and adolescents with eating disorders, leading to a positive impact on the **dependents** category. Another states that HSC trusts should review the nature and type of information about eating disorders provided for service users and families, to ensure that it is easily accessible, bringing about a positive impact for **young people** and **people with disabilities**.

- The Review of Advocacy Services for Children and Adults in Northern Ireland makes recommendations for improvements in the commissioning and quality of advocacy services in Northern Ireland, leading to better outcomes for those who use advocacy services, including **mental health**, **learning disability** and **children's services**.

- The Review of Services for People with an Acquired Brain Injury makes 23 recommendations to support improvements in the provision of brain injury services; brain injuries often lead to **disabilities** of varying degrees of severity.

- The Review of HSC Trusts' Arrangements for the Registration and Inspection of Early Years Services (for **children aged 0-12**) makes 17 recommendations for improvement to the arrangements for registration and inspection of early years services.

- RQIA has made eight recommendations for improvement as a result of the review of the Implementation of the Palliative and End of Life Care Strategy. Those in receipt of palliative and end of life services are more likely to be **older people**. The main causes of death are circulatory diseases (35% of deaths); cancer related deaths (26%) and respiratory diseases (14%). In the Palliative and End of Life Care Strategy 2017, projections for the regional population (based on the 2006 mid-year population estimates) suggest that 310,000 people in Northern Ireland will be aged 65 and over - this represents 16% of the total population. It is within this section of the population that the highest incidence and mortality from cancer and other chronic conditions exists. Given that the prevalence of chronic conditions and dementia increases with age, demand for palliative and end of life care services is likely to increase as the population ages and more people live with the consequences of physical and/or cognitive frailty.

Accessible Information Policy

The Regulation and Quality Improvement Authority's (RQIA) equality scheme commits us to ensure we promote equality of opportunity and value the diversity of all people in our community. By this we believe that all members of society should have fair and equal access to our services, according to need and have opportunities to participate in our plans for how we deliver our services. Through ensuring that our information is equally accessible we will continue to demonstrate this commitment.
This policy ensures that all documentation, produced and distributed by RQIA, to the general public, will be available on request and where reasonably practicable in an alternative format, Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority

languages to meet the needs of those for whom English is not their first language.

The policy commits RQIA to respond to all requests for information in alternative formats in a timely manner, usually within 20 working days (unless third party timescales dictate otherwise, for example, translation providers).As detailed in the policy it is the responsibility of RQIA to make information and communications accessible. The costs for doing so must be borne by RQIA.

Section two of the policy also highlights the groups that have particular needs in relation to the provision of written accessible information. These include **sensory impairment, learning disability, sexual orientation, older people, younger people**, translation and interpreting for **minority ethnic groups and others with general literacy issues**. The outcome of this policy is to ensure that RQIA's documentation is accessible to all members of society, and in particular to those groups that have particular needs in relation to the provision of written accessible information.

Accessible Information in Practice

- In response to requests to make our reports available in a more accessible format, RQIA is now preparing a short pamphlet summary of the key findings of each review we publish. The first two reviews to receive this treatment are: RQIA's Review of Health and Social Care Trusts' Arrangements for the Registration and Inspection of Child-Minders and Day Care Providers in Northern Ireland; and, RQIA's Review of Eating Disorder Services in Northern Ireland, both published in December. It is hoped that these versions will improve accessibility of our review reports for **people with learning disabilities** and **children and young people**.

- In November 2014 the findings of the Independent Inquiry into Child Sexual Exploitation in Northern Ireland were published. During the inquiry, it was agreed that a **child/young person** friendly summary would be produced. Include Youth brought together a group of young people who have made a short animation on the inquiry's key messages and contact details for help and support on CSE. This animated report is now available on our website.

Mental Health and Learning Disability

- In a drive to improve the quality of **mental health** and **learning disability** services, as part of its inspections of inpatient wards, RQIA introduced a card seeking feedback on the patient's experience. The Your Care, Your View card asks patients to indicate how likely they are to recommend a facility to others with similar needs on the basis of their own personal experience. The information will help RQIA to form a rounded view of the care provided to patients, and this feedback will be referenced in our mental health and learning disability inspection reports.

- RQIA has a key role in safeguarding the rights of patients detained under the **Mental Health** (Northern Ireland) Order 1986 who either refused the treatment prescribed to them or do not have the capacity to consent to treatment after a three month period. From 1 April 2015, in response to a challenge from the Law Centre, the DHSSPS agreed that lack of independence in the provision of second opinions of treatment plans by trusts did not provide sufficient safeguards in the protection of human rights. The Department changed the policy and practice of providing second opinions and RQIA revised their procedures accordingly. RQIA now appoint all SOADs to provide second opinions, wherein they decide whether the treatment recommended is appropriate and whether due consideration has been given to the views and rights of the patient. These treatment plans mainly related to reviews of medication or the administration of electroconvulsive therapy (ECT). As a direct result of RQIA's intervention, 283 second opinions were provided on detained patients who now benefit from a more robust system of consent to treatment safeguards.

- RQIA has taken steps to hear patients' views on their experience of ECT. Questionnaires have been issued to all patients who have received this course of treatment. Feedback was very positive; this was incorporated into inspection reports. Some Trust areas had low response rates; efforts were made to address this early in 2016 and the issue will be kept under review during 2016/17.

Inspections

The children's team had been developing a proposal for the involvement of Council for the Homeless Northern Ireland in the

inspection process. Unfortunately the Council was unable to proceed with this work in the 2015/16 year due to funding issues. The children's team has made recent contact with the School of Social Policy, Sociology and Social Work at Queen's University Belfast (QUB) for the development of an electronic app-based method through which **children and young people** are enabled to communicate their experience of living in a children's home. The e-communication project with QUB is at an exploratory stage. If the technology can be sourced and developed it is planned to pilot and implement this system during 2016-17.

During the 2015/16 inspection year the children's team engaged with **children and young people** (including their parents views where possible) during each inspection through semi—structured interviews and questionnaires. These informed the outcomes for young people referenced in the inspection reports.
Feedback from children and young people about their experience of living in the children's home was provided to the manager after each inspection.

In order to ascertain the views of service users, who are mainly **people with a disability and older people**, as part of the domiciliary care agencies inspections, 663 service user interviews were carried out in relation to 89 agencies. A summary of the findings were included in the inspection reports and provided to the inspector and registered manager in order to bring about improvements in services for service users.

In order to ensure that **carers** views on the quality of services provided by Adult Placement Agencies were taken on board, interviews were held with a selection of carers as part of the inspection process. Information relating to the questions asked of the carers was used to inform RQIA's inspections for 2016-17, and any areas of concern were presented to the provider in a report in order to drive improvement in the service quality.

Equality monitoring

During the year, the Equality Unit, on behalf ourselves and our partners, coordinated a six week staff monitoring intiiative which targeted messages at staff through direct email, screen pop ups and posters, to encourage them to fill out their staff data on our HRPTS system. This produced some marginal increases across some of the

Section 75 categories however we acknowledge that we have some more work to do to improve the data.

Over and above the particular initiative, prompts to staff on completing equality information on the new Human Resources systems, the HRPTS, were issued at several times during the year.

Good Relations Statement

Following engagment with Trade Union Collegues we agreed and launched a Good Relations Statement, in partnership with the 10 other regional HSC Organisaitons. The statement was launched in the Islamic Centre, Belfast with input by the Community Relations Council.

We will work with our partners in 2016-2017 to develop some actions that put meaning to our new statement.

Gender Identity Employment Policy

Together with our colleagues from the Health and Social Care (HSC) Trusts we jointly progressed the development of a gender identity employment policy. To this end, equality and human resources staff engaged with groups and individuals from the gender identity sector as well as the LGB& T staff forum in Health and Social Care. Likewise, staff from the regional gender identity service fed into the process.

Bulletins, newsletter, senior briefings, intranet and email

We provided our staff with information in the form of emails, features on our intranet or staff newsletters and bulletin. These focused on the following:

- Disability Work Placements Awareness Article
- Disability Staff Network information and Staff Survey
- Hearing Loss Awareness Day Information
- Hearing Loss Awareness Day Feature
- Learning Disabilities Awareness Day Information
- Learning Disabilities Awareness Day Feature
- Launch of Disability Staff Forum and Promotional Article

In addition, a number of senior briefings were provided on the

following areas:

- Screening Pitfalls
- Draft Annual Progress Reports
- Disability Awareness Days sign off
- Disability Action Plans Year 3
- Accessible Formats Review
- Training Plan 2015-16
- Accessible Formats Support Materials
- Disability Placements - Request for placement offers
- Hearing Loss Awareness Day update
- Five Year Review
- Disability Staff Forum update
- OFMDFM age proposals
- Disability Duties Information Leaflet
- Five Year Review SMT paper
- Website Accessibility
- Staff monitoring
- Five Year Review report
- Good Relations Statement
- Monitoring Staff Data information
- Disability Staff Forum update
- Good Relations launch
- Launch of Disability Staff Forum
- Standards and Guidance Disability
- DAP Year 3 remaining actions

Website Accessibility

We have developed a new website that will be launched in 2016-17. Our current and new websites meet W3C AA standard, and users of our website will continue to be able to use Browsealoud. We have made every effort to ensure that our new website is more user friendly.

Standards and Guidance for the Involvement of Disabled People

There are many reasons why it is important to consult and involve service users, carers and the wider community.

People with disabilities tend to be excluded from public services and when health and social care outcomes are agreed with communities, needs are better met and people can be supported to manage their own care. There is a growing body of literature to show that good

quality involvement can lead to improved health and social care outcomes, better value for money and improved quality of life for service users, their families and carers, community and the whole of Health and Social Care**.**

We therefore, in partnership with the BSO Equality Unit and our HSC Regional colleagues, developed standards and guidance for the involvement of disabled people in our work. We also developed a checklist for staff to ensure that people with a disability can be fully involved when we are arranging meetings / running events.

This was developed in consultation with disabled people and organisations representing disabled people such as; ARC NI, Autism NI, British Deaf Association NI, Omnibus Partnership, Patients Group of Royal College of GPs, Positive Futures, SHSCT, Telling it like it is group.

Disability Staff Forum

We finalised the establishment of a HSC Disability Staff Forum for staff members in our organisation. This Forum is open to staff working in all 11 HSC Regional Orghanisations who have an interest in Disability. The Forum is being sponsored in 2016-2017 by the Health and Social Care Board.

We worked with HSC colleagues in the Business Services Organisation Equality Unit to develop and agree a workable and effective structure for the Forum.

The Forum was launched at the end of 2015-2016 and will begin formal meetings, draft terms of reference and establish and promtoe itself throughout 2016 – 2017.

We will work with partners during 2016-2017 to determine the long term sponsorship of the Forum.

Disability Awareness Days

Featuring two staff awareness days on disabilities during the year was also one of our objectives. In September, we focused on Hearing Loss. In February, we drew the attention to Learning Disabilities.

2 Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2015-16 (*or append the plan with progress/examples identified*).

Please see Appendix 1: Equality Action Plan Progress Report 2015-16.

3 Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2015-16 reporting period? *(tick one box only)*

☒ Yes ☐ No (go to Q.4) ☐ Not applicable (go to Q.4)

Please provide any details and examples:

Please see the response to Question 1 for further information. Please also see Appendix 2 and 3: Screening Report 2015-16 and Mitigation.

3a With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what **difference was made, or will be made, for individuals**, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

Please see the response to Question 1 for further information. Please also see Appendix 2 and 3: Screening Report 2015-16 and Mitigation.

3b What aspect of the Equality Scheme prompted or led to the change(s)? *(tick all that apply)*

☒ **As a result of the organisation's screening of a policy *(please give details):***

Please see the response to Question 1 for further information. Please also see Appendix 2 and 3: Screening Report 2015-16 and Mitigation.

☐ As a result of what was identified through the EQIA and consultation exercise *(please give details):*

☐ As a result of analysis from monitoring the impact *(please give details):*

☐ As a result of changes to access to information and services *(please specify and give details)*:

☐ Other *(please specify and give details)*:

Section 2: Progress on Equality Scheme commitments and action plans/measures

Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

4 Were the Section 75 statutory duties integrated within job descriptions during the 2015-16 reporting period? *(tick one box only)*

☒ **Yes, organisation wide**

☐ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

☐ No, this is scheduled for later in the Equality Scheme, or has already been done

☐ Not applicable

Please provide any details and examples:

The following wording is included in all RQIA Job Descriptions:

"Staff are required to assist the Authority in fulfilling its statutory duty under Section 75 of the Northern Ireland Act 1998 to provide equality of opportunity and the promotion of good relations. Staff are required to support the authority in complying with its obligations under Human Rights Legislation."

5 Were the Section 75 statutory duties integrated within performance plans during the 2015-16 reporting period? *(tick one box only)*

- ☐ Yes, organisation wide
- ☐ Yes, some departments/jobs
- ☐ No, this is not an Equality Scheme commitment
- ☐ No, this is scheduled for later in the Equality Scheme, or has already been done
- ☒ **Not applicable**

Please provide any details and examples:

The RQIA includes reference in its job descriptions as above.

6 In the 2015-16 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

- ☒ **Yes, through the work to prepare or develop the new corporate plan**
- ☐ Yes, through organisation wide annual business planning
- ☐ Yes, in some departments/jobs
- ☐ No, these are already mainstreamed through the organisation's ongoing corporate plan
- ☐ No, the organisation's planning cycle does not coincide with this 2015-16 report
- ☐ Not applicable

Please provide any details and examples:

Priorities identified in our Corporate Strategy 2015-2018 include:

"Develop stronger partnerships with independent, voluntary and community groups."

"Place a central focus on the experiences of service users and carers in the delivery of inspections and reviews."

Equality action plans/measures

7 Within the 2015-16 reporting period, please indicate the **number** of:

Actions completed:	2	Actions ongoing:	9	Actions to commence:	0

Please provide any details and examples (*in addition to question 2*):

Please see Appendix 1: Equality Action Plan Progress Report 2015-16.

8 Please give details of changes or amendments made to the equality action plan/measures during the 2015-16 reporting period *(points not identified in an appended plan)*:

Actions relating to screening and equality and diversity training were removed to avoid duplication as they are an integral part of our Equality Scheme also. Actions relating to recruitment and selection training, and promotion of occupational health services were removed as they now feature in the Human Resources services provided to us by the Business Services Organisation. Completed actions were also removed (recruitment of lay assessors and consultation on 3 Year Review Programme 2015-18).

9 In reviewing progress on the equality action plan/action measures during the 2015-16 reporting period, the following have been identified: *(tick all that apply)*

- ☒ **Continuing action(s), to progress the next stage addressing the known inequality**
- ☐ Action(s) to address the known inequality in a different way
- ☐ Action(s) to address newly identified inequalities/recently prioritised inequalities
- ☒ **Measures to address a prioritised inequality have been completed**

Arrangements for consulting (Model Equality Scheme Chapter 3)

10 Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: *(tick one box only)*

☐ All the time ☒ Sometimes ☐ Never

Where relevant we tend to engage with targeted groups as part of our work preceding formal consultation. This is to inform our consultation documents.

11 Please provide any **details and examples of good practice** in consultation during the 2015-16 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

RQIA held a number of consultations during 2015-16, however none of these consultations included screening documentation. RQIA are committed to issuing screening/EQIA documentation alongside the policy in all consultations in 2016-17.

Throughout the year RQIA undertook engagement with a range of service users to inform reviews, inspections and the development of policies. These included children and young people, older people, people with disabilities and carers. See Question 1.

12 In the 2015-16 reporting period, given the consultation methods offered, which consultation methods were **most frequently <u>used</u> by consultees**: *(tick all that apply)*

☒ Face to face meetings

☐ Focus groups

☐ Written documents with the opportunity to comment in writing

☒ Questionnaires

☐ Information/notification by email with an opportunity to opt in/out of the consultation

☐ Internet discussions

☐ Telephone consultations

☐ Other *(please specify)*:

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

Please see response to Question 11.

13 Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2015-16 reporting period? *(tick one box only)*

☒ Yes ☐ No ☐ Not applicable

Please provide any details and examples:

In our quarterly screening reports we raise awareness as to our commitments relating to equality screenings and their publication.

14 Was the consultation list reviewed during the 2015-16 reporting period? *(tick one box only)*

☒ Yes ☐ No ☐ Not applicable – no commitment to review

Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)

The Business Services Organisation Equality Unit collate and publish equality screening templates and other reports associated with Equality Scheme commitments on our behalf, please see:

http://www.hscbusiness.hscni.net/services/2644.htm

15 Please provide the **number** of policies screened during the year (*as recorded in screening reports*):

4

16 Please provide the **number of assessments** that were consulted upon during 2015-16:

0	Policy consultations conducted with **screening** assessment presented.
0	Policy consultations conducted **with an equality impact assessment** (EQIA) presented.
0	Consultations for an **EQIA** alone.

17 Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

The RQIA did not conduct any consultations on assessments.

18 Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? *(tick one box only)*

☐ Yes ☒ No concerns were raised ☐ No ☐ Not applicable

Please provide any details and examples: With regards to comments received on policies included in our screening reports no additional evidence came to light leading to changes to the screening decisions.

Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)

19 Following decisions on a policy, were the results of any EQIAs published during the 2015-16 reporting period? *(tick one box only)*

☐ Yes ☐ No ☒ Not applicable

Please provide any details and examples:

The RQIA did not carry out any Equality Impact Assessments in 2015-2016.

Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)

20 From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2015-16 reporting period? *(tick one box only)*

- ☐ Yes
- ☒ No, already taken place
- ☐ No, scheduled to take place at a later date
- ☐ Not applicable

Please provide any details:

Please see last year's Annual Progress Report.

21 In analysing monitoring information gathered, was any action taken to change/review any policies? *(tick one box only)*

- ☒ Yes
- ☐ No
- ☐ Not applicable

Please provide any details and examples:

Please see Table 1 below.

Table 1

Service or Policy	What equality monitoring information did you analyse?	Did the way you used the data result in improved access to information or services?
Health and Well Being Strategy	We commissioned the Health and Safety Executive to run a survey and hold focus groups with our staff on Health and Wellbeing issues. We gathered information on issues faced by staff, including health issues leading to absence.	As a result of the information we obtained from this work, we held a Health and Wellbeing Day for staff. Organisations were invited to attend based on staff needs identified in the survey/focus groups; other organisations were invited to attend to allow staff the opportunity to find out more about a particular health matter: Cancer Focus NI Carers NI Action on Hearing Loss NI Stroke NI Belfast City Council (Leisure/Gym) Mindwise Arthritis Care NI Diabetes UK British Heart Foundation PHA – Healthy Eating Sustrans FASA Cruse Bereavement

Service or Policy	What equality monitoring information did you analyse?	Did the way you used the data result in improved access to information or services?
		Specsavers RNIB The organisations provided a provide information and advice on a wide range of healthy life style issues. Staff were also given the opportunity to have hearing tests, eye tests, and skin checks. Furthermore, all staff have access to Mental Health Awareness courses.

22 Please provide any details or examples of where the monitoring of policies, during the 2015-16 reporting period, has shown changes to differential/adverse impacts previously assessed:

Not applicable.

23 Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

Please see Table 1 under Question 21 above.

Staff Training (Model Equality Scheme Chapter 5)

24 Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2015-16, and the extent to which they met the training objectives in the Equality Scheme.

In total, 2 members of staff participated in training and awareness sessions.

EQIA	1
Screening training	1

eLearning: Discovering Diversity Training Figures

Module 1 to 4 – Diversity	16
Module 5 – Disability	16
Module 6 – Cultural Competencies	15

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

The Regulation and Quality Improvement Authority avails of the joint

Section 75 training programme that is coordinated and delivered by the BSO Equality Unit for staff across all 11 partner organisations. The following statistics thus relate to the evaluations undertaken by all participants for the Equality Screening Training and Equality Impact Assessment Training respectively.

Equality Screening Training

[The figures in bold represent the percentage of participants who selected 'Very Well' or 'Well' when asked the questions below.] Participants were asked: "Overall how well do you think the course met its aims":

- To develop an understanding of the statutory requirements for screening: **99.0%**
- To develop an understanding of the benefits of screening: **99.0%**
- To develop an understanding of the screening process: **97.0%**
- To develop skills in practically carrying out screening: **97.0%**

[The figure in bold represents the percentage of participants who selected 'Extremely Valuable' or 'Valuable' when asked the question below.] Participants were asked: "How valuable was the course to you personally? **97.0%**

Equality Impact Assessment Training

Participants were asked: "Overall how well do you think you have achieved the following learning outcomes:

- To demonstrate an understanding of what the law says on EQIAs **83.0%**
- To demonstrate an understanding of the EQIA process **83.0%**
- To demonstrate an understanding of the benefits of EQIAs **78.0%**

To develop skills in practically carrying out EQIAs **72.0%**

Public Access to Information and Services (Model Equality Scheme Chapter 6)

26 Please list **any examples** of where monitoring during 2015-16, across all functions, has resulted in action and improvement in relation **to access to information and services**:

The RQIA did not undertake any monitoring that led to such action and improvement.

Complaints (Model Equality Scheme Chapter 8)

27 How many complaints **in relation to the Equality Scheme** have been received during 2015-16?

Insert number here: 0

Please provide any details of each complaint raised and outcome:

n/a

Section 3: Looking Forward

28 Please indicate when the Equality Scheme is due for review:

The Equality Scheme was reviewed and the report submitted to the Equality Commission in March 2016.

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

- undertaking equality screenings across all RQIA service areas and ensuring that screening templates are forwarded to the Equality Unit for publication (to comply with statutory requirements under Section 75)
- issuing equality screening documents alongside policy documents in any policy consultations and engagement
- where relevant undertaking EQIAs
- undertaking monitoring, including on policies screened.

30 In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next (2016-17) reporting period? *(please tick any that apply)*

☒ **Employment**

- ☒ **Goods, facilities and services**
- ☐ Legislative changes
- ☐ Organisational changes/ new functions
- ☐ Nothing specific, more of the same
- ☐ Other (please state):

PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans

When we produced our Disability Action Plan we decided that it is important to do so in a language and format that is easy to understand. A copy of our Plan for 2013-2018 is available on our website.

In the same way, we want to make sure that people can easily follow what we do from year to year as we carry out our plan. We have produced a report for 2015-16. It is attached as Appendix 5. This report contains the information required for the statutory reporting in what we hope is an accessible language and format.

Appendix 1

Equality Action Plan 2013-2018

Regulation and Quality Improvement Authority

What we did between April 2015 and March 2016

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

	Action Point	What we have done during 2015-16	Outcomes
1	Raise awareness amongst staff about the option to request information in alternative formats. Ensure internet site meets accessibility standards, e.g. W3C AA standard.	Our Accessible Information Policy was approved. The policy is available on our intranet. All staff have been made aware of the policy. We have developed a new website that will be launched in 2016-17. Our current and new websites meet W3C AA standard. Users of our website will continue to be able to use Browsealoud. To make our new website more user friendly we have included more symbols and icons and ensured that things are easier to find.	RQIA stakeholders can access and understand information more readily.
2	To monitor the provision of information and processes around the admission of vulnerable/minority groups into residential care.	This has been integrated into the inspection and enforcement processes. All related reports are available on our website. Detail of enforcement action relating to adult services is included in our annual report.	Improved outcomes for minority and vulnerable groups, through improved information and appropriate services.
3	To continue to ensure that inspection staff have up to date knowledge of S75	Inspectors in RQIA participated in an awareness raising session on the needs of people with Alzheimer's; the Alzheimer's Society delivered this session. Training needs of all staff are assessed on	Inspections take into account the needs of Section 75 groups, leading to improved outcomes for

	Action Point	What we have done during 2015-16	Outcomes
	groups and their needs, e.g. targeted training such as Deaf Awareness	an ongoing basis through the appraisal process.	these groups.
4	Engage service users in the design and format of plain English/easy to read inspection reports.	In response to requests to make our reports available in a more accessible format, we now prepare a short pamphlet summary of the key findings of each review we publish.	Service users are informed and included through provision of accessible and easily understood information.
5	Develop links with independent advocates	During 2015-16 MHLD team met with independent advocates while on inspection and in the development of our new inspection methodology. Additionally Director and Head of Programme meet with voluntary groups.	Improved representative engagement with vulnerable groups by increasing the profile of advocacy services within Trusts.
6	Facilitate training needs of staff and reviewers working in area of MHLD	Training sessions were held for lay assessors in preparation for participating in inspections of MHLD wards. Training was commissioned from CEC in 2015-16 to update inspectors in current developments in relation to mental health practice.	Increased awareness in relation to legislation and practice towards individuals with a mental health or learning disability
7	Formal engagement with detained patients	Although not involved in direct care RQIA monitor the care and treatment of detained patients while on inspection to ensure active involvement in their care plan.	Detained patients are actively involved in the formulation of their care plan and the delivery of their

	Action Point	What we have done during 2015-16	Outcomes
			treatment.
8	Continued implementation of a suite of screened and up to date HR policies	All screening templates are published at http://www.hscbusiness.hscni.net/services/2166.htm See Appendix 2.	Issues for S75 groups are highlighted and addressed at earliest stages.
9	Continue to ensure panel members receive up to date training on recruitment and selection, including the raft of equality statutes	Recruitment and Selection Training is mandatory for all panel members.	Equitable treatment of all potential or current applicants at each stage of the process from job description through to appointment.
10	Continue to ensure that staff receive regular training on equality and diversity awareness issues via e-learning modules	Please see Q24 and Q25 in S75 Progress Report.	Better outcomes for S75 groups, due to a workforce with better understanding of their needs.
11	Continue to promote the availability and use of Occupational Health services	Occupational Health services were promoted to managers throughout the reporting year.	Staff with disabilities are facilitated to return to work and remain in the workplace.

	Action Point	What we have done during 2015-16	Outcomes
	amongst line managers and staff, particularly in the assistance of return to work, reasonable adjustments		

Appendix 2

The Regulation and Quality Improvement Authority

Equality and Human Rights Screening Report

April 2015 – March 2016

Table 1

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

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
RQIA	The development of a new Acute Hospital Inspection Programme (HIP)	The aim of the development of a new Acute Hospital Inspection Programme is to develop, design and pilot an agreed hospital inspection process and associated procedures which will conclude with the delivery of a fully tested process to deliver the programme of unannounced inspection. This will be a rolling programme of acute hospital inspections to provide assurance to the public that care provided in hospitals across Northern Ireland is safe, effective and compassionate.	May-15	2
RQIA	Information Security Policy	The purpose of this policy is to inform RQIA staff of the requirement to, protect the data and information handled by the RQIA, properly handle confidential data and information and follow agreed procedures in order to reduce any risk of breaching these requirements	Nov - 14	3

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
RQIA	Policy for the Inspection of Establishments and Agencies regulated under the 2003 Order.	The aim of this policy is to ensure that there is a consistent approach to inspection which meets the legislative requirements which underpin regulation as well as the corporate objectives of RQIA. Inspections will focus on the key principles, safe, effective, compassionate and well led care.	Jan-16	2
RQIA	Accessible Information Policy	The purpose of this policy is to support the RQIA to meet the information and communication needs of individuals as effectively as possible. We want to make sure that our approach to the provision of written accessible information is clear, balanced, fair, transparent and accurate.	Sept-15	2

The Regulation and Quality Improvement Authority

Appendix 3

Equality and Human Rights Mitigation Report

April 2015 – March 2016

The development of a new Acute Hospital Inspection Programme (HIP) May 2015

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
Issues identified in this screening process have been considered by the Project Team and in response the following actions have been undertaken: In relation to the content of the inspection: In relation specifically to the development of the new Acute Hospital Inspection Programme (HIP) RQIA will ensure that the content of the inspection programme will ensure that RQIA give consideration to how the hospital is meeting the needs of people from specific section 75 groups including: ☐ Gender ☐ Age ☐ Religion ☐ Dependent Status ☐ Disability ☐ Ethnicity	The inspection process is scheduled to formally start in September 2015. During the inspection process the inspection team will give consideration to assessing how acute hospitals are meeting the needs of people from specific Section 75 groups in the delivery of services. This will be given due consideration when the opportunity to do so arises; this may be via patient questionnaire, staff focus groups and/or via observations of practice undertaken, completion of the core inspection tool and associated supporting tools. During an inspection RQIA will provide clear information and support for all patients/service users and their carers/advocates to encourage participation in the inspection process and to support those who become involved. Where possible during an inspection we will make reasonable adjustments to facilitate involvement, when individual needs are identified. This may include access to translation, interpreting services, material in accessible formats, age appropriate engagement etc. RQIA are currently establishing links with the Royal College of Paediatrics and Child Health and are exploring the possibility of using representatives

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
Sexual Orientation This inspection will include assessment of the following: That all patients are active participants in decisions about their treatment, ensuring they have control over their own health care and the promotion of independence. That care is person centred, that every patient is treated as an individual and with compassion. That patients and carers experience effective communication that is sensitive to individual needs and preferences; this will include communication to staff that identifies an individual's communication needs. In specific relation to children the inspection will consider their basic need for play and access to staff who specialise in play. That all patients feel safe, secure and supported; this will include consideration of environmental safety and specific safeguarding needs.	from their youth advisory panel as part of our HIP inspection team, when we are focusing on services within the Royal Belfast Hospital for Sick Children. However, it is not anticipated that there will be an inspection to RBHSC in the first year of the programme. The inspection process will be delivered by a group of HSC professionals drawn from across the HSC including: Nurse Clinicians Allied Health Professionals Pharmacists Social Workers Paramedics Service Managers Given the nature of the professions involved in the inspection process RQIA are satisfied that each inspection team will include the skills appropriate to the areas being inspected. However if any additional training needs are identified throughout the lifespan of the programme, these will be addressed. During the inspection process, any specific Section 75 issues which emerge will be raised with the Organisation immediately and during the feedback process. Where specific issues need to be addressed these will be identified as part of the preliminary findings within 14 days and the draft report including a Quality Improvement Plan (QIP). The type of follow up will be dependent upon the severity of the

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
☐ That all patients are treated with dignity and respect; this will include consideration of the suitability of the area/ward environment. The inspection process will include the use of a core inspection tool with key criteria included to specifically assess the needs of all patients including those within the Section 75 groups identified above. This will include consideration of barriers which may result in a lack of understanding of HSC systems. While the inspection process is underpinned by the core inspection tool it is augmented by a number of other supporting investigatory methods including: ☐ Observational of the quality of staff/patient interaction ☐ Inspection of Nursing and Medical care records ☐ Examination of staff training ☐ Availability of policy and	issues identified at the inspection and subsequent action taken by the organisation.

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
procedural documentation ☐ Staff interviews ☐ Patient Questionnaires RQIA do recognise that there are many different reasons why some groups of people have difficulty engaging with HSC services. It may be because they are socially excluded, there are communication barriers, including visual, hearing and speech and language difficulties, or they are stigmatised in some way by society. RQIA will seek to engage with a wide range of people during the inspection process and we have taken the following steps to facilitate engagement, these are outlined below: The patient questionnaire has been designed to take into account the needs of all people including those from these specific section 75 groups: ☐ Gender ☐ Age ☐ Religion ☐ Dependent Status	

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
☐ Disability ☐ Ethnicity ☐ Sexual Orientation In relation to the completion of questionnaire we did identify some specific communication needs in relation to involvement in the HIP that may arise for Section 75 groups particularly: ☐ Age ☐ Disability ☐ Ethnicity It has been agreed that advocates, acting on behalf of people within the older and younger age groups, those with a learning disability and those from different ethnic backgrounds, can represent their interests when required. To assist in the completion of patient questionnaires we will: ☐ develop an easy to understand questionnaire ☐ use a 'visual' rating scale ☐ communicate in a manner	

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
appropriate to the individual □ offer assistance in completing the questionnaire during the course of the review □ provide pens and prepaid envelopes to encourage patients to complete and return questionnaires. Furthermore RQIA will ensure that all RQIA staff involved in the inspection process will have undergone HSC Discovering Diversity training.	

Policy for the Inspection of Establishments and Agencies regulated under the 2003 Order – January 2016

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
Issues identified in this screening process have been considered by the Senior Management Team and in response the following actions have been undertaken: In relation to the content of the inspection: RQIA will ensure that the content of the inspection programme will ensure that RQIA give consideration to how regulated services are meeting the needs of people from specific section 75 groups including: ☐ Gender ☐ Age ☐ Religion ☐ Dependent Status ☐ Disability ☐ Ethnicity ☐ Sexual Orientation Inspections will include assessment of the following:	During the inspection process the inspection teams will give consideration to assessing how regulated services are meeting the needs of people from specific Section 75 groups in the delivery of services. This will be given due consideration when the opportunity to do so arises; this may be via service user questionnaire, staff focus groups and/or via observations of practice undertaken. During an inspection RQIA will provide clear information and support for all service users and their carers/advocates to encourage participation in the inspection process and to support those who become involved. Where possible during an inspection we will make reasonable adjustments to facilitate involvement, when individual needs are identified. This may include access to translation, interpreting services, material in accessible formats, age appropriate engagement etc. The inspection process is delivered by a group of HSC professionals including: ☐ Nurses ☐ Clinicians ☐ Allied Health Professionals

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
☐ That all service users are active participants in decisions about their treatment, ensuring they have control over their own health care and the promotion of independence. ☐ That care is person centred, that every service users is treated as an individual and with compassion. ☐ That service users and carers experience effective communication that is sensitive to individual needs and preferences; this will include communication to staff that identifies an individual's communication needs. ☐ In specific relation to children the inspection will consider their basic need for play and access to staff who specialise in play. ☐ That all service users feel safe, secure and supported; this will include consideration of environmental safety and specific safeguarding needs. ☐ That all service users are treated with dignity and respect; this will include	☐ Pharmacists ☐ Social Workers ☐ Estates Officers ☐ Finance Officers Given the nature of the professions involved in the inspection process RQIA are satisfied that each inspection team will include the skills appropriate to the areas being inspected. However if any additional training needs are identified throughout the lifespan of the programme, these will be addressed. During the inspection process, any specific Section 75 issues which emerge will be raised with the Organisation immediately and during the feedback process.

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
consideration of the suitability of the area/ward environment. Inspections include supporting investigatory methods including: □ Observational of the quality of staff/ service users interaction □ Inspection of Nursing and Medical care records □ Examination of staff training □ Availability of policy and procedural documentation □ Staff interviews □ Service users Questionnaires RQIA do recognise that there are many different reasons why some groups of people have difficulty engaging with HSC services. It may be because they are socially excluded, there are communication barriers, including visual, hearing and speech and language difficulties, or they are stigmatised in some way by society. RQIA will seek to engage with a wide range of people during the inspection process and we have taken	

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
the following steps to facilitate engagement, these are outlined below: Service User questionnaires have been designed to take into account the needs of all people including those from these specific section 75 groups: ☐ Gender ☐ Age ☐ Religion ☐ Dependent Status ☐ Disability ☐ Ethnicity ☐ Sexual Orientation In relation to the completion of questionnaire we did identify some specific communication needs in relation to involvement in inspections that may arise for Section 75 groups particularly: ☐ Age ☐ Disability ☐ Ethnicity It has been agreed that advocates, acting on behalf of	

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
people within the older and younger age groups, those with a learning disability and those from different ethnic backgrounds, can represent their interests when required. To assist in the completion of service user questionnaires we have: □ developed an easy to understand questionnaire □ used a 'visual' rating scale To assist in the completion of service user questionnaires we will: □ communicate in a manner appropriate to the individual □ offer assistance in completing the questionnaire during the course of the review □ provide pens and prepaid envelopes to encourage service users to complete and return questionnaires. Furthermore RQIA will ensure that all RQIA staff involved in the inspection process will have undergone HSC Discovering Diversity training.	

Accessible Information Policy

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
Section 2 of the policy states as its ultimate purpose that is to help our organisation meet the information and communication needs of individuals as effectively as possible. It offers commitments that are about ensuring that our approach to the provision of accessible information is clear and accurate. By adopting this approach we believe the public will benefit as the policy offers the commitment as to the standards people can expect from health and social care and public safety organisations when they provide information. In Section 3 of the policy makes explicit reference to the legal requirements under Section 75 of the Northern Ireland Act, Human Rights Act, Race Relations and Disability legislation. It also draws on equality scheme commitments to ensure accessibility of information. Section 6 adds an accessible statement for adoption by the organisation Section 7 of the Policy provides detailed guidance to staff to assist in addressing the barriers.	Section 8 of the policy outlines the structure and process for implementation which will be in accordance with individual organisations' arrangements The policy however places responsibilities on staff within the organisations Monitoring of the policy is therefore key and should be in accordance with agreed timeline.

Appendix 4

Disability Action Plan 2013-2018

Regulation and Quality Improvement Authority

What we did between April 2015 and March 2016

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

(1) Communication

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
1. Work with disabled people to consider the diversity of images used and potential for portraying wider range of individuals when developing information materials including websites. • Review information materials including website.	Disabled people are portrayed in a positive manner.	Checklist for authors. Guidance for authors. Audit of information materials including website undertaken. Annual Review of Progress to ECNI.	Business Services Organisation's (BSO) Equality Unit Year 2
Relevant Duty: Promote positive attitudes towards disabled people.			

What we did over the last year

- Last year we produced guidance and a checklist for our staff. We wanted to support staff in thinking about the images they use in leaflets, booklets and on the website.
- This year we talked to colleagues from across Health and Social Care organisations about working together on images. We agreed with them that together we will develop an image library that all staff can use. The group to do this is called the Information Workstream of the Physical and Sensory Disability Strategy.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
2. Assess and improve accessibility of website • undertake assessment against recognised standard • Address any issues of inaccessibility	Improved accessibility.	New website developed based on a recognised accessibility standard.	RQIA Year 3
Relevant Duty: Promote positive attitudes towards disabled people AND Encourage participation of disabled people in public life.			
What we did over the last year • We explored some options for assessing and improving the accessibility of our website. The Equality Unit in the Business Services Organisation helped us do this. • We have developed a new website that will be launched in 2016-17. Our current and new websites meet W3C AA standard. Users of our website will continue to be able to use Browsealoud. To make our new website more user friendly we have included more symbols and icons and ensured that things are easier to find. • This action is now complete.			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
3. Put in place contractual arrangements for the production of materials in alternative formats. • Undertake a scoping exercise by type of format based on current and best practice in UK • Where appropriate undertake tender exercise and put contracts in place	Accessible formats are more readily available	Arrangements are in place to support staff in procuring materials in alternative formats. Contracts in place where appropriate.	BSO Equality Unit Year 3
Relevant Duty: Encourage participation of disabled people in public life.			
What we did over the last year • Our procurement colleagues looked at contracts that health organisations in Great Britain have for other formats. Next year, we will discuss with colleagues from other health and social care organisations what we should do. Our procurement colleagues help us with this.			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
4. Adopt Accessible Information policy and guidance.	Improved accessibility of information.	Common wording relating to alternative formats for inclusion in documents. Protocol on how to deal with requests for alternative formats. For electronic communication, staff are supported to ensure that settings meet needs regarding accessible font size.	RQIA Year 2 BSO Information Technology Services (ITS) Year 2
Relevant Duty: Promote positive attitudes towards disabled people AND Encourage participation by disabled people in public life.			
What we did over the last year • Our Accessible Information Policy has been approved and is now in use. The policy means that all documentation produced by RQIA will be available in other formats on request.			

(2) Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
5. Encourage staff to declare that they have a disability or care for a person with a disability, through awareness raising and provide guidance to staff on the importance of monitoring.	More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.	X% increase in completion of disability monitoring by staff.	RQIA Year 2
Relevant Duty: Promote positive attitudes towards disabled people.			

- This year for six weeks we ran a campaign to encourage our staff to tell us whether or not they have a disability. We sent emails and put up posters. In our organisation staff themselves can keep their equality data up to date on a database. We can't make staff do that. We can only ask them to do so and explain why it is good for them to let the organisation know if they have a disability.

- When we looked at the data afterwards we saw that no more people filled in this information. So we need to keep working on this.

- When we asked staff what puts them off some told us they are afraid that they will be treated unfairly if they say that they have a disability. Others said they don't think that the organisation needs to know that they have a disability. We want to talk to our disability staff forum next year to see what we else we could do.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
6. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).	Increased awareness of the range of disabilities and needs.	Two annual Awareness Days profiled 50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days.	RQIA Year 1 onwards BSO Equality Unit Year 3
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did over the last year • We featured two disability awareness days again this year. These were Hearing Loss and Deafness in September 2015 and Learning Disabilities in January 2016. • On both days we also put together a leaflet for staff. These were part of our series called 'Disability Insight' with key information. We also provided links to videos with testimonials from people who live with these conditions. We wanted staff to have the chance to listen to people with a disability first hand.			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
7. In collaboration with people with a disability review current guidance on support for staff with a disability.	Staff with a disability are supported and staff are empowered to provide support.	Guidance in place for staff with a disability on what support is available. Guidance promoted.	RQIA Year 3
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did over the last year • We looked through websites to see what other organisations have done. Next year we want to speak to our disability staff forum about what information they think would be helpful for staff with a disability to receive. After that, we want to speak with disability organisations about their thoughts. Then we want to put together a guidance document.			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
8. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on disability equality and disability legislation.	Increased staff and office holder awareness of the range of disabilities and needs	80% staff trained X% of staff and office holders have successfully completed the disability module of Discovering Diversity	RQIA Year 2 onwards
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did over the last year • We made a rule that all our staff must complete an e-Learning training module on disability. During the last 2 years, 161 of our staff completed this training. This is 92% of our staff. • In December 2015 our inspectors received training on the needs of people with Alzheimer's Disease. This training was delivered by the Alzheimer's Society. • During the year we started producing a new eLearning module on equality awareness. We work with colleagues in the BSO and Health and Social Care Trusts on this. The module will include awareness of the law regarding people with a disability.			

(3) Getting people involved in our work, Participation and Engagement

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
9. Develop standards and guidance for the involvement of people with a disability and their carers in relation to services.	Greater accessibility and involvement for adults and children with disabilities. Barriers are removed.	Checklist in place and in use on involving people with a disability in meetings including payments of expenses.	Personal and Public Involvement Lead Year 3
Relevant Duty: Encourage participation by disabled people in public life.			

What we did over the last year

- We talked to people who have a disability. A number of organisations helped us. These included ARC NI, Autism NI, British Deaf Association NI, Omnibus Partnership, Patients Group of Royal College of GPs, Positive Futures, Southern Health and Social Care Trust, Telling it like it is group..
- With them we looked at what good involvement of people with a disability in our work should look like. We put that in a document for all staff. That way they can easily check whether they are doing things right when they organise meetings.
- This work is now complete.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
10. Identify, provide and promote opportunities for more engagement for people with a disability in key work areas, in relation to our inspection and review programmes, for example, learning disability wards.	Better engagement of people with a disability in key areas.	Opportunities provided in key areas. Welcoming statement included and announcement issued to local disability organisations.	Senior Management Team Year 1 onwards.
Relevant Duty: Encourage participation by disabled people in public life.			

What we did over the last year

- We spoke to people with disabilities to inform some of our work on key areas. For example, we spoke to people with acquired brain injuries when we did a review of Acquired Brain Injury Services. When we do inspections of Learning Disability Wards in hospitals we always speak to people with learning disabilities who have stayed in the ward.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
11. Explore scope and interest in establishment of an HSC-wide forum of staff on disability • Engage with HSC Trusts to establish current practice • Develop regional approach to complement current structures • Engage with staff • Put forum in place and promote to staff	Better involvement of staff with a disability in decision-making. Scope for increased engagement with Trade Union colleagues.	Options paper. HR Directors Forum Minutes. Staff survey responses. Forum Terms of Reference.	RQIA/BSO Equality unit Year 2 onwards
Relevant Duty: Encourage participation by disabled people in public life.			
What we did over the last year • We did a survey with our staff to find out about their ideas for a staff forum. Across all our organisations together we had 856 staff who did the survey. After it, we invited staff to meetings to tell us more. We talked about what the forum should look like, who should be able to join it and what could people put off from taking part. These discussions really helped us. • We then ran a competition to choose a name for the forum.			

- In March 2016, we launched the forum. We invited all our staff to come.
- This work is now completed.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
12. Nominate a champion at senior level.	Evidence of leadership at senior level.	Champion identified.	Senior Management Team Year 1

Relevant Duty: Promote positive attitudes towards disabled people AND Encourage participation by disabled people in public life.

What we did over the last year

- Our nominated Disability Champion is the Director of Mental Health and Learning Disability and Social Work, Theresa Nixon.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
13. Establish a baseline on participation in public life positions.	More accurate data in place.	Relevant data collected and reported to ECNI.	RQIA Year 3

Relevant Duty: Promote positive attitudes towards disabled people AND Encourage participation by disabled people in public life.

What we did over the last year

We undertook this work as part of the review of our Disability Action Plan during this year. Our public life positions are reported on page 5 of our Disability Action Plan.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
14. Involve lay assessors and peer reviewers in the service user aspects of RQIA inspections and reviews.	Lay assessors and peer reviewers are engaged appropriately in RQIA inspections. The views of service users are captured and reported on in individual inspections and reviews, where appropriate.	The number of inspections and reviews which have involved lay assessors and peer reviewers.	Senior Management Team. Year 3 onwards.

Relevant Duty: Encourage participation by disabled people in public life.

What we did over the last year

- We involve lay assessors and peer reviewers in inspections and reviews on an ongoing basis.

(4) Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
15. Explore scope for Identifying and promoting advocate or specialist within workforce with role to support and advise staff on disability issues. • Review best practice • Engage with staff • Identify advocate or specialist	Improved support for staff.	Scoping Report. Annual Review of Progress ECNI Staff Feedback	BSO Equality Unit Year 2
Relevant Duty: Encourage participation by disabled people in public life.			
What we did over the last year • The newly establish Disability Staff Network will offer support and advice to staff on disability issues. This has been written into the terms of reference of the Staff Network. All members will be advocates. The network has set a work plan for the year and is keen to establish the forum as a place where staff with disabilities can turn to for advice. • This work has now been completed.			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
16. Offer mentoring opportunities for young adults and older adults with disabilities. • Review best practice • Engage with disability organisations • Produce guidance • Identify mentors	Experience of people with a disability in the workplace gaining from meaningful work experience and any need for additional support is identified at an early stage	Guidance in place. Pilot mentoring opportunity within the organisation and report to ECNI.	BSO HR & RQIA Year 2
Relevant Duty: Encourage participation by disabled people in public life AND promote positive attitudes.			
What we did over the last year As we said last year, we think that staff who have a disability themselves are the ones who should decide on this. We therefore want to bring this suggestion to the staff forum next year.			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
17. Create and promote meaningful placement opportunities including for people with disabilities in line with good practice, making use of voluntary expertise in this area. Produce practical guidance on process and support available. • Review best practice • Engage with disability organisations • Identify placements across all work areas • Undertake pilot • Evaluate pilot	People with a disability gain meaningful work experience.	Guidance in place. Pilot placement identified. Placement participants' feedback from evaluations. Managers' feedback from evaluations.	RQIA Year 1 onwards
Relevant Duty: Encourage participation by disabled people in public life AND promote positive attitudes.			
What we did over the last year • We learned from the experience of health and social care organisations who had somebody with them last year. They told us what went well. They were also able to tell us what we need to do differently. • We were unable to think of a potential placement this year. We will try again next year.			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
18. Encourage disabled people to apply for employment opportunities and remain in the workforce (for example attend career fairs, include welcoming statement and issue job adverts to local disability organisations and more flexible working arrangements and review job descriptions).	Greater numbers of people with a disability apply.	Increase in disability marked on equal opportunities monitoring forms and HRPTS.	RQIA Year 3
Relevant Duty: Encourage participation by disabled people in public life.			
What we did over the last year • Again, we think that staff who have a disability themselves are the ones who should decide how we best do this. We therefore want to bring this suggestion to the staff forum next year.			

(5) Additional Measures

- We always include Disability on our list of things to talk about at our quarterly Equality Forum with our partner organisations and at our Internal Equality Forum.
- We created a 'Your Care Your View' Card to find out what people who use mental health and learning disability wards in hospitals think of the care they have received.
- We now produce a short summary of the key findings of all our reviews, to make them more accessible for groups including people with learning disabilities.
- Our review of Eating Disorder Services makes a recommendation to Trusts to review information provided on eating disorders to make it more accessible for people with disabilities.
- In our review of Advocacy Services, we made a recommendation to improve advocacy services, leading to better experience for those who use the services, including users of mental health and learning disability services.

(6) Encourage Others

- We include questions relating to the two disability duties in our equality and human rights screening form. The screening form is completed for all policies and decisions. This includes work that other organisations will do for us. This includes, for example, contracts that we have with voluntary sector organisations for health promotion work.
- One of our functions is to make recommendations as part of our reviews of services; this allows us to fulfil our 'encourage others' duty, for example see the last 2 bullets in section 5.

(7) Monitoring

- We evaluated what difference our campaign made to encourage staff to fill in their disability information on the Human Resources IT system.

(8) Revisions

- Between January and March 2015 we asked all the teams in our organisation to have a think about what else they could do to promote positive attitudes and to give people with a disability more chances to be involved in our work. We wanted to make sure that all parts of our organisation take part. They came up with new ideas. In July 2015 we published our updated plan.

(9) Conclusions

We completed 8 actions (2, 4, 9, 11, 12, 13, 15 and 18).

We have not yet done what we said we would do under actions 7 and 16. This is because we think that staff who have a disability themselves are the ones who should decide on this. We therefore want to bring this suggestion to the staff forum once it is up and running. We will do this before the end of June 2016.

We still have some work to do to complete actions 1, 3, 5.

We will continue to work on some actions each year (6, 8, 10, 14, 17).

All of the actions in our action plan are at regional and at local level.

Our action plan is a live document. If we make any big changes to our plan we will involve people with a disability. We will tell the Equality Commission about any changes.

APPENDIX 5

The Regulation and Quality Improvement Authority

Disability Action Plan 2013 – 2018

Revised August 2016

This document is available in audio format, Braille, Easy Read and as an accessible pdf. It can be made available on request and where reasonably practicable in further alternative formats, such as large print or other languages to meet the needs of those for whom English is not their first language.

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Introduction

The RQIA has to follow the law which says that in our work we have to

- promote positive attitudes towards disabled people; and
- encourage participation by disabled people in public life.

The law also says that we have to develop a disability action plan. We have to send this plan to the Equality Commission. The plan needs to say what we will do in our work to make things better for people with disabilities.

As Dr Alan Lennon and Olive MacLeod - Chairman & Chief Executive of RQIA, we want to make sure we do this in a way that makes a difference to people with a disability. We will put in place what is necessary to do so. This includes people, time and money. Where it is right to do so, we will include actions from this plan in the yearly plans we develop for the organisation as a whole. These are called 'corporate' or 'business' plans.

We will also put everything in place in the organisation to make sure that we do what we have to under the law. This includes making one person responsible overall for making sure we do what we say we are going to do in our plan.

We will make sure we let our staff know of what is in our plan. We will also train our staff and help them understand what they need to do.

The person in our organisation who is responsible for making sure that we do what we have promised to do is Maurice Atkinson:

When you have any questions you can contact Maurice Atkinson at:

Name: Maurice Atkinson
Address: RQIA, 5th Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Telephone number: 028 9051 7500 prefix with 18001 for Text Relay
Fax number: 028 9051 7501
Email: Maurice.atkinson@rqia.org.uk

Every year we will write up what we have done of those actions we said we would take. We will send this report to the Equality Commission. We will also publish this report on our website: www.rqia.org.uk.

After five years we will look at our plan again to see how we have done. We will also see what else we could do.

Whenever we develop or look at our plan we will invite people who have a disability to help us.

Who is included in our plan?

Our plan relates to the following key areas:

- Physical disabilities
- Sensory disabilities
- Learning disabilities
- Mental health disabilities
- Other hidden disabilities.

It also covers people who are included in more than one of these areas. We have other equality laws that require us to promote equality of opportunity across a number of diverse categories. In our plans we need to also think about other factors such as caring responsibilities, age, gender, sexual orientation, ethnicity and marital status.

How we developed this plan

In starting off to develop this plan, we looked at what we did under our first plan.

We then read up on what the Equality Commission said would be good to do. This was after they had looked at what other organisations have done.

All this helped us think about what else we could do to make a difference for people who have a disability.

We then invited disability groups to a meeting to find out what they thought about our ideas. We also asked them whether there was anything else we could do.

We thought it was important to involve people who have a disability in developing our plan. So we invited disability groups to a meeting to find out what they thought about our ideas. We also asked them whether there was anything else we could do.

What we do

The RQIA is part of health and social care in Northern Ireland.

The Regulation and Quality Improvement Authority (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.

We do things like:

- Register and inspect a range of health and social care services in both statutory and independent sectors.
- Through our inspections, encourage improvements in how services are delivered.
- Deliver a programme of scrutiny and review in services provided to people with a mental illness or a learning disability.
- Via the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 we monitor, inspect and enforce these regulations to protect people against dangers of ionising radiation in relation to medical exposure.

- Assure the quality of health and social care through a programme of reviews and hygiene inspections
- Listening to service users and acting on these views
- We also employ staff and manage our budgets to effectively conduct our duties.

Registration and Inspection:

- Register services
- Inspect services in statutory and independent sectors
- Encourage improvement in the access and delivery of services

Mental Health and Learning Disability:

- Oversee the scrutiny and review of Mental Health and Learning Disability services delivered in the province.
- Provide safeguards for users of these services.

IR(ME)R:

- Conduct a programme of inspections to ensure compliance with legislative requirements.

Reviews:

- Conduct hygiene inspections, and assure quality of health and encourage improvement in this area
- Carry out RQIA's review programme and commissioned reviews into a range of health and social care issues, assuring the quality of services and making recommendations for improvement.

Public Participation:

- Responding to existing and emerging issues within health and social care (HSC) through listening to and acting on the views and opinions of the public.

Corporate Services:

- Supporting the business of RQIA.

How people can be involved in our work

There are a number of ways in which people can be involved in the work of the RQIA, including:

- Applying to be a lay assessor

- Engagement and involvement in RQIA inspections and Reviews in Health and Social Care Services.

What we have done up to now

This is what we have done already to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life.

Promoting positive attitudes towards disabled people.

- Our Equality and Human Resource Services are provided, under a Service Level Agreement, by the Business Services Organisation (BSO) and we link closely with these partners to ensure we meet best practice at all times. We are a member of the HSC Equality, Human Rights and Diversity Forum, working with our colleagues to promote positive attitudes towards disabled people.

- All staff are required to complete the HSC Discovering Diversity e-learning training programme, which includes a module on Disability Awareness aimed at raising awareness of disability issues and promoting a more positive attitude towards people with a disability.

- We have provided written information to staff aimed at providing them with a basic understanding of disability issues and highlighting models of good practice when meeting and working with people with a disability.

- All draft policies and procedures are screened for compliance with our equality and disability duties before being finalised and issued to staff for implementation within the organisation. Those responsible for screening are provided with training by the BSO Equality Unit.

- Everyone participating in an interview panel has received regular recruitment and selection training, which covers equality, disability and diversity aspects relating to the employment of staff.

- We also offer to make our documents available on request and where reasonably practicable in an alternative format, Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority languages to meet the needs of those for whom English is not their first language.

Encourage the participation of disabled people in public life.

- We have appointed a number of lay assessors; the recruitment was targeted towards people with learning disabilities, to ensure their expert input to the inspection process.

- We have involved disabled people in inspections and reviews of Health and Social Care Services to obtain their feedback and better inform our recommendations for improvement.

What we are going to do

In the table below we list all the actions that we will do. We also say when we will do them.

Signed by:

Dr Alan Lennon **RQIA Chair**	**Olive MacLeod** **RQIA Chief Executive**
May 2015	July 2016

What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

(1) Communication

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
1. Work with disabled people to consider the diversity of images used and potential for portraying wider range of individuals when developing information materials including websites. • Review best practice guidance • Develop comprehensive guidance and checklist for authors • Undertake audit of information materials including website	Disabled people are portrayed in a positive manner.	Checklist for authors. Guidance for authors. Audit of information materials including website undertaken. Annual Review of Progress to ECNI.	Business Services Organisation's (BSO) Equality Unit. Year 2 onwards.
2. Put in place contractual arrangements for the production of materials in alternative formats. • Undertake a scoping exercise by type of format based on current and best practice in UK • Where appropriate undertake tender exercise and put contracts in place	Accessible formats are more readily available.	Arrangements are in place to support staff in procuring materials in alternative formats. Contracts in place where appropriate.	BSO Equality Unit. Year 3.

(2): Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
3. Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and provide guidance to staff on the importance of monitoring.	More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.	2% increase in completion of disability monitoring information by staff (70.86% on 31 Mar 16).	RQIA Year 2 onwards.
4. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).	Increased staff awareness of the range of disabilities and needs.	2 annual Awareness Days profiled. >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days.	RQIA Year 1 onwards. Business Services Organisation Equality Unit. Year 3 onwards.
5. In collaboration with people with a disability review current guidance and produce revised guidance on support for staff with a disability.	Staff with a disability are supported and staff are empowered to provide support.	Guidance in place for staff with a disability on what support is available. Guidance promoted.	RQIA. Year 3 onwards.

6. In collaboration with disabled people design, deliver and evaluate training for staff on disability equality and disability legislation.	Increased staff awareness of the range of disabilities and needs.	80% staff trained.	RQIA. Year 2 onwards.

(3): Getting people involved in our work, Participation and Engagement

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
7. Identify, provide and promote opportunities for more engagement for people with a disability, in relevant work areas, in relation to our inspection and review programmes e.g. learning disability wards.	Better engagement by people with a disability in key areas.	Opportunities provided in key areas. Welcoming statement included and announcement issued to local disability organisations.	Senior Management Team. Year 1 onwards.
8. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	Better involvement of staff with a disability in decision-making. Better support for staff with a disability.	Features on intranet.	Executive Management Team / Business Services Organisation Equality Unit Year 4
9. Developing a shadowing scheme for Board members and other key public life positions in engagement with the Public Appointments Unit and with people with a disability.	Develop capacity of people with a disability to participate in public life positions.	Shadowing scheme.	Chief Executive's Office. Year 5.
10. Involve disabled people in delivery and review of this plan.	Better engagement by people with a disability.	Feedback forms from engagement (and roundtable sessions, where appropriate).	BSO Equality Unit. Year 5.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
11. Involve lay assessors and peer reviewers in the service user aspects of RQIA inspections and reviews.	Lay assessors and peer reviewers are engaged appropriately in RQIA inspections. The views of service users are captured and reported on in individual inspections and reviews, where appropriate.	The number of inspections and reviews which have involved lay assessors and peer reviewers.	Senior Management Team. Year 3 onwards.

(4): Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
12. Offer mentoring opportunities for young adults and older adults with disabilities. • Review best practice • Engage with disability organisations • Produce guidance • Identify mentors	Experience of people with a disability in the workplace gaining from meaningful work experience and any need for additional support is identified at an early stage.	Guidance in place. Pilot mentoring opportunity within the organisation and report to ECNI.	BSO Human Resources & RQIA. Year 2 onwards.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
13. Create and promote meaningful placement opportunities for people with disabilities in line with good practice and making use of voluntary expertise in this area. Produce practical guidance on process and external support available. • Review best practice • Engage with disability organisations • Identify placements across all work areas • Undertake pilot • Evaluate pilot	People with a disability gain meaningful work experience.	Guidance in place. Pilot placement identified. Placement participants feedback from evaluations. Managers feedback from evaluations.	RQIA. Year 1 onwards.
14. Encourage disabled people to apply for employment opportunities and remain in the workforce (for example attend career fairs, include welcoming statement and issue job advertisements to local disability organisations and more flexible working arrangements and review job descriptions).	Greater numbers of people with a disability apply.	Increase in disability marked on equal opportunities monitoring forms and HRPTS.	RQIA Year 3 onwards.

Appendix 6

The Regulation and Quality Improvement Authority

RQIA Equality Action Plan 2013-18

Revised August 2016

	Action Point	Intended Outcome	Performance Indicator	By Whom	By When
1	Raise awareness amongst staff about the option to request information in alternative formats Ensure internet site meets accessibility standards, e.g. W3C AA standard	RQIA stakeholders can access and understand information more readily	Number of requests received and response time	Communications	Ongoing Ongoing
2	To monitor the provision of information and processes around the admission of vulnerable/minority groups into residential care	To ensure the appropriate placement of these vulnerable groups	Audit of inspection reports and enforcement action taken on annual basis	Heads of Programme	Ongoing
3	To continue to ensure that inspection staff have up to date knowledge of S75 groups and their needs, e.g. targeted training such as Deaf Awareness	Staff fully aware of implications of Section 75 and how specific needs of groups impact on the inspection role and work	Reviewed at annual appraisal and mid-year review leaving gaps identified in development	Heads of Programme	Ongoing
4	Engage service users in the design and format of plain English/easy to read inspection reports.	Accessible and easily understood information to ensure that service users are informed and included.	Easy read documentation produced and available	MHLD HoP	2013/14 – 2014/15

	Action Point	Intended Outcome	Performance Indicator	By Whom	By When
5	Develop links with independent advocates	Increase the profile of advocacy services within Trusts, improving representative engagement with vulnerable groups	Minutes of advocacy forum Inspection indicators	Heads of Programme	Ongoing
6	Facilitate training needs of staff and reviewers working in area of MHLD	Increase awareness in relation to legislation and practice towards individuals with a mental health or learning disability	Regional training to be provided on 1986 MHO legislation	Heads of Programme	Ongoing
7	Formal engagement with detained patients	To ensure detained patients are actively involved in the formulation of their care plan and the delivery of their treatment	All places of detention visited at least annually	Heads of Programme	Ongoing

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The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

Date of Meeting	22 September 2016
Title of Paper	Chief Executive's Performance Dashboard
Agenda Item	11
Reference	G/07/16
Authors	Executive Team
Presented by	Chief Executive
Purpose	To present a summary of performance and key risks across our core activities.
Executive Summary	Updates are provided in respect of the following – • Regulation • Reviews • Mental Health & Learning Disability • Information System Developments • Finance
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **COMMENT** on the Chief Executive's Performance Dashboard.
Next steps	Not applicable

CHIEF EXECUTIVE'S PERFORMANCE DASHBOARD

Performance Area		Commentary	
Regulation	***Is the programme of work in Regulation on track?***	***Update***	The inspection schedule is on target to meet the statutory requirement. A programme of work is underway to review and publish inspection reports undertaken as part of our pilot exercise.
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Reviews	***Is the programme of work in Reviews on track?***	***Update***	Two review reports have been published since the last Board meeting: • Review of Governance Arrangements relating to General Practitioner (GP) Services in Northern Ireland • Review of the Operation of Whistleblowing Arrangements in Arm's Length Bodies. Three review reports are at the factual accuracy stage; • Review of Governance Arrangements relating to Professional Regulation • Review of Adult Learning Disability Services • Review of Maternity Services. Five reviews from the 2016-2017 year of the Review Programme are taking place at present. The report of the second Hospital Inspection (at the Royal Victoria Hospital) has been published and reports are

Performance Area		Commentary	
			being prepared on the next three inspections. Reports of a joint inspection of Hydebank Wood College and Ash Women's Prison, and of a follow-up low impact inspection of Maghaberry Prison, will be published later this year.
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Mental Health & Learning Disability (MHLD)	***Is the programme of work in MHLD on track?***	***Update***	Work continues involving a number of UK Regulators across the UK to review the pathways and transitions between places of detention. This is being undertaken in two phases; evidence gathering (in year one, 2016/17) based on the findings from phase 1, making recommendations and strengthening NPM monitoring (year two, 2017/18). The Director of MHLD attended the UK NPM meeting in Cardiff, 14 September 2016, to discuss the progression of this work and other key developments in Mental Health services across the UK. An unannounced inspection was undertaken at Beechcroft CAMHS Facility in July 2016 with a number of areas identified for improvement. The fieldwork for the review of Perinatal Mental health was completed 5-9 September 2016. A summit event will be held in Antrim Civic Centre on 30 September to obtain final views from stakeholders.

Traffic Light (Red-Amber-Green) Rating System

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

Performance Area		Commentary	
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Finance	**Are we on target to achieve break-even?**	***Update***	See Agenda Item 12 – Finance Report - for a detailed update on RQIA's financial position and the planned use of VES.
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Update on Information System Developments	**iConnect Web Portal** Following a short Pilot Phase, the roll out of the web portal to services regulated and inspected by the Regulation and MHLD Directorates is currently under way. The rollout will be carried out in five tranches, broken down by trust areas and service types. The web portal has now been rolled out to the first Tranche (Providers of Services within the Pilot, Nursing Homes & Belfast HSC Trust). 515 RQIA contacts (Registered Providers and Managers) have been issued with a username and password and as of 7 September 115 of these have successfully logged on for the first time. It is anticipated that the full roll-out of the web portal will be completed in January 2017. **MHLD Information System Project** The Strategic Outline Case (SOC) for a MHLD Information System was submitted to the DoH on 7 June 2016 for their approval. The SOC was reviewed at the eHealth Programme Management Group (PMG) on 31 August 2016 and it was suggested that there needed to be further discussion on the scope of what is being proposed and any potential overlap with existing systems. Avril Kirkpatrick and Clare Buchner have been put forward as the links to the eHealth PMG and a meeting is being arranged as soon as possible.		

Traffic Light (Red-Amber-Green) Rating System

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

Performance Area	Commentary
BSO Shared Services	A project has been established within RQIA to manage the transition of a range of corporate functions to an outsourced service model delivered by BSO. The project consists of six workstreams: • HR/TUPE • Agreement of SLAs • Transfer of Services • Impact on Corporate Services and other Directorates • Training and Support • Communication and Engagement RQIA is working collaboratively with BSO in progressing the transition to shared services. Timescales for the transfer of a range of corporate functions to BSO vary depending on the service area, complexity and progress in placing affected staff. Progress is as follows in each service area: i. **Administration of Income** – this function has transferred. Work is ongoing in relation to developing new processes and procedures to support the administration of income. ii. **Enhanced Equality/DDO** – this function has transferred to BSO and the first meeting of the new RQIA Equality Forum has taken place. iii. **Organisational Development** – this function has been outsourced to the HSCLC. iv. **ICT** – good progress continues to be made in relation to the phased transfer of ICT functions which is due to be completed by the end of September. v. **Finance** – discussions are ongoing with BSO Finance, but it is anticipated that the Finance function will transfer to BSO on 1 November 2016. vi. **Corporate Functions (IG/RM, H&S, Premises Management)** – these functions transferred to BSO on 1 September 2016. TUPE financial liabilities exist in relation to one post transferring to BSO and one affected member of staff has accepted a VES package to leave RQIA.

Traffic Light (Red-Amber-Green) Rating System

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

The Regulation and Quality Improvement Authority

RQIA's Performance Dashboard - Monthly KPIs

2016-17

Board Meeting – September 2016

Traffic Light (Red-Amber-Green) Rating System

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

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

Reporting Frequency: Monthly

Owner: Chief Executive

How do we measure this:

Number of complaints about RQIA received

EFQM Excellence Model[1]

Customer Results

Number of complaints received and Resolved													
	March	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
Number received	2	1	0	0	1	3							
Resolved at stage 1	0	1	1	0	1	2							
Resolved at stage 2	0	0	0	0	0	0							
Ongoing	2	2	1	1	1	1							
With Ombudsman	0	0	0	0	0	0							

Summary

In June a Stage 1 formal investigation continued into a complaint against RQIA. The findings of this investigation did not uphold this complaint, and a response was issued to the complainant in July.

In July a complaint received from a service provider, which was resolved through a Stage 1: Early Resolution telephone call.

In August, three complaints were received. Two were resolved through a Stage 1: Early Resolution telephone call and the third is still ongoing.

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

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Public and professional engagement activities

Reporting Frequency: Monthly

Owner: Chief Executive

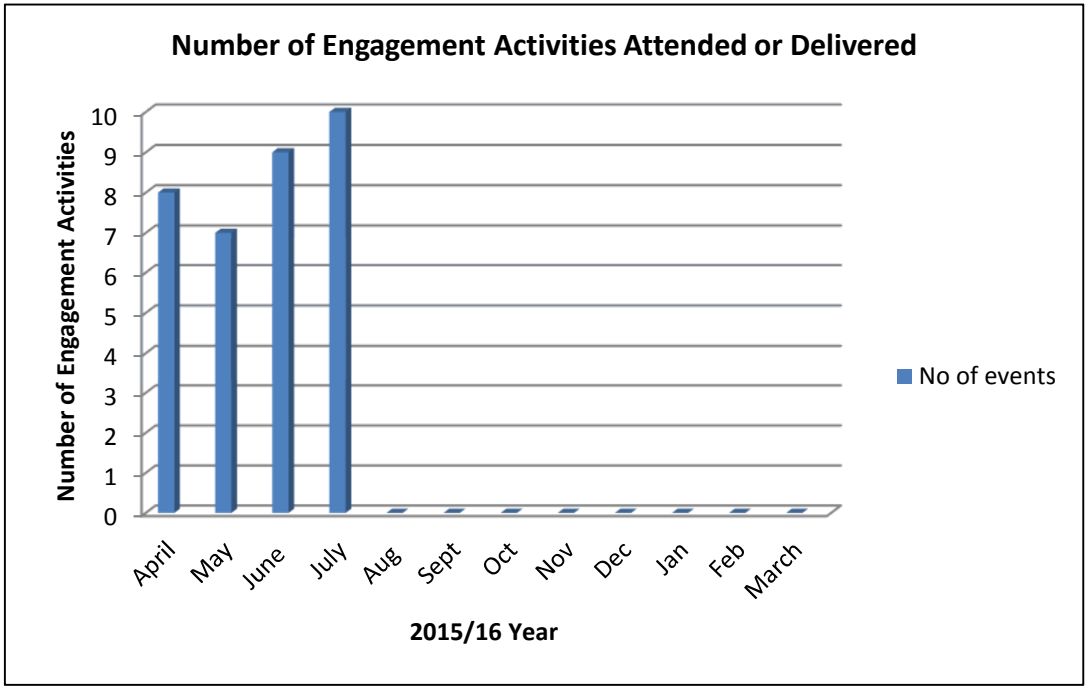
How do we measure this:

Number of public and professional engagement activities attended or delivered

EFQM Excellence Model

Society Results

RAG Rating:



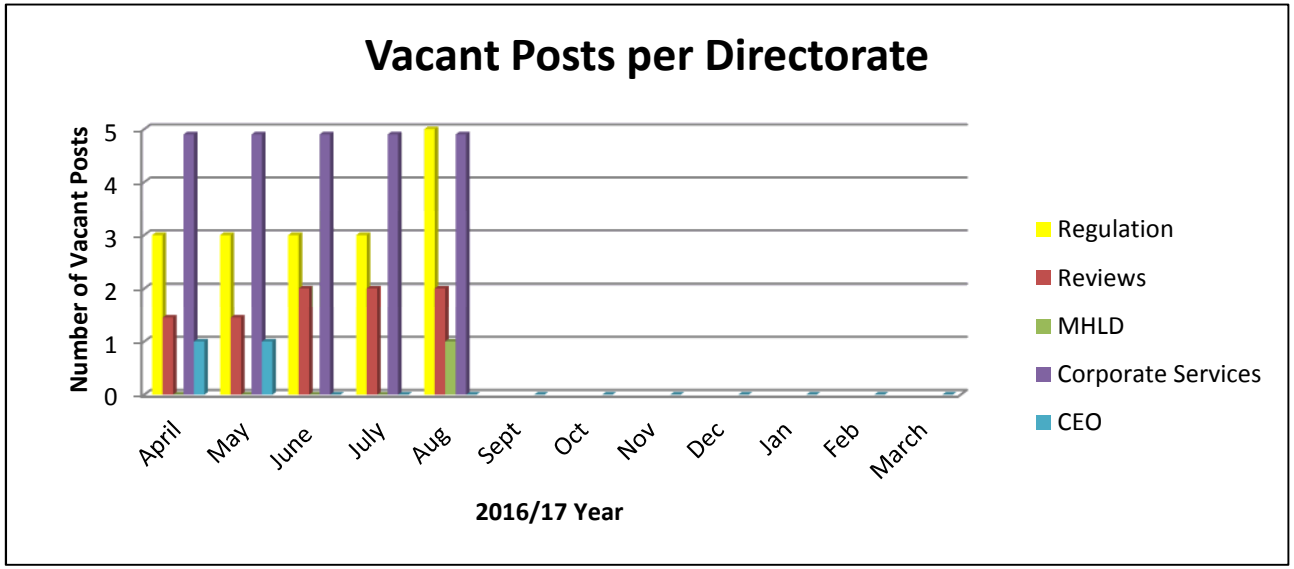
Summary

During July and August, RQIA attended a range of events including the Heads of Inspectorate Forum and met with representatives of NHS Improvement during their visit to a foundation for supporting change and enabling quality.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Vacancies per Directorate	
Reporting Frequency: Monthly	**Owner:** Director of Corporate Services
How do we measure this: Number of vacancies as per Directorate **EFQM Excellence Model** People Results	 **Summary** August vacant posts: **Corp Services -** B3 Admin Officer – 1.0 WTE, B2 Receptionist - 0.5 WTE, B4 0.4 of a (job share) PA post, B7 HR Manager – 1.0 WTE, B7 IT Manager – 1.0 WTE, Band 4 – 1.0 WTE **Reviews** - B3 Project Admin 1.0 WTE, B7 Inspector (temporary vacant post while acting up) 1.0 WTE **Regulation** - B7 Inspector 1.0 WTE , B3 Admin Officer 5.0 WTE **MH&LD** - B3 Admin Officer – 1.0 WTE **CE's Office** – No Vacancies

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Sickness Absence

Reporting Frequency: Monthly

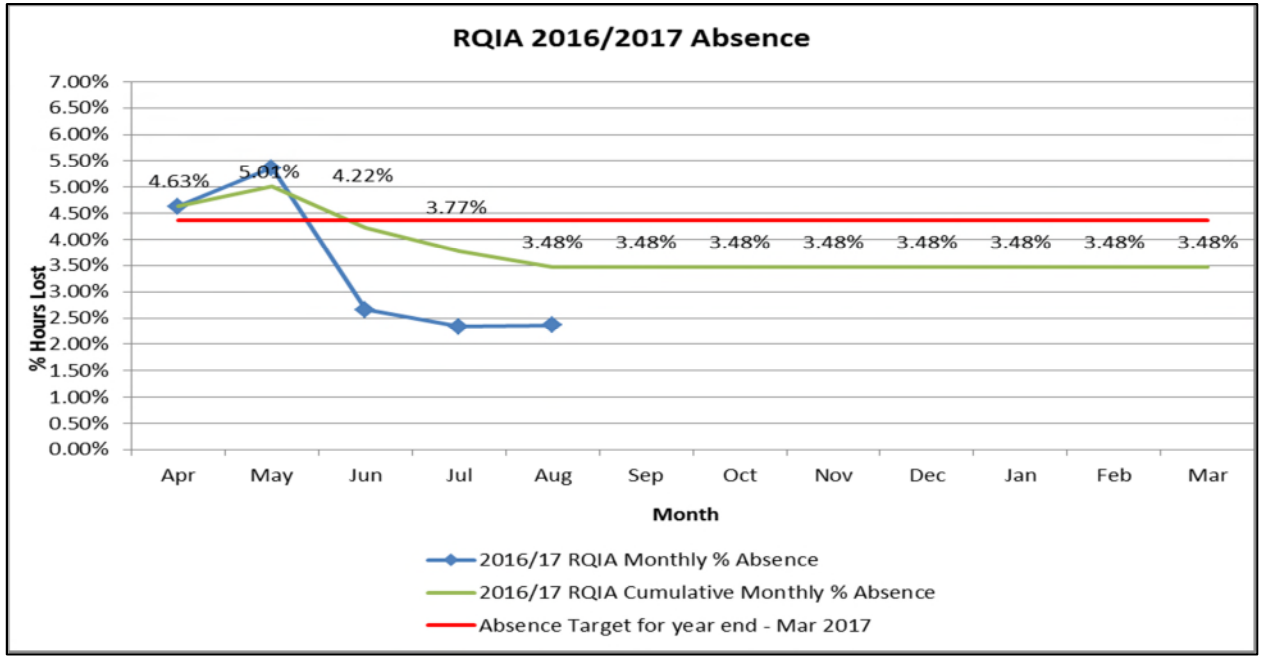
Owner: Director of Corporate Services

How do we measure this:

Sickness absence figures, achieved versus 4.36% target

EFQM Excellence Model

People Results



RAG Rating:

Summary

In August RQIA's absenteeism was 2.36% which is below the Department's set target of 4.36%. The cumulative total is currently 3.48%.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Financial Position Forecast

Reporting Frequency: Monthly

Owner: Director of Corporate Services

How do we measure this:

Forecast expenditure versus total authorised spend

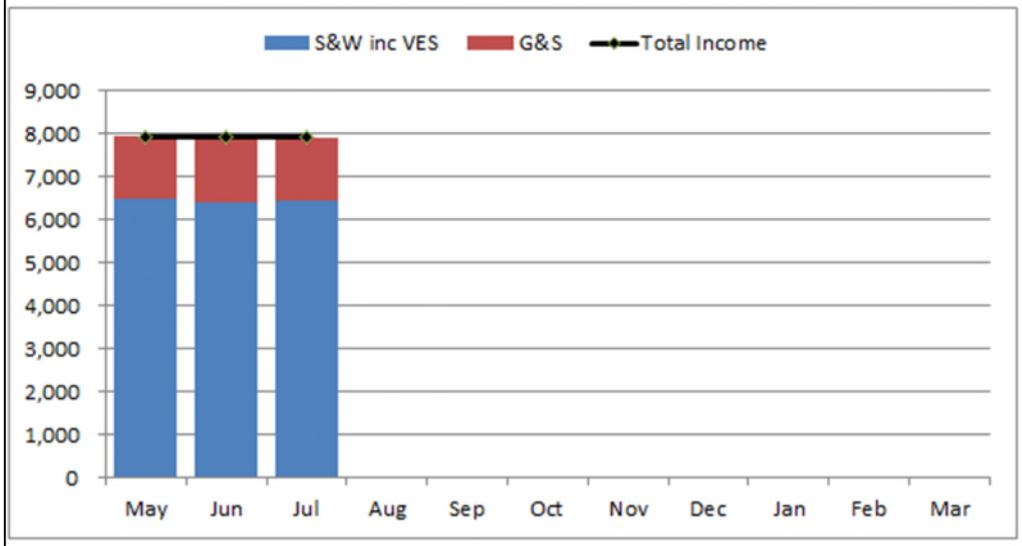
EFQM Excellence Model

Business Results

RAG Rating:

Progress reported up to end of July 2016

Monthly Forecast of Year End Position



	Jul £'000
Expenditure	
S&W inc VES	6,446
G&S	1,485
Total Expend	7,931
Income	
Other Income	884
VES	184
RRL	6,844
Total Income	7,912
Surplus/(Deficit)	(19)

The current RRL funding excludes £19k Clinical Excellence Award for the period April 16 -Sept 16 inclusive. This outstandinging funding will enable RQIA to break even at the year end. Ring Fenced funding for Voluntary Exit Scheme (VES) has been confirmed, it is assumed that the full amount will be utilised and has been included within the S&W costs.

Note: August's figures are not available until the end of September.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Percentage of recommendations and requirements stated once and on further occasions following the inspections of regulated service providers

Reporting Frequency:
Monthly

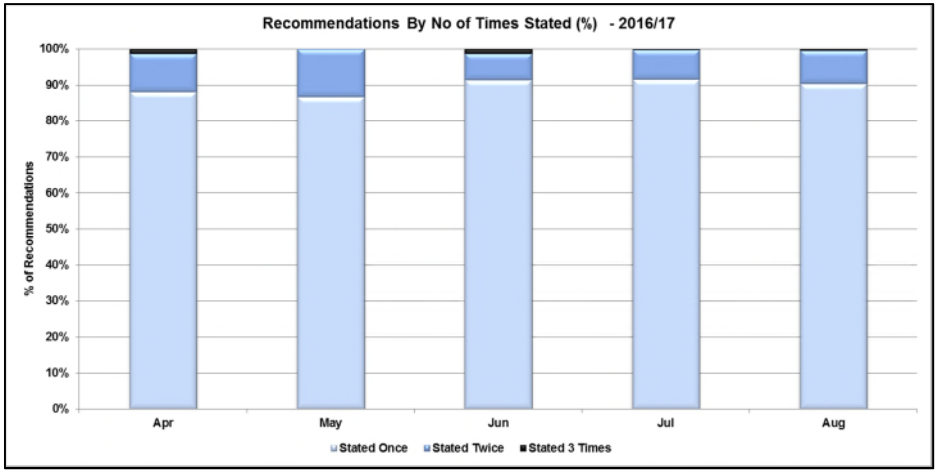
Owner: Director of Regulation and Nursing

How do we measure this:

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

EFQM Excellence Model

Customer Results



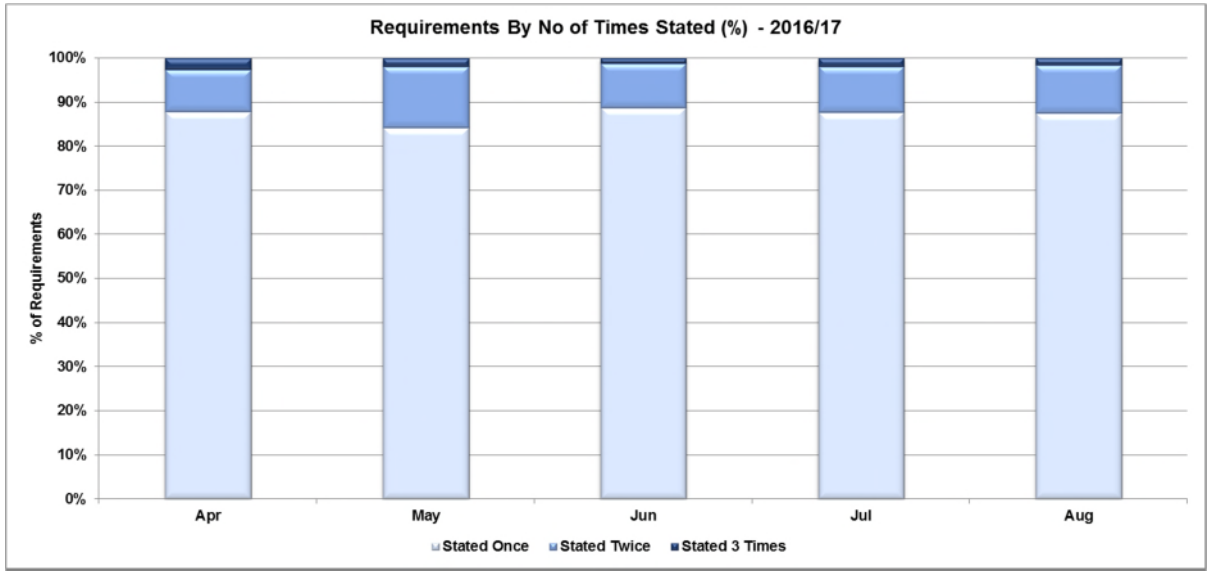
Summary
A breakdown of the recommendations stated are:

	Stated Once		Stated Twice		Stated 3 Times	
Month	**Number**	**%**	**Number**	**%**	**Number**	**%**
Apr	290	88%	35	11%	4	1%
May	216	87%	33	13%		0%
Jun	444	91%	36	7%	6	1%
Jul	533	92%	48	8%	1	0.2%
Aug	620	90%	63	9%	3	0.4%
Total	**2103**	**90%**	**215**	**9%**	**14**	**1%**

The cumulative total for recommendations at the end of August 2016 is stated once 2103 (90%), twice 215 (9%) and three times 14 (1%).

Traffic Light (Red-Amber-Green) Rating System

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



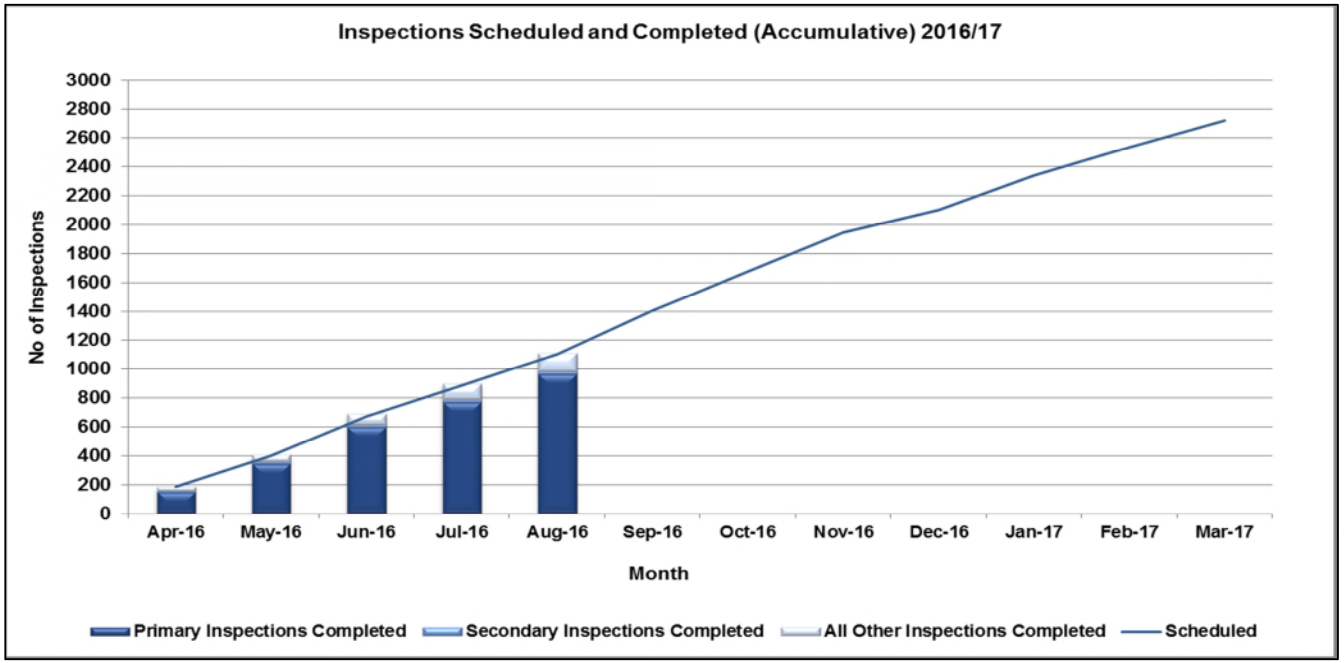
Summary
A breakdown of the requirements stated are:

	Stated Once		Stated Twice		Stated 3 Times	
Month	**Number**	**%**	**Number**	**%**	**Number**	**%**
Apr	101	88%	11	10%	3	3%
May	90	84%	15	14%	2	2%
Jun	149	89%	17	10%	2	1%
Jul	177	88%	21	10%	4	2%
Aug	266	88%	33	11%	5	2%
Total	**783**	**87%**	**97**	**11%**	**16**	**2%**

The cumulative total for requirements at the end of August 2016 is stated once 783 (87%), twice 97 (11%) and three times 16 (2%).

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Regulation inspection progress on planned inspection activity for the year	
Reporting Frequency: Monthly	**Owner:** Director of Regulation and Nursing
How do we measure this: Number of inspections planned versus completed **EFQM Excellence Model** Business Results	
RAG Rating:	**Summary** In August 218 inspections were scheduled and 215 inspections were completed and updated on iConnect. There is a delay between the time of the inspection and when it is updated on iConnect which means a slight variance between the two figures is anticipated. This KPI is on target.
Exception Report:	

Traffic Light (Red-Amber-Green) Rating System

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

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

Reporting Frequency: Monthly

Owner: Director of Reviews and Medical Director

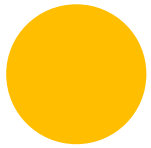
How do we measure this:

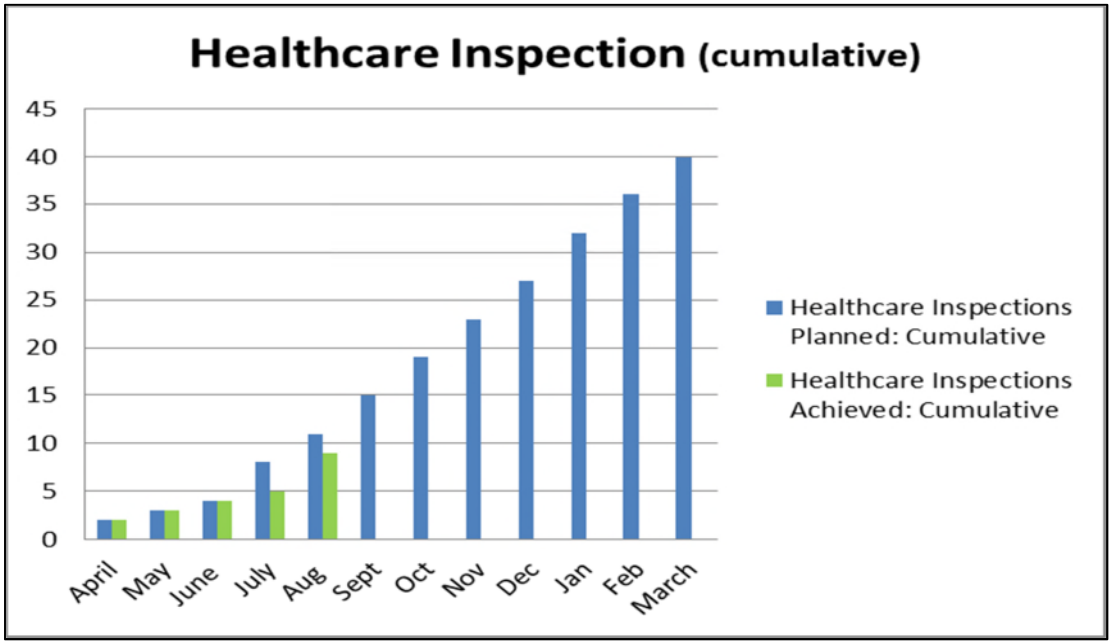
Number of inspections planned and delivered (Infection prevention and hygiene, IR(ME)R acute hospitals and prisons)

EFQM Excellence Model

Business Results

RAG Rating:





Summary

By the end of March 2017, 40 inspections are planned. By the end of August 2016, 9 out of the 11 planned inspections were completed.

Exception Report: There has been a slight deviation from the plan as there has been a reduction in staffing levels in the Healthcare Team due to retirement, as well as the impact of the embedding and reviewing of the new Hospital Inspection Programme. Following the review of the programme, a revised plan will be considered.

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: Review Programme progress on milestones

Reporting Frequency: Monthly

Owner: Director of Reviews and Medical Director

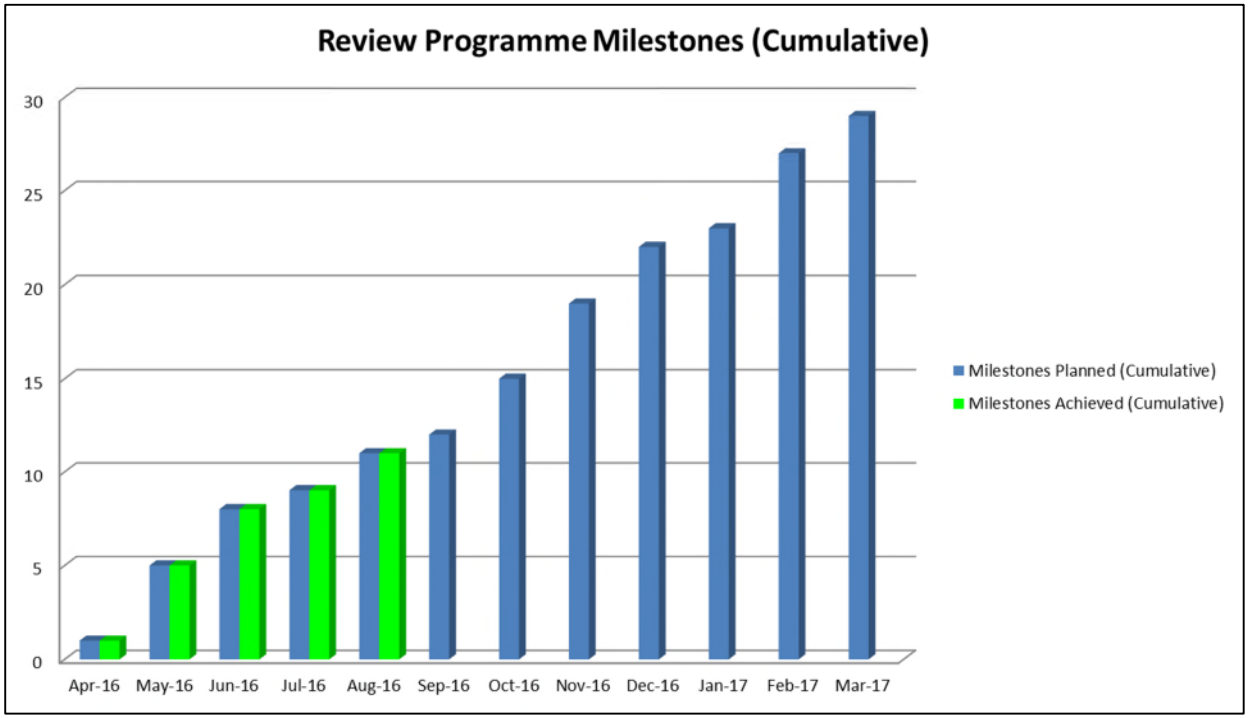
How do we measure this:

Number of milestones planned and met, monthly & YTD

EFQM Excellence Model

Business Results

RAG Rating:



Summary

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

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: GAIN Programme progress on milestones

Reporting Frequency: Monthly

Owner: Director of Reviews and Medical Director

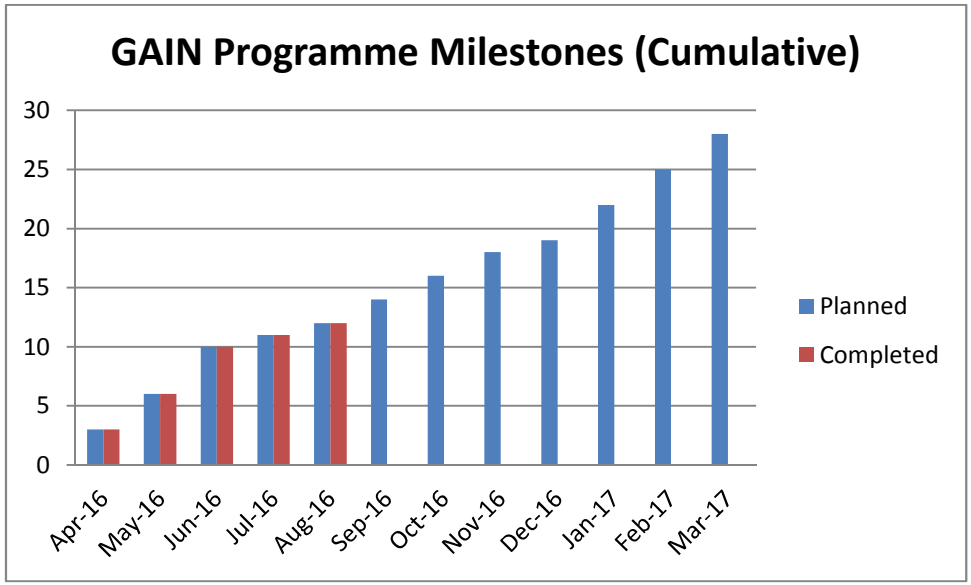
How do we measure this:

Number of milestones planned and met, monthly & YTD

EFQM Excellence Model

Business Results

RAG Rating:



Summary

A GAIN delivery plan has been agreed for 2016/2017 with milestones set for key deliverables. To-date we have completed the invitations to the Health and Social Care Community to undertake GAIN regional projects. Project initiation meetings for all current projects have been completed. Fieldwork for all projects has been started. This KPI is currently on target.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

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

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

Reporting Frequency: Monthly

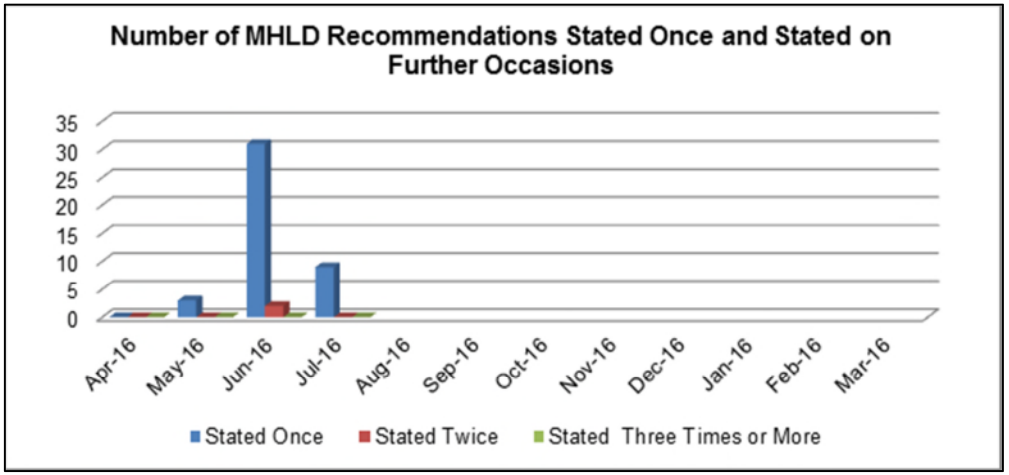
Owner: Director of MHLD

How do we measure this:

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

EFQM Excellence Model

Customer Results

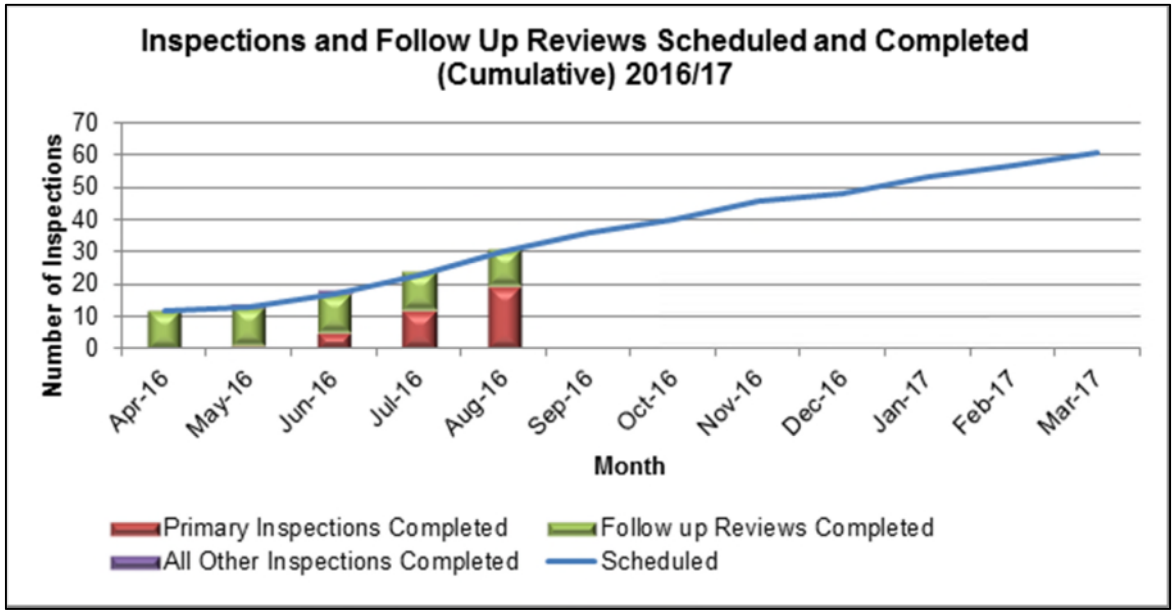


	Stated once	Stated twice	Stated Three Times or More
Month	Number	Number	Number
April	0	0	0
May	3 (100%)	0	0
June	31 (94%)	2 (6%)	0
July	9 (100%)	0	0
August			
September			
October			
November			
December			
January			
February			
March			
Total	43 (98%)	2 (2%)	0

Note: The figures for August will not be available until mid-September

Traffic Light (Red-Amber-Green) Rating System

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

Key Performance Indicator: MHLD inspection progress on planned inspection activity for the year	
Reporting Frequency: Monthly	**Owner:** Director of MHLD
How do we measure this: Number of inspections planned versus completed **EFQM Excellence Model** Business Results	
RAG Rating:	**Summary** In July and August the MHLD Directorate completed four announced inspections and ten unannounced inspections. This KPI is on target.
Exception Report:	

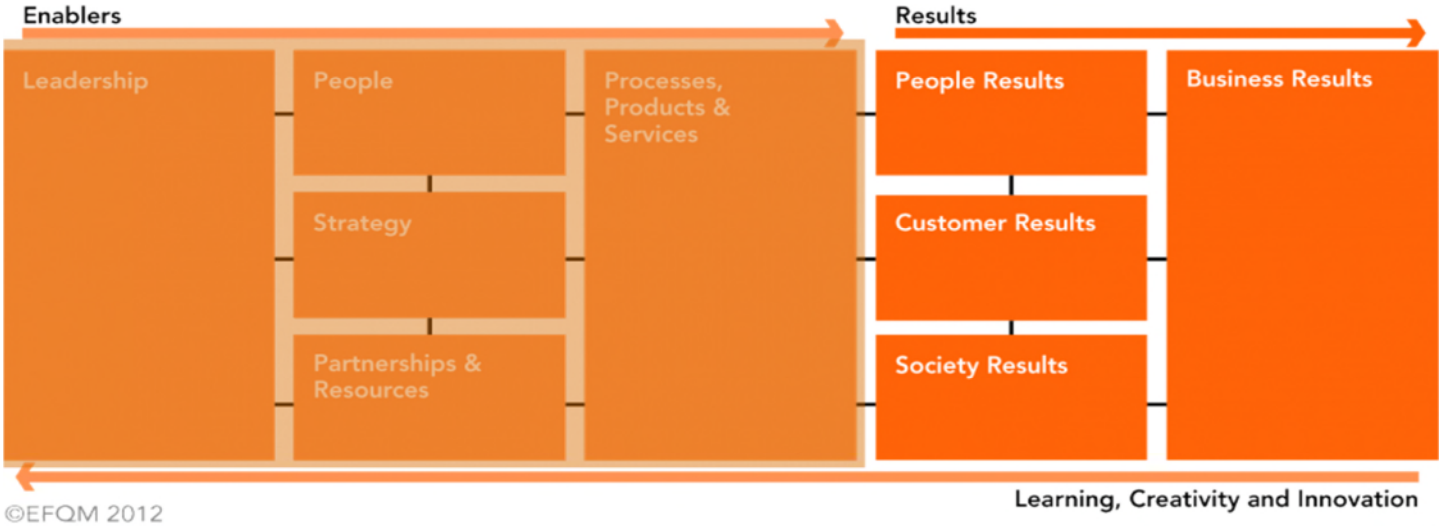
Traffic Light (Red-Amber-Green) Rating System

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

EFQM Excellence Model (Results)

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

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



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

Traffic Light (Red-Amber-Green) Rating System

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

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	22 September 2016
Title of Paper	Finance Report
Agenda Item	12
Reference	H/ 07/ 16
Author	Lesley Kyle
Presented by	Maurice Atkinson
Purpose	To present RQIA's summary financial position as at 31 July 2016.
Executive Summary	Projected break-even at end of year.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this update.
Next steps	The forecast income and expenditure will be monitored to ensure a breakeven position is achieved at the year end. Implementation of the Voluntary Exit Scheme in RQIA.

FINANCE REPORT

Funding / Revenue Resource Limit (RRL)

RQIA's current RRL position is summarised below:

	£
2015/16 RRL C'Fwd	**6,902,617**
Saving Requirement - 3.0% (Recurring)	(207,078)
Employer Superannuation Costs (Recurring)	148,202
Recurring RRL funding	**6,843,741**
HSC Voluntary Exit Scheme (Non-Recurring)	183,992
Revenue Resource Limit 2016/17	**7,027,733**

There is additional RRL funding required in respect of Clinical Excellence Award (CEA) for the period April 16 – Sept 16 inclusive £19k.

HSC Voluntary exit Scheme (VES)

RQIA has received non-recurring VES funding of £183,992. This money is ring fenced and if the full amount is not utilised in this financial year any underspend will be returned to the Department. At the end of quarter one RQIA had accepted one VES application (afc 6 wte 1). This individual will be employed to 31 March 17. The actual VES funding requirement will be confirmed in future months but it is reasonable to assume full utilisation at this stage. The VES application process is as follows:-

- Expression of interest submitted to VES.RQIA@hscni.net before 30th September 2016
- Formal application submitted by Friday 25th November 2016
- Panel make final decision
- Conciliation agreement signed with Labour Relation Agency
- Employee exits the organisation on 31 March 17

Revenue Position

RQIA's pay and non-pay expenditure for the 4 month period to July 16 was £2.463k. The total income for the same period was £2.645k creating a year to date underspend of £182,000. The current underspend is a result of the following:-

- RRL funding profiled evenly over the 12 month period
- Annual Fee income profiled evenly over the 12 month period

- Non pay expenditure in the first 4 months not representative of the anticipated full year cost. Expenditure in relation to GAIN and ICT more likely to be incurred in the latter part of the year.

The forecast position is based on a number of operational assumptions in relation to pay and non-pay. At the beginning of the financial year RQIA had a funding gap £296,000 which was partly offset by anticipated slippage in vacant posts. A review of the pay budget and actual expenditure to July 16 was been completed with further pay slippage identified. A review of the non-pay budgets and expenditure is to be carried out in September 16. Any future slippage in pay or non-pay will result in a year-end underspend and needs to be identified as early as possible to take corrective action. RQIA operates with a breakeven tolerance of plus or minus £20K and the forecast income and expenditure will be monitored to ensure a breakeven position is achieved at the year end. The table below summarises the current and estimated year-end financial position.

	Cum Exp April - July 16	**Est Year end Exp 2016/17**
	£k	**£k**
Pay	2,084	6,262
VES		184
Non-Pay	379	1,485
Total Expenditure	**2,463**	**7,931**
RRL	2,281	6,844
CEA		19
VES	61	184
Annual & Registration Fees	303	884
Total Income	**2,645**	**7,931**
Surplus/(Deficit)	**182**	**0**

Capital Resource Limit (CRL)

RQIA's CRL is £10,440.

This amount relates to the iConnect Project Manager (£5,400), and Security Testing (£5,040).

This CRL allocation is sufficient to meet approved capital requirements in 2016/17 and it is anticipated that it will be fully utilised by 31 March 2017. Any future capital commitments in 2016/17 will be subject to a business case and departmental approval.

Prompt Payment Compliance

The prompt payment target requires the payment of 95% of invoices within 30 days of receipt of goods/service or receipt of invoice, whichever comes later. A second target was agreed with the Department to pay 70% of invoices within 10 days.

The position as at 31 July was as follows:

Target	**Cum number Invoices Paid**	**Cumulative Position as at 31 July 2016**	**Comments**
95% of invoices paid within 30 days of receipt of goods/service or receipt of invoice	451	95.6%	Target achieved
70% of invoices paid within 10 days of receipt of goods/service or receipt of invoice	393	83.3%	Target achieved

Outstanding Annual Fees (Debtors)

The production of Annual Fee invoices has been outsourced to BSO Shared Services and the fees for 2016/17 were issued in July 16. First reminders were issued in August and it is anticipated that full recovery will be made in advance of financial year-end.

There are Annual Fees for 2015/16 that have not been recovered. The total outstanding debtors are £2,000 of which approx. £1,700 relate to dental practices. The finance team are continuing to pursue these debts and will be advising the Regulation team of those establishments who have failed to pay. Where unsuccessful RQIA may seek legal advice and if necessary seek permission from the Audit Committee to write the debt off.

Recommendation

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

Maurice Atkinson
Director of Corporate Services

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	22 September 2016
Title of Paper	Proposed inclusion to the RQIA Part II and Second Opinion Appointed Doctors Policies
Agenda Item	13
Reference	I/ 07/ 16
Author	Theresa Nixon
Presented by	Theresa Nixon
Purpose	A gap had been identified in respect of: • the appointment of locum doctors who move between trusts and • retired consultant psychiatrists being eligible to apply to the RQIA List of Second Opinion Appointed Doctors To remedy these matters further inclusions are proposed to the policies as outlined in the attached paper.
Executive Summary	The RQIA policy, procedure and standing order which govern the appointment to RQIA's list of Part II medical practitioners and Second Opinion Appointed Doctors (SOADs) were initially approved by the Board on 13 September 2013. Minor amendments to these policies and procedures were ratified by the RQIA Board in January 2016. In the outworking of the policies further inclusions are required, these are attached in the paper for approval by the Board.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the proposed inclusion to the RQIA Part II and Second Opinion Appointed Doctors Policies.

Next steps	Subject to the Board's approval the appointment panel administrator will amend the policies accordingly and upload the revised version to the RQIA Intranet.

Proposed Inclusions to the RQIA Part II and Second Opinion Appointed Doctors Policies

1.0 Background

The RQIA policy, procedure and standing order which govern the appointment to RQIA's list of Part II medical practitioners and Second Opinion Appointed Doctors (SOADs) were initially approved by the Board on 13 September 2013. Minor amendments to these policies and procedures were ratified by the RQIA Board in January 2016.

In the further outworking of the policy and procedures, a gap had been identified in respect of:

- the appointment of locum doctors who move between trusts and:
- retired consultant psychiatrists being eligible to apply to the RQIA List of Second Opinion Appointed Doctors

Historically, locum medical practitioners granted Part II status by the RQIA appointment panel, were required to reapply for appointment to the list of Part II medical practitioners if they left a locum position and moved trust.

It was noted at recent appointment panel meetings that this stipulation was not practical for doctors who were moving between trusts every few months and therefore required to apply for Part II status each time. This was causing some frustration with locum doctors who were unable to undertake Part II work as soon as they took up a new post until reappointed by RQIA.

It was also unclear from the SOAD policy that applications were welcome from retired consultant psychiatrists, as long as they continue to meet the eligibility criteria.

2.0 Proposed Inclusions

2.1 Policy for Appointment to, Suspension, or Removal from the List of Part II Medical Practitioners

To remedy these matters further inclusions are proposed to the policies as outlined below.

Inclusion to the Policy for Appointment to, Suspension, or Removal from the List of Part II Medical Practitioners:

"A locum medical practitioner may transfer their Part II status between a trust or independent hospital for a maximum of 12 months, after which the doctor will be required to reapply to the list of Part II medical practitioners."

2.2 Policy for Appointment to, Suspension, or Removal from the List of Second Opinion Appointed Doctors

Inclusion to the Policy for Appointment to, Suspension, or Removal from the List of Second Opinion Appointed Doctors:

"If a medical practitioner has retired from their substantive post, within a trust or an independent hospital, they may still apply to be appointed to the list of SOADs.
All retired applicants must be registered with the GMC, have a licence to practise and be on the Specialist Register. Applicants should demonstrate that they have made satisfactory arrangements for revalidation with an identified responsible officer."

3.0 Action Required of the RQIA Board

The Board is asked to;

1) Approve the inclusion of the additional wording to the Policy for the Appointment to the RQIA List of Part II Medical Practitioners; and

2) Approve the inclusion of the additional wording to the Policy for the Appointment to the RQIA List of Second Opinion Appointed Doctors.

Subject to the Board's approval the appointment panel administrator will amend the policies accordingly and upload the revised version to the RQIA Intranet.

Dr John Jenkins
Chair of the RQIA Appointment Panel

Theresa Nixon
Director of Mental Health and Learning Disability and Social Work
September 2016