The Regulation and Quality Improvement Authority

AGENDA

RQIA Board Meeting
Boardroom, RQIA
Thursday 19 January 2017, 10.00am

PUBLIC SESSION

1	Welcome and Apologies		10.00am
2	Minutes of the public meeting of the Board held on Thursday 10 November 2016	Min/ Nov16/ public	10.05am **APPROVE**
3	Matters arising from minutes		10.05am
4	Declaration of Interests		10.05am
5	Chairman's Report **Chairman** • Committee Appointments		10.10am **NOTE**

STRATEGIC ISSUES

6	Draft 2017-21 Corporate Strategy • Draft Consultation Letter • Draft Consultation Questionnaire • Equality Screening of Strategy **Director of Corporate Services**	A/01/17	10.20am **APPROVE**
7	Policy and Procedure on the Management and Handling of Complaints against RQIA **Chief Executive**	B/01/17	10.35am **APPROVE**
8	Enforcement Procedures **Director of Regulation and Nursing**	C/01/17	10.40am **NOTE**
9	Communication Plan **Chief Executive**	D/01/17	10.55am **APPROVE**

OPERATIONAL ISSUES

10	Chief Executive's Report **Chief Executive**	E/01/17	11.05am **NOTE**
11	Finance Report **Director of Corporate Services**	F/01/17	11.15am **NOTE**

12	Presentation on the review of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 **Director of Regulation and Nursing**	G/01/17	11.20am **NOTE**
13	Assessment of Proposed New Areas of Work **Director of Mental Health, Learning Disability and Social Work**	H/01/17	11.30pm **APPROVE**
14	RQIA Acute Hospital Inspection Programme – Phase 1 Summary Report **Chief Executive**	I/01/17	11.40pm **NOTE**
15	Any Other Business		11.50pm
	Lunch		

Date of next meeting: 23 March 2017, Boardroom, RQIA

RQIA Board Meeting

Date of Meeting	19 January 2017
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Nov16 / 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 10 November 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 10 November 2016.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

PUBLIC SESSION MINUTES

RQIA Board Meeting
Boardroom, RQIA
10 November 2016, 1.00pm

Present	**Officers of RQIA in attendance**
Dr Alan Lennon OBE (Chair)	Olive Macleod (Chief Executive)
Patricia O'Callaghan	Maurice Atkinson (Director of Corporate Services)
Stella Cunningham	Theresa Nixon (Director of Mental Health, Learning
Daniel McLarnon	Disability and Social Work)
Lindsey Smith	Kathy Fodey (Director of Regulation and Nursing)
Gerry McCurdy	Hall Graham (Acting Head of Reviews)
Sarah Havlin	Malachy Finnegan (Communications Manager)
Dr John Jenkins CBE	Katie Symington (Board and Executive Support
Dr Norman Morrow OBE	Manager)
Denis Power	
Prof Mary McColgan OBE	
Seamus Magee OBE	

Apologies
Robin Mullan

1.0   Agenda Item 1 - Welcome and Apologies

1.1   The Chairman welcomed all Board members and officers to the meeting. Robin Mullan offered his apologies for this meeting. The Chairman offered his congratulations to Katie Symington, Board and Executive Support Manager, on the achievement of her new post.

2.0   Agenda Item 2 - Minutes of the public meeting of the Board held on Thursday 22 September 2016 (Min/ Sept16/ public)

2.1   The Board **APPROVED** the minutes of the meeting of the Board held on Thursday 22 September 2016.

3.0   Agenda Item 3 - Matters arising from minutes

3.1   Board members noted that in relation to actions 101 and 130, a meeting has been arranged with Board Members, Denis Power and Gerry McCurdy on 14 December 2016 to review the recommendations of the Internal prosecution. The Director of Regulation and Nursing noted that training on the enforcement procedures is currently underway. The enforcement procedures will be reviewed as part of this process. These procedures will be presented to the Board in January 2017 and training will be provided at a Board workshop. Actions 101 and 130 to be amalgamated.

3.2 Board members noted that action 127, GAIN presentation, will be scheduled for a future date. Action 131 has now been completed. Action 132, Development of the 2017-21 Corporate Strategy will be discussed within the Chief Executive's update to the Board. Members noted action 133.

3.3 The Chair of the Part II/ SOADs Panel noted that further to paragraph 13.1 of the September minutes, where the length of appointment to the register for Part II Doctors/ SOADs was queried; robust policies and procedures are in place and individuals are required to remain licenced with the GMC and undertake an associated appraisal. The maximum appointment time awarded by RQIA is four years and therefore the Panel and Panel Chair are content with the current arrangements. The Chairman noted that he is content with this process.

4.0   Agenda Item 4 - Declaration of Interests

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

5.0   Agenda Item 5 - Chairman's Report

5.1 The Chairman noted that he has had a series of meetings since the last Board meeting and highlighted his attendance at the Perinatal Review Summit, which highlighted the provision of facilities within Northern Ireland. The Director of Mental Health, Learning Disability and Social Work noted that the Belfast Trust is the only trust with facilities and no trusts within Northern Ireland have a mother and baby unit. The Director of Mental Health, Learning Disability and Social Work noted that this report may lead to changes in Perinatal care in Northern Ireland.

5.2 The Chairman noted the meeting of the Remuneration Committee on 11 October to review mid-year performance. The Chairman noted that the Chief Executive has been asked to develop and agree personal targets. The Chairman noted that a new member is required to sit on the Appointment and Remuneration Committee. Norman Morrow agreed to join this Committee. Board members agreed this appointment.

5.3 The Chair of the Audit Committee highlighted that the Audit Committee, when recently reviewing their Terms of Reference, noted the possibility of Audit Committee members being in-eligible to sit on other panels. This was highlighted as a conflict due to the oversight role of the Audit Committee.

5.4 The Chairman agreed to review panel membership and other Committee membership of Audit Committee members.

5.5 **Resolved Action (134)**
The Chairman will review panel membership and other Committee membership of Audit Committee members.

5.6   The Chairman noted his meeting with the Chief Executive and two members of the Board to discuss a Communications Plan for RQIA. The Chief Executive will receive final comments on this document shortly.

5.7   The Chairman noted the recent appointment of Dr Lourda Geoghegan as Medical Director. The Chairman offered his thanks to the members of the Panel both internal and external to RQIA.

5.8   The Chairman noted the recent DoH publication of the Review of the fees charged and the frequency of inspections undertaken by RQIA. The Chairman suggested the need to ensure that RQIA's key stakeholders are aware of the publication of this document. The Chief Executive noted the timely nature of this publication, due to RQIA's current review of the Inspection Methodology.

5.9   The Chairman noted the initiation of a Board effectiveness committee, which will replace the agenda forming meetings. Two Board members have agreed to join this committee. This committee will focus on the agenda and papers for the Board, ensuring the balance of strategic and operational issues and the quality of board papers. This committee will have its first meeting week beginning 14 November 2016.

5.10   The Chairman noted that he will reinstate the session for Board member feedback at the end of each Board meeting in parallel with the establishment of the board effectiveness committee.

5.11   The Chairman noted that the Chief Executive is leading an organisational review, which will be undertaken by the HSCLC, to ensure that RQIA is a fit for purpose organisation going forward. Some Board members may be involved within this review as interviewees.

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

6.0   Agenda Item 6 - Draft Outline Corporate Strategy 2017-21 (B/08/16)

6.1   The Director of Corporate Services presented the outline 2017-21 Corporate Strategy to Board members. The paper details the steps that have been taken to engage with staff in the development of the strategy. A Steering Group is in place and has provided feedback to date on the proposals. The Director of Corporate Services noted that within this strategy four themes have been identified and each theme will have associated priorities.

6.2   A Board member suggested that a list of stakeholders are provided at the beginning of this document and thereafter throughout the document are noted as 'stakeholders'. A Board member suggested that the Bengoa Report and the recent statement by Minister are both acknowledged within this report.

6.3   The Chairman noted the need for more measurable data on outcomes, to be detailed within this Strategy, to ensure continuous improvement and to allow measurement of the impact of the work of RQIA.
The Chief Executive noted that currently staff members are being surveyed, to identity possible future measures.

6.4   The Director of Corporate Services noted that the draft Corporate Strategy is due to be issued for consultation at the beginning of December 2016. This will be presented to the Board for final approval in March 2017, following the public consultation. A further meeting with the Steering Group will be arranged for the end of November 2016. The Director of Corporate Services noted that following approval of the Corporate Strategy, RQIA's Business Plan for 2017-18 will be completed for the new financial year.

6.5   The Board noted the Draft Outline Corporate Strategy 2017-21.

7.0   Agenda Item 7 - Corporate Performance Report (Quarter 2) (C/08/16)

7.1   The Director of Corporate Services presented the Q2 Corporate Performance Report to Board members. Members noted that at the end of Quarter two; one action was red, three actions were amber and 21 actions were green. The exception report details four actions, with associated explanations.

7.2   **Resolved Action (135)**
The Acting Head of Reviews to distribute the intelligence report to Board members.

7.3   A Board member queried progress on action 3.7, zero based budgeting. The Director of Corporate Services informed Board members that this issue has been discussed with the Director of Finance, Business Services Organisation, who advised that this issue will be revisited in advance of the commencement of the 2017-18 financial year.

7.4   Board members **APPROVED** the Corporate Performance Report (Q2).

8.0   Agenda Item 8 – Corporate Risk Assurance Framework Report (D/08/16)

8.1   The Director of Corporate Services presented the risk register to Board members and noted the change log on pages two and three of this document. The Director of Corporate Services noted that actions one and five have been reworded; while two actions for risks five and six have also been revised. There have been no new risks added to the register.

8.2   Board members noted that the risk register has been presented to the Audit Committee and was adopted; noting that horizon scanning will take place for all Board members in February 2017.

8.3   A Board member noted that the Director of Mental Health, Learning Disability and Social Work has advised members of the Board that the

likelihood of risk three of the register occurring is high and should have a
high risk rating overall.

8.4   The Director of Mental Health, Learning Disability and Social Work
       informed Board members that as of 10 November 2016, RQIA has
       provided 207 second opinions within the first six months of 2016/17. This
       is work that RQIA is not fully funded for recurrently. The Director of Mental
       Health, Learning Disability and Social Work advised Board members that
       currently this work, within 2016/17, amounts to £64,000 and RQIA continue
       to seek funding for this work within the organisation.

8.5   Board members noted the increase in second opinions due to societal
       change. The issue of the fees paid to Doctors for undertaking this work
       has been raised with DoH.

8.6   The Chairman noted that the Chief Executive is developing a paper, which
       RQIA will use, when reviewing new work to the organisation.

8.7   **Resolved Action (136)**
       Appraisal paper on new work to be shared with the Board.

8.8   The Chief Executive noted that some help internally has been provided to
       the Director of Mental Health, Learning Disability and Social Work and
       once this avenue is exhausted, help will be sought from DoH.

8.9   The Chief Executive noted that any vacancies arising within RQIA are
       being filled using bank or agency staff. The Chief Executive also noted the
       need to reconcile non-recurrent savings.

8.10   A Board member noted the reputational risk and the need to reword this
       risk, to provide clarity on the strategic delivery.

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

9.0   Agenda Item 9 – Audit Committee Business (E/07/16)
       •   **Approved minutes of meeting on 23 June 2016**
       •   **Verbal update on meeting on 20 October 2016**
       •   **RQIA Mid-Year Assurance Statement**
       •   **Audit Committee Terms of Reference**

9.1   The Chair of the Audit Committee presented the minutes of the meeting of
       23 June 2016 to Board members. These minutes were approved by the
       Audit Committee at the meeting on 20 October 2016.   The Chair of the
       Audit Committee provided a verbal update to Board members on the
       meeting of 20 October 2016.

9.2   The Chair noted the update from Internal Audit, with two priority two
       recommendations identified from the Management of Complaints and
       Whistleblowing audit. The Internal Audit report on GAIN was not available
       for this meeting. The Acting Head of Reviews noted that this report is

currently with BSO Internal Audit. The Chair of the Audit Committee noted that the Head of Internal Audit has provided limited assurance to both BSO Recruitment and Payroll.

9.3   The Chair of the Audit Committee noted that the final Report to Those Charged with Governance was presented at the Audit Committee meeting.

9.4   This document was unchanged from that presented at the June meeting. The Committee noted the mid-year assurance statement, which is presented to Board members for approval. The Terms of Reference of the Audit Committee are also presented to the Board. No changes have been made to this document.

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

10.0   Agenda Item 10 – Chief Executive's Performance Dashboard (F/08/16)

10.1   The Chief Executive presented her report to the Board. The Chief Executive noted that she has also produced a qualitative report for the Board, which was tabled at this meeting. Further to a Board member query, the Chief Executive noted that currently RQIA are holding a number of Band 3 posts. One Band 7 post is also unfilled. The Medical Director post has recently been filled and other vacant posts within RQIA are being filled with bank and agency staff.

10.2   Board members noted the publication timescale for the upcoming Acute Hospital inspection reports. The Chairman noted that the timeframe for the completion of the next hospital reports will be shorter. The Chief Executive noted that she was content with the media coverage following the Ulster Hospital inspection report.

10.3   The Chief Executive noted the ongoing work on the inspection methodology, which proposes one methodology for inspections within RQIA.

10.4   The Chief Executive noted the publication of the Learning Disability and Community Services Review. The Chief Executive noted the publication of the DoH public consultation on Fees and Frequencies. A link to this consultation can be found on RQIA's website.

10.5   The Chief Executive noted the organisational review which will be undertaken by the HSCLC; the output of which will be a report to include a workforce development plan and an organisational development plan. This paper will be brought to the Board.

10.6   The Chief Executive also noted the recruitment of bank staff and peer reviewers. A meeting with Trade Union representatives was also highlighted to Board members.

10.7   The Chief Executive noted that the recruitment for a replacement Board and Executive Support Manager has commenced.

10.8   The Chief Executive noted that a formal post project evaluation will be carried out on the recent movement of RQIA ICT systems to BSO.

10.9   The Chief Executive noted that currently all Memorandums of Understanding, held by RQIA, are being reviewed.

10.10   The Chief Executive highlighted to the Board three recent successful prosecutions, with associated fines. The Chief Executive also noted that over the last six weeks 1900 pieces of work have been completed by the Registration team.

10.11   The Chief Executive highlighted to Board members current consultations which RQIA will be responding to. The Chief Executive also noted her attendance at the Medical Directors Forum where a request for support was made in relation to acute hospital inspections. Board members noted that the Acute Hospital Inspection programme has been revised in terms of length of inspection and the questions posed by RQIA during the inspections. Chief Executives of trusts have been advised of these changes.

10.12   **Resolved Action (137)**
The evaluation paper on the first five inspections and emerging themes will be shared with the Board and placed on the RQIA website.

10.13   The Chief Executive noted that following a Hospital Inspection, trusts will now be asked to share improvement plans with RQIA. RQIA will also write to trusts asking for information in advance of inspections to allow inspectors time to read this information before inspections.

10.14   The Chief Executive noted her meetings with external organisations and the opportunity for learning they present.

10.15   The Director of Regulation and Nursing noted that the PPI module has now been launched on iConnect, which can capture patient feedback and will allow trend data to be captured.

10.16   The Chief Executive noted the NIAO report on emergency admissions and noted that RQIA was not involved within this report. The Acting Head of Reviews informed Board members that RQIA can discuss future programmes with NIAO, so that each organisations programmes can complement each other. Board members noted this helpful verbal update from the Chief Executive.

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

11.0   Agenda Item 11 – Finance Report (G/08/16)

11.1   The Director of Corporate Services noted that an updated finance paper was presented to the Audit Committee on 20 October 2016. This paper details how RQIA will make future recurrent savings. The financial position presented is that to the end of September 2016. Currently RQIA have a

year to date underspend of £70,000. As agreed by the Audit Committee, income has now been profiled evenly over a 12 month period. RRL income is shown as per the general ledger and the actual Registration Fee income is also shown as per the general ledger.

11.2 The Director of Corporate Services noted that RQIA forecast breakeven at year end, based on pay and non-pay assumptions. The Director of Corporate Services noted an overspend in CRL; members also noted that prompt payment targets are now being met and full recovery from debtors is anticipated.

11.3 The Audit Committee Chair noted his concern in relation to financial management and reporting with the movement of RQIA finance to BSO. The Director of Corporate Services noted that RQIA will continue to liaise with the transferred RQIA staff member until April 2017, for continuity.

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

12.0   Agenda Item 12 - Update to Standing Orders (H/08/16)

12.1 The Director of Corporate Services presented Standing Orders to Board members, with some changes for approval. The Director of Corporate Services noted these as textual changes, a change in relation to enforcement panels and a terminology change.

12.2 Board members **APPROVED** the Update to Standing Orders.

13.0   Agenda Item 13 – Any Other Business

13.1 A Board member noted her interest in the iConnect system for intelligence gathering. The Director of Regulation and Nursing noted that it may be possible to provide further information at a future Board workshop.

13.2 The Chairman extended his good wishes and those of the Board to the Board and Executive Support Manager, in this her last Board meeting.

13.3 As there was no other business, the Chairman brought the public session of the Board to a close at 3.05pm.

Date of next meeting:
19 January 2017, 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	19 January 2017
(130)	22 September 2015	The Director of Regulation and Nursing to ensure that the revised procedures incorporate the recommendations of the Internal Review of Enforcement/ Prosecution Action.		
127	9 June 2016	Board members to receive a presentation, at a future Board meeting, on the work of the GAIN team.	Chief Executive	23 March 2017
132	22 September 2016	Development of 2017-21 Corporate Strategy to be added to the agenda for November, January and March Board meetings.	Chief Executive	10 November 2016
133	22 September 2016	Finalised draft of the 2017-21 Corporate Strategy to be presented at the February Board workshop.	Chief Executive	16 February 2017
134	10 November 2016	The Chairman will review panel membership and other Committee membership of Audit Committee members.	Chairman	19 January 2017
135	10 November 2016	The Acting Head of Reviews to distribute the intelligence report to Board members.	Acting Head of Reviews	19 January 2017
136	10 November 2016	Appraisal paper on new work to be shared with the Board.	Chief Executive	19 January 2017
137	10 November 2016	The evaluation paper on the first five inspections and emerging themes will be shared with the Board and placed on the RQIA website.	Chief Executive	19 January 2017

RQIA Board Meeting

Date of Meeting	19 January 2017
Title of Paper	Draft Corporate Strategy 2017-21
Agenda Item	6
Reference	A/01/17
Author	Maurice Atkinson
Presented by	Maurice Atkinson
Purpose	The purpose of this paper is to present the draft Corporate Strategy to the Board and obtain approval to initiate an eight week period of public consultation on the strategy. In addition a draft consultation questionnaire has been prepared for consideration by the Board.
Executive Summary	The purpose of the Corporate Strategy (attached) is to describe what RQIA aims to achieve between 2017 and 2021 and outline to people what they can expect the outcome of our work to mean for them. A Corporate Strategy Steering Group was formed to oversee the development of the strategy, and membership of the Group included eight Board members. RQIA's vision – to be a driving force for improvement in the quality of health and social care in Northern Ireland – has been translated into a strategy map which provides a coherent picture of the interrelationship between RQIA's vision, purpose, strategic themes, core activities and values. The strategy has been structured in terms of four overarching strategic themes i.e.: 1. **Strategic Theme 1: Encourage quality improvement in health and social care services** - *RQIA will use its powers under the 2003 Order to encourage quality improvement*

	in health and social care services, support service providers and assure quality. 2. **Theme 2: Use intelligence effectively** - *RQIA will seek to ensure independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need* 3. **Strategic Theme 3: Engage and involve service users** - *RQIA is committed to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.* 4. **Strategic Theme 4: Deliver operational excellence** - *RQIA is committed to developing our staff and using our resources effectively and efficiently to sustain an organisational culture of learning and continuous improvement.* The eight week period of public consultation will seek to obtain feedback on the strategy using a series of structured Consultation Questions.
FOI Considerations	None
Equality Screening Completed and Published	The draft Corporate Strategy has been Equality Screened (attached). RQIA recognises the need to consider the impact on Section 75 groups of this draft strategy and subsequent policies and programmes of work. The needs, experiences and priorities of these groups will vary and annual business plans, work programmes, policies and business cases will be screened as appropriate over the next four years. Therefore a full Equality Impact Assessment is not required at this stage.
Recommendation/ Resolution	The Board is asked to **APPROVE** the RQIA Corporate Strategy 2017-21 and the Consultation Questionnaire.
Next steps	Following approval, the draft Corporate Strategy will be issued for public consultation for a period of eight weeks (subject to an election not having been called). After this period any revisions to the Strategy will be brought to the Board for final approval in May 2017.

The **Regulation** and **Quality Improvement Authority**

Public Consultation

Draft Corporate Strategy | 2017 - 21

Assurance, Challenge and Improvement in Health and Social Care

Contents

Foreword Chair / Chief Executive

The Regulation and Quality Improvement Authority (RQIA) has developed a draft Corporate Strategy for the period 2017-2021 which sets out the strategic direction for the next four years. The draft strategy takes account of the vision set out by the Minister of Health in *Health and Wellbeing 2026: Delivering Together*, Department of Health (DoH) priorities and the Draft Programme for Government Framework 2016–21 within the context of financial constraints and the anticipated reform and restructuring of health and social care services.

The strategy represents RQIA's response to a number of external challenges arising from health and social care reform including international trends in regulation and assurance. Specifically, the strategy recognises the growing requirement for health and social care regulators to demonstrate their contribution to the quality improvement of services, and the independent assurance of the maintenance of service delivery standards.

RQIA operates across a wide and disparate range of health and social care services. RQIA is committed to a programme of continuous improvement of its operations. We recognise the need to respond positively to emerging changes in health and social care in Northern Ireland and to adopt best practice.

We recognise the importance of developing closer and more effective working relationships with a range of service providers and other regulators. Our objective is to assess and encourage improvement in the quality of services, keep the public well informed and safeguard the rights of service users.

The strategy acknowledges and supports the need to actively involve service users, carers and the public in the development and delivery of the various approaches to our work available to RQIA.

The Corporate Strategy 2017-21 will be kept under review to ensure that it takes account of changes in the external environment, best practice and the needs of our stakeholders and service users. Any change to the Corporate Strategy will be carefully assessed and agreed with RQIA's Board and discussed in detail with the Department of Health, prior to implementation.

Dr Alan Lennon OBE
Chairman

Olive Macleod
Chief Executive

Who We Are

RQIA is an arms length non-departmental public body (NDPB) reporting to the DoH. We are funded by the department, but operationally independent of it. We were established by statute and have statutory duties, powers and responsibilities.

Our Purpose

We work to bring about measurable improvements in the safety and quality of health and social care services for the people of Northern Ireland

We keep the DoH informed about the provision of health and social care services and in particular, their availability and their quality.

We execute our responsibilities in respect of a range of health and social care services such as acute hospitals, children's services and mental health services.

We have statutory powers and responsibilities to carry out inspections, investigations and reviews. Whilst the objective is to encourage the improvement of health and social care services, RQIA has statutory powers to address any failure to comply with DoH regulations and minimum standards.

How do we assure quality standards and encourage improvement?

Inspections

We inspect a range of health and social care services with the primary purpose of ensuring that those bodies comply with relevant regulations, and meet the standards of service quality, as set out by the DoH.

Where a service provider fails to meet the required standards, we take action to ensure compliance. Increasingly, we use inspections to encourage systematic quality improvement by service providers. Our inspections focus on identifying the extent to which care is safe, effective, compassionate and well-led. We reference these findings to the DoH regulations and standards. We use this information and intelligence to help us drive improvement across the range of services we inspect.

We report our findings in a range of formats to keep the public well informed and encourage service providers to engage in systematic quality improvement. Depending on the nature of the service being inspected, inspections may be carried out by an RQIA inspector, or a larger team, including specialist inspectors / peer reviewers and are led by core RQIA staff. In an increasing number of cases inspections are enhanced by the use of lay assessors.

Reviews

A review is an in-depth investigation into aspects of health and social care services and may include services in hospitals, the community or primary care. It takes into consideration relevant standards and guidelines, the views of the public, health and social care experts and current best evidence.

RQIA has a review programme that includes planned reviews which have been requested by the Department of Health and reviews which are initiated by RQIA in consultation with stakeholders.

During our reviews we examine the service provided, highlight areas of good practice and produce a review report which makes recommendations for improvements to the service provider, where appropriate. We report our findings and share any lessons learned across the wider health and social care sector.

In addition, when required, we carry out reviews and investigations in response to specific issues of concern or failures in service provision.

RQIA also facilitates the development and integration of regional guidelines and audit, the aim of which is to improve outcomes for patients, clients and carers.
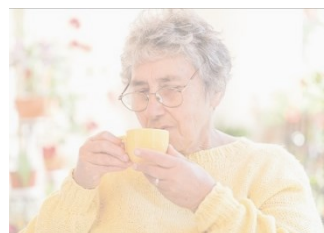
Mental Health

RQIA undertakes a range of actions to protect the human rights of vulnerable people with mental ill health or learning disabilities. Our responsibilities include promoting good practice; preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention in a hospital or guardianship; and preventing or redressing loss or damage to a patient's property. We talk directly to patients and ask them about their experiences.

Mental health and learning disability services are one part of the wider inspection programme and these services may also be subject to targeted review. From November 2016, RQIA's mental health and learning disability team, took responsibility for the inspection of prison health care.

Investigations

RQIA may carry out investigations into the management, provision or quality of statutory services. At present RQIA's main means of executing its responsibilities is through the inspection and review mechanisms described above. Moving forward, RQIA will seek to secure compliance and improvement through the development of additional and proportionate interventions with service providers.
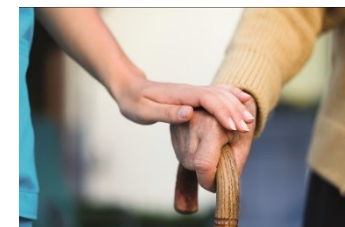
RQIA's Strategy Map

The RQIA Strategy Map (Figure 1, Page 7) serves as a roadmap to illustrate the activities of the organisation for the period 2017-21. It brings together the key elements of the strategy: our vision and purpose, the strategic themes which drive improvement, the core activities we need to excel at and the values we uphold to ensure our success.

Each of the elements of the strategy map is explained in more detail below:

- **Vision and Purpose** - answers the question why RQIA exists and what is our role

- **Strategic Themes** - which will govern the way we work and bring about change to the outcomes of the organisation

- **Core Activities** - which RQIA must effectively execute to deliver the strategic themes

- **Values -** a shared set of values which define our culture and capture what we do when we are at our best

The strategy map will be kept under review to ensure that we can respond appropriately to emerging challenges and will be underpinned by our annual business plan.

RQIA Values

RQIA has a shared set of values that define our culture:

- **Independence** - upholding our independence as a regulator

- **Inclusiveness** - promoting public participation and building effective partnerships internally and externally

- **Integrity** - being honest, open, fair and transparent in all our dealings with all of our stakeholders

- **Accountability** - being accountable and taking responsibility for our actions

- **Professionalism** - providing professional, effective and efficient services in all aspects of our work - internally and externally

- **Effectiveness** - being an effective and progressive regulator, forward-facing, outward-looking and constantly seeking to develop and improve our services

RQIA Strategy Map 2017-21

Figure 1

Vision

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

Purpose

To 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

Strategic themes

Encourage quality improvement in HSC services	Use intelligence effectively	Engage and involve service users and stakeholders	Deliver operational excellence
RQIA will use its powers under the 2003 Order to encourage quality improvement in health and social care services, support service providers and assure quality	RQIA will seek to ensure independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need	RQIA is committed to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do	RQIA is committed to developing our staff and using our resources effectively and efficiently to sustain an organisational culture of learning and continuous improvement

Core Activities

Regulation	Reviews	Mental Health
Registering and inspecting a wide range of independent and statutory health and social care services to maintain and promote quality improvement	Working to assure the quality of services provided by the HSC Board, HSC trusts and agencies through our programmes of reviews, audit, guideline development and healthcare inspections	Identifying any ill treatment, highlighting gaps in care and treatment ensuring no-one is detained inappropriately

Values

Independence   Inclusiveness   Integrity   Accountability

Professionalism   Effectiveness

7

Strategic Theme 1

Encourage quality improvement in health and social care services

RQIA will use its powers under the 2003 Order to encourage quality improvement in health and social care services, support service providers and assure quality.

Key Priorities

We will:

1. analyse and report on the availability and quality of HSC services

2. scrutinise and report on service providers' approach to quality improvement

3. drive forward and share best practice and learning from inspections, audits and reviews

4. provide advice and guidance on quality assurance and improvement

Strategic Theme 2

Use intelligence effectively

RQIA will seek to ensure independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need.

Key Priorities

We will:

1. strengthen data gathering and analysis within RQIA

2. seek opportunities to collaborate with other regulators and share information with our stakeholders to better target reviews, investigations and inspections, based on need and potential impact

3. improve the quality of information we gather from service users to prioritise the focus of our work

Strategic Theme 3

Engage and involve service users and stakeholders

RQIA is committed to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.

Key Priorities

We will:

1. engage service users and stakeholders in the co-design of our interventions (audit, review, inspection and investigations)
2. involve service users as part of inspections and reviews
3. develop and implement a communications and engagement strategy
4. enable and encourage service users and the public to provide the intelligence needed to inform assurance and improvement activity

Strategic Theme 4

Deliver operational excellence

RQIA is committed to developing our staff and using our resources effectively and efficiently to sustain an organisational culture of learning and continuous improvement.

Key Priorities

We will:

1. develop a highly skilled and flexible workforce, capable of meeting existing and future challenges
2. promote a culture of good governance, learning and continuous improvement focusing on better outcomes in the work we do
3. benchmark our performance against regional, national and international standards
4. efficiently and effectively manage our resources to demonstrate value for money

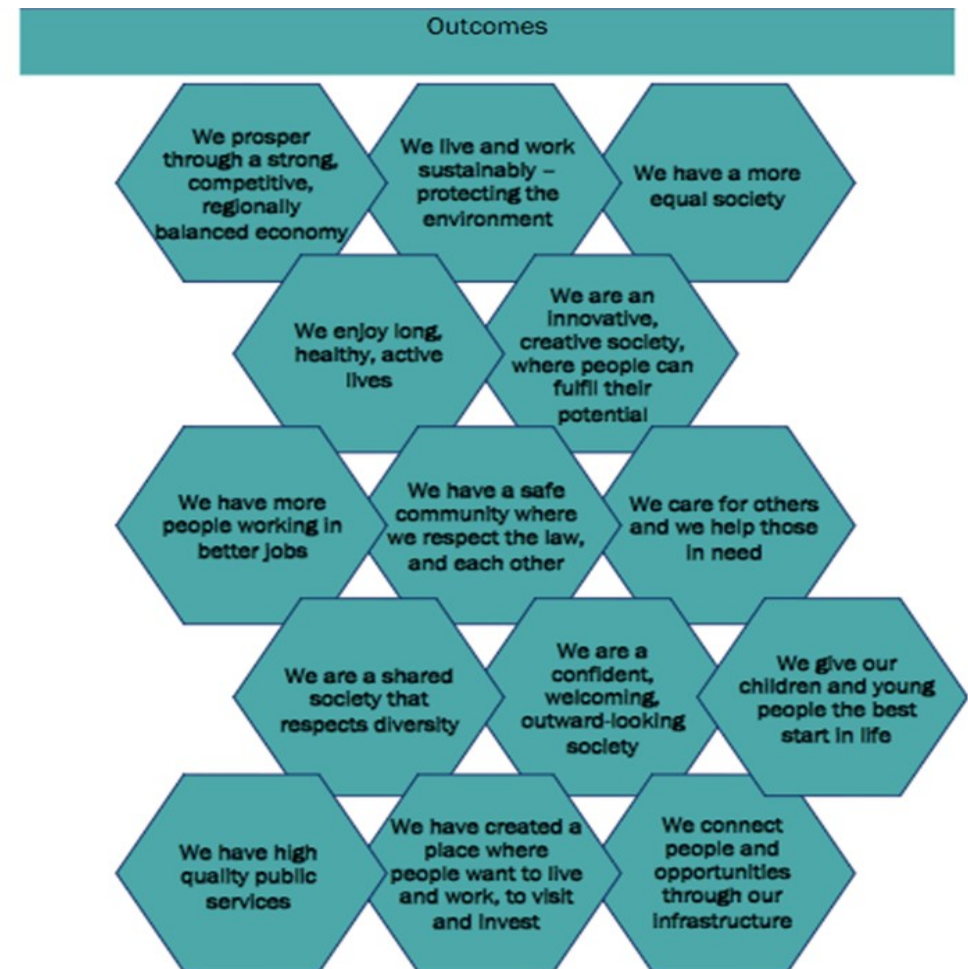# RQIA's Contribution to the NI Programme for Government

The Programme for Government (PfG) Outcomes Framework (Figure 2) sets out the ambition the Northern Ireland Executive has for our society. It is a new approach which focuses on the major societal outcomes that the NI Executive wants to achieve and provides a basis for all sectors to contribute to the development of plans and actions. There are 14 strategic outcomes which, taken together, the Executive believes best describe the society we wish to have.

We identified four PfG strategic outcomes within the Framework that match the role, responsibility and ambition of RQIA. These are:

• We enjoy long, healthy, active lives
• We give our children and young people the best start in life
• We care for others and we help those in need
• We have high quality public services

To support the Northern Ireland Executive in the delivery of the PfG, we have aligned our strategic themes and associated priorities with these four PfG outcomes. RQIA's strategic themes and key priorities have been mapped to the NI PfG Outcomes Framework to show the extent of the alignment and how one contributes to the other (see Page 11).

Figure 2 - Programme for Government Outcomes Framework

Contributing to the NI Programme for Government

RQIA's contribution to the achievement of the NI PfG outcomes through delivery of our strategic themes and priorities is outlined as follows:

Strategic Theme	Key Priorities	Northern Ireland Programme for Government Outcomes			
		We enjoy long, healthy, active lives	We give our children and young people the best start in life	We care for others and we help those in need	We have high quality public services
Encourage quality improvement in HSC services	Analyse and report on the availability and quality of HSC services	✓	✓	✓	✓
	Scrutinise and report service providers' approach to quality improvement	✓	✓	✓	✓
	Drive forward and share best practice and learning from inspections, audits and reviews	✓	✓	✓	✓
	Provide advice and guidance on quality assurance and improvement	✓	✓	✓	
Use intelligence effectively	Strengthen data gathering and analysis within RQIA	✓			✓
	Seek opportunities to collaborate with other regulators and share information with our stakeholders to better target reviews, investigations and inspections, based on need and potential impact	✓	✓	✓	✓
	Improve the quality of information we gather from service users to prioritise the focus of our work	✓	✓	✓	✓
Engage and involve service users and stakeholders	engage service users and stakeholders in the co-design of our interventions (audit, review, inspection, investigations)	✓			✓
	Involve service users as part of the inspections and reviews	✓	✓		✓
	Develop and implement a communications and engagement strategy				✓
	Enable and encourage service users and the public to provide the intelligence needed to inform assurance and improvement activity	✓	✓	✓	✓
Deliver operational excellence	Develop a highly skilled and flexible workforce, capable of meeting existing and future challenges				✓
	Promote a culture of good governance, learning and continuous improvement, focusing on better outcomes in the work we do	✓			✓
	Benchmark our performance against regional, national and international standards	✓	✓	✓	✓
	Efficiently and effectively manage our resources to demonstrate value for money				✓

Delivering the Strategy

The successful delivery of the strategy is dependent on:

- continuing to engage and involve service users and stakeholders in the co-design of our work
- developing closer and more effective working relationships with a range of service delivery organisations and other regulators
- maintaining robust performance management and reporting processes
- recruiting and retaining a skilled and dedicated workforce
- the availability of adequate funding

RQIA will ensure that appropriate governance and accountability arrangements are in place to support the robust scrutiny of the effective delivery of the strategy.

Each year, RQIA will develop a business plan with actions and measures fully aligned to the four strategic themes and priorities in the Corporate Strategy.

RQIA's Corporate Strategy 2017-21 will be kept under review to ensure that it takes account of changes in the external environment, best practice and the needs of our stakeholders and service users.

Any change to the Corporate Strategy will be carefully assessed and will be agreed with RQIA's Board and discussed in detail with the DoH, prior to implementation.

Measuring Outcomes

RQIA has developed a suite of financial and process performance measures which are monitored by the RQIA Board on a regular basis. Whilst these measures provide a useful view of organisational performance, RQIA recognises the need to move towards the greater use of outcome measures. We therefore plan to enhance the current suite of performance measures by developing a complementary suite of outcome measures. These outcome measures will focus on the quality of RQIA's reports, recommendations, advice and enforcement and their impact on the actions of service delivery bodies. They will also be informed by service user and stakeholder feedback. Financial, process and outcome measures will be incorporated into annual Business Plans and reported to RQIA's Board on a regular basis.

Consultation Contact Details:

Call us on: 02890517500

Email us at: consultation@rqia.org.uk

Write to: Draft Strategy 2017-21 Consultation
Regulation and Quality Improvement Authority
9th Floor Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Alternatively download the draft Corporate Strategy and Consultation Questionnaire at www.rqia.org.uk. Please contact us if you would like this document in another language or format.

Xx January 2017

Dear Colleague

Consultation on the Draft RQIA Corporate Strategy 2017-2021

The Regulation and Quality Improvement Authority (RQIA) has developed a draft Corporate Strategy for the period 2017-2021. This draft Strategy sets out the strategic direction for the Regulation and Quality Improvement Authority (RQIA) for the next four years, taking account of initial engagement with stakeholders, the vision set out by the Minister of Health in *Health and Wellbeing 2026: Delivering Together,* Department of Health (DoH) priorities and the Draft *Programme for Government Framework 2016–21* within the context of financial constraints and HSC reform and restructuring.

The draft Corporate Strategy is a high level document, setting out the purpose, direction and priorities for RQIA over the next four years. The draft Strategy will be supported by annual business plans, enabling RQIA to incorporate new priorities and challenges that may arise over this period.

The draft Corporate Strategy has been approved by the RQIA Board to go out for a period of consultation before it is finalised. We would therefore, welcome your comments on the draft Strategy and have provided some questions in the attached questionnaire to guide your consideration of the document. The draft Corporate Strategy, an initial draft equality screening and the consultation questionnaire are also available on the RQIA website www.rqia.org.uk.

We would encourage you to read the draft Corporate Strategy, and send your comments to us. Please note that these do not have to be restricted to answering our key questions.

Responses should be returned by 4.00 pm Friday xx March 2017 to:

By post:

Stuart Crawford
Planning and Corporate Governance Manager
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

By email: consultation@rqia.org.uk

If you have any queries about the consultation, or wish to meet to discuss the draft Corporate Strategy, please contact Stuart Crawford at the above address, or telephone 028 9051 7500.

We look forward to receiving your response.

Yours sincerely

Olive Macleod
Chief Executive

The Regulation and Quality
Improvement Authority
Draft Corporate Strategy 2017-21

Public Consultation Questionnaire

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Public Consultation on RQIA's Draft Corporate Strategy 2017-21

Please use this questionnaire to send us your views on the draft Corporate Strategy 2017-2021.

The consultation is open from 9am Monday xx January 2017 until 4pm Friday xx March 2017.

Responses should be sent to:

Stuart Crawford
Planning and Corporate Governance Manager
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Tel: 028 9051 7500
Fax: 028 9051 7501

E-mail: consultation@rqia.org.uk

If you have any questions about this questionnaire, or the consultation process or if you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages) please contact Stuart Crawford as detailed above.

Before responding to this consultation, please take note of the Freedom of Information requirements outlined at the end of this document.

The draft Corporate Strategy 2017-21 and corresponding documents are available online at www.rqia.org.uk.

Introduction

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

This new draft Corporate Strategy 2017-21, sets out our priorities for how we will continue to progress this work over the next four years. We want to hear your views on the proposed direction, priorities and outcomes as set out in the draft Strategy.

The content of this draft Corporate Strategy has been developed through an initial programme of engagement with stakeholders, review of our previous Corporate Strategy (2015-18) and takes account of Department of Health (DoH) priorities as well as the draft Programme for Government.

It is recognised that the Strategy is being developed at a period of change in Health and Social Care. While this presents challenges, it also opens up opportunities. In particular the Health Minister's 10-year vision to transform the current HSC system, *Health and Wellbeing 2026: Delivering Together* will fundamentally drive and direct our work over the next four years.

The Corporate Strategy is by its nature a high level document. However, the Strategy will be supported by our annual business plans, which will also enable us to incorporate new priorities and respond to new challenges that may arise over the four year period.

An initial draft equality screening is also attached. The final equality screening will be informed by replies to the equality questions in this questionnaire and will ultimately be refined in the light of the final version of the Corporate Strategy, taking account of responses to this consultation.

We would encourage you to read the draft Corporate Strategy, and would welcome your comments, through completing this questionnaire. We would also be happy to receive any other comments that you feel do not fit into the questions set out in this questionnaire.

Please send your completed questionnaire, and or any other comments, by post or by email to consultation@rqia.org.uk

The consultation is open from 9am Monday xx January 2017 until 4pm Friday xx March 2017.

Consultation Questionnaire

This questionnaire has been designed to help stakeholders respond to the draft RQIA Corporate Strategy 2017-21.

Written responses are welcome either using this questionnaire template or in an alternative format which best suits your comments.

The following consultation questions focus on core elements of the draft Corporate Strategy 2017-21. It is recommended that you refer to the full draft found on www.rqia.org.uk

Please tick	
I am responding on behalf of an individual:	
I am responding on behalf of an organisation:	
Name (Print):	
Job Title:	
Organisation:	
Address:	
Email:	
Date:	

Consultation Questions

Q1: Do you believe that the strategic themes and priorities set out in RQIA's draft Corporate Strategy 2017-21 will deliver the vision and purpose of the organisation?

YES	NO

Please explain the rationale for your answer:

Strategic Theme 1: Encourage quality improvement in health and social care services - *RQIA will use its powers under the 2003 Order to encourage quality improvement in health and social care services, support service providers and assure quality.*

Key Priorities

We will:

1. analyse and report on the availability and quality of HSC services
2. scrutinise and report on service providers' approach to quality improvement
3. drive forward and share best practice and learning from inspections, audits and reviews
4. provide advice and guidance on quality assurance and improvement

Q2: To what extent will Strategic Theme 1 be achieved, by focusing on the identified key priorities?

1 = Not Achieved; 2 = Very Limited Achievement; 3 = Only Partially Achieved; 4 = Largely Achieved; 5 = Fully Achieved

1	2	3	4	5

Please explain the rationale for your answer:

Theme 2: Use intelligence effectively - *RQIA will seek to ensure independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need.*

Key Priorities

We will:

1. strengthen data gathering and analysis within RQIA
2. seek opportunities to collaborate with other regulators and share information with our stakeholders to better target reviews, investigations and inspections, based on need and potential impact
3. improve the quality of information we gather from service users to prioritise the focus of our work

Q3: To what extent will Strategic Theme 2 be achieved, by focusing on the identified key priorities?

1 = Not Achieved; 2 = Very Limited Achievement; 3 = Only Partially Achieved; 4 = Largely Achieved; 5 = Fully Achieved

1	2	3	4	5

Please explain the rationale for your answer:

Strategic Theme 3: Engage and involve service users - *RQIA is committed to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.*

Key Priorities

We will:

1. engage service users and stakeholders in the co-design of our interventions (audit, review, inspection and investigations)
2. involve service users as part of the inspections and reviews
3. develop and implement a communications and engagement strategy
4. enable and encourage service users and the public to provide the intelligence needed to inform assurance and improvement activity

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Q4: To what extent will Strategic Theme 3 be achieved, by focusing on the identified key priorities?

1 = Not Achieved; 2 = Very Limited Achievement; 3 = Only Partially Achieved; 4 = Largely Achieved; 5 = Fully Achieved

1	2	3	4	5

Please explain the rationale for your answer:

Strategic Theme 4: Deliver operational excellence - *RQIA is committed to developing our staff and using our resources effectively and efficiently to sustain an organisational culture of learning and continuous improvement.*

Key Priorities

We will:

1. develop a highly skilled and flexible workforce, capable of meeting existing and future challenges
2. promote a culture of good governance, learning and continuous improvement focusing on better outcomes in the work we do
3. benchmark our performance against regional, national and international standards
4. efficiently and effectively manage our resources to demonstrate value for money

---

Q5: To what extent will Strategic Theme 4 be achieved, by focusing on the identified key priorities?

1 = Not Achieved; 2 = Very Limited Achievement; 3 = Only Partially Achieved; 4 = Largely Achieved; 5 = Fully Achieved

1	2	3	4	5

Please explain the rationale for your answer:

Q6: How important is it that RQIA aligns the Corporate Strategy 2017-21 with the NI Programme for Government Outcomes Framework?

1 = Unimportant; 2 = Of Little Importance; 3 = Moderately Important; 4 = Important; 5 = Very Important

1	2	3	4	5

Please explain the rationale for your answer:

Q7: Do you have any other comments or suggestions you would like to make in relation to RQIA's draft Corporate Strategy 2017-21?

Please comment:

Human Rights and Equality Implications

Northern Ireland Act 1998

Under Section 75 of the Northern Ireland Act 1998 there is a legal requirement for RQIA to consider the possible impact of all its decisions on the specified equality groups and to promote equality of opportunity and good relations in all areas of our work. RQIA has to consider how to promote equality of opportunity in relation to the following nine equality groups:

- religious belief
- sexual orientation
- political opinion
- gender
- racial group
- disability (those with a disability and those without)
- age
- dependency (those with dependants and those without)
- marital status

RQIA must also consider how to promote good relations in respect of:

- religious belief
- political opinion
- racial group

The Human Rights Act 1998

The Human Rights Act 1998 gives legal status in UK law to fundamental human rights set out in the European Convention on Human Rights (ECHR). The Act is about respecting and fostering the convention rights in everything we do. Public bodies now have a statutory duty to ensure that their decisions and actions are compatible with ECHR and to act in accordance with these rights. We also need to be proactive in ensuring that we comply with our obligations and ensure that we develop a human rights culture. The Act gives people a right to redress in a UK court if they believe that their human rights have been violated by a public authority.

Equality Screening Exercise

RQIA recognises the need to consider the impact on Section 75 groups of this draft strategy and subsequent policies and programmes of work. The needs, experiences and priorities of these groups will vary and annual business plans, work programmes, policies and business cases will be screened as appropriate over the next four years. Therefore a full Equality Impact Assessment is not required at this stage.

Q8: Equality Screening of draft Corporate Strategy
a) Do you have any comments on the issues identified in the screening template under 2.2 (the equality profile of those affected by the policy) and 2.3 (the needs of different equality groupings in relation to the policy)?
b) Can you identify any further equality issues?
c) Do you think that the actions we are taking to address the equality issues (see 2.5) will be sufficient?
d) Do you have any suggestions for further actions to address the equality issues?

e) Do you agree with the screening decision (see 3)? If not please explain and provide relevant supporting evidence.
f) Do you have any suggestions to further promote equality of opportunity for any of the nine equality groups?

Freedom of Information Act 2000 - Confidentiality of Consultations

RQIA will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. RQIA can only refuse to disclose information in exceptional circumstances.

Before you submit your response, please read the paragraphs below on the confidentiality of consultations that provide guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act 2000 gives the public a right of access to any information held by a public authority, in this case RQIA. This right of access to information includes information provided in response to a consultation. RQIA cannot automatically consider as confidential information supplied to it in response to a consultation.

However, it does have the responsibility to determine whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. If you do not wish information about your identity to be made public, please include an explanation in your response.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Secretary of State for Constitutional Affairs' Code of Practice on the Freedom of Information Act 2000 provides that a public authority (in this case RQIA):

- should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided
- should not agree to hold information received from third parties in confidence which is not confidential in nature
- acceptance of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner's Office at:

The Information Commissioner's Office – Northern Ireland
3rd Floor
14 Cromac Place,
Belfast
BT7 2JB

Tel: 028 9027 8757 / 0303 123 1114
Email: ni@ico.gsi.gov.uk
Website: www.ico.gov.uk

Thank you for taking the time to complete and return this questionnaire.

We very much value your input.

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Assurance, Challenge and Improvement in Health and Social Care

Equality and Human Rights Screening Template

The Regulation and Quality Improvement Authority (RQIA) is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

SCREENING TEMPLATE

(1)   INFORMATION ABOUT THE POLICY OR DECISION

1.1   Title of policy or decision

RQIA Draft Corporate Strategy 2017-21

1.2   Description of policy or decision

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

The Regulation and Quality Improvement Authority (RQIA) has developed a draft Corporate Strategy for the period 2017-2021. This draft Strategy sets out the strategic direction for the Regulation and Quality Improvement Authority (RQIA) for the next four years, taking account of initial engagement with stakeholders, the vision set out by the Minister of Health in *Health and Wellbeing 2026: Delivering Together,* Department of Health (DoH) priorities and the Draft *Programme for Government Framework 2016–21* within the context of financial constraints and HSC reform and restructuring.

The draft Corporate Strategy is a high level document, setting out the purpose, direction and priorities for RQIA over the next four years. The draft Strategy will be supported by annual business plans, enabling RQIA to incorporate new priorities and challenges that may arise over this period.

RQIA will deliver its key strategic objective of continuous improvement based on the following four strategic themes:

1. **Encourage quality improvement in Health and Social Care services -** RQIA will use its powers under the 2003 Order to encourage quality improvement in health and social care services, support service providers and assure quality.

2. **Use Intelligence effectively** - RQIA will seek to ensure independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need.

3. **Engage and involve service users** - RQIA is committed to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.

4. **Deliver operational excellence** - RQIA is committed to developing our staff and using our resources effectively and efficiently to sustain an organisational culture of learning and continuous improvement.

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

Internal: RQIA staff

External:

Department of Health
HSC Trusts and organisations
The independent health sector
Voluntary sector
General public, service users and their carers

1.4 Other policies or decisions with a bearing on this policy or decision

1. RQIA Three Year Review Programme.
2. Department of Health, Social Services and Public Safety (2011) Quality 2020: A 10 Year Strategy to Protect and Improve Quality in health and Social Care in Northern Ireland.
3. Health and Wellbeing 2026 – Delivering Together.

4. Northern Ireland Executive. Programme for Government Framework 2016 – 21. Belfast NIE, 2016

(2)   CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1   Data gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

1. 2011 Census published by the Northern Ireland Statistics and Research Agency.

2. Internal directorate/team meetings, Executive Management Team (EMT) and RQIA Board

3. Human Resources statistics for RQIA workforce.

2.2   Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	*What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?*
Gender	NI Population Statistics * Male 49% Female 51% Population of Northern Ireland in 2011 was 1,810,900 (2011 Census) Reed et al. 2009: 8/100000 (115) transgender people in NI. "Research (McBride, Ruari-Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland.

	Belfast) suggests: • 140-160 individuals are affiliated with transgender groups • 120 individuals have presented with Gender Identity Disphoria • there are more trans women than trans men living in Northern Ireland." • RQIA Staff Male 25.61% Female 74.39%
Age	**NI Population Statistics *** Children 0-4 yrs 124,400 - 6.87% of the total population 5 to 9 years – 111,300 - 6.15% 10 to 14 years - 119,000 – 6.57% Young people 15 to 19 years- 126,200 – 6.97% Total under 19 years 480,900 – 26.56% Older People People over 60 in N Ireland now make up 19% of the population (Census 2011). The number of people aged over 85 years makes up 1.73% of the population (Census 2011). Pensioner poverty is increasing; there is a link between poverty and inequality. **Overall NI Age Profile** **0 – 15** – 20.95% (379, 378) **16 – 19** – 5.61% (101, 589) **20 – 24** – 6.96% (126, 036) **25 – 29** – 6.85% (124, 044) **30 – 44** – 20.65% (373, 943) **45 – 59** – 19.21% 347, 867) **60 – 64** – 5.21% (94, 346) **65 – 74** – 8.04% (145, 593) **75 – 84** – 4.79% (86, 740) **85 – 89** – 1.17% (21, 187) **90 and over** - 0.56% (10, 141)

	RQIA Staff **<25** - 1.22% **25-29** - 3.66% **30-34** - 10.37% **35-39** - 6.10% **40-44** - 14.63% **45-49** - 19.51% **50-54** - 18.29% **55-59** - 16.46% **60-64** - 7.32% **65-69** - 2.44%
Religion	**NI Population Statistics** * Catholic - 45.14% Protestants - 48.36% Other - 0.91% Unknown - 5.59% **RQIA Staff** Not known – - 3.85% Perceived - 4.27% Protestant - 40.85% Catholic – - 42.68% Other - 12.20%
Political Opinion	**NI Population Statistics*** 62.8% of the population voted in the 2007 NI Assembly election. Of these 47% voted Unionist, 41% voted Nationalist and 12% Other (BBC).
Marital Status	**NI Population Statistics*** 47.56% (680, 840) of those aged 16 or over were married 36.14% (517, 359) were single 0.09% (1288) were registered in same-sex civil partnerships 9.43% (134, 994) were either divorced, separated or formerly in a same-sex partnership 6.78% (97, 058) were either widowed or a surviving partner

Dependent Status	**NI Population Statistics*** 1. 11.81% (213, 863) of the usually resident population provide unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill – health/disabilities or problems related to old age. 2. 3.11% (56, 318) provided 50 hours care or more. 3. 33.86% (238, 129) of households contained dependent children. 4. 40.29% (283, 350) contained a least one person with a long – term health problem or a disability. Based on the most recent information from Carers Northern Ireland, the following facts relate to carers. 1. 1 in every 8 adults is a carer 2. There are approximately 207,000 carers in Northern Ireland 3. Any one of us has a 6.6% chance of becoming a carer in any year 4. Carers save the Northern Ireland economy over £4.4 billion a year - more than the annual NHS spending in Northern Ireland. 5. The main carers' benefit is worth just £55.55 for a minimum of 35 hours - £7.94 per day 6. One quarter of all carers provide over 50 hours of care per week 7. People providing high levels of care are twice as likely to be permanently sick or disabled than the average person 8. Approximately 30,000 people in Northern Ireland care for more than one person 9. 64% of carers are women; 36% are men 10. By 2037 the number of carers could have increased to 400,000 This information can be accessed at info@carersni.org – June 2011.
Disability	**NI Population Statistics*** 20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.

	68.57% (1, 241709) of residents did not have long – term health condition.

Deafness or partial hearing loss – **5.14% (93, 078)**

Blindness or partial sight loss – **1.7% (30, 785)**

Communication Difficulty – **1.65% (29, 879)**

Mobility of Dexterity Difficulty – **11.44% (207, 163)**

A learning, intellectual, social or behavioural difficulty. **2.22% (40, 201)**

An emotional, psychological - **5.83% (105, 573)**

or mental health condition

Long – term pain or discomfort – **10.10% (182, 897)**

Shortness of breath or difficulty breathing – **8.72%**

(157, 907)

Frequent confusion or memory loss – **1.97% (35, 674)**

A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – **6.55% (118, 612)**

Other condition – **5.22% (94, 527)**

No Condition – **68.57% (1, 241, 709)**

More than one person in five (300,000) people in Northern Ireland has a disability. The incidence of disability in Northern Ireland has traditionally been higher than Great Britain Persons with limiting long term illness 20.36% in Northern Ireland.

Among those of working age, 30% of those with a work-limiting disability are working. A further 15% lack, but want, paid work but 55% do not want paid work. (The Poverty Site / Labour Force Survey 2011). |
| Ethnicity | NI Population Statistics* |

1.8% 32,596 of the usual resident population belonged to minority ethnic groups,

White – 98.21% (1, 778, 449)

Chinese – 0.35% (6, 338)

Irish Traveller – 0.07% (1, 268)

Indian – 0.34% (6, 157)

Pakistani – 0.06% (1, 087)

Bangladeshi – 0.03% (543)

Other Asian – 0.28% (5, 070)

Black Caribbean – 0.02% (362)

Black African – 0.13% (2354)

Black Other – 0.05% (905)

Mixed – 0.33% (5976)

Other – 0.13% (2354)

Language (Spoken by those aged 3 and over);

English – 96.86% (1, 681, 210)

Polish – 1.02%(17, 704)

Lithuanian – 0.36% (6, 249)

Irish (Gaelic) – 0.24% (4, 166)

Portuguese – 0.13% (2, 256)

Slovak – 0.13% (2, 256)

Chinese – 0.13% (2, 256)

Tagalog/Filipino – 0.11% (1, 909)

Latvian – 0.07% (1, 215)

	Russian – 0.07% (1, 215)
	Hungarian – 0.06% (1, 041)
	Other – 0.75% (13, 018) There may be added difficulty for those with language barriers
Sexual Orientation	McClenahan, Simon (2012): Multiple identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action. "The general view in Northern Ireland among LGB&T organisations, service providers and policy makers is that an estimated 6% to 10% of the population identifies as lesbian, gay, bisexual and transgender." Note- sources do not provide figures solely on those persons who identify as lesbian, gay and bisexual and so the above percentage is a slight overestimate.

.

2.3   Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

The RQIA draft Corporate Strategy 2017-21 is a high level document which sets the strategic direction of the organisation. This draft strategy will be supported by an annual business plan, work programmes, policies and business cases as appropriate over the next four years.

RQIA recognises that the needs, experiences and priorities of groups within each Section 75 category may vary substantially in relation to the work emanating from this Corporate Strategy. A top level screening of the draft Strategy will not do justice to giving consideration to the needs of all the Section 75 groups, and therefore the RQIA is committed to undertaking where appropriate

the screening of associated pieces of work as they are taken forward, including for example business plans.

Category	Needs and Experiences
Gender	
Age	
Religion	
Political Opinion	
Marital Status	
Dependent Status	
Disability	Some people with a disability may require the draft Strategy to be written in plain English.
Ethnicity	
Sexual Orientation	

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

None identified.

2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

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 draft strategy has been written in a manner to make it accessible to a wide group of stakeholders and the general public.	RQIA is committed to undertaking where appropriate the screening of associated pieces of work as they are taken forward, including for example annual business plans, work programmes, policies and business cases over the next four years. RQIA is committed to screening its communications and engagement strategy during the development process. RQIA will strengthen data gathering and analysis so that its objectives and priorities will be intelligence led. RQIA will consider the feasibility of collecting Section 75 monitoring data.

2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	*Impact*	*Suggestions*
Religion	None	None

Political Opinion	None	None
Ethnicity	None	None

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	
Minor impact	✓
No further impact	

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?
Please tick:

Yes	
No	✓

RQIA recognises the need to consider the impact on Section 75 groups of this draft strategy and subsequent policies and programmes of work. The needs, experiences and priorities of these groups will vary and annual business plans, work programmes, policies and business cases will be screened as appropriate over the next four years. Therefore a full Equality Impact Assessment is not required at this stage.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

How does the policy or decision currently encourage disabled people to participate in public life?	*What else could you do to encourage disabled people to participate in public life?*

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

How does the policy or decision currently promote positive attitudes towards disabled people?	*What else could you do to promote positive attitudes towards disabled people?*

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st protocol Article 2 – Right of access to education	No

If you have answered no to all of the above please move on to Question 6 on monitoring

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?* Yes/No

* It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
Monitoring data will be identified through screening of work streams emanating from the draft Strategy	Monitoring data will be identified through screening of work streams emanating from the draft Strategy	Monitoring data will be identified through screening of work streams emanating from the draft Strategy

Approved Lead Officer: Maurice Atkinson

Position: Corporate Service Director

Date: 20 December 2016

Policy/Decision Screened by: Bill Norris Office Manager

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact

Malachy Finnegan
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Belfast
BT1 3BT

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Mobile: 07920 187 881

Fax: 028 9051 7501

Email: malachy.finnegan@rqia.org.uk

RQIA Board Meeting

Date of Meeting	19 January 2017
Title of Paper	Policy and Procedure on the Management and Handling of Complaints against RQIA
Agenda Item	7
Reference	B/01/17
Author	Jill Munce
Presented by	Olive Macleod
Purpose	To **APPROVE** the amendments to RQIA's Policy and Procedure on the Management and Handling of Complaints against RQIA.
Executive Summary	In order to address recommendations from BSO Internal Audit Unit a number of minor amendments have been made to RQIA's Policy and Procedure on the Management and Handling of Complaints against RQIA.
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the amendments to RQIA's Policy and Procedure on the Management and Handling of Complaints against RQIA to address BSO Internal Audit recommendations.
Next steps	When approved by RQIA's Board, the updated Policy and Procedure for the Management and Handling of Complaints against RQIA will be published on RQIA's website.

Proposed Amendments to RQIA's Policy and Procedure on the Management and Handling of Complaints against RQIA

In accordance with the 2016/17 annual audit plan, in June 2016, BSO Internal Audit conducted its first audit of Complaints Management, Whistleblowing and Concerns.

Internal Audit made a Priority 2 recommendation that complaints should be graded for severity and given a unique reference number. This has been addressed.

The table below details internal audit's findings relating to the early resolution stage of RQIA's policy and procedure on the management of complaints against RQIA. Board members are invited to note RQIA's response to the findings and to approve the proposed amendments to the policy and procedure on the management and handling of complaints against RQIA.

INTERNAL AUDIT FINDINGS	PROPOSED AMENDMENTS
The outcome the complainant was seeking was not clearly identified and documented in any of the six complaints reviewed.	Insert: *"If the investigating officer makes contact by telephone they should discuss what outcome the complainant is hoping to achieve. The outcome should be recorded, when applicable".* (Ref page 12, section 2.4.5)
The manner in which the complaint was to be handled was not discussed with the complainant in any of the six cases reviewed.	Insert: *"The investigating officer should explain to the complainant the manner in which their complaint will be handled".* (Ref page 12, Ref 12.4.5)
A clear management plan for the investigation was not available for the six cases reviewed.	A management plan for both Early Resolution and Formal Resolution has been added to the Appendices to the policy and procedures
Evidence of learning applicable to those staff directly involved in any incidents / case, was not always evident in the complaints file.	Insert: "*The investigating officer should also outline to the Chief Executive any learning for the organisation".* (Ref page 13, section 2.6.2)
RQIA does not determine complaints as being fully, partly or not upheld.	RQIA already determines complaints as being fully, partially or not upheld. This is outlined on page 13, section 2.6.3

RQIA Board Meeting

Date of Meeting	19 January 2017
Title of Paper	Enforcement Procedures
Agenda Item	8
Reference	C/01/17
Author	Kathy Fodey
Presented by	Kathy Fodey
Purpose	To describe the process by which enforcement action is taken.
Executive Summary	Enforcement policy and procedures have been reviewed and updated.
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the enforcement and policy and procedures. Any additional comments on panel procedures (documents 3 to 6) are welcome
Next steps	

RQIA Enforcement Policy

(Document 1 in a Suite of 6)

Policy Type:	**Operational**
Directorate Area:	**All Directorates**
Policy Author/Champion:	**Board Members, Chief Executive, HoPs, Director of Regulation**
Date Equality Screened:	**August 2015**
Date Approved by Executive Team:	**13 January 2016**
Date Approved by Board:	
Date of Issue:	
Date of Review:	

Review of Enforcement Policy

Date	Action
16 January 2015	**Meeting - Review of Policy**
April 2015	**Legal Advice x3**
28 April 2015	**Meeting Review of Policy**
23 July 2015	**Meeting Review of Action plan**
30 July 29, 2015	**Meeting Review of Panel recommendations**
12 August 2015	**Meeting to review**
27 November 2015	**Legal Advice**
17 December 2015	**Meeting to review representation panels**

Contents

1. **Introduction**

The Regulation and Quality Improvement Authority (RQIA) was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order). RQIA provides independent assurance about the quality, safety and availability of health and social care services in Northern Ireland, encourages continuous improvement in those services and safeguards the rights of service users.

Enforcement action is an essential element of the responsibilities of RQIA. There is a range of enforcement options to ensure compliance with regulations and minimum standards; to effect improvements; and to afford protection to service users. RQIA will normally adopt a stepped approach to enforcement.

2. **Scope**

All employees of RQIA are required to adhere to this policy and procedure. The appropriate use of enforcement powers, including prosecution, is important: to secure compliance with legislation and minimum standards; and, to ensure that registered providers are held to account for failures to safeguard the health, safety and welfare of service users.

This policy will apply to the regulation and inspection of any establishment or agency, and to persons registered under the 2003 Order. This may include the HSC Board, HSC trust or special agency, if RQIA believes that the board, trust or agency is failing to comply with any statement of minimum standards.

This policy should be read as part of a suite of documents regarding enforcement action taken by RQIA including:

- RQIA Enforcement Procedures (Document 2 in a Suite of 6)
- RQIA Enforcement Review Panel Procedures in Respect of Improvement Notice/s (Document 3 in a Suite of 6)
- RQIA Enforcement Review Panel Procedures in Respect of Failure to Comply Notice/s (Document 4 in a Suite of 6)
- RQIA Decision Making Panel Procedures in Respect of Notices of Proposal (Document 5 in a Suite of 6)
- RQIA Decision Making Panel Procedures in Respect of Urgent Procedure (Document 6 in a Suite of 6)
- Registration regulations
- Service specific regulations

This policy should be read in conjunction with its associated procedures, and other relevant RQIA policies and procedures, including RQIA Escalation Policy (this relates to the reporting and management of concerns, direct allegations and/or disclosures arising from inspection and/or review activity).

3.   Policy Statement

This policy sets out the general principles and approach that RQIA will follow in relation to enforcement. The 2003 Order provides RQIA with statutory powers to take enforcement action. These actions are designed to protect the safety of service users and to address situations where there are significant failings and/or lack of improvement in the quality of service provision.

RQIA believes in a system of firm but fair regulation. It has adopted the principles outlined in the Principles of Good Regulation, Better Regulation Task Force, 2003. These principles are:

- proportionality
- consistency
- targeting
- transparency
- accountability

It should be noted that RQIA may employ simultaneous enforcement actions in regard to a registered service, provided the action is related to separate breaches of standards and/or regulations.

RQIA may increase inspection activity to monitor compliance and ensure that the necessary improvements are being made.

RQIA may also escalate enforcement actions at any time. Enforcement action will be proportionate and related to the level of risk to service users and the severity of the breach of regulation. RQIA will follow up enforcement action to ensure that quality improvements are achieved.

4.   The Legislative Framework

Registered establishments and agencies are required to comply with the 2003 Order and the associated service specific regulations.

Other services including HSC Board, HSC trust or special agency are required to comply with DHSSPS minimum standards (Article 39) (Article 35) of the 2003 Order. Failure to do so may result in enforcement action.

Article 34 of the 2003 Order also places a statutory duty of quality on the Health and Social Care Board and on HSC trusts in respect of the services they provide.

The 2003 Order and associated regulations are available on RQIA's website at www.rqia.org.uk/publications/legislation.cfm.

Registered persons/managers should ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency issued by the Department of Health, Social Services and Public Safety (DHSSPS).

The list of minimum standards (DHSSPS) is available on RQIA's website at
www.rqia.org.uk/publications/useful documents.cfm

5. The Responsibilities of RQIA

RQIA Board - is responsible for approving the Enforcement Policy. Board members are required to Chair and to serve on DM Panels, as necessary.

The Chief Executive - is accountable for the effective implementation of the Enforcement Policy and will delegate responsibility to the relevant director for the operational management of the procedures.

Directors - are responsible for the effective operation of the procedures. They will ensure that relevant training and guidance is embedded within all teams.

Heads of Programmes - are responsible for the day-to-day operation of the procedures and will ensure that staff are appropriately trained and supported in the implementation of any enforcement action. Heads of Programmes will endeavour to ensure consistency and standardisation of approach in all enforcement activity across operational teams. Heads of Programmes must also ensure that all information relating to enforcement activity is kept up to date and shared as appropriate.

Senior Inspectors - are responsible for coordinating enforcement action for the relevant service type.

Inspectors - are responsible for bringing any failings to the attention of line management.

Communications Manager - is responsible for the publication of enforcement action.

Head of Information - is responsible for ensuring that information systems are in place to record enforcement action.

Information Analyst - is responsible for compiling and circulating monthly reports to the relevant manager.

Registration Manager - is responsible for ensuring RQIA's register of establishments and agencies is up to date.

Complaints and Representations Manager - is responsible for providing administrative support to panels.

Administrative Team Supervisor - is responsible for ensuring that the procedures are adhered to at all times by all administrative staff within their team.

Administrators - are responsible for issuing enforcement documents to Registered Providers, Stakeholders and relevant internal staff in line with the procedures. They are responsible for taking a note of relevant actions at enforcement meetings.

6. Training

Training on this policy and its related procedures will be provided to all relevant RQIA staff and board members as required.

7. Equality

This policy was equality screened in August 2015 found to have a neutral impact; therefore the policy does not require to be subjected to a full equality impact assessment

8. Monitoring/Evaluation

This policy will be monitored on a regular basis by RQIA's Executive Management Team. The implementation of the policy and associated procedure and any deficiencies within the policy will be noted by the Chief Executive. Any proposed amendments will require Board approval.

9. Review of Policy

This policy will be reviewed in September 2018 to evaluate its effectiveness and to review the associated procedures.

10. Development and Consultation

The Enforcement Policy has been developed by a Project Group within RQIA and in consultation and engagement with all members of staff including the RQIA Board and Executive Management Team.

RQIA Enforcement Review Panel Procedures in respect of Written Representation regarding Failure to Comply Notice(s)

(Document 4 in a Suite of 6)

CONTENTS   **PAGE**

Associated Templates and Letters

Template 1: Letter acknowledging receipt of representation

Template 2: Template for Report of the Enforcement Review Panel

Template 3: Letter of Panel Decision (Representation not upheld)

Template 4: Letter of Panel Decision (Representation upheld)

Appendices

Appendix 1: Core Terms of Reference

RQIA Enforcement Review Panels (ERP)

1.   Introduction

1.1   These procedures should be read as part of a suite of documents regarding enforcement action taken by RQIA that includes:

- RQIA Enforcement Policy (Document 1 in a Suite of 6)
- RQIA Enforcement Procedures (Document 2 in a Suite of 6)
- RQIA Enforcement Review Panel Procedures in Respect of Written Representation regarding Improvement Notice/s (Document 3 in a Suite of 6)
- RQIA Enforcement Review Panel Procedures in Respect of Written representation regarding Failure to Comply Notice/s (Document 4 in a Suite of 6)
- RQIA Decision Making Panel Procedures in Respect of Notices of Proposal (Document 5 in a Suite of 6)
- RQIA Decision Making Panel Procedures in Respect of Urgent Procedures (Document 6 in a Suite of 6)

1.2   Regulations relating to registered establishments / agencies (except those relating to nursing homes, residential care homes and independent health care) make provision for registered persons to have a right of written representation regarding a failure to comply notice. However, RQIA has extended to all registered persons the opportunity to make formal written representation following the issue of a failure to comply notice, in line with the principles underpinning the enforcement policy and good governance, and in line with the principles of public sector administration.

1.3   This procedure outlines the process to be followed by RQIA's ERP. An ERP will be convened by the Chief Executive, following receipt of written representation from a registered person, regarding a failure to comply notice served on that person.

1.4   This procedure must be adhered to by all staff.

1.5   It should be noted that there is no legislative provision to rescind a failure to comply notice.

2.   Composition of the ERP

2.1   Membership of an ERP convened to consider a written representation will consist of the following members:

- RQIA director appointed by the Chief Executive: a director who has not been directly involved in enforcement action relating to the notice concerned. The director will be the chair of the panel.

- RQIA heads of programme: two heads of programme who have not been directly involved in in enforcement action relating to the notice concerned.

2.2 The Director of Regulation and Nursing (or a nominated deputy) will be in attendance to present the case and to answer any questions in respect of the matter under consideration.

2.3 The Complaints and Representations Manager will provide administrative support to the ERP.

3. Written Representation

3.1 A registered person should make a written representation regarding a Failure to Comply Notice using the template provided (Template in Procedure) to RQIA's Chief Executive.

3.2 Written representation must be received within one month of the failure to comply notice being served.

3.3 If the written representation is submitted using an incorrect template, the Chief Executive may write to the registered person seeking an appropriate submission on the relevant template.

3.4 The Chief Executive will also determine whether an issue raised within the representation constitutes a complaint against RQIA as defined within the Policy and Procedure on the Management and Handling of Complaints against RQIA. If so, the Chief Executive will initiate those procedures.

4. Procedure

4.1 Setting up the ERP

4.1.1 Any written representation received following the issue of a failure to comply notice will be acknowledged in writing within 2 working days (Template 1)

4.1.2 The Chief Executive will advise the Complaints and Representations Manager, who will convene an ERP within 10 working days.

4.1.3 The Director of Regulation and Nursing and relevant head of programme, relating to the service will be informed of the date of the panel meeting. The Director of Regulation and Nursing will ensure that all relevant documentation relating to the failure to comply notice is made available to the ERP.

4.1.4 The ERP will be convened by the Complaints and Representations Manager who will contact panel members and supply them with papers ahead of the meeting.

4.2   ERP Meeting

4.2.1   The chair of the ERP will be the Director appointed by the Chief Executive.

4.2.2   The chair of the ERP will ensure that the panel determines the terms of reference for the panel. A guide to draft terms of reference for consideration by the panel is attached at Appendix 1.

4.2.3   The ERP will review the correspondence from the registered person and will identify individual points of representation.

4.2.4   The Director of Regulation and Nursing or nominated deputy will present the case to the panel, providing clarity on any issues when required.

4.2.5   If the ERP determines that legal advice is required, this advice may be sought by the chair of the panel.

4.2.6   The ERP may consult and interview any relevant RQIA staff as necessary to ascertain the context of any fact and/or process regarding the issue of the Failure to Comply notice or to obtain any further relevant information that might assist the ERP.

4.2.7   The ERP's decisions will be documented against each of the relevant terms of reference.

4.2.8   The ERP will document its findings against all individual points identified as representation made by the registered person. (Template 2)

4.2.9   The outcome of the ERP will be communicated to the registered person within 28 days of the issue of the acknowledgement letter and will be accompanied by the report of the ERP's decision. (Template 3 or 4)

4.2.10 The ERP may also make recommendations to the Chief Executive.

4.2.11 The Director of Regulation and Nursing will inform the Board of RQIA of the outcome of the panel's decision at the next Board meeting.

4.3   Decision of the Panel

4.3.1   The Panel's outcome decision will be as follows:

   a) The representation has not been upheld and the registered person will be advised accordingly (Template 3).

   b) The representation has been upheld and

      -   The Chief Executive will communicate the decision of the panel to the registered person and relevant stakeholders (Template 4)

- The Chief Executive will inform the Communications Manager of the panel decision and the enforcement section of RQIA's website will be updated to reflect this.

Associated Templates and Letters

Letter acknowledging receipt of written representation

PRIVATE AND CONFIDENTIAL

Date

Name and address of Registered Person

Dear

Name of establishment/agency

**Confirmation of receipt of correspondence Re: Failure to Comply Notice –
Written Representation**

FTC Ref

I write to acknowledge receipt of your written representation regarding the failure to comply notice issued to you on (insert date).

An Enforcement Review Panel will be convened to consider your representation and review the Failure to Comply notice served on you.

I will write to you again within 28 days to advise you of the decision of the Enforcement Review Panel.

Yours sincerely

Chief Executive

cc: Director of Regulation and Nursing
        Head of Programme

bcc: Chair of ERP

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

REPORT OF ENFORCEMENT REVIEW PANEL DECISION

Name of Registered Establishment or Agency:	FTC Ref:
Name of Registered Person:	Issue Date:
RQIA confirms that an RQIA ERP met on (*insert date*) **and decided to uphold /not uphold** (*delete as necessary*) **the representation(s) you made regarding a failure to comply notice issued on** (*insert date*) **as follows:** *The Panel should indicate whether each element of the representation is upheld or not upheld and provide a response on each.*	
Signed .... **Chair of the Panel**	

Failure to Comply Representation – Not upheld

PRIVATE AND CONFIDENTIAL

Date

Name and address of Registered Person

Dear

Name of establishment/agency

Enforcement Review Panel Decision

FTC Ref

I refer to previous correspondence sent to you on *(insert date)* which confirmed that in line with the Regulation and Quality Improvement Authority (RQIA) Enforcement Policy and procedures, the Enforcement Review Panel (ERP) would review the Failure to Comply notice served on you on (date) and written representation made by you on (date).

The panel has considered your written representation dated and decided that your representation has not been upheld. The reasons for this decision are outlined in the attached report of the ERP.

If you wish to discuss this decision you should contact the Director of Regulation and Nursing.

Yours sincerely

Chief Executive

cc: Director of Regulation and Nursing
        Head of Programme

bcc: Chair of ERP

Enc.

PRIVATE AND CONFIDENTIAL

Date

Name and address of Registered Person

Dear

Name of establishment/agency

Enforcement Review Panel Decision

FTC Ref

I refer to previous correspondence sent to you on *(insert date)* which confirmed that in line with the Regulation and Quality Improvement Authority (RQIA) Enforcement Policy and procedures, the Enforcement Review Panel would review the failure to comply notice served on you on (*insert date*) and the written representation made by you on (*insert date*).

The ERP has considered your written representation and decided that the grounds of your representation have been upheld.

The reasons for reaching this decision are detailed in the attached report. As RQIA has no powers to rescind a Failure to Comply notice, we will update the enforcement section of RQIA's website to reflect the panel's decision.

This letter has been copied to relevant stakeholders for their attention (delete as appropriate).

Yours sincerely

Chief Executive

cc: Director of Regulation and Nursing
        Head of Programme
        Communications Manager
        Relevant stakeholders (delete as appropriate)

bcc: Chair of ERP

Enc.

APPENDICES

Core Terms of Reference for an Enforcement Review Panel

The chair of the ERP is responsible for establishing the terms of reference at the outset of the panels work. The terms of reference may vary depending on the content of each individual representation.

The enforcement review panel should consider whether:

- the enforcement notice has been issued in line with RQIA's Enforcement Policy and procedure.

- the enforcement notice has been appropriately served on the registered person.

- the registered person has been given sufficient warning of RQIA's intention to take enforcement action

- there are sufficient grounds based on the information available to validate that the issue of the notice was fair, reasonable and proportionate

- the notice references the regulations which have been breached

- the registered person has been informed of the actions and the timeframe in which they are required to achieve compliance

- each of the points made within the letter of representation should be considered.

- there are any recommendations arising from the ERP's findings that will be referred to RQIA's Chief Executive.

The panel determines whether the decision to issue the notice was fair, reasonable and proportionate.

This list is not exhaustive, rather it is a guide for ERP's

RQIA Enforcement Review Panel Procedures in respect of Written Representation regarding Improvement Notice(s)

(Document 3 in a Suite of 6)

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1.2 RQIA has extended to all registered persons/trust's Responsible Individual the opportunity to make formal written representation following the issue of an Improvement Notice, in line with the principles underpinning the enforcement policy and good governance, and in line with the principles of public sector administration.

1.3 This procedure outlines the process to be followed by RQIA's ERP. An ERP will be convened by the Chief Executive following receipt of written representation from a registered person/trust's Responsible Individual, regarding an Improvement Notice served on that person.

1.4 This procedure must be adhered to by all staff.

1.5 It should be noted that there is no legislative provision to rescind an Improvement Notice.

2. Composition of an ERP

2.1 Membership of an ERP convened to consider a written representation will consist of the following members:

- RQIA director appointed by the Chief Executive: a director who has not been directly involved in the enforcement action relating to the notice concerned. The director will be the chair of the panel.
- RQIA heads of programme: two heads of programme who have not been directly involved in the enforcement action relating to the notice concerned.

2.2 The relevant Director (or a nominated deputy) will be in attendance to present the case and to answer any questions in respect of the matter under consideration.

2.3 The Complaints and Representations Manager will provide administrative support to the ERP.

3. Written Representation

3.1 A registered person/trust's Responsible Individual should make a written representation regarding an Improvement Notice using the template provided (Template In Procedure) to RQIA's Chief Executive.

3.2 Written representation must be received within one month of the Improvement Notice being served.

3.3 If the written representation is submitted using an incorrect template, the Chief Executive may write to the registered person/ trust's responsible individual seeking an appropriate submission on the relevant template.

3.4 The Chief Executive will also determine whether an issue raised within the representation constitutes a complaint against RQIA as defined within the Policy and Procedure on the Management and Handling of Complaints against RQIA. If so, the Chief Executive will initiate those procedures.

4. Procedure

4.1 Setting up the ERP

4.1.1 Any written representation received following the issue of an improvement notice will be acknowledged in writing within 2 working days (Template 1).

4.1.2 The Chief Executive will advise the Complaints and Representations Manager who will convene an ERP within 10 working days.

4.1.3 The relevant Director and relevant head of programme, relating to the service will be informed of the date of the panel meeting. The relevant Director will ensure that all relevant documentation relating to the Improvement Notice is made available to the ERP.

4.1.4 The ERP will be convened by the Complaints and Representations Manager who will contact panel members and supply them with papers ahead of the meeting.

4.2 ERP Meeting

4.2.1 The chair of the ERP will be the Director appointed by the Chief Executive.

4.2.2   The chair of the ERP will ensure that the panel determines the terms of reference for the panel. A guide to draft terms of reference for consideration by the panel is attached at Appendix 1.

4.2.3   The ERP will review the correspondence from the registered person/trust's responsible individual and will identify individual points of representation.

4.2.4   The relevant Director or their nominated deputy will present the case to the panel, providing clarity on any issues when required.

4.2.5   If the ERP determines that legal advice is required, this advice may be sought by the chair of the panel.

4.2.6   The ERP may consult and interview any relevant RQIA staff as necessary to ascertain the context of any fact and/or process regarding the issue of the improvement notice or to obtain any further relevant information that might assist the ERP.

4.2.7   The ERP's decisions will be documented against each of the relevant terms of reference.

4.2.8   The ERP will document its findings against all individual points identified as representation made by the registered person/ trust's responsible individual. (Template 2)

4.2.9   The outcome of the ERP will be communicated to the registered person within 28 days of the issue of the acknowledgement letter and will be accompanied by the report of the ERP's decision. (Template 2)

4.2.10 The ERP may also make recommendations to the Chief Executive.

4.2.11 The relevant Director will inform the Board of RQIA of the outcome of the panel's decision at the next Board meeting.

4.3   Decision of the ERP

4.3.1   The Panel's outcome decision will be as follows:

a) The representation has not been upheld and the registered person/trust's responsible individual will be advised accordingly (Template 3) or

b) The representation has been upheld:

- The Chief Executive will communicate the decision of the panel to the registered person/trust's responsible individual and relevant stakeholders (Template 4)

- The Chief Executive will inform the Communications Manager of the panel decision and the enforcement section of RQIA's website will be updated to reflect this.

Associated Templates and Letters

PRIVATE AND CONFIDENTIAL

Date

Name and address of Registered Person/ Trust's Responsible Individual

Dear

Name of establishment/agency/trust

Confirmation of receipt of written representation re: Improvement Notice

IN Ref

I write to acknowledge receipt of your written representation regarding the Improvement Notice issued to you on (insert date).

An Enforcement Review Panel will be convened to consider your representation and review the Improvement Notice served on you.

I will write to you again within 28 days to advise you of the decision of the Enforcement Review Panel.

Yours sincerely

Chief Executive

cc: Relevant Director
        Head of Programme

bcc: Chair of ERP

Improvement Notice- Report of Enforcement Review Panel Decision

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

REPORT OF ENFORCEMENT REVIEW PANEL DECISION

Name of Registered Establishment/ Agency/trust:	**IN Ref:**
Name of Registered Person/ trust's Responsible Individual:	**Issue Date:**
RQIA confirms that an RQIA Enforcement Review Panel met on (*insert date*) **and decided to uphold /not uphold** (*delete as necessary*) **the representation(s) you made regarding an Improvement Notice issued on** (*insert date*) **as follows:** *The Panel should indicate whether each element of the representation is upheld or not upheld and provide a response on each.*	
Signed.. **Chair of the Panel**	

Improvement Notice Representation – Not upheld

PRIVATE AND CONFIDENTIAL

Date

Name and address of Registered Person/ trust's Responsible Individual

Dear

Name of establishment/agency

Enforcement Review Panel Decision

IN Ref

I refer to previous correspondence sent to you on *(insert date)* which confirmed that in line with the Regulation and Quality Improvement Authority (RQIA) Enforcement Policy and procedures, the Enforcement Review Panel (ERP) would review the Improvement Notice served on you on the (date) and written representation made by you on the (date).

The panel has considered your written representation and decided that your representation has not been upheld. The reasons for this decision are detailed in the attached report of the ERP.

If you wish to discuss this decision you should contact the (relevant) Director.

Yours sincerely

Chief Executive

cc: Relevant Director
        Head of Programme

bcc: Chair of ERP

Enc.

Covering Letter – Notice of Enforcement Review Panel - written representation

UPHELD

PRIVATE AND CONFIDENTIAL

Date

Name and address of Registered Person/ trust's responsible Individual

Dear

Name of establishment/agency/ trust

Enforcement Review Panel Decision

IN Ref

I refer to previous correspondence sent to you on *(insert date)* which confirmed that in line with the Regulation and Quality Improvement Authority (RQIA) Enforcement Policy and procedures, the Enforcement Review Panel would review the improvement notice served on you on (date) and the written representation made by you on (date).

The ERP has considered your written representation and decided that the grounds of your representation have been upheld.

The reasons for reaching this decision are detailed in the attached report. As RQIA has no powers to rescind an improvement notice, we will update the enforcement section of RQIA's website to reflect the panel's decision.

This letter has been copied to relevant stakeholders for their attention (delete as appropriate)

Yours sincerely

Chief Executive

cc: Relevant Director
         Head of Programme
         Communications Manager
         Relevant stakeholders (delete as appropriate)

bcc: Chair of ERP

Enc.

APPENDICES

Core Terms of Reference for an Enforcement Review Panel

The chair of the ERP is responsible for establishing the terms of reference at the outset of the panels work. The terms of reference may vary depending on the content of each individual representation.

The enforcement review panel should consider whether:

- the enforcement notice has been issued in line with RQIA's Enforcement Policy and procedure

- the enforcement notice has been appropriately served on the registered person/trust's Responsible Individual.

- the registered person/ trust's Responsible Individual has been given sufficient warning of RQIA's intention to take enforcement action

- there are sufficient grounds based on the information available to validate that the issue of the notice was fair, reasonable and proportionate

- the notice references the regulations which have been breached

- the registered person/trust's Responsible Individual has been informed of the actions and the timeframe in which they are required to achieve compliance

- each of the points made within the letter of representation should be considered.

- there are any recommendations arising from the ERP's findings that will be referred to RQIA's Chief Executive.

The ERP determines whether the decision to issue the notice was fair, reasonable and proportionate.

This list is not exhaustive, rather it is a guide for ERP's.

RQIA Procedures for Decision Making Panels regarding Notice of Proposal(s)

(Document 5 in a Suite of 6)

Contents   Page No

RQIA Decision Making Panels

1.   Introduction

1.1   These procedures should be read as part of a suite of documents regarding enforcement action taken by RQIA that includes:

- RQIA Enforcement Policy (Document 1 in a Suite of 6)
- RQIA Enforcement Procedures (Document 2 in a Suite of 6)
- RQIA Enforcement Review Panel Procedures in Respect of Improvement Notice/s (Document 3 in a Suite of 6)
- RQIA Enforcement Review Panel Procedures in Respect of Failure to Comply Notice/s (Document 4 in a Suite of 6)
- RQIA Decision Making Panel Procedures in Respect of Notices of Proposal (Document 5 in a Suite of 6)
- RQIA Decision Making Panel Procedures in Respect of Urgent Procedures (Document 6 in a Suite of 6)

1.2   This procedure outlines the process to be followed by RQIA's Decision Making Panel (DMP) in respect of Notices of Proposal.

1.3   In line with Standing Order 3, a DMP will be convened by RQIA when:

- RQIA has issued a Notice of Proposal to refuse or cancel the registration of an establishment or agency. (If representation is received this will be reviewed by the panel).
- Representation is received regarding a Notice of Proposal to vary, remove or impose an additional condition. (A DMP is not required unless representation is received)

1.4   This procedure does not outline the process to be followed in respect of an Order made by a lay magistrate. (Ref to RQIA Decision Making Panel Procedure in Respect of Urgent Procedures)

1.5   This procedure must be adhered to by all staff and RQIA Board members.

2.   Composition of the DMP

2.1   Membership of a DMP will consist of the following members:

- RQIA Board members: two Board members appointed by the RQIA Chair, who will nominate the Chair of the DMP.
- RQIA Chief Executive, or their nominated deputy who will be a Director not directly involved in the enforcement action relating to the notice concerned.

2.2   The Director of Regulation and Nursing (or a nominated deputy) will be in attendance to present the case and to answer any questions in respect of the matter under consideration.

2.3   The Complaints and Representations Manager will provide administrative support to the DMP.

3.   Written Representation

3.1   A registered person/ applicant should make a written representation regarding a Notice of Proposal using the template provided (Template ==in procedure==) to RQIA's Chief Executive.

3.2   Written representation must be received within 28 days of the Notice of Proposal being served.

3.3   If the written representation is submitted using the incorrect template, the Chief Executive may write to the registered person seeking an appropriate submission on the relevant template.

3.4   The Chief Executive will also determine whether an issue raised within the representation constitutes a complaint against RQIA as defined within the Policy and Procedure on the Management and Handling of Complaints against RQIA. If so, the Chief Executive will initiate those procedures.

4.   Procedure

4.1   <u>Setting up the Panel</u>

4.1.1   Any written representation received following the issue of a Notice of Proposal will be acknowledged in writing within two working days. (Template 1)

4.1.2   The Director of Regulation and Nursing will advise the Chief Executive when a Notice of Proposal has been issued. The Chief Executive should be notified on the day of issue.

4.1.3   The Chief Executive will advise the Complaints and Representations Manager who will convene a DMP. RQIA should await 28 days to allow for representation to be received.

4.1.4   If a Notice of Proposal is served to refuse or cancel registration, a DMP will always be convened, even when no representation has been received

4.1.4   The Director of Regulation and Nursing and relevant head of programme, relating to the service, will be informed of the date of the panel meeting. The Director of Regulation and Nursing will ensure that all relevant documentation relating to the Notice of Proposal is made available to the DMP.

4.1.5   The DMP will be convened by the Complaints and Representations Manager who will contact Board members nominated by the RQIA Chair and supply them with papers ahead of the meeting.

4.2   **DMP Meeting**

4.2.1   The chair of the DMP will be the Board member appointed by the RQIA Chair.

4.2.2   The chair of the DMP will ensure that the panel determines the terms of reference for the panel. A guide to draft terms of reference for consideration by the panel is attached at Appendix 1.

4.2.3   Where applicable, the DMP will review the correspondence from the registered person/ applicant and will identify individual points of representation.

4.2.4   The Director of Regulation and Nursing will present the case to the panel, providing clarity on any issues when required.

4.2.5   If the DMP determines that legal advice is required, this advice may be sought by the chair of the panel.

4.2.6   The DMP may consult and interview any relevant RQIA staff as necessary to ascertain the context of any fact and/or process regarding the issue of the notice or to obtain any further relevant information that might assist the Panel.

4.2.7   The DMP's decisions will be documented against each term of reference.

4.2.8   The DMP will document against all individual points identified as representation made by the registered person/ applicant. (Template 2)

4.2.9   The outcome of the DMP will be communicated to the registered person/applicant within 28 days of the issue of the acknowledgement letter and will be accompanied by the report of the DMP's decision. (Template 3 or 4)

4.2.10 The DMP may also make recommendations to the Chief Executive.

4.2.11 The Director of Regulation and Nursing will inform the Board of RQIA of the outcome of the panel's decision at the next Board meeting.

4.3 <u>Decision of the Panel</u>

4.3.1 The Panel's outcome decision will be as follows:

  a) RQIA's decision is not to adopt the proposal or
  b) RQIA's decision is to implement the matters within the notice of proposal and a notice of decision is served.

4.4 <u>Reporting on the Outcome of Representation</u>

4.4.1 When a DMP has been convened to decide whether to implement the matters within the notice of proposal to refuse or cancel registration and no representation has been received, the outcome of the panel will be documented in the letter to the registered person. (The decision will be either a) or b) as outlined in 4.3.1) (Template 5 or 6)

4.4.2 When a DMP has been convened and representation has been received, the DMP decision will be documented in the report of the DMP (Template 2) and sent with a covering letter to the registered person/ applicant.

The outcome will be either:

- If the representation is **not upheld,** RQIA should:
  - Issue the notice of decision.
  - Confirm the panel's decision in writing to the registered person/applicant with the report of the DMP attached.

- If the representation is **upheld**, RQIA should:
  - Confirm the panel's decision in writing to the registered person.
  - Remove the Notice of Proposal from the current Enforcement Activity page on RQIA's website (excluding children's).
  - Inform relevant stakeholders of the DMP's decision.

5. Appeals to the Care Tribunal

5.1 Registered persons/ applicants have the right of appeal to the Care Tribunal following the issue of a Notice of Decision by RQIA which has either been refused, cancelled, varied or placed conditions on registration under Article 20 of the 2003 Order.

5.2 Contact details for the Care Tribunal are as follows:

The Care Tribunal
2nd Floor
Royal Courts of Justice
Chichester Street
Belfast BT1 3JF

Tel: 0300 200 7812

Email: tribunalsunit@courtsni.gov.uk

5.3   Any appeal by the registered person/ applicant must be brought no more than 28 days after the serving on him of the notice of decision.

5.4   A decision by RQIA to cancel the registration of a registered person, vary, remove or impose an additional condition shall not take effect until an appeal is determined or abandoned or if no appeal is brought until the expiration of 28 days from service of the notice of decision.

5.5   All Notices of Decision to refuse to register an establishment/ agency will take effect from the date of service.

5.6   If conditions are placed on a registration prior to the service being registered and the applicant notifies RQIA in writing (before the expiration of the period mentioned in paragraph (5)(a)) that he does not intend to appeal, the decision will take effect when the notice is served. (Ref Article 18(2) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003).

Associated Templates and Letters

PRIVATE AND CONFIDENTIAL

Date

Name and address of Registered Person/ Applicant

Dear

Name of establishment/agency

Confirmation of receipt of written Representation Re: Notice of Proposal.

NOP Ref:

I write to acknowledge receipt of your written representation regarding the Notice of Proposal which was issued to you on *(insert date).*

A Decision Making Panel will be convened to consider your representation and review the Notice of Proposal served on you.

I will write to you again within 28 days to advise you of the decision of the Decision Making Panel.

Yours sincerely

Chief Executive

cc: Director of Regulation and Nursing
        Head of Programme

bcc: Chair of the DMP

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

REPORT OF DECISION MAKING PANEL

Name of Registered Establishment or Agency:	NoP Ref:
Name of Registered Person/ Applicant:	Issue Date:
Regulation and Quality Improvement Authority (RQIA) confirms that a RQIA Decision Making Panel (DMP) met on (*insert date*) **and decided to uphold/not uphold (**delete as necessary**) the representation(s) you made regarding a Notice of Proposal issued on** *(insert date)* **as follows:**	
The Panel should indicate whether each element of the representation is upheld or not upheld and provide a response on each.	
Signed………………………………………………… **Chair of the Panel**	

Notice of Proposal Representation – Not upheld

PRIVATE AND CONFIDENTIAL

Date

Name and address of Registered Person

Dear

Name of establishment/agency

Confirmation of Outcome of Notice of Proposal Representation

NoP Ref

I refer to previous correspondence sent to you on *(insert date)* to acknowledge the Regulation and Quality Improvement Authority's (RQIA) receipt of your written representation regarding the Notice of Proposal issued to you on *(insert date).*

In this correspondence, I confirmed that I would convene a Decision Making Panel (DMP) that would consider your representation and would review the NOP served on you on (date).

The DMP has considered your written representation and decided that your representation has not been upheld. You should now have received the Notice of Decision, along with details of your right of appeal to the Care Tribunal.

It should be noted that continued noncompliance may lead to further enforcement action. It should also be noted that failure to comply with some regulations is considered to be an offence and RQIA has the power under regulations to prosecute for specified offences.

If you wish to discuss this decision you should contact (*insert Director of Regulation and Nursing and/or relevant head of programme*) who will arrange to meet with you.

Yours sincerely

Chief Executive

cc   Director of Regulation and Nursing
         Head of Programme
         Communications Manager

bcc: Chair of the DMP

Covering Letter – Notice of Proposal Panel representation UPHELD

PRIVATE AND CONFIDENTIAL

Date

Name and address of Registered Person/ Applicant

Dear

Name of establishment/agency

Notice of Decision Making Panel

NoP Ref

I refer to previous correspondence sent to you on *(insert date)* to acknowledge the Regulation and Quality Improvement Authority's (RQIA) receipt of your written representation regarding the Notice of Proposal issued to you on *(insert date)*.

In this correspondence, I confirmed that I would convene a Decision Making Panel (the Panel) that would consider your representation and would review the Notice of Proposal served on you.

The Panel has considered your written representations dated *(insert date)* and decided that the grounds of your representation(s) have been upheld and RQIA's decision is not to adopt the notice of proposal

The Panel's reasons for reaching this decision are detailed in the attached report of the DMP.

(Need to insert a statement to acknowledge error and apology, as appropriate: this may include in part a general statement and a statement to reflect the specific circumstances related to the notice and establishment / agency).

If you wish to discuss this decision you should contact (*insert Director of Regulation and Nursing and/or relevant head of programme*) who will arrange to meet with you.

Yours sincerely

Chief Executive

cc   Director of Regulation and Nursing
        Chairman of RQIA Board
        Communication Manager
        CEO of all HSCTs / DHSSPS / HSCB / Other relevant Stakeholders

Covering Letter – DMP Decision - IMPLEMENT PROPOSAL

PRIVATE AND CONFIDENTIAL

Date

Name and address of Registered Person/ Applicant

Dear

Name of establishment/agency

Notice of Decision Making Panel

NoP Ref

In line with RQIA's Enforcement Procedure, a Decision Making Panel has been convened to review the Notice of Proposal served on you.

I can advise that the DMP has now met and the Panel's decision is to implement the proposal. You should now have received the Notice of Decision, along with details of your right to appeal to the Care Tribunal.

If you wish to discuss this decision you should contact (insert Director of Regulation and Nursing and/or relevant head of programme) who will arrange to meet with you.

Yours sincerely

Chief Executive

Cc: Director of Regulation and Nursing
         Head of Programme
         Communications Manager

Bcc: Chair of the DMP

Covering Letter – DMP Decision – NOT TO ADOPT PROPOSAL

PRIVATE AND CONFIDENTIAL

Date

Name and address of Registered Person/ Applicant

Dear

Name of establishment/agency

Decision Making Panel

NoP Ref

In line with RQIA's Enforcement Procedure, a Decision Making Panel has been convened to review the Notice of Proposal served on you.

I can advise that the DMP has now met and the Panel's decision is not to adopt the proposal.   RQIA will remove the NOP from the current Enforcement Activity page on RQIA's website and will inform relevant stakeholders.

(Need to insert a statement to acknowledge error and apology, as appropriate: this may include in part a general statement and a statement to reflect the specific circumstances related to the notice and establishment / agency).

If you wish to discuss this decision you should contact (insert Director of Regulation and Nursing and/or relevant head of programme) who will arrange to meet with you.

Yours sincerely

Chief Executive

Cc: Director of Regulation and Nursing
        Head of Programme
        Communications Manager
        Relevant Stakeholders

Bcc: Chair of the DMP

APPENDICES

Core Terms of Reference for a Decision Making Panel

The chair of the DM panel is responsible for establishing the terms of reference at the outset of the panel's work. The terms of reference may vary depending on the content of each individual representation.

The Decision Making Panel should consider whether -

- The Notice of Proposal has been issued in line with RQIA's Enforcement Policy and Procedures.

- The Notice of Proposal has been appropriately served on the registered person.

- There are sufficient grounds based on the information available to validate that the issue of the notice was fair, reasonable and proportionate.

- The Notice of Proposal references the regulations which have been breached.

- When representation has been made, each of the points of representation should be considered.

- There are any recommendations arising from the review Panel's findings that will be referred to the RQIA Chief Executive.

This list is not exhaustive, rather it is a guide for Decision Making Panels.

RQIA Procedures for Decision Making Panels in Respect of Urgent Procedures

(Document 6 in a Suite of 6)

Contents **Page No's**

1. **Introduction**

2. **Composition of the Decision Making Panel**

3. **Procedure**

      3.1   Setting up the Panel
      3.2   Written Representation
      3.3   Panel Meeting
      3.4   Decision of the Panel

4. **Appeals to the Care Tribunal**

Associated Templates and Letters

Template 1: Report of DMP Decision

Appendices

Core Terms of Reference for the Panel

RQIA Decision Making Panel (DMP)

1. Introduction

1.1 These procedures should be read as part of a suite of documents regarding enforcement action taken by RQIA that includes:

- RQIA Enforcement Policy (Document 1 in a Suite of 6)
- RQIA Enforcement Procedures (Document 2 in a Suite of 6)
- RQIA Enforcement Review Panel Procedures in Respect of Improvement Notice/s (Document 3 in a Suite of 6)
- RQIA Enforcement Review Panel Procedures in Respect of Failure to Comply Notice/s (Document 4 in a Suite of 6)
- RQIA Decision Making Panel Procedures in Respect of Notices of Proposal (Document 5 in a Suite of 6)
- RQIA Decision Making Panel Procedures in Respect of Urgent Procedures (Document 6 in a Suite of 6)

1.2 This procedure outlines the process to be followed by RQIA's decision making panel (DMP) in respect of Urgent Procedures.

1.3 In line with Standing Order 3, a DMP will be convened by RQIA when:

- RQIA proposes to make application to a lay magistrate for an order (ref: The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 Article 21 and Standing Order 3)

1.4 This procedure does not outline the process to be followed in respect of a Notice of Proposal. (Ref to RQIA Decision Making Panel Procedure in Respect of Notices of Proposal)

1.5 This procedure must be adhered to by all staff and RQIA Board members.

2. Composition of the Decision Making Panel

2.1 Membership of the DMP will consist of the following members:

- RQIA Board members: two Board members appointed by the RQIA Chair, who will nominate the Chair of the DMP.
- RQIA Chief Executive, or their nominated deputy who will be a Director not associated with the enforcement action under consideration.

2.2 The Director of Regulation and Nursing (or a nominated deputy) will be in attendance to present the case and to answer any questions in respect of the matter under consideration.

2.3 The Complaints and Representations Manager will provide administrative support to the DMP.

DRAFT – FOR TRAINING PURPOSES – INTERNAL DOCUMENT ONLY

3.   Procedure

3.1   Setting up the Panel

3.1.1   The Director of Regulation and Nursing will advise the Chief Executive that RQIA intend to make an application to a Lay Magistrate. The Chief Executive should be notified following the Enforcement Decision Meeting (EDM)

3.1.2   The Chief Executive will advise the Complaints and Representations Manager who will convene a DMP within two working days.

3.1.3   The Director of Regulation and Nursing and relevant head of programme will be informed of the date of the DMP meeting. The Director of Regulation and Nursing will ensure that all relevant documentation relating to the application is made available to the DMP

3.1.4   The DMP will be convened by the Complaints and Representations Manager who will contact Board members and supply them with papers ahead of the meeting.

3.2   DMP Meeting

3.2.1   The chair of the DMP will ensure that the Panel determines the terms of reference for the Panel. A guide to draft terms of reference for consideration by the panel is attached at Appendix 1.

3.2.2   The Director of Regulation and Nursing will present the application to the DMP.

3.2.3   If the chair of the DMP determines that legal advice is required, this advice may be sought by contacting the Directorate of Legal Services, BSO.

3.2.4   The DMP's decisions will be documented against each term of reference. (Template 1)

3.2.5   The DMP will make its determination promptly and within two working days of receipt of the application.

3.2.7   The DMP will present a report of this decision at the next Board meeting.

3.3   Decision of the DMP

3.3.1   The Panel's outcome decision will be as follows:

   a) RQIA's decision is not to approve the application Lay Magistrate.
   b) RQIA's decision is to approve the application to a Lay Magistrate and the DMP will authorise the application to be made to the Lay Magistrate on behalf of RQIA.

4.   Appeals to the Care Tribunal

4.1   The registered person has the right of appeal to the Care Tribunal in respect of an Order served by RQIA.

4.2   Contact details for the Care Tribunal are as follows:

The Care Tribunal
2nd Floor
Royal Courts of Justice
Chichester Street
Belfast BT1 3JF

Tel: 0300 200 7812

Email: tribunalsunit@courtsni.gov.uk

4.3   If a Lay Magistrate makes an order it shall have effect from the time when the order is made.

Associated Templates and Letters

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

REPORT OF DECISION MAKING PANEL

Name of Registered Establishment or Agency:	**Urgent Procedure Ref:**
Name of Registered Person/ Applicant:	**Issue Date:**
Regulation and Quality Improvement Authority (RQIA) confirms that a RQIA Decision Making Panel (DMP) met on (*insert date*) **and decided to approve/not approve** the application to a Lay Magistrate. **The Panel's reasons for this decision is as follows:**	

Signed………………………………………………………

Chair of the Panel

DRAFT – FOR TRAINING PURPOSES – INTERNAL DOCUMENT ONLY

APPENDICES

Core Terms of Reference for a Decision Making Panel in Respect of Urgent Procedures

The Decision Making Panel should consider whether -

1.   Are the details of the regulations and/or parts of the 2003 Order breached including relevant enforcement history of non-compliance outlined.

2.   Is there evidence to support RQIA's application for an order and specific statements about the risks to a service users life, health or wellbeing if the order is not made.

RQIA Board Meeting

Date of Meeting	18 January 2017
Title of Paper	RQIA Communications Plan
Agenda Item	9
Reference	D/01/17
Author	Malachy Finnegan
Presented by	Olive Macleod
Purpose	To provide RQIA's Board with an overview of RQIA's approach to communications, in advance of the development of a communications and engagement strategy, as referenced in the draft Corporate Strategy 2017- 21
Executive Summary	RQIA's Communications Plan provides an overview of RQIA's current position; where it aims to be; and how we plan to get there.
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to **approve** the approach outlined within this paper
Next steps	Development of an annual communications plan 2017-18; and a communications and engagement strategy, as referenced in the draft Corporate Strategy 2017- 21 – subject to the outcome of its public consultation

Communications Plan 2017-18

Assurance, Challenge and Improvement in Health and Social Care

RQIA's Vision and Values

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

Values: RQIA has a shared set of values that define our culture:

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

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

RQIA Communications Plan 2017-18

1   The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. It is the independent body responsible for monitoring and inspecting the availability and quality of health and social care (HSC) services in Northern Ireland, and encouraging improvements in the quality of those services.

RQIA's key responsibilities are:

- to register and inspect a wide range of HSC services
- to review the quality of services provided by the HSC Board, HSC trusts and agencies
- to undertake a range of responsibilities for people with mental ill health and those with a learning disability under the Mental Health (Northern Ireland) Order 1986
- GAIN (Guidelines and Audit Implementation Network) activities – from April 2015

In support of these responsibilities, RQIA has adopted a human rights based approach to our work. This is central to RQIA's role in encouraging continuous improvements in health and social care services and safeguarding the rights of service users.

2   Where is RQIA Now?

In common with all organisations, communication is key to the effectiveness of RQIA. Good communication is the responsibility of everyone within RQIA, and is achieved by ensuring that our objectives are clear to staff, board members and key stakeholders, including the public.

RQIA's duties have grown in recent years and are increasingly diverse.

Over the past year, RQIA's key achievements include:

- The publication of some 3,000 inspection and review reports online.
- Responses to over 50 Assembly Questions.
- XX% of media coverage, presenting RQIA's activities in a positive manner
- Increased social media presence: RQIA's Twitter account @RQIANews currently has over 1,300 followers, an increase of 500 over the past nine months.
- The launch of a new and improved website at www.rqia.org.uk, with over half a million web hits annually.

Given the increased level of public, political and wider health and social care service interest in our work, there is an ongoing need to support further development of the profile of the organisation.

In support of this, there are a range of communication needs across the organisation for both staff and board members. These include:

- management of external communications on all aspects of our work with our key local, national and international stakeholders
- communications protocols for engagement with stakeholder organisations, and those we regulate, inspect and review

RQIA's Management Statement and Financial Memorandum, September 2010, states:

"The RQIA will work in partnership with its stakeholders and customers to deliver the services/programmes, for which it has clear responsibility, to agreed standards. It will consult regularly to develop a clear understanding of citizens' needs and expectations of its services, and to seek feedback from both stakeholders and customers, and will work to deliver a modern, accessible service."

RQIA's Communications Plan 2017-18 (and subsequent annual plans) will align with RQIA's Corporate Strategy 2017-21 (currently in development, prior to public consultation) to support RQIA in addressing the key internal and external issues and challenges facing RQIA.

With the increased communications demands placed on the organisation, this Communications Plan identifies key priorities for the organisation in line with RQIA's Corporate Strategy 2017-21.

In its work, RQIA considers and reports against four stakeholder outcomes:

- The leadership and management in HSC services.
- Is care safe?
- Is care effective?
- Is care compassionate?

With the increased communications demands placed on the organisation, this Communications Plan identifies RQIA's key communications priorities to support the delivery of the corporate strategy objectives.

3. Where RQIA Wants to Be

RQIA is committed to building and further developing transparent and constructive relationships with all those who fund, plan, provide and use health and social care services. RQIA's Corporate Strategy 2017-21 will set out what RQIA aims to achieve over this four year period.

During this period, RQIA will:

* maintain existing relationships, and seek to develop new relationships that focus on improving the safety and quality of health and social care services
* actively engage with the public and our stakeholders to communicate the work of RQIA, including publishing information in a clear and accessible manner.

RQIA recognises that creating and sustaining positive and open relationships with stakeholders is central to the successful achievement of its strategic objectives. RQIA is committed to engaging with the public and other groups to ensure that stakeholder views and concerns are reflected in its decision-making. The need to have an open discussion and debate with interested and informed parties is the driving force behind this Plan (see Appendix 1, Stakeholder Analysis).

To support the successful delivery of RQIA's Corporate Strategy 2017-21, we have identified four communications objectives that RQIA will deliver over the four year period:

* **Inform:** RQIA will ensure that the information it provides is balanced, objective and accurate, and is presented in an accessible manner to raise awareness of what RQIA does and what it has achieved.
* **Consult and engage:** RQIA will develop systems and processes that enable it to seek the opinions of those who use; fund; procure; and provide health and social care services. RQIA will actively seek opportunities to involve its stakeholders and will ensure that their views and opinions inform RQIA's work programmes, methods and outputs.
* **Work collaboratively:** RQIA will strengthen and maintain existing relationships, and build new, constructive partnerships in order to generate fresh ideas and share knowledge and expertise.
* **Open and accountable:** RQIA will share information on its work in a timely, transparent manner and will deliver its statutory duties.

Each of these objectives is aligned to the principles that guide RQIA's communications and engagement activities. These principles set the standards to which RQIA aspires in building open, respectful and inclusive working relationships. RQIA's communications principles are set out in Appendix 2.

4. How is RQIA Going to Get There?

RQIA's Communication Action Plan 2017-18 outlines what RQIA will do to meet its communications and stakeholder engagement objectives during the first year of RQIA's Corporate Strategy 2017-21. It details specific actions, key performance indicators, timelines and the person responsible for ensuring implementation of each action.

The action plan will be updated annually, and on an ongoing basis to meet the needs of to the changing environment in which RQIA works. It is aligned with RQIA's resources, and will reflect the specific objectives included in RQIA's 2017-18 Business Plan.

The priority areas for action are:

a) raising stakeholder awareness and understanding of the scope of RQIA's role and purpose
b) ensuring that all documents/publications are accurate, fair, balanced, accessible and, where relevant, reflect the experience of people who use services
c) promoting the use of RQIA's website
d) collaborating with stakeholders on projects of mutual interest such as increasing the involvement of members of the public in our inspection and review process
e) complying with statutory duties as regards communications and stakeholder engagement.

(see Appendix 4 for details of RQIA's Communications Action Plan for 2016-17)

5. Key Messages

RQIA's role and statutory obligations are:

- to provide independent assurance about the quality, safety and availability of health and social care services in Northern Ireland
- to encourage continuous improvement in health and social care services to safeguard the rights of all service users

In all our communications we aim to reinforce a clear understanding of our role, with our key messages based around our four strategic outcomes:

- Is the service well led?
- Is care safe?
- Is care effective?
- Is care compassionate?

6.   How We Communicate

RQIA communicates with a wide range of stakeholders and target audiences. Each requires a specific approach, to ensure the needs of both RQIA and the target audience are addressed. In our work we use a wide range of methods of communication, include:

- In writing: reports, publications, letters, press releases, statements, email
- Face to face: meetings, events, inspections, reviews
- Verbal: presentations, addresses, phone calls, duty desk
- Electronic/online: email, website, intranet, social media

In planning all communication activity we assess how we can best meet the needs of the intended audience. It is also important that we communicate in an accessible way, and continue to work and further develop partnerships with relevant groups and organisations to ensure that our communication methods and materials meet their needs. These include: young people, older people, those with mental ill health or a physical, sensory or learning disability.

7.   Overseeing the Implementation of the Communications Plan

This Communications Plan aims to support RQIA's overall work programme and strategic objectives, on an annual basis, for the duration of the Corporate Strategy. It will guide and direct staff and management in achieving these objectives in an open, coordinated and consistent manner. It also aims to be flexible to ensure it responds to and takes account of new and emerging demands and priorities throughout the year.

The associated Action Plan will detail what we will do during 2017-18 to meet RQIA's key strategic objectives. Performance against each action will be measured against the targets set.

To ensure that all actions are undertaken, individual directorates will regularly review their own stakeholder objectives and priorities, update stakeholder lists, and devise targeted action plans.

In implementing this plan, RQIA will adopt a focused, project-based approach, and a system of continuous measurement will be undertaken to ensure its success. Delivery of the action plan will be monitored by RQIA's Executive Management Team and Board, as part of RQIA's corporate performance reporting arrangements.

Action plans for subsequent years will be produced alongside the publication of the business plan for that year.

Appendix 1   Stakeholder Analysis
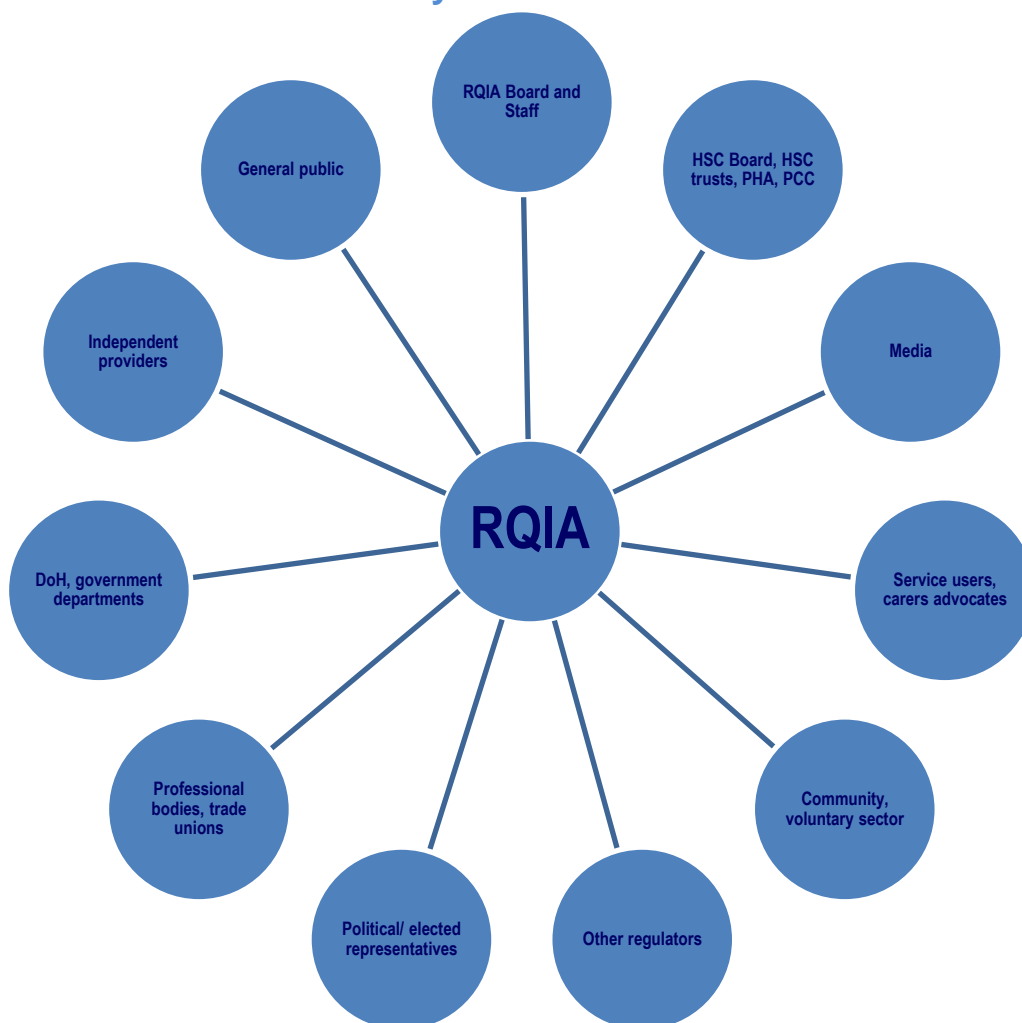
Stakeholder group	Examples of members of this group	Examples of how we engage/ communicate
Government and ministers		One-to-one meetings Responding to information requests RQIA Corporate Plan 2017-2021 and other corporate documents
Health Committee and other NI Assembly Committees		Presentations Responding to parliamentary questions Regular meetings with MLAs, spokespersons, etc.
Political Parties		One-to-one meetings with spokespersons/ MLAs, party conferences

People using services, carers, relatives, advocacy groups and charities	Those using regulated services, hospital patients Older peoples/ children's commissioners etc	Feedback and meaningful engagement during inspections Invitations to participate in focus groups Concerns about services
The public	Interested members of the public	Interacting with RQIA's website Public consultation, surveys Engagement via print, broadcast and online media
Decision makers, service providers, front-line staff and state agencies	DOH, other HSC organisations,	Regular meetings, feedback during inspections Seminars and advisory groups memorandums of understanding (MOUs) and communication protocols
Media	Print, broadcast and online journalists/ commentators	Responding to media queries Statements and press releases media interviews press briefings
Trade unions	RCN, RCM, BMA UNISON etc	JNCF meetings Publications RQIA ezine
Academic/ research institutions		Giving lectures Joint research groups Expert advisory groups
Professional regulators	GMC NMC NISCC	Meetings Providing submissions Collaboration on legislation Strategic fora and interest groups Joint activities
Professional bodies, non-governmental organisations	Public Service Ombudsman, Information Commissioner,	Meetings Expert advisory groups MOU's and communication protocols
Representative bodies and trade associations	IHCP UKHCA	Meetings, targeted presentations/events, expert advisory groups, consultations, RQIA ezine

Appendix 2   RQIA's Communications Principles

RQIA aspires to be:

Timely and responsive

- ensuring that all communication outputs are published in a timely manner
- engaging early with stakeholders to gain their support for RQIA's work and feedback on it
- actively listening to stakeholders and taking on board their views.

Transparent, ethical, fair and objective

- clearly communicating the aim and scope of RQIA's work and why and how decisions are made
- providing stakeholders with as much relevant and appropriate information as possible
- ensuring that RQIA is fair and balanced in its communications.

Accessible

- understanding who RQIA's stakeholders are, and adapting methods of communication appropriately to ensure that RQIA's message is understood
- using plain English and easy read publications where appropriate
- adopting a wide range of channels, tools and methods to reach as many stakeholders as possible.

Inclusive

- seeking to engage with all interested parties
- remaining impartial and objective in all of RQIA's dealings with stakeholders
- providing as many consultation and engagement opportunities as possible to encourage participation from a wide variety of stakeholders

Proportionate

- undertaking communications activities that are appropriate for the specific purpose and circumstances
- ensuring that RQIA provides value for money at all times, while using its resources to make a real difference.

Appendix 3   Communications Team Structure

RQIA's Communications team has two members of staff who provide practical advice, guidance and support to the organisation in the following areas:

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┌─────────────────────────┐              ┌──────────────────────────────────────┐
│    Chief Executive      │              │ Media Relations and Engagement       │
└─────────────────────────┘              │                                      │
            │                            │ Public Affairs                       │
            ▼                            │                                      │
┌─────────────────────────┐             │ Assembly Liaison                     │
│  Communications Manager │────────────▶│                                      │
└─────────────────────────┘             │ Assembly Questions                   │
            │                            │                                      │
            │                            │ Ministerial Briefings                │
            │                            │                                      │
            │                            │ Publications                         │
            │                            │                                      │
            │                            │ RQIA Annual Report                   │
            │                            │                                      │
            │                            │ RQIA E-Zine                          │
            │                            │                                      │
            │                            │ Social Media                         │
            │                            │                                      │
            │                            │ Communications Advice and Support to │
            │                            │ All RQIA Staff                       │
            │                            │                                      │
            │                            │ Management of RQIA Complaints Process│
            │                            └──────────────────────────────────────┘
            │
            │                            ┌──────────────────────────────────────┐
            ▼                            │ RQIA Website                         │
┌─────────────────────────┐             │                                      │
│  Communications Officer │────────────▶│ RQIA Intranet                        │
└─────────────────────────┘             │                                      │
                                         │ Media Monitoring and Evaluation      │
                                         │                                      │
                                         │ RQIA Staff Meetings                  │
                                         │                                      │
                                         │ Support to Communications Manager    │
                                         └──────────────────────────────────────┘
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Appendix 4: Communications Action Plan: 2016-17

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
1	Media relations	Position RQIA as the key, independent, well regarded regulator through the effective delivery of the communications action plan.	Communications Manager, Executive Team	Continue to manage RQIA's image, representing RQIA in a positive manner and proactively seeking opportunities to communicate key messages
		Communications forward planner of proactive media activity linked to key work areas - press releases, platform/position statements, media briefings.	Communications Manager	
		Responding to all media queries in a timely manner	Communications Manager	Around 150 media enquiries received each year
		Continue to build upon existing media relations. Brief all key health correspondents on matters relevant to RQIA's core business.	Communications Manager	Ongoing – liaison with all key media contacts on work programme.
		Meet key media contacts on an annual basis to brief on forthcoming plans/emerging issues. Seek feedback to support ongoing improvement in service provided.		Regular proactive and reactive contact with health spokespersons
		Update regional media contacts.	Communications Officer	August 2016
		Produce regular analysis of RQIA media activity and coverage		Media monitoring and evaluation takes place on an ongoing basis and reported quarterly

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
2	Media interviews	Following formal media training, Communications Manager to provide RQIA spokesperson with preparation, support and briefing in advance of any media appearance.	Communications Manager	Provision of ongoing support from Communications Manager Support and training for incoming Chief Executive and ongoing support/training for directors
3	Meetings with stakeholders, including: DoH; HSC organisations; independent providers; professional bodies	Agenda - targeted and used as opportunity to communicate key RQIA messages Ensure that the regular meetings which take place with key stakeholders communicate RQIA's key messages. Consider current communications protocols with DoH Communications Manager to continue to build constructive working relationship with counterparts in other HSC organisations	Executive Team/ HoPs/ Communications Manager/ Committee Services Manager Communications Manager	Bi-monthly liaison meetings with DoH; quarterly meetings with HSC Board, PHA, PCC; regular liaison with HSC trusts, NISCC, NIMDTA, NIPEC, NICCY, COPNI, NMC, GMC, Medical Directors' Forum, professional associations.

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
4	Events	In conjunction with directors, identify and provide support to programme of themed information events for service providers and service users and their carers - e.g. mental health/learning disability; inspection/regulation. Identify opportunities for RQIA to have a presence at events/conferences – provision of information stands; making presentations to delegates.	Communications Manager, EMT	Children's Services events April 2016 Consultation/focus groups – new inspection methodology – April 2016 NICON: June 2016; Regulators Forum Parliamentary Event: 13 September 2016
5	Board Meetings	To consider options for more effective engagement with key stakeholders around Northern Ireland	Communications Manager/ Board and Executive Support Manager	Use of social media to highlight board meetings and opportunity to attend
6	Networking opportunities	Continued membership of and participation at regulators forums - including UK/ROI health and social care and regulator networks; Heads of Inspectorate forum, and ad hoc meetings with key personnel in regulatory bodies in England, Scotland, Wales, Northern Ireland and ROI.	Communications Manager/ Executive Team	Heads of Inspectorate meetings July 2016; regular meetings with ETI, CJI, MHC Ireland, HIS, HIQA
7	Information exchange	Develop MOUs/ information sharing protocols with relevant stakeholder organisations, including professional and systems regulators	EMT	MOUs/protocols published on RQIA website MOUs to be reviewed and updated by September 2016

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
8	Ezine (electronic newsletter)	Production of regular e-zine, focusing on work of RQIA and key achievements on a quarterly basis. Sent to RQIA key stakeholders, placed in RQIA's website and on Twitter. Provision of subscribe to ezine service on new website	Communications Manager	ezine published: April 2016; December 2016
9	Communication Plans	Develop specific communications plans to support specific actions, activities, and emerging priorities	Communications Manager/ relevant staff	Acute Hospital Inspection Programme publication of first report June 2016
10	Publications/ publicity materials	Determine format(s) of publications to meet the needs of key audiences including users/consumers of service (e.g.: general information, easy read, etc. to ensure accessibility under DDA requirements); Identify timescales. Take HSC Board Making Communication Accessible for All guidance into account	Communications Manager	Summary leaflets published with each review report GP Services- June 2016 AHP- June 2016 QI Systems- June 2016
11	Annual Report	To meet RQIA statutory requirements to produce an annual report, providing a detailed management commentary/ strategic overview on the work of RQIA for submission to NIAO by 20 May 2016. On completion of Audit submitted to Board for approval and laid before the NI Assembly	Communications Manager	Report submitted to NIAO on 20 May 2015 for external auditing; July 2016
12	About Us, RQIA Information Leaflets	To ensure appropriate distribution of About Us information leaflets at each registered service, MHLD facility, hospital subject to inspection. Provision of supplies to HSC trust health, social services and allied health professionals teams	Communications Manager/ Communications Officer	Ongoing
13	Journal articles and editorial	Identify key publications/journals focused at key stakeholders (public, service users/consumers, political representatives) and identify relevant topics for submission	Communications Manager/ Executive Team	Ongoing

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
14	Platform pieces	Identification and development of platform pieces/position papers on issues of relevance to RQIA and stakeholders, including the public. To include profiling new Chief Executive.	Communications Manager	Ongoing
15	Public Survey	Annual survey of public opinion about awareness of RQIA's roles and responsibilities.	Communications Manager/ PPI lead	Early 2017
16	Advice and Guidance	Provision of advice and guidance to RQIA's Chief Executive, EMT, staff, and board as required on any communications issue	Communications Manager	Ongoing: Attendance at all EMT and board meetings. Open door policy in provision of advice to all staff
17	Identification of Stakeholders	Research and develop a comprehensive, up to date list of RQIA's key stakeholder.	Communications Manager/ Communications Officer	October 2016

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
18	RQIA Website	Work in partnership with ICT in the development of new RQIA website Ensure all (regulation) inspection reports are published online within 5 days of becoming open reports Continue to update and review website content and imagery to ensure content/information remains current Monitor and report on website traffic using relevant analytic tools Sharing examples of best practice via website	Communications Manager/ Communications Officer Communications Officer Communications Officer/ EMT/ HOPs	New RQIA website went live on 19 August 2016, with refreshed content, map, imagery April- June 2016 128k page views; 34k visitors
19	Social Media	In line with RQIA's Social Media Strategy support the development, and ongoing maintenance of RQIA's Twitter account. Consider options for increasing RQIA's social media presence	Communications Manager	Regular news tweets. 950 followers as at 30 June 2016 1,300 followers as at 30 June 2016 Facebook page established August 2016

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
20	Report Writing	Identify and organise tailored report writing training for relevant staff. Identify training options for staff training on report writing.	Communications Manager	MHLD proof reading training – Online training provision to be available for identified staff from late January 2017.
21	Quality Assurance	To quality assure reports published by RQIA and provide practical input and guidance to the content and layout of reports, and other information leaflets/publications	Communications Manager, Communications Officer	RQIA publications
22	Report templates	In line with the RQIA Style Guidance, develop standard templates for inspection and review reports.	Regulation Improvement Project/ Communications Officer	Continue to work via RPSG Communications Officer member of improvement working group New organisation wide report template approved August 2016
23	Phone/ verbal communication	In conjunction with admin/team managers to identify training needs for staff, including telephone refresher training; etc.	Communications Manager / Admin/team managers	Ongoing
24	RQIA Style Guidance	RQIA Style Guidance for all written communication: letters, emails, reports. Support introduction with staff training sessions.	Communications Manager	September 2016

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
25	Public/ Stakeholder Engagement	Identify opportunities for RQIA's presence at conferences/events run by partner/stakeholder organisations to showcase work of organisation and increase public/stakeholder engagement.	Communications Manager	Ongoing. NICON Conference June 2016
26	Political engagement	Participate in annual Regulators Parliamentary reception in partnership with members of regulators forum (systems and professional regulators – RQIA, NISCC, GMC, PSNI)	Communications Manager	13 September 2016
27	Political engagement	Continue to develop public affairs activity through regular communication with key political party representatives and political advisers.

Participate in main annual political party conferences (Alliance, DUP, Sinn Fein, SDLP, UUP) in partnership with members of regulators forum (systems and professional regulators: RQIA, NISCC, GMC, PSNI)

Engage on an annual basis with the new local councils in Northern Ireland on the work of RQIA | Communications Manager | Chair /CE meeting with DUP Health Spokesperson July 2016

October 2016- March 2017

October/November 2016 |
| 28 | NI Assembly | Ensure RQIA staff/representatives are fully briefed and prepared in advance of attendance at NI Assembly committee meetings.

Provision of comprehensive and accurate responses to all written and oral Assembly Questions (AQs)

Maintain relationship with key NI Assembly staff - Health Committee, Research and Library Services | Communications Manager | As required

Management of responses to approx. 50 AQs annually

Ongoing |
| 29 | Presentation materials | Preparation of presentation materials for Chief Executive's attendance at external events | Communications Officer | As required |

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
30	Communication with Staff	Encourage Board members, Executive Team and Heads of Programme where possible to communicate with colleagues/staff members face-to-face rather than by phone or email.	Executive Team/Heads of Programme	Staff meetings held on monthly basis; directorate and team meetings held on regular basis. Biennial staff conference/workshop - 2017-18
31	Communication Planner	Develop an annual communications planner - with input from all teams via Executive Team	Communications Manager/ Communications Officer/ EMT	Ongoing
32	Internal Communication	Review current monthly staff meeting content and structure to improve interaction. Survey staff on content of monthly staff meetings Ensure opportunities provided for staff members to attend and present at Board meetings Provide opportunities for staff and board members to meet informally, at times when Board members are present in RQIA offices, or accompanying teams in review/inspection activity.	Communications Officer Executive Team/Heads of Programme	Regular review of programme and content to increase staff participation. Ongoing. Presentation by Planning and Corporate Governance Manager May 2016 Communications Manager June 2016
33	RQIA Staff Intranet	Maintenance of information held on intranet, to include: corporate documents; policies, procedures, and guidance; staff contacts staff meeting agendas and minutes; presentations.	Communications Officer	Updating intranet content and layout ongoing

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RQIA Board Meeting

Date of Meeting	19 January 2017
Title of Paper	Chief Executive's Report
Agenda Item	10
Reference	F/01/17
Author	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of the paper is to update the Board on strategic issues which the Chief Executive and SMT have been managing with since the Board meeting in November and to advise Board members of other key developments or issues
Executive Summary	This paper provides an update to the Board of the key developments for RQIA since the last board meeting.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the Chief Executive's Update.
Next steps	A further update will be provided at the March Board meeting.

Corporate issues

1. Inspection Methodology Reviews

The inaugural meeting for the Project Board of the RQIA Inspection Assessment Framework Project was held on 28 November, the project objectives were agreed, the group agreed that a high level exercise to examine potential benefits realisation could be undertaken to help inform the decision-making on the next steps and moving into Phase II. However, it was agreed that this would be feasible only after consideration of all evidence. The PID was approved. The next steps agreed during the meeting were:

- Secure an expert – Professor Donnelly OUB
- Continue with organisational benchmarking
- Continue with literature search
- Consider how an impact assessment / benefits realisation could be taken forward

Establish Project Team and hold inaugural meeting to commence Phase 1

2. RQIA's Online Presence

During 2016 RQIA recorded in excess of half a million web hits to www.rqia.org.uk, with over 130,000 unique visitors. During November all open inspection reports from the 2016-17 inspection year were uploaded to the site.
During the year the number of Twitter followers doubled to its current level of over 1,300 followers. During this period we tweeted on 130 occasions, highlighting key areas of our work.

3. Publications/about to be published

- **Acute Hospital Inspection** Craigavon November 2016
- **Acute Hospital Inspection** Altnagelvin November 2016
- **Prison Health Inspection** Magaberry November 2016
- **Perinatal Mental Health Review** (publish week commencing 16 January 2017).
- **Review of the Regional Emergency Social Work Service**: for publication late January 2017
- **Review of Governance Arrangements in HSC Organisations that Support Professional Regulation**
- **Review of Maternity Services**
- **Review of Renal Services**
- **Review of Access to Plastic Surgery**

4. Media Interest

Since the last Board Meeting RQIA received considerable positive print, broadcast and online coverage for its acute hospital inspections at Craigavon and Altnagelvin hospitals. We also received positive coverage on infection prevention/hygiene inspection at Lagan Valley Hospital, Lisburn. In a number of broadcast interviews, Olive Macleod provided public assurance on how RQIA addresses concerns identified during inspections.

In December 2016, RQIA lodged a complaint with the BBC Northern Ireland and OFCOM on BBC's wholly inaccurate reporting on RQIA's role in a safeguarding investigation led by the PSNI, which was managed appropriately in line with the regional safeguarding policy: Adult Safeguarding: Prevention and Protection in Partnership (2015). RQIA is currently awaiting a response to this complaint.

5. Competition and Markets Authority UK:

CMA is carrying out a market study into the care homes sector in the UK. RQIA has been invited to participate in a CMA working group.

6. Workforce Review

The HSC Leadership Centre has commenced an organisational review of the RQIA. The review will consider the entirety of the organisation to include all current directorates and roles. Given that the organisation has been established in its current format for ten years, it is considered timely to examine the current model for service delivery including structures, roles and responsibilities, skill mix, workload and processes. This is with a view to "future proofing" it as an organisation in terms of flexibility, sustainability and leadership so that RQIA can play a key role in the changing environment of Health and Social Care. It is anticipated that the recommendations from the review will be used to assist the Senior Team in developing an Organisational Development Plan and Workforce Plan for RQIA to help facilitate improvement and change as RQIA develops for the future.

7. IiP accreditation

Following an external assessment in 2014, RQIA achieved Investors in People (IIP) accreditation, indicating our strong commitment to staff. RQIA continues to demonstrate its commitment through team and staff meetings, our culture charter, ongoing training and development opportunities and our support to staff. We have initiated a programme of work to prepare for external assessment against the new Generation 6 IiP Framework and the external assessment will take place in Quarter 4 2016-17.

8. Work force

Overspend by Part IV Doctors
A large increase in cost has been noted in- year in respect of the additional time and travel incurred in providing opinions on medical treatment plans (overspend may be in region of £65k at year end). This will be flagged as a cost pressure if no funding is made available by DoH to support the additional costs.

9. Recruitment of bank staff to support review team and peer assessors

Underway

10. Recruitment completed

Board and Executive Support Manager complete.

11. JNCF update

Nothing to report

12. Revised and updated MOU, number agreed, meeting policy to consider

RQIA have 11 MoU Agreements with various organisations, with a further three MoU's currently in draft format.

Regulation Directorate

13.   Inspection

Publication of inspection reports is completed and all relevant reports are available on RQIA website.

Statutory target: the last quarter of 2016/17 inspection year will bring a focus on meeting the inspection schedule as set out within the Fees and Frequencies of Inspection Regulations. The inspection team for Independent HealthCare services have conducted a contingency plan to address potential shortfall in capacity due to: the high volume of inspections required; the impact of prosecution action relating to laser services; and the impact of a shortfall in workforce establishment. This contingency includes the use of Bank staff, additional hours and a review of the format of inspection reports.

Consultation has been launched on proposed amendment to *The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005.* RQIA will consider and draft a resource impact analysis to inform DoH. RQIA have also signposted users of our website to the consultation document.

14.   Enforcement

Foreglen Community Association: RQIA were notified on 11 January that the appeal had been withdrawn by the provider.

Runwood Homes: there are 11 Nursing Homes in the portfolio. Dunmurry Manor was subject to three Failure to Comply Notices and at the most recent inspection on 4th January, some progress had been made in relation to the actions contained within the notices. We have taken the step to extend each of the three notices to the maximum 90 day period to enable the provider to achieve compliance and a further inspection will be undertaken

Dental World Ltd: On 14th October the General Dental Council accepted an application from the dentist for Voluntary Erasure from the professional register. RQIA on 19th October 2016 issued a Notice of Proposal to cancel registration of the dentist for each of the six registered dental practices. An enforcement review panel met to consider the issue of a Notice of Decision and to review representation which was submitted by the dentist. The representation was not upheld and a Notice of Decision was issued 10 January 2017 and the dentist has 28 days in which he may make an appeal to the Care Tribunal. To note that RQIA, DOH and HSC Board will be meeting with GDC in London to request further information relating to their reason for granting the application for voluntary erasure.

15. Enforcement notices served since the last board meeting
- Children's Service, 2 homes, Total of FtC x8
- Domiciliary Care Agency, 1 service, Total of FtC x6
- Dental Practice, 2 Services, Total of FtC x2
- Dental Service, 1 Service, NoP to Cancel Registration

16. Representations and Decision Making Panels
- Represnetation panel has been convened to consider Failure to Comply issued to Residential Children's Home
- Decision making panel has been convened to consider Notice of Proposal to cancel registration in a dental practice

17. Prosecution:

Action in respect of Laser beauty clinics for failing to register, a further six services are pending court dates across NI. RQIA has posted a flyer on our website to raise awareness for the public in relation to laser clinics registration requirements. An advertisement will also be place with Tatler magazine

18. Shortage of nursing staff across N.I.

To note that across a number of nursing homes, we have identified a reliance on agency staff to supplement registered nurse numbers. This is an issue precipitated by a shortage of qualified nurses at both staff nurses and registered manager level. Homes are taking all necessary steps to actively recruit permanent staff, however there are few applicants.

Reviews Directorate

19. Acute Hospital Inspection Programme

- UHD published – 8 November 2016. Completed with QIP
- CAH published – 18 November 2016. Awaiting trust completed with QIP
- Altnagelvin published – 29 November 2016. Awaiting trust completion with QIP
-
- Phase 2 – Inspection to Daisy Hill 5 – 7 Dec 16. Preliminary findings sent to trust, developing report
- Reviewing current NIAS audit tools with a view to pilot and then commencing inspections mid-2017.

20. Police Custody

- No inspection activity planned this year.

GAIN

21. Fieldwork Stage

- Northern Ireland Asthma Audit-
- Reducing Hospital Admissions of People with Dementia in Nursing Homes: The Role of Anticipatory Care Planning-
- Clinical Case Note Audit of Late Term Stillbirths (=/>37 weeks) in 2016-
- Audit of Quality and Outcomes of Key performances in Regional Forensic Services-.
- STICkS – Safe Transitions in Care Checklists: A ward-round handover project
- Where are the red cells being transfused in Northern Ireland?

22. Hygiene and Cleanliness Inspection

- 2 inspections completed since last meeting

23. Augmented Care Inspections

- Neonatal Care – Year 2 complete and reports published prior to July. Currently reviewing Year 3 programme
- Critical Care – Year 2 complete and reports published prior to July. Currently reviewing Year 3 programme
- All other Augmented Care e.g. renal, haematology – Year 1 to commence. Two inspections completed November 2016, further scheduled

24. Audits

- Northern Ireland COPD Audit
- Quality Improvement eLearning Training Programme To Support The GAIN Guidelines For Caring for People with Learning Disabilities in a Hospital Setting
- Audit of hospital discharge letter to GPs-
- Post Take Ward Rounds in Acute Medicine Units -
- The management of adult convulsive status epilepticus -
- Towards Safe and Effective Care – Supporting Domiciliary Care Workers to meet the NISCC Standards of Conduct and Practice - 3.9 Guidelines Writing Stage
- Prevention, diagnosis and management of hyponatremia in labour and the immediate post-partum period

25. Projects: DoH Commissioned

- GAIN project focusing on Learning from Serious Adverse Incidents (SAIs) arising from Suicide, Homicide and Serious Self Harm - Report completed and at checking / factual accuracy stage
- GAIN Project Identifying Learning from Serious Adverse Incidents (SAIs) – Report to be completed by end January 2017
-

26. NCEPOD Data information

Regional Scoping Exercise of National Audit Participation by Northern Ireland's Health and Social Care Trusts- Final report complete and with DoH.
Review of GAIN Guidelines on Caring for People with a Learning Disability in General Hospital Setting.
Re-audit of Implementation of GAIN Guidelines on Caring for People with a Learning Disability in General Hospital Settings

27. Reviews: Fieldwork Stage

Review of Governance Arrangements for Child Protection in the HSC in Northern Ireland (RQIA Initiated)
Review of General Paediatric Surgery in Northern Ireland (RQIA Initiated) brought forward from Year 3 (2017/2018)
Review of Emergency Mental Health and Learning Disability Services in Northern Ireland (RQIA Initiated)

Review of the Dental Action Plan: Phase II

Review of the Implementation of the Developing Eye care Partnerships Strategy– Improving the Commissioning and Provision of Eye care Services in Northern Ireland (RQIA Initiated)
Review of the Use of Restraint and Seclusion (DoH Commissioned)

28. Rescheduled / New

Review of Suicide Prevention Services: Agreed to move this review into the next Review Programme, when the new Suicide Strategy for NI will have been embedded.
Removal of Review of Bereavement Care (RQIA Initiated): Consider moving to the next Review Programme.

Mental Health and Learning Disability Directorate

30. Mental Capacity Act - implementation Group

RQIA has responded to chapters 6, 7, 8 and 9 and associated regulations. It is difficult in the absence of some discussion and scenario planning to respond fully to the issues.

31. Letters of Escalation
There have been no letters of escalation in the last two months

32. Prison Healthcare
• In conjunction with CJI a first 'low impact' inspection of Maghaberry carried out on 5 – 7 September 2016, with report published.
• Ash House/ Hydebank Wood May 2016 inspection – reports were published on 27 October 2016
• A further 'low impact' inspection will be carried out in conjunction with HMIP/CJI in 2017 and an inspection to Magilligan HMIP also in 2017

A meeting took place between with the RQIA mental health / primary care team with the senior management of SEHSCT on 5 January 2017 to consider the Trust Quality Improvement/ Reform of Prison Health Care Plan

ICT and Information Systems

33. iConnect Web Portal

The rollout of the web portal to services regulated and inspected by the Regulation and MHLD Directorates is being carried out in five tranches, the last of which consists mainly of dental services. This final tranche is to be rolled out week ending 20th January 2017, more than 2 months before the original deadline (end of March 2017). By the end of Quarter 3, 1047 services have registered using the web portal (which represents 73% of services of which 655 have actually logged in and used the web portal)

34. 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. A meeting with eHealth PMG representatives took place on 4 November 2016 resulting in some updates to the SOC which was then re-submitted to the eHealth PMG for approval. DoH has since advised they will consider the OBC next and have recommended it contain more detail about any links with Trust systems.   The HOI will also pursue closer links with the regional informatics group.

35. Outsourcing ICT to ITS

Phase 2 of the ICT transition took place in November with RQIAs Active Directory, Foxpro, iConnect successfully migrated to BSO servers and the majority of old laptops reimaged and new PCs deployed. However, a large range of issues were still being resolved into December 2016. Throughout this time, EMT were appraised of the outstanding issues many of which seem to have been caused by the historical complexity of RQIAs security permission settings.

EMT agreed to the urgent simplification of permissions and sessions with directorate representatives are scheduled in January 2017. Once the security permissions have been agreed in all directorates, RQIAs File Share can be migrated to BSO servers and the comms room decommissioning can commence. As well as decommissioning, the replacement of VOIP Telephony and MFD Network Printer contracts will proceed in 2017. A paper concerning iPads will also be produced for the board in early 2017.

Finance

36. Financial Position 2016-17

See Agenda item 11 – Finance Report.

37. Voluntary Exit Scheme (VES)

RQIA was allocated revised VES ring-fenced funding of £243,000 and the VES application process was completed in December 2016. This resulted in 8 staff (7.13 WTEs) being offered VES with an annual savings of £226,000. These staff will leave RQIA on 31 March 2017.

38. Financial Scenario Plan 2017-18

On 14 December 2016 the DoH Interim Director of Finance wrote to RQIA confirming that financial planning for 2017-18 had commenced. DoF has indicated that *most* departments will be facing significant year-on-year cuts to their budgets. Although the potential budget outcome for 2017-18 has not been advised to DoH, it is unlikely that any budget settlement will be sufficient to meet all the increasing demands facing health and social care services. RQIA has therefore been asked to develop a range of savings proposals under the following scenarios:
1. Scenario 1 - a 2% reduction of the 2016/17 opening budget;
2. Scenario 2 - a 5% reduction of the 2016/17 opening budget ;
3. Scenario 3 - a 10% reduction of the 2016/17 opening budget; and
4. Scenario 4 - a 15% reduction of the 2016/17 opening budget.

In financial terms this means:

	Reductions			
RQIA	**2% reduction (£k)**	**5% reduction (£k)**	**10% reduction (£k)**	**15% reduction (£k)**
16/17 Opening allocation	6,844	6,844	6,844	6,844
Saving	<u>137</u>	<u>342</u>	<u>684</u>	<u>1,027</u>
Allocation after reduction	**6,707**	**6,502**	**6,159**	**5,817**

39. Contributed to / responded to

Consultation on the Safeguarding Board for Northern Ireland (SBNI) Regional Child Protection/Safeguarding Policy and Procedures

Consultation on Criteria for Reconfiguring HSC Services

Member of Adult Care and Support working group

Member Review of Regional Children's and Young People's Facilities including Lakewood Secure Unit; Beechcroft Child and Adolescent In-patient Unit, Glenmona Regional Units and Woodlands Juvenile Justice Centre

Approved Home Child carers

40. Workshops

GAIN programme was discussed at a workshop in December and further work will follow

41. Meetings

Social Work Awards Armagh
Launch of Chief Inspector of Education Bi annual report
Queens UU re-education opportunities for students in RQIA
GAIN annual conference
UKHCA conference

42. Visits

Lakewood
Dunmurry Manor

43. DoH Update

The timing of any stakeholder event on the 2003 order is yet to be confirmed, due to other priorities, this is likely to be during 2017 and RQIA will be involved as appropriate.

A link to RQIA guidance on CCTV has been put on the DoH website and added in the standards documents on line.

44. Complaints

Three new complaints were received between October and December 2016. Two were resolved through early resolution and one complaint received in December is ongoing.

45. Percentage of recommendations and requirements stated once and on further occasions

Regulation - Requirements

Month	Stated Once		Stated Twice		Stated 3 Times	
	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%
Sep	132	91%	12	8%	1	1%
Oct	157	87%	20	11%	4	2%
Nov	159	86%	22	12%	3	2%
Dec	154	83%	25	14%	6	3%
Total	**1385**	**87%**	**176**	**11%**	**30**	**2%**

The cumulative total for requirements at the end of December 2016 is stated once 1385 (87%), twice 176 (11%) and three times 30 (2%)

46. Regulation - Recommendations

Month	Stated Once		Stated Twice		Stated 3 Times	
	Number	%	Number	%	Number	%
Apr	290	88%	35	11%	4	1%
May	216	87%	33	13%		0%
Jun	444	91%	36	7%	6	1%
Jul	532	92%	48	8%	1	0.2%
Aug	620	90%	63	9%	3	0.4%
Sep	412	93%	29	7%	1	0.2%
Oct	377	92%	30	7%	2	0.5%
Nov	534	94%	32	6%	4	1%
Dec	369	90%	27	7%	13	3%
Total	3794	91%	333	8%	34	1%

The cumulative total for recommendations at the end of December 2016 is stated once 3794 (91%), twice 333 (8%) and three times 34 (1%)

47. MHLD - Recommendations

Month	Stated Once		Stated Twice		Stated 3 Times	
	Number	%	Number	%	Number	%
Apr	0	0%	0	0%	0	0%
May	3	100%	0	0%	0	0%
Jun	31	94%	2	6%	0	0%
Jul	9	100%	0	0%	0	0%
Aug	22	92%	2	8%	0	0%
Sep	25	93%	2	7%	0	0%
Oct	44	100%	0	0%	0	0%
Nov	28	90%	1	4%	2	6%
Dec	13	93%	0	0%	1	7%
Total	175	94%	7	4%	3	2%

The cumulative total for MHLD recommendations at the end of December 2016 is stated once 175 (94%), twice 7 (4%) and three times 3 (2%)

48. Regulation inspection progress on planned inspection activity for the year

As at end December 2016, 1986 inspections were scheduled and 1994 inspections were completed. This key performance indicator is on target for delivery by the year end.

49. Healthcare inspection progress on planned inspection activity for the year

As at end December 2016, 21 inspections were scheduled and 21 inspections were completed. This key performance indicator is on target for delivery by the year end.

50. Review Programme progress on milestones

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. At the end of December 2016, 22 milestones had been achieved, as planned. The Review Programme is on track.

51. GAIN Programme progress on milestones

Milestones for the GAIN Work plan agreed for 2016/2017 were Project Initiation Meeting (PIM), Fieldwork commenced, draft report received and dissemination of funding applications. In total there are 28 milestones. As at end of December 2016, 19 milestones were planned and have been achieved. The GAIN Programme is currently on track.

52. MHLD inspection progress on planned inspection activity for the year

As at end of December 2016, 38 inspections were scheduled and 36 were completed. This is on target to be completed by 31 March 2017.

RQIA Board Meeting

Date of Meeting	19 January 2017
Title of Paper	Summary Finance Report
Agenda Item	11
Reference	F/01/17
Author	Lesley Kyle
Presented by	Maurice Atkinson
Purpose	To present RQIA's summary financial position as at 30 Nov 2016.
Executive Summary	Projected break-even at end of year.
FOI Exemptions Applied	None
Equality Screening Completed and Published	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.

FINANCE REPORT

Total Income Budget 2016/17 – RRL Funding and Fee Income

RQIA's Income Budget 2016/17 is summarised below:

	£
2015/16 RRL C'Fwd	**6,902,617**
Saving Requirement - 3% (Recurring)	(207,078)
Employer Superannuation Costs (Recurring)	148,202
Recurring RRL Funding	**6,843,741**
HSC Voluntary Exit Scheme (Non Recurring)	242,992
Clinical Excellence Award (Non Recurring)	38,076
Non Rexcurring RRL Funding	**281,068**
Total Revenue Resource Limit 2016/17	**7,124,809**
Annual & Registration Fee Income	**909,000**
Total Funding 2016/17	**8,033,809**

RQIA was allocated revised VES ring-fenced funding of £243,000 and the VES application process was completed in December 2016. This resulted in 8 staff (7.13 WTEs) being offered VES with an annual savings of £226,000 from 2017-18 onwards. The majority of these staff will leave RQIA on 31 March 2017. A further £72,400 of savings is to be re-invested in two new posts in the Regulation Directorate in 2017-18.

RQIA has received correspondence confirming the Clinical Excellence Award (CEA) amount but RQIA are awaiting the confirmation allocation letter. The amount required in 2016/17 is £18,185 for the period April 16 - Sept 16 inclusive.

Financial Position Year to Date and Year End Estimate

The table below summarises the financial position at Nov 16 and the year-end financial position

	Budget 2016/17	Cum Exp April - Nov 16	Year end Est 2016/17	Variance - Bud against year end est
	£	£	£	£
Revenue Resource Limit	6,843,741	4,266,590	6,843,741	0
Clinical Excellence Award	38,076	18,185	18,185	(19,891)
HSC Voluntary Exit Scheme	242,992		242,992	0
Annual & Reg Fees	909,000	803,553	891,641	(17,359)
Total Income	**8,033,809**	**5,088,328**	**7,996,559**	**(37,250)**
Pay	6,388,108	4,162,689	6,221,665	166,443
HSC Voluntary Exit Scheme	242,992		242,992	0
Non Pay	1,563,462	799,988	1,527,125	36,337
Funding gap to be met through slippage	(160,753)			(160,753)
Total Expenditure	**8,033,809**	**4,962,677**	**7,991,782**	**42,027**
Surplus/(Deficit)	**0**	**125,651**	**4,777**	**4,777**

Cumulative Financial position at November 2016

RQIA's pay and non-pay expenditure for the 8 month period to Nov 16 was £4.963k. The total income for the same period was £5.088k creating a year to date underspend of £126k.

The income figures above have been calculated as follows:-

- RRL income actual draw down per the general ledger at Nov 16; plus
- Annual Fee income actual per general ledger less Nov 16 debtors; plus
- Registration Fee income actual per the general ledger at Nov 16.

Forecast Financial Position at March 17

It is anticipated that the income received by the year-end will be £37k less than budget. This is a result of RQIA requiring 6 mths clinical excellence award instead of a full year and a reduction in the anticipated annual and registration fee income. Registration fee income is unpredictable and the year-end estimate is calculated by extrapolating the cumulative registration fee income received to date. This is the best estimate end of year position and is reviewed on a monthly basis.

At the beginning of the financial year RQIA had an initial funding gap £296,000. A further review of the pay and non-pay budgets reduced the funding gap to £160,753 and it was anticipated that this could be met through

pay slippage in 2016/17. The forecast position is based on a number of operational assumptions in relation to pay and non-pay.

We are estimating a year end pay cost of £6.222k, creating slippage of £166k against the salary budget. RQIA received notification from the Workforce Policy Directorate on 10 October 2016, indicating that HSC staff will receive a 1% consolidated pay uplift from 1 April 2016. The pay uplift was implemented in Nov 16 to all agenda for change staff and arrears backdated to April 16.

We are estimating £1.527k non-pay expenditure at the year-end which will create a deficit of £36k against the non-pay budget.

The operational assumptions included in the year-end forecast are summarised in the table below.

Directorate	Amount
Pay	130,156
Non Pay	405,180
Total	535,336

Pay Assumptions:
- Review Directorate – RV001Review Director commences January 17 (£32k)
- Review Directorate – AFC 7 Fixed Term Contract Est 3 mth's (£11k)
- Review Directorate – Use Bank Staff Prison Inspections/Perinatal Report (£4k)
- Regulation Directorate – Use of Bank Staff (£14k)
- Regulation Directorate - RG056 Inspector commences Jan 16 (£13k)
- Mental Health and Learning Disability – Additional work (£10k)
- Corporate service Directorate – TUPE Costs (£3k)
- RQIA Corporate Services - Use of agency staff (£43k)

Non Pay Assumptions:
- IRMER (£28.8k)
- Review Back Fill Costs (£16k)
- GAIN Projects allocated (£133k)
- ICT Expenditure (£54k)
- Part IV Doctors (£32k)
- SLA charge for outsourced services (£91k)
- MH&LD Inspections (£10k)
- RQIA Corporate Misc (£36k) – IIP, DoH Statistician, Membership Fees, Staff Courses

If the assumptions above are implemented RQIA will breakeven at the year end. Any slippage in any of these areas 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 monthly to ensure a breakeven position is achieved at the year end.

Capital Resource Limit (CRL)

RQIA's CRL is £60,615.

This amount relates to the iConnect Project Manager (£5,400), Security Testing (£5,040) and Round 9 Regional ICT purchases (£50,175).

To date there is a capital overspend of £252 however this may increase to £1,869 by the year end.

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 30 Nov 16 was as follows:

Target	Cum number Invoices Paid	Cumulative Position as at 30 Nov 2016	Comments
95% of invoices paid within 30 days of receipt of goods/service or receipt of invoice	912	94.8%	Target achieved
70% of invoices paid within 10 days of receipt of goods/service or receipt of invoice	794	82.5%	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, subsequent pro-rata invoices were raised in October 16. First reminders were issued in August 16 and subsequent reminders have followed. At this stage there is approx. £11k debt outstanding and it is anticipated that full recovery will be made in advance of financial year-end.

There are Annual Fees relating to 2015/16 that have not been recovered. The total outstanding debtors 2015/16 are £1,885. A decision will now have

to be made regarding whether RQIA should continue to pursue the debt or 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

RQIA Board Meeting

Date of Meeting	19 January 2017
Title of Paper	Presentation on the review of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
Agenda Item	12
Reference	G/01/17
Author	Kathy Fodey
Presented by	Kathy Fodey
Purpose	To inform RQIA Board of a range of regulatory matters that have been brought to the attention of Department of Health.
Executive Summary	An overview of issues arising from the current legislative framework identified by RQIA
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the issues raised with Department of Health to inform the Department of Health review of 2003 order
Next steps	

DHSSPS review of Regulation and Quality Improvement Order (2003)

Presentation to DHSSPS 1 February 2016

Presentation to RQIA Board 19 January 2017

The **Regulation** and **Quality Improvement** Authority

Introduction to RQIA

- Set up in April 2005
- Health & Social Care regulator for NI
- 140 staff
- Offices in Belfast & Omagh
- Roles in statutory & independent sectors

The **Regulation** and **Quality Improvement** **Authority**

The Role of RQIA
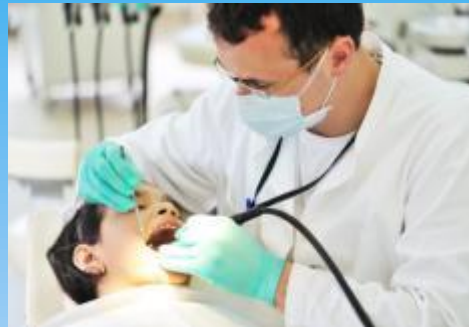
RQIA's Powers

Legislation and Standards

- The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003 (Underpinned by range of specific regulations and other legislation)
- The Mental Health (NI) Order 1986
- Ionising Radiation (Medical Exposure) Regulations 2000

- The Quality Standards for Health and Social Care, March 2006

- Service Specific Minimum Standards

- Optional Protocol to the Convention against Torture
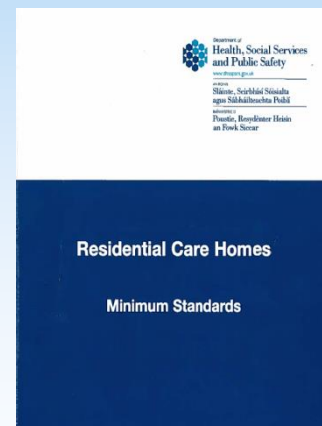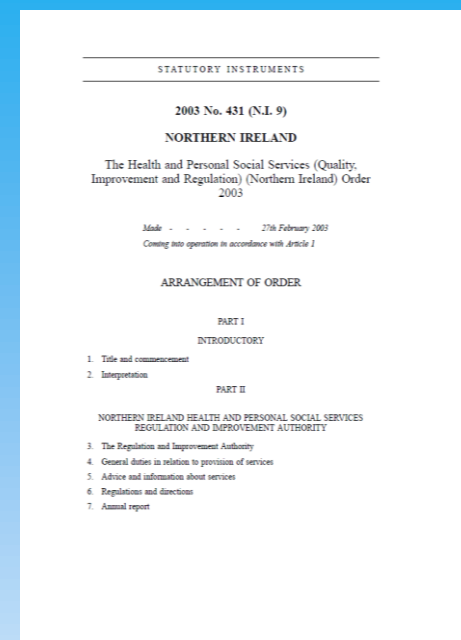
Article 4: General duties in relation to provision of services

(2) (a)keeping the Department informed about the provision of services and in particular about their availability and their quality; and

(b)encouraging improvement in the quality of services

- Article 4 reports to Sponsor Branch
  - Dec '13: Autism Initiatives
  - Jan '14: SNMA
  - Mar '14: Charging practice
  - Feb '15: Dental World
  - Jun '15: Kingsbridge
  - Aug '15: Lakewood
  - Sep '15: Kingsbridge
  - Aug '16: HBOT
  - Oct '16: Res beds in NH
  - Nov '16: Lakewood

The **Regulation** and **Quality Improvement** Authority

Article 6: Regulation and Directions

6.(1) The Department may by regulations make provision

(g)conferring additional functions on the Regulation and Improvement Authority

(2) The Department **may** give directions to the Regulation and Improvement Authority with respect to the exercise of its functions and the Regulation and Improvement Authority **must** comply with them.

- What additional functions could be incorporated into the role and function of RQIA?

- What impact / if any might this have on RQIA stance as the independent regulator?

The **Regulation** and **Quality Improvement Authority**

Article 8: Regulated Establishments and Agencies

Registered Establishments and Agencies
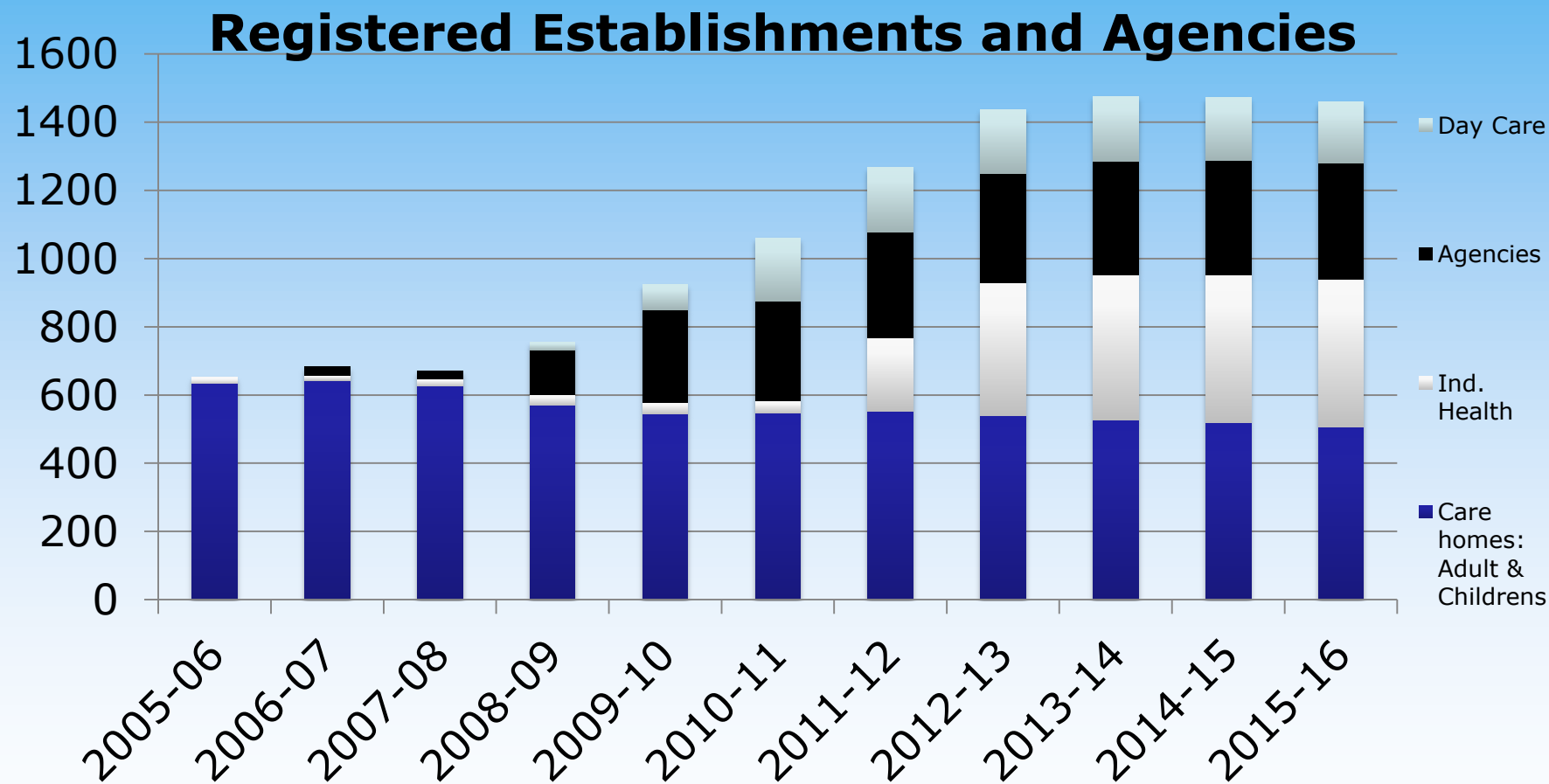
Enforcement

- Article 14:
  - Grant a Refusal to Registration
- Article 15:
  - Cancellation of Registration
- Article 19:
  - Notice of proposals
- Article 20:
  - Notice of Decisions
- Article 22:
  - Appeals to Care Tribunal

- Phased process
- Right to reply built in
- Appeals process included
- Delay in progressing appeals
- Burden of proof is challenging
  - 15(c)on the ground that the establishment or agency is being, or has at any time been, carried on otherwise than in accordance with the relevant requirements;

Article within 2003 Order

Issue

- What is the problem as we see it

Proposal

- What suggestion can we make for consideration

Outcome

- What change will we want to see for people in receipt of regulated services

Impact

- How will any change impact on role and function of RQIA

The Regulation and Quality Improvement Authority

Part 1: Interpretation: 2.—(1) In these Regulations—
"agency" means a domiciliary care agency;
"agency premises" means the premises from which the activities of an agency are carried on

Issue

- Definition of Domiciliary Care Agency does not reflect care provision in a supported living context

Proposal

- A new definition is developed to reflect the model of service provision and facilitate robust regulation

Outcome

- Enhanced oversight of intensive support services provided for people disabilities
- Remove unwarranted variation

Impact

- New standards for inspection will be required
- Revise model of inspection

The Regulation and Quality Improvement Authority

Part 1: Interpretation: 2.—(1) In these Regulations— "independent clinic" means ..but an establishment in which.. services are provided by medical practitioners in pursuance of the HPSS Ni Order 1972 is not an independent clinic

Issue

- Two clinics with similar services:
  - one falls to be registered
  - one does not

Proposal

- Review the definition of Independent Clinic

Outcome

- Proportionate and risk based model of regulation
- Enhanced public protection

Impact

- Additional services may fall to be registered
- Additional resource will be required

The Regulation and Quality Improvement Authority

Part 1: Interpretation: 2.—(1) In these Regulations— "independent hospital" means (ii) in which .. any of the listed service are provided

Issue

- Dental treatment
- Use of prescribed technique or technologies
  - Hyperbaric oxygen (under direction of medical practitioner)
  - Class 3B or Class 4 lasers

Proposal

- Review the definition of Independent Clinic to include some prescribed techniques and technologies
- Define service from user perspective rather than delivery

Outcome

- Address public expectations
- Proportionate and risk based model of regulation
- Enhanced public protection

Impact

- Additional services will fall to be registered
- Additional resource will be required

The **Regulation** and **Quality Improvement** Authority

Article 6:Regulations and directions
d) as to publication of reports and summaries of reports

Issue

- Publication of Enforcement Action on RQIA Website has been subject to legal challenge

Proposal

- The make explicit the authority to publish information (exception Children's Services)

Outcome

RQIA consider it is in the public interest to publish pending and confirmed enforcement action.

Impact

- Reduced risk of challenge

The **Regulation** and **Quality Improvement** Authority

Article 10: Residential Care Homes (c) definition of personal care

Issue

- 'assistance with physical and social needs' is wide ranging and ambiguous
- Complex care packages to manage multiple morbidities

Proposal

- Set parameters to the provision of personal care
- Based on patient dependency

Outcome

- Consistency and equity of service provision
- No 'dark corners'

Impact

- Potential for greater number of services to fall to be registered (as domiciliary care agencies)

Article 10: Residential Care Homes
Article 11: Nursing Homes

Issue

- Separate registration required
- 42% of nursing homes have residential care beds
- Challenge to inspection and enforcement

Proposal

- Consider dual registration
- RQIA to determine limits to span of control i.e. dedicated/separate RC units require dedicated manager

Outcome

- Better able to meet changing needs of residents
- Greater flexibility of service provision

Impact

- Risk based approach to registration and inspection
- Combined residential and nursing inspections

The Regulation and Quality Improvement Authority

Articles 40(5)b, 40(6), 43(2)(b), 43(C): Personal Information

Issue

- Access to confidential information /examination and removal of records is limited to where
  - Consent to access is given
  - The identity of the individual is redacted
  - Where there is a serious risk to the health and safety

Outcome

- Assurance that the prescribed plan of care is being met

Proposal

- Include reference to N.I. HSC Act (Control of Data Processing) Bill
- Re: sharing of social care information
- Access to information
  - In the public interest
  - In the exercise of its' functions

Impact

- Greater scrutiny of care delivery against care plans.
- Reduced challenge to inspectors

The **Regulation** and **Quality Improvement** Authority

Dormant Services

Issue

- Dormant services may restart after significant period of time without recourse to extant regulations

Proposal

- Statutory provision to deregister after stipulated period of vacancy or inactivity
- consider 'lapsed registration'

Outcome

- Assurance that services are fit for purpose

Impact

- Accurate and dynamic register of services

Mental Capacity Legislation

Issue

- Some powers of Mental Health (NI) Order NI 1986 will need to be transferred to 2003 Order
- Decision to repeal Part 6 of MHO
- Power in relation to under 16's
- Power to refer patients to review tribunal

Proposal

- Amendments to 2003 Order
- Review Part 6 of MHO

Outcome

- Assurance for those in receipt of services

Impact

All related RQIA functions are contained in one piece of legislation

The Regulation and Quality Improvement Authority

Next Steps

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Strategic Theme : 1 - Deliver Operational Excellence 2 - Develop and Execute New Capabilities												
2	There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models. This may result in some new services not being registered and brought within an appropriate **regulatory** framework.	CE	• Currently participating in a multi-agency group examining the regulatory framework in supported living services. • A paper detailing the gaps in legislative provision for DOH was forwarded to DOH in Sept 2014. • Any services that are identified by RQIA which are operating outside of the legislative framework but should be regulated to protect and safeguard service users are reported to DOH.		M	M	M			• Liaise with the Department to assess the impact of new and emerging service models and how they impact on the regulatory framework. • Continue to liaise with the Department until the drafted Regulation for the Registration and Inspection of Fostering Agencies comes into force.	CE R&N	Ongoing Ongoing

RQIA Board Meeting

Date of Meeting	19 January 2017
Title of Paper	Proposed Policy Regarding Assessment of New Areas of Work
Agenda Item	13
Reference	I/01/17
Author	Theresa Nixon
Presented by	Theresa Nixon
Purpose	The purpose of this document is to recommend that the following draft policy should be adopted by RQIA in the event of external bodies seeking RQIA to undertake additional work. 1) RQIA will charge a fee in advance for any additional work requested by other bodies and have clear procedures as to how the policies will be implemented. 2) Seek additional funding before any agreement is made to accept additional work except in areas where the work is of a certain minimal value and sufficient control procedures are in place. There are four distinct types of additional work which RQIA may be asked to consider. Each requires to be assessed differently: 1) A review outside the 3 year review programme being commissioned by DoH. 2) New regulatory/inspection work 3) Establishment of a new function 4) Transfer of an existing function that is being carried out by another organisation A number of areas are also suggested for consideration in this paper. These are in no way meant to be an exhaustive list. Each area should be considered in appropriate detail, in the context of each proposed new area of work. Procedures will be developed to support the proposed policy, if agreed, that will set out the

	practical application of the policy including the authorisation levels and those designated to make any decisions.
Executive Summary	This paper sets out a recommended policy for RQIA in the event of RQIA being asked to take on additional areas of work. Areas for consideration included in the paper are as follows: • Impact on RQIA's currently legislative function and standards • Any legal consequences of taking on proposed new areas of work • Any financial implications or transfer / disposal of financial assets required • Human resources implications which may require a review of current functions across teams or directorates • Training and workforce implication with any additional costs of this • Any implications for the role the data controller • Any requirement for the transfer of records, payroll, IT software or policy and procedures or standing orders that are required to be reviewed The paper also suggests that a review of the risk register and any mitigating strategies in addition to any implications for office accommodation should be reviewed and the RQIA communication strategy revised as required.
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the key areas for consideration in the event of RQIA being asked to take on additional work
Next steps	Any implications raised by the Board will be considered further by EMT

Proposed Policy Regarding Assessment of New Areas of Work

Contents

1.0 Purpose

This paper recommends that the following draft policy should be adopted by RQIA in the event of external bodies seeking RQIA to undertake additional work.

1) RQIA will charge a fee in advance for any additional work requested by other bodies and have clear procedures as to how the policies will be implemented.
2) Seek additional funding before any agreement is made to accept additional work except in areas where the work is of a certain minimal value and sufficient control procedures are in place.

There are four distinct types of additional work which RQIA may be asked to consider. Each requires to be assessed differently:
1) A review outside the 3 year review programme being commissioned by DoH.
2) New regulatory/inspection work
3) Establishment of a new function
4) Transfer of an existing function that is being carried out by another organisation

A number of areas are also suggested for consideration in this paper. These are in no way meant to be an exhaustive list. Each area should be considered in appropriate detail, in the context of each proposed new area of work.

Procedures will be developed to support the proposed policy, if agreed, that will set out the practical application of the policy including the authorisation levels and those designated to make any decisions.

2.0 Overarching Areas for Consideration

The following key areas should be considered in every case:
- legislative/legal implications
- financial consequences
- human resources implications
- consequence for operations/records management
- risk management considerations
- implications for facilities management
- other relevant legislation.

2.1 Legislation

Any new regulatory activity, establishment of a new function or transfer of an existing function is likely to be underpinned by legislation and supported by standards. RQIA should in advance, review the regulations and associated standards in relation to its overarching legislation. This includes but is not necessarily limited to the:
- HPSS Quality Improvement and Regulation (Northern Ireland) Order 2003
- The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005 and amendments
- The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005 and amendments
- Mental Health (Northern Ireland) Order 1986

- Mental Capacity Act (Northern Ireland) 2016

Any proposed new inspection work for the healthcare team in the reviews directorate will not necessarily have bespoke or directly associated regulations or standards. Consideration will have to be given to the possibility by DoH of developing new standards for this area of inspection. This will be similar in the case of the Mental Health Directorate where there are not, at present, clearly defined standards for the inspection of mental health and learning disability wards.

In the case of establishment of a new function or transfer of an existing function all legislative requirements should also be reviewed in advance of the transfer. Legal expertise should be sought if necessary.

2.2   Financial Implications

An end to end protocol exists currently for RQIA programmed reviews. This sets out the responsibilities of both RQIA and DoH, in relation to agreed reviews or additional reviews commissioned by DoH.

The protocol indicates that where an additional review is commissioned by DoH, subject to submission of an appropriate business case, funding from DoH will be made available to cover the cost of the extra work

With regard to additional regulatory activity, establishment of a new function or transfer of an existing function, in line with the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005 and amendments, the impact of fee income, raised initially and recurrently through registration and subsequently through annual fee charges require to be calculated. Financial projections in relation to income and expenditure should be clear and the expected levels of activity required following any new work proposed by RQIA. An assessment is also required as to how these projections fit within RQIA's financial plan.

In the proposed case of a new function transferring to RQIA, arrangements should be made for the transfer/disposal of any financial assets that any other organisation may have.

An assessment of trends of income and expenditure over the past three years should be sought. Any existing funding plans projected for the following two to three year period and how these plans are to be achieved should also be considered.

If additional funding is necessary to undertake new work, a business case should be completed and include all resource aspects described within this paper and submitted to DoH.

2.3   Human Resources

In relation to available capacity, the RQIA review programme is designed with sufficient flexibility to accommodate one extra commissioned review per year. In the event of further reviews being commissioned, with the agreement of DoH, there is the option of moving a scheduled review to a subsequent year.

With regard to additional regulatory or inspection activity or establishment of a new function, RQIA must scope the nature and volume of work required to register and inspect new services. This will require a review of the most effective and efficient way of employing appropriately qualified people, either internally from RQIA or by the employment of a new cohort of staff.

Consideration is required as to whether existing structures should be maintained or amended. This may require a review of structures and functions within and across RQIA teams by agreement of the Chief Executive.

If it is decided that existing structures and staffing are insufficient to support new work, then any business case submitted to DoH should contain a bid for new staff. This should take account of not just the number of inspection staff but also administrative and corporate services staff who are required to provide support for any additional activity.

Where staff are also transferring from another organisation:
- HR advice should be taken at the earliest opportunity regarding the proposed transfer arrangements and any likely consequences requiring review.
- The terms and conditions of any staff that are part of the transfer of function(s) need to be considered. The Transfer of Undertakings (Protection of Employment) Regulations (TUPE) which protects the entitlement of employees to the same terms and conditions, with continuity of employment as they had before the transfer, may apply.
- Any necessary adjustments as a result of e.g. disability of a staff member will need to be made in advance of the transfer.

If it is agreed that RQIA should take on additional work, it is essential that the RQIA workforce is sufficiently trained. A plan to address any training needs will require to be developed in advance. Any additional costs should be included in any business case submitted to DoH.

2.4   Data management

If an existing organisation transfers to RQIA, information governance and particularly the impact of the data controller roles require to be reviewed, to identify any data or records ownership or transfer requirements. A schedule for transfer of any necessary records must be developed, costed and authorised at the appropriate level.

The capability of RQIA to manage e.g. any new payroll, financial recording or contract performance is also essential. The compatibility of any IT software packages that form part of the transfer should therefore be reviewed with regard to any new proposed area of work.

Prior to taking on any new area of work, a review is required of any implications for current RQIA policies and procedures or amendments required to reflect any new function/activity. Consideration will need to be given to any impact on iConnect or other database systems in RQIA. Any strategic risks to RQIA's business will need to be identified and analysed in terms of any technological impact and legally on the delivery of RQIA's business objectives.

Consideration is required of RQIA's existing governance arrangements require to be reviewed and particularly if any Standing Orders may require revision.

2.5   Risk Assessment

A risk assessment must be undertaken to analyse the impact of any additional duties/functions. Adoption of any new work or transfer of duties which includes inspection, establishment of a new function or transfer of an existing function should be added to the RQIA corporate risk register. If another organisation is involved, a full assessment of their risk register must be carried out before any decisions are made regarding the proposed transfer.

Any existing factors which would be detrimental to RQIA going forward must be identified at an early stage.

Examples and again in no way an exhaustive list would be:
- pending or active legal action
- outstanding regulatory issues if relevant
- financial problems or irregularities
- employee matters.

Consideration must be given to the engagement/employment, if necessary, of additional legal/other expertise, to ensure a full picture and analysis is provided for RQIA, in relation to issues that could particularly cause reputational damage in the future.

RQIA should keep its risk register under review and consider if any mitigating strategies employed are satisfactory.

2.6   Facilities

With regard to office space, an assessment of the use of RQIA accommodation should be made if any staff are transferring from another organisation or if new staff are being employed.

As part of any proposed transfer, discussions should be held to decide on when, and how any assets in terms of hardware such as laptops, licences and office equipment should be transferred or disposed of, and when and how this disposal will take place.

Any new equipment requirements must be costed and added to any business case should additional expenditure be required.

3.0   Communications

The RQIA communications strategy should be reviewed and consideration given as to who needs to be informed about any transfer or proposed additional functions. Any implications for the RQIA website and any additional staffing notifications required for the sector should also be considered and details of when the changes will occur.

4.0   Actions Required of the Board

The Board is:
1) Asked to endorse the proposed draft policy regarding any additional or new areas of work.
2) Consider the areas outlined and identify any gaps requiring further consideration.
3) Agree that EMT should create and implement a manual detailing RQIA's policy and procedures regarding the assessment of new areas of work.

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

12 January 2017

RQIA Board Meeting

Date of Meeting	19 January 2017
Title of Paper	RQIA Acute Hospital Inspection Programme – Phase 1 Summary Report
Agenda Item	14
Reference	I/01/17
Author	Hall Graham
Presented by	Olive Macleod
Purpose	To provide a summary of the findings from phase 1 of the acute hospital inspection programme
Executive Summary	The paper • sets out the background to the development of the acute hospital inspection programme, • provides some overarching themes from the findings of the first inspections • summarises the evaluation process • outlines proposed changes to be implemented in the second phase of the programme
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the RQIA Acute Hospital Inspection Programme – Phase 1 Summary Report
Next steps	

RQIA Acute Hospital Inspection Programme - Phase 1 Summary Report

Assurance, Challenge and Improvement in Health and Social Care

1.   Ministerial Statement

In 2014, the then Minister for Health, Social Services and Public Safety, Minister Poots asked RQIA to carry out a series of inspections in acute hospitals across Northern Ireland. This rolling programme of unannounced inspections, was to examine the quality of services in acute hospitals in Northern Ireland from 2015-16 onwards.

In a statement to the Northern Ireland Assembly on 1 July 2014 the Minister stated that 'inspections will focus on a number of quality indicators about triage, admission, assessment, care, monitoring and discharge of patients. They will focus on a selection of quality indicators that will not be pre-notified to the trusts for each inspection, and no advance warning will be provided to trusts as to which sites or services within a hospital will be visited as part of an unannounced inspection. It is intended that the RQIA inspection reports will be published on a hospital-by-hospital basis as they are completed'.

In a letter dated 14 April 2014, the Chief Medical Officer formally asked RQIA to put in place appropriate arrangements, to deliver a rolling programme of unannounced inspection of the quality of services in acute hospitals in Northern Ireland.

2.   Development of the RQIA Hospital Inspection Programme

Following this, RQIA set up a project using a modified Prince 2 methodology with the object of developing, designing and piloting an agreed hospital inspection process and associated procedures, which would conclude with the delivery of a fully tested methodology to deliver the programme of unannounced inspections. Project management support was supplied by a project manager from the RQIA Reviews Directorate.

The overall aims of the Acute Hospital Inspection Programme were identified as:
- providing public assurance
- promoting public trust and confidence in the delivery of acute hospital services

The proposed key deliverables for the project to establish the new programme of unannounced inspection were to:

- develop, pilot and implement a hospital inspection process, and associated procedures, in accordance with legislation, standards and relevant guidance
- identify and agree access to relevant sources of information which could inform the content and delivery of the programme of inspections
- develop a comprehensive training package to ensure that RQIA inspection staff, peer reviewers and lay assessors are suitably trained to carry out the inspections
- develop a database to coordinate the programme of inspections
- establish a forward work plan for the programme of inspections over the period 2015-18
- ensure that relevant stakeholders, including the public, are kept informed about the development of the programme

A project board was established chaired by the RQIA Director of Reviews with representation from:

- RQIA
- RQIA Board
- DHSSPS
- NI Safety Forum
- Public Health Agency
- Service Users and Carers

A project team was established consisting of the RQIA Healthcare Team and an RQIA project manager.

An initial inspection framework was designed around 14 areas of inspection underpinned by relevant criteria.

Each area of inspection was designed to correlate with one of the RQIA core objectives of:

- Safe care
- Effective care
- Compassionate care

The inspection process was designed to use a number of methodologies:

- use of core indicators
- views of patients and relatives
- review of documentation
- observation of practice
- staff feedback

Each inspection would be led by the RQIA Healthcare Team supported by:

- the use of peer reviewers (staff who are engaged in the day to day delivery of health and social care)
- the use of lay assessors (who are service users and members of the public and who bring their own experience, fresh insight and a public focus to our inspections)
- medical trainee(s) supplied by NIMDTA
- nursing students supplied by Ulster University and Queen's University Belfast

Inspections would also examine a specific theme from a list agreed by Department of Health. All of these findings would be aggregated to provide an assessment of care and to make recommendations for improvement.

Hospitals were categorised dependent upon the number of beds and specialist areas. The number of inspections and wards/areas to be inspected were to be proportionate to the type of services provided and the size of the hospital.

In Year 1, RQIA planned to inspect wards and departments in the following areas in each HSC acute hospital subject to inspection:

- Emergency Care
- Medical Care (including older people's care)
- Surgical Care

In subsequent years, other areas would be inspected, particularly if areas of concern were identified or where the quality of care may have been compromised. Wards would be inspected on a rolling programme.

Five pilot inspections were carried out in the following hospitals:

- Antrim Area Hospital
- Ulster Hospital

- Craigavon Area Hospital
- Mater Hospital
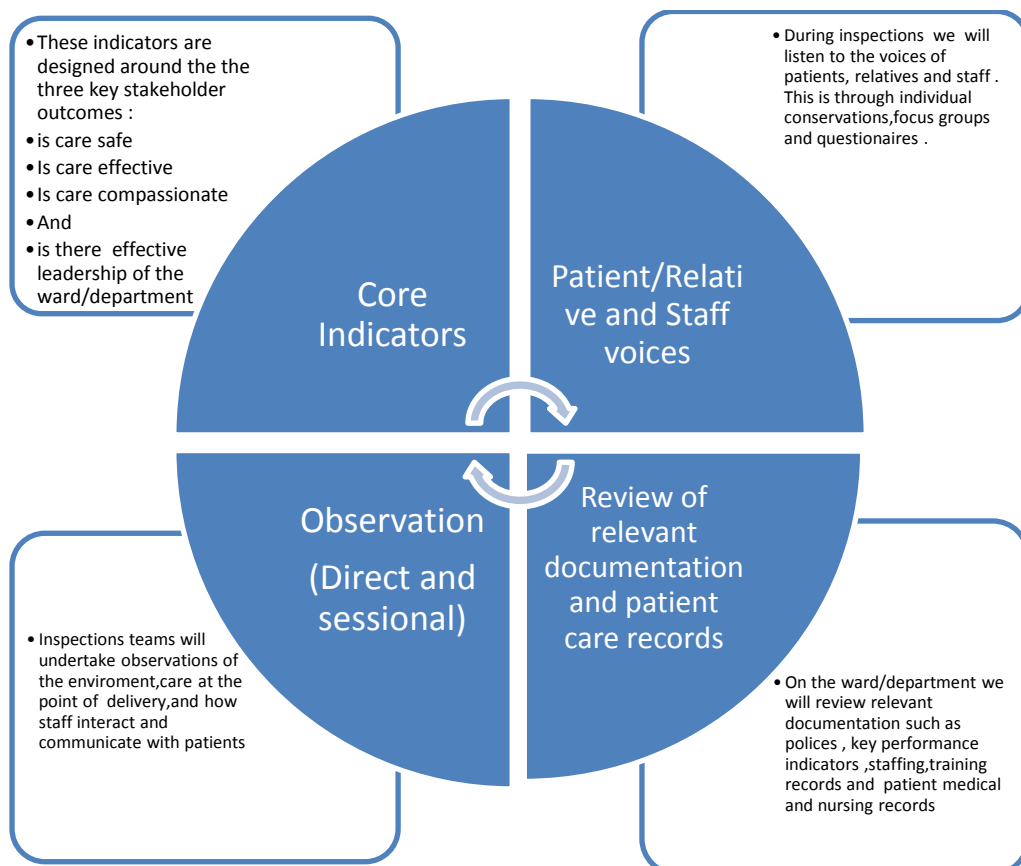- Altnagelvin Area Hospital

These pilots were designed to test the process and inspection tools. No formal feedback sessions were held, a report including a compliance assessment was not sent to trusts following each inspection and no feedback was sought from the trusts at the end of the pilot process.

The definitive programme planned to visit in order:

- Antrim Area Hospital
- Royal Victoria Hospital
- Ulster Hospital
- Craigavon Area Hospital
- Altnagelvin Area Hospital

Just prior to the first inspection, a well led domain was added to the areas that would be reflected in the inspection report and a number of indicators were added to provide an assessment of how well each clinical area subject to inspection was managed and led.

A decision matrix was added that aggregated the information that the inspection team would use to come to a conclusion as to performance against each of the now four domains.

- These indicators are designed around the the three key stakeholder outcomes :
- is care safe
- Is care effective
- Is care compassionate
- And
- is there effective leadership of the ward/department

Core Indicators

- During inspections we will listen to the voices of patients, relatives and staff . This is through individual conservations,focus groups and questionaires .

Patient/Relative and Staff voices

- Inspections teams will undertake observations of the enviroment,care at the point of delivery,and how staff interact and communicate with patients

Observation (Direct and sessional)

Review of relevant documentation and patient care records

- On the ward/department we will review relevant documentation such as polices , key performance indicators ,staffing,training records and patient medical and nursing records

The inspection report was set out against the four domains and it was planned that areas of good practice would also be identified. Areas that were identified as needing improvement would receive either a:

- **recommendation**: where indicators or standards are found to be partially or minimally compliant, and would require significant change and/or improvement, and would be reviewed at future inspections.

- **housekeeping point**: a deficiency where improvement was considered to be achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines

The initial inspections of Antrim and the RVH ran over three days. This was subsequently extended to four days and the size of the inspection team also increased over the course of the first five inspections.

3. Themes Arising from the First Five Inspections

1. Staffing Levels

Nursing staffing levels were identified as being a problem in almost every area that had been inspected. An exception was in Craigavon ED where the trust had taken the decision to exceed its funded establishment although these posts had been designated by the trust as being "at risk" as they were not funded from within the ED budget. In those areas where low staffing levels were most acute, morale among staff was low and this was having a knock on effect on for example, sickness levels, levels of staff training, appraisal and supervision, communication and engagement with the multidisciplinary team. Levels of audit were low and improvement following audit was not being demonstrated. The cumulative effect was leading in some cases to less effective care being provided for patients. Development of roles such as nurse educators and nurse development leads was helping to provide some balance to the workload of sisters.

Staffing levels were particularly an issue in some areas of ED where a lack of nursing staff was leading to an inappropriate nurse: patient ratio which had a direct impact on patient safety.

The level of AHP support also had a substantial effect on how an area was performing. Timely access to OT, Physio and social work input had a dramatic effect on patient flow throughout the ward and facilitated discharge. However, trusts were actively working to improve the situation. Some wards now had dedicated AHP provision and access to weekend cover was also being improved.

In the large majority of cases drugs including controlled drugs were stored safely and apart from a few cases, being administered in line with trust policy. In those areas that had a dedicated pharmacist true integrated medicines management was facilitated. In the absence of a dedicated ward pharmacist reconciliation of medicines at both admission and discharge was not taking place.

In some areas, the number of junior medical staff was considered to be too low to perform all necessary functions.

2. Support for Ward/ED Sisters

In those areas where the sister had time and capacity to perform both managerial and clinical roles, the ward could be considered to be well led. Where this was not the case it was leading to poor communication in terms of staff meetings, attendance at ward rounds and staff briefings that were poorly organised and inefficient. Staff were also not aware of feedback/learning from incidents/complaints and performance against trust KPIs such as cardiac arrest.

In those instances where sisters were provided with clerical backup, performance in the well led domain was much better.

3. Communication

One of the indicators of a well-functioning ward/ED is the level and effectiveness of communication between all members of the multidisciplinary team. In relation to nursing staff, effective and well-structured safety briefings and handovers are an essential part of the provision of safe and effective patient care. In a number of instances these processes were observed to be less than effective.

Regular meetings involving the entire multidisciplinary team, including input from all AHP colleagues, should also take place and again this is an area for improvement.

Suitably timed structured ward rounds with input from both medical and nursing staff are extremely important. Most wards are now trying to time their ward rounds to facilitate discharge but it is surprising that a number do not include nursing staff.

In those areas where senior nursing staff attended mortality and morbidity meetings and also governance meetings, where incidents and complaints were discussed, they were able to feed this information directly back to staff. It was also fed back that more walk-rounds by senior management, making them more visible to staff on the ground, would be seen as beneficial.

4. Nutrition and Mealtimes

In a number of areas the concept of protected mealtimes was not being adhered to. In the instances where a senior nurse was not in charge, mealtimes were haphazard, staff were often not aware of specific patient requirements, calorific intake was not recorded, patients were not encouraged to maintain their fluid intake and fluid charts were not being completed consistently.

5. Environment

In the majority of cases the environment was good, though in most cases a full assessment for dementia patients had not been carried out and so all appropriate adaptations had not been carried out.

Staff were aware of trust policies in relation to hand hygiene, uniform, ANTT, and use of PPE; however during each inspection a number of staff were observed who did not fully adhere to these policies. Audits of hand hygiene are carried out regularly.

6. Patient Care

A frequent finding was that nursing care plans were not always up to date and were not always reflective of individual patient care needs. Nursing records did not always comply with NMC and NIPEC guidance. Medical records were mostly well completed and contemporaneous though on a number of occasions test results were sitting loose in the file and could be easily misplaced.
Staff awareness and training in relation to safeguarding was generally good and there was generally good awareness in relation to end of life care. VTE risk assessments were completed and prophylaxis administered where appropriate.

Sepsis 6 and falls safe bundles had been introduced in almost all areas. NEWS scores were being recorded, however scores were not always reconciled meaning that appropriate action was not always taken. A SKIN or SSKIN bundle had been introduced in almost all areas and a Braden score recorded where appropriate. Good training had been provided in relation to pressure ulcer care and there was universally good access to a tissue viability service.

7. Patient and Relative Feedback

As a part of each inspection, a number of questionnaires had been administered to both patients and relatives. In all cases patients reported that they were happy with the standard of care they had received, though a number commented on nursing staffing levels and their ability to provide care, especially at busy times. They were content that staff introduced themselves, gave them an easy to understand explanation of their care and were aware of protecting their privacy and dignity. Relatives agreed that the standard of care was good but commented that quite often they did not know and weren't told who they could approach to obtain information regarding their relative.

8. Issues in Relation to Emergency Departments

It is not surprising that EDs functioned very well when patient numbers were low but began to perform less well as numbers increased. Each department should have an escalation plan that should set out clearly the steps to be taken when numbers increase. Not all trusts have a fully operational escalation plan that is known to all staff.

As already stated nurse staffing levels are an issue in almost all EDs. When numbers increase, it is proving impossible to maintain a 1:1 staff patient ratio where required and when numbers in ambulance triage rise, it is not possible for a single member of staff to monitor the number of patients that are waiting. It also compromises their ability to respond to emergency situations. Lack of suitably qualified staff has also led to situations where staff are being asked to perform above their competency level.

In the majority of EDs, senior consultant staff do not perform regular walk-rounds accompanied by senior nursing staff. This regular patient review is essential in maintaining an overall view of what is happening in the department.

In relation to medicines management, there is virtually no medicines reconciliation on acceptance at an ED.
If a patient requires a time critical medication, unless they have brought it with them there is a real risk that they will miss their medication, or have its admission delayed considerably.

In most cases there was minimal planning of care, which for those patients with minor issues was not a problem. However, for those more complicated patients with co morbidities, some plan of care should be in place. Re triaging of patients who have been in the ED for a considerable period of time should be prioritised.

However a number of improvement initiatives were reported:

- Development of an elderly assessment unit with direct admission for older patients if beds are available
- A joint radiology/ED initiative aiming to lead to real time scan reporting for certain conditions
- Development of a number of ambulatory and integrated care pathways
- Development of IT systems that accurately record the flow of patients through the ED and will provide real time information.
- A working group within the ED has been sat up to review the protocols for the management and treatment of minor injuries. It is planned to extend the scope of practice of ENPs whereby they will start seeing patients with minor injuries
- First point of contact physiotherapy where the physio becomes the first point of contact and takes responsibility for the care of patients with simple and non-urgent peripheral musculoskeletal injuries
- Improved pathways for children and young people
- Patients who are over 65 years of age and frail and over 75 with chronic medical conditions affecting mobility can access a geriatric liaison team
- An urgent care area has been opened in the ED which is staffed by ENPs who can triage patients meaning they do not have to go through the main ED
- Development of an ATTEND (advanced triage treatment by emergency nurse or doctor) within the ambulance receiving area

4.   Evaluation of the first Five inspections

a) External Evaluation

In December 2015, RQIA was awarded the European Foundation for Quality Management (EFQM) 4* Recognised for Excellence Award. As part our hospital inspection evaluation process we engaged the EFQM lead assessor to carry out an external assessment of our inspection processes.

The assessor accompanied and observed members of the inspection team during the inspection of Altnagelvin Hospital. The report sets out a number of strengths:

- By allowing time to focus on only three identified areas, with a large team and a range of skills and experience, a thorough inspection could be and was carried out.
- Inspectors working in pairs allowed less experienced members to settle into the process and resulted in better quality note taking.
- The use of a range of skilled medical practitioners peer reviewing colleagues, in a structured sample based approach, appeared to be sound and robust.
- Guidance notes were comprehensive and well laid out.
- Note taking was observed to be methodical and detailed.
- Seemed to be adequate time to complete workbooks.
- The process of holding regular meetings throughout the day enables findings and emerging trends to be highlighted and shared with the wider team for further exploration.

A number of areas for further discussion were identified:

- Have a more process based approach to inspections. Measures of key process performance are a powerful metric designed to dig deeper into how an organisation is performing.
- Possible further training for inspectors in assessing management practice.

b) Feedback from Trusts

On 21 October, a half day workshop was held as part of the evaluation process. All trusts were invited as well as representatives from Queens University Belfast and Ulster University as both institutions had supplied student nurses for the inspection programme. In advance of the workshop, trust chief executives had been asked to provide high level feedback regarding the first 5 inspections.

During the workshop participants were asked to comment on a number of areas:

- did the hospital inspection programme meet its overall objectives and if not why not?
- unannounced vs announced inspections
- gathering the views of patients, relatives and staff and the use of focus groups
- report – structure and content
- provision of immediate feedback and preliminary findings
- any perceived gaps in the process

It was felt that generally the programme had met its objectives but that more balance was required. The process had concentrated too much on negative findings and areas of good practice had not been emphasised enough, as publicising these elements may lead to improvements in other trusts. It was also considered that there should be more triangulation of evidence to provide more meaningful recommendations.

Participants considered that the well led domain had been concentrated too much at ward level and had been unfairly critical of ward/ED sisters. Trust senior teams had not been given an opportunity to participate.

It was felt that RQIA should ask for a number of corporate documents in advance of the inspection. There was agreement that certain policies and procedures should be readily available at ward level but it was not proportionate for a busy ward/ED sister to find corporate documentation.

All participants considered that unannounced inspections were overwhelming and stressful. It was also difficult to provide suitable staff to attend focus groups at such short notice. Even having 24 hours' notice would be helpful and another suggestion was to carry out focus groups at a different time outside the dates of the inspection.

Participants valued the fact that inspections gathered the views of both patients and relatives and this should continue to be part of the process. With regard to focus groups, some staff were surprised to see that they were quoted in the report even though all quotes were anonymous. It was felt that focus groups should be limited to the areas of inspection and not opened out to the wider hospital.

There was general agreement that the report was too long and repetitive with too many recommendations and there was some confusion as to the status of "housekeeping points". In the future the report should be more high level and have more analysis of information, rather than leaving the reader to draw their own conclusions. It was also felt that reports could be produced more quickly.

Participants agreed that immediate feedback and preliminary findings were valuable. However during the first round of inspections the immediate feedback seemed to concentrate on many of the positives but the full report was much more negative in tone.

When asked how the process could improve, participants felt that it was too nursing focused and should be more multidisciplinary in nature. Reports should be easier to read and perhaps a short summary leaflet could be provided for each one. It was also felt that perhaps inspection teams could have more relevant expertise for example ED staff being part of the ED inspection.

In conclusion, participants considered that the hospital inspection programme has provided an opportunity to collate findings from across the entire region and identify opportunities for regional improvement. Finally when asked if they had found the process to be useful, all participants agreed that it was and that they had all made changes as a result of findings.

c) Feedback from Peer Reviewers and Areas Subject to Inspection

All peer reviewers who had participated in the inspection process were given an opportunity to complete a post inspection feedback questionnaire which asked a number of questions about the inspection process and the quality of their involvement.

43 out of 53 questionnaires were returned:

- 96% reported that the inspection had been well conducted
- 98% reported that their views and contributions were valued
- 96% reported that overall the inspection was good or very good

Each ward/ED that was subject to inspection was also provided with an opportunity to feedback on the process from their perspective, as the ones being inspected. Twelve questionnaires were returned:

- 100% were very satisfied or satisfied that the inspection team provided clear information about the inspection process
- 100% were very satisfied or satisfied that the inspection team engaged with and took adequate time to speak with staff
- 100% reported that the inspection was well conducted
- 36% reported that the presence of the inspection team had some negative effect on the service being provided
- 92% rated the inspection as being very good or good

d) Feedback from the Patient and Client Council (PCC)

The Patient and Client Council was asked to identify themes arising from its complaints process that would help to identify any gaps in the RQIA inspection process.

1. Complaints Support Service Annual Report 2016/2017
The PCC Complaints Annual Report 2016/2017 provides summary data on complaints support work and on the areas of treatment and care about which people complain.

Inpatient Services are the second most common area of service complained about after Family Practitioner Services. Treatment and care is the most common cause of complaint. Communication, attitude and waiting time complaints while significant are much less frequent.

2. Themes Emerging – Hospital Inpatient Care
Taken from this data – and the more detailed scrutiny of cases the following key themes emerge from complaints about hospital treatment and care:

a. Admission, Discharge and General Wards
It is more likely that complaints will arise in the admission and discharge phases of hospital treatment and care. Accident and Emergency Departments, Medical Assessment Units and General Medical wards generate a greater number of complaints about staff attitude; communication; diagnosis and the overall quality of treatment and care. The impression given by these complaints is of a service under pressure in these areas as regards staffing levels and that this has an impact on attention to basic care and the capacity to maintain good communication with anxious families.

b. Management of Death in Hospital
The management of the end of life in hospital is a key driver for complaints. This involves the unexpected death of a patient rather than the experience of people for whom a well-defined End of Life and Palliative Care plan has been developed (for example – a frail person who contracts an infection in a nursing home for which they are admitted to hospital but then succumb). These complaints are brought by families and while there are sometimes learning points on protocol and procedure, the most common cause of complaint is poor communication and arguably a need for greater support for the relatives of the dying person to understand what Is happening and why. For many families who contact us, the starting point is the suspicion that the service allowed their family to die.

c. Family Support
Complaints brought to the PCC about hospital inpatient treatment are overwhelmingly made by families on behalf of relatives. These will frequently be driven by a need for greater knowledge of what is going on with their relative and about the care plan overall. The management of pain and the management of personal care (especially toileting) are far more likely to give rise to a complaint than the quality of food, ward cleanliness or policies like visiting hours. Families become noticeably more distressed if their relative is in pain or if their dignity is not preserved.

d. Specialist Wards, Treatment and Care
There is a whole other category of complaint that relates to what appear to be pure clinical issues and these will arise in the more specialist areas of care (e.g. cardiology; orthopaedics; oncology and etc.) These complaints focus very much on diagnosis, treatment and care plans and incidents where the service appears to have made a genuine error (for example, pin prick injuries to the bowel during surgery). It is difficult to discern any theme to these complaints as the PCC receives a small number of complaints across a wide range of specialties.

It is, however, important to be aware of a qualitative difference between these complaints and those discussed in the preceding paragraphs.

3. Inspections

Taken together, then, the information the PCC derives from its complaints work suggests that the inspection programme might have regard for:

a. Arrangements in place to ensure effective information-sharing with families (e.g. "Consultant of the Day"; "Named Nurse" etc.)

b. Clarity for patients and families on what they should expect from the ward and its staff (e.g.as in the new EDs where there is now a lot of information on how the department works) and possibly what the ward and staff expect from the patient and family

c. Specific arrangements for the care of families whose relative dies in hospital

d. Specific arrangements for family involvement/support in discharge arrangements and identification by the trust of delayed discharges and action plans to address them

e. Possibly compare complaints data; staff to patient ratio; skills mix of staff between specialist treatment wards and general wards used for assessment and discharge planning

PCC was also asked to comment on the RQIA patient questionnaire and changes were made as a result of their input.

5.   Proposed Changes to the Process

As a result of the evaluation carried out, and feedback obtained by RQIA a number of changes have been proposed in relation to the next five hospital inspections:

a. It is proposed that the RQIA chief executive and directors of nursing, medicine and social work meet with their trust counterparts on day 2 of the inspection. The results of these discussions will be added to the well led domain adding a more corporate element which will allow an assessment of leadership from ward level through to the senior team and trust board.
b. Inspection tools have been amended to ensure that a comprehensive assessment of each area is completed.
c. Inspection reports will be shorter and contain fewer recommendations. There will be more analysis of information and comparison with best practice to reach more robust conclusions. Housekeeping points will not be used.
d. While keeping junior medical staff as peer reviewers it is hoped to add a number of consultant medical staff. It is also hoped to add more expertise such as ED staff to the peer review group.
e. Trusts have been asked to provide a number of corporate documents in advance of the inspections. This list will then be regularly updated.
f. Focus groups will be targeted at the areas being inspected.
g. A summary leaflet similar to that used for review reports will be produced following each inspection.

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