

AGENDA

RQIA Board Meeting
Boardroom, RQIA
Thursday 17 January 2019, 11.45am

PUBLIC SESSION

- | | | | |
|---|--|----------------------|---------------------------|
| 1 | Minutes of the public meeting of the Board held on Thursday 29 November 2018 and matters arising | Min/Nov18/
public | 11.45am
APPROVE |
| 2 | Declaration of Interests | | 11.55am |
| 3 | Acting Chair's Report
Acting Chair | A/09/19 | 12.00pm
NOTE |
| 4 | Meetings Attended by RQIA Non-Executives
Acting Chair | B/09/19 | 12.10pm
NOTE |

STRATEGIC ISSUES

- | | | | |
|---|--|---------|---------------------------|
| 5 | Corporate Performance Report (Quarter 3)
Head of Business Support | C/09/19 | 12.15pm
APPROVE |
| 6 | Policy & Procedure for the Appointment of Part II / SOADs
Director of Improvement and Medical Director | D/09/19 | 12.25pm
APPROVE |

OPERATIONAL ISSUES

- | | | | |
|----|--|---------|------------------------|
| 7 | Chief Executive's Report
Chief Executive | E/09/19 | 12.40pm
NOTE |
| 8 | RQIA Fraud Activity
Chief Executive | F/09/19 | 12.50pm
NOTE |
| 10 | Any Other Business | | 13.10pm |

Date of next meeting: 21 March 2019, RQIA Boardroom

RQIA Board Meeting

Date of Meeting	17 January 2019
Title of Paper	Public Session Minutes
Agenda Item	1
Reference	Min/Nov18/Public
Author	Hayley Barrett
Presented by	Prof. Mary McColgan
Purpose	To provide Board members with a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 29 November 2018.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the minutes of the Board meeting on 29 November 2018.
Next steps	The minutes will be formally signed off by the Chair.

PUBLIC SESSION MINUTES

RQIA Board Meeting Ben Madigan Room, Belfast Castle 29 November 2018, 11.45am	
Present Prof Mary McColgan OBE (Acting Chair) (MMcC) Lindsey Smith (LS) Gerry McCurdy (GMcC) Denis Power (DP) Robin Mullan (RM) Seamus Magee OBE (SM) Dr Norman Morrow OBE (NM) Patricia O'Callaghan (POC)	Officers of RQIA in attendance Olive Macleod OBE (Chief Executive) (OM) Theresa Nixon (Director of Assurance) (TN) Jennifer Lamont (Head of Business Support) (JL) Malachy Finnegan (Communications Manager) (MF) Hayley Barrett (Board and Executive Support Manager) (HB)

1.0 **Agenda Item 1 - Minutes of the public meeting of the Board held on Thursday 20 September 2018 and matters arising**

- 1.1 The Board **APPROVED** the public minutes of the meeting of the Board held on Thursday 20 September 2018, subject to minor amendments.
- 1.2 SM queried what happens to the audio recordings from enforcement meetings when the minutes are approved. OM advised that all audio recordings are delete when the provider has advised they are satisfied with the minutes.
- 1.3 POC advised that in relation to action 186, the review protocol and procedure relating to Part II appointments is currently with LG for approval.

OM asked Board members, in relation to action 187, that all requests to attend hospital and care inspections are sent to her.
- 1.4 Actions 188, 189 and 190 are all complete. MF advised Board members in relation to action 188 that the RQIA membership scheme will be re-advertised in January 2019.

2.0 **Agenda Item 2 - Declaration of Interests**

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

3.0 **Agenda Item 3 – Acting Chair's Report**

- 3.1 MMcC informed Board members that the Human Rights Training session was well presented and received by all Board members.

- 3.2 MMcC thanked TN for the work effort put into arranging the RQIA Training Week in November. MMcC advised that the training session provided by JL on learning from difficult situations was well delivered.

3.3 Resolved Action (191)

JL to provide the training session on learning from difficult situations to all Board members at the Board Workshop in February.

- 3.4 DP suggested that RQIA consider sharing some of the training sessions from the learning week with other parties.
- 3.5 MMcC advised Board members that she, along with PC, DP, GMcC and OM, attended the Public Sector Chairs Forum. MMcC advised that the speech from Sue Gray was well received and helpful.
- 3.6 MMcC informed Board members that the Regional Board Effectiveness Sub Group is due to meet in February 2019.

4.0 Agenda Item 4 – Meetings attended by RQIA Non-Executives

- 4.1 Meetings attended by RQIA Non-Executives were captured within the Acting Chairs Report.
- 4.2 MMcC asked Board members to forward any dates of external meetings attended representing RQIA to the Executive Support Manager.
- 4.3 Board members requested clarification is sought from the DoH in relation to the completion of reports for Board member attendance at meetings.

4.4 Resolved Action (192)

Clarification in relation to the completion of the meetings attended by RQIA Non-Executives report to be sought from the DoH

- 4.5 DP informed Board members that he attended a training session at RQIA Learning week on the key emerging issues from inquiries and reviews. DP advised that it would be helpful if this session was provided to all Board members.

4.6 Resolved Action (193)

LG to provide a training session on the key emerging issues from inquiries and reviews to all Board members at the Board Workshop in February 2019.

- 4.7 Board members **NOTED** the Meetings attended by RQIA Non-Executives.

5.0 Agenda Item 5 – Corporate Performance Report (Quarter 2)

- 5.1 JL presented the Corporate Performance Report (Quarter 2) to the Board. JL advised that all actions are on target for completion. JL informed Board members that the Corporate Performance Report will report by exception only.
- 5.2 DP queried if the summary of achievements section should include the Hospital Inspection Programme.

5.3 Board members **APPROVED** the Corporate Performance Report (Quarter 2).

6.0 Agenda Item 6 – Corporate Risk Assurance Framework Report

6.1 OM informed Board members that there have been no changes to the Corporate Risk Assurance Framework Report since it was last approved at Audit Committee on 18 October 2018.

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

7.0 Agenda Item 7 – Audit Committee Business

7.1 DP, Audit Committee Chair, informed Board members of the approved minutes of the Audit Committee meeting on 21 June 2018.

7.2 Board members **NOTED** the approved minutes of the Audit Committee meeting on 21 June 2018.

7.3 DP provided a verbal update of the meeting on 18 October 2018. DP informed Board members that the final Report to those Charged with Governance was presented from NIAO.

7.4 Board members **NOTED** RQIA Mid-Year Assurance Statement.

7.5 Board members **NOTED** the Audit Committee Business update.

8.0 Agenda Item 8 – Chief Executive's Report

8.1 OM presented the Chief Executive's Report and asked if any Board members required any clarification.

8.2 TN provided an update relating to residential beds in nursing homes advising that independent legal advice has been sought and RQIA await the response. OM highlighted the potential risk and reputational issues in relation to residential beds in nursing homes.

8.3 SM asked for further information relating to the case notes of deceased patients of Dr Watts. OM advised that the first draft of the report will be with the DoH by Christmas. A second piece of work relating to the deceased patient case notes will commence in the New Year. A full time solicitor is required for this piece of work. OM informed Board members that a solicitor will commence work in RQIA on Monday 3 December 2018 in order to assist RQIA in the review.

8.4 Board members **NOTED** the Chief Executive's Report.

9.0 Agenda Item 9 – Number of unregulated placements made by trusts of 16 / 17 year old young people in Northern Ireland

14.1 The Chair welcomed Fiona Goodman (FG), Assistant Director to the meeting to present the Accommodation of Young People Aged 16/17 years in Unregulated Placements in Northern Ireland to Board members.

- 14.2 TN advised that the paper outlines the legal requirements relevant to the placement of looked after children in Northern Ireland and outlines the work undertaken by RQIA with the HSC Board and trusts to scope the extent and reasons for these placements.
- 14.3 TN informed members that this issue is ongoing and is a concern to the trusts and HSCB. TN advised that HSCB have to manage this issue, as RQIA do not have regulations to support the Children's Standards.
- 14.4 TN advised that Audit Committee members support the paper and the options outlined within it and asked for Board approval.
- 14.5 MMcC commented that this is a problematic situation verging on crisis. TN agreed and advised that RQIA need to support services available for all staff.
- 14.6 DP stated that the risks of this activity are evident and the options are real. DP asked that this is considered to be added to the Assurance Directorate Risk Register.

14.7 **Resolved Action (194)**
Unregulated placements made by trusts to be considered and added to the Assurance Directorate Risk Register.

- 14.8 MMcC thanks TN and FG for their input in relation to the number of unregulated placements made by trusts of 16 / 17 year old young people in Northern Ireland. MMcC stated that TN is trying to bring people together in order to stop these placements, and noted however the overall responsibility lies with the trusts.

10.0 Agenda Item 10 – Board Self-Assessment

- 10.1 MMcC thanked DP and HB for their assistance in completing the Board Self-Assessment.
- 10.2 Board members **APPROVED** the Board Self-Assessment.

11.0 Agenda Item 11 – Any Other Business

- 11.1 OM advised that the Management Statement of Financial Memorandum has been returned from the DoH for signature. OM advised Board members that JL has been liaising with the DoH in order to finalise the documents. OM asked that Board members approve the Management Statement of Financial Memorandum in order for a full review of RQIA Standing Orders to be completed.
- 11.2 Board members **APPROVED** the Management Statement of Financial Memorandum.
- 11.3 **Resolved Action (195)**
A copy of the Management Statement of Financial Memorandum to be forwarded to Board members.

- 11.4 MMcC advised Board members that a complaint has been received relating to a stage 2 complaint panel that has just been completed. A copy of the complaint will be shared with panel members.
- 11.5 **Resolved Action (196)**
A copy of the complaint received relating to a completed stage 2 panel to be shared with panel members.







Date of next meeting:
17 January 2019


Signed

Professor Mary McColgan
Acting Chair




Date

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion	Status
186	30 April 2018	The protocol and procedure relating to Part II appointments will be reviewed.	Director of Improvement and Medical Director (LG)	29 November 2018	
191	29 November 2018	JL to provide the training session on learning from difficult situations to all Board members at the Board Workshop in February.	Head of Business Support (JL)	21 February 2019	
192	29 November 2018	Clarification in relation to the completion of the meetings attended by RQIA Non-Executives report to be sought from the DoH	Chief Executive	17 January 2019	
193	29 November 2018	LG to provide a training session on the key emerging issues from inquiries and reviews to all Board members at the Board Workshop in February 2019.	Director of Improvement and Medical Director (LG)	21 February 2019	
194	29 November 2018	Unregulated placements made by trusts to be considered and added to the Assurance Directorate Risk Register.	Director of Assurance (TN)	17 January 2019	
195	29 November 2018	A copy of the Management Statement of Financial Memorandum to be forwarded to Board members.	Board and Executive Support Manager	17 January 2019	

196	29 November 2018	A copy of the complaint received relating to a completed stage 2 panel to be shared with panel members.	Acting Chair (MMcC)	17 January 2019	
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Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	

RQIA Board Meeting

Date of Meeting	17 January 2019
Title of Paper	Acting Chair's Report
Agenda Item	3
Reference	A/09/19
Author	Prof. Mary McColgan
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board of external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	External engagements and key meetings since the last Board meeting of RQIA.
FOI Exemptions Applied	None.
Equality Impact Assessment	Not applicable.
Recommendation/Resolution	The Board is asked to NOTE this report.
Next steps	Not applicable.

ACTING CHAIRS REPORT FOR BOARD MEETING ON 17 JANUARY 2019

Accountability meeting on 11 December 2018:

CEO, Director of Quality Improvement and I attended the accountability meeting which was chaired by CMO. As the previous ground clearing meeting had been satisfactory, the focus of the accountability meeting was on reviewing RQIA's activities including Neurology, Muckamore Abbey SAI, CPEA focus on a 'systems review of services' and 'Home Truths' review, transformation progress and developments in relation to RQIA's regional role in Assurance Workstream.

Meeting with Sean Holland on 11 December 2018:

This meeting was attended by CEO and Acting Chair. The purpose of the meeting was to discuss ways of strengthening relationships and developing collaborative working opportunities. We also discussed exploration of the resource constraints in service provision e.g. nursing levels in nursing homes, violence and intimidation experienced by social work and social care staff, current model for delivery of social care for older people and CPEA review.

CPEA meeting on 19 December 2018:

Following meeting with CEO and Jennifer Lamont on 11 December 2018, RQIA invited Pat Bailey and Mandy Lavin to meeting with RQIA Senior Executive Team, colleagues in the Assurance Directorate and Board members. RQIA welcomed the opportunity to provide clarify in relation to policy, procedures and practices and CPEA shared some of their initial findings related to their review. We discussed the safeguarding and SAI interface, highlighting policy and guidance issues. The meeting offered an important opportunity for engagement with review team. We anticipate further follow up and dissemination of 'high level' findings in late January.

Outcomes based accountability:

Following the workshop facilitated by Michael Dunlop in November, RQIA is holding a meeting on 14 January 2019 to explore how the outcomes based approach would be integrated into RQIA practices. Invitations have been circulated to Board members and a verbal report will be provided for Board on 17 January 2019.

Meetings with BSO:

I have had several meetings with Karen Hargan, BSO.

Mary McColgan
Acting Chair

RQIA Board Meeting

Date of Meeting	17 January 2019
Title of Paper	Meetings attended by RQIA Non-Executives
Agenda Item	4
Reference	B/09/19
Author	Hayley Barrett
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board external engagements and key meetings attended by RQIA Non-Executives since the last Board meeting of RQIA.
Executive Summary	No meetings have been attended by members of RQIA Non-Executives since the last Board meeting.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE this report.
Next steps	Not applicable

MEETINGS ATTENDED BY RQIA NON-EXECUTIVES

IRHD User Experience and Advocacy Workstream on 8 November 2018

RQIA Board Meeting

Date of Meeting	17 January 2019
Title of Paper	Q3 Corporate Performance Report 2018-19
Agenda Item	5
Reference	C/09/19
Author	Board and Executive Support Manager
Presented by	Chief Executive
Purpose	<p>The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan aligned to the four strategic themes in the Corporate Strategy 2017-21.</p> <p>The report presents a cumulative picture of corporate performance and summarises key achievements and issues.</p>
Executive Summary	By the end of Quarter 3, 100% of the actions are on target for completion.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/Resolution	It is recommended that the Board should APPROVE the Corporate Performance Report.
Next steps	The next updated Corporate Performance Report for Quarter 4 will be presented to the Board on 16 May 2019.

RQIA Corporate Performance Report 2018-19

**Quarter 3
October to December
2018**



**The Regulation and
Quality Improvement
Authority**

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Introduction

The Corporate Performance Report summarises our performance for the last financial year. In a change from previous Corporate Performance Reports this paper will focus on providing evidence on how well RQIA is delivering the actions identified within the annual Business Plan, linked to its strategic objectives and priorities as described in the Corporate Strategy 2017-21.

Traffic Light Rating System

RQIA has adopted a Traffic Light Rating System to demonstrate how well the business actions are performing or have been delivered. The Traffic Light rating operates as follows:



action has not been achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by year end.



action unlikely to be achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by the completion date or by when the action will be achieved.







action forecast to be completed by the completion date





action delivered

Summary of Traffic Light Rating System (Period Ending September 2018)

Traffic Light	Sept 2018	Actions that require exception reports
	0	
	0	
	34 (100%)	
	0	

Summary of Achievements

- The RADaR database has been developed and is currently being piloted by the Care Homes Team. Work is ongoing on the development of the dynamic intelligence led model which is on track for achievement by Quarter 4.
- The RQIA Membership Scheme was launched on 7 June 2018 and by the end of Quarter 3, 71 people had signed up to RQIA's membership scheme
- A project has been initiated by day care and domiciliary care agency inspectors to provide information about RQIA and inspections in a format that is accessible to service users with a range of communication needs.
- A total of 1838 inspections were completed by the end of Quarter 3 which represents 72% of year's scheduled inspections completed.
- 54 inspections were completed with lay assessor involvement by the end of Quarter 2, which is on target.
- The information request database has been built on a Microsoft Access platform and was rolled out to the information team in late June 2018. The database holds all the required information and meets the team's needs.

STRATEGIC THEME 1						
Encourage quality improvement in health and social care services						
Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 1.1 We will lead an independent assurance process overseeing the sustainable implementation of the recommendations of the report of the Inquiry into Hyponatraemia-Related Deaths.	Implementation of workstream 9 arising from the O'Hara report.				X	On track for achievement. The project group has been established and first meetings planned.
Brag Rating:  On track for achievement						
Action 1.2 We will produce our first annual summary of the quality of services we inspected, audited and reviewed in 2017/18.	<ul style="list-style-type: none"> First annual summary report of services we inspected, audited and reviewed 				X	This work will be completed by Quarter 4
Brag Rating:  On track for achievement						




STRATEGIC THEME 1

Encourage quality improvement in health and social care services

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 1.3 We will implement the steps outlined in our action plan arising from our internal review of steps taken in respect of Dunmurry Manor Care Home and consider recommendations made by the Commissioner in respect of actions arising for RQIA in the report of his investigation Brag Rating: ● On track for achievement	Implementation of the steps outlined in RQIA's action plan arising from our internal review of Dunmurry Manor				X	DoH is leading on the response to the COPNI report and RQIA submitted the input as requested by the required deadline. The Dunmurry Manor Care Home Action Plan remains in place with several actions completed to date.
Action 1.4 Where we identify gaps in the quality of services in care homes, we will support improvement, for example by providing or signposting to best practice guidance. Brag Rating: ● On track for achievement	Number of RQIA initiatives for supporting improvement to overcome gaps identified in the quality of services which RQIA inspects				X	In September RQIA with support from NICE delivered 3 Medicines Management Workshops to Care Home Providers. Other opportunities have also been sought including working with the NICE Implementation Facilitator for NI to increase awareness of NICE resources for the regulated sector. The information team is working to analyse breaches on compliance with a view to ascertaining key areas in which to focus for future projects. Events on 'making your inspection count' have been scheduled for March.


STRATEGIC THEME 2

Use sources of information effectively

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 2.1 We will develop and quality assure a range of relevant risk factors to inform the targeting of resources to nursing and residential home inspections. Brag Rating:  On track for achievement	<ul style="list-style-type: none"> Complete detailed quality assurance on the 8 data sources identified as part of the Dynamic Data Workstream for RADaR Complete a pilot using the above data sources in order to try and predict risk as set out in the RADaR model 				X	NI Ambulance Service (NIAS) data and Hospital Admission Data have been evaluated and summary reports produced. There are a number of data quality issues with the hospital admission data and as such quality assurance is ongoing. The NIAS data has provided valuable insight and work is now underway to agree a regular process for receipt of the data and explore the possibility for inclusion in iConnect Work pressures within BSO have resulted in a delay in receiving the initial extract of data from the GP NHAIS system for validation. The RADaR database has been analysed extensively and the results have been presented at the RADAR workshop on 5 November.
Action 2.2 We will ensure information collected centrally within RQIA is fit for purpose and delivers a consistently high standard of timely and appropriate analysis. Brag Rating:  On track for achievement	<ul style="list-style-type: none"> Develop self service capability for validation, performance and quality reports Deliver training in the use of self-service reporting 			X	X	The self-service reporting template is now in use within the Nursing and Residential teams. A training session was held at the teams' meeting on 7 December 2018, and the teams are giving further consideration to expanding the report and providing more variation in the presentation of the data. In May 2018 a sample service activity timeline was developed using Excel, and was well received by the Nursing and Residential teams; this has now been established as a SQL report and incorporated into the self-service reporting template.
Action 2.3 We will publish an annual summary of high level statistical information in relation to the regulatory activities carried out by RQIA. The publication will be in line with official statistics guidance and as such we will seek national statistics accreditation. Brag Rating:  On track for achievement	<ul style="list-style-type: none"> Produce an agreed draft publication using information for the 2017/18 year by the end of 2018/19 				X	Initial discussions were held during Quarters 1 and 2. The majority of the work involved in producing the summary report is on target for completion by the end of Quarter 4.

STRATEGIC THEME 2

Use sources of information effectively

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 2.4 We will ensure that the work of the Information Team is in line with the Northern Ireland Statistics and Research Agency (NISRA) and Department of Health standards.	<ul style="list-style-type: none"> Information Team Business Plan to be incorporated within the NISRA DoH Business Deliver training to the information team on DoH and NISRA standards Plan 	X				The RQIA Information Team Business Plan has been incorporated within the NISRA DoH Business Plan. Training in relation to DoH and NISRA standards will be provided to the information team by the end of Quarter 4.
Brag Rating: 						
On track for achievement						

STRATEGIC THEME 3

Engage and involve service users and stakeholders

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 3.1 We will increase the profile of RQIA with the public. Brag Rating: ● On track for achievement	Number and % of people who were surveyed in the Household Survey that are aware of RQIA's role and responsibilities			X		A number of questions in relation to the public's perception of RQIA's role and responsibilities were incorporated in to the (NISRA) Continuous Household Survey during 2017/18. Results from the NISRA Survey were received at the end of September, they show that 32% of people surveyed were aware of RQIA, 27% were aware of RQIA's registration and inspection of HSC services function, 22% were aware of RQIA's responsibilities in relation to people with mental ill health or learning disabilities and 24% were aware of RQIA's responsibilities for carrying out investigations/reviews of HSC services. Further analysis by sex, age group and geographical areas has also been analysed.
Action 3.2 We will launch a membership scheme to involve service users, families and carers in our work. Brag Rating: ● On track for achievement	Successful launch of RQIA Membership Scheme			X		The Membership Scheme was launched on 7 June 2018. During Quarter 1 we asked for volunteers to join the scheme with a view to an event or series of events in the autumn to co-produce terms of reference and a work-plan for the group. At 31 December 2018, 71 people had signed up to RQIA's membership scheme. In Quarter 3 members will be invited to attend focus groups to develop and co-produce terms of reference and a work-plan for the group. This may include developing accessible information and guidance for members of the public; accessible report formats; and seeking views on other areas/issues that we should focus upon. During quarter 4, RQIA is planning its inaugural meetings with the Membership Scheme, where we will discuss how engage the public in our work. This will include discussion on how we effectively capture the voice of service users in our work, and improve the accessibility of our reports to ensure they help to support the public when making choices about health and social care services

STRATEGIC THEME 3





Engage and involve service users and stakeholders




Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 3.3 We will actively develop partnerships with academia and service improvers to enhance our processes and procedures. Brag Rating: ● On track for achievement	<ul style="list-style-type: none"> Analysis of RQIA's active involvement with academia and service providers Number of inspections completed with student nurses involvement 				X	<p>RQIA has been engaging with Professor Brian Taylor (Ulster University), on the development and implementation of 'RADaR'. RQIA delivered a presentation on RADaR at the University of Ulster DARE Conference, on 3 July.</p> <p>RQIA has also met with representatives from the Association for Real Change (ARC), Independent Health and Care Providers (IHCP) for the purposes of information sharing and planning partnership working events.</p> <p>RQIA supported ARC at an event for registered Managers on 27 November focusing on monitoring quality across a range of social care settings.</p> <p>A training programme on rights of children has been developed with Queens University Belfast and the RQIA Children's Team which has been delivered in November.</p> <p>In Quarter 2, RQIA facilitated one week placement for two open university student nurses, 23 – 27 July 18. As part of this placement, two dental inspections were completed with student nurses involvement, 25 and 26 July 18.</p> <p>RQIA participates in HSC training days (to include infection prevention and control link nurse study days, Band 6 and 7 leadership study days). At the end of Quarter 3, four presentations were given, two to the Belfast (26 September 18, 21 November 2018) and one each to Northern (25 May 2018) and Southern Trust (25 September 2018).</p>
Action 3.4 We will work collaboratively to report on the lived experience of users of health and social care. Brag Rating: ● On track for achievement	We will work with a range of representative groups to best assess lived experience.				x	<p>In Quarter 3 RQIA continued to engage with the Voice of Young People in Care organisation (VOYPIC) to increase user involvement in children's homes inspections. Currently VOYPIC are preparing a proposal which will include the recruitment of an intern who will oversee the training and induction of a team of ex care experienced young people (sessional workers) to assist in the inspection of children's services.</p>

STRATEGIC THEME 3

Engage and involve service users and stakeholders




Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 3.5 We will increase the involvement of lay assessors in our work programmes.	Meaningful lay assessor involvement to increase in all work programmes				X	The target for 2018/19 is 70 inspections to include a lay assessor. At the end of Quarter 3, 54 inspections have been carried out with a lay assessor present, 37 within a nursing home and 16 within a residential care home. One inspection which involved a lay assessor was completed within a MHL service. Four lay assessors have been used across 10 days of inspection (11 – 25 October 2018) to HSC Outpatient Department services, as part of the inspection element of the DoH Commissioned Review of Governance Arrangements in Outpatients Services in the Belfast Trust.
Brag Rating: ●						
On track for achievement						

STRATEGIC THEME 4						
Deliver operational excellence						
Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 4.1 We will implement the actions set out in our Transformation, Modernisation and Reform framework.	Implementation of the actions set out in our Transformation, Modernisation and Reform framework				X	Work is ongoing. The job description for a Business Manager has been submitted for banding.
Brag Rating:  On track for achievement						
Action 4.2 We will develop and implement an organisational development plan to give our staff the skills they need to support transformation, modernisation and reform.	Implementation of the RQIA Organisational Development Plan				X	Senior staff have been offered opportunities for development including a CLM Level 7 course in leadership (2 staff), an executive development programme at QUB (1 staff), the Scottish Improvement Leader Programme (1staff) and the Leadership centre regional development programme (1 staff). Feedback will be collated to determine the most appropriate course or mix of courses for RQIA staff development.
Brag Rating:  On track for achievement						
Action 4.3 We will develop and implement a charter of RQIA's vision and values					X	RQIA is currently reviewing its vision and values which will define our culture and capture what we do when we are at our best. This work is on target for completion by the end of Quarter 4.
Brag Rating:  On track for achievement						
Action 4.4 We will develop and implement a suite of customer service standards.	Development and implementation of a suite of customer service standards				X	During Quarter 1 a benchmarking exercise was undertaken to ascertain customer service standards in comparable organisations.
Brag Rating:  On track for achievement						

STRATEGIC THEME 4						
Deliver operational excellence						
Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 4.5 We will align our range of provider guidance to ensure it reflects our vision, values and commitment to customer service.	Aligned provider guidance which reflects our vision, values and commitment to customer service				X	This exercise will follow on foot of the development of customer service standards.
Brag Rating:  On track for achievement						
Action 4.6 We will pilot the risk-adjusted, dynamic and responsive (RADaR) model designed in 2017/18 to support a risk-based, intelligence-led approach to inspection planning for care homes and other services.	Pilot and review RADaR with Nursing and Residential Care throughout 2018/19				X	The risk adjusted part of the RADaR Database is now live and is currently being piloted by the Care Homes Team. Work is ongoing on the development of the dynamic intelligence led model which is on track for achievement by Quarter 4. A workshop for RQIA staff involved in the pilot and development of the dyanamic data was held in June and a further workshop was held in November.
Brag Rating:  On track for achievement						
Action 4.7 We will improve the quality of our reports so they are meaningful, accessible and useful to all stakeholders.					X	A project has been initiated by day care and domiciliary care agency inspectors to provide information about RQIA and inspections in a format that is accessible to service users with a range of communication needs. The project has involved service users, staff and inspectors and feedback from these groups supports the need for RQIA to review the accessibility of inspection reports. Through co-production, the project aims to produce a range of 'easy read' reports and other information about RQIA for service users who have communication needs. It is anticipated that this project will be completed on target by the end of March 2019.
Brag Rating:  On track for achievement						

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 5.1 We will exercise the Authority's powers to support and drive improvement in the services we inspect, review and audit Brag Rating:  On track for achievement					X	RQIA will contribute to an Association for Real Change (ARC) workshop involving registered managers of services to develop a regional quality monitoring template for the completion of monthly reports. This workshop took place on 27 November.
Action 5.2 We will provide advice to the Department of Health on proposed policy and legislation affecting the regulation or quality of health and social care. Brag Rating:  On track for achievement					X	In Quarter 2 a paper was drafted and presented to RQIA's Audit Committee on 10 October 2018 advising on gaps in service provision with recommendations to ensure the safety and wellbeing of those young people requiring accommodation in unregistered accommodation. This report has been discussed with the Board and will be discussed with the DoH in due course.
Action 5.3 We will meet our statutory requirements in respect of the regulation, inspection, review and audit of health and social care. Brag Rating:  On track for achievement	<ul style="list-style-type: none"> % of planned inspections, reviews and audits completed by year end 				X	<p>A total of 2532 inspections of regulated services are scheduled for 2018/19, with 1838 completed or due for completion by 31/12/2018. This represents 73% of scheduled inspections for the year completed by end of Quarter 3.</p> <p>RQIA has funded 3 audits and 3 quality improvement initiatives during 2018/19 – all of which have commenced in Quarter 1. During Quarter 2 there were concerns about 1 quality improvement initiative and in response RQIA is constantly monitoring and assessing the situation. In Quarter 3, following escalation to Director of Improvement/Medical Director, the quality improvement initiative “Standardise Physical and Mental Health Monitoring and Recording in line with Shared care Guidance for those with a diagnosis of Adult ADHD on stimulants in Belfast Outpatient Clinics” was terminated (29 November 2018).</p> <p>Four thematic reviews are currently underway with a further five undergoing quality assurance to be published in-year.</p>

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
						A total of 29 inspections have been carried out to HSC acute services. These include a one day re-audit to Causeway Hospital (25 June 18) and a 10 day inspection to the Belfast Trust Outpatients Departments (11-25 October 2018), as part of the Review of Governance Arrangements in Outpatients Services in the Belfast Trust. Five additional inspections were carried out to support regulated services.
Action 5.4 We will manage our resources effectively to ensure that we operate within allocated budget, operating within a breakeven tolerance where a deficit is not permissible and a surplus cannot exceed £20k.	<ul style="list-style-type: none"> Produce the 2018/19 annual fee schedule and forward to BSO Finance in a suitable format to allow creation of invoices completed Produce end of quarter pro-rata fee schedules and forward to BSO Finance in a suitable format to allow creation of invoices – ongoing (to be completed by year end) Assist BSO Finance in recovering 98% of 2018/19 fee income by year end (ongoing) Achieve Break even 		X		X	The 2018/19 annual fee and quarter 1 pro-rata schedules were approved and forwarded to BSO Income for processing in July 2018. Invoices have been issued to all providers. The quarter 2 pro-rata schedule was approved and sent to BSO in November 2018. Invoices have now been issued. The quarter 3 pro-rata schedule will be drafted in early January 2019. We are on target to meet our goal of recovering 98% of the 2018/19 fee income by 31/03/2019. RQIA staff restructuring has commenced following the outcome of the Workforce Review carried out in 2017/18 and as a result a number of posts have or will be advertised in the coming months.
Brag Rating: ● On track for achievement						
Action 5.5 We will adopt a targeted, proportionate and responsive approach to our programme of inspection, audit and reviews.					X	In addition to the regulated services where 'RADaR' is being piloted, RQIA continues to plan inspections and respond to concerns in a manner that is targeted and proportionate. A range of regulatory interventions are used to drive improvements in services including enforcement activity, signposting and compliance monitoring. We have reviewed our approach to inspection of Neonatal and Critical Care areas. At the end of Quarter 3 we have met with the DoH and relevant clinical care networks to engage take forward a collaborative self-assessment and risk based approach to inspection. We plan to meet in February 2019 to progress.
Brag Rating: ● On track for achievement						

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
						We have reviewed and re-prioritised our Review Programme to meet additional requests from the DoH for commissioned reviews. This has been discussed with DoH at Bi-monthly meetings on 26 September 2018 and 6 November 2018.
Action 5.6 We will develop and foster strategic alliances with other regulators and improvers. Brag Rating: ● On track for achievement					X	Bi-annual liaison meetings are held between RQIA and the Northern Ireland Commissioner for Children and Young People (NICCY). RQIA met NICCY on the 14 June 2018 to exchange information around issues of mutual interest in respect of children's services in Northern Ireland. Two Memoranda of Understanding (MoUs) were signed off in Quarter 2 with the Northern Ireland Social Care Council and the Fire and Rescue Service. RQIA's Chief Executive and Director of Improvement/Medical Director met with CJI on 18 December 2018 to discuss our approach to inspection and supporting improvement, as well as areas of joint working for 2019/2020.
Action 5.7 We will recognise and share examples of good practice where we find it. Brag Rating: ● On track for achievement					X	Following a serious adverse incident RQIA, co-produced with a service provider learning outcomes from the incident. This will be disseminated to service providers in Quarter 3 in relation to managing residents with modified diets and texture descriptors.
Action 5.8 We will continue to actively participate in the work of HSC Quality Improvement. Brag Rating: ● On track for achievement					X	RQIA is a member of the Critical Friends Group which was established to critically challenge and provide senior guidance and governance oversight to the design process of improvement. RQIA's Ddirector of Improvement participates in meetings of the Design Collaborative progressing work of the Improvement Institute/System. We continue to use peer reviewers as part of inspection to HSC service. This supports the collaborative work and quality improvement across the region. At the end of Quarter 3, we have used 12 peer reviewers on inspections. Three to the re-audit inspection of Causeway Hospital (25 June 18) and nine to the inspection to the Belfast Trust




CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
						Outpatients Departments (11-25 October 2018), as part of the Review of Governance Arrangements in Outpatients Services in the Belfast Trust.
Action 5.9 We will work in partnership with the Innovation Lab to improve our engagement with users of health and social care services. Brag Rating: ● On track for achievement					X	RQIA plans to meet with the Innovation Lab to plan work for the coming year to support the membership scheme and other initiatives.
Action 5.10 We will deliver a minimum of (12) engagement events with providers of health and social care services. Brag Rating: ● On track for achievement					X	<p>During Quarter 2 RQIA held seven engagement events. These included: three workshops across Northern Ireland to support care home providers prepare their services for the winter, in partnership with RCN, PHA, NI Ambulance Service and Multiagency Emergency Preparedness groups. We also held three workshops on medicines management, with input from NICE. RQIA's Mental Health and Learning Disability team also held a stakeholder involvement workshop with service providers and managers.</p> <p>We held a radiation safety workshop on 7 November 2018 involving all trusts and independent organisations. Our workshop focused on the changes within the new Ionising Radiation (Medical Exposure) Regulations which came into operation in February 2018. The workshop was well attended with positive engagement and feedback from attendees.</p> <p>We held a workshop involving all independent hospitals and hospices on 3 December 2018, to share information in relation to our revised inspection methodology, which will be implemented from January 2019. The providers were positive with respect to the new approach. In particular moving from an inspection process which was focused in the main on nursing care and practice, to one which is more multi-disciplinary in its approach.</p>

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 5.11 We will implement Phase II of the project to integrate MHL D systems into iConnect.	<ul style="list-style-type: none"> % of milestones successfully delivered on target 				X	The iConnect MHL D information module went live on the 2 January 2019 as planned. All current risks have been assessed as low. The MHL D team are being supported by the development during the early implementation phase. Feedback from MHL D staff is positive. The project close down remains on schedule and will be completed by the 31 January 2019.
Brag Rating:  On track for achievement Oversee central monitoring of all statistical information requests.	<ul style="list-style-type: none"> Develop a database to record details of information requests including customer details, type of request and time taken to collate Use the database to record all requests for information and review the information regularly at information team meetings. 				X	The information request database has been built on a Microsoft Access platform and was rolled out to the information team in late June 2018. The database holds all the required information and meets the team's needs. A total of 155 separate information requests have been logged onto the database. The information team continues to review and discuss ongoing information requests at our bi-monthly team meetings.
Brag Rating:  On track for achievement						
Action 5.13 We will develop strategic alliances with other organisations to promote the use of information collected and analysed internally within RQIA and work collaboratively where we can	<ul style="list-style-type: none"> Attend and provide input to the Regional Strategic Information Group Attend and provide input to Regional NMC Analyst Network Meetings 				X	RQIA have been represented at all ISB meetings to date and have had input to the now agreed terms of reference for the group. RQIA have attended 2 meetings of the UK Healthcare Regulators Analyst Network to share best practice in data analysis with other UK Healthcare Regulators including CQC, HIW, NMC, GDC, GMC, HIS. A third meeting will be attended in January 2019. RQIA information team are facilitated a visit from HIW in November to share best practice
Brag Rating:  On track for achievement						

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 5.14 We will improve how we do our business to ensure that people trust and use our reports of inspection, audits and reviews to make informed choices and decisions about health and social care services.					X	RQIA produced a video called 'Geraldine's Story' where Geraldine shared her experience of finding a nursing home for her husband who was living with dementia.
Brag Rating: ● On track for achievement						

RQIA Board Meeting

Date of Meeting	17 January 2019
Title of Paper	Proposed changes to the Procedure for Appointing Part II Medical Practitioners
Agenda Item	6
Reference	D/09/19
Author	Dr Lourda Geoghegan, Director of Improvement and Medical Director
Presented by	Dr Lourda Geoghegan, Director of Improvement and Medical Director
Purpose	<p>The purpose of this paper to ask the Board to Approve the proposal to amend the Appointment of Part II Medical Practitioners procedure.</p> <p>Approve, making the new procedure operational from 1 February 2019</p>
Executive Summary	<p>At present a medical practitioner in a HSC trust is required to apply to directly to RQIA for Part II appointment. A medical practitioner must meet a set of eligibility criteria and provide documentation to support their application.</p> <p>We propose that the eligibility criteria for Part II status remain unchanged; each Consultant Psychiatrist will now make application for Part II status to their HSC Trust's Medical/Clinical Director.</p> <p>The relevant Clinical/Medical Director will complete the Consultant's application for Part II appointment to RQIA and</p> <ol style="list-style-type: none"> Indicate the medical practitioner has been approved to practice and under take Part II work; confirm that the medical practitioner meets the eligibility criteria (as previously advised by RQIA); forward the completed application to RQIA with evidence of knowledge for the Mental Health Order and AccessNI clearance <p>Part II status will now be for 5 rather than 4 years. This is to align with a medical practitioner's medical appraisal and revalidation.</p>

	Internal arrangements to manage and oversee the Part II process will be refreshed.
FOI Exemptions Applied	n/a
Equality Screening Completed and Published	n/a
Recommendation/ Resolution	The Board to approve the proposed changes to the Appointment of Part II Medical Practitioners procedure.
Next steps	Subject to Board approval, refreshed procedures will be operational from 1 February 2019.

Policy for Appointing Part II Medical Practitioners

Reference No. MHLD-PII

Policy type:	RQIA Board Policy
Directorate area:	Improvement Directorate
Policy author/champion:	Dr Lourda Geoghegan, Director of Improvement and Medical Director
Equality Screened:	13 June 2013
Board agreement required	Yes
Date agreed by RQIA Board	3 September 2013
Date of issue to RQIA staff	3 September 2013
Date of Review	3 September 2014
Date of Review by Board	11 September 2014
Date of Next Review	23 December 2016
Date of Review by Board	21 January 2016
Date of issue to RQIA staff	30 January 2016
Date of next review	22 March 2018
Date of Review by Board	January 2019
Date of issue to RQIA staff	January 2019
Date of issue to relevant stakeholders	January 2019
Date of Next Review	October 2020

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1.0 Introduction

- 1.1 The power to appoint Part II medical practitioners was vested in The Regulation and Quality Improvement Authority (RQIA) following the transfer of functions from the former Mental Health Commission, under Article 25(1) Health and Social Care (Reform) Act (Northern Ireland) 2009.
http://www.legislation.gov.uk/nia/2009/1/pdfs/nia_20090001_en.pdf
- 1.2 A consultant psychiatrist with specialist experience in the assessment and detention of a patient, under Part II of The Mental Health (Northern Ireland) Order 1986 (the Order) who meets the criteria set out by RQIA, is eligible to apply for appointment as a Part II medical practitioner.
- 1.3 The suitability of each applicant is considered by an Appointment Panel, which takes account of the relevant experience, training and professional standing of the medical practitioner. Part II appointments are not automatic. RQIA does not indemnify Part II medical practitioners.
- 1.4 The criteria for Part II appointment are set out in Appendix 1.

2.0 Scope of the Policy

- 2.1 This policy applies to appointments made to the list of Part II medical practitioners and should be read in conjunction with other associated documents;
- Procedure for Appointing Part II Medical Practitioners;
 - Guidance for Appointing Part II Medical Practitioners;
 - RQIA Complaints Policy.

3.0 Policy Statement

- 3.1 This Policy sets out the general principles and processes for appointing a consultant psychiatrist as a Part II medical practitioner.

4.0 Legislative Framework

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

5.0 Responsibilities

RQIA Board

Standing Order Three

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

Standing Order Five

- 5.2 Under Standing Order Five, RQIA's Board has delegated authority to the Appointment Panel to appoint Part II medical practitioners.
- 5.3 RQIA's Board Chair will seek expressions of interest from Board members and will agree the appointment of two Board members to the Appointment Panel.

RQIA Appointment Panel

- 5.4 RQIA's Appointment Panel will only appoint applicants that meet the eligibility criteria for appointment.
- 5.5 The Appointment Panel will ensure consistency in all appointments and ensure that all information relating to appointments is kept up to date and shared, as appropriate.
- 5.6 The Appointment Panel will make a determination, usually within 28 calendar days of an application being received RQIA. Exceptional circumstances may be applied if there is an immediate requirement for an urgent appointment, e.g. to meet particular demands of the criminal justice system.
- 5.7 In the event that a Panel member is unable to fulfil their role, or the Panel is unable to meet its quorate requirements a deputy may be appointed by the Panel Chair.
- 5.8 The Appointment Panel is made up of:
- Director of Improvement – Appointment Panel Chair
 - Assistant Director of Mental Health and Learning Disability
 - A Sessional Professional Officer
 - Two RQIA Board members
 - Appointment Panel Administrator

Quorate Requirements

- 5.9 To facilitate any Appointment Panel meeting to proceed, a quorum of four of the six Panel members is required, one of whom should be an RQIA Board member.

The Appointment Panel Chair

- 5.10 The Appointment Panel Chair is responsible for convening meetings of the Panel and for ensuring the accuracy of recording decisions made.
- 5.11 When the Panel approves a Part II appointment, a letter and certificate of appointment will be signed by the Appointment Panel Chair and issued to the Part II medical practitioner.
- 5.12 RQIA's seal must be fixed to any certificate of appointment signed by either the Appointment Panel Chair (or RQIA's Chief Executive).
- 5.13 The Appointment Panel Chair can appoint a deputy to act as Chair in his/her absence.

The Chief Executive

- 5.14 RQIA's Chief Executive is responsible for the effective implementation of the Policy for Appointing Part II Medical Practitioners and will delegate responsibility to the relevant Director for the effective operational management of the procedure.

Director of Improvement

- 5.15 The Director of Improvement will act as Appointment Panel Chair and is responsible for the effective operational management of the procedure. He/she will ensure that any training and guidance is provided to all relevant stakeholders.
- 5.16 Should any additional information come to the attention of RQIA which may have implications in relation to an individual's Part II appointment, the Appointment Panel Chair will update and agree any action required with the Appointment Panel.

Assistant Director

- 5.17 The Assistant Director of Mental Health and Learning Disability has oversight of the day-to-day operation of the procedure.

Sessional Professional Officer

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

The Appointment Panel Administrator

- 5.19 He/she is responsible for all administrative functions in line with the Procedure for Appointing Part II Medical Practitioners.
- 5.20 The Appointment Panel Administrator will notify Medical Director (or their nominated senior medical leader) when a medical practitioner in their HSC Trust is due for Part II renewal.
- 5.21 When a medical practitioner has been appointed; the name and the period of appointment will be recorded by the Appointment Panel Administrator on the list of Part II medical practitioners and RQIA's website.
<https://www.rqia.org.uk/RQIA/media/RQIA/Resources/WhatWeDo/MentalHealth/List-of-Medical-Practitioners-as-of-040918.pdf>

Part II Medical Practitioners

- 5.22 Those appointed as Part II medical practitioners by RQIA's Appointment Panel are authorised to carry out functions that relate to Part II duties:
- Making a recommendation to compulsorily assess and detain a patient to hospital for assessment under Part II of the Mental Health (Northern Ireland) Order 1986; and/or
 - Making applications for Guardianship; and/or
 - Providing reports for a court under Part III of the Mental Health (Northern Ireland) Order, 1986.
- 5.23 Any medical practitioner whose Part II status has expired must refrain from carrying out any functions relating to Part II duties until they are reappointed by RQIA's Appointment Panel.

Medical Director (or Nominated Senior Medical Leader)

- 5.24 The Medical Director (or their nominated senior medical leader) will make an application for Part II appointment on behalf of a medical practitioner in their HSC Trust (Application Template – Appendix 2).
- 5.25 The Medical Director (or nominated senior medical leader) will ensure that applications on behalf of a medical practitioner are completed fully, detailing clearly how the medical practitioner meets criteria for appointment.
- 5.26 It is the responsibility of the Medical Director (or nominated senior medical leader) to submit the required documentation on behalf of the medical practitioner to allow RQIA to assess an application for Part II appointment.

The following information must be submitted, to the Appointment Panel Administrator 7 calendar days in advance of the next Appointment Panel meeting:

- A completed application form, signed and dated; and
- A copy of the medical practitioners RQIA e-Learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986, within two years prior to application for Part II status; and
- An AccessNI Enhanced Disclosure Certificate (or equivalent e.g. Disclosure and Barring Certificate).

5.27 A Medical Director (or nominated senior medical leader) is required to notify RQIA if a Part II medical practitioner ceases to work in their organisation as soon as is possible, and no later than 7 calendar days after that cessation.

6.0 Type of Appointment

Substantive Post Holders

6.1 Medical practitioners in substantive posts in a HSC trust will be appointed to RQIA's list of Part II medical practitioners for five years, unless a shorter period of appointment is requested. At the end of the five years, a Medical Director (or nominated senior medical leader) can apply to RQIA to reappoint the Part II status of the medical practitioner. The application process for first appointment of Part II status, or for reappointment after five years, is the same.

6.2 A Medical Director (or nominated senior medical leader) must apply for reappointment no later than 3 months before the 5 year appointment period comes to an end.

Locum Medical Practitioners

6.3 A locum medical practitioner will be appointed as a Part II medical practitioner for a maximum of 12 months, after which the doctor will be required to reapply for Part II status, no later than 3 months before Part II appointment is due to expire.

6.4 If a locum medical practitioner has been appointed for less than the maximum 12 months they may request an extension to their period of appointment as long as it does not exceed 12 months in total. The request for extension must be requested in writing by the medical practitioner's Medical Director (or nominated senior medical leader) to the Appointment Panel.

6.5 A locum Part II medical practitioner may undertake Part II duties across all HSC trusts within their period of appointment, after which the

Medical Director (or nominated senior medical leader) will be required to reapply to the Appointment Panel on their behalf. The locum medical practitioner must inform RQIA of any changes in employment.

- 6.6 If a medical practitioner is dissatisfied with the decision of the Appointment Panel, their Medical Director (or nominated senior medical leader) can make representations to RQIA's Appointment Representation Panel (see Appendix 3).

7.0 Removal from the List of Part II Medical Practitioners

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

8.0 Training

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

9.0 Equality

- 9.1 This Policy in its original format was equality screened on 13 June 2013. It was considered to have neutral impact implication for equality of opportunity and does not require to be subjected to a full equality assessment.

10.0 Review

10.1 This Policy will be reviewed to evaluate its effectiveness in October 2020 and every two years thereafter.

10.2 Any proposed amendments will require Board approval.

11.0 Dissemination of Policy and Procedure

11.1 The Policy and Procedure associated with appointing Part II medical practitioners will be communicated to all relevant stakeholders, these include;

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

Appendix 1

Eligibility Criteria for Appointment as a Part II Medical Practitioners

The following criteria must be met for each medical practitioner applying for Part II status:

1. A fully completed referee form.

And

2. Confirmation that the medical practitioner has been appointed to the post of consultant psychiatrist and completes applications for and/or renewal of detention of patients, under Part II of the Mental Health (Northern Ireland) Order, 1986; and/or
- 2b. Confirmation that the medical practitioner has been appointed to the post of consultant psychiatrist and makes applications for Guardianship; and/or
- 2c. Confirmation that the medical practitioner has been appointed to the post of consultant psychiatrist and is gives evidence to, or prepares reports/assessments for, the court under Part III of the Mental Health (Northern Ireland) Order 1986.

And

3. Confirmation that the medical practitioner is registered with the General Medical Council (GMC) and holds a current licence to practise.
4. Confirmation that the medical practitioner has a valid Certificate of Specialist Training (CCT) and is on the Specialist Register of GMC.
5. Confirmation that the medical practitioner is actively participating in activities relating to annual whole-practice appraisal and medical revalidation.
6. Confirmation that the medical practitioner has completed RQIA e-Learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986, within the last two years of the date of application for Part II status
7. Confirmation that the medical practitioner has an AccessNI Enhanced Disclosure Certificate (or equivalent e.g. DBS Certificate). The Certificate must state that the employing trust is the 'registered body'.

Appendix 2**Application for Appointment to RQIA's List of Part II Medical Practitioners from HSC Trusts only****Please complete all sections.**

1.0	Name of the Medical Practitioner	
2.0	Name of Trust	
3.0	Position within the Trust	
4.0	Type of Appointment	
5.0	Requested duration of appointment	
6.0	What is your professional relationship with the medical practitioner?	<p>I am the medical practitioners:</p> <p><input type="checkbox"/> Medical Director</p> <p><input type="checkbox"/> Nominated Senior Medical Leader</p> <p>Please specify your role:</p> <p>_____</p>
7.0	Please confirm that the applicant is satisfactorily participating in activities relating to annual whole-practice appraisal and medical revalidation	

I, [inset name of Medical Director (or nominated senior medical leader)]
confirm that the Medical Practitioner:

<p>9.0</p>	<p>Has been appointed to the post of Consultant Psychiatrist and completes applications for and/or renewal of detention of patients, under Part II of the Mental Health (Northern Ireland) Order 1986: and/or</p> <p>Has been appointed to the post of Consultant Psychiatrist and makes applications for Guardianship; and/or</p> <p>Has been appointed to the post of Consultant Psychiatrist and is gives evidence to, or prepares reports/assessments for, the court under Part III of the Mental Health (Northern Ireland) Order 1986</p> <p>And</p>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
<p>10.0</p>	<p>Is registered with the General Medical Council (GMC) and holds a current licence to practise.</p>	<div><input type="checkbox"/></div>
<p>11.0</p>	<p>Has a valid Certificate of Specialist Training (CST) and is on the Specialist Register of GMC.</p>	<div><input type="checkbox"/></div>
<p>12.0</p>	<p>CCT in:</p> <ol style="list-style-type: none"> 1) Adult psychiatry 2) Intellectual disability 3) Child and adolescent psychiatry 4) Forensic psychiatry 5) Old age psychiatry 6) Psychotherapy 	<p>Speciality in: _____</p>

13.0	Can demonstrate completion of RQIA e-Learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986, within the last two years.	<input type="checkbox"/>
14.0	Has an AccessNI Enhanced Disclosure Certificate (or equivalent e.g. Disclosure and Barring Certificate).	<input type="checkbox"/>
15.0	Please add any other comments you consider to be relevant to the application for the above individual	
16.0	Name	Signature of Medical Director (or nominated senior medical leader)

Documentation required to be returned to RQIA with Part II Application

It is your responsibility to submit the required documentation on behalf of the medical practitioner to allow RQIA to assess this application for Part II appointment.

Please submit the following on behalf of the medical practitioner for whom you are applying for Part II status:

- A completed application form, signed and dated; **and**
- A copy of the medical practitioner's RQIA e-Learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986, within two years prior to application for Part II status; **and**
- An AccessNI Enhanced Disclosure Certificate (or equivalent e.g. Disclosure and Barring Certificate).

Appendix 3

Appointment Representations Panel

There is currently no legislative provision for making representations regarding non appointment as a Part II medical practitioner, however in accordance with the principles of fairness, openness and transparency, a Medical Director (or nominated senior medical leader) should be afforded the opportunity to make representations concerning any decision of the Appointment Panel.

In line with the principles outlined above, all Medical Directors (or nominated senior medical leaders) have an opportunity to formally make representations to RQIA if a medical practitioner's appointment is refused by the panel or if they have concerns with how the Appointment Panel came to their decision.

Such representations must be made within 28 calendar days of receipt of the Appointment Panel's decision. The Representations Panel will consider any representations made and will share their final decision with the relevant Medical Director and medical practitioner.

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

[M:\MHLD\Part II\11. Board Papers\2018\New Procedure\1. P&P&Application&Guidance\Standing Orders](#)



Procedure for Appointing Part II Medical Practitioners

Reference No. MHLD-PII

Procedure type:	RQIA Board Procedure
Directorate area:	Improvement Directorate
Policy author/champion:	Dr Lourda Geoghegan, Director of Improvement and Medical Director
Equality Screened:	13 June 2013
Board agreement required	Yes
Date agreed by RQIA Board	3 September 2013
Date of issue to RQIA staff	3 September 2013
Date of Review	3 September 2014
Date of Review by Board	11 September 2014
Date of Next Review	23 December 2016
Date of Review by Board	21 January 2016
Date of issue to RQIA staff	30 January 2016
Date of next review	22 March 2018
Date of Review by Board	January 2019
Date of issue to RQIA staff	January 2019
Date of Next Review	October 2020

1.0 Application for Part II Appointment

Initial Appointment

✚ Applies to those **not** currently appointed as a Part II medical practitioner

- 1.1 The Medical Director (or nominated senior medical leader) of a HSC Trust or IHO will contact RQIA to request a Part II application pack. This can be done by emailing MHLDPprogramme@rqia.org.uk or in writing to:

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

- 1.2 The Appointment Panel Administrator will send an application pack [M:\MHLDPart_II\2. InApp1_Initial Application Pack](#) as an email attachment, within 2 calendar days of request, using the letter template (L1a - Appendix A) and will update the contact log. [\hscni.net\rqia\rqia_data\MHLDPart_II\13. Register](#)

Locum Extension

✚ Applies to locum medical practitioners currently appointed as Part II medical practitioners for (maximum) 12 months.

- 1.3 Should a locum medical practitioner wish to extend their Part II status, they must request this in writing to the Appointment Panel Chair, 28 calendar days in advance of their expiration date. The locum medical practitioner is also required to support their application with a job plan, or contract, clearly stating the dates for which the locum medical practitioner will require Part II status.

Reappointment

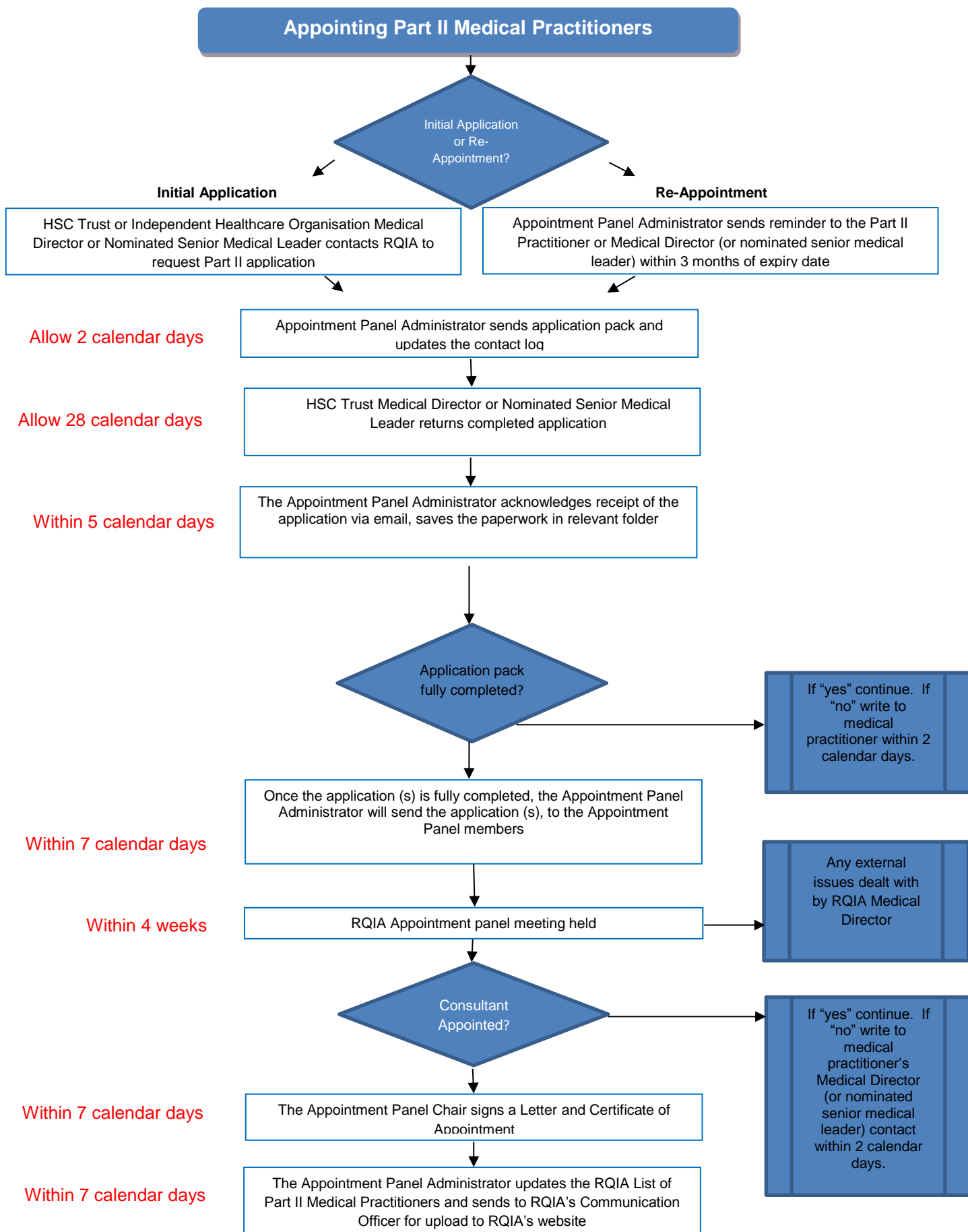
✚ Applies to those currently appointed as Part II medical practitioners

- 1.4 The Appointment Panel Administrator sends a reappointment reminder letter and application pack via email to the Part II medical practitioner and their relevant Medical Director (or nominated senior medical leader) 3 months before Part II status expires (L1b - Appendix B). [M:\MHLDPart_II\3. ReApp1_Reappointment Pack](#) and will update the contact log. [\hscni.net\rqia\rqia_data\MHLDPart_II\13. Register](#)
- 1.5 The Medical Director (or nominated senior medical leader) returns completed application to the Appointment Panel Administrator, via email, within 28 calendar days. The following documentation must be submitted by the Medical Director (or nominated senior medical leader) via email or in hard copy (using the addresses above):

- A completed application form, signed and dated; and
 - A copy of the medical practitioners RQIA e-Learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986, within two years prior to application for Part II status; and
 - An AccessNI Enhanced Disclosure Certificate (or equivalent e.g. Disclosure and Barring Certificate).
- 1.6 The Appointment Panel Administrator acknowledges receipt of the application via email and saves the paperwork in a folder created for the medical practitioner [M:\MHLD\Part II\1. Doctor Name](#), on the day email received.
- 1.7 If the application is not fully completed or has missing documentation, the Assistant Director of Mental Health and Learning Disability will write to the Medical Director (or nominated senior medical Leader) using the letter template (L2 - Appendix C) requesting missing documentation [M:\MHLD\Part II\7. Letter Templates](#) and will update the contact log. [\\hscni.net\rqia\rqia_data\MHLD\Part II\13. Register](#)
- 1.8 If the Medical Director (or nominated senior medical leader) does not supply the outstanding documentation requested in E1 (as above), the Assistant Director of Mental Health and Learning Disability will escalate to the Appointment Panel Chair, who will write to the Medical Director (or nominated senior medical leader) the using the letter template (L2a - Appendix D). [M:\MHLD\Part II\7. Letter Templates](#) and will update the contact log [\\hscni.net\rqia\rqia_data\MHLD\Part II\13. Register](#)
- 1.9 Any amended applications will follow the same process from 1.6 above.
- 1.10 When the application(s) is fully complete, the Appointment Panel Administrator will send the following to the Appointment Panel members, 7 calendar days in advance of the Appointment Panel meeting.
- application(s) to include:
 - Application cover sheet (F4a) signed and dated by the sessional professional officer
 - Fully completed application form signed and dated by Medical Director (or nominated senior medical leader)
 - Appointment Panel meeting agenda
 - Minutes from the previous Appointment Panel meeting
- 1.11 The Appointment Panel will meet to consider the applications on a monthly basis.
- 1.12 When the medical practitioner has been appointed Part II status by the Appointment Panel, the Appointment Panel Chair signs the Letter (L5 -

Appendix G) and certificate of appointment. [M:\MHLD\Part II\7. Letter Templates](#), within 7 calendar days of the Appointment Panel meeting.

- 1.13 The certificate of appointment must be sealed with RQIA's official seal.
- 1.14 The Appointment Panel Administrator will save the letter and certificate of appointment in the relevant medical practitioner's folder [M:\MHLD\Part II\1. Doctor Name](#) then send to the medical practitioner and relevant Medical Director (or nominated senior medical leader) via email. The Appointment Panel Administrator will update the contact log [\\hscni.net\rqia\rqia_data\MHLD\Part II\13. Register](#). A hard copy of the letter and certificate of appointment is sent to the medical practitioner via post, within 7 calendar days of the Appointment Panel meeting.
- 1.15 If a medical practitioner has not been appointed as a Part II medical practitioner by the Appointment Panel, the Appointment Panel Chair will write to the Medical Director (or nominated senior medical leader) of the HSC Trust or IHO, within two days of Appointment Panel decision, using the letter template and proforma (L3 - Appendix E) [M:\MHLD\Part II\7. Letter Templates](#).
- 1.16 The Appointment Panel Administrator updates the RQIA's list of Part II medical practitioners [M:\MHLD\Part II\6. Website info](#), within 7 calendar days of the Appointment Panel meeting and forwards to RQIA's Communication Officer for upload to the website. https://www.rqia.org.uk/RQIA/media/RQIA/Resources/List-of-Medical-Practitioners-as-of-200918_1.pdf



APPENDIX A – L1a– Cover letter for Appointment Pack

TEMPLATE

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

Private and Confidential

[Insert Date]

Dear Dr **[Insert medical practitioner's name]**

Appointment as a Part II Medical Practitioner

Further to your **(letter/email/call)** on **(insert date)**. I enclose a Part II appointment application pack for completion, together with related information.

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

Should you have any queries about this matter, please contact the Mental Health and Learning Disability Team at RQIA on 028 95361111.

Yours sincerely

Dr Lourda Geoghegan
Appointment Panel Chair

Cc (insert name and address of medical director or nominated senior medical leader)

Appendix B – L1b – Reappointment Cover Letter

TEMPLATE

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

(Insert date)

Dear Dr **(insert name and address of medical director or nominated senior medical leader)**

Part II Medical Practitioner Reappointment

It has come to my attention that **(insert name of medical practitioner)** Part II status is due to expire on **(insert date of expiration)**. Should this medical practitioner wish to renew their Part II status, I enclose an application pack for your information.

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

Should you have any queries about this matter, please contact the Mental Health and Learning Disability Team at RQIA on 028 95 361111.

Yours sincerely

Dr Lourda Geoghegan
Appointment Panel Chair

Cc (Name of medical practitioner)

APPENDIX C –L2 – Request for Outstanding Information

TEMPLATE

Our ref: L2/PC/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Director or nominated senior medical leader)

Dear (Name of Medical Director or nominated senior medical leader)

Request for Outstanding Information – (Name of medical practitioner)

I am writing on behalf of the Regulation and Quality Improvement Authority's Appointment Panel, to request the outstanding information required in respect of an Part II application you made on behalf of (enter medical practitioners Name).

The following information is required:

(List Missing Information)

I would be grateful if you would send this documentation to the Appointment Panel Administrator at MHLDPprogramme@rqia.org.uk on or before (insert date 28 days postdate of letter). Failure to submit this information will mean that RQIA is not in a position to progress this application.

Your cooperation in this matter is appreciated.

Yours sincerely

Patrick Convery
Assistant Director
Mental Health and Learning Disability

APPENDIX D – L2a – Reminder Letter Request for Outstanding Information

TEMPLATE

Our ref: L2a/LG/admin initials

Private and Confidential

(Date)

(Name and address of Medical Director or nominated senior medical leader)

Dear (Name of Medical Director or nominated senior medical leader)

Reminder for Outstanding Information

Further to our letter of (insert date) RQIA has not received the following information required to progress (insert name of medical practitioner) application for Part II appointment.

(List missing information)

I regret that the application for (insert medical practitioner's name) cannot be progressed at this time in the absence of the information required. Can I ask that you please review this matter and advise me if you wish to progress this application.

Yours sincerely

**Dr Lourda Geoghegan
Appointment Panel Chair**

APPENDIX E – L3– Letter of Non Appointment and Representation Proforma

TEMPLATE

Our ref: L3/LG/admin initials

PRIVATE AND CONFIDENTIAL

(Date)

(Name and address of Medical Director or nominated senior medical leader)

Dear (Name of Medical Director or nominated senior medical leader)

RQIA's Appointment Panel met on (insert date of panel meeting) to consider an application for Part II appointment that you made on behalf of (enter medical practitioners name).

I regret to inform you that based on the information available the Appointment Panel have not approved this appointment.
(Complete one of the following sentences)

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

AND/OR

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

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

Yours sincerely

Dr Lourda Geoghegan
Appointment Panel Chair

Cc (Relevant medical practitioner)

APPENDIX F – L4 Proforma Letter of Representation – Non Appointment TEMPLATE

Our ref: L4/Part II - Proforma

(Date)

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

Dear (RQIA Board Chair)

Decision by RQIA Appointment Panel not to ratify Part II Appointment

I wish to make representation in respect of the decision of the Appointment Panel of (insert date) regarding my non-appointment as a Part II medical practitioner.

I make my representation on the following matters:

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

Yours sincerely

Signed (Medical Practitioner)

Cc Medical Director (or nominated senior medical leader)

APPENDIX G –L5 Letter and Certificate of Appointment

TEMPLATE

Our ref: L5/LG/admin initials

(Date)

(Name and professional address of medical practitioner)

Dear (Name of medical practitioner)

I am writing to inform you that you have been appointed as a Part II medical practitioner for a period (duration to be inserted as appropriate).

As a Part II medical practitioner you are required to comply with your obligations and responsibilities under the Mental Health (Northern Ireland) Order 1986:

- Adhere to all aspects of Part II of the Mental Health (Northern Ireland) Order 1986;
- Sign all prescribed forms, for which you are authorised, in relation to the legal detention, treatment of patients and applications for Guardianship;
- provide reports for a court under Part III of the Mental Health (Northern Ireland) Order 1986;
- Inform RQIA of any change to the details you have submitted to us e.g. change of employer or if you cease to be employed as a Part II medical practitioner.

Your certificate of appointment is enclosed.


Yours sincerely

Dr Lourda Geoghegan
Appointment Panel Chair

Cc (Insert name of Medical Director (or nominated senior medical leader))

APPENDIX H - Certificate of Appointment

TEMPLATE

	The Regulation and Quality Improvement Authority
Part II Medical Practitioner Certificate of Appointment	
In exercise of the powers issued under The Health and Social Care Reform (Northern Ireland) Act 2009 Section 25 (1) RQIA has appointed the person below hereto to be a Medical Practitioner for the purposes of Part II of the Mental Health (Northern Ireland) Order 1986.	
This certificate of appointment relates only to person named below and cannot be transferred to another medical practitioner.	
9th Floor, Riverside Tower, 5 Lanyon Place, BELFAST, BT1 3BT, Northern Ireland	
Tel: 028 95 361111 Email: MHLDProgramme@rqia.org.uk Web: www.rqia.org.uk	
The person named below has been added to the appointed as a Part II Medical Practitioner for the period:	
Name: Dr XXX	GMC Ref No.: XXX
From: XXX	To: XXX
Signed on behalf of RQIA:	_____
	Appointment Panel Chair
Date:	_____
Sealed with the official seal of The Regulation and Quality Improvement Authority	



Reference No. MHLD-PII

Part II Application and Referee Form HSC Trusts only

Dear Colleague

Medical Director's (or nominated senior medical leaders) who wish for a consultant psychiatrist in their HSC trust to be appointed as a Part II medical practitioner are required to make application to RQIA's Appointment Panel.

As the medical practitioner's Medical Director (or Nominated Senior Medical Leader) you are required to provide assurance to RQIA that the medical practitioner meets the eligibility criteria set out in the form below.

Should you require assistance in completing this application form, please refer to the guidance document enclosed.

I would be pleased if you would complete the form below, adding any comments or documentation that you consider to be relevant and return to MHLDProgramme@rqia.org.uk or

Appointment Panel Administrator
The Regulation and Quality Improvement Authority
Mental Health and Learning Disability Team
9th Floor, Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Please do not hesitate to contact the Mental Health and Learning Disability Team on (028) 95 361111

Yours sincerely



Patrick Convery
Assistant Director
Mental Health and Learning Disability

Please complete all sections.

1.0	Name of the Medical Practitioner	
2.0	Name of Trust	
3.0	Position within the Trust	
4.0	Type of Appointment	
5.0	Requested duration of appointment	
6.0	What is your professional relationship with the medical practitioner?	<p>I am the medical practitioners:</p> <p><input type="checkbox"/> Medical Director</p> <p><input type="checkbox"/> Nominated Senior Medical Leader</p> <p>Please specify your role:</p> <p>_____</p>
7.0	Please confirm that the applicant is satisfactorily participating in activities relating to annual whole-practice appraisal and medical revalidation	

I, [inset name of Medical Director (or nominated senior medical leader)]
confirm that the Medical Practitioner:

<p>9.0</p>	<p>Has been appointed to the post of Consultant Psychiatrist and completes applications for and/or renewal of detention of patients, under Part II of the Mental Health (Northern Ireland) Order 1986: and/or</p> <p>Has been appointed to the post of Consultant Psychiatrist and makes applications for Guardianship; and/or</p> <p>Has been appointed to the post of Consultant Psychiatrist and is gives evidence to, or prepares reports/assessments for, the court under Part III of the Mental Health (Northern Ireland) Order 1986</p> <p>And</p>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
<p>10.0</p>	<p>Is registered with the General Medical Council (GMC) and holds a current licence to practise.</p>	<div><input type="checkbox"/></div>
<p>11.0</p>	<p>Has a valid Certificate of Specialist Training (CST) and is on the Specialist Register of GMC.</p>	<div><input type="checkbox"/></div>
<p>12.0</p>	<p>CCT in:</p> <ol style="list-style-type: none"> 1) Adult psychiatry 2) Intellectual disability 3) Child and adolescent psychiatry 4) Forensic psychiatry 5) Old age psychiatry 6) Psychotherapy 	<p>Speciality in: _____</p>

13.0	Can demonstrate completion of RQIA e-Learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986, within the last two years.	<input type="checkbox"/>
14.0	Has an AccessNI Enhanced Disclosure Certificate (or equivalent e.g. Disclosure and Barring Certificate).	<input type="checkbox"/>
15.0	Please add any other comments you consider to be relevant to the application for the above individual	
16.0	Name	Signature of Medical Director (or nominated senior medical leader)

Documentation required to be returned to RQIA with Part II Application

It is your responsibility to submit the required documentation on behalf of the medical practitioner to allow RQIA to assess this application for Part II appointment.

Please submit the following on behalf of the medical practitioner for whom you are applying for Part II status:

- A completed application form, signed and dated; **and**
- A copy of the medical practitioner's RQIA e-Learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986, within two years prior to application for Part II status; **and**
- An AccessNI Enhanced Disclosure Certificate (or equivalent e.g. Disclosure and Barring Certificate).



Reference No. MHLDP-II

Appointment as a Part II Medical Practitioner

Application Guidance Notes

This guidance has been prepared to support Medical Directors (and/or Nominated Medical Leaders) in applying for Part II status on behalf of a medical practitioner within their HSC Trust.

As you are applying on behalf of a medical practitioner, it is your responsibility to clearly state, using the application enclosed, how the consultant psychiatrist meets the criteria for appointment set out by RQIA.

The suitability of every applicant is considered individually, by an Appointment Panel, which will take account of the relevant experience, training and qualifications of the practitioner. Appointment to the list of Part II medical practitioners is not automatic.

Should you have any further queries or require assistance with the application, please contact the Mental Health and Learning Disability Team in RQIA 028 95 3611 or MHLDPprogramme@rqia.org.uk

	Section of Application	Information Required
1.0	Name of the Medical Practitioner	Please state the full name of the medical practitioner requiring Part II status.
2.0	Name of Trust	Please state the name of HSC trust in which the medical practitioner will be based
3.0	Position within the Trust	Please state the medical practitioners post within your organisation e.g. Consultant CAMHS Psychiatrist.
4.0	Type of Appointment	<p>Please indicate the type of appointment the medical practitioner holds within your organisation.</p> <p>A substantive post holder within a HSC trust will be appointed for 5 years, unless a shorter period of appointment is requested.</p> <p>A locum medical practitioner can be appointed for a maximum of 12 months after which you will be required to apply to RQIA for reappointment on their behalf.</p> <p>A locum medical practitioner can extend their Part II status (if they have been appointed for less than 12 months). This extension must be requested in writing to the Appointment Panel Chair, 28 calendar days in advance of their expiration date. The locum medical practitioner is also required to support their application with a job plan, or contract, clearly stating the dates for which the locum medical practitioner will require Part II status.</p> <p>If the locum medical practitioner is placed in the HSC trust by an agency rather than directly employed by the HSC trust, please clarify which organisation is responsible for appraisal and revalidation.</p>

5.0	<p>Requested duration of appointment</p> <p>*For locum medical practitioner, please indicate the effective dates from which Part II status is required</p>	<p>Please state the duration of appointment required for the medical practitioner e.g. 12 months (locum) / 5 years (substantive post).</p> <p>If applying on behalf of a locum medical practitioner, you must state the start and end dates of the locum doctor's contract of employment i.e. how long the medical practitioner will be working in your HSC trust.</p>
6.0	<p>What is your professional relationship with the medical practitioner?</p>	<p>Please indicate in what capacity you are applying for Part II status on behalf of the medical practitioner within your HSC trust.</p> <p>You may only apply for Part II status for a medical practitioner if you are either their:</p> <ul style="list-style-type: none"> • Medical Director or • Nominated Senior Medical Leader
7.0	<p>The length of time the medical practitioner has been known to you, professionally.</p>	<p>Please indicate how long you have worked with the medical practitioner in a professional capacity.</p>
8.0	<p>Please confirm that the applicant is satisfactorily participating in activities relating to annual whole-practice appraisal and medical revalidation</p>	<p>Please comment on how the medical practitioner is engaged in annual appraisal and medical revalidation. Please include dates of upcoming or latest appraisal/ date of revalidation with the GMC.</p>
9.0	<p>Has been appointed to the post of Consultant Psychiatrist and completes applications for and/or renewal of detention of patients, under Part II of the Mental Health (Northern Ireland) Order 1986 and/or</p> <p>Has been appointed to the post of Consultant Psychiatrist and completes applications for</p>	<p>Please indicate that the medical practitioner in your HSC trust meets either one (or both) or these criteria.</p>

	<p>Guardianship Part II of the Mental Health (Northern Ireland) Order 1986 and/or</p> <p>Has been appointed to the post of Consultant Psychiatrist and is gives evidence to, or prepares reports/assessments for, the court under Part III of the Mental Health (Northern Ireland) Order 1986</p>	
10.0	<p>Is registered with the General Medical Council (GMC) and holds a current licence to practice.</p>	<p>Please confirm that the medical practitioner is registered with the GMC and has a licence to practice</p>
11.0	<p>Has a valid Certificate of Specialist Training (CST) and is on the Specialist Register of GMC.</p>	<p>Please confirm the medical practitioner has a valid CST and is on the GMC specialist register.</p>
12.0	<p>CCTs in:</p> <ul style="list-style-type: none"> 1) Adult Psychiatry 2) Intellectual Disability 3) Child and Adolescent Psychiatry 4) Forensic Psychiatry 5) Old Age Psychiatry 6) Psychotherapy 	<p>Please confirm which area of psychiatry the medical practitioner has specialist training</p>
13.0	<p>Can demonstrate completion of RQIA eLearning modules 1-4 on the Mental Health (Northern Ireland) Order 1986, within the last two years</p>	<p>Please ensure the medical practitioner is up to date with the Mental Health (Northern Ireland) Order 1986 through completion of eLearning modules. Please note, these certificates are required to be completed within last two years prior to an application for Part II status.</p>
14.0	<p>Has an AccessNI Enhanced Disclosure Certificate (or equivalent e.g. Disclosure and Barring Certificate).</p>	<p>Please ensure that the medical practitioner has an AccessNI enhanced disclosure certificate, or equivalent Disclosure and Barring Certificate which states that the HSC trust is 'registered body'</p> <p>Please note; RQIA require these</p>

		<p>certificates only on initial application. If you are applying for a medical practitioner after their 5 year Part II appointment has come to an end, and the medical practitioner has not left the employment of your trust within that time, then their certificate is still valid and does not require to be sent to RQIA. If you are applying for a locum medical practitioner after their 12 month Part II appointment has come to an end, and the medical practitioner has not left the employment of your trust within that time, then their certificate is still valid and does not require to be sent to RQIA.</p> <p>You need not send an AccessNI Certificate (or equivalent) for those locum practitioners requiring an extension to their Part II appointment.</p>
15.0	Please add any other comments you consider to be relevant to the application for the above individual	Please include any relevant information to support this medical practitioner's application for Part II appointment.
16.0	Signing the application	When signing this application, please print your name and date of completion.

Documentation required to be returned to RQIA with Part II Application

It is your responsibility to submit the required documentation on behalf of the medical practitioner to allow RQIA to assess this application for Part II appointment.

Please submit the following on behalf of the medical practitioner for whom you are applying for Part II status:

- A completed application form, signed and dated; **and**
- A copy of the medical practitioners RQIA E-learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986, within two years prior to application for Part II status; **and**
- An AccessNI Enhanced Disclosure Certificate (or equivalent e.g. Disclosure and Barring Certificate) – only on first application for Part II status or reapplying Part II medical practitioners who have moved HSC trust since their last Part II appointment.

RQIA Board Meeting

Date of Meeting	17 January 2019
Title of Paper	Chief Executive's Update
Agenda Item	7
Reference	E/09/19
Author	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of the paper is to update the Board on strategic issues which the Chief Executive and EMT has been dealing with since the Board meeting on 29 November 2019 and to advise Board members of other key developments or issues.
Executive Summary	This paper provides an update to the Board of the key developments for RQIA since the last Board meeting.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should NOTE the Chief Executive's Update.
Next steps	A further update will be provided at the November Board meeting.

BUSINESS SUPPORT UNIT

Media Interest

RQIA has responded to media queries relating to a range of care services including the impact of the closure of Drumclay nursing home in Enniskillen; RQIA enforcement action; the widening of PSNI's investigation in relation to Dunmurry Manor; and safeguarding concerns at Muckamore Abbey Hospital. We have also commenced a programme of briefings for a number of journalists with the chief executive, which are scheduled for the coming weeks.

Engagement

During this quarter, RQIA is planning its inaugural meetings with the Membership Scheme, where we will discuss how engage the public in our work. This will include discussion on how we effectively capture the voice of service users in our work, and improve the accessibility of our reports to ensure they help to support the public when making choices about health and social care services.

Political Engagement

RQIA's Chief Executive and Communications Manager met representatives of Sinn Fein, including Pat Sheehan, MLA, to discuss RQIA's actions in response to concerns raised by parents of patients at Muckamore Abbey Hospital; an update on progress on the neurology and SAI reviews.

Complaints and Compliments

Since the last Board meeting we completed a stage one: formal resolution investigation into a complaint against RQIA in line with the Policy and Procedure on Management and Handling of Complaints against RQIA.

A number of compliments about RQIA's work have been received recently. These include a relative of a service user highlighting the transformation of nutritional care in hospitals; a service manager complimenting an inspector in their conduct during a difficult inspection; and a journalist noting the quality and responsiveness of RQIA in managing media queries.

Chief Executive Key Meetings

- On 7 December, I met with Pat Sheehan, Colm Gildernew and Liam Duggan (Sinn Fein).
- On 11 December, I attended with the Head of Business Support a meeting with CPEA panel who are conducting an independent review on behalf of the Department of Health.
- On 11 December, I attended with the Chair the RQIA Mid-Year Accountability meeting.
- On 11 December, I attended with the Chair a meeting with Sean Holland, DoH.
- On 19 December, I facilitated a meeting with the CPEA Panel and members of RQIA Board, Executive Team and other staff.

Memoranda of Understanding

No further update.

Current Legal Actions

The litigation in respect of Owenvale Residential Home remains ongoing.

Workforce

The position of Deputy Director of Improvement has been accepted and we expect her to take up position in the new year.

Work is ongoing to revise job descriptions identified in the workforce review. We are considering the resource needs of the Business Support Unit and a job description for a Business Manager is currently with BSO for banding.

HSC Staff Survey 2019

The regional HSC Staff Survey Group was established in late 2017, and meets monthly to progress the preparation for the upcoming survey, planned for March 2019. The group comprises of HR representatives from each of the HSC organisations (including BSO which is also representing our client organisations), trade unions, NISRA and the Department of Health. The group is chaired by Jacqui Reid, Assistant Director of Human Resources in the Northern Trust, and reports progress back to the Directors of Human Resources.

The Department of Health has commissioned the survey, and follows on from previous surveys in 2009, 2012, and 2015. NISRA has been commissioned to undertake the survey on behalf of the HSC, and will provide various levels of reporting on its findings.

The group has made significant progress over the last 6 months or so. The BSO representative has been acting on behalf of BSO and client organisation on developing the questionnaire, and the provision of data.

The survey will be 'live' from 4 March 2019 to 14 April 2019 (6 weeks).

Human Rights Training for RQIA Inspectors

RQIA inspectors working across a range of disciplines received four full-day training sessions in September. The trainer, Dr Nazia Latif, has provided a report on the training to RQIA advising that she thoroughly enjoyed delivering these sessions to RQIA Inspectors.

Financial Allocation 2018-19

An allocation of £6.5 million was made available to RQIA for 2018/19. This included a recurring reduction of 2% (£134k). RQIA have also received non-recurring funding in respect of VES of £190k and a number of interested staff have been offered and accepted VES with this tranche of staff will leave between December 2018 and March 2019. Funding of other VES applications received has been requested and we have had informal confirmation that this has been made available. Due to delays in the recruitment of staff RQIA will be making an easement to DoH to ensure we break even at year end.

The restructuring of RQIA has commenced following the outcome of the Workforce Review carried out in 2017/18. As a result of this a number of posts have or will be advertised in the coming months. Due to the likely delay in individuals taking up posts

it is anticipated that there will be significant slippage against budget. £180k has already been declared and the RRL reduced accordingly. £20k has also been deducted from our capital budget for the MHLd iConnect project.

Significant pay slippage against year to date budget is a result a combination of leavers, delays in filling newly created posts and VES. RQIA continues to work with BSO Shared Services to manage the significant delays in banding, recruiting and filling new posts. A significant non-recurrent easement was declared in December with potential for a further easement in early January.

Caroline Hannan, Senior Solicitor from DLS, has joined RQIA and will be providing legal guidance in relation to our review of the clinical case notes of deceased patients of Dr Watt. This can be funded internally until the end of March 2019 but is a cost pressure thereafter. It is likely that the post will be required for around two years. In line with the joint protocol for reviews, a proportionate business case is under development or submission in January.

ASSURANCE DIRECTORATE

Inspection

No of Inspections Scheduled Completed by 31 December 2018

Scheduled - 2018/19	1997
Completed by 31/12/2018	1443
% Completed by 31/12/2018	72%

No of Services which had 2018/19 Statutory Minimum Inspections Conducted as at 31 December 2018

No of Registered Services	1032
No of Services With Min Stat Complete	704
% of Services With Min Stat Complete	68%

Day Care Settings – ‘Satellite Units’

RQIA continues to work with the providers of day care settings which are also operating ‘satellite’ services. There are 19 such ‘satellite’ services currently operated by eight providers, all of whom have met with RQIA senior staff and received information about their regulatory options. Subsequent to this, RQIA has received applications in respect of five ‘satellite’ services, one of which has concluded the registration process with the remainder currently being processed. It is anticipated that further applications will be made as several providers have indicated that they have reviewed their services and intend to separately register services currently being provided in ‘satellite’ centres. RQIA has been advised by several providers that they won’t be bringing their ‘satellite’ service forward for registration due to the nature and range of services being provided not falling to be registered.

Home Truths: A Report on the Commissioner’s Investigation into Dunmurry Manor Care Home

The HSC collegiate response to the Commissioner’s report was submitted to COPNI by DOH in early October. This document included the individual responses from RQIA and Trusts as annexes to the main paper. We await further engagement in respect of next steps – including the work commissioned from CPEA.

RADaR

A presentation on the principles of RADaR and the pilot to date was given to colleagues at DoH on 12 December 2018.

Presentations

- The Assistant Director of Nursing made a presentation on 11 September 2018 to RCN Leaders for Care Programme on the role and function of RQIA and implications for registered managers.
- The Assistant Director responsible for agencies and day care made a presentation on 13 and 14 November to the NISCC Social Care Managers’ Forum on learning from complaints.

Residential Care Beds in Nursing Homes

Position as at 31 December 2018	
Services still undecided (status colour: white)	5
Application forms issued and still to be returned (status colour: red)	1
Application forms received and being processed (status colour: amber/yellow)	4
Certificates issued (status colour: green)	102
Applications withdrawn	2

Legal advice from Junior Counsel has now been received. Enforcement referred to below relates to a provider who expressed a preference to name residents in his home, with these beds reverting to nursing beds when the residents left the home. The home consistently operated outside this registration arrangement, resulting in further conditions being proposed to the service.

Enforcement Action

An intention to issue two failure to comply notices meeting in relation to medicine management was held with a nursing home on 4 December 2018. Two failure to comply notices were served, relating to medicine management and staff competence, with a compliance date of 15 January 2019.

An intention meeting to issue a failure to comply notice and an intention meeting to place conditions on a nursing home were held on 6 December 2018. The meetings were held due to continued non-compliance with the registration categories in place. Some assurance was given during the meeting and the Failure to comply notice was not served. To ensure sustained compliance, a notice of proposal was issued to place further conditions on the registration of the nursing home.

An intention to issue two failure to comply notices meeting was held with a nursing home on 10 December 2018. Two failure to comply notices were served, relating to care records and infection control practice, with a compliance date of 6 February 2019.

A serious concerns meeting was held on 18 December with the provider of a residential home for adults with a learning disability. The areas of concern arose during a finance inspection and relate to the administration of a transport scheme and record keeping. RQIA were provided with satisfactory assurances that the areas for improvement would be taken forward by the service provider and a follow up inspection will be undertaken in the final quarter of the year.

Since the last Board meeting, one failure to comply notice has been issued to Praxis Care Group / Challenge in relation to a breach in the home's Statement of Purpose.

Four Seasons Health Care

An Early Alert was issued to the Department on 8 October 2018 regarding financial restructuring of Four Seasons Health Care and the further extension of the standstill arrangements. Following further communication with FSHC, RQIA were advised that the "standstill" arrangement had been extended to 28 January 2019. The company continues to work with its advisors in furtherance of a sale of the group. Independent financial legal advisors have been appointed. It is anticipated that the sale process will be completed by Spring 2019.

Ebbay Ltd

RQIA was advised on 10 September 2018 of Ebbay Ltd's intention to give formal notification to cancel the registration of Drumclay Nursing Home in Enniskillen. The closure date was 12 December 2018. RQIA liaised closely with the WHSCT and the Registered Provider during this process. Correspondence to withdrawal the application to cancel the registration of Drumclay was received by RQIA on 11/12/18. All patients have been moved to alternative accommodation. We are advised by Ebbay Ltd that the home will remain registered but not operational, pending sale.

Unregistered Facilities Accommodating Young People

A paper detailing the background and scope of unregistered facilities was presented to the RQIA board on 29 November 2019. The Board endorsed proposed options outlined in the paper on the way forward with this work. A further regional workshop involving Trusts, the HSCB and the DoH is scheduled for May 2018. In the interim, RQIA will liaise with the DoH asking for a critical review of the regulatory framework governing children's services.

IMPROVEMENT DIRECTORATE

Northern Ireland Ambulance Service

Three Improvement Notices for Broadway, Bangor and Craigavon Stations relating to the Corporate Leadership and Accountability quality standard remained in place until 31 October 2018.

We carried out unannounced inspections to NIAS Headquarters and Craigavon Station on 28 November 2018. On 29 November 2018 we also carried out monitoring visits to Broadway, Bangor, Altnagelvin and Ballymena Stations. These visits were to assess the progress NIAS has made over the six months of the Improvement Notices.

On 10 and 12 December, teleconferences were held with the NIAS Chair and a Non-Executive Director who is Chair of the Assurance Committee in NIAS.

A meeting with the NIAS Chief Executive was held on 17 December 2018. At this meeting we determined to remove the current Improvement Notices relating to Broadway, Bangor and Craigavon Ambulance Stations and to issue one further Trust wide Improvement Notice relating to staff training and competency based assessment. This Improvement Notice issued on 21 December 2018 with an achievement date set for 31 March 2019.

Acute Hospitals – Unannounced Inspection Programme (HIP)

We continue to monitor the Royal Belfast Hospital for Sick Children in relation to improving the governance and accountability arrangements relating to the short-stay paediatric assessment unit and plans for refurbishment of Barbour Ward.

Phase 3 HIP

Over the period 11 – 26 October 2018 a multidisciplinary team undertook unannounced inspections to outpatient departments across the Belfast Trust, sites inspected include Musgrave Park Hospital, Belfast City Hospital, RBHSC, Mater Hospital and Royal Victoria Hospital.

On 6 December 2018, RQIA presented high level emerging themes emerging from these inspections and our related Review of OPD Governance to the DoH and Belfast Trust.

In January 2019, we will provide site-specific feedback to Trust colleagues on findings from each Outpatient Department in Belfast Trust inspected as part of this work.

Unannounced Hygiene Inspection Programme

A risk based programme is continuing using intelligence from PHA surveillance reports/intelligence, whistleblowing, complaints etc. received by RQIA.

Following receipt of information about a range of issues, we carried out three unannounced inspections.

In respect to Daisy Hill Hospital the inspection demonstrated good standards of environmental cleaning and adherence to best practice for infection prevention and control. In respect to the management of an outbreak at Altnagelvin Hospital there was evidence that action plans had been developed and staff were adhering to

standards for environmental cleaning and infection prevention and control. In respect to Craigavon Hospital Medical Assessment Unit whilst the inspection identified that the fabric of ward environment was old, with a lack of storage, there was evidence of good adherence to standards for environmental cleaning and infection prevention and control.

Adult Critical Care – Year 3

We have completed our three year risk-based inspections. As with the neonatal care inspections, we are seeing reliability in systems and processes within critical care units.

On 22 November 2018, DoH wrote to all HSC Trusts and the Neonatal and Critical Care Networks to advise them of RQIA's re-orientated approach to inspection which will comprise self- assessment by Trusts with periodic spot inspections by our HSC Healthcare Team (See 1). We plan to meet with both networks on 12 February 2019 to collaboratively take forward our new approach to assurance. This will include reorientation of RQIA inspection tools into a suite of tools to be used during self-assessment.

On 3 December 2018 RQIA wrote to all Trusts, HSCB, PHA, DoH and the Critical Care Network to advise of common themes for improvement which were identified during our inspection programme this year (See 2). We subsequently met with the Critical Care Network on 5 December 2018, to provide its members with further detail in relation to these areas for improvement and to discuss our revised future approach as described above.

Other Augmented Care Areas

This inspection programme will recommence in January 2019 and will adopt a risk-based approach where we prioritise inspections based on previous intelligence and analysis of data. Based on findings from inspections undertaken in 2016/2017 our inspection activity in this area will initially focus on outpatient services which provide augmented care.

Protected Disclosure (Northern HSC Trust)

On 18 September 2018 a member of staff from the Northern Trust made a protected disclosure to RQIA. The staff member alleges that in May 2017 two children received substandard care in Antrim Area Hospital. We have now received assurances from the Trust in relation to the children's care and have written to the whistleblower and the Trust informing them that we will be taking no further action.

Dental Regulation

At the announced inspection of Kingsbridge Maypole Dental Clinic on 14 December 2018, concerns were identified in relation to infection prevention and control, decontamination, radiation safety and the management of a medical emergency. Mr Best attended a concerns meeting at RQIA on 20 December 2018 and provided assurances that the identified issues had been addressed and that the improvements would be sustained. As a result no enforcement action was necessary.

Online Medical Services/Independent Medical Agencies

We have reviewed our approach to the regulation of online medical services (IMAs). An options appraisal paper was presented to the RQIA Board for discussion on 20

September 2018. A copy of this paper has been forwarded to DoH. An action plan will be confirmed to progress the preferred option from January 2019, subject to agreement with DoH.

Independent Hospitals and Hospices Inspection Methodology – Provider Workshop

We held a workshop involving all independent hospitals and hospices on 3 December 2018, to share information in relation to our revised inspection methodology, which will be implemented from January 2019. The providers were positive with respect to the new approach. In particular moving from an inspection process which was focused in the main on nursing care and practice, to one which is more multi-disciplinary in its approach. Our refreshed methodology is modelled on our approach/methodology underpinning the HSC hospital inspections.

IR(ME)R

Inspection

During our IR(ME)R inspection to the Belfast Trust on 14 June 2018 and Southern Trust on 6 December 2018 we identified that their Trust Employer's Procedures had not been updated in line with the new IR(ME)R regulations. As a result we issued correspondence to all Trust Chief Executives to remind them of requirements in this regard.

On 6 December 2018, we undertook an announced inspection, of the diagnostic radiation department, of Craigavon Area Hospital. During this inspection we identified a number of concerns with respect to radiation protection and safety. We requested that the Trust submit an urgent action plan, with specified timescales, outlining their intention to address this. The Trust action plan was submitted on 13 December 2018 and provided assurances that relevant matters will be addressed within appropriate timescales. We will undertake a further inspection in 8-10 weeks to assess and review progress.

IRMER Stakeholder Workshop

We held a radiation safety workshop on 7 November 2018 for all trusts and independent organisations. Our workshop focused on changes within the new Ionising Radiation (Medical Exposure) Regulations which came into operation in February 2018. The workshop was well attended with positive engagement and feedback from attendees.

International Atomic Agency

The International Atomic Energy Agency will be carrying out an Integrated Regulatory Review Service Mission in the UK during October 2019, following the UK's departure from the European Union. In preparation for this a UK wide self-assessment will be completed and coordinated by the Office for Nuclear Regulation (ONR).

We have completed and returned our self-assessment. A joint meeting between RQIA, DoH, Regional Medical Physics and Public Health England was held on 13 December 2018. At this meeting we identified gaps in our processes and have developed an action plan to address these gaps.

Review Programme

Neurology Patient Recall, Belfast Trust

RQIA is leading three strands of work as requested by DoH:

(i) Governance review of outpatient services in the Belfast Trust, with a particular focus on neurology and other high volume specialties

Fieldwork is completing with some end of review meetings. The first draft of the review report has been drafted for consideration by the Expert Review Team. Members of the Expert Review Team were in Northern Ireland on 6 December 2018, when they presented high level emerging themes from this review to the DoH and Belfast Trust.

(ii) Expert review of clinical case notes of patients of Dr X who have died in the previous 10 years

Expertise to undertake this expert review work is currently being discussed and sourced. A dedicated Senior Solicitor from DLS, BSO, has been appointed (part-time) to work on this review and to also provide legal advice to RQIA on all programme-related matters.

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

Draft terms of reference for this review are with DoH, an Expert Review Team has been secured and will convene at the end of January 2019 to agree methodology. This work will be complimented by inspections undertaken by the Independent Healthcare Team during 2019, using our refreshed inspection methodology.

Inquiry into Hyponatraemia-Related Deaths (IHRD)

RQIA is leading and facilitating the regional IHRD Assurance Working Group which is part of the DoH-led programme on implementation of IHRD Recommendations. A draft Assurance Framework has been developed by RQIA and submitted to DoH (w/c 7th May). The second meeting of the formal IHRD Assurance Working Group took place on 3 December 2018 and the next meeting is scheduled for 4 February 2019.

Review of Serious Adverse Incidents (SAIs) to inform IHRD Working Group on SAIs

Draft Terms of Reference are with the DoH and we are establishing the Expert Review Team, with experts already secured to include a senior clinician with management experience external to Northern Ireland, a lay representative with experience of SAI investigation and an expert in investigative methods and patient safety. We are currently sourcing additional expertise in relation to lay representation, senior clinician and psychology input.

Our first meeting with Trust Affiliates will take place at the end of January 2019.

Other Review Work

A range of other review work is in progress.

Prison Healthcare

The final report of the joint Maghaberry prison inspection undertaken in April 2018 was published on 27 November 2018.

We are working jointly with the Criminal Justice Inspectorate (CJI) on a thematic inspection of NI Prisons with a focus on the 'Safety of Prisoners'. The fieldwork for this thematic inspection was completed during September 2018. The report is currently being finalised with input from CJI and us. Where issues were identified during inspections, as part of this thematic review, we escalated the issues and brought them to the urgent attention of the Northern Ireland Prison Service and the Criminal Justice Inspectorate for immediate action. We were assured that the identified issues were addressed in a timely manner.

Mental Health and Learning Disability

Unannounced Inspection Programme

Following receipt of information about a range of issues, we carried out three unannounced inspections.

In respect to Belfast Trust, Muckamore Abbey Hospital, Cranfield Ward 1 we focused our inspection on care and treatment and safeguarding procedures. The concerns raised were not substantiated. Where we identified other areas for improvement we were assured that the issues would be addressed.

In respect to Belfast Trust, Valencia Ward, no concerns with respect to the care and treatment of patients were substantiated. The concerns with respect to the culture in the ward and the values of the Trust not being adhered to, were substantiated. We wrote to the Trust on 13 December 2018 seeking assurances that the issues are being dealt with effectively. The Trust action plan was submitted on 3 January 2019 and provided assurances that they have a robust action plan in place to address the relevant matters.

In respect to the South Eastern Trust, Downshire Hospital, Ward 27 we reviewed the care and treatment of patients and safeguarding procedures. The concerns raised were not substantiated. We also reviewed the areas for improvement from our inspection in July 2017. A number of these areas for improvement, relating to poor standards in the environment, the ward design not being fit for purpose, the absence of pharmacy input on the ward, and documentation with respect to incident reporting, had not been addressed. These concerns will be highlighted to Senior Trust Representatives, during a meeting in January 2019 and we will seek assurances regarding actions in progress.

Level 3 Serious Adverse Incident (SAI) Review Draft Report, Muckamore Abbey Hospital (MAH)

The Board is aware that we have responded to the Designated Review Officers (DROs) with comments in relation to this report.

On 17 December 2018 we were informed by the Belfast Trust, of a further level 3 SAI review, into the care and treatment of a former patient of Muckamore Abbey Hospital. We await the outcome of the review.

MHLD iConnect Information System

The iconnect MHLD information module went live on the 2 January 2019 as planned. All current risks have been assessed as low. The MHLD team are being supported by the development during the early implementation phase. Feedback from MHLD

staff is positive. The project close down remains on schedule and will be completed by the 31 January 2019.

Part II Doctors Appointment Process (Mental Health (NI) Order 1986)

Our proposal to refresh arrangements for appointment of Part II medical practitioners was unanimously supported at a meeting of CMO's Medical Leaders Forum on 25 June 2018. Refreshed arrangements will mean that individual Consultant Psychiatrists will submit application for Part II status to their Trust Clinical Director (CD), who will make a recommendation to RQIA on the basis of that application. An RQIA panel will approve Part II appointment based on the CD's recommendation. Our proposed refreshed arrangements were subject to a legal review, with Alphy Maginness, Directorate of Legal Services, on 7 December 2018 and will be discussed at our Board meeting in January 2019. A meeting was held with Trust Clinical Directors and their nominated representatives on 12 December 2018 to discuss this proposed approach, to seek agreement and to confirm operational aspects of the new arrangements. In consultation with HSC Trust Clinical Directors and subject to agreement with RQIA Board these refreshed arrangements will be implemented from 1 February 2019.

RQIA Board Meeting

Date of Meeting	17 January 2019
Title of Paper	Fraud and Bribery Report
Agenda Item	8
Reference	F/09/19
Author	Hayley Barrett
Presented by	Chief Executive
Purpose	To inform the RQIA Board of any acts of fraud or bribery.
Executive Summary	No acts of fraud or bribery have taken place in Quarter 3.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE this report.
Next steps	The report will be presented at every meeting of RQIA Audit Committee and at quarterly Board meetings.

FRAUD AND BRIBERY REPORT

There have been no acts of fraud or bribery during quarter 3 of 2018/19.

The completed Counter Fraud template has been submitted to the Department of Health and included for noting.

Chief Executives of ALBS

Room C5.12, Castle Buildings
Stormont Estate
Belfast
BT4 3SQ

Tel: 02890 522667

[E-mail: Deborah.mcneilly@health-ni.gov.uk](mailto:Deborah.mcneilly@health-ni.gov.uk)

Date: 15 October 2018

Dear Colleagues

At a recent meeting of the Departmental Audit Risk and Assurance Committee (DARAC) the quarterly HSC fraud report which provides details on the reports and referrals made to Counter Fraud Services (CFS) relating to potential/actual fraud, was discussed at length by members.

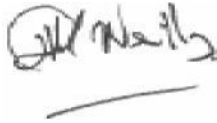
A number of concerns were raised by DARAC, primarily in relation to the low volume of fraud reports logged with CFS and subsequent referrals for investigation. Representatives from CFS advised DARAC members of a range of engagement initiatives which are ongoing with HSC clients. They also provided details regarding the service provided to HSC clients to assist in raising awareness and the handling of fraud matters.

Responsibilities in relation to the management of the fraud risk are set out in Annex 4.7 of Managing Public Money (NI). Each Accounting Officer has overall responsibility for ensuring that adequate and effective processes are in place within their organisation to manage the fraud risk. The Departmental Circulars HSC (F) 37-2017 and HSC (F) 54-2015 set out the mandatory requirement on all HSC organisations to report all allegations of suspected or actual fraud to CFS and the responsibilities of all employees to counter fraud. Assurance of the effectiveness of the processes in place should be monitored, on a regular basis, at Board level and reported to Audit Committees. I have also copied this letter to Audit Committee Chairs.

As part of this assurance process, I would request that Accounting Officers complete the template in Annex A attached on behalf of their organisation.

I would request that the completed template is forwarded to Finance Policy, Accountability and Counter Fraud [Unit: fpau@health-ni.gov.uk](mailto:fpau@health-ni.gov.uk) by Friday 12 November 2018.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'D McNeilly', with a horizontal line underneath.

DEBORAH McNEILLY
Deputy Secretary
Resources & Performance Management Group

Copied to:

ALB Audit Committee Chairs
TMG
DARAC Members
Neelia Lloyd
Donna Scott, BSO, Counter Fraud Services

Annex A

Counter Fraud Template

Please complete the following template, providing copies of reports where requested.
Please forward completed templates [to fpau@health-ni.gov.uk](mailto:fpau@health-ni.gov.uk).

	Counter Fraud Template	Response
	<p><i>Does your organisation have an annual counter fraud action plan?</i></p> <p><i>If so, is this shared/agreed with your organisation's Audit Committee?</i></p>	<p>RQIA has an Anti-Fraud Policy and Fraud Response Plan.</p> <p>Both documents were approved by RQIA's Audit Committee on 19 October 2017.</p>
	Fraud Risk Assessment	
	<p><i>When was the last fraud risk assessment carried out in your organisation?</i></p>	<p>Fraud risks are reported by exemption. Any fraud related risks would be identified when the Corporate Risk Assurance Framework Report is reviewed by RQIA's Executive Management Team, Audit Committee and Board on a quarterly basis. The Directorate Risk Registers are reviewed monthly at Directorate meetings and quarterly by the Executive Management Team.</p>
	<p><i>Who undertook the risk assessment?</i></p> <p><i>Please provide a copy of your organisation's last fraud risk assessment?</i></p>	<p>RQIA completes an annual Horizon Scanning Workshop of potential corporate risks with Board Members from the Audit Committee and Executive Management Team. This was last completed on 23 August 2018.</p>
	Fraud Awareness	
	<p><i>What actions are taken to improve counter fraud awareness across your organisation?</i></p>	<p>Mandatory Fraud Awareness training is completed annually by all staff.</p>
	<p><i>Is every staff member across your organisation aware of your anti-fraud policy, fraud response plan, and their responsibilities in relation to fraud prevention, detection and reporting?</i></p>	<p>RQIA's Anti-Fraud Policy and Fraud Response Plan has been issued to all staff and is available on RQIA's intranet. Staff are alerted to new policies via staff meetings, team meetings and email alerts.</p>
	Fraud Reporting	
	<p><i>Are all staff aware of their responsibility to report all allegations of fraud to the Fraud Liaison Officer (FLO)?</i></p>	<p>Staff responsibilities in relation to reporting all allegations of fraud to RQIA's FLO are detailed in the policy.</p>
	<p><i>How does the organisation ensure that whistleblowing allegations in relation to fraud are notified to the FLO?</i></p>	<p>Section titled 'Suspected Fraud' in RQIA's Whistleblowing Policy and Procedure details the officers which may be contacted including RQIA's FLO.</p>

	<p><i>Are all fraud allegations reported immediately by FLOs to Counter Fraud Services (CFS) at BSO?</i></p> <p><i>(CFS immediately report all cases to the Department of Health, Department of Finance and also the Comptroller and Auditor General, NIAO).</i></p>	<p>Yes</p> <p>No incidents have been reported in 2018-19.</p>
	Preliminary enquiries	
	<i>In advance of undertaking preliminary enquiries when an irregularity is identified, does the organisation seek advice/guidance from CFS?</i>	<p>Yes</p> <p>BSO CFS is contacted in all cases to seek advice.</p>
	<i>Are enquiries carried out promptly to avoid delay from the time of initial suspicion / discovery to determining if the irregularity/allegation requires reporting and referral to CFS via the FLO?</i>	Yes
	<i>What grade of staff carry out preliminary enquiries?</i>	Preliminary enquiries will be completed by a named member of staff based on the information received. The grade will depend on the incident.
	<i>What are the measures that are in place to ensure sufficient independence in undertaking preliminary enquiries and avoidance of conflict of interest?</i>	The FLO will determine any conflicts of interest and take corrective action
	<i>Has each staff member (<i>responsible</i> for undertaking preliminary enquiries) received appropriate training to ensure evidence is not compromised?</i>	The previous FLO had received training. The newly appointed Head of Business Support will receive training and determine appropriate training for those undertaking preliminary enquiries
	<i>Are there sufficient resources allocated to all preliminary enquiries?</i>	Sufficient resources will be allocated to all preliminary enquiries on a case by case basis.
	<i>What is the average timeframe given to conduct a preliminary enquiry?</i>	This will be considered on a case by case basis.
	<i>Who reviews the decisions made?</i>	RQIA's FLO
	<i>Are records held for each allegation?</i>	Yes
	<i>Is a central log of all allegations held</i>	Yes, monitored by RQIA's FLO

	<i>and who monitors this?</i>	
	Referrals to CFS	
	<i>Please outline the process for referring fraud cases to CFS by your organisation.</i>	The outcome of the initial allegation will determine whether the FLO will contact CFPS to establish if the suspected fraud should be pursued primarily as a criminal investigation or whether it would be more appropriate to be pursued via disciplinary procedures.
	<i>Are appropriate measures in place within your organisation to allow the prompt referral of cases to CFS for investigation?</i>	Yes detailed in RQIA's Fraud Response Plan
	Fraud Liaison Officer (FLO)	
	<i>Has the FLO been provided with appropriate training to enable them to undertake the role?</i>	RQIA's new FLO will receive appropriate training
	<i>Is this a full time role and if not, what proportion is spent on fraud duties?</i>	This is not a full time role but a proportionate percentage of the Head of Business Supports role incorporates fraud responsibilities.
	Role of Audit Committee	
	<i>What is the role of your Audit Committee in relation to fraud matters and your counter fraud action plan?</i>	<p>RQIA's Audit Committee is responsible for reporting to the RQIA Board and Accounting Officer on indications of possible illegal acts or fraud and management's actions to remedy them.</p> <p>The Audit Committee reviews:</p> <ul style="list-style-type: none"> • The anti-fraud policies and arrangements • The Financial Reporting process • Internal & External auditing processes
	<i>Are all fraud allegations reported to the Audit Committee and are they provided with updates on each ongoing case, including details of preliminary enquiries, allegations notified to CFS and investigations being undertaken by CFS?</i>	All fraud allegations are reported to the Audit Committee and an update on ongoing cases is provided when required.

	<p><i>Can you please provide a copy of the last Audit Committee report presented in relation to fraud?</i></p>	<p>Yes</p> <p>A Whistleblowing Report detailing a potential fraud was presented on 19 October 2017.</p> <p>The report is attached.</p>