

#### AGENDA

#### RQIA Board Meeting Boardroom, RQIA Thursday 16 January 2020, 10.30am

#### PUBLIC SESSION

1	Review of International Evidence of Effectiveness of the use of CCTV in Care Home Settings Gavin Davidson, Professor of Social Care, QUB		10.30am <b>NOTE</b>
2	Minutes of the public meeting of the Board held on Thursday 21 November 2019 and matters arising	Min/Nov19/ public	11.15am <b>APPROVE</b>
3	Declaration of Interests		11.20am
4	Acting Chair's Report Acting Chair	B/01/20	11.25am <b>NOTE</b>
	STRATEGIC ISSUES		
5	Corporate Performance Report (Quarter 3) Head of Business Support	C/01/20	11.35pm <b>APPROVE</b>
	OPERATIONAL ISSUES		
6	IRRS Mission Assistant Director of Improvement & Senior Inspector, IHC		11.45pm <b>NOTE</b>
7	Chief Executive's Report Chief Executive	D/01/20	12.00pm <b>NOTE</b>
8	Finance Update Head of Business Support Unit	E/01/20	12.10pm <b>NOTE</b>
9	Any Other Business		12.15pm

Date of next meeting: 19 March 2020 Boardroom, RQIA

# A review of the international evidence of the effectiveness of the use of CCTV in care home settings

A Rapid Evidence Assessment

Gavin Davidson, Claire McCartan and Paul Best

School of Social Sciences, Education and Social Work Queen's University Belfast

January 2020

**Summary Report** 

Commissioned by the Regulation and Quality Improvement Authority (RQIA)



The **Regulation** and Quality Improvement Authority



ummary of the report

#### Overview of the report

# The report begins with the rationale for this review which is in response to concerns regarding the quality of care and the potential for abuse in care home settings.

It then considers the range of technology used to monitor people within such settings, with particular reference to Closed Circuit Television (CCTV) based technology. The next section focuses on the complex ethical debates relevant to the use of monitoring technology in care home settings and the policies and guidance developed for the use of such technology in Northern Ireland and internationally.

> The report then focuses on the rapid evidence assessment of the research on the effectiveness of the use of CCTV in care home settings for service users, carers/families and service provides. The methodology used to conduct the evidence assessment is presented followed by the key findings, including a table summarising all the included studies. The final section of the report considers the possible implications of the current debates and evidence for law, policy, service provision and practice in Northern lreland.



The background for this report is largely due to the concerns raised about the quality of care and the potential for abuse in care home settings. These include at Winterbourne View Hospital in England, and more locally, Dunmurry Manor Care Home and Muckamore Abbey Hospital in Northern Ireland. In all three cases CCTV played an important role in recording potentially abusive behaviour by staff.

An important initial clarification is that concerns were not initiated by CCTV in these cases but it was used to explore concerns that had been identified by staff or family members. In the case of Muckamore, the CCTV recordings did then lead to the identification of other concerns.

It's also important to highlight from the start that there is a general acceptance of the importance of promoting the quality of care, and of preventing the abuse of people, in care home settings. This report focuses on the more complex question of how that can be best achieved for all people across all care home settings. In addressing this, the evidence of the effectiveness of CCTV is central and the main focus of the report but there are a range of overlapping issues which are also important to address including the range of technology, the ethical debates and the existing law, policy and guidance.



#### How is technology used to monitor people in care home settings?

CCTV is one of a wide range of technology used to monitor people in care home settings. Indeed its uses are varied and ranging (see main report for details). The Care Quality Commission (2018) has summarised the main categories of technology currently being used:



Telecare – including personal alarms that people wear or put in their home; sensors that can track activity and identify risks; memory aids

#### Telemonitoring -

wearable, implants or in the home to monitor health such as: blood sugar, blood pressure, temperature, heart rate, breathing





Telemedicine or telehealth - phone or video contact between people and health and social care professionals and between professionals



Digital records - including: care plans, staff information



mHealth (or mobile health) including: apps, online patient communities, wearable technology to promote health

Automated triage technology – apps and devices that use algorithms



Overt and covert surveillance systems in communal/private

settings

What are the ethical debates relevant to the use of monitoring technology in care home settings? The ethical debates relevant to the use of CCTV are also important to consider. A useful frame for these debates has been proposed by John Chesterman (2017) Deputy Public Advocate for Victoria in Australia.

Adapted for the Northern Ireland context it asks how one would respond if the Department of Health proposed installing CCTV in your living room, kitchen, bathroom and bedroom with the aim of promoting your health and protecting you from harm. Chesterman surmises the instinctive response is likely to be negative.

Interestingly however, the initial instinctive response to the proposal that CCTV be used to try to prevent abuse of people in care home settings can be mixed or even positive. Some of the key ethical debates are therefore explored. These include:

Rights based issues – the balancing of protection and privacy

The benefits vs harm debate – the potential intended and unintended effects of increased uses of technology Legal debates including issues of capacity and consent

> Practical and economic perspectives – what are the possible and best use of limited resources

Perspectives of service users who live in care home settings, their family and friends, and staff who work in care home settings

What policies and guidance have been developed for the use of monitoring technology in care home settings?

There are already many existing policies and guidance relevant to the use of CCTV in care home settings and so important excerpts from these key documents are provided within. The general themes contained within existing policies and guidance include:

- that CCTV should be for a specific purpose (to promote care/prevent abuse);
- (2) it is based on a comprehensive assessment;
- (3) there needs to be consultation with all involved;
- (4) issues of consent and capacity need to be addressed;
- (5) the relevant legal requirements need to be considered;
- (6) the associated need for training should be identified and;
- (7) the wider practical and operational issues also need to be considered.

Most current guidance mandates a process of carefully considering all the relevant issues before installing CCTV within care settings. However, the National Disability Authority (NDA) (2015) in Ireland have issued more specific NDA advice on CCTV in residential settings. It states that: "The National Disability Authority advises against the introduction of CCTV as practice in residential disability centres for the purpose of detecting or deterring abusive behaviour...The introduction of CCTV technology cannot be a substitute for tackling issues around culture, practice, and fundamental respect for the human rights of service users that should underpin disability services. People with disabilities say that what makes them feel safe is being treated with dignity and respect by staff, feeling included, being

supported to be independent and to advocate for themselves. Even with CCTV, abuse can take place off-camera or in private zones like bedrooms if there is a negative culture and a lack of respect. The introduction of CCTV would also raise serious issues around privacy, consent, and security and retention of recorded material. In practical terms, the volume of recorded material would make it very difficult and expensive to review even a sample." (p.1)

The Regulation and Quality Improvement Authority (2016)'s Guidance on the use of Overt Closed Circuit Televisions (CCTV) for the Purpose of Surveillance in Regulated Establishments and Agencies already provides comprehensive guidance on the relevant considerations. It includes:

- key principles;
- how the need for CCTV should be assessed;
- that data protection requirements for any footage;
- that covert and hidden cameras are beyond the scope of RQIA's guidance;
- the importance of staff awareness;
- the need for policies and procedures;
- the need for appropriate record keeping;
- the importance of suitable equipment; and
- the consent and capacity issues involved.

It also details the relevant wider legislative, regulatory and guidance context of the use of CCTV. The RQIA Guidance also specifies that CCTV should not be used in areas and rooms where service users normally receive personal care or where they could reasonably expect relative privacy.



#### "Surveillance

Technology is not something that should be applied collectively- for example, 'equip every room with a sensor and, while it is there, we might as well turn it on'. Rather, technology should be suited and catered to each individual, with his or her specific needs." (Niemeijer, 2011, p. 306)

"Many of the residents have dementia, so how do we ascertain if this is what they would want or not want? Does the family have the right to insist? The resident's dignity may be violated by their own family." Staff member (Berridge, 2019, p. 57)

"The review has found no evidence that camera surveillance contributes to functional performance gains, increased independence or positive quality of life impacts. There is the possibility that surveillance may reduce costs associated with reduced staffing levels which may have a number of unintended consequences including reduced therapeutic touch and increased physical restraint." (Hayward, 2017, p. 129)

"You have to offer respect to staff. If these staff don't respect themselves and are devalued as human beings, then how can they deliver sensitive care?"

HIKVISION

RCN professional lead for the care of older people Dawne Garrett (Duffin, 2014, p. 8)

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What is the international evidence of the effectiveness of the use of CCTV in care home settings for service users, carers/ families and service providers?

A total of 25 research studies were included in the effectiveness review (see Table 1). There were very few studies that actually tested the effectiveness of CCTV within care homes settings, however we included research that had general relevance to the ethical and practical use of monitoring technologies. This included so called 'Smart Home' technologies that can assist people to 'age in place' have types of monitoring often applied in residential care settings. As such, research evaluating alternative assisted technology that can reduce the need for CCTV was included and studies that have investigated attitudes towards surveillance within healthcare settings. One study considered the effectiveness of CCTV as a tool for solving crime, and another one study examined technology to monitor staff performance; both have relevance for the debate.

The majority of studies were qualitative in design (15), seven were quantitative and one study consisted of an economic cost-effectiveness analysis of two randomised control trials (RCTs) of healthcare monitoring. We also included a mixed-methods trial of a home monitoring system and a systematic review of camera surveillance in residential disability settings. Ten studies were based on UK research, others were conducted in Australia (2 studies), the Netherlands (5), Sweden (2), the USA and Canada (5 studies; 6 reports). Most of the research is fairly recent, and although our search strategy was confined to a period of last ten years, half of them had been published within the last five (2015-2019).

The quality of the studies was reasonably low; of the 23 empirical studies, only two employed an RCT methodology to assess 'smart home' technology and CCTV versus physical restraint in dementia patients. A PhD thesis from 2018 used a double RCT design to examine the cost-effectiveness of tele-monitoring and tele-healthcare in an English patient sample.

The studies almost exclusively looked at care of older people and people with dementia (n=23). One study concerned residential care of people with learning disabilities and another used CCTV technology to monitor residential inpatient treatment of adolescents. As one of the authors concludes, there is virtually no academic research on the efficacy or residual effects of cameras in care homes (Berridge, 2019).

Hayward's (2017) systematic review identified 43 papers and failed to establish any clear evidence of camera surveillance being effective in protecting the welfare of people with disabilities in residential care. He concluded that it was disliked by people with disabilities and was regarded with suspicion by staff. Functionality was limited and the ethical challenges associated with its deployment are considerable. It is expensive and difficult to trial and there is no evidence that camera surveillance increases functional performance, increases independence or improves quality of life. As with Welsh and Farrington's 2009 review of public area CCTV and crime prevention, the expectations of the use of CCTV often exceeded performance.

able 1 – Summary of Included Studies Study/Country Methods Population Intervention Summary	Intervention		Summary		Quality
ropulation				oummary	Quality Rating
Quantitative Secondary         General population         CCTV footage captured           data analysis         by British Transport Police		CCTV footage captured by British Transport Police		CCTV significantly increased the chances of solving a crime except for covert crimes (e.g. drug/weapon carrying & fraud.	
Qualitative     Older residents, family,     'QuietCare' passive       Semi-structured interviews     tech & SW staff (independent independent living residence) (N = 41)     "OuietCare'		'QuietCare' passive monitoring system		Priorities of residents often different to those providing care. Threats to autonomy because of the alert system, fear of being watched. Use technology to reduce social isolation & make contact with staff. Very poor uptake (2%)	
Quantitative Healthcare professionals Views of camera Online survey $(N = 273)$ surveillance		Views of camera surveillance		Disadvantages outweigh the advantages. Undermines privacy, dignity & institutionalises care. Negative impact on staff – culture of mistrust. Culture change required to promote relational model of care.	+
Qualitative Older people Passive monitoring Focus group interviews (N = 5 focus groups)		Passive monitoring		Older people have ambivalent feelings towards technology - reduced their autonomy & control over their own lives.	
Qualitative interviews Older people Smart Homes (N = 8)		Smart Homes		Positive experiences – increased family communication & health autonomy.	
Quantitative Survey Home care workers Technology for (N = 266) tracking staff	e workers	Technology for tracking staff		Increased impersonality of care & disillusionment with management.	+
Qualitative Interviews Older people Smart Homes $(N = 17)$		Smart Homes		Care surveillance was seen as enabling – 'feeling cared for'.	
Qualitative Interviews Older people care home Passive monitoring residents (N = 14); care home staff (N = 13)	ome	Passive monitoring		Relationship-based care supported by technology could improve older people's sleep in care homes.	+
Quantitative Epilepsy patients in Development of an residential care algorithm to help		Development of an algorithm to help		Observation of CCTV data to develop a successful noncontact seizure detection algorithm in residential care for patients with predict seizures nocturnal convulsive epilepsy.	
Semi-structured People with dementia Smart Homes qualitative interviews (N = 13); family carers (N = 26)		Smart Homes		Importance of habitual routines when introducing technology for people with dementia. Little knowledge or support available from healthcare professionals. Off the shelf products bought by family members often provided appropriate levels of support.	

\* Quality Rating (QR) - Each study was briefly assessed for quality and relevance to the review and scored as ++ (high quality and relevance); + (moderate quality and/or relevance) and – (low quality or relevance) and any specific quality issues considered.

Quality Rating	+	+	‡	+			+	
Summary	Evaluation of the equipment & the ethical decision making of the 3 groups involved. It the equipment is efficacious, it is ethical. Autonomy promoting devices were considered more ethical. More reservations about telecare. Developed an ethical checklist for professionals assessing possible use of AT.	Residents & relatives not involved in the decision-making which limits understanding of technology. Mistrust between staff & management.	No clear evidence of camera surveillance being effective in protecting the welfare of people with disabilities in residential care.	Did not improve self-reported QoL & other outcomes, nor reduce the cost of health & social care.	Security staff detected a total of 459 risky activities compared to 6 detected by overnight awake staff.	Video surveillance increased mutual benefits for clinicians & improved self-care & care for others.	Pre- & post 6-12 week field trials. Infringement of privacy was a negative. Establishment of habits & norms engender feelings of safety & security. Other social network support systems reduce the need for monitoring & replacing social supports with technology negatively impacts on feelings of safety & security. System also relies on a willing 'monitor' to act as support. Importance of informed consent.	Supportive of use of cameras in the home, workshop method could be useful for designing & implementing video solutions for dementia patients & their carers.
Intervention	Assistive technology	Passive monitoring	Camera surveillance	Tele-health, Tele-monitoring	Security staff video observation vs. overnight awake staff bedrooms during night-time	Video-based intervention	Home 'safety' passive monitoring	N/A
Population	People with dementia, their family & professional carers (N = 4 residential care; N = 2 sheltered accommodation; N = 1 home with partner; N = 2 home alone)	Staff (N = 24) Residents (N = 9) Relatives (N = 9)	People with disabilities in residential care	General population	Adolescent Residential Treatment for sexual abuse, trauma	Hospital spinal unit	Older people interviews live field trials 1 ( $N = 24$ ) and trial 2 ( $N = 43$ )	People with dementia (N = 2) & dementia carers (N = 22)
Methods	Qualitative Semi-structured interviews (N=27; N=9 triads (people with dementia, carers, professionals)	Qualitative Embedded multiple case study (interviews, observation, case record review, other documentation)	Systematic review	Economic cost-benefit analysis of 2 RCTs	Qualitative Observation	Qualitative Observation	Mixed methods evaluation of home monitoring technology	Qualitative Workshops
Study/Country QR*	Godwin 2012 UK	Hall 2017, 2019 UK	Hayward 2015 N/A	Henderson 2018 UK	Hill 2012 USA	ledema 2010 Australia	Lie 2015 UK	Mulvenna 2017 UK (NI)

Quality Rating	+	·		+	+	I	+
Summary	Technology might increase autonomy as it can open up new safe spaces to wander. Electronic bracelets offered some level of freedom however cameras were seen as inherently intrusive. Some wearable technology can be seen as stigmatising. Issues of consent also discussed. Supports person-centred approach, no one size fits all.	Often falls were caused by poor ergonomic design, call for better housing & redesign of furniture.	Multilevel longitudinal regression found that residents subject to surveillance had better QoL but when controlling for confounders this was not significant. Sample size too small to generate any conclusions.	Some difficulties with technology but participants would recommend their use. Control group experienced some deterioration in their physical & cognitive health while the experimental group maintained theirs.	Video monitoring particularly helpful for detection of tonic seizures, seizures late in the evening/early morning & facilitate detection of seizures requiring intervention. Costs are high, need for development of reliable seizure detection devices.	2 contrasting dementia care facilities. Wandering should be de-medicalised within facilities & seen as a therapeutic approach. Surveillance technologies could support this instead of secured locked doors etc.	Dementia care professionals consider surveillance technology supplemental to physical restraints, rather than as an alternative.
Intervention	Range of AT in use in both settings including DCET phones, movement & acoustic sensors, acoustic surveillance, electronic bracelets, automatic doors. GPS tags & video surveillance	Observation of CCTV footage of falls	CCTV vs physical restraint	Smart Homes	Video monitoring, acoustic detection systems & bed motion sensors	Surveillance technologies	Surveillance vs physical restraint
Population	Interviews with staff (N = 14) & interviews 340 hours of observation in a dementia care unit (N = 43 clients) & a residential care facility for ID (N = 42 clients)	Care home residents	Nursing home patients with tech (N = 170); with physical restraints (N = 22)	Older people (N = 114)	Residential care unit for individuals with refractory epilepsy & severe learning disabilities	Dementia care facilities	Care professionals from 7 seven dementia nursing homes (N =9)
Methods	Qualitative Ethnographic field study	Qualitative Observation	Quantitative	Quantitative RCT	Quantitative	Qualitative Observation	Qualitative Semi-structured interviews & focus groups
Study/Country QR*	Niemeijer 2016 The Netherlands	Robinovitch 2013 Canada	te Boekhorst 2013 Quantitative The Netherlands	Tomita 2007 USA	van der Lende 2016 The Netherlands	Wigg 2010 USA	Zwijsen 2012 The Netherlands

# Key themes in the available evidence





The tension between the needs of residents, their family members and those providing care



Issues relevant to relationshipbased care, cultural change and the institutionalisation of care settings



The potential for CCTV to improve care



The possible impact of creating a culture of mistrust, the negative impact on staff

The importance of

consulting with all

stakeholders



Data security relevant to the recorded information



solving tool



CCTV's uses in identifying and monitoring health behaviours



Issues of consent, capacity and best interests



In the context of limited resources, cost effectiveness

**Issues of** accountability



What are the possible implications of the current debates and evidence for law, policy, service provision and practice in Northern Ireland?

Based on the rapid evidence assessment there is insufficient research evidence to support the proposal to use CCTV in care home settings. There are a range of complex debates involved which do also need to be considered and addressed but the available research evidence does not support its use. The report also highlights that the relevant legal issues (especially regarding covert surveillance) are also complex. If CCTV is proposed, as the current policies and guidance highlight, consultation, consent and best interests are central considerations. The practical and operational issues are also important.

> References – please see the full report



# **Contact Us**

Gavin Davidson Professor of Social Care Praxis Chair of Social Care School of Social Sciences, Education and Social Work Queen's University Belfast University Road Belfast BT7 1NN E: g.davidson@qub.ac.uk T: +44 028 9097 3151

Design: conordiverdesign.com

# CCTV Room

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

# **RQIA Board Meeting**

Date of Meeting	16 January 2020
Bate of Meeting	
Title of Paper	Public Session Minutes
Agenda Item	1
Reference	Min / Nov19 / 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 21
	November 2019
FOI Exemptions	None
Applied	
Equality Impact	Not applicable
Assessment	
Recommendation/	The Board is asked to <b>APPROVE</b> the minutes of the
Resolution	Board meeting on 21 November 2019
Next steps	The minutes will be formally signed off by the Chair.



#### PUBLIC SESSION MINUTES

#### **RQIA Board Meeting Boardroom**, **RQIA** 21 November 2019; 13.15pm Present Officers of RQIA in attendance Prof. Mary McColgan OBE (MMcC) Olive Macleod OBE (Chief Executive) Lindsey Smith (LS) (OM) Denis Power (DP) Theresa Nixon (Director of Assurance) Robin Mullan (RM) (TN)Seamus Magee OBE (SM) Dr Lourda Geoghegan (Director of Patricia O'Callaghan (POC) Improvement and Medical Director) (LG) Sarah Havlin (SH) Jennifer Lamont (Head of Business Dr Norman Morrow (NM) Support) (JL) Gerry McCurdy (GMcC) Dermot Parsons (Deputy Director) (DPa) Malachy Finnegan (Communications Manager) (MF) Hayley Barrett (Business Manager) (HB) Dennis Rocks (Department of Health) (DR)

#### 1.0 Welcome and Apologies

1.1 MMcC welcomed all members and Officers of the Board to this meeting. MMcC advised that TN is due to retire in January 2020 and that this was her last meeting. MMcC thanked TN, on behalf of the Board for her contribution to the work of RQIA noting how her skills and expertise enhanced the professional approach. MMcC welcomed Dennis Rocks, Department of Health to the meeting.

#### 2.0 Agenda Item 1 – Minutes of the public meeting of the Board held on Thursday 26 September 2019 and matters arising

- 2.1 Board members **APPROVED** the minutes of the Board held on Thursday 4 July.
- 2.2 Board members noted that in relation to action 210 that high level feedback and recommendations have been received from the Equality Commission. JL is due to meet with BSO Equality Unit to discuss.

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

3.1 MMcC asked Board members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders. RM advised that he is a member of the Equality Commission.

#### 4.0 Agenda Item 3 – Acting Chair's Report

- 4.1 MMcC advised of the Board Workshop held on 24 October in relation to Deprivation of Liberty (DoL). MMcC advised that it was an informative opportunity to engage with RQIA staff directly to enhance Board members awareness of the challenges posed for the sector.
- 4.2 MMcC advised of the Patient Client Council (PCC) 10 year celebration event. The event focused on their achievements placing service users and carers at the centre of their work, as well as a presentation about co-design and co-production. Vivian McConvey, CEO outlined their strategic direction highlighting the benefits of working in partnership with other organisations.
- 4.3 MMcC advised Board members of an IHRD workshop on 10 December, in relation to the HSC Draft Board Members Handbook. MMcC advised that all Board members are welcome to attend. DP, POC and GMcC advised that they would attend.
- 4.4 MMcC advised that a RADaR presentation was provided to CPEA and members of Sponsor Branch on 21 October. The purpose was to disseminate information about the project, illustrate how it works in practice and demonstrate how its evidence based approach will enhance RQIA's work.
- 4.5 MMcC advised of other meetings to include participation in the interviews for the Director of Assurance, provider roadshows, RQIA Open House Event, The Role of the NED and a meeting with COPNI.
- 4.6 DP advised that he attended a meeting at the HSC Leadership Centre on Brexit Preparedness.
- 4.7 NM advised that he attended an IHRD Workstream meeting on 24 October. A further meeting is scheduled for next week.
- 4.8 Board members **NOTED** the Acting Chair's Report.

#### 5.0 Agenda Item 4 – Corporate Performance Report (Quarter 2)

- 5.1 JL presented the Corporate Performance Report (Quarter 2) to Board members. JL advised that all actions are on target for completion.
- 5.2 JL advised Board members that the Corporate Performance Report (Quarter 3) will be presented to the Board on 16 January.

#### 5.3 <u>Resolved Action (211)</u> Corporate Performance Report (Quarter 3) to be presented to the Board on 16 January.

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

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

- 6.1 JL advised Board members that this iteration of the Corporate Risk Assurance Framework Report was approved by the Audit and Risk Committee on 17 October.
- 6.2 JL advised that the Corporate Risk Assurance Framework Report was reviewed by the Executive Management Team on Friday 11 October. There have been no changes to the Corporate Risk Assurance Framework Report since the last meeting in June 2019.
- 6.3 JL informed Board members that the Executive Team will be meeting to discuss a possible amendment to CR1.
- 6.4 Board members **APPROVED** the Corporate Risk Assurance Framework Report.

#### 7.0 Agenda Item 6 – Records Management Policy

- 7.1 JL advised Board members that HB has revised and developed the Records Management Policy aligned to the Department of Health, Good Management Good Records principles and will be supported by an RQIA retention and disposal schedule. JL informed Board members that the Records Management Policy was approved by the Audit and Risk Committee on 17 October.
- 7.2 Board members **APPROVED** the Records Management Policy.

#### 8.0 Agenda Item 7 - RQIA Finance Update

- 8.1 JL presented the finance report advising of a £36k pay underspend due to staff sickness and vacancies and a £50k non-pay underspend due to the reviews budget not being spent on a regular basis as profiled.
- 8.2 JL informed Board members that any easements are due to be submitted to the DoH by 6 December. The Executive Team will meet to determine if RQIA will make an easement.
- 8.3 Board members asked that a Finance Update is provided to each Board meeting.

# 8.4 <u>Resolved Action (212)</u> Finance update to be included as a standard item of all Board meeting agendas.

8.5 Board members **NOTED** the RQIA Finance Update.

#### 9.0 Agenda Item 8 – IRRS Mission

**9.1** MMcC advised that the presentation on the IRRS Mission has been deferred.

#### 10.0 Agenda Item 9 – Chief Executive's Report

- 10.1 OM advised Board members of media coverage since the last meeting in relation to Owen Mor Care Centre, Brooklands nursing homes in Derry and Strabane and District Caring Services.
- 10.2 OM advised of the RQIA Open House Event and informed Board members that the Ulster Unionist Party health spokesperson attended.
- 10.3 OM informed Board members of further meetings with politicians to include Sinn Fein and SDLP, in relation to Neurology.
- 10.4 Board members noted the key meetings attended by the Chief Executive.
- 10.5 OM advised Board members that two 'statements of claim' for the next stage of proceedings in relation a legal challenge to RQIA.
- 10.6 OM informed Board members that the sale of Four Seasons Healthcare has not closed and the group is on the market again.
- 10.7 Board members noted the enforcement action since the last meeting. LG advised Board members that an inspection of the Western HSC Trust was carried out following the issue of the improvement notices in August. Feedback is scheduled for Monday 25 November.
- 10.8 OM advised Board members that the International Atomic Energy Agency (IAEA) carried out an Integrated Regulatory Review Service Mission in the UK from 14-25 October. OM advised that two staff attended the mission. No recommendations were received in the final report.
- 10.9 OM informed that the Review of Governance of Outpatients Services is with the DoH. It is anticipated that the review report will be published in the near future.
- 10.10 OM advised that in relation to the Deceased Patient Review the legal framework has been developed.
- 10.11 The Review of Paediatric General Surgery will be published next week.

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

#### 11.0 Agenda Item 10 – Audit Committee Business

- Approved minutes of meeting on 14 June 2019
- Verbal Update on meeting on 17 October 2019
- RQIA Mid-Year Assurance Statement
- 11.1 DP, Audit and Risk Committee Chair, informed Board members of the approved minutes of the Audit and Risk Committee meeting on 17 October 2019.
- 11.2 Board members **NOTED** the approved minutes of the Audit and Risk Committee meeting on 16 October 2019.
- 11.3 DP provided a verbal update of the meeting on 17 October 2019. DP advised that the final Report to those Charged with Governance was presented to the Audit and Risk Committee for noting.
- 11.4 DP advised Board members that there was an update from BSO Internal Audit in relation to the Complaints and Whistleblowing Audit and ICT Cyber Security audit; both audits received a satisfactory level of assurance.
- 11.5 DP advised Board members that the Corporate Risk Assurance Framework report was presented on 17 October for noting.
- 11.6 DP advised that an update in relation to the audit action plan was provided and progress is being made on the implementation of audit recommendations.
- 11.7 Board members **NOTED** the Verbal Update on meeting on 17 October 2019.
- 11.8 DP advised that the Mid-Year Assurance Statement was presented to the Audit and Risk Committee for approval on 17 October. The Audit and Risk Committee approved the Mid-Year Assurance Statement for submission to the DoH on 18 October 2019.
- 11.9 Board members **NOTED** the Mid-Year Assurance Statement.

#### 12.0 Agenda Item 11 – Board Self-Assessment

- 12.1 MMcC thanked Board members and HB for their assistant in completing the Board Self-Assessment.
- 12.2 Board members **APPROVED** the Board Self-Assessment.

#### 13.0 Agenda Item 12 – Any other business

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

Date of next meeting: 16 January 2020

Signed

Professor Mary McColgan Acting Chair

Date

# **Board Action List**

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion	Status
211	21 November 2019	Corporate Performance Report (Quarter 3) to be presented to the Board on 16 January.	Business Manager	16 January 2020	
212	21 November 2019	Finance update to be included as a standard item of all Board meeting agendas.	Business Manager	16 January 2020	

# Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	



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

# **RQIA Board Meeting**

Date of Meeting	16 January 2020
Title of Paper	Acting Chair's Report
Agenda Item	3
Reference	B/01/20
Author	Prof. Mary McColgan
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board of external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	External engagements and key meetings since the last Board meeting of RQIA.
FOI Exemptions Applied	None.
Equality Impact Assessment	Not applicable.
Recommendation/ Resolution	The Board is asked to <b>NOTE</b> this report.
Next steps	Not applicable.

#### ACTING CHAIR'S REPORT FOR RQIA BOARD ON 16 JANUARY 2020

- **1.** Accountability Meeting: the meeting scheduled prior to Christmas (12/12/19) had been postponed to 8 January and was chaired by CMO.
- 2. Board Effectiveness workshop focusing on the Handbook for Non-Executive Directors was held on 10 December 2019. Both Patricia O'Callaghan and I were in attendance. Core activity related to discussion about the case studies, the supporting sources for reference in the earlier chapters and working through a template. A further workshop will be held to capture perspectives of CEO's and NED's who had been unable the December meeting. It is anticipated that the handbook will be available for wider dissemination by March 2020.
- **3.** RADaR workshop on 4 December 2019 facilitated by Prof Taylor explored the project's developments to date.
- 4. RQIA Learning week: along with Board members I attended several sessions including QI presentation, IHCP feedback and discussion on the survey; the learning week offers a valuable opportunity for board and RQIA staff to engage in critical reflection of issues and share learning. The range of topics is diverse, the quality of presentations is high and the learning week is now embedded as an annual event which is anticipated with interest.
- 5. Northern Ireland Leadership and Governance conference was held on 27 November 2019 at Lisburn Civic Centre. There were presentations on impact of Brexit for Northern Ireland, round table discussion on range of topics, key note presentations on leadership in Health Service, financial perspectives and community based partnerships. The conference contributes to important networking opportunities as well as cross ALB sharing.
- 6. Jenifer Lamont and I attended RQIA Remit subgroup meeting at Castle Buildings on 22 November 2019

#### MEETINGS ATTENDED BY NON-EXECUTIVE DIRECTORS None.

Mary McColgan Acting Chair 9 January 2020



# **RQIA Board Meeting**

Date of Meeting	16 January 2020
Title of Paper	Corporate Performance Report, Quarter 3
Agenda Item	4
Reference	C/01/20
Author	Business Manager
Presented by	Head of Business Support
Purpose	The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan aligned to the four strategic themes in the Corporate Strategy 2017-21.
	The report presents a <b>cumulative</b> picture of corporate performance and summarises key achievements and issues.
Executive Summary	By the end of Quarter 3, 4.8% of the actions have been delivered and 85.6% of the actions are forecast to be delivered.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	It is recommended that the Board should <b>APPROVE</b> the Corporate Performance Report.
Next steps	The next updated Corporate Performance Report for Quarter 4 will be presented to the Board on 21 May 2020.



# Quarter 3 - 2019-20

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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 June 2019)

Traffic Light	June 2019	Actions that require exception reports
	1 (4.8%)	Action 1.5 Due to delays in filling a number of vacant posts and unforeseen increase in enforcement activity and escalation of concerns, other business critical work was
	1 (4.8%)	prioritised and it has not been possible to commence this project. In quarter 4 we hope to commence 3 WTE Inspectors and 1 WTE Assistant
	18 (85.6%)	Director posts which we anticipate will alleviate some of the constraints which have resulted in a delay to the commencement of this work.
	1 (4.8%)	Action 2.4 As a result of reprioritising Communications activities, with an increased focus on engagement and developing RQIA's social media presence, this work has been deferred until quarter 4

#### **Summary of Achievements**

- An overview report on 'Registered Nursing and Residential Homes and Bed Trends Report' was published in June and shared with a range external stakeholders, to include DoH, Trusts and other ALBs.
- 1686 inspections have been completed to date which represents 66% of 2544 inspections scheduled for 2019-20
- 22 inspections were completed with lay assessor involvement

			S	STR	ATE	GIC THEME 1
	· · · · · · · · · · · · · · · · · · ·	juality			eme	nt in health and social care services
Action	Measures	Q1	Deli Q2	very Q3	Q4	Performance
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 nine arising from the O'Hara report.				x	The IHRD Workstream 9 continues to meet. The Assurance workstream has reviewed 90% of assurance frameworks and provided feedback. This work will continue over the next number of months until all of the workstreams and Sub-Groups have developed the content of the assurance framework for each of their recommendations including proposals on how implementation will be assessed.
Forecast to be Delivered	Production of an				x	An overview report on 'Registered Nursing and Residential Homes and Bed Trends
We will produce regular summaries of the quality of services we inspect, audit and review in 2019-20	<ul> <li>Production of an overview report identifying common themes in non-regulated 16+ services</li> <li>Quarterly summary of service reports of regulatory activity</li> </ul>	5			x	An overview report on Registered Narsing and Residential Homes and Bed Hends Report' was published in June and shared with a range external stakeholders, to include DoH, Trusts and other ALBs. The report in respect to common themes in non-regulated 16+ services was finalised and shared with the DoH and HSCB during Quarter 2. In quarter 2 we also worked with Criminal Justice Inspectorate to finalise a report of the Safety of Prisoners Joint Inspection (publication date to be agreed); and completed a submission to the National Preventive Mechanism to inform part of the UK wide report on our activities which support the National Preventive Mechanism in upholding Human rights and prevention of torture
Forecast to be Delivered						During quarter 3, an overview report on Dental services has been written and is currently undergoing final quality assurance checks before publication. In quarter 3the Criminal Justice Inspectorate published the Safety of Prisoners Joint Inspection report, detailing the joint work undertaken with RQIA in reviewing the safety of prisoners across Northern Ireland

STRATEGIC THEME 1										
Encourage quality improvement in health and social care services										
Action	Measures		Delivery           Q1         Q2         Q3		Q4	Performance				
Action 1.3 We will implement the recommendations specific to RQIA from any external reports and reviews.	<ul> <li>Establish a central database for the collation, follow-up and reporting on recommendations relevant to RQIA from external reports and reviews</li> <li>Implementation of recommendations arising from internal audit reports</li> </ul>				x	A central database has been established within the Business Support Unit to collate, follow-up and report on recommendations. Oversight of the implementation of recommendations of Internal Audit reports has been designated to BSU and a regular overview will be presented to EMT and Audit Committee.				
Action 1.4 We will provide systems to support improvement where we identify gaps in the quality of services we inspect	<ul> <li>Develop and implement an organisational wide Quality Improvement strategy</li> <li>Develop and facilitate a programme of learning for RQIA staff involved in inspections</li> </ul>				x	<ul> <li>RQIA's Quality Improvement Strategy has been developed based on the capability assessment completed in 2018/19. The planning for a programme of learning and development has taken place with a view to commencing programme in quarter 3.</li> <li>A rolling programme of learning opportunities for staff will be developed based on our evolving approach to regulation and individual learning needs identified through appraisal. RQIA's learning week held in quarter 3 was well attended by staff and feedback has been positive.</li> <li>Places have been secured for RQIA staff to complete Level 2 advanced Quality Improvement Training through Safety Quality Belfast's (SQB) - Delivering Improvement programme which is starting in quarter 4; one member of staff has commenced Scottish Improvement Leader Training level 3.</li> <li>Quality Improvement Learning sessions were delivered as part of RQIA Learning Week during quarter 3.</li> </ul>				
Forecast to be Delivered										

STRATEGIC THEME 1 Encourage quality improvement in health and social care services										
Action		Measures	Delivery				Performance			
			Q1	Q2	Q3	Q4				
Action 1.5 We will define outcome measures to demonstrate the impact of our work action unlikely to be achieved by the completion date	•	Establish a project group to take forward recommendation Develop a suite of measures				x	The initiation of this project is planned for quarter 4. A suite of measures will be presented for consideration to EMT and the Board during 2020-21.			
STRATEGIC THEME 2										
--	--	----	------------	------------	----	--	--	--	--	
Use sources of information effectively										
Action	Measures	Q1	Deli Q2	very Q3	Q4	Performance				
Action 2.1 We will use enhanced intelligence to support our move to a risk-based model of regulation.	<ul> <li>Provider level self- service reporting</li> <li>Service type benchmarking reports</li> </ul>		x		x	<ul> <li>Project Initiation Documents were developed in quarter 1 and approved by the Project Board on 22 May. Work to develop a RADaR approach to using existing information sources about children's services and a second project to review and expand information sources for receipt of intelligence about domiciliary care agencies and day care setting will commence in quarter 2.</li> <li>Provider level reports have been developed and rolled out across the organisation. We are continuing to develop alerts to identify when reporting of notifications falls outside normal parameters.</li> </ul>				
Action 2.2 We will examine how we can improve our use of qualitative and quantitative intelligence to support activity throughout the organisation Forecast to be Delivered	<ul> <li>Revise RQIA Management and Handling of Complaints policy and procedure</li> <li>Develop a set of principles and framework for risk based decision making</li> </ul>			x		A professional decision making workshop with David Carson (Barrister and writer of risk) was held during quarter one and work to develop principles has commenced through the inspection methodology workstream. A further workshop was held with RQIA's Board and Professor Brian Taylor in quarter 3. The Deputy Director of Assurance is finalising high level risk taking principles which will be shared with staff in quarter 4. The Complaints policy will be reviewed and presented to EMT and the Board in quarter 4.				
Action 2.3 We will consider how we gather and disseminate examples of good practice in all the settings where we have a presence, in order that learning can be shared throughout the HSC system. Forecast to be Delivered	<ul> <li>Deliver 5 information workshops for providers of regulated services</li> <li>Production of an e- newsletter for providers</li> </ul>				X	A series of information workshop for providers of children's services were held during quarter 3. An evaluation of these workshops will be completed in quarter 4.				

STRATEGIC THEME 2									
Use sources of information effectively									
Action	Measures	Q1		very Q3	Q4	Performance			
Action 2.4 We will review our website to make better use of this resource in sharing information and intelligence in a meaningful way.	Establish a working group to include participants from RQIA Membership Scheme and other stakeholders			x		We have met with our website provider to discuss introducing a pop up online user feedback survey, and conducting user experience to involve relevant stakeholders during Quarter 4.			
action has not been achieved by the completion date									
Action 2.5 We will use our iConnect system to develop a framework to assess and monitor the effectiveness of our rights-based approach to inspection, review and audit activity					x	A project team was established to assess and monitor the effectiveness of our rights- based approach to inspection, review and audit activity. A human rights framework was integrated into the Care Homes Team and was monitored during quarter 3. Learning workshops were held in quarter 3 in relation to the integration of the human rights framework into Care Home inspections and subsequent inspection reports. A further project team was established to cross reference human rights legislation with DoH Regulations and Nursing Standards in domiciliary care services. All inspection staff completed a questionnaire regarding their awareness of human rights and the integration of the human rights framework into their inspection reports. The rollout of the human rights framework commenced in the care homes team in quarter 2. A further project team was established and implemented this framework in quarter 3.			
Forecast to be Delivered						A project was undertaken to develop an easy read inspection report. This project concluded in quarter 3 and the easy read report was rolled out and shared with other teams.			

STRATEGIC THEME 3									
Engage and involve service users and stakeholders									
Action	Measures	Q1	Deliv Q2	very Q3	Q4	Performance			
Action 3.1 We will increase the profile of RQIA with the public.	<ul> <li>Refresh Membership Scheme to increase participation by 10%</li> <li>Participate in the Household survey</li> <li>Engagement Strategy</li> </ul>				x	<ul> <li>Planning has commenced to refresh RQIA's Membership Scheme participation through methods of social media and face to face engagement.</li> <li>We are currently considering the questions to be included in the Household survey.</li> <li>The Engagement Strategy was approved by the Board during quarter 2.</li> <li>The inaugural RQIA Open House event took place on 10 October, with highly positive feedback from attendees.</li> </ul>			
Forecast to be Delivered           Action 3.2           We will work collaboratively to report on the lived experience	<ul> <li>Monthly liaison meetings with trusts</li> <li>5 meetings with young</li> </ul>				x	Further work is ongoing in respect of our recruitment of Lay Assessors. We are working with VOYPIC and care experienced young people to allow our inspectors to refine our inspection approach based on young people's experience. We continue to			
of users of health and social care.	<ul> <li>People currently living in children's homes across Ni</li> <li>1 meeting with care experienced young people and VOYPIC</li> <li>1 meeting with ARC 'TILII' Group</li> </ul>					engage with providers of Children's Homes to arrange meetings between inspectors and young people currently using Children's Homes across the region. A meeting was held in quarter 3 with ARC to explore potential of TILII (telling it like it is) group to deepen our understanding of lived experience for people with learning disabilities in regulated services.			

STRATEGIC THEME 3								
Engage and involve service users and stakeholders								
Action	Measures	Q1	Deli Q2	very Q3	Q4	Performance		
Action 3.3 We will set out in our revised inspection methodology how we will use lay assessors in all inspection activity Forecast to be Delivered	Revised approach for involvement of service users, staff, family members and managers as part of our inspection methodology improvement work		x			This will be reported on as part of the inspection methodology programme to the Project Board and an update will be provided at the next meeting. Twenty two inspections to date have been completed with lay assessor involvement.		
Action 3.4 We will facilitate one RQIA open house event where all stakeholders will be welcome to meet RQIA staff and learn about any aspect of our work.	Facilitate one open house event			x		The inaugural RQIA Open House event planned by the Business Support Unit took place on 10 October, with highly positive feedback from attendees.		
Action Delivered								
Action 3.5 We will introduce a regular e- zine to communicate with our stakeholders.	<ul> <li>Development of a prototype newsletter to share with a reference group including RQIA Membership Scheme</li> <li>Development of an internal newsletter to communicate with RQIA staff</li> </ul>					Regular editions of RQIA's new in-house staff newsletter "#ourqia" issued to all staff during quarters 1, 2 and 3.		
Forecast to be Delivered								

STRATEGIC THEME 3									
Engage and involve service users and stakeholders         Action       Measures       Delivery       Performance									
Action 3.6 We will evaluate and revise our use of social media to ensure we are communicating in the most effective way for all our stakeholders. Forecast to be Delivered	<ul> <li>Establish a stakeholder reference group to review RQIA Social Media Channels</li> <li>Review and revise RQIA Communications Strategy</li> </ul>	Q1	Q2	Q3	Q4 X	We have commenced a review of our use of social media, and during quarter 3 introduced animated content on our Twitter account, YouTube channel and website. We will establish a reference group in quarter 4. Engagement Strategy approved by Board during quarter 2.			

STRATEGIC THEME 4								
Deliver operational excellence								
Action	Measures	Q1	Deli Q2	very Q3	Q4	Performance		
Action 4.1 We will evaluate the implementation of the actions set out in our Transformation, Modernisation and Reform framework Forecast to be Delivered	<ul> <li>Evaluate the Transformation, Modernisation and Reform Framework</li> <li>Prepare a business case for the introduction of an EDRMS to RQIA</li> </ul>				x	Work has commenced with PaLS and BSO ITS to arrange for the development of an outline business case for an EDRMS system.		
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.	<ul> <li>Implementation of the recommendations and training programme from the review of the administration function in RQIA</li> <li>90% of staff will complete level one QI training during 2019/20</li> <li>3% of staff will complete level two QI training during 2019/20</li> <li>1% of staff will complete level three QI training during 2019/20</li> <li>1% of staff will complete level three QI training during 2019/20</li> <li>10 Quality Improvement Initiatives during 2019/20</li> </ul>				x	A draft report of the review of the administration function in RQIA has been shared with the Head of Business Support. The findings and recommendations have been shared with the administrative staff during quarter 2 and the Executive Team during quarter 3. A number of recommendations have been implemented during quarters 2 and 3. All other recommendations will be implemented throughout quarter4. Staff training requirements will be built into appraisal of all staff to ensure targets can be met by quarter 4. 55% of RQIA staff have completed level 1 Ql and we will target for completion of remaining 45% in quarter 4. First cohort of level 2 training to commence in February 2020. Four Quality Improvement Initiatives commenced/completed (Learning Implemented from SAI's in Mental Health Unit; Strengthening Assurance of Controlled Drugs and Conscious Sedation in Dental Practice; Strengthening Assurance of Form 10 process; Introduction of Safety Briefs). During quarter 3 we commenced a new quality improvement project to improve the effectiveness of safety briefs (Improvement Directorate).		

STRATEGIC THEME 4									
Deliver operational excellence									
	on Measures		ivery Q3	Q4	Performance				
n	and evaluate the HSC rder to further for internal nd reform.			X	Staff Survey results were received during quarter 3 and shared with RQIA Board. A formal launch of the staff survey results is due during quarter 4				
ces ing	Delivered       • Inspection reports for three types of services will be produced using more concise, easier to read, templates         Delivered       • Inspection reports for three types of services will be produced using more concise, easier to read, templates		X		Development of inspection report templates is underway and appointments for consultation on the report formats with external stakeholders have been arranged, results are expected quarter 3. During quarter three, the improvement directorate developed and implemented new report templates for multi-disciplinary and focused inspections.				
er / tion	<ul> <li>Application for variation, manager absence and voluntary cancellation to become electronic</li> <li>Process for manager / responsible person and service application to become electronic</li> </ul>			x	A Terms of Reference has been prepared and scoping work for this project is underway. Applications for variation, manager absence and voluntary cancellation have been available for submission through the web-portal since 1 April. In November, 100% of variations and 73.9% of manager absences were submitted via the web portal. Reference forms for manager / responsible person applications are requested and returned in electronic format. We are also now storing a number of documents electronically in iConnect rather than as paper copies and accepting digital, rather than paper, Access NI certificates which will				
a	responsible person and service applica	ation	ation	ation	ation				



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

# **RQIA Board Meeting**

Date of Meeting	16 January 2020
Title of Paper	Chief Executive's Update
Agenda Item	7
Reference	D/01/20
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 21 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 <b>NOTE</b> the Chief Executive's Update.
Next steps	A further update will be provided at the March meeting.

# **BUSINESS SUPPORT UNIT**

#### **Media Interest**

Since the last Board meeting there has been significant print, broadcast and online media interest in a range of RQIA's activities.

Enforcement actions at a number of services received considerable coverage. Following Owen Mor Nursing Home, Derry, achieving compliance with regulations (failure to comply notices and conditions of registration) the Chief Executive was interviewed on BBC Radio Foyle welcoming the improvement for patients at this home. Over the New Year, the Chief Executive was also interviewed for BBC Newsline (TV)/Radio Ulster Evening Extra and Good Morning Ulster on the rationale for our decision to move to close Valley Nursing Home in Clogher. In early January enforcement at the Ulster Independent Clinic was covered on the front page of the Belfast There was also interest from a range of outlets in our role in relation to mental health services at Muckamore Abbey, Bluestone in Craigavon, and Western Trust mental health services. The Director of Improvement and Medical Director was interviewed for BBC Newsline before Christmas, welcoming improvements seen at Muckamore Abbey Hospital, described in the media as the first good news about this service in two years.

We also responded to queries in relation to our review of deceased patients of neurologist Dr Watt. Following the publication of a letter in the Belfast Telegraph in December from a family member of a deceased patient, a letter from RQIA refuting inaccurate comment in the previous letter was published on 27 December.

# Social Media

During 2019 RQIA's Twitter account @RQIANews gained around 900 followers (we now have over 4,100 followers) and we tweeted around 200 times. In December we saw our tweet impressions (the number of times RQIA appears on users timelines) reach 46,000 – more than double the figure for December 2018. Our profile visits (the number of times users search for RQIA and visit @RQIANews) regularly exceed 2,000 a month. In November RQIA's Communications team began developing short animations to inform the public about various aspects of our work. An animation providing guidance on raising a concern about care services was viewed almost 900 times in one week.

# Engagement

The Communications Team attended the HSC Involve Fest, which showcased the role of personal and public involvement in shaping, supporting and improving health and social care provision in Northern Ireland. This provided an opportunity for RQIA to engage with a range of stakeholders from across the HSC.

#### **Political Engagement**

RQIA complied with relevant guidance relating to public communication and engagement during the election period and did not undertake any political engagement.

# Complaints

Since the last Board meeting we received two complaints about RQIA. Neither met the requirements for investigation under RQIA's Complaints policy and were directed to the relevant bodies. Both dated back several years falling outside timescales for investigation and related to issues where RQIA has no involvement or remit.

# **Chief Executive Key Meetings**

- 11 November 19 Meeting with PSNI
- 12 November 19 Shared decision making workshop HSC Clinical Education Centre
- 14 November 19 Ground Clearing DoH
- 18 November 19 INI Inquiry
- 19 November 19 IHRD Assurance Group
- 20 November 19 NICCY 30th Anniversary Summit
- 21 November 19 HSCQI Alliance meeting
- 21 November 19 RQIA Board meeting
- 26 November 19 FSHC meeting at RQIA
- 27 November 19 NI Governance leadership conference 2019
- 2 December 19 Chief Executives Forum
- 3 December 19 IHRD IPMG
- 4 December 19 BMA Conference
- 10 December 19 IHRD Workshop Mossley Mill
- 11 December 19 IHRD Assurance Group Phase 2
- 12 December 19 IHCP & Fergal Communication re Residential/Nursing Homes
- 23 December CMO & CNO with Director of Improvement to discuss Ulster Independent Clinic

# Legal Action

We have received two 'statements of claim' for the next stage of proceedings in relation to McVicker and Bell (deceased) v Runwood Homes and RQIA.

Valley Nursing Home (MPS) Ltd lodged an appeal to the Care Tribunal in October 2019 in respect of a NOD issued to Valley Nursing Home to place conditions of registration on the service (cease admissions and provide RQIA with monthly monitoring reports).

#### Finance

We declared an easement of £60K to DoH in December.

We have been advised that there will be no additional cut to our RRL for 2020/21 and we are profiling our budget for the coming year on this basis.

# EU Exit

I continue to engage with the Department's Forum in preparation for EU Exit on 31 January. We do not anticipate significant impact in the work of RQIA.

# **Industrial Action**

A number of RQIA staff took part in strike action on 18 December. The main impact was on our ability to undertake inspection activity. I will provide a verbal update on the impact of the January strike action.

#### **Cultural Assessment**

As part of the HSC Collective Leadership Strategy, BSO will undertake the first cultural assessment using an online tool to survey all staff to assess the culture in all HSC Organisations. RQIA is due to receive the cultural assessment survey in March.

# **Care Homes Business Continuity Response Plan**

The Health and Social Care Board established a multi-agency Regional Contingency Planning Group that has developed a Business Continuity Response Plan to response to critical incidents within the care home sector. The plan provides a framework for a system-wide response in the event of a sudden unplanned or catastrophic failure in this sector.

# **Current Enforcement Action**

Name of Service	Type of enforcement	Date of Issue	Compliance required by
NI Ambulance Service Headquarters (NIAS, Mr M Bloomfield)	1 x IN	21 December 2018	31 March 2020
Western HSC Trust, Directorate of Adult Mental Health and Disability Services (Beech, Lime and Elm wards) Tyrone and Fermanagh Hospital, Omagh and Carrick and Evish wards (Grangewood Hospital, L'Derry) (Dr A Kilgallen)	1 x IN	22 July 2019 20 December 2019	22 October 2019 TBC
Valley Nursing Home, Clogher	1 x NOP	24 July 2019	Ongoing –
(Valley Nursing Home (MPA) Ltd)	1x NOD	18 September 2019	appeal lodged with Care Tribunal
	1 x NOP	27 December 2019	To cancel registration of Mr P Warren Gray in respect of Valley NH
Muckamore Abbey Hospital (Belfast HSC Trust)	3 x IN	16 August 2019	16 November 2019
	2 x IN (extended)	19 December 2019	19 March 2020
TW Care Services Ltd DCA, Ballymena (Mrs O Gahadza)	1 x FTC	16 December 2019	16 March 2020
Ulster Independent Clinic, Belfast (Ms Diane Graham)	1 x FTC	23 December 2019	23 February 2020

On 26 November 2019 a children's home operated by the SEHSCT was issued with four FTC notices relating to: fire precautions (compliance required by 12 December 2019); medicines management; employment of staff; and monthly monitoring (compliance is required by 27 January 2020) for three notices other than the fire safety notice, with. A notice of proposal (26 November) and subsequently a notice of decision (6 January) were also issued to cease further admissions to the service until compliance is achieved with regulations.

# **Conditions of Registration**

RQIA has placed conditions on a number of dormant services requiring them to notify RQIA should they wish to become operational. These are:

- Angels Recruitment Agency Ltd. (Nursing Agency) Londonderry (Mr D Duffy)
- Angels Recruitment Agency Ltd. (Domiciliary Care Agency) Londonderry (Mr D Duffy)
- Fortview (Residential Care Home) Dromore, Co Tyrone (Mr P Tolan)
- Peniel Nursing Care Services (Domiciliary Care Agency), Belfast (Mrs S Law)
- Pine Lodge (Residential Care Home), Belfast (BHSCT)

# ASSURANCE DIRECTORATE

# Care Homes Team

# RADaR (Risk Adjusted Dynamic and Responsive)

Statistical analysis is ongoing in relation to the findings from the scaled inspection tool, the differences between residential and nursing homes assessed level of risk and analysis of incident reporting in the days following admission to nursing homes. . The information team met with Prof Brian Taylor from the University of Ulster on the 5 December to finalise an academic summary paper in relation to RADaR.

# Four Seasons Health Care

I remain in regular contact with Four Seasons Health Care, HSCB, DoH and Trusts in relation to the sale of the health care group. I met with FSHC on 26 November and received an update about changes to the plan for the sale.

#### **Inspection Methodology Project**

The temporary service development officer moved to a new post in November. Handover summaries in relation to each project area are available for future work. December's project board was deferred and recruitment is underway for a service improvement officer who will take this project forward.

# Day Care, Agencies, Estates, Finance & Pharmacy

#### Easy Read Report Project

An Easy Read Report Project was piloted, in consultation with service users, from April to September. These reports describe the outcomes of our inspections to those with an intellectual disability or cognitive impairment in an accessible format using simple words, large print and straightforward pictures.

To evaluate the effectiveness of the project, the services and a number of service users were given the opportunity to comment on their individual inspection reports. The results from the evaluation were very positive and highlighted that appropriately communicating our inspection findings is important to service users. The team will continue to produce easy read reports alongside their standard inspection reports.

# **Medicines Safety Conference**

Our Pharmacy inspectors attended Northern Ireland's first medicines safety conference, on 27 November. The team are now considering how they can further support the WHO's Medication without Harm - Global Patient Safety Challenge as our focus during inspections of high risk medicines and the admission/ discharge of service users reflects the focus of the campaign.

#### **Inspection Risk Assessment**

Our Agencies team has completed a risk assessment of all services in order to prioritise inspections, until the end of the year. In order to maintain this prioritisation across the Directorate, three additional inspectors will support the Care Homes Team

Our Pharmacist, Estates and Finance inspectors continue to support the Care Homes Team by completing agreed second inspections of low risk homes. Multidisciplinary work continues across the Organisation, as these teams are also providing input to the Improvement Directorate's Inspections.

# Enforcement

#### Gosna

Following an urgent application to a Justice of the Peace on 23 October, we cancelled the registration of the Responsible Person for Gosna Care Agency Ltd, a domiciliary care agency in Belfast. An appeal has been lodged with The Care Tribunal regarding this matter.

#### **Valley Nursing Home**

During a detailed inspection on 16-17 December, we identified further serious concerns impacting directly on the care of patients at this home. On 27 December, as a result of continued failures at Valley Nursing Home, we issued a notice of proposal to cancel the registration of the registered person for this Home. All regional stakeholders have been notified of this decision.

#### Learning Week

Our Learning Week was well attended by staff members and verbal feedback received has been positive. The involvement of a variety of external stakeholders from different backgrounds has helped us form new working relationships and led to further work with ICP.

# Mental Capacity Act – Introduction of Deprivation of Liberty

We have held weekly meetings with inspection staff to prepare for the introduction of the Deprivation of Liberty phase of the Mental Capacity Act. A checklist has been provided to inspectors in relation to areas of focus during inspection. Any emerging concerns during this initial rollout will be shared with DoH.

#### **Recruitment of Lay Assessors**

Work is progressing with Age NI and other relevant bodies to review how best we can recruit Lay Assessors.

#### **Engagement with Stakeholders**

A workshop was hosted by Department for Communities (DfC), exploring different options for regulation/quality assurance of supported housing. This has led to a resumption of work with NIHE to agree better ways of sharing information about some domiciliary care agencies.

# **Children's Services**

# **Unregistered Facilities Accommodating Young People**

The Children's Team attended the Jointly Commissioned Supported Accommodation Forum on 19 November, organised by the HSCB and NIHE. We delivered a presentation on the 16+ Supported Accommodation Report 2018/2019. Feedback from the event was positive for RQIA; providers commented they felt they had benefitted from our inspectors' guidance and improvement approach to inspection.

#### **Supported Lodgings Review**

The Terms of Reference for the Supported Lodgings Review were provided to us by the Department of Health on 26 November; three inspections will now be commenced to inform the final report which is to be completed by 31 March.

#### **Monthly Monitoring Reports**

The quality of information provided in monthly monitoring reports is an ongoing concern and we are encouraging improvement through inspections and QIPs. The most recent enforcement action identified that monitoring must be improved by providers, mainly Trusts, to drive forward improvement in areas such as fire safety, medicines management and staff training.

#### Engagement with young people

Ongoing engagement with VOYPIC is progressing to maximise inspectors' potential to hear young people's views about living in a children's home. We aim to communicate with groups of young people between January and April to improve our overall strategy of how we communicate with young people.

# Admission of Young People to Adult Wards

The number of under 18s admissions to adult wards continues to be low. This may be due to Beechcroft reopening their assessment ward.

# **IMPROVEMENT DIRECTORATE**

#### **Hospitals Programme**

#### Independent Hospitals – update in line with DOH paper

An Unannounced Inspection of Ulster Independent Clinic (UIC) took place on 4 November, following review of notifications received and assessment of monthly updates on the hospital's QIP submitted to RQIA. We are concerned that UIC does not have a 'live' and robust system for the oversight and management of medical governance within the hospital. We invited UIC to Failure to Comply (FTC) meeting which was held on 13 December, following which we decided to serve one FTC notice addressing medical governance (systems and processes). We have advised DoH and will attend a meeting with CMO, CNO and Sponsor Branch on Monday 23 December to discuss.

#### Mental Health and Learning Disability

# Regional Review of Learning Disability Acute (Inpatient & Intensive Community) Services in Northern Ireland

Director of Improvement/Medical Director, Assistant Director of Improvement and Children's Inspector attended a regional workshop on 11 December addressing development of a region-wide model for acute care (Assessment & Treatment) for People with a Learning Disability. The future model for acute care and treatment of patients with learning disability needs to include services provided in hospital and/or in the community.

# **Belfast Health and Social Care Trust**

The date for compliance with the three Improvement Notices issued in August 2019 in relation to Muckamore Abbey Hospital was the 16 November. We undertook a multidisciplinary inspection from 10 to 12 December, including an overnight visit, to assess the progress in respect of each of the notices and other areas of concern identified during inspections undertaken earlier this year. This was a very good inspection, there is evidence of considerable improvement across all of the areas assessed including the areas for which the Improvement Notices were served. We have now lifted all aspects of the notice relating to staff and all but one element in each of the other two notices (financial governance and safe guarding arrangements).

We continue to meet regularly with the PSNI and Belfast HSC Trust under Adult Safeguarding Joint Protocol arrangements in relation to historic adult safeguarding concerns. Dr Geoghegan attends monthly meetings of the Muckamore Departmental Assurance Group (MDAG) meetings as an observer.

#### Western Health and Social Care Trust

The date for compliance with the Improvement Notice issued in July 2019 in in respect of Serious Adverse Incidents (SAIs) was 22 October. We undertook a multidisciplinary inspection on 13 and 14 November to assess the progress in respect of the notice and other areas of concerns. We met with senior Trust representatives on 20 December 2019. At this meeting the Trust provided us with an

update regarding the actions they are taking to progress the actions outlined in the Improvement Notice. We note that some progress towards compliance has been made. We await further information from the Trust in this regard.

# Audit Mental Health (Northern Ireland) Order 1986 Form 10

We met with DOH and Clinical Directors of all Trusts to share the findings of our audit of Form 10s (completed by Trusts and subsequently forwarded to RQIA), which we receive in line with our functions under the Metal Health NI Order (1986). Both are supportive of our plan to improve processes relating to completion of Form 10. We presented the findings from the audit to the Royal College of Psychiatrists training event on the 5 December. Planned work will include a focus on training and education, refreshed presentation of template Form 10 and strengthened assurance processes relating to completion.

#### **Prison Health Care**

We acted as core partners in a recent multiagency inspection of Hydebank Wood Collage and Ash House Womens Prison from 4 to 7 November. This inspection team included representatives from RQIA, HMIP, CJI and ETI. A number of recommendations have been agreed and a joint report is in development with all partners involved in the inspection.

#### **Police Custody Health Care**

During the first two weeks of December we undertook joint inspections with the Criminal Justice Inspectorate of police custody suites across Northern Ireland. Findings of this inspection are currently being analysed and recommendations are being developed.

#### <u>Reviews</u>

We published our Review of General Paediatric Surgery in Northern Ireland on 13 December 2019.

The following reviews are in progress:

# Governance Review of Outpatient Services in the Belfast Trust, with a particular focus on Neurology and other High Volume Specialties

The draft report was discussed with Belfast Trust during a meeting with their Chief Executive and member of the Executive Team. The Department's Assurance Group discussed the draft report on 15 November. We have shared the final report with DoH who will determine next steps regarding the publication.

# Review of Governance Arrangements in Independent (Private) Hospitals and Hospices in Northern Ireland

We have completed fieldwork and are currently analysing the data obtained, identifying emerging themes and learning and drafting this review report.

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

We continue with fieldwork for this review, we have completed our meetings with front-line HSC staff and we continue to meet with senior managers from across HSC Trusts and the HSC Board and PHA. Meeting planned as part of fieldwork for this review were rescheduled due to the impact of strike action. We currently plan to complete these meetings in January / February 2020. We will also commence our engagement with patients / families in January 2020. We are keeping DoH updated regarding progress with fieldwork for this review.

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

#### 2019-2020 Programme

We continue to support the four audit projects and work on two quality improvement prototypes.

#### 2020-2021 Programme

We have closed the funding application process for our programme in 2020-2021 and have received three audit and seven quality improvement applications. We are currently assessing applications and plan to meet applicants and make decisions relating to funding of projects for the coming financial year in January.



# **RQIA Board Meeting**

Date of Meeting	16 January 2020
Title of Paper	RQIA Finance Update
Agenda Item	8
Reference	E/01/20
Author	Head of Business Support Unit
Presented by	Head of Business Support Unit
Purpose	To provide the RQIA with an update in relation to RQIA Finances at Month 9.
Executive Summary	RQIA are forecast to breakeven at year end.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	It is recommended that the Board should <b>NOTE</b> the RQIA Finance Update.
Next steps	None

# **RQIA FINANCE UPDATE**

- **1.** The key issue to note is the declaration of a £60k easement to DoH in December.
- 2. This was due to underspends in two areas:
  - Updates to iConnect; and
  - The reviews programme.
- 3. The planned updates to iConnect were not deliverable within 2019/20 and have been deferred to 2020/21. The scope of one update has widened significantly and will be profiled potentially for two years (2020/21-22). This will be part of the BSU business plan.
- 4. The reviews budget has been re-profiled as one review has been deferred to allow for other relevant work to be completed. A second significant review has had minimal spend in year as the focus has been on developing the necessary legal framework to facilitate the project.
- Our pay spend continues to be impacted by the recurring delays in the recruitment process. We anticipate that key vacancies will be filled by year end. We continue to make best use of our bank staff in our inspection workstreams.
- 6. At our ground-clearing meeting in November CMO advised that the current planning assumption for 2020/21 is that RQIA will be asked to plan on a flat cash basis i.e. to live within our 2019/20 allocation and plan to absorb the first 1% pay inflation and total price inflation in-year. EMT is currently working to profile our budget for 2020/21 using this assumption.