

AGENDA

RQIA Board Meeting
Boardroom, 9th Floor, Riverside Tower, Belfast
18 February 2015, 10.30am

PUBLIC SESSION

Item	Paper Ref	
1 Welcome and Apologies		10.30am
2 Minutes of the meeting of the Board held on Wednesday 21 January 2015	min/Jan15/ public	10.35am APPROVE
3 Matters arising from minutes		10.40am
4 Declaration of Interests		10.45am
5 Chairman's Report Chairman	A/02/15	10.50am NOTE
6 Response to Sir Liam Donaldson's Review Chief Executive	B/02/15	11.00am APPROVE
7 Corporate Performance Report Director of Corporate Services	C/02/15	11.15am NOTE
8 Business Plan 2015-16 Director of Corporate Services	D/02/15	11.30am APPROVE
9 Any Other Business		12.25pm

Date of next meeting: 25 March 2015, Boardroom, RQIA

RQIA Board Meeting

Date of Meeting	18 February 2015
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Jan15 / public
Author	Hayley Barrett
Presented by	Dr Alan Lennon
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 21 January 2015.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to APPROVE the minutes of the Board meeting of 21 January 2015.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

PUBLIC SESSION MINUTES

RQIA Board Meeting

Meeting Room 3, MDEC Building, Altnagelvin Hospital, WHSCT

21 January 2015, 1.00pm

Present

Dr Alan Lennon OBE (Chair)
Stella Cunningham
Sarah Havlin
Dr John Jenkins CBE
Seamus Magee
Gerry McCurdy
Daniel McLarnon
Norman Morrow
Patricia O'Callaghan
Denis Power
Lindsey Smith

Officers of RQIA in attendance

Glenn Houston (Chief Executive)
David Stewart (Director of Reviews and Medical Director)
Maurice Atkinson (Director of Corporate Services)
Kathy Fodey (Director of Regulation and Nursing)
Theresa Nixon (Director of Mental Health, Learning Disability and Social Work)
Stuart Crawford (Planning & Corporate Governance Manager)
Hayley Barrett (Board and Executive Support Manager)
William Norris (Office Manager)

Apologies

Mary McColgan OBE
Robin Mullan

1.0 Agenda Item 1 - Welcome and Apologies

- 1.1 The Chairman welcomed all Board members to the meeting. Apologies were noted from Professor Mary McColgan and Mr Robin Mullan.

2.0 Agenda Item 2 - Minutes of the meeting of the Board held on 13 November 2014 (min/Nov14/public)

- 2.1 The Board **APPROVED** the public session minutes of the Board meeting held on Thursday 13 November.

3.0 Agenda Item 3 - Matters arising from minutes

- 3.1 The Director of Reviews and Medical Director informed Board members that Trusts have provided an update of their actions taken forward from reviews that had taken place in 2012/13. A short paper will be presented at the March Board meeting describing the regional recommendations.
- 3.2 Board members noted that all other actions from the previous Board meeting on 13 November 2014 are now completed. Action 75 will be

actioned at the next Audit Committee meeting on 26 February 2015. The Director of Mental Health, Learning Disability and Social Work noted that in relation to action 71 all contracts have now been signed, except one.

4.0 Agenda Item 4 - Declaration of Interests

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

5.0 Agenda Item 5 - Chairman's Report (B/01/15)

- 5.1 The Chairman invited comments on his report from Board members.
- 5.2 The Chairman informed Board members that the Guidelines and Audit Implementation Network (GAIN) functions and resources will transfer to RQIA during early 2015.
- 5.3 The Chairman informed Board members of the recent accountability meeting with the Permanent Secretary. He advised that the minute of the meeting would be shared with Board members once received.
- 5.4 The Chairman informed Board members that the terms of reference for a review of administrative function of Arm's Length Bodies have been agreed by the Minister.

5.5 Resolved Action (76)

The Chief Executive will provide a list of Memorandums of Understanding and Information Sharing Agreements to all Board members at the next Board meeting.

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

6.0 Agenda Item 6 - Chief Executive's Report (C/01/15)

- 6.1 The Chief Executive invited comments on his report from Board Members and noted the change of format from previous versions.
- 6.2 Board members noted that feedback from previous provider roadshows was very positive and questioned why they had been discontinued. The Director of Regulation and Nursing informed Board members that due to financial and workload pressures, the provider roadshows will not take place this year. The Director of Regulation and Nursing informed Board members that provider organisations have organised events for their membership and have invited RQIA to participate.
- 6.3 The Chief Executive informed Board members that the response to Mr Toogood, Director of Finance, DHSSPS made on 5 December 2014 outlining RQIA's Efficiency Savings Proposals was attached as an appendix to the report. The Chief Executive referred to the proposals to

achieve further reductions of 5%, 10% and 15%. He indicated that these measures accounted to cuts in services with a commensurate reduction in activity.

6.4 **Resolved Action (77)**

The Chief Executive to consider the addition of quantitative information to the dashboard to highlight workload pressures.

6.5 The Board **NOTED** the Chief Executive's Report.

7.0 Agenda Item 7 – Director of Regulation's Report (D/01/15)

7.1 The Director of Regulation and Nursing presented the Regulation Report to Board members. This report is presented in three separate sections, Registration, Inspection and Enforcement.

7.2 Board members raised the issue of planned inspections that were not completed within the designated timeframe. Currently these are moved into the next quarter but inspection totals will then be in excess of the scheduled totals of inspections for that quarter.

7.3 **Resolved Action (78)**

Director of Regulation and Nursing to consider the addition of information within this report to detail planned inspections not completed within the designated timeframe.

7.4 The Director of Regulation and Nursing confirmed that there is no further update in relation to appeals to the Care Tribunal. Board members recommended that the Department of Legal Services should be asked to write to the Care Tribunal requesting an explanation for the delay.

7.5 Board members raised the issue of how to recognise good practice across the sectors.

7.6 Board members noted an improvement in enforcement action for the month of November 2014.

7.7 Board members **NOTED** the Director of Regulation's Report.

8.0 Agenda Item 8 – Landscape Review (E/01/15)

8.1 The Chief Executive informed Board members that the paper provides an outline of the key findings of the DHSSPS commissioned Review of RQIA, conducted by RSM McClure Watters. The report contains 26 recommendations, some of which require amendments to the regulations.

8.2 The Chief Executive informed Board members that DHSSPS (Sponsor Branch) has asked RQIA to prepare an action plan by 31 March 2015 addressing the reports recommendations. The action plan will be

shared with the Audit Committee and Board members before submission to DHSSPS.

8.3 **Resolved Action (79)**

Action plan of recommendations to be prepared and disseminated to the Audit Committee and Board members before submission to DHSSPS.

8.4 Board members **NOTED** the Landscape Review.

9.0 Agenda Item 9 – Finance Report (F/01/15)

9.1 The Director of Corporate Services informed Board members that RQIA is forecasting breakeven subject to receiving the necessary non-recurring funding for additional reviews carried out in 2014/15. The Director of Corporate Services informed Board members that this years allocation is net of a 2.5% in-year non-recurring reduction.

9.2 The Director of Corporate Services informed Board members that as at end of December 99.8% of Fee income has been received.

9.3 The Director of Corporate Services informed Board members that a total of £188K is still outstanding for two commissioned reviews, although the Department has indicated that they will be funded.

9.5 **Resolved Action (80)**

Chief Executive to write to DHSSPS requesting confirmation of the outstanding funding for review activities.

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

10.0 Agenda Item 10 – RQIA Corporate Strategy 2015-18 (G/01/15)

- **Public Consultation on RQIA's Corporate Strategy 2015-18 Summary of Feedback**
- **RQIA Corporate Strategy 2015-18**

10.1 The Director of Corporate Services informed Board members that the RQIA Corporate Strategy 2015-18 requires Board approval following a 12 week period of formal consultation. Six pre-consultation events were held across Northern Ireland, the events were well attended and the seven written responses received had helped shape the draft strategy.

10.2 The Director of Corporate Services informed Board members that the development of the strategy was overseen by a Strategy Steering Group which included five Board members.

10.3 The Director of Corporate Services explained that the strategy is structured on the three outcomes of safe, effective and compassionate care, and seven strategic themes. The strategy will be shared with DHSSPS and DFP. Following approval from DHSSPS and DFP, the corporate strategy will be published and made available to staff and key

stakeholders.

- 10.4 Following extensive discussion of the Corporate Strategy Board members proposed a number of amendments. The Director of Corporate Services advised Board members that these amendments would be considered during finalisation of the Corporate Strategy 2015-18.
- 10.5 The Director of Corporate Services informed Board members that a draft copy of the RQIA Business Plan will be brought to the next Board meeting in February.
- 10.6 The Chairman recommended that the next meeting of the Board should be focussed on the development of the 2015/16 Business Plan and a progress review of actions arising from the 2014/15 Business Plan. All Board members were in agreement.
- 10.7 **Resolved Action (81)**
The next meeting of the Board will focus on the development of the 2015/16 Business Plan and a review of actions arising from the Business Plan 2014/15.
- 10.8 Board members **NOTED** the Public Consultation on RQIA's Corporate Strategy 2015-18 - Summary of Feedback and **APPROVED** RQIA's Corporate Strategy 2015-18.
- 11.0 **Agenda Item 11 - Quality Improvement Steering Group (H/01/15)**
- 11.1 The Chair of the Quality Improvement Steering Group commented that the steering group has made excellent progress in a short period of time. The Chair complemented the work of the Regulation Directorate Improvement Plan, outlining six individual work streams.
- 11.2 A Board member asked how the organisation can improve the quality of current workstreams and also new areas of work. The Director of Corporate Services informed Board members that increasing numbers of staff are receiving PRINCE 2 methodology training. A Board member stated that in order to maintain quality, the organisation must prioritise key areas of work. Another Board member commented that quality improvement is a process of education both for management and staff.
- 11.3 Board members **NOTED** the update from the Chair of the Quality Improvement Steering Group.
- 12.0 **Agenda Item 12 – RQIA Three Year Review Programme 2015-18 (I/01/15)**
- **RQIA Response Document on the Consultation of the RQIA Three Year Review Programme 2015-18**
 - **RQIA Three Year Review Programme 2015-18**

- 12.1 The Director of Reviews and Medical Director informed Board members that the RQIA Three Year Review Programme 2015 – 18 had been issued for public consultation from August to October 2014. The objective was to obtain stakeholder views and there were 12 written responses all of which were generally supportive of the proposed programme.
- 12.2 The Director of Reviews and Medical Director informed Board members that the public consultation had resulted in some alterations to the programme.
- 12.3 The Director of Reviews and Medical Director informed Board members that the Three Year Review Programme 2015-18 outlines the reviews to be undertaken on a year by year basis during the period. It provides summary descriptions of the areas which each individual review will cover.
- 12.4 The Director of Reviews and Medical Director informed Board members that the final published document will include descriptions of the six DHSSPS commissioned reviews.
- 12.5 Board members **NOTED** the RQIA Response Document on the Consultation of the RQIA Three Year Review Programme 2015-18 and **APPROVED** RQIA's Three Year Review Programme 2015-18.
- 13.0 Agenda Item 13 – Part IV Medical Practitioners (J/01/15)**
- **Update to Policies and Procedures**
 - **Annual Panel Update**
- 13.1 The Director of Mental Health, Learning Disability and Social Work introduced her report and invited comments from Board members. The Director of Mental Health, Learning Disability and Social Work informed the Board that a number of proposed amendments have been made to the Part IV Medical Practitioners Update to Policies and Procedures and the Annual Panel Update documents.
- 13.2 Board members **APPROVED** the Part IV Medical Practitioners Update to Policies and Procedures and the Annual Panel Update.
- 14.0 Agenda Item 14 – Review the results of the Board Effectiveness and Performance Management Survey (L/01/15)**
- 14.1 The Chairman welcomed comments on the Board Effectiveness and Performance Management Survey from Board members. The Chairman informed Board members that the Board Governance Self-Assessment Tool will be emailed to them for comments following this meeting and will be discussed at the March Board meeting.
- 14.2 **Resolved Action (82)**
The Board Governance Self-Assessment Tool to be brought to

March Board meeting for discussion.

- 14.3 Board members raised whether the Appointments and Remuneration Committee will consider succession planning. The Director of Corporate Services indicated that this would be addressed in the revised HR&OD Framework Strategy 2015/16.
- 14.4 Board members **NOTED** the Review of the results of the Board Effectiveness and Performance Management Survey.

15.0 Agenda Item 15 – Update to Standing Orders (M/01/15)

15.1 The Director of Corporate Services introduced the proposed changes to Standing Orders and advised that these were presented to the Audit Committee on 16 October 2014.

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

16.0 Any Other Business

16.1 As there was no further business the Chairman brought the public session of the Board to a close at 4.15pm.

16.2 **Resolved Action (83)**
Chairman to clarify the time of commencement of the February Board meeting.

Date of next meeting:

Wednesday 18 February 2015, Boardroom, RQIA.

Signed

Dr Alan Lennon
Chairman

Date

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion
34	14 November 2014	A paper on the implementation of RQIA recommendations following Review Reports will be provided to Board meeting.	Chief Executive	25 March 2015
75	13 November 2014	Ongoing actions on the Audit Committee action list should be amended to detail a date for completion	Chair of Audit Committee	26 February 2015
76	21 January 2015	The Chief Executive will provide a list of Memorandums of Understanding and Information Sharing Agreements to all Board members at the next Board meeting.	Chief Executive	18 February 2015
77	21 January 2015	The Chief Executive to consider the addition of quantitative information to the dashboard to highlight workload pressures.	Chief Executive	25 March 2015
78	21 January 2015	Director of Regulation and Nursing to consider the addition of information within this report to detail planned inspections not completed within the designated timeframe.	Director of Regulation and Nursing	25 March 2015
79	21 January 2015	Action plan of recommendations to be prepared and disseminated to the Audit Committee and Board members before submission to DHSSPS.	Chief Executive	25 March 2015
80	21 January 2015	Chief Executive to write to DHSSPS requesting formal confirmation of the outstanding funding for review activities.	Chief Executive	25 March 2015
81	21 January 2015	The next meeting of the Board will focus on the development of the 2015/16 Business Plan and a review of actions arising from the Business Plan 2014/15.	Chairman	18 February 2015

82	21 January 2015	Board Governance Self-Assessment Tool to be brought to March Board meeting for discussion.	Chairman	25 March 2015
83	21 January 2015	Chairman to clarify the time of commencement of the February Board meeting.	Chairman	18 February 2015

RQIA Board Meeting

Date of Meeting	18 February 2015
Title of Paper	Chairman's Report
Agenda Item	5
Reference	A/02/15
Author	Dr Alan Lennon
Presented by	Dr Alan Lennon
Purpose	To inform the RQIA Board of the Chairman's external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	Between 23 January 2015 and 5 February 2015, I attended 5 meetings on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE this report.
Next steps	Not applicable

CHAIRMAN'S REPORT

Since our last board meeting I have mainly been involved with the Chief Executive in finessing the Business Plan. In addition I attended:

- 23 January - Psychiatrist Conference
- 26 January - Corporate Strategy Steering Group
- 03 February - QUB Prof. A Pettigrew (Organisational Performance)
- 04 and 05 February - 2 Day Hygiene Inspection of the Royal Victoria Hospital Augmented Care
- 05 February - Chief Executive Forum – Dr Helen Bevan

DR ALAN LENNON

Chairman

11 February 2015

RQIA Board Meeting

Date of Meeting	18 February 2015
Title of Paper	Sir Liam Donaldson's Review Response
Agenda Item	6
Reference	B/02/15
Author	Glenn Houston
Presented by	Chief Executive
Purpose	<p>This paper sets out RQIA's response to Sir Liam Donaldson's Review The Right Time, The Right Place (December 2014).</p> <p>Copies of the full report have been circulated to Board members electronically.</p>
Executive Summary	<p>The Donaldson report provides an expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland.</p> <p>RQIA's response focuses on-a number of areas including, the statutory framework for regulation, registration of HSC Trusts, inspections of acute hospitals, institute for patient safety and arrangements for reporting adverse incidents. It sets out 15 responses which taken together will facilitate a further and more detailed engagement with DHSSPS on the future of regulation of health and social care.</p>
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should Approve the response to Sir Liam Donaldson's Review.

**The Right Time, The Right Place
(December 2014).**

**‘An expert examination of the application of health
and social care governance arrangements for
ensuring the quality of care provision in Northern
Ireland.’**

**Authors - Sir Liam Donaldson, Dr Paul Rutter,
Dr Michael Henderson**

**A Strategic Response by the Regulation and Quality
Improvement Authority (RQIA).**

(February 2014)

1.0 Introduction

Sir Liam Donaldson was commissioned by the former Minister for Health Social Services and Public Safety, Mr Edwin Poots MLA, to conduct a review of governance arrangements for ensuring the quality of care provision in Northern Ireland.

The terms of reference are available on the DHSPS website at <http://www.dhsspsni.gov.uk/donaldsonreport270115.pdf>. The overall aim of the Review was to examine the arrangements for assuring and improving the quality and safety of care, to assess their strengths and weaknesses, and to make proposals to strengthen them.

Sir Liam Donaldson, along with Dr Paul Rutter and Dr Michael Henderson met with the Chair, Chief Executive and members of the RQIA Executive Management Team on 14 November 2014. During this meeting Sir Liam commented that the Review Team was puzzled that RQIA had not been mentioned spontaneously in most of the discussions with other groups and organisations.

The Report concluded that RQIA has a greater role in the regulation of social care than in health care.

'It does not register, or really regulate, the Trusts that provide the majority of healthcare and a lot of social care. This light touch role seems very out of keeping with the positioning of health regulators elsewhere that play a much wider role and help support public accountability.'

Sir Liam makes four specific comments about regulation in recommendation 5 (page 45); namely that: -

- (1) The regulatory function needs to be more fully developed on the healthcare side of services in Northern Ireland
- (2) Routine inspections, some unannounced, should take place focusing on the area of patient safety, clinical effectiveness, patient experience, clinical governance arrangements and leadership.
- (3) Extending the role of RQIA is tested against the option of outsourcing this function.
- (4) RQIA should review the current policy on whistleblowing and provide advice to the Minister.

The Report was introduced to the Northern Ireland Assembly by Minister, Mr Jim Wells MLA, on Tuesday 27 January 2015 and contains ten recommendations for improvement.

Minister has indicated an intention to engage the public in a further consultation (ending April 2015) in respect of the findings and recommendations of this review. This provides RQIA with an opportunity to have an informed conversation with DHSSPS about the future of regulation of healthcare in Northern Ireland.

2.0 Specific references to regulation and to the role of RQIA

The report includes a number of specific references to regulation and the role of RQIA which are replicated here for ease of reference.

They are as follows -

Section 1 (page 4):–

‘The Regulation and Quality Improvement Authority (RQIA) is the main regulator in Northern Ireland’s care system. Many of the social care providers, and some healthcare providers, are registered with the Regulation and Quality Improvement Authority. However it does not register the Trusts, which provide the bulk of health and social care in Northern Ireland, or general practices. The Trust’s relationship with the regulator therefore has a somewhat softer edge than might be the case if they were formally registered, although an expanded role has been announced recently by the Minister.’

Section 4.1.1 (ref pages 8 and 9)

Specific reference to RQIA’s published reviews, including reporting of plain x-rays (2011), *Pseudomonas aeruginosa* (2012) dental hospital (2013), and unscheduled care (2014).

Section 4.2.7 Clarifying the role of healthcare regulation (ref page 16): -

‘Aside from being commissioned by the Department of Health, Social services and Public Safety to conduct occasional service-specific inspections, the Regulation and Quality Improvement authority has until now conducted a programme of thematic reviews driving more at quality improvement than at regulation. From 2015, the Minister has decided that the regulator should undertake a rolling programme of unannounced inspections of the quality of services in all acute hospitals in Northern Ireland. The Regulation and Quality Improvement Authority is being directed in this task to examine selected quality indicators in relation to triage, assessment, care, monitoring and discharge. As a result of this change the regulator will reduce its normal programme of thematic reviews. These changes give the Regulation and Quality Improvement Authority a much stronger locus in the healthcare side of provision. However, this body has no real tradition of doing this kind of work, unlike its counterparts elsewhere in the United Kingdom. For example in England the various health regulators have evolved over a 15 year period with framework, methodologies, metrics and inspection regimes. For this reason, the Review is recommending that healthcare regulation in Northern Ireland is re-examined in the round, rather than approaching it piecemeal on an initiative basis.’

Section 4.5.2 Perceptions of openness (ref page 36)–

'The Serious Adverse Incident guidelines include some requirements intended to help openness and transparency. A recent look-back exercise, quality controlled by the Regulation and Quality Improvement Authority, suggests that patients and families are being appropriately informed when a Serious Adverse Incident occurs.'

Section 5.4.8 The extent to which serious adverse incident reporting improves safety (ref page 42)

'The Regulation and Quality Improvement Authority has established training in Root Cause Analysis for front-line staff, and this will help'

Section 6 Recommendations (ref page 45)

Recommendation 5 'Better Regulation'

'The regulation of care is a very important part of assuring standards, quality and safety in many other jurisdictions. For example, the Care Quality Commission has a very prominent role in the inspection and registration of healthcare providers in England. In the USA, the Joint Commission's role in accreditation means that no hospital wants to fall below the standards set or it will lose reputation and patients. The Review Team was puzzled that the regulator in Northern Ireland, the Regulation and Quality Improvement Authority, was not mentioned spontaneously in most of the discussions with other groups and organisations. The Authority has a greater role in social care than in health care. This light-touch role seems very out of keeping with the positioning of health regulators elsewhere that play a much wider role and help support public accountability. The Minister for Health, Social Services and Patient (sic) Safety has already asked that the regulator start unannounced inspections of acute hospitals from 2015, but these plans are relatively limited in extent.

We recommend that the regulatory function is more fully developed on the healthcare side of services in Northern Ireland. Routine inspections, some unannounced, should take place focusing on the areas of patient safety, clinical effectiveness, patient experience, clinical governance arrangements and leadership. We suggest that extending the role of the Regulation and Quality Improvement Authority is tested against the option of outsourcing this function (for example, to Healthcare Improvement Scotland, the Scottish regulator). The latter option would take account of the relatively small size of Northern Ireland and bring in good opportunities for benchmarking. We further recommend that the Regulation and Quality Improvement Authority should review the current policy on whistleblowing and provide advice to the Minister.'

Recommendation 7 (ref page 46):-

A beacon of excellence in patient safety

There is currently a complex interweaving of responsibilities for patient safety amongst the central bodies responsible for the health and social care system in Northern Ireland. The Department of Health, Social Services and Public Safety, the Health and Social Care Board and the Regulation and Quality Improvement authority all play a part in: receiving Serious Adverse Incident Reports, analysing them, over-riding local judgements on designation of incidents, requiring and overseeing investigation, auditing action, summarising learning monitoring progress issuing alerts etc.

3.0 RQIA's Response to the Report.

3.1 Statutory Framework

RQIA was established on 1 April 2005 under the provisions of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. RQIA is a non-departmental public body sponsored by the Department of Health Social Services and Public Safety (DHSSPS). Whilst independent of the Department, RQIA is accountable to the Minister through its sponsor branch, the Quality, Safety and Standards Directorate, (DHSSPS).

The 2003 Order sets out RQIA's general duties and responsibilities, which are to keep the Department informed about the provision of services and, in particular, about their availability and quality; and encouraging improvement in the quality of services. The 2003 Order also prescribes the powers available to RQIA, to carry out inspections, reviews and investigations, and the range of sanctions which RQIA may apply to registered services which are in breach of the regulation and minimum standards.

When RQIA was established it brought together the former registration and inspection units which operated under the authority of the previous health and social care boards. The former registration and inspection units had the primary function of registering and inspecting independent care providers.

Since 2005 RQIA has extended its functions to incorporate the activities of the former Mental Health Commission, the regulation of private dental treatment, prison healthcare, and Ionising Radiation and Medical Exposure Regulation (IRMER), the responsibilities as a National Preventive Mechanism (NPM) and specific responsibilities as a designated authority under the Public Interest Disclosure (NI) Order 1998.

The statutory duty of quality set out in article 34 of the 2003 Order requires that each health and social services board (subsequently, with effect from 1 April 2009 the single HSC Board) and each HSS trust shall put and keep in place arrangements for

the purpose of monitoring and improving the quality of the health and social services which it provides to individuals; and the environment in which it provides them. It further stipulates that the Department may, by regulations, extend the duty in this Article to any special agency specified in the regulations.

Sir Liam refers to the RQIA programme of thematic reviews, driving more at quality improvement than at regulation. He refers also to the proposed rolling programme of unannounced inspections of the quality of services in all acute hospitals, and the directive to examine selected quality indicators in relation to triage, assessment, care, monitoring and discharge. He welcomes a stronger locus of RQIA's inspections in the healthcare side of provision but caveats this comment by reference to RQIA having no real tradition of doing this kind of work.

RQIA welcomes Sir Liam's recommendation that the regulatory function be more fully developed on the healthcare side of services in Northern Ireland. RQIA would contend that this responsibility does not need to be outsourced, as RQIA has demonstrated that it is capable of robustly regulating healthcare in Northern Ireland through its programme of hygiene and infection prevention inspections and through its wider programme of reviews. RQIA is open to learning from the experiences of other UK regulators, and will continue to draw on the experiences of independent experts and lay inspectors in taking forward a robust programme of inspection of acute hospitals in Northern Ireland.

RQIA believes that a more robust programme of regulation of acute hospitals can be achieved if it based on a regional framework of regulations and standards for patient safety. The DHSSPS (May 2009) has already published five standards on improving the patient and client experience, based on values such as respect, attitude, behaviour, communication, and privacy and dignity. We believe these are important standards influencing the care and treatment of patients and clients, but would recommend that they are revised and extended based on experience in other jurisdictions.

RQIA Response 1: RQIA will take forward preparations for a wider programme of inspection of acute hospitals commencing in 2015 and will make further and specific proposals to Minister and to DHSSPS as to how regulation should be best delivered in the round, *'rather than approaching it piecemeal on an initiative by initiative basis.'* (ref page 17)

3.2 Registration of HSC Trusts

The Report states that RQIA does not currently register HSC trusts (unlike CQC in England) and that the relationship between trusts and the regulator here is 'somewhat softer' as a consequence.

The relationship between RQIA and the HSC trust is defined in the 2003 Order and in the associated regulations. It is accurate that RQIA does not currently register

HSC trusts as corporate entities. However, many of the services operated by HSC trusts fall to be registered with RQIA, for example residential care homes and hostels, children's homes and day care centres. These services are inspected by RQIA on the basis of the relevant Fees and Frequencies of Inspections (NI) Regulations (2005) and the minimum standards approved by DHSSPS.

A trust Chief Executive or a nominated deputy is required to be registered with RQIA as the 'responsible individual' for these specific services. It is accurate to state that these services are mainly focused on the provision of social care, as HSC hospitals are not required to register with RQIA in the way that an independent clinic must register and be inspected on the basis of the minimum frequencies set out in the relevant regulations.

This gives rise to a question as to whether there is a two tier system in which the more robust regulatory processes are the preserve of the independent sector. More importantly it gives rise to a question as to what would be the benefit in requiring HSC trusts to register with RQIA, and what difference a scheme of formal registration would make to the care delivered by those organisations.

The authority invested in RQIA currently is to grant or refuse registration, or to impose conditions on registration, where a registered provider is deemed in breach of the minimum standards or regulations. RQIA cannot currently impose a condition of registration on an HSC trust because, under the current legislation, a trust is not obliged to register with RQIA.

The 2003 Order identifies two sanctions which may be applied to an HSC trust as follows:-

Article 35 (5) *'In its report, the Regulation and Quality Improvement Authority may recommend that the Department take special measures in relation to the body or service provider in question with a view to improving the health and personal social services for which it is responsible or the way the body, service provider or other person (or as mentioned in paragraph (4)(b) his practice is being run.'*

RQIA may escalate a concern about the quality of care provided in a trust facility, which is considered to be operating at a level below the expected standard. This is set out in a formal letter of escalation between RQIA the relevant trust Chief Executive, and is signalled to both the DHSSPS and the HSC Board.

Article 39 (1) *'The Regulation and Improvement Authority may serve a notice (an improvement notice) on a person registered under Part III or on a health and social services Board, HSS trust or special agency if the Authority believes that that person, Board trust or agency is failing to comply with the statement of minimum standards under article 38; and what improvements the Regulation and Improvement Authority considers necessary.'*

RQIA exercised this option recently in respect of The Iveagh Centre, an assessment and inpatient treatment unit for young people with an intellectual disability, a facility owned and operated by the Belfast HSC Trust.

The 2003 Order sets out the powers which the regulator has to exercise formal sanction of trusts which are in breach of standards. In the context of acute hospitals RQIA currently has no authority to close a ward or clinical area following an adverse report from an inspection.

The options outlined above are the only available sanctions which may be applied to regulated agencies and establishments and it may be appropriate to consider whether DHSSPS should move to strengthen the system of regulation of acute hospitals to include options such as formal registration, rating hospitals for quality based on the model adopted by CQC, and extending the range of sanctions available to the regulator in holding trusts to account for poor performance.

RQIA welcomes the opportunity signalled by Minister in his accompanying statement to the NI Assembly that he is willing to examine the provisions of the 2003 Order with a view to making the changes necessary to address Sir Liam's recommendation. We see this as an important opportunity to signal to DHSSPS that amendments to the primary legislation should be amended to make it compulsory for HSC trusts to be registered with RQIA in the same way that NHS trusts must register with CQC in England.

RQIA Response 2: RQIA should engage with DHSSPS to identify changes which are required to both the primary legislation and to the associated regulations to strengthen the regulation of HSC trusts across Northern Ireland.

3.3 Inspections of Acute Hospitals.

The Review was triggered in part by public concerns about the quality of care provided in acute hospitals and the delay in sharing information with families about adverse incidents.

In February 2013 Sir Robert Francis published his report of the public inquiry into the failings at Mid Staffordshire NHS Foundation Trust. In response to the Francis Report DHSSPS invited all HSC bodies to attend a summit in Castle Buildings to outline their responses to the findings and recommendations.

RQIA submitted a paper in advance of the workshop setting out three proposals:-

- to extend inspection footfall in acute hospitals beyond current thematic reviews and hygiene and infection prevention inspections to incorporate specific inspections focusing on the patient experience
- to consider the merits of implementing a rating system of hospital wards and clinical areas based on the recommendations set out in the Nuffield Report¹
- to work collaboratively with all HSC arms-length bodies, and other regulators, to deliver a comprehensive system of intelligence gathering and sharing, identifying and utilising reliable data sources both from within and external to the system.

In January / February 2014 RQIA carried out an unscheduled inspection of the Emergency Department in the Royal Victoria Hospital. This inspection was requested by Minister in response to a whistleblowing incident. The inspection has had a significant impact on Emergency Care in the Belfast Trust and also resulted in a wider review of Emergency Care across Northern Ireland, carried out by RQIA in March / April 2014, at the behest of the then Minister.

RQIA has been inspecting acute hospitals in Northern Ireland since 2009. This programme has resulted in significant improvements in hygiene and infection prevention and an associated lowering of the recorded rates of healthcare associated infections such as MRSA, MSSA and Clostridium difficile.

These inspections were introduced at the request of Minister McGimpsey in response to the outbreak of Clostridium Difficile in the Northern Health and Social Care Trust in 2008. They are based on regional standards and a regional framework for hygiene and infection prevention. The inspection reports make use of a red, amber, green (rag) rating system, based on inspection scores. The reports are made available to the public and are accessible on the RQIA website. The programme of

¹ 'Rating Providers for Quality: A Policy Worth Pursuing'

inspection was extended in 2011 to incorporate areas of augmented care, following the outbreak of pseudomonas aeruginosa in neonatal units in Northern Ireland.

This Hygiene and Infection Prevention Team consists of a Senior Inspector and four other full time inspectors, and is working at maximum capacity. The team carries out a programme of unannounced hygiene inspections of acute hospitals each year. It is this team which will take the lead in delivering the new programme of unannounced inspections of acute hospitals based on patient experience, as referenced by Sir Liam Donaldson.

RQIA has been asked to implement this planned programme of inspections within its current resource envelope. RQIA has accepted the commission but has indicated that to do this within its current funded establishment it must limit the number of hygiene inspections and planned reviews with effect from 1 April 2015.

If this new programme of inspections is to achieve the intended impact, DHSSPS will, in consultation with RQIA, need to make available additional resources if RQIA is to achieve a robust and demonstrable response to the issues raised by Sir Liam Donaldson in his report.

3.4 Thematic reviews based on programmes of inspections

A number of the thematic reviews carried out by RQIA, are based on visits by teams of experts to examine practice in acute hospitals. These reviews have included; blood safety; implementation of measures to prevent hyponatraemia; accommodation of children in adult wards; mixed gender accommodation; and hospitals at night and weekends.

In June 2014, RQIA published an overview report and 10 individual inspection reports setting out the findings of a DHSSPS commissioned review of theatre practice across Northern Ireland. Evidence for this review was collected using a range of methodologies including: completion of a profiling questionnaire by HSC Trusts; announced site inspections of theatres; review of patient notes and relevant documentation; and validation meetings with trust senior theatre staff. The methodology was designed to seek assurance on safety in seven specific areas of theatre practice. These included application of the WHO Safer Surgery checklist approach which is described at section. 4.3.4. in the Donaldson report. The review also considered application of the Surgical Site Infection Care Bundle, which is an example of a standardisation approach also referred to in the report.

RQIA has also carried out a review of the Care of Older People in Acute Hospitals and we anticipate that the learning from this review will be very helpful in designing the new programme of inspections. The team carrying out this programme of unannounced inspections was able to use their experience to rapidly respond to the

request from the Minister to carry out the inspection of the emergency department at the RVH in January 2014.

This review was carried out in 11 acute hospitals across Northern Ireland. Reports on each hospital and an overview report are currently with the DHSSPS for consideration, prior to publication. The inspection tools for these inspections were based on those currently used in Scotland and Wales, supplemented by additional tools including “Quality of Interaction” observation sessions with patients. The teams for these inspections included inspectors from the Infection Prevention and Hygiene Team, the RQIA Nursing Home Inspection Team and lay assessors. RQIA also makes extensive use of external expertise in taking forward its programme of planned reviews. This brings to Northern Ireland independent experts from other jurisdictions who can examine the range of services available and make an independent assessment of their clinical effectiveness.

RQIA Response 3: RQIA will review with DHSSPS the plan for the rolling programme of unannounced hospital inspections based on the recommendation of Sir Liam Donaldson that it should encompass the areas of patient safety, clinical effectiveness, patient experience, clinical governance arrangements and leadership.

3.5 Institute for Patient Safety.

The Report concludes that there is little doubt that quality and safety are not fully embedded in the planning, design and delivery of services in Northern Ireland. Sir Liam indicates that Quality 2020 does not fully recognise the ingredients of a safety culture which should value clinical leadership, cultural change, data linked to goals and standardisation.

Northern Ireland has looked to others for a lead in developing a safety culture including, for example, the National Institute for Clinical Excellence (NICE), the Social Care Institute for Excellence (SCIE), the USA / Boston based Institute of Healthcare Improvement (IHI), the Kings Fund and the Health Foundation, to name but a few. In addition, a number of regional bodies and initiatives have been relatively successful in promoting patient safety and driving standardisation including GAIN, the Safety Forum etc.

The challenge is to create a central repository of knowledge, skills and expertise that will drive patient safety with high degree of visibility and independence from those who are providing services. An Institute for Patient Safety properly constituted and operating from a position of legal authority may also be beneficial in assisting HSC trusts in Northern Ireland to reduce its exposure to the increasing bill of costs associated with clinical negligence claims. In England for example, the NHS Litigation Authority has an important role in assisting NHS trusts to reduce their

exposure to adverse incidents which can result in expensive litigation and costly compensation payments.

The report makes reference to the current landscape of complex and interweaving responsibilities for patient safety amongst the central bodies responsible for the health and social care system in Northern Ireland. There is a complex interdependency between the DHSSPS, HSC Board, Public Health Agency and RQIA. The Report points to the roles which these agencies have in receiving serious adverse incident reports, analysing them requiring and overseeing investigation, auditing actions, summarising learning, monitoring progress and issuing alerts. It is likely that when the final report of the public inquiry into the Hyponatraemia deaths makes its report there will be reference to the need to standardise reporting arrangements for serious adverse incidents across the system.

Sir Liam indicates that the Review Team ‘thought long and hard’ before making a recommendation in this area. In the event the team did make a recommendation to establish an Institute for Patient Safety in Northern Ireland (page 47). The Institute would take over some of the roles and responsibilities of the existing organisations. In essence it would be a central repository for all information in respect of serious adverse incidents and ‘never events’ and would inter alia create a cadre of leaders in patient safety across the whole health and social care system and initiate a major programme to build safety resilience into the health and social care system.

The Institute if established as a separate arms-length body will need to bring together a range of functions which are carried out to some extent by the other HSC bodies, including RQIA. The current focus of patient safety is vested in the main in the work of the HSC trusts in making sure that there are appropriate systems in place to identify and report adverse incidents and events and to make sure that the necessary learning prevents these events from recurring.

Currently the arrangements for sharing the learning from adverse events is sketchy and could benefit from being brought together on a regional basis and centred on a single organisation. RQIA would be willing to participate an inter-departmental working group to explore how such an entity would operate and whether it needs to be constituted as a separate organisation or could be accommodated within one of the existing arms-length bodies.

RQIA Response 4: RQIA should propose to DHSSPS a willingness to participate in or lead an interagency working group which would report to Minister within a year on proposals to establish an Institute for Patient Safety in Northern Ireland.

3.6 Byzantine and Confusing Quality Bodies.

The Report makes a number of important statements on quality and safety in Northern Ireland which are important characteristics of leading the health and social care system.

The Regulation and Quality Improvement Authority is the main regulator in Northern Ireland's care system. However technical quality and safety expertise sits in the Public Health Agency. The Public Health Agency has a statutory role in approving the Health and Social Care Board's commissioning plans. Two executive directors are jointly appointed between the Public Health Agency and the HSC Board.

There are therefore mechanisms through which quality and safety expertise should inform the Board's work. The Quality Safety Experience Group is jointly managed between these two agencies. It meets monthly and its primary focus is learning. It looks at patterns and trends in incidents and initiates thematic reviews.

'Symbolically, and on grounds of organisational coherence, it appears strange that the main body responsible for planning and securing care does not hold these functions in the heart of its business.'

We believe action is imperative for two reasons: firstly, the present arrangements are disparate and confusing; secondly, the overwhelming need is for development of the present system to make it much more successful in bringing about improvement.

Currently, almost all the activities (including those listed above) are orientated to System-wide data and goals.

RQIA Response 5: An option to streamline the present relationships and the need for a greater focus on quality improvement would be either to locate the Quality and Safety Group within RQIA or for RQIA to become directly involved in the Quality and Safety Group. This would create coherence between technical Safety/Quality and compliance/improvement processes and would support a more focused drive for Quality Improvement.

This could also provide independent assurance and a complete quality and safety service to the Health and Social Care system. This change would be materially enhanced through the RQIA's approach to the new programme of hospital inspections and delivery of a comprehensive regulatory regime.

3.7 Adverse Incidents

'There is consistency in the types of harm that occur in high-income countries. Between 3% and 25% of all hospital admissions result in an adverse incident, about half potentially avoidable. Within any health or social care service, there are many potential threats to the quality and safety of the care provided:

- 1. Weak infrastructure - the range and distribution of facilities, equipment and staff is inadequate to provide fair and timely access to required care.*
- 2. Poor co-ordination - the components of care necessary to meet the needs of a patient, or group of patients, do not work well together to produce an effective outcome and to be convenient to patients and their families.*
- 3. Low resilience - the defences in place, and the design of processes of care, are insufficient to reliably protect against harm such as that resulting from errors or from faulty and misused equipment.*
- 4. Poor leadership and adverse culture - the organisation or service providing care does not have clear goals and a philosophy of care that it is embedded in the values of the organisation and visible in every operational activity.*
- 5. Competence, attitudes, and behaviour - the practitioners and care-providers working within the service lack the appropriate skills to deal with the patients that they encounter, members, nor work effectively with them.*
- 6. Sub-optimal service performance - the way that the service is designed, organised and delivered means that it does not deliver processes of care to a consistently high standard so that over time it chronically under-performs often in a way that is not noticed until comparative performance is looked at.*
- 7. Slow adoption of evidence-based practice - the service does not conform to international best practice in particular areas of care or overall.'* (**Ref section 3, Page 7**).

RQIA Response 6: RQIA will liaise with DHSSPS to consider how specific criteria related to the evidence of harm can be built into RQIA Inspection and Review approaches via an overarching Quality Improvement Framework.

3.8 Distribution of hospital-type facilities

'A striking feature of the provision of care in Northern Ireland is the wide distribution of hospital-type facilities outside the majority, Belfast, some serving relatively small populations by United Kingdom standards. This geographical pattern leads to specialist expertise being too thinly spread, and to the patchy availability of experienced and fully competent staff. It means that it is not possible everywhere to deliver the same quality of service for an acutely ill person at 4 a.m. on a Sunday as at 4 o'clock on a Wednesday afternoon. There is therefore a two-tier service operating in Northern Ireland - in-hours and out-of-hours - that is more pronounced in some places than in others. This is one of the biggest influences on the quality and safety of care. Delivery of services is too often higher risk than it should be in a 21st Century healthcare system because of the pattern of services.' (Ref 4.2.1, page 11).

RQIA Response 7: RQIA will design its approach to gathering intelligence and will seek to calibrate the degree to which additional risk exists when conducting inspections and reviews to provide additional assurance in potentially vulnerable locations

3.9 Leadership of Quality Improvement

'Organised programmes to assure quality and improve it initially came into healthcare through approaches developed in the industrial sector, notably total quality management and continuous quality improvement. Until 1998, there had never been a framework to progress quality and patient safety in the United Kingdom's NHS. From that time, a comprehensive approach was introduced with: standards set by the National Institute for Clinical Excellence and in National Service Frameworks; a programme of clinical governance to deliver assurance and improvements at local level backed up by a statutory duty of quality; and, inspection of standards and clinical governance arrangements carried out by the Commission for Health Improvement. These roles have changed over time. Some still cover all, or most, of the United Kingdom, whilst others have been taken up differently in the four countries. Most recent commentary on the NHS in the United Kingdom has focused on whether its leadership is really serious about quality and safety.' (Ref 4.3, page 18)

RQIA Response 8: RQIA will work with DHSSPS to develop and deploy a Quality Improvement Framework against which to measure, inter alia, the leadership of quality improvement through its inspection and review programme.

3.10 Developing Quality Leaders / Clinical Leadership

'A key consideration in quality and safety of healthcare is whether it is embedded in the mainstream at all levels. Up until the late- 1990s, it was largely the domain of academics and enthusiasts. Since then, those who are fully committed to its underlying principles and goals have increased in number. However, it is still debatable what proportion of board members, management teams, and clinical leaders are 'card-carrying' quality and safety enthusiasts.

Prominent in international experience are four essential ingredients to improving the quality and safety of care. These are: clinical leadership, cultural change, data linked to goals, and standardisation. In Northern Ireland seeds of each can be found, but none is blossoming. This is substantially holding Northern Ireland's care system back from achieving its full potential.'

'A crucial test of the strength of the quality and safety system is the extent of clinical engagement. This is partly a question of hearts and minds but also a case of knowledge, skills and the philosophy of clinical practice.

The quality and safety of care will only get better if those who deliver the care are not only involved in improving it, but are leading the improvement effort. In the very best healthcare systems in the world, clinicians lead improvement projects, supported by skilled managers.' (Ref 4.3 page 18)

RQIA Response 9: Working closely with DHSSPS and other arms length bodies, RQIA will support and, where possible, facilitate quality leadership development opportunities for clinicians. RQIA will audit and report on the extent of clinical leadership in quality improvement through its inspections and reviews.

3.11 Extracting Value and Learning from Incidents/Complaints

'Most patient safety programmes have at their core a process to capture and analyse errors and accidents that arise during the provision of care. This is based on the long- established premise that only by learning from things that go wrong can similar events be prevented in the future. To some extent, this draws on the experience of other industries that have successfully reduced accidents and risk year-on-year.' (Ref 4.4, page 22)

'Whilst data are available on Serious Adverse Incident types, the categories and classifications used do not make it easy to aggregate data in a way that enables systemic weaknesses to be identified. Opportunities are therefore being lost for surveillance of patient safety across Northern Ireland.' (Ref 4.4.2, page 24)

'There is little evidence that major gains in the reduction of harm have been achieved in Northern Ireland or in many other jurisdictions through the so-called learning component of patient safety programmes.' (Ref 4.4.7, page 29)

'This narrow, reactive approach fails to make full use of incident reports. In short, it reflects an erroneous assumption that the system as a whole is working fine, and that the problems that allowed the event to occur are specific, local ones. This is not the case. There are systemic problems through the health and social care system. Incidents of harm are distributed largely by chance – by location and by type. Fixing each specific problem is like playing "Whack-A-Mole" – it does not get to the nub of the issues.' (Ref 4.4.7 page 30)

RQIA Response 10: RQIA will liaise with DHSSPS concerning the need to establish a central body responsible for receiving, analysing and the disseminating information about incidents on a system-wide basis, on matters relating to patient safety and quality. This could become a core function of the Institute for Patient Safety, once established.

3.12 Duty of Candour / Whistleblowing

'When something goes wrong, there is a tendency for the Department of Health, Social Services and Public Safety to deal directly with the Trust's Executive Team, bypassing the Board. This happens partly from expediency – because the executive directors are present full-time, and are therefore available to take an urgent phone call from an official concerned about briefing the minister. But it serves to diminish the role of the board, and misses opportunities to build the board's familiarity with these issues and capability in dealing with them. There is great concern and depth of feeling amongst staff in the system who have attempted to uncover poor standards of care and been denigrated. Their role as whistleblowers has placed them in an even more isolated position. This unsatisfactory situation needs to be resolved.' (Ref 4.5.1, page 35)

RQIA Response 11: The Report recommends that RQIA should review the current policy on whistleblowing and provide advice to Minister. RQIA will liaise with DHSSPS to build this into the planned three year review programme.

3.13 Quality 2020

'The Review Team judged that Quality 2020 represents a strong set of objectives, and that there is clear evidence of extensive work and of some successes in implementation. However, this does not amount to quality and safety improvement being given the primacy of focus that it needs, and Northern Ireland is not seeing the wood for the trees about the need to establish crucial aspects of quality and safety improvement which are not well represented at present: clinical leadership, cultural change, data linked to goals, and standardisation.' (Ref 5.3.2, page 40)

RQIA Response 12: RQIA will seek role clarification with DHSSPS in respect of its on-going involvement in Quality 2020 and will continue to participate in the relevant workstreams in which it is presently involved.

3.14 Excellence in Patient Safety

'There is currently a complex interweaving of responsibilities for patient safety amongst the central bodies responsible for the health and social care system in Northern Ireland. The Department of Health, Social Services and Public Safety, the Health and Social Care Board, and the Regulation and Quality Improvement Authority all play a part in: receiving Serious Adverse Incident Reports, analysing them, over-riding local judgments on designation of incidents, requiring and overseeing investigation, auditing action, summarising learning, monitoring progress, issuing alerts, summoning-in outside experts, establishing inquiries, checking-up on implementation of inquiry reports, declaring priorities for action, and various other functions.'

(Recommendation 7, Page 46)

3.15 Donaldson on an Institute for Patient Safety.

The functions would include:

- carrying out analyses of reported incidents, in aggregate, to identify systemic weaknesses and scope for improvement;
- improving the reporting process to address under-reporting and introducing modern technology to make it easier for staff to report, and to facilitate analysis;
- instigating periodic audits of Serious Adverse Incidents to ensure that all appropriate cases are being referred to the Coroner;
- facilitating the investigation of Serious Adverse Incidents to enhance understanding of their causation;
- bringing wider scientific disciplines such as human factors, design and technology into the formulation of solutions to problems identified through analysis of incidents;
- developing valid metrics to monitor progress and compare performance in patient safety;
- analysing adverse incidents on a sampling basis to enhance learning from less severe events;
- giving front-line staff skills in recognising sources of unsafe care and the improvement tools to reduce risks;
- fully engaging with patients and families to involve them as champions in the Northern Ireland patient safety program, including curating a library of patient stories for use in educational and staff induction programmes;
- creating a cadre of leaders in patient safety across the whole health and social care system;

Where potential synergy exists, there would be merit in bringing the function of the smaller ALBs or to develop proposals to integrate aspects of their roles. In particular RQIA, GAIN and The Safety Forum would form a coherent approach to safety and

quality. This should be considered further in the context of setting up a Patient Safety Institute for Northern Ireland.

RQIA Response 13: The Northern Ireland Health and Social Care system needs fewer not more silos. Yet these functions proposed by Donaldson are vitally important. The optimum lowest cost solution is for RQIA to adopt some or all of these functions as part of an enhanced regulatory role.

3.16 Using new technology

'The potential for information and digital technology to revolutionise healthcare is enormous. Its impact on some of the long- standing quality and safety problems of health systems around the world is already becoming evident in leading edge organisations. These developments include: the electronic medical record, electronic prescribing systems for medication, automated monitoring of acutely- ill patients, robotic surgery, smartphone applications to manage workload in hospitals at night, near-patient diagnostics in primary care, simulation training, incident reporting and analysis on mobile devices, extraction of real-time information to assess and monitor service performance, advanced telemedicine, and even smart kitchens and talking walls in dwellings adapted for people with dementia. There is no organised approach to seeking out and making maximum use of technology in the Northern Ireland care system. It could make a big difference in resolving some of the problems described in this report.' (**Recommendation 8, Page 48**).

RQIA Response 14: The application of new technology is well demonstrated and technological advances have understandably reduced lengths of stay in hospitals, facilitated faster diagnostics and supports the managements of patients with long term conditions such as diabetes in the community. RQIA commends the proposal to set up a Technology Hub and believes this could be facilitated by the IT Support Unit which exists to take this forward.

4.0 Summary and Conclusion

Sir Liam Donaldson concludes that there are long standing structural elements of the Northern Ireland care system that fundamentally damage its quality and safety. He further concludes that designing a system to provide high quality, safe care to the population of Northern Ireland needs much more careful thought.

This paper sets out proposals which would help to strengthen regulation of acute services and describes the activities which have already been set in train to make this happen.

The paper sets out other proposals which describe how RQIA could make a positive contribution to taking forward other aspects of the Donaldson review, including in particular the establishment of the Institute of Patient Safety.

RQIA is willing to engage in further discussion with DHSSPS in taking forward some or all of the actions proposed above.

The Right Time, The Right Place

An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland

December 2014

Response by the Regulation and
Quality Improvement Authority (RQIA)

February 2015

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality, safety and availability of Northern Ireland's health and social care services. RQIA was established in 2005 to regulate both statutory and independent services.

Sir Liam Donaldson was commissioned by the former Minister for Health Social Services and Public Safety, Mr Edwin Poots MLA, to conduct a review of governance arrangements for ensuring the quality of care provision in Northern Ireland.

The terms of reference are available on the DHSSPS website at <http://www.dhsspsni.gov.uk/donaldsonreport270115.pdf>. The overall aim of the Review was to examine the arrangements for assuring and improving the quality and safety of care, to assess their strengths and weaknesses, and to make proposals to strengthen them.

Sir Liam Donaldson, along with Dr Paul Rutter and Dr Michael Henderson met with the Chair, Chief Executive and members of the RQIA Executive Management Team on 14 November 2014.

The Report was introduced to the Northern Ireland Assembly by Minister, Mr Jim Wells MLA, on Tuesday 27 January 2015 and contains ten recommendations for improvement. Minister has indicated an intention to engage the public in a further consultation (ending April 2015) in respect of the findings and recommendations of this review.

The thrust of Donaldson Report is to ensure that the strategic vision set out in Transforming Your Care (TYC) receives the necessary public and political support in seeing it through to fruition. Furthermore, that the systems and processes underpinning Quality 2020 should provide a robust framework within which the wider strategic vision is presented, delivered and evaluated.

RQIA's aspiration is to deliver an effective independent regulatory system across the whole spectrum of health and social care. This paper sets out how RQIA can play a strategic role in supporting DHSSPS in taking forward the key recommendations of the Donaldson Review, aimed at improving the quality and safety of healthcare in Northern Ireland (NI). It also describes how improvements to the regulatory framework will help to strengthen public assurance about outcomes for patients and their families.

2.0 RQIA's Response

2.1 Registration of HSC Trusts in NI

The Donaldson report said:

RQIA does not currently register HSC trusts (unlike CQC in England) and that the relationship between trusts and the regulator here is 'somewhat softer' as a consequence.

RQIA's Response:

The relationship between RQIA and the HSC trusts is defined in the 2003 Order¹ and in the associated regulations. RQIA does not currently register HSC trusts as corporate entities. However, many of the social care services operated by HSC trusts fall to be registered with RQIA, for example residential care homes and hostels, children's homes and day care centres.

As a consequence of HSC trusts not being registered, RQIA's powers are limited in terms of the sanctions which can be applied in response to the identification of sub-standard care.

The 2003 Order identifies two sanctions which may be applied to an HSC trust, ie: special measures which may be applied by the DHSSPS in response to a letter of escalation from RQIA and the direct serving of an improvement notice by RQIA (Articles 35 and 39).

In the context of acute hospitals, RQIA currently has no authority to close a ward or clinical area following an adverse report from an inspection.

RQIA believes that it may be appropriate for the DHSSPS to consider strengthening the system of regulation of acute hospitals to include options such as formal registration, rating hospitals for quality based on the model adopted by CQC, and extending the range of sanctions available to the regulator in holding trusts to account for poor performance.

RQIA welcomes the opportunity signalled by Minister in his accompanying statement to the NI Assembly that he is willing to examine the provisions of the 2003 Order with a view to making the changes necessary to address Sir Liam's recommendation.

RQIA sees this as an important opportunity to signal to DHSSPS that the primary legislation should be amended to make it compulsory for HSC trusts to be registered with RQIA in the same way that NHS trusts must register with CQC in England.

RQIA will engage with the DHSSPS to identify changes which are required to both the primary legislation and to the associated regulations to strengthen the regulation of HSC trusts across Northern Ireland.

¹ <http://www.legislation.gov.uk/nisi/2003/431/contents/made>

2.2 Inspections of Acute Hospitals in NI

The Donaldson report said:

The Donaldson Review was triggered in part by public concerns about the quality of care provided in acute hospitals and the delay in sharing information with families about adverse incidents.

The resulting recommendation stated: *“We recommend that the regulatory function is more fully developed on the healthcare side of services in Northern Ireland. Routine inspections, some unannounced, should take place focusing on the areas of patient safety, clinical effectiveness, patient experience, clinical governance arrangements and leadership. We suggest that extending the role of the Regulation and Quality Improvement Authority is tested against the option of outsourcing this function (for example, to Healthcare Improvement Scotland, the Scottish regulator). The latter option would take account of the relatively small size of Northern Ireland and bring in good opportunities for benchmarking.”*

RQIA’s Response:

RQIA has been inspecting acute hospitals in Northern Ireland since 2009. This programme has resulted in significant improvements in hygiene and infection prevention and an associated lowering of the recorded rates of healthcare associated infections such as MRSA, MSSA and Clostridium difficile.

The programme of inspection was extended in 2011 to incorporate areas of augmented care, following the outbreak of pseudomonas aeruginosa in neonatal units in Northern Ireland.

In February 2013, Sir Robert Francis² published his report of the public inquiry into the failings at Mid Staffordshire NHS Foundation Trust. In response to the Francis Report, RQIA submitted a paper setting out three proposals:

- to extend inspection footfall in acute hospitals beyond current thematic reviews and hygiene and infection prevention inspections to incorporate specific inspections focusing on the patient experience
- to consider the merits of implementing a rating system of hospital wards and clinical areas based on the recommendations set out in the Nuffield Report³
- to work collaboratively with all HSC arms-length bodies, and other regulators, to deliver a comprehensive system of intelligence gathering and sharing, identifying and utilising reliable data sources both from within and external to the system.

In January / February 2014, RQIA carried out an unscheduled inspection of the Emergency Department in the Royal Victoria Hospital. This inspection was requested by Minister in response to a whistleblowing incident. The inspection has had a significant impact on Emergency Care in the Belfast Trust and also resulted in

² <http://www.midstaffpublicinquiry.com/report>

³ ‘Rating Providers for Quality: A Policy Worth Pursuing’

a wider review of Emergency Care across Northern Ireland, carried out by RQIA in March / April 2014, at the behest of the then Minister.

RQIA has also carried out a review of the Care of Older People in Acute Hospitals using a robust inspection methodology and the learning from this review will be critical in designing the new programme of inspections.

RQIA considers that as an organisation it has built up considerable expertise in undertaking inspections in acute hospitals and therefore is best placed to carry out this function going forward.

If this new programme of inspections is to achieve the intended impact, the DHSSPS will, in consultation with RQIA, need to make available additional resources if RQIA is to achieve a robust and demonstrable response to the issues raised by Sir Liam Donaldson in his report.

RQIA will establish a rolling programme of unannounced hospital inspections based on the recommendation of Sir Liam Donaldson that it should encompass the areas of patient safety, clinical effectiveness, patient experience, clinical governance arrangements and leadership.

RQIA will make further and specific proposals to Minister and to the DHSSPS as to how regulation of HSC trusts should be best delivered in the round.

2.3 Institute for Patient Safety

The Donaldson report said:

There is little doubt that quality and safety are not fully embedded in the planning, design and delivery of services in Northern Ireland. Sir Liam indicates that Quality 2020 does not fully recognise the ingredients of a safety culture which should value clinical leadership, cultural change, data linked to goals and standardisation.

The report makes reference to the current landscape of complex and interweaving responsibilities for patient safety amongst the central bodies responsible for the health and social care system in Northern Ireland. There is a complex interdependency between the DHSSPS, HSC Board, Public Health Agency and RQIA.

The Report made a recommendation to establish an Institute for Patient Safety in Northern Ireland (page 47). The Institute would take over some of the roles and responsibilities of the existing organisations. In essence, it would be a central repository for all information in respect of serious adverse incidents and 'never events' and would, inter alia, create a cadre of leaders in patient safety across the whole health and social care system and initiate a major programme to build safety resilience into the health and social care system.

An Institute for Patient Safety properly constituted and operating from a position of legal authority may also be beneficial in assisting HSC trusts in NI to reduce its

exposure to the increasing bill of costs associated with clinical negligence claims. In England for example, the NHS Litigation Authority has an important role in assisting NHS trusts to reduce their exposure to adverse incidents which can result in expensive litigation and costly compensation payments.

RQIA's Response:

RQIA agrees with the need to centralise the systems and processes for gathering analysing and learning from reports of critical incidents and never events. Whilst the establishment of an Institute for Patient Safety is one way of doing this, it would result in the creation of another silo within the existing system. RQIA agrees that the current arrangements for assuring patient safety across the health and social care network in NI are fragmented and could benefit from being brought together on a regional basis and centred on a single organisation.

RQIA's involvement would be a vital component of any plan to take forward this recommendation RQIA would wish to be involved directly in any strategic conversations exploring how such an entity would operate and whether it needs to be constituted as a separate organisation, or could be accommodated appropriately within one of the existing arms-length bodies.

RQIA will participate in, or could lead, an interagency working group which would report to Minister within a specified timeframe on proposals to establish an Institute for Patient Safety in Northern Ireland, or to centralise these functions within an existing HSC body.

2.4 Whistleblowing

The Donaldson report said:

The health and social care system aspires to a 'just' culture, in which staff can be open without fear of inappropriate reprisal. In reality, this is not the culture that currently exists. This is not primarily the fault of those delivering health and social care.

Northern Ireland needs to increase the degree of openness and transparency in talking about harm, and decrease the degree of blame and fear. The responsibility cannot lie solely within the health and social care system. They are complex cycles.

Openness and transparency, blame and fear: these are multi-dimensional issues that cannot be improved directly by legislation, rules or procedures alone.

There is great concern and depth of feeling amongst staff in the system who have attempted to uncover poor standards care and been denigrated. Their role as whistleblowers has placed them in an even more isolated position. This unsatisfactory situation needs to be resolved.

The Donaldson report recommended that the Regulation and Quality Improvement Authority should review the current policy on whistleblowing and provide advice to the Minister.'

RQIA's Response:

RQIA agrees with the aspiration to work towards a 'no blame' culture in which staff feel confident in reporting concerns regarding poor standards of care. RQIA also acknowledges that it has an important role to play in encouraging the necessary change in culture to make this aspiration a reality.

RQIA has received the following documents:

- Whistleblowing in the Public Sector: A Good Practice Guide for Workers and Employers (November 2014)⁴ (now published on the RQIA website) and
- Freedom to Speak Up: An Independent Review into Creating an Open and Honest Reporting Culture in the NHS (February 2015)⁵

As part of its three year review programme, RQIA will undertake a review of the current policy on whistleblowing, to assess how effectively it is working throughout HSC organisations. Following this, RQIA will then provide advice to Minister as to how the whistleblowing process should be improved.

2.5 Focus on Quality and Safety Improvement

The Donaldson report said:

Quality 2020 is a ten-year strategy with a bold vision – that the health and social care system should “be recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care”. Three years on, there is good evidence of the strategy being implemented. An influential steering group oversees the work.

The Donaldson Review Team judged that Quality 2020 represents a strong set of objectives, and that there is clear evidence of extensive work and of some successes in implementation. However, this does not amount to quality and safety improvement being given the primacy of focus that it needs, and NI is not seeing the wood for the trees about the need to establish crucial aspects of quality and safety improvement which are not well represented at present: clinical leadership, cultural change, data linked to goals, and standardisation.

⁴ http://www.audit-scotland.gov.uk/docs/corp/2014/as_141125_whistleblowing_public_sector.pdf

⁵ https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf

RQIA's Response:

RQIA agrees with the Report's conclusion that currently responsibilities for quality and safety are assured by a complex system involving a number of organisations.

The overwhelming need is for re-development of the present system to make it much more successful in bringing about improvement, by streamlining the present relationships, thus providing a greater focus on quality improvement. The re-development would also, where possible, facilitate quality leadership development opportunities for clinicians.

A possible approach to provide a greater coherence and an improved focus on quality improvement would be to develop better links between RQIA and the HSC Safety Forum, with options to explore where the HSC Safety Forum could best be located in the future.

An initial step would be to provide a baseline position as to the extent of quality improvement processes in HSC organisations.

In its 2015/2016 review programme, RQIA will carry out a review to examine quality improvement processes in HSC organisations.

3.0 Summary

The Donaldson Report makes ten recommendations for improvement which encompass almost all aspects of health and social care, including commissioning, service delivery, regulation and quality improvement. RQIA is on a journey of excellence with regard to having an effective regulatory system which commands public confidence.

Recommendation 5 is focused on the regulation and the need to have a holistic system of regulation which impacts across the full spectrum of health and social care and impacts equally on both independent and HSC providers. . RQIA has a well-established footprint into HSC trusts and is capable of delivering robust inspections of all healthcare establishments. RQIA is preparing to introduce a rolling programme of inspections of acute hospitals, based on the patient experience.

RQIA welcomes Sir Liam Donaldson's recommendation that regulation of HSC trusts needs to be considered in the round, rather than on a piecemeal basis in response to events. The report provides a framework and an opportunity for RQIA to proactively engage with DHSSPS in designing an enhanced system of regulation of HSC bodies which is proportionate and focused on patient safety.

This paper sets out proposals which would help to strengthen regulation of acute services and describes the activities which have already been set in train to make this happen. It also outlines other proposals which describe how RQIA could make a positive contribution to taking forward other aspects of the Donaldson review,

including in particular taking forward a strategic conversation on how best to achieve the intended functions of an Institute for Patient Safety. .

RQIA considers that it has a crucial role to play in taking forward relevant recommendations from the Donaldson Report and will engage in further discussion with the DHSSPS, in taking forward some or all of the actions proposed in this response.

RQIA Board Meeting

Date of Meeting	18 February 2015
Title of Paper	Corporate Performance Report
Agenda Item	7
Reference	C/02/15
Author	Stuart Crawford
Presented by	Director of Corporate Services
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 linked to its strategic objectives and priorities as described in the Corporate Strategy 2012-2015.</p> <p>The report will present a cumulative picture of corporate performance and summarise key achievements and issues across the financial year.</p>
Executive Summary	At the end of the third quarter of 2014/15, 18% of the actions within the Corporate Performance Report were implemented.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should NOTE the Corporate Performance Report
Next steps	The report for the fourth quarter of 2014/2015 will be presented to the Board on 14 May 2015.



CORPORATE PERFORMANCE REPORT 2014/15

QUARTER 3

Ending 31 December 2014

Board Meeting – February 2015

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Introduction

Purpose

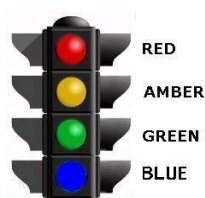
The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan, linked to its strategic objectives and priorities as described in the Corporate Strategy 2012-2015.

RQIA's Strategic Map available on page 44 is a visual representation on one page creating an integrated and coherent picture of the organisation's forward strategy.


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


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

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



The Traffic Light rating operates as follows:

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

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

 = action forecast to be completed by the completion date.

 = action completed.

Exception Reporting

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

Measures of Success

Information on Supporting Measures of Success is provided in the report. Measures of Success are qualitative and quantitative data that helps the organisation to gain an insight, make better-informed decisions and improve performance.

Summary of Progress to Date





The report also includes a high level summary of progress made to date, and an analysis of the BRAG ratings for actions at the end of the reporting period.

Frequency of Reporting

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

1. Summary of Traffic Light Rating System (Period Ending 31 December 2014)

The table below shows a summary of the Traffic Light rating assigned to 99 actions within the Business Plan for the period ending 31 December 2014.

Traffic light		Period Ending June 2014	Period Ending Sept 2014	Period Ending Dec 2014	Period Ending March 2015
Red		1 (1%)	5 (5%)	5 (5%)	
Amber		0	2 (2%)	1 (1%)	
Green		88 (89%)	76 (77%)	75 (76%)	
Blue		10 (10%)	16 (16%)	18 (18%)	

At the end of the 3rd quarter of 2014/15, 94% of the actions within the Business Plan were reported as Blue or Green.

2. Headline Achievements (Period Ending 31 December 2014)

3.1 ***Regulation - Registering and inspecting a range of independent and statutory health and social care services*** ***Inspection Activity***

Following a review of issues arising from inspections over the previous year, the inspection themes for 2014 / 15 include:

- Responding to residents behaviour in Residential Care homes
- Restrictive practice within the context of service user's human rights

- Service users receiving care in a supported living setting are not inappropriately deprived on liberty or subject to inappropriate restrictive interventions in their own homes
- Children's homes audit of statutory records maintained for each child
- Infection control and prevention in dental practice
- Resuscitation Equipment and Resuscitation training in Independent Hospitals
- Procedures for Use of Lasers and Intense Light Sources in Independent Hospitals / Beauty Clinics

A recruitment exercise has been completed and 5 whole-time-equivalent inspectors are in the process of commencing employment within the directorate. A range of measures have been introduced to support the risk based approach to inspection and to make progress towards achievement of statutory requirement for inspections.

Two further appeals were made to the Care Tribunal in relation to the issue of Notices of Decision to refuse to register dental practices. These remain unresolved as at Q3.

The Regulation Directorate Improvement Programme, which includes a review of our inspection methodology, continues to make good progress with a number of workshops and focus groups held with inspectors and administration staff to map out our current processes and identify the areas where improvement and efficiencies can be made.

A very successful stakeholder workshop was held for regulated service providers and HSC Trusts on the topics of water safety / Legionella Screening and Emergency and Contingency Planning (Q2). Guest speakers from Health and Safety Executive along with representative of the Belfast Resilience Forum addressed over 150 attendees.

The external review of Regulation Directorate structures, undertaken by the HSC Clinical Leadership Centre has been completed and will form the basis for a workforce planning and capacity to be undertaken by Regulation Directorate as part of the second phase of the Directorate Improvement Programme.

3.2 Review - Assuring the quality of health and social care through a programme of reviews and hygiene inspections

During Q1, the Reviews Directorate led the process of engagement to develop a new programme of reviews for the period 2015 to 2018. In Q2, a draft programme of reviews was published for consultation for a three month period. Following consultation, it is planned to bring the proposed final programme for consideration by the RQIA Board in Q4.

In Q3, RQIA published six review reports:

1) Independent Inquiry into Child Sexual Exploitation (CSE) in Northern Ireland (November 2014)

The Inquiry reported on the nature and a measure of the extent of CSE in Northern Ireland, as well as providing an assessment of the effectiveness of current cross sectoral child safeguarding and protection arrangements and measures to prevent and tackle CSE. A key element of the inquiry was strong engagement with young people, parents, professional and community groups and a range of statutory and voluntary agencies across the health, social care, justice and education sectors. The inquiry made 17 key recommendations, and a further 60 supporting recommendations to the ministers for health, justice and education. An Executive Summary was also published.

2) Discharge Arrangements from Hospital (November 2014)

The review reported that, at present, elements of the patient journey leading to discharge are fragmented, and recommended that trusts resolve the obstacles hindering effective discharge planning. Discharges should be planned from the point of admission and arrangements co-ordinated for the provision of medicines, discharge letters, and transport for patients who require help going home. The review made 20 recommendations to improve discharge arrangements from hospitals across Northern Ireland.

3) Access to Services by Disadvantaged Groups (December 2014)

Position paper published to RQIA website.

4) GAIN Guidance: Care of Clients with a Learning Disability in Acute Hospitals (December 2014)

The Guideline on Caring for People with a Learning Disability in General Hospital Settings was published by GAIN in June 2010, detailing specific requirements for people with a learning disability who use general hospital settings. These include: communication; training for hospital staff; attendance at emergency care services; discharge planning; and support for carers. This review found that, while all health and social care trusts have processes in place to implement GAIN guidelines, trusts need more robust procedures for monitoring progress, ensuring there are appropriate reporting mechanisms in place at director and trust board level. The review made 19 recommendations.

5) Care of Patients following Stroke (December 2014)

Since 2008, the Regional Stroke Strategy Implementation Group has taken forward the implementation of the Northern Ireland stroke strategy with the HSC trusts. While much progress has been achieved, further work is required in the implementation of a number of the strategy's recommendations. This review made 22 recommendations to improve the quality of stroke services across Northern Ireland for all those requiring this care.

6) Review of the Implementation of the Royal Dental Hospital Inquiry Action Plan (December 2014)

This review was commissioned by DHSSPS in November 2013 following the publication of the Dental Hospital Inquiry Action Plan (July 2013). RQIA examined the implementation of specific actions relating to the Belfast Trust and the Health and Social Care Board, and found that of these 22 actions, 15 were fully implemented, while seven required further work. RQIA will conduct a further assessment of progress against the action plan during 2015-16.

Public consultation closed on the RQIA Three Year Review Programme 2015-2018 and a draft Programme will be brought to the RQIA Board for approval in Q4.

3.3 Mental Health Order Oversight - Delivering a programme of scrutiny and review of services provided to people with a mental illness or a learning disability

During Q3 the MHL D team inspection programme continued with Patient Experience Interviews, visiting three wards. Nineteen primary type inspections were undertaken in Q3, and two inspections to Beechcroft as a result of whistleblowing. Reports have been produced in both full and easy read versions and have been made available on the RQIA website.

During Q3, inspection findings indicated that 75% of recommendations made by MHL D inspectors in previous inspection reports had been fully implemented by HSC Trusts. This information will be provided to HSC Trusts as a means of encouraging and sustaining improvement.

Prescribed forms providing details of sufficient legal grounds for a patient's detention in hospital are routinely screened by the MHL D team. 99.8% of prescribed forms were screened within the agreed timeframes (72hrs). 18 (0.2%) were screened outside the agreed timeframe due to being received over the Christmas weekend. HSC Trusts were informed promptly of noted errors. Trusts were required to take appropriate actions to ensure that patients had been properly and legally detained under the Mental Health (NI) Order 1986, and patients' rights upheld.

MHL D inspectors reviewed 47 SAI investigation reports in Q3. Twenty reports were assessed as fully compliant with agreed RQIA standards equating to 43% of all reports reviewed. This is an increase of 25% from Q2, indicating that Trusts may be producing reports of an improved quality and in accordance with the requirements of the HSCB Regional Procedure.

The monitoring of the provision of ECT and the patient experience of ECT across the five Trusts continues. Dr Sara Maguire submitted an abstract for a psychiatric journal competition in relation to the review of the patient experience of electroconvulsive therapy in Northern Ireland. Although Dr Maguire did not win the competition, her article was very well received. This will be submitted to professional journals for publication in Q4.

The Report on the Administration of ECT in NI was completed in Q3 and will be available on the RQIA website.

An audit of treatment plans detailing the use of psychotropic medications for more than three months received from November 2013 to August 2014 were reviewed against best practice standards for prescribing, including dosage, frequency and rationale for use. The final audit report for the review of treatment plans was completed during Q3 and is available on the RQIA website.

A successful North/South conference jointly hosted by RQIA and the Irish Mental Health Commission was held on 5 December 2014 at Dublin Castle. A range of keynote speakers delivered presentations on deprivation of liberty and implications of recent legal challenges and Judicial Reviews.

3.4 Key Enablers (Corporate Services)

RQIA achieved Investors in People (IiP) accreditation in June (Q1). We have engaged with staff about the feedback received from the IiP assessment and prepared an IiP Improvement Plan.

Following UAT, data migration, end user training and an Internal Peer Review (IPR) 4 Health Check, Phase 1 of iConnect – the core system - went live on 30 June. Work is underway for the implementation of Phase 1B of the project – the development of a web portal – which is now likely to go-live in August 2015.

Following an extensive pre-consultation exercise with staff and stakeholders, the draft Corporate Strategy 2015-18 was approved by the Board on for public consultation in July (Q2). A 12 week period of formal consultation closed at the end of October (Q3). The draft Strategy has been revised and updated for approval by the Board in January 2015.

The draft Business Plan 2015-16 is currently under development for approval by the Board in February 2015.

The Annual Report & Accounts 2013/14 was approved by the Board on 3 July. The C&AG has certified that the 2013-14 financial statements with an unqualified audit opinion, without modification. The Annual Report & Accounts 2013/14 has been published and laid before the Assembly.

RQIA's PPI Action Plan 2014/15 was developed and approved by the Board on 3 July.

An Improvement and Efficiency Operational Plan 2014/15 was developed and approved by the Board on 3 July. This Plan includes the six organisational excellence improvement initiatives which continue to be taken forward based on feedback from the EFQM assessment in 2012.







RQIA's first Quality Report 2013/14 was developed and approved by the Board in September (Q2).

A new Quality Improvement Steering Group was formed consisting of two Board members and the Chief Executive. The Group met three times during Quarter 3.

The HR&OD Strategy 2013-15 is near completion, some of the achievements over its lifespan include, successful implementation of HRPTS, investment and delivery in a range of staff and management learning and development programmes, improved staff consultation and engagement and the successful attainment of the Investors in People Award.

3. PERFORMANCE & EXCEPTION REPORT

Summary of Actions from RQIA's Corporate Performance Report 2014/15 that require Exception Reports

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Page Number
1.1.3	Publish inspection reports on all regulated sector service inspections on the RQIA website and within pre-set reporting targets (excluding children's services). (DO)¹ (March 2015)		An increase in inspection activity to respond to concerns, coupled with a number of vacant posts has impacted on our ability to meet this target. Five full time inspectors recently commenced employment within the directorate and are currently undergoing induction.	11
2.1.9	Introduce a lay assessor's component into the infection prevention/hygiene programme for 2014-15. (Sept 2014)		Lay assessors have been recruited and induction completed. Honorary agreements have been issued and lay inspectors will commence participation in inspections from Q4.	16
4.2.2	Upgrade/replace RQIA website and intranet. (March 2015)		A business case is being prepared for the phased development of a replacement website and intranet. These developments will commence in 2015/16 subject to the approval of the business case, availability of capital funding.	28
5.2.2	Participate in HSC-wide staff survey. (Dec 2014)		It is unlikely that the DHSSPS HSC-wide staff survey will happen during 2014-15. To ensure that RQIA has consistent data relating to staff development and satisfaction an internal pulse survey was completed in Q3	31
6.1.2	Develop a corporate scorecard based on a best practice framework. (Sept 2014)		Following the completion of the Corporate Strategy and Business Plan the development of the corporate scorecard will commence during Q4.	32
8.1.2	Implement the new i-Connect system. (Sept 2014)		The core iConnect system (Phase 1a) went 'live' on 30 June 2014. Following extensive discussions between RQIA, ITS and Sysco, the Security Architecture Plan for the iConnect web portal (Phase 1b) was agreed in December 2014. However, the original go-live target date of March 2015 is no-longer achievable. The web portal will now go-live in August 2015. Furthermore project management arrangements will need to be reviewed and funding secured for 2015/16.	38



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

Summary of Measures of Success from RQIA's Corporate Performance Report 2014/15 that require Exception Reports




Supporting Measures of Success		Exception Report: Reason/Action/Emerging Risk	Page
1.1	100% of draft inspection reports to be completed within 28 days from the date when the inspection was completed. (DO) (Q)	<p>By the end of quarter 3, 70% of draft inspection reports were completed within 28 days.</p> <p>An increase in inspection activity to respond to concerns, coupled with a number of vacant posts has impacted on our ability to meet this target. Five full time inspectors recently commenced employment within the directorate and are currently undergoing induction.</p>	12
5.1	A minimum of 90% of all staff with completed appraisals and PDPs by May (DO) (Q)	<p>A minimum of 90% of all staff with completed mid-year reviews completed by October (S)</p> <p>Q3 – 55% (based on 76 staff confirmed that they received their mid-year follow up in Q3)</p> <p>We are currently outstanding updates for 28% of staff. A list of outstanding staff names have been notified to the appropriate Directors to chase up. It is anticipated that 100% of mid -year follows will be completed by the end of Q4.</p>	30

1 - Regulation - Registering and inspecting a range of independent and statutory health and social care services

1.1 - Completed an annual targeted and proportionate regulation programme to protect and safeguard the public and achieve improved outcomes for service users



Actions		Progress	Exception Report: Reason/Action/Emerging Risk
1.1.1	Complete a programme of themed and focused inspections of all regulated sector services in line with the statutory minimum frequencies outlined within the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005. (March 2015)		
1.1.2	Complete additional inspections above those set out in the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005, where assessed as necessary to provide assurance on the quality and safety of regulated services. (March 2015)		

Supporting Measures of Success			
Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually			
Volume of inspection activity (completed versus scheduled)			
Number of inspections completed versus scheduled by the end of Q3			
Category	No of Inspections Scheduled	No of Inspections Completed	% of Inspections Completed
Adult Placement Agency	0	0	0%
Childrens*	110	107	97%
Day Care Setting	183	175	96%
DCA-Conventional	75	74	99%
DCA-Supported Living	142	141	99%
Independent Clinic	4	4	100%
Independent Hospital	47	47	100%
Independent Hospital - Dental Treatment	317	317	100%
Independent Medical Agency	2	2	100%
Nursing*	578	535	93%
Nursing Agency	13	12	92%
Residential*	432	424	98%
Residential Family Centre	0	0	0%
Voluntary Adoption Agency	1	1	100%
Boarding School	6	6	100%
Young Adult Supported Accommodation	16	16	100%
Total	1926	1861	97%
*Requires two inspection to meet statutory minimum requirements			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
1.1.3	Publish inspection reports on all regulated sector service inspections on the RQIA website and within pre-set reporting targets (excluding children's services). (DO)² (March 2015)		An increase in inspection activity to respond to concerns, coupled with a number of vacant posts has impacted on our ability to meet this target. Five full time inspectors recently commenced employment within the directorate and are currently undergoing induction.
1.1.4	Maintain a dynamic and accurate register of services and establishments. (March 2015)		
1.1.5	Further promote a rights based approach to regulation, in order to ensure that service users are not inappropriately deprived of liberty or subject to inappropriate restrictive interventions. (March 2015)		




Supporting Measures of Success							
Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually							
Service category	Number of Services who have receiving the following number of inspections by the end of Q3					No of services inspected	Services Registered
	1	2	3	4	5+		
Adult Placement Agency						0	4
Children's*	10	24	7	5	2	48	49
Day Care Setting	117	26	2			145	187
DCA-Conventional	66	4				70	123
DCA-Supported Living	122	6	1	1		130	182
Independent Clinic	4					4	7
Independent Hospital	28	6	1	1		36	47
Independent Hospital -Dental	285	13	2			300	375
Independent Medical Agency	2					2	5
Nursing*	81	118	39	12	10	260	268
Nursing Agency	9	2				11	33
Residential*	45	98	39	9	7	198	203
Residential Family Centre						0	1
Voluntary Adoption Agency	1					1	4
Boarding School	6					6	0
Young Adult Supported Accommodation	16					16	0
Total	792	297	91	28	19	1227	1488
*Requires two inspection s to meet statutory minimum requirements The table above shows that by the end of Q3 81% of registered service providers (excluding Boarding Schools and Young Adult Supported Accommodation) have received at least one inspection.							

² Action meets the criteria set out in the DHSSPS Departmental Business Objectives 2014-15

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
1.1.6	Report on enforcement action, failure to comply notices and improvement notices at regular bi-monthly sponsorship meetings with DHSSPS. (DO) (March 2015)		
1.1.7	Provide a six monthly summary of enforcement actions, including failure to comply notices and improvement notices to DHSSPS. (DO) (October 2014 / March 2015)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
Number of service users and staff consulted as part of the inspection process <ul style="list-style-type: none"> – number of service users and/or representatives interviewed (during inspections) (A) – number of staff consulted with as part of the inspection process (A)
100% of draft inspection reports to the completed within 28 days from the date when the inspection was completed. (DO) (Q)
<p>By the end of quarter 3, 70% of draft inspection reports were completed within 28 days.</p>




1.2 - Ensured that regulation is carried out effectively and that its outcomes and impact on policy are communicated to all relevant stakeholders

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
1.2.1	Pilot the introduction of lay assessors in inspections in order to capture the views of service users. (March 2015)		
1.2.2	Proactively communicate the specific role we play as regulator of services and establishments. (March 2015)		
1.2.3	Publish RQIA's 2013-14 annual Regulation Quality Report (DO) (Dec 2014)		





Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to be reported on six monthly basis</i> <i>A = to be reported annually</i>
Evaluation of the support and guidance provided by Regulation Directorate <ul style="list-style-type: none"> - % of persons who attended the annual provider information events who are satisfied with the guidance and information provided at these events (A) - number of stakeholder workshops provided (A)

2 - Review - Assuring the quality of health and social care through a programme of reviews and hygiene inspections





2.1 - Provided public assurance that agreed quality standards for health and social care are being achieved

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.1.1	Conduct a review programme examining and reporting on the quality and availability of health and social care services, highlighting best practice and making recommendations for improvement where necessary. (March 2015)		
2.1.2	Provide the DHSSPS with advice, reports or information in relation to the provision of service, or the exercise of its functions, at the department's request. (March 2015)		
2.1.3	Report on progress of the Three-Year Review Programme, keeping the department informed at bi-monthly liaison meetings about the provision of services, and in particular their availability and quality. (DO) (March 2015)		




Supporting Measures of Success			
Q = to be reported on quarterly basis S = to be reported on six monthly basis A = to be reported annually			
Progression on completion of the Three-Year Review Programme 2012-15 (Q)			
Review Programme 2012-2015	Year One 2012/2013	Year Two 2013/2014	Year Three 2014/2015
Planned Reviews	10	9	8#
Planned Reviews: Fieldwork Completed	10	9	3
Additional Reviews	1	4	1*
Additional Reviews: Fieldwork Completed	1	3*	1*
Total Reviews	11	13	9
Total Reviews: Fieldwork Completed	11	12	4
*Child Sexual Exploitation Inquiry runs over two years #Nutrition in Hospitals: To be reviewed as part of the New Hospitals Inspection Programme (April 2015)			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.1.4	Report to the department on the quality of regulated services and any specific concerns arising from thematic and commissioned reviews. Keep the department informed on the overall quality and availability of services by means of regular updates at bi-monthly meetings and provide written reports and correspondence as necessary. (DO) (March 2015)		
2.1.5	Develop a delivery plan for achieving the 2014-15 programme of scheduled thematic reviews. (April 2014)		
2.1.6	Complete the planned reviews as set out in the 2014-15 schedule. (March 2015)		
2.1.7	Develop a delivery plan for achieving a programme of infection prevention/hygiene inspections for 2014-15, to include augmented care settings. (DO) (April 2014)		

Supporting Measures of Success
<p><i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i></p> <p>Reviews published during Q3 of Year Three 2014/15:</p> <ol style="list-style-type: none"> 1. Disadvantaged Groups 2. GAIN: Care of Clients with a Learning Disability 3. Discharge Arrangements 4. Stroke Services 5. Dental Action Plan 6. Child Sexual Exploitation Inquiry <p>Rescheduled Reviews during course of Programme: In any given year adjustments are made to the schedule of reviews at the request of the Minister and Department.</p> <p>Progression on completion of the 2014-15 IR(ME)R inspection programme (Q)</p> <p>In the UK in recent years there have been concerns that in some cases Computerised Topography (CT) Scans have been used unnecessarily. Therefore, it has been agreed that the IRMER inspection programme for 2014-15 would be undertaken by means of an audit of all CT scans. This would focus on whether the CT scan is being undertaken as the most appropriate diagnostic test for the individual service user. The audit is currently on track. IR(ME)R Inspections</p>






Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.1.8	Complete the planned programme of infection prevention/hygiene inspections, to include augmented care settings, for 2014-15. (March 2015)		
2.1.9	Introduce a lay assessor's component into the infection prevention/hygiene programme for 2014-15. (September 2014)		Lay assessors have been recruited and induction completed. Honorary agreements have been issued and lay inspectors will commence participation in inspections from Q4.
2.1.10	Complete a programme of IR(ME)R inspections with input from Public Health England (PHE). (March 2015)		
2.1.11	Establish a baseline to demonstrate improvement in compliance with identified IR(ME)R procedure(s) / process(es). (March 2015)		

Supporting Measures of Success
<p>Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually</p> <p>In Q3 Planned -2 Completed -2</p> <p>Progression on completion of agreed 2014/15 core infection prevention and control and hygiene inspection programme (Q)</p> <p>Q3 – 100% on target</p> <p>Care of Older Persons Review Inspections completed Reports and overview report completed and with the DHSSPS.</p> <p>Inspection of Theatres in Independent Healthcare Hospitals completed.</p> <p>Report of the Follow up inspection to the Royal Victoria Hospital Emergency department and Acute Medical Unit published in Q3. Further follow up inspection to the Royal Victoria Hospital Emergency department was completed in Q3.</p> <p>Joint Inspection of Magilligan Prison undertaken 2-6 June 2014 with HMIP, CJINI and ETI will be published in Q4.</p> <p>Report of the joint inspection on Prisoner Safety was published in Q3</p>




Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.1.12	Develop a delivery plan for achieving a programme of healthcare inspections to prisons and to other criminal justice settings, including co-operation with Her Majesty's Inspectorate of Prisons (HMIP), CJI and with ETI. (April 2014)		
2.1.13	Report on the findings of inspections of prison health care, including those carried out in collaboration with other regulators. (March 2015)		
2.1.14	Undertake the work required to provide an overview on the progress made in relation to the healthcare recommendations within the report of Review of the Northern Ireland Prison Service (Prison Review Team Final Report; October 2011). (March 2015)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
Inspection of Woodland Juvenile Justice Centre undertaken in September 2014. Report not finalised.

2.2 - Ensured that all review activity is designed to support continuous improvement and protect rights



Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.2.1	Develop a comprehensive three year programme of review activity (2015- 18). (March 2015)		
2.2.1	Develop a comprehensive three year programme of infection prevention/hygiene activity, to include augmented care settings (2015-18). (March 2015)		
2.2.3	Develop a framework and timetable for a programme of IR(ME)R inspections (2015-18). (March 2015)		
2.2.4	Develop an agreed approach to carrying out a programme of healthcare inspections to prisons and other criminal justice settings (2015- 18). (March 2015)		
2.2.5	During the development of all planned programmes for 2015-2018, consult with key stakeholders as to effective communication methods. (March 2015)		

Supporting Measures of Success
<p>Q = to be reported on quarterly basis S = to be reported on six monthly basis A = to be reported annually</p> <p>Assessment of compliance with regional targets for the augmented care inspection programme (Q)</p> <p>Q3 – 100% on target</p> <p>Augmented Care Inspections continue and are in target</p> <p>Evaluation of the delivery of Prison Review Team recommendation compliance reports (Q)</p> <p>7 of the recommendations of the Prison Review Team have been forwarded to RQIA for assessment to determine if they can be signed off as completed at the PRT Oversight Group. One recommendation was signed off in December. This measure of success will be reported in the Q4 report.</p> <p><i>IPHT Annual Overview report published.</i></p>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.2.6	Assess during the planning and evaluation stages the impact of individual reviews on improving services and protecting rights. (March 2015)		
2.2.7	Review progress on recommendations from reviews published in 2012-13 and 2013-14. (March 2015)		
2.2.8	Publish RQIA's 2013-14 annual Prevention/Hygiene Inspections Quality Report. (DO) (Dec 2014)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>





2.3 - Informed the development of regional policy, standards and guidance



Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.3.1	Ensure effective liaison with regional policy leads during the planning and delivery of reviews. (March 2015)		
2.3.2	Set each review in the context of relevant regional policy, standards and guidance and, where appropriate, make recommendations regarding the need for service development and systems improvement. (March 2015)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>

3 - Mental Health Order Oversight - Delivering a programme of scrutiny and review in services provided to people with a mental illness or a learning disability






3.1 - Provided optimal safeguards for all users of mental health and learning disability services







Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
3.1.1	Undertake a planned programme of announced and unannounced inspections to mental health and learning disability inpatient settings. (March 2015)			<p><i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i></p> <p>% of recommendations in the inspection reports that have been fully implemented by the HSC trusts at the date of the next inspection activity (Q)</p> <p>Inspection findings indicated that 75% of recommendations made at previous inspections had been fully implemented by HSC Trusts.</p> <p>% of patients and/or representatives interviewed (during inspections and patient experience interview inspections) who are satisfied with the quality of their care and treatment as a hospital inpatient (Q)</p> <p>70% of patients and/or representatives interviewed in Q3 confirmed that they were satisfied with the quality of their care and treatment as a hospital inpatient, 3% were unsatisfied and 27% didn't answer.</p> <p>100% of prescribed forms screened within the agreed statutory and organisational timeframes (72hrs) and HSC trusts informed of any errors (Q)</p> <p>Q3 – 99.8% (2847) of prescribed forms were screened within the agreed timeframes (72hrs)</p>
3.1.2	Undertake a planned programme of patient experience interviews in mental health and learning disability inpatient settings, and of people subject to guardianship, and report the findings. (DO) (March 2015)			
3.1.3	Undertake a review of the implementation of Article 116 of the Mental Health (Northern Ireland) Order 1986. (March 2015)			
3.1.4	100% of inspection reports and patient experience inspection reports to be produced in both full and easy read versions. (DO) (March 2015)			






Actions		Progress	Exception Report: Reason/Action/Emerging Risk
3.1.5	100% of inspection reports and patient experience inspection reports for adult inpatient facilities will be published on RQIA's website. (March 2015)		
3.1.6	Undertake a review of the process for the internal scrutiny of treatment plans and the availability and use of a range of treatments prescribed. (September 2014)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>

3.2 - Ensured that all review and inspection activity drives service improvement and is communicated to stakeholders


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
3.2.1	Monitor the use of ECT and patient experience across the five HSC trusts. (March 2015)			<p>% compliance by HSC trusts with HSC Board regional procedure for reporting and follow-up of serious adverse incidents using RQIA agreed set of standards (Q)</p> <p>52 SAI investigation reports were reviewed by MHL D inspectors in Q2.</p> <p>Nine reports were assessed as fully compliant with the HSCB Regional Procedure for Reporting and Review of Serious Adverse Incidents 2013 equating to 17%.</p> <p>% of ward managers that were satisfied with the inspection experience including the guidance and information provided throughout the inspection process (Q)</p> <p>Out of the 68% (13 questionnaires received) 98% (12) were satisfied and 2% (1) didn't answer the question</p>
3.2.2	Complete a review of a random sample of treatment plans and report on findings to the five trusts. (September 2014)			
3.2.3	Review 100% of SAI investigation reports using an RQIA agreed set of standards. (March 2015)			
3.2.4	Review access to psychological therapies across the five HSC trusts. (March 2015)			
3.2.5	Provide feedback to the HSC trusts in respect of the RQIA's overview of the discharge of statutory functions under the Mental Health (Northern Ireland) Order 1986. (March 2015)			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
3.2.6	Facilitate: <ul style="list-style-type: none"> an annual provider information event on the standards MHL D will use to inspect services (March 2015) an annual medical conference on findings from audit and inspection of MHL D services (January 2015) a north/south conference on areas of joint interest in MHL D services (December 2014) 	  		<p><i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i></p> <p>% hospital wards who attended RQIA MHL D annual provider information events and annual medical conference (A)</p> <p>% attendees at the annual provider information events and annual medical conference who are satisfied with the guidance and information provided at these events (A)</p>
3.2.7	Complete themed reviews of: <ul style="list-style-type: none"> use of restrictive practices (Dec 2014) safeguarding (March 2015) physical health of MHL D patients (March 2015) and produce reports accordingly. 	  		

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
3.2.8	Develop and implement a procedure in relation to involvement of lay reviewers and experts by experience in inspection type activity, including patient experience inspections and report on outcomes in the annual quality report. (March 2015)		
3.2.9	Participate in planned review programme (where applicable to MHL D services) to include: <ul style="list-style-type: none"> • addiction /dual diagnosis (April 2014) • eating disorder services (March 2015) • phase 2 of learning disability community services (March 2015) 	  	
3.2.10	Publish RQIA's 2013-14 annual MHL D Report. (June 2014)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>




3.3 - Engaged effectively in the development of policy and emerging legislation

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
3.3.1	Contribute to the DHSSPS working group in drawing up guidance to accompany the new mental capacity legislation as required. (June 2014)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
Number and types of recommendations made following inspections that directly influenced the DHSSPS revision of regional guidance and policy or HSCB commissioning plans (A)





4 - Engagement & Communications - Engaging and communicating effectively with our stakeholders



4.1 - Embedded personal and public involvement (PPI) as a fundamental part of all of RQIA's work

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
4.1.1	Implement patient and public involvement (PPI) for 2014-15 inclusive of monitoring and evaluation of all PPI activity. (STEP)³ (March 2015)			<p>Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually</p> <p>Analysis of user consultation interviews to ascertain the views of both service users and their representatives as part of the domiciliary care agencies inspection to demonstrate assurance in care, improvement in care documentation and identifying areas of concern (A)</p>
4.1.2	Prepare progress report on 2013-14 PPI Action Plan. (STEP) (May 2014)			<p>% of actions implemented in the PPI Action Plan that met their intended outcome (S)</p>
4.1.3	Publish RQIA's 2013-14 annual quality report. (DO) (Sept 2014)			<p>Q2 - 100% of actions implemented in the PPI Action Plan have met their intended outcome</p>

³ Improvement action incorporated in RQIA's Steps to Excellence Programme (STEP)

4.2 - Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public





Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
4.2.1	Quality assure all outward facing communications including inspection and review reports, ensuring they are concise and easy to understand. (March 2015)			<p>Assess print and broadcast media coverage of the work of RQIA and to determine the proportion of positive/negative/neutral coverage (S)</p> <p>During the period 1 April to 31 December 2014, RQIA was referenced in the media on 87 occasions. This related to the full range of RQIA's activities – regulation, review and mental health and learning disability. 55% of these were classified as positive; 38% as neutral – where RQIA was referenced within an article; and 7% (eight articles) were classified as negative. In the main, the negative coverage related to criticism of RQIA resulting from the Cherry Tree House review.</p> <p>Evaluation of the number and type of external presentations made by RQIA staff (Q)</p> <p>During the period 1 April -31 December 2014, staff from across RQIA made presentations at 55 events. These included: consultation on the development of RQIA's Corporate Strategy and three year Review Programme 2015-2018; a reception for health and social care regulators at Parliament Buildings; a regional summit on unscheduled care; and evidence to the NI Human Rights Commission inquiry on emergency care; an RQIA Estates Seminar focusing on emergency planning, water safety and legionella control; and Responding to Challenges – Getting it</p>
4.2.2	Upgrade/replace RQIA website and intranet. (March 2015)		A business case is being prepared for the phased development of a replacement website and intranet. These developments will commence in 2015/16 subject to the approval of the business case, availability of capital funding.	
4.2.3	Survey the public/stakeholders perceptions on RQIA's role and responsibilities. (Dec 2014)			
4.2.4	Engage with public/stakeholders through use of a Twitter account, communicating messages about RQIA's activities. (March 2015)			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
4.2.5	Deliver key messages effectively to all staff through team meetings, monthly staff meetings and by making appropriate use of the RQIA intranet. (March 2015)		
4.2.6	Continue to play an active role in the health care (Five Nations) regulators' forum, the UK Heads of Inspectorate forum, and in the European partnership of Supervisory Organisations (EPSO). (March 2015)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
<p>Right, an all-Ireland conference jointly organised by RQIA and the Mental Health Commission of Ireland. Feedback from these events was very positive.</p> <p>Number of liaison meetings held with stakeholders (HSC trusts/Board/PHA etc.) (Q)</p> <p>During Q1 – RQIA met with PCC, HSCB, DHSSPS and other regulators</p> <p>During Q2 - RQIA met with PCC, HSCB, DHSSPS, Healthcare Wales, NICCY and the Prisoner Ombudsman.</p> <p>During Q3 - RQIA met with PCC, HSCB, DHSSPS, Care Inspectorate Scotland, PHA and NICCY.</p>





5: People - Developing and maintaining a competent, valued and motivated workforce Strategic Objectives

5.1 - Continued to ensure that we have a professionally competent workforce delivering on RQIA "s strategic objectives

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
5.1.1	Implement year two human resources actions from the Human Resources and Organisational Development (HROD) Strategy 2013-15 (STEP) . (March 2015)			<p>Q = to be reported on quarterly basis S = to be reported on six monthly basis A = to be reported annually</p> <p>A minimum of 90% of all staff with completed appraisals and PDPs by May (DO) (Q) Q1 – 69% (94 completed) Q2 – 91% (124 completed) Q3 – 100%</p> <p>A minimum of 90% of all staff with completed mid-year reviews completed by October (S) Q3 – 55% (based on 76 staff confirmed that they received their mid-year follow up in Q3)</p> <p>% time lost due to sickness on average not in excess of 4.6% (DO) (Q) Q1 – 2.4% Q2 – 4.35% Q3 – 4.29%</p> <p>% of time lost due to sickness that is work related (Q) Q1 – 0.4% Q2 – 0.25% Q3 – 0.6%</p> <p>% and attainment of substantive compliance of the HR CAS (A) Achieved 86% substantive compliance</p>
5.1.2	Develop, implement and evaluate the corporate and directorate learning and development plans (STEP) . (March 2015)			
5.1.3	Provide sickness absence reports to EMT and to the Board. Support line managers regarding the management of individual cases, with a view to facilitate a return to work and improve attendance (DO) . (March 2015)			
5.1.4	Develop the HROD Strategy 2015-18. (March 2015)			






5.2 - Designed and implemented a range of organisational development initiatives




Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>				
Improvement in biannual regional staff survey and annual pulse survey results (A)				
% of learning interventions as identified in the corporate and directorate learning plans that achieved the planned outcomes (A)				
100% of staff compliant with statutory and mandatory training requirements (S)				
Stats_Q3_All Staff				
Directorate	Fire	Display	Diversity	ICT
Chief Executive	3/4 (75.00%)	4/4 (100.00%)	3/4 (75.00%)	3/4 (75.00%)
Corporate Services	23/23 (100.00%)	23/23 (100.00%)	23/23 (100.00%)	23/23 (100.00%)
MHLD	21/21 (100.00%)	20/21 (95.24%)	20/21 (95.24%)	16/21 (76.19%)
Regulation	80/92 (86.96%)	76/92 (82.61%)	72/92 (78.26%)	57/92 (61.96%)
Review	19/19 (100.00%)	19/19 (100.00%)	19/19 (100.00%)	18/19 (94.74%)
Total	146/159 (91.82%)	142/159 (89.31%)	137/159 (86.16%)	117/159 (73.58%)
Improvement in biannual culture survey results (A)				

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
5.2.1	Implement the year two organisational development actions from the HROD Strategy 2013-15. (STEP) (March 2015)		
5.2.2	Participate in HSC-wide staff survey. (Dec 2014)		It is unlikely that the DHSSPS HSC-wide staff survey will happen during 2014-15. To ensure that RQIA has consistent data relating to staff development and satisfaction an internal pulse survey was completed in Q3.
5.2.3	Design and begin to deliver a management and leadership development programme. (March 2015)		
5.2.4	Achieve at least the core liP standard. (STEP) (Sept 2014)		

6 - Performance - Managing and monitoring corporate and financial performance to improve organisational effectiveness







6.1 - Embedded a fully integrated planning and performance management approach to manage the organisation more effectively and efficiently and promote continuous improvement and learning





				Supporting Measures of Success
6.1.1	Develop the Corporate Strategy 2015-18. (March 2015)			<p>Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually</p>
6.1.2	Develop a corporate scorecard based on a best practice framework. (Sept 2014)		Following the completion of the Corporate Strategy and Business Plan the development of the corporate scorecard will commence during Q4.	
6.1.3	Develop and seek Board approval of RQIA's Business Plan 2015-16. (DO) (Jan 2015)			
6.1.4	Submit a sustainability development plan 2014-15 and implement the actions. (STEP) (DO) (April 2014 / March 2015)			
6.1.5	Implement STEP improvement actions identified in the Improvement and Efficiency Plan 2014-15. (STEP) (March 2015)			

6.1.6	Update RQIA's Property Asset Management Plan, and forward to DHSSPS. (DO) (April 2014)		
6.1.7	Updates to current, planned and potential annual disposal plans to be submitted to DHSSPS on a quarterly basis. (DO) (March 2015)		
6.1.8	Provide DHSSPS with accurate and timely information which meets DHSSPS performance management and reporting requirements and deadlines. (DO) (March 2015)		


Supporting Measures of Success	
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>	

6.2 - Aligned resources to support RQIA's strategic priorities and maintained our financial performance

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
6.2.1 Secure adequate funding for the Business Plan 2015-16. (March 2015)				<p>Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually</p> <p>Breakeven on income and expenditure (+/- 0.25%) (DO) (Q)</p> <p>Q3 – On target to break even</p> <p>095% of invoices paid each month within terms and conditions (30 days) (DO) (Q)</p> <p>Q1 - 80% Q2 - 88% Q3 – 86%</p> <p>50% of invoices paid each month within terms and conditions (10 days) (DO) (Q)</p> <p>Q1 - 51% Q2 - 68% Q3 – 68%</p> <p>100% of outstanding debt recovered within the financial year (Q)</p> <p>Q3 – On target</p> <p>% and attainment of substantive compliance of the finance CAS (A)</p> <p>Achieved 85% substantive compliance</p>
6.2.2 Manage the balance of CSR efficiencies by: <ul style="list-style-type: none"> developing plans to deliver efficiency savings in 2015-16 (DO) (June 2014) implementing the Improvement and Efficiency Plan (DO) (March 2015) 		 		
6.2.3 Produce an annual report (incorporating an approved set of accounts and governance statement approved by NIAO). (DO) (July 2014)				
6.2.4 Implement and monitor a capital investment plan. (March 2015)				
6.2.5 The actual year-end forecast and monthly profiled financial forecast of expenditure provided to DHSSPS each month is prepared on a robust basis and that any variances +/- 5% of the previous month's forecast are fully explained. (DO) (March 2015)				

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
6.2.6	The monthly year-end financial forecast as at September 2014 (and subsequent months) should be within +/- 0.5% of the final outturn. (DO) (March 2015)		
6.2.7	For capital, external consultancy/revenue business cases, ensure that submission to DHSSPS is in line with agreed timeframes. (DO) (March 2015)		
6.2.8	Ensure that a suitable skills base is maintained / developed to produce business cases and provide written assurance to RQIA's Board. (DO) (March 2015)		
6.2.9	Ensure Single Tenders Actions (STAs) >£30k are publicly published on a monthly basis in line with CPD requirements. (DO) (March 2015)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
6.2.10	Provide assurance to the Board that RQIA has adopted and maintained good procurement practice, as specified in DHSSPS's Review of Procurement, or as separately promulgated by DHSSPS. Report to the Board in September 2014 and March 2015 on this matter. (DO) (Sept 2014 / March 2015)			<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>




7 – Evidence - Underpinning our regulatory practice using research and available evidence

7.1 - Embedded an evidence and research based culture within RQIA


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success <i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
7.1.1	<p>Implement the objectives for the year 2014-15 as set out in the evidenced based practice framework and supporting action plan. 2014-15 actions include:</p> <ul style="list-style-type: none"> Discussions with HSC Leadership Centre to develop systematic arrangements for submitting evidence to the knowledge exchange site 2014-15 Schedule of invited speakers to address staff (March 2015) 			

8 - Information - Managing information and ICT effectively



8.1 - Ensured that information is managed effectively to support RQIA's strategic and operational objectives

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
8.1.1	Implement year three of the Information Management Action Plan from the Information and ICT Strategy 2012-15. (March 2015)			% and attainment of substantive compliance of the information management CAS (A) (DO) 86% (substantive compliance)
8.1.2	Implement the new i-Connect system. (Sept 2014)		The core iConnect system (Phase 1a) went 'live' on 30 June 2014. Following extensive discussions between RQIA, ITS and Sysco, the Security Architecture Plan for the iConnect web portal (Phase 1b) was agreed in December 2014. However, the original go-live target date of March 2015 is no-longer achievable. The web portal will now go-live in August 2015. Furthermore project management arrangements will need to be reviewed and funding secured for 2015/16.	
8.1.3	Develop an Information and ICT Strategy for 2015-18. (March 2015)			

8.2 - Complied with best practice and the highest standards of information governance




Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success <i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
8.2.1	Implement year three information governance actions from the Information and ICT Strategy 2012-15. (March 2015)			100% of freedom of information (FOI) requests responded to within 20 working days – input/process (Q) Q1 – 19/20 (95%) Q2 – 25/25 (100%) Q3 – 24/24 (100%) 100% subject access requests completed within 40 days (Q) Q1 - 1 (100%) Q2 – 0 Q3 – 2 (100%)

8.3 - Continued to provide an ICT environment that is user focused and able to respond effectively and efficiently to RQIA's changing business needs in order to support the organisation in meeting its statutory requirements




Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success
8.3.1	Implement year three ICT actions from the Information and ICT Strategy 2012-15. (March 2015)			<p>Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually</p> <p>% and attainment of substantive compliance of the ICT CAS (A)</p> <p>Achieved 82% (substantive compliance)</p>
8.3.2	Review and test of ICT disaster recovery systems. (DO) (April 2014)			<p>Assessment of the effectiveness level of RQIA's ICT service (good to excellent as per staff satisfaction survey) (A)</p> <p>% of staff that stated they were satisfied with the level of ICT support received</p> <p>2014 - 88.7% 2013 - 85.6% 2012 - 57.9%</p>

9 - Governance - Maintaining and promoting a robust governance and accountability framework

9.1 - Complied with legislative requirements and best practice in relation to governance, risk management and independent assurance

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
9.1.1	Compliance with DHSSPS processes and timescales for the completion of: <ul style="list-style-type: none"> • mid-year assurance statements and end-year governance statements • Board governance self-assessment tool • NAO audit committee checklist • mid-year and end-year accountability meetings • the controls assurance standards process (DO) (March 2015)		
9.1.2	Review and approve RQIA's Risk Management Strategy. (June 2014)		
9.1.3	Develop and approve a three year audit action plan 2014-17. (June 2014)		

Supporting Measures of Success	
Q = to be reported on quarterly basis S = to reported on six monthly basis A = to be reported annually	
Attainment of an unqualified audit opinion from the C&AG (A) Attained unqualified audit opinion from the C&AG on 1 August 2014 Attainment of a minimum score of 75% to achieve substantive compliance with the 10 controls assurance standards (A) (DO)	
Standard	Level of Compliance
Financial Management	85%
Management of Purchasing & Supply	82%
Governance	86%
Risk Management	87%
Health & Safety	88%
Security Management	87%
Fire Safety	89%
Information Management	86%
Information Communications Technology	82%
Human Resources	86%

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
9.1.4	Complete an annual test of the business continuity plan and implement amendments. (DO) (March 2015)		
9.1.5	Prepare and submit the Annual Progress Report on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order 2006. (Sept 2014)		
9.1.6	Carry out an independent evaluation of the Board governance arrangements. (DO) (March 2015)		

Supporting Measures of Success
<i>Q = to be reported on quarterly basis</i> <i>S = to reported on six monthly basis</i> <i>A = to be reported annually</i>
% of internal/external audit recommendations successfully implemented within agreed timescale (Q) Q3 – 69%% of recommendations implemented on target (based on 18 recommendations implemented out of 26)

Progress of outstanding actions from RQIA's Corporate Performance Report 2013/14


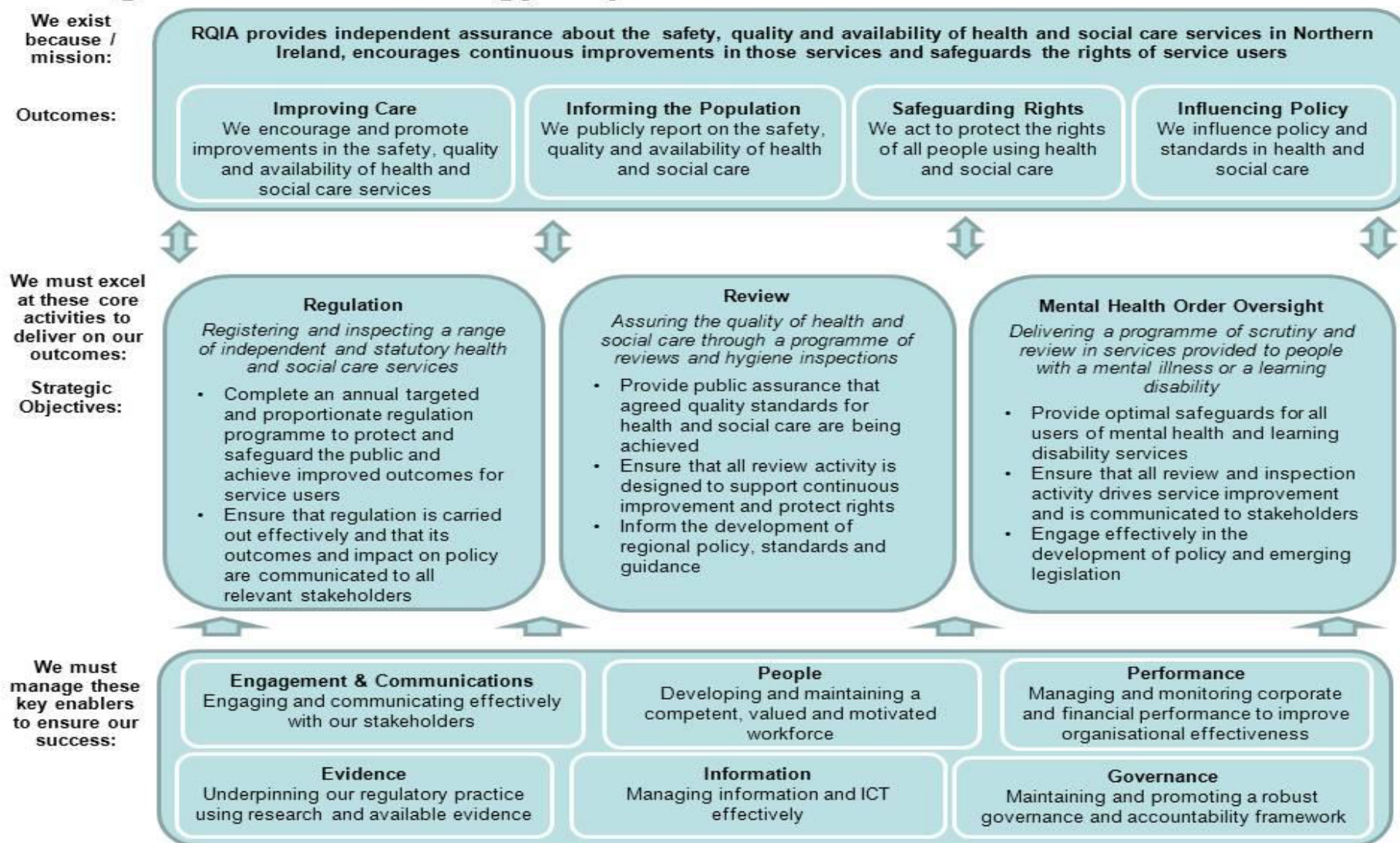
Actions (Revised Date)		Progress	Exception Report: Reason/Action/Emerging Risk
3.2.7	Complete a review of Risk Assessment and Risk Management in Addiction Services (March 2014) (Revised date Quarter 4)		The fieldwork is now completed and the final report is due to be published in Quarter 4 2014/15.

Figure 1 - RQIA Strategy Map 2012-15



RQIA Board Meeting

Date of Meeting	18 February 2015
Title of Paper	Business Plan 2015-16
Agenda Item	8
Reference	D/02/15
Author	Stuart Crawford
Presented by	Director of Corporate Services
Purpose	The purpose of this paper is to present to the Board the RQIA Business Plan 2015-16 for approval.
Executive Summary	<p>The annual Business Plan sets out how RQIA intends to deliver its strategic objectives, the timescale for action and how it intends to use the resources at its disposal for the period 2015-16.</p> <p>In addition actions / outcomes and measures have been identified to monitor our progress in achieving the business plan actions.</p>
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should APPROVE the Business Plan 2015-16.
Next steps	The Business Plan will be sent to DHSSPS by 31 March 2015 for approval.

Draft RQIA Business Plan 2015-16

Assurance, Challenge and Improvement in Health and Social Care

Board Meeting 18 February 2015

Our Vision, Purpose and Values

Vision

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

Purpose

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

Values

RQIA has a shared set of values that define our culture, and capture what we do when we are at our best:

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

This comes together in RQIA's Culture Charter, which sets out the behaviours that are expected when employees are living our values in their everyday work.

Foreword

This Business Plan sets out RQIA's key business objectives and priorities for 2015/16. These are derived from the three key stakeholder outcomes and the seven strategic priorities described in our Corporate Strategy 2015 - 2018.

The Business Plan identifies the things we must do to meet our statutory responsibilities. In addition, it sets out the actions and deliverables designed to ensure quality improvement, and to achieve best practice in regulation and inspection.

As a regulator we inspect over 1400 registered establishments and agencies each year. We have a statutory duty to carry out inspections, investigations and reviews of services, including services delivered by the health and social care trusts. We have specific statutory responsibilities under the Mental Health (NI) Order 1986 to protect the interests of patients. We are also a designated authority under the Public Interest Disclosure Order (NI) Order 1998 to whom employees of health and social care bodies may make a protected whistleblowing disclosure.

Our three year review programme describes the planned reviews we will undertake this year. We have been asked by the Minister to introduce from April 2015, a rolling programme of inspections of acute hospitals focusing on the patient experience. This is a specific recommendation of Sir Liam Donaldson's review 'The Right Time at the Right Place' (December 2014).

RQIA will consider the findings and recommendations of the Donaldson report and will respond to the recommendations by setting out specific proposals to improve the regulatory framework in Northern Ireland.

We work within a prescribed budget and must achieve break-even year on year. Our budget for 2015/16 may be reduced in comparison with previous years. We have responded to the Departmental requirement to submit proposals to work to a reduced budget, which may require a significant adjustment of our work programme going forward. We will continue to use our resources to best effect to maintain a robust programme of regulation and inspection.

In 2014/15 RQIA was subject of an independent evaluation, or landscape review. The final report includes recommendations to strengthen and improve internal operating systems and processes. It also identifies issues which will require engagement with DHSSPS, such as the need to consider revising inspection frequencies going forward. This report will be a useful reference in delivering effective regulation of health and social care.

We are committed to excellence and have developed a strategic improvement programme which will impact across all aspects of our work. We will improve the way we conduct inspections, how we report the findings of inspections and how we assess the quality of care provided in registered services. Our improvement journey continues, facilitated through our STEPs to Excellence Improvement Programme (STEP); where staff take responsibility and lead on improvement initiatives identified in our first European

Foundation for Quality Management (EFQM) assessment, completed in 2012. We will make our second application to EFQM in 2015, further demonstrating our commitment to continuous improvement and to achieving an enhanced level of recognition.

In the current business year we will commit to achieving a better balance between our focus on quality assurance and quality improvement. We will be proactive in developing the quality improvement agenda through Quality 2020.

The Minister has confirmed that the Guidelines and Audit Implementation Network (GAIN) will transfer to RQIA in 2015. This is a welcome development, as there is clear synergy between the work of RQIA and GAIN. We will work with GAIN to facilitate a seamless transfer, making sure that GAIN continues to operate as a catalyst for quality improvement in health and social care.

We will implement an improvement plan based on the feedback from the successful Investors in People accreditation in 2014, taking further steps to improve the leadership, management and development of our staff. We will assess the capacity and capability of the workforce to undertake the core activities required of us as a regulator and maintain a robust workforce planning process to support our business requirements going forward.

We expect 2015/16 to be a seminal year for RQIA as a result of a programme of improvements which will deliver better outcomes for people who rely on us to provide independent

assurance about the quality and availability of health and social care.

Corporate Strategy 2015-18

This Business Plan has been developed within the context of the RQIA corporate strategy, which sets the strategic direction for RQIA.

RQIA's strategy map (**Figure 1**) serves as a roadmap to guide the activities of the organisation for the period 2015-18. It is a visual representation of our strategy.

RQIA's strategy map identifies three key stakeholder outcomes:

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

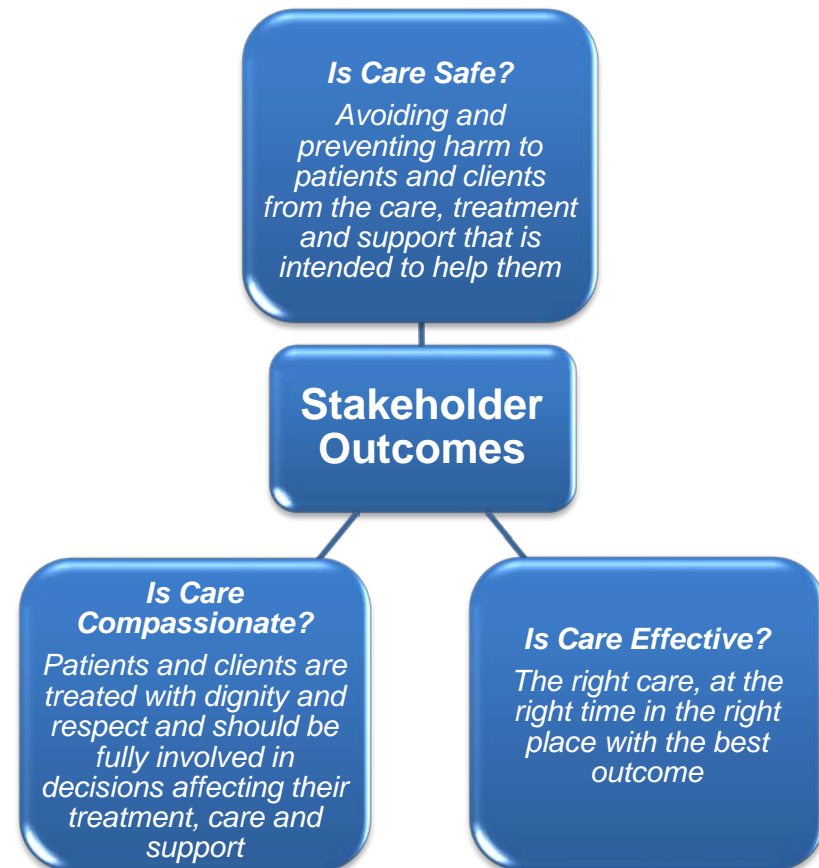
These define how we intend to demonstrate our effectiveness and impact as a regulator:

These stakeholder outcomes have been aligned with the DHSSPS strategy, Quality 2020. Our intention is to engage stakeholders when making independent and robust assessments to determine whether care is being provided safely, effectively and compassionately.

These stakeholder outcomes and the seven strategic themes represent the pillars on which we will continue to build our success and achieve our vision. This will be underpinned by the EFQM Quality Excellence Framework.

The strategy map will be kept under review to ensure that we can respond flexibly to emerging challenges.

Stakeholder Outcomes



RQIA Strategy Map 2015-18

Figure 1



What We Do

RQIA works to bring about measurable and enduring improvements in the safety and quality of health and social care services for the people of Northern Ireland by undertaking an agreed programme of service reviews and inspections.

RQIA reports on the results of its investigations into, and reviews of, specific health and social care services and recommends actions to improve the quality of these services.

RQIA publicly reports and advises DHSSPS and the general public on the safety, quality and availability of health and social care and use our powers and influence to raise service standards, sustain good practice and build public confidence. RQIA uses evidence-based practice to inform an overall assessment of health and social care in Northern Ireland.

RQIA acts to protect the rights of all vulnerable people using health and social care services by taking account of the principles of Human Rights and Equality and by discharging its statutory functions under the Mental Health (Northern Ireland) Order 1986. Our responsibilities include promoting good practice; preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention in a hospital or guardianship; and preventing or redressing loss or damage to a patient's property.

RQIA registers and inspects a wide range of health and social care services. Through our inspections, we aim to ensure the safety, comfort and dignity of those using these services.

During our announced and unannounced inspections we assess the quality of the services provided against regulations and minimum care standards. Following an inspection we ask the service provider to make any changes we consider necessary through the quality improvement plan and we publish this information in a report of our findings, available on our website, www.rqia.org.uk.

We work to assure the quality of services provided by the Health and Social Care (HSC) Board, HSC trusts and agencies through our programme of reviews. Our review programme takes into consideration relevant standards and guidelines, the views of the public, health care experts and current research.

RQIA undertakes announced and unannounced infection prevention / hygiene inspections at a range of health and social care facilities, including hospital wards and clinical areas. In 2015-16 we will develop this programme to include a new series of inspections focused on the patient experience.

As at 31 December 2014 the following services were registered with RQIA.

Type of Service	Number of Registrations
Nursing homes	268
Residential care homes	203
Children's homes	49
Independent clinics	7
Independent hospitals	47
Independent hospitals - dental treatment	375
Independent Medical Agencies	5
Nursing agencies	33
Day Care Settings	187
Domiciliary Care Agencies - Conventional	123
Domiciliary Care Agencies - Supported Living	182
Residential Family Centres	1
Adult Placement Agencies	4
Voluntary Adoption Agencies	4
Overall Total	1488

Financial Context 2015-16

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

Details of RQIA's funding requirements in 2015-16 are set out in the finance section of the Business Plan (see Appendix 1).

RQIA must break-even each year and make significant and recurring efficiency savings. RQIA has developed an Improvement and Efficiency Plan 2015-16, a framework for the achievement of efficiencies through workforce controls, improvement initiatives and review and control of non-pay spend.

In response to a request from DHSSPS we have prepared contingencies based on three options going forward. These are predicated on reductions of 5%, 10% and 15% of the recurring allocation.

Each option will require significant changes to work within the revised allocation. This will inevitably require close scrutiny of all that we do, making sure that we continue to deploy our limited resources to best effect and in the public interest.

Capacity and Capability

RQIA must complete the statutory minimum number of inspections of all regulated services. In addition, RQIA must increase its regulatory oversight of agencies or establishments found to be in breach of regulations and/or the minimum standards.

RQIA has limited capacity to undertake additional unscheduled inspections in response to increased concerns. Therefore, in order to respond more effectively to whistleblowing and public concerns RQIA will be obliged to make strategic choices in determining how best to deploy its available capacity to best effect..

RQIA has submitted business cases for additional capacity to DHSSPS. The context and rationale for these business cases remain valid. RQIA will continue to make the case for additional investment to meet the public expectation that we continue to provide effective regulatory oversight of all regulated services.

Business Plan 2015-16

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

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

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

The Business Plan 2015-16 was approved by the RQIA Board on **xx xx xxxx**

Further Information

For further information on the Business Plan 2015-16 or the Corporate Risk Assurance Framework, please contact:

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email: maurice.atkinson@rqia.org.uk.

Strategic Themes 2015-18

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

1. Deliver Operational Excellence

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

2. Develop and Execute New Capabilities

Adapting our inspection and review programmes to address emerging needs and priorities

3. Use Resources Effectively

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

4. Continuously Improve Key Systems and Processes

Developing and delivering quality improvement work-streams

5. Develop and Enhance Effective External Relationships

Communicating effectively with all our stakeholders and sharing information with other organisations

6. Focus Improvement Activities on Outcomes

Pursuing opportunities to drive quality improvement across health and social care

7. Actively Lead Change and Manage Risk

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

Strategic Theme 1 - Deliver Operational Excellence

Strategic Priorities

Improve the delivery of our core functions, taking account of best practice

Our Strategic priorities:

- Complete a strategic review of inspection systems and processes **to create a more agile inspection regime**
- Redesign our inspection and review reports to better demonstrate our assessment of the delivery of safe, effective and compassionate care **and to make our reports easier to read and understand**
- Strengthen our internal quality assurance systems and processes **to improve the quality of our inspection and review reports**
- Develop our external communication systems and processes **to provide the public with clearer information about** our role and responsibilities

Actions 2015-16	Intended Outcome / Output	Success Measures	Action Owner	Timescale
1.1 Implement a strategic review of inspection systems and processes as set out in the Regulation Directorate Improvement Plan	Inspection system which better informs service providers about the quality and safety of regulated services	Evaluation of year 1 actions successfully implemented and monitored through the Strategic Improvement Steering Group	Director of Regulation and Nursing	Quarters 1 - 4
	Improved inspection methodology embedded within the regulation directorate	Level of inspectors and service providers satisfaction (baseline 75 <u>80</u> % satisfaction)		Quarters 1 – 4
	Improved inspection productivity and more agile inspection systems and processes	Increase the number of unannounced inspections of care homes to a target of 80% of all inspections		Quarters 1 – 4
		All draft inspection reports completed within the 28 day timescale (target 100%)		Quarters 1 – 4
		Regular quality assurance monitoring reports based on inspections including, consistency, accuracy, timeliness and follow up action completion rates		Quarters 1 – 4
		Attainment of satisfactory assurance through the internal audit of inspection systems and processes		Quarter 4

Actions 2015-16	Intended Outcome / Output	Success Measures	Action Owner	Timescale
1.2 Complete the planned programme of reviews set out for 2015-16 in the 3 Year Review Programme 2015-18	All review reports completed and published in line with the Reviews Directorate quality assurance process	All reviews completed to an agreed timeframe. The recommendations to improve services, as set out in RQIA review reports endorsed by the Minister for implementation	Director of Reviews	Timeframe agreed Quarter 1 Progress reported Quarters 2 - 4
1.3 Assess the impact of RQIA Reviews in driving quality improvement in HSC services	An agreed system developed for prioritising review recommendations Improved quality of care for the services subject to review	A system for prioritisation of review recommendations agreed 100% of review reports from 2015-16 will contain recommendations prioritised in line with the agreed system To evaluate the impact of the system for prioritisation of review recommendations	Director of Reviews	Quarter 1 Quarters 2 – 4 Quarter 4
1.4 Introduce and pilot the new inspection methodology in MHL D facilities, providing an overall rating for quality	Patients, their relatives and service providers informed of the level of RQIA's assessment of MHL D services The revised MHL D inspection methodology fully incorporated into the RQIA MHL D inspection programme Shorter inspection reports accompanied by easy read versions Inspection recommendations themed according to areas that require improvement Patients directly engaged with lay assessors in the inspection process	Revised inspection methodology piloted, implemented and reviewed 100% of MHL D inspection reports to be available in draft within 28 days, and returned to RQIA with a completed quality improvement plan within 56 days from the date of the inspection 100% of MHL D inspection reports accompanied by an easy read version available on the RQIA website 100% of inspection recommendations implemented within agreed timescales A minimum of one inspection of all MHL D wards completed by year end Patients subject to detention interviewed as part of the inspection process (% of detained patients interviewed per ward)	Director of MHL D	Quarter 1 Quarters 1 – 4 Quarters 1 – 4 Quarters 1 - 4 Quarters 1 – 4 Quarter 4

		Establish baseline performance of all services inspected in 2015-16 against the new rating system		
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Actions 2015-16	Intended Outcome / Output	Success Measures	Action Owner	Timescale
1.5 Redesign the format of review and inspection reports to better reflect the 3 stakeholder outcomes, safe care, effective care and compassionate care	<p>Service users, their families and service providers have access to comprehensive reports on the safety, effectiveness and compassion of care</p> <p>Service providers, service users and their families will have a better understanding <u>of</u> the significance and impact of the recommendations included within the reports</p> <p>Actions required to address shortfalls or non-conformances in service delivery are prioritised for service providers</p>	<p>Evaluation report of the benefits of the revised inspection and review reports (evidence of 80% user satisfaction)</p> <p>100% of RQIA inspection reports contain recommendations themed and prioritised in respect of the potential to impact on safe, effective and compassionate care</p> <p>100% of RQIA review reports contain recommendations themed and prioritised in respect of their potential to impact on safe, effective and compassionate care</p>	EMT	<p>Pilot methodology Quarters 1 - 2</p> <p>Complete evaluation Quarter 4</p>
1.6 Improve RQIA's internal quality assurance systems and processes	RQIA's registration, inspection and reviews systems and processes delivered to an appropriate standard of quality	<p>Revised quality assurance framework approved by the RQIA Board</p> <p>Agreed year 1 actions from the quality assurance framework successfully delivered on target</p> <p>Complete a structured evaluation of the effectiveness of the revised quality assurance systems and processes</p>	EMT	<p>Quarter 1</p> <p>Quarters 2 - 4</p> <p>Quarter 4</p>
1.7 Develop an effective communication framework to underpin the implementation of our new Corporate Strategy	<p>Enhanced public profile of RQIA and better understanding of RQIA's roles and responsibilities by key stakeholders</p> <p>Better public access to information about the roles and responsibilities of RQIA</p> <p>Higher and better external profile with specific stakeholders</p>	<p>Revised communication framework developed by EMT and approved by RQIA Board</p> <p>DHSSPS approval of the RQIA business case for new website</p> <p>A new RQIA website is operational</p> <p>Survey of public opinion about awareness of roles and responsibilities of RQIA to establish baseline</p>	EMT	<p>Quarter 1</p> <p>Quarter 1</p> <p>Quarter 4</p> <p>Quarter 3</p>

	Improved outward facing communication and engagement	Evaluation of media coverage of the role and function of RQIA		Quarters 1 - 4
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Strategic Theme 2 - Develop and Execute New Capabilities

Strategic Priorities

We will adapt our inspection and review programmes to address emerging needs and priorities

Our strategic priorities:

- Develop a new programme of hospital inspections, with a specific focus on standards relating to safe, effective and compassionate care **to improve the quality of the patient experience**
- Extend our regulatory oversight to include new service delivery models **which are not currently subject to independent regulation**
- Design new and improve existing inspection methodologies to discharge our core responsibilities efficiently and **effectively**
- Respond to regulatory requirements of the new Mental Capacity Bill **to make an assessment of the safety and well-being of those who lack capacity**
- Engage with DHSSPS to extend our range of regulatory functions **to address gaps in the current regulatory framework**

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
2.1 Develop and implement the new hospital inspection methodology and programme	RQIA provides enhanced assurance of the safety, effectiveness and patient experience of acute hospitals in NI	The methodology for a new programme of hospital inspections formally agreed An acute hospital in each HSC trust subject to an inspection using the agreed methodology enabling baseline levels of compliance to be established	Director of Reviews	Quarter 2 Quarters 2 - 4
2.2 Proactively engage with DHSSPS in the processes to review the legislative framework and standards for regulation of health and social care in Northern Ireland	RQIA has the appropriate legislative powers to fulfil its' statutory roles and responsibilities RQIA's regulatory roles extended into relevant areas of service provision e.g. independent fostering agencies and supported accommodation for young people leaving care RQIA can assess the quality of health and social care using regionally established standards	RQIA's proposals to amend the legislation to enable us to deliver an intelligence and risk based regulatory system are accepted by DHSSPS A strategic response to address the recommendations of the Donaldson Review submitted to DHSSPS in Quarter 1 Revised minimum quality standards which underpin the work of RQIA in the regulation of acute and non-acute services	EMT	Initiate engagement Quarter 1 Quarter 1 Quarter 2

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
2.3 Complete a programme of inspections of all regulated sector services using the new inspection methodology	Evidence based and timely assessments of the quality of care delivered in regulated services An improved assessment framework for inspection of all registered services Increased compliance with regulations and standards	All registered providers to receive at least one or two inspections in line with the statutory minimum frequencies (target 100%) Level of inspectors and service providers satisfaction (baseline 75% satisfaction) Number of recommendations and requirements restated at the time of the next inspection Number of service providers subject to enforcement	Director of Regulation and Nursing	Progress reported Quarters 1 - 4
2.4 Contribute to the development of the new Mental Capacity legislation and associated codes of practice	RQIA protects the interests of individuals who lack capacity RQIA staff have the required understanding and skills to fulfil their roles in respect of the new statutory functions	Evidence of RQIA's participation in multi-agency working groups to develop the legislative framework and the associated codes of practice The degree to which RQIA staff have attended training in the correct legal application of the Mental Capacity Act (as the codes and regulations are developed)	Director of MHL D	Progress reported Quarters 2 - 4
2.5 Transfer and clarify the roles and responsibilities of GAIN into RQIA Deliver an agreed and effective programme of GAIN guidelines and audits in the first year following its transfer	The roles of GAIN, following transfer to RQIA, are clearly established and understood by key stakeholders in the context of the wider agenda to improve quality in health and social care services A programme of guidelines and audits developed, approved and implemented, with appropriate quality assurance measures established	Proposals for revised arrangements for carrying out the functions of GAIN, following transfer of responsibility to RQIA, have been endorsed by key stakeholders following consultation. An assessment of progress towards achievement of NICE accreditation for GAIN guidelines	Director of Reviews	Transfer to take effect Quarter 1 Progress reported Quarters 2 - 4

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
2.6 Disseminate evidence of best practice through the delivery of roadshows, seminars and conferences for key stakeholders	<p>Improve quality of care for patients and clients</p> <p>Improved engagement with key stakeholders</p> <p>Dissemination of evidence of best practice in aspects of health and social care</p>	<p>Number of evidenced actions taken by RQIA</p> <p>Degree of participant satisfaction as captured through attendance surveys</p>	EMT	<p>Baseline agreed Quarter 1</p> <p>Progress reported Quarters 2 - 4</p>

Strategic Theme 3 - Use Resources Effectively

Strategic Priorities

We will concentrate our resources where they are most required, in activities which have the greatest impact for service user

Our strategic priorities:

- Respond effectively to emerging risks by focusing inspection activities where they are most needed to drive improvements and promote compliance with the regulations and minimum standards
- Make recommendations to the DHSSPS to review the Fees and Frequency of Inspections Regulations (NI) 2005 to move to an intelligence based model of inspection
- Develop and maintain a competent, engaged and high performance workforce able to respond effectively to strategic change
- Undertake an analysis of workforce capacity and make decisions about how RQIA's workforce will respond to future needs and requirements

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
3.1 Pilot and evaluate a revised intelligence and risk based approach to inspection of regulated services	RQIA responds appropriately to emerging concerns in regulated services Outcomes for service users are improved as a result of timely intervention Enhance safety effectiveness and compassion for service users More effective use of inspection resource and capacity	New system of risk assessment developed Training for regulation staff completed Evaluation and review of pilot Number of unscheduled inspections undertaken in response to public concerns and whistleblowing	Director of Regulation and Nursing	Quarter 1 Quarter 4 Quarter 4 Quarters 3 - 4
3.2 Engage with DHSSPS to review the Fees and Frequency of Inspections Regulations (NI) 2005	RQIA has the legal authority to introduce additional charges for unscheduled inspections to assess compliance with the regulations and minimum standards	Revised Fees and Frequency of Inspection Regulations duly approved by the NI Assembly A revised scheme of charges including full cost recovery for additional unscheduled inspections	Chief Executive and Director of Regulation and Nursing	Initiate engagement with DHSSPS Quarter 1 Progress reported Quarters 2 - 4

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
3.3 Complete a human resource capacity / needs analysis to support RQIA's changing business needs	A strategic Human Resource and Organisational Development (HR&OD) plan aligned to the business needs of the organisation A competent, engaged and high performance workforce Staff availing of learning and development opportunities in accordance with their individual personal development plans Implementation of the HSC Health Leadership Model (HLM) in RQIA; enhanced leadership and management capabilities across the organisation	A HR&OD Plan 2015-18 approved by the RQIA Board % of Year 1 actions of the HR&OD Plan successfully implemented by year end Results of annual staff pulse survey Number of staff participating in development activities based on the HLM Evaluation of the impact of the HLM on leadership capability	Director of Corporate Services	Quarter 1 Quarters 2 - 4 Quarter 4 Quarters 1 – 4 Quarter 4

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
3.4 Produce an agreed budget and savings plan and manage RQIA's finances within the revenue resource limit for 2015-16	Effective and efficient use of financial resources to support RQIA's strategic priorities and maintain financial balance Business plan objectives and resources are consistent In year variations to the planned programme of activity are fully funded Identification and implementation of actual adjustments to the revenue resource limit and associated savings requirements	Resource needs are established with DHSSPS Directorate and team budgets established Successful implementation of the RQIA Savings Plan Regular monthly monitoring reports provided to all budget owners Deliver savings and achieve an end-of-year break-even position on income and expenditure Achieve an unqualified audit opinion of final accounts	Director of Corporate Services	Quarter 1 Quarter 2 Quarters 1 - 4 Quarters 1 - 4 Quarter 4 Quarter 4
3.5 Produce a zero based budget for 2016-17	Key activities and associated roles identified and costed Budgets aligned to the strategic needs and priorities of the organisation	Key activities and roles costed Zero based budget 2016-17 approved by the RQIA Board Revised directorate and team budgets established	EMT	Commence Quarter 3 Complete Quarter 4

Strategic Theme 4 - Continuously Improve Key Systems and Processes

Strategic Priorities

We will develop and deliver quality improvement work-streams to improve our internal systems and processes

Our strategic priorities:

- Lead and coordinate strategic change and improvement through the RQIA Strategic Improvement Steering group
- Make better use of information and intelligence from external sources to enhance the focus of inspection and reviews
- Improve analysis of available information to generate intelligence to support our inspection and review processes
- Optimise the use of information, communication and technology to enable RQIA to be more efficient and effective in delivering its current and future priorities
- Implement a programme of continuous improvement of internal operating systems and processes to streamline activity and reduce unnecessary bureaucracy

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
4.1 Implement a programme of key strategic and quality improvement work streams	Enhanced performance across RQIA's core functions	Attainment level achieved in the EFQM assessment in 2015-16 (Baseline: Bronze 2012 / target Gold 2016) Attainment of core objectives in each strategic work stream	Chief Executive	Initiate EFQM work-streams Quarter 1 Application for Ireland Excellence Award Quarter 2

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
4.2 Extend the use of iConnect to enhance our capability to receive, analyse and disseminate relevant information and intelligence	Inspection outcomes informed by robust intelligence and information RQIA's inspections focused where they are most needed to ensure an effective and timely response to all relevant concerns Capability to extend RQIA's information sharing role in providing evidence of best practice Improved suite of management reports covering key information in respect of incident reports, whistle-blowing and complaints	RQIA implementing new data related services meeting the needs of all staff RQIA disseminating information appropriately to other HSC organisations and to regulated services Independent audit providing a satisfactory level of assurance of RQIA's internal systems and processes quantitative and qualitative analysis of notifiable events, complaints and whistleblowing disclosures reviewed prior to inspection % of staff satisfaction with use of iConnect	EMT	Establish current position and action plan Quarter 2 Progress reported Quarters 2 - 4
4.3 Develop and commence implementation of a new Information and ICT Strategic Framework 2015-18	Information and ICT infrastructure supporting the delivery of RQIA's core activities and responsive to emerging business needs	Information and ICT Strategic Framework 2015-18 Approved % of Year 1 Information and ICT Strategic Framework actions successfully implemented on target	Director of Corporate Services	Approved by the RQIA Board in Quarter 1 Progress reported Quarters 2 - 4
4.4 Implement the Sustainability Action Plan 2015-16	RQIA has integrated sustainable practice across the organisation	% of actions in the Sustainability Action Plan successfully implemented	Director of Corporate Services	Approved by the RQIA Board in Quarter 1 Progress reported Quarters 2 - 4

Strategic Theme 5 - Develop and Enhance Effective External Relationships

Strategic Priorities

We will communicate and engage effectively with people who use services, and collaborate with other HSC bodies, regulated services, and other regulators to share information and intelligence

Our strategic priorities:

- Engage **and involve** service users, carers and the public to obtain their views on the standard of care provision within health and social care services
- Develop stronger partnerships with independent, voluntary and community groups **to improve communication and drive improvements for service users**
- Strengthen our links with other regulators, professional bodies and organisations to share intelligence to ensure that safety concerns are heard and acted upon
- **Engage effectively** with other organisations to deliver **the aims and objectives** of Quality 2020
- Strengthen our focus on quality improvement by disseminating the learning from **our inspections, investigations and reviews**

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
5.1 Establish and Implement a new Personal and Public Involvement (PPI) Action Plan	Clear and meaningful involvement and engagement processes with service users, carers and the public in our activities	% of 2015/16 actions in the PPI plan successfully implemented on target	Director of Corporate Services	Approved by the RQIA Board in Quarter 1 Progress reported Quarters 2 - 4

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
5.2 Develop and implement a revised framework for engagement and collaborative working with other relevant supervisory organisations	Agreed working arrangements with all relevant systems and professional regulators Arrangements in place for risk summits involving other regulators and HSC organisations, where necessary and appropriate	A framework agreed setting out how RQIA will engage with each relevant organisation Individual agreements (MoUs / information sharing agreements) with relevant supervisory organisations A framework to convene a risk summit and to agree key actions	EMT	Framework agreed in Quarter 2 Quarter 4
5.3 Establish effective outcome focussed relationships and functions with related ALBs	A joined up approach to supporting Quality and Safety Improvement in service delivery	The quality and quantity of outcomes of engagement with other ALB's	EMT	Establish baseline Quarter 2 Progress reported Quarters 3 - 4
5.4 Participate appropriately to deliver the aims and objectives of Quality 2020	RQIA contributes effectively the Quality 2020 vision that HSC is 'to be recognised internationally, but especially by the people of NI, as a leader for excellence in HSC'	RQIA's participation in Quality 2020 work streams documented in the RQIA Annual Quality Report	EMT	Quarter 4

Strategic Theme 6 - Focus Improvement Activities on Outcomes

Strategic Priorities

We will pursue opportunities to drive quality improvement across health and social care

Our strategic priorities:

- Use the experiences of service users and carers to inform the findings of inspections and reviews
- Use external expertise to identify evidence of best practice and areas of improvement in health and social care
- Actively participate in regional and national initiatives to ensure that our work is appropriately benchmarked and aligned with evidence of best practice
- Shift the balance of performance measures from internal processes and outputs to outcome measures based on the three stakeholder outcomes of safe, effective and compassionate care

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
6.1 Involve lay assessors in RQIA inspections and reviews	The views of patients and clients about their experiences of care and treatment are appropriately included in inspection and review reports Lay assessors fully engaged in RQIA's inspections and providing evidence to support inspectors in making assessments about safe, effective and compassionate care	The number of inspection and review reports which have involved lay assessors Survey evaluating the experience of lay assessors engaged in inspections and reviews	EMT	Initiate use of lay assessors in Regulation Quarter 1 Evaluate and Review the role of lay assessors Quarters 3 - 4
6.2 Use external expertise to identify evidence of best practice and areas of improvement in health and social care	RQIA's assessments of services during our thematic reviews and acute hospital inspection programmes are informed by relevant external expertise	Survey of the experience of external experts engaged in RQIA reviews and inspections	Director of Reviews	Results of survey reported Quarters 2 - 4

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
6.3 Work jointly with GAIN, the HSC Leadership Centre and with relevant academic institutions to extend our research and development capability	Contribute to strategic thought leadership in respect of quality improvement in health and social care Actively engage with stakeholders in service quality and safety issues e.g. as highlighted by Donaldson report	Level of internal or available expertise Contributions through seminars, papers and reports Feedback from service delivery staff and stakeholders	EMT	Establish baseline Quarter 2 Progress reported Quarters 3 - 4
6.4 Prepare for formal accreditation with the International Standard EN ISO/IEC 17020:2012	RQIA's regulatory systems and processes streamlined and improved	Assessment of readiness to apply for accreditation against the International Standard EN ISO/IEC 17020:2012	EMT	Quarter 4
6.5 Review and revise RQIA's Performance Management Framework	Effective performance assured by RQIA's Board Aligned corporate strategy and business plan consistent with RQIA's approach to continuous improvement and learning Successful governance, management of identified risks and performance delivery within a strategic framework	Revised performance management framework approved by RQIA's Board	Director of Corporate Services	Quarter 3
6.6 Develop Board metrics dashboard for reporting organisational performance to the Board	An agreed balanced suite of measures to monitor progress in the delivery of strategic priorities and the three stakeholder outcomes of safe, effective and compassionate care. Balance governance with strategic focus effectively	Successful use of an agreed Board metrics dashboard Pilot and roll out the Board metrics dashboard	Director of Corporate Services	Dashboard agreed Quarter 2 Pilot and roll out Quarters 3 - 4

Strategic Theme 7 - Actively Lead Change and Manage Risk

Strategic Priorities

We will invest capacity in developing and leading RQIA's strategic change programme, whilst managing known risks and maintaining a strong focus on our core activities

Our strategic priorities:

- Develop and strengthen our leadership capacity and capability to respond effectively to changing needs and priorities
- Identify and manage known and emerging risks which impact on our core functions to maintain operational effectiveness
- Identify and escalate risks in the services we regulate in order to safeguard and protect service users
- Make better use of performance data and intelligence to further strengthen our oversight and governance processes

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
7.1 Implement a robust Risk Management Strategy	Successful identification and management of all potential risks facing RQIA in delivering our strategic objectives	Revised Risk Management Strategy approved by the Audit Committee and RQIA Board Attainment of satisfactory assurance in the annual internal audit of Risk Management Attainment of substantive compliance with the Risk Management Controls Assurance Standard Implementation of the recommendations from a programme of risk based internal audits focused on the operational work of the RQIA	Director of Corporate Services	Quarter 1 Quarter 3 Quarter 4 Quarters 1 - 4
7.2 Implement revised enforcement and escalation policies and procedures, taking account of the learning from previous experience	Appropriate and timely interventions in response to identified failings in service provision	Number of formal enforcement actions taken Number of improvement notices issued Number of escalations to HSC bodies Numbers of relevant staff trained in the application of the new policies	EMT	Implementation Quarter 1 Progress reported Quarters 2 - 4

Actions 2015-16	Intended Outcome / Output	Measure	Action Owner	Timescale
7.3 Review effectiveness of all Board committees and working groups	Effective use of skills of all Board members Appropriate balance of executive and non-executive participation in committees and working groups	Recommendations for improvement agreed at Board level and implemented Board and executive feedback on the implementation of the recommendations	RQIA Chair and Chief Executive	Quarter 2 Quarter 4

Evaluating and Measuring Success

We will report our performance through our quarterly Corporate Performance Reports to our Board and will publish them on our website. This will include our key headlines, progress of our deliverables and measures of success.

As set out in the foreword of this Business Plan, RQIA will measure our performance against three stakeholder outcomes: is care safe, is care effective and is care compassionate?

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

Appendix 1 – Finance Section

1. Revenue Resource Limit (RRL)

Currently RQIA is not in receipt of an indicative RRL allocation for 2015/16. The figures represent an estimate based on the 2014/15 recurring position carried forward.

	£'000
Recurrent Allocation Baseline	6,703
Clinical Excellence award	38
Total RRL Allocation 2015/16	6,741

This position represents a real term reduction as inescapable cost pressures such as Pay Awards, Incremental drift, and non-pay inflationary pressures are assumed not to be funded.

2. Estimated Income from Charges

The estimated income from charges in 2015/16 is £805K.

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

3. Total Permitted Gross Revenue Expenditure

The total permitted gross revenue expenditure in 2015/16 is therefore estimated as follows:

	£'000
Estimated RRL Allocation 2015/16	6,741
Estimated Income from Charges	805
Total Permitted Gross Revenue Expenditure	7,546

4. Capital Resource Limit (CRL)

The outward facing portal phase of the iConnect project has experienced slippage and is now due to complete in quarter 2 of 2015/16. A further CRL allocation of £50K is required in 2015/16 to complete this phase. An addendum to the Business Case will be submitted to cover this additional requirement.

In 2015/16 we also plan to replace our website. The business case for this development is currently being prepared but an early estimated puts the CRL requirement for 2015/16 at £40K.

Finally we require £51K CRL in 2015/16 to complete the next phase in our rolling ICT hardware refresh programme. This will facilitate the refresh of around 60 laptop computers.

RQIA's estimated total CRL requirement for 2015/16 is therefore £141K.

Glossary of Abbreviations and Terms

BCP	Business continuity plan
DDO	Disability Discrimination Order
DHSSPS	Department of Health, Social Services and Public Safety
EFQM	European Foundation for Quality Management
EPSO	European Partnership for Supervisory Organizations in Health Services and Social Care
FOI	Freedom of information
HSC	Health and social care
iConnect	Corporate Information Management System
ICT	Information communications technology
IIP	Investors in People
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
MHLD	Mental health and learning disability
MHO	Mental Health (Northern Ireland) Order 1986
MOU	Memorandum of understanding
NIAO	Northern Ireland Audit Office
NISSC	Northern Ireland Social Care Council
NPM	National preventive mechanism
OPCAT	Optional Protocol to Convention Against Torture
PPI	Personal and public involvement
SAI	Serious adverse incidents
Lay Assessor	A member of the public who brings their own experience, fresh insight and a public focus to our inspections and reviews on a voluntary basis
Peer Reviewer	An individual with a particular skillset or an in-depth understanding of a particular service area and is engaged by RQIA to support its review and inspection programmes



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

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

If you have any comments or complaints about the work of RQIA, you should contact:

The Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel: (028) 9051 7500

Fax: (028) 9051 7501

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Suggested Amendments from the Corporate Strategy Steering Group and Proposed Responses		
Action	Suggested Amendment	Management's Points to Consider
Strategic Theme 1 - Deliver Operational Excellence		
1.1 Implement a strategic review of inspection systems and processes as set out in the Regulation Directorate Improvement Plan	Success Measures Suggest include a measure of productivity eg.x% increase in number of inspections undertaken The success measures do not reflect the outputs eg measures 2, 3 and 4 relate to the productivity and agility. A baseline level of 75% for satisfaction seems low. There should be a measure for the inspection methodology eg combining direct observations with "grey" intelligence such as complaints, untoward incidents, service user and carer feedback.	Intended Outcome 1 amended to read: Inspection system which better informs service providers about the quality and safety of regulated services. "Informing service users and families" addressed in 1.5. Success Measure 2: Baseline level amended to 80%. Intended Outcome 2 addressed in Success Measure 6.
1.2 Complete the planned programme of reviews set out for 2015-16 in the 3 Year Review Programme 2015-18	Success Measures All reviews completed to an agreed timeframe (? specify). The measures need to be specific eg what % of reviews will be completed within the agreed time frame, what is the timeframe?	Each individual review will have a different timescale for completion, depending on its scope and complexity. It is not possible to have a single agreed timeframe for each individual review. See above – all reviews will be completed.....etc.

Action	Suggested Amendment	Management's Points to Consider
1.3 Assess the impact of RQIA Reviews in driving quality improvement in HSC services	<p>Success Measures 100% of review reports from 2015-16 will contain recommendations prioritised in line with the agreed system. Could this not be along the lines of % of recommendations implemented within a timeframe?</p> <p>If you are assessing the impact, you need to identify what you would expect the impact to be eg is it satisfaction levels, reduction in complaints, compliance with standards...how will you know the impact has been achieved.</p>	<p>The system for prioritisation of recommendations is currently being developed. The measure for 2015/16 can only be that all recommendations follow the new system. In subsequent years, a measure may be added of % of high priority recommendations completed by organisations subject to review in an agreed timeframe.</p> <p>The evaluation is of the system put in place to prioritise recommendations.</p> <p>In terms of measuring the impact of the review programme on the HSC system, the only measure that is possible to have is the number of recommendations completed by each organisation subject to review.</p>
1.4 Introduce and pilot the new inspection methodology in MHL D facilities, providing an overall rating for quality	<p>Success Measures A minimum of one inspection of all MHL D wards completed by year end. This is an activity marker, important in itself but would success look more like the number of recommendations implemented?</p> <p>This gets closer to a set of measures...what would the measures be for information patients eg 1 week in advance, different methods on disseminating this communication eg letter, poster, leaflet, checking in interviews when patients/ relatives were informed of the assessment.</p>	<p>New Success Measure added: 100% of inspection recommendations implemented within agreed timescales.</p> <p>This is measured by 100% easy read versions to accompany every inspection report published on the RQIA website and displayed on the relevant ward/clinical area.</p>

Action	Suggested Amendment	Management's Points to Consider
1.5 Redesign the format of review and inspection reports to better reflect the 3 stakeholder outcomes, safe care, effective care and compassionate care	Success Measures Evaluation report of the benefits of the revised inspection and review reports (evidence of user satisfaction). Service users expressed levels of satisfaction beyond 80% 100% of RQIA review reports contain recommendations themed and prioritised in respect of their potential to impact on safe, effective and compassionate care. Again the success is in having the recommendations implemented and that would be a proxy measure of improvement. Would it not be better to include some reference to methods you will use, graphs easy read diagrams, summaries of information, clear indicators of the measures for the stakeholder outcomes. The components of safe care, effective care and compassionate care might need to have a rating scale developed to reflect progress.	80% user satisfaction added. See response to 1.3. Methods will vary depending on individual review. These useful suggestions will be taken on board when redesigning the format.
1.6 Improve RQIA's internal quality assurance systems and processes	Intended Outcome / Output What does an appropriate standard of quality look like? Success Measures Independent audit demonstrated substantial compliance	Appropriate standards will be developed for each Directorate, taking into account examples of good practice from other regulatory bodies and other organisations. Success Measure added: "Complete a structured evaluation of the effectiveness of the revised quality assurance systems and processes"
1.7 Develop an effective communication framework to underpin the implementation of our new Corporate Strategy	Success Measures Would you use multimedia mechanisms, eg. Twitter, Facebook, Website? Would the delivery of annual regional roadshow be an example of your communication. Could you quantify the "hits" to the website, the survey is a good idea.	Success Measure 5: Evaluation of media coverage of the role and function of RQIA – media coverage includes social media. All roadshows, seminars and public speaking engagements are evidence of external communication. Hits to Website – currently monitored on an ongoing basis.
Strategic Theme 2 - Develop and Execute New Capabilities		
2.3 Complete a programme of inspections of all regulated sector services using the new inspection methodology	Success Measures Number of recommendations and requirements restated at the time of the next inspection % of recommendations implemented within a stated timeframe Further work would be needed to highlight how the new inspection methodology would achieve the outputs? 80% compliance with standards, 20% reduction in number of service providers subject to enforcement.	Success Measure 3: The number of recommendations and requirements restated is seen as an appropriate measure. We need to be cautious about making any interpretation of the number of enforcement actions.

Action	Suggested Amendment	Management's Points to Consider
2.4 Contribute to the development of the new Mental Capacity legislation and associated codes of practice	Success Measures The degree to which RQIA staff have attended training in the correct legal application of the Mental Capacity Act (as the codes and regulations are developed) Should this be more specific to the staff involved ie All....	This measure, as currently stated relates to all relevant staff, particularly those involved in inspection and review.
2.5 Transfer and clarify the roles and responsibilities of GAIN into RQIA Deliver an agreed and effective programme of GAIN guidelines and audits in the first year following its transfer	Success Measures An assessment of progress towards achievement of NICE accreditation for GAIN guidelines. Why? Will these then be adopted UK wide? Regarding Gain would the development of policies and procedures be a useful measure?	NICE accreditation provides appropriate external validation of the work of GAIN. However, GAIN guidelines are and will remain specific to NI. This will automatically be part of the transfer of GAIN to RQIA.
2.6 Disseminate evidence of best practice through the delivery of roadshows, seminars and conferences for key stakeholders	Success Measures Would you not want an outcome to include the inclusion of enhancements plans for effective, safe and compassionate care? Could you indicate that at certain times of the year, you would disseminate good practice from inspections, key messages from reviews, hold stakeholder summit on dental inspections? Strategic theme 3	New Success Measure added: "Degree of participant satisfaction as captured through attendance surveys"
Strategic Theme 3 - Use Resources Effectively		
3.1 Pilot and evaluate a revised intelligence and risk based approach to inspection of regulated services	Success Measures There's not much about the intelligence systems you will use. Will you synchronise the risk and intelligence systems, will you have monthly reviews of "at risk" facilities?	Currently all enforcement action, public concerns and whistleblowing episodes in respect of "at risk" facilities is monitored through the Serious Concerns Group which meets on a fortnightly basis. This process is effective in synchronising intelligence and will make use of reports from iConnect to inform decision-making in respect of any service under consideration.
3.2 Engage with DHSSPS to review the Fees and Frequency of Inspections Regulations (NI) 2005	Success Measures Would a more effective use of inspection lead you to up skill your workforce to have greater flexibility in capacity?	The purpose of this action is to create greater flexibility in inspection activity to allow inspection resources to be targeted more effectively in addressing "at risk" facilities.
3.3 Complete a human resource capacity / needs analysis to support RQIA's changing business needs	Success Measures Something about implementation of Personal development Plans linked to the business of the organisation Staff involvement in continuous improvement projects	This is an integral component of the existing performance framework. RQIA will maintain the target of 100% of staff appraisals and mid-year follow-ups completed in-year. Staff are involved in continuous improvement projects through the

		STEP process.
Action	Suggested Amendment	Management's Points to Consider
3.3 Complete a human resource capacity / needs analysis to support RQIA's changing business needs	Success Measures Could you include some % for staff participation, would retention/ absence figures be relevant measures to include?	RQIA routinely monitors retention and absence figures. RQIA will continue to build on its liP accreditation to ensure staff engagement in quality improvement.
Strategic Theme 4 - Continuously Improve Key Systems and Processes		
4.2 Extend the use of iConnect to enhance our capability to receive, analyse and disseminate relevant information and intelligence	Could you add a satisfaction level for staff usage of new data services?	New Success Measure added: % of staff satisfaction with use of iConnect
Strategic Theme 5 - Develop and Enhance Effective External Relationships		
5.3 Establish effective outcome focussed relationships and functions with related ALBs	As this is likely to be incremental process, could key effective outcomes be established for clarification?	This will be an incremental process. However, there are proposals for 2015/16 to work with other ALBs on outcome-focused activities which could be reported to the RQIA Board through the corporate performance monitoring process.
Strategic Theme 6 - Focus Improvement Activities on Outcomes		
6.1 Involve lay assessors in RQIA inspections and reviews	Would you not need to have 100% lay assessor involvement in inspections and reviews?	It may not be appropriate to include lay assessor in every inspection or review. Inspections which are particularly focused on public concerns or whistleblowing may require an urgent response which would preclude the involvement of lay assessors.
6.2 Use external expertise to identify evidence of best practice and areas of improvement in health and social care	Could you suggest establishing standards for appointment of external expertise and job specs?	The Review Programme Steering Group is overseeing a recommendation from the Audit Committee regarding an appropriate process for the selection of external expertise.
Strategic Theme 7 - Actively Lead Change and Manage Risk		
7.1 – 7.3	Perhaps some reference to benchmarks would enable measurement	For further discussion at RQIA Board.

Additional Comments	
Suggestion	Management's Points to Consider
Have a dedicated QA role in the Inspection process.	<p>Addressed in 1.1 in the improved inspection methodology embedded in the Regulation Directorate. Success measure is regular quality assurance monitoring reports based on inspections including consistency, accuracy, timeliness and follow up action completion rates.</p> <p>Addressed in 1.6 in improve RQIA's internal quality assurance systems and processes.</p>
Have a clear understanding of impact of imposed 3% cut to RRL and how it will impact on operations and deliverables.	<p>Addressed in the outputs/outcomes section of action 3.4</p> <p>RQIA will submit a savings plan, along with this Business Plan, indicating how it intends to achieve the 3% target set out in the letter of allocation for 2015/16.</p> <p>Impact of this imposed cut is assessed and managed, with key controls and actions as outlined in the Corporate Risk Register. This is the appropriate mechanism for aligning the annual business plan to the Risk Register.</p>
<p>Do we need to include the degree of activity shown or just condense into high level, high impact, key/major operational objectives which will include the overall strategic change programme .</p> <p>I think it is important to distinguish between operational routine functions and new, high level actions that will hard wire into the corporate plan and advance our modernisation focus. By reducing the reporting activity we will monitor at a macro level and this will help our accountability. You can then as a executive team filter down the line other activities if required.</p>	<p>The level of detail shown in the draft Business Plan is appropriate and proportionate and sits well alongside the Corporate Strategy, approved by the Board in January 2015.</p> <p>The Business Plan attempts to achieve an appropriate balance between routine functions and high level actions with a modernisation focus. Most of the mundane actions listed in earlier versions have been removed and the focus is much more on quality improvement.</p>
Need to strengthen the outcomes more in terms of describing the changes in attitude, behaviour, status of compliance etc expected from our activities i.e . Output - # of inspection visits completed short term outcome # reduction of follow up inspections or change in the number of scheduled inspections. Long term Impact - overall more care satisfaction levels achieved and more inspections meeting higher grade compliance levels leading to greater care.	Most of these helpful pointers have already been addressed in the draft Business Plan. These pointers will also help to inform the work of the Regulation Directorate Improvement Programme. RQIA is aiming for greater flexibility in both the volume and focus of inspections. This Business Plan sets out a number of actions which, if successful, will create the degree of flexibility to which we aspire.
Could we consider other output measures for example the number of orgs that have sustained compliance or zero non-compliance over a period of xxxx.	<p>This is an important aspect of both quality assurance and quality improvement. Through this Business Plan, we have endeavoured to identify outcome measures related to compliance and non-compliance with standards and regulations.</p> <p>RQIA will consider ways of reporting and highlighting positive compliance levels across the sector.</p>

Suggestion	Management's Points to Consider
Strengthen the plan to include how we will build capacity and capability and knowledge in transformational change and leadership to support the development of RQIA to improve, maintain and redesign services while public budgets reduce.	Addressed in 3.3.
May wish to consider developing a consistent set of metrics for supporting use of digital service delivery. We may also consider how to optimise technology to establish the cost of the service per transactions to enable continuous improvement.	RQIA has invested in the development of iConnect and in the use of portable devices. RQIA will continue to assess the needs and requirement of the workforce and the benefit that IT may bring to the delivery of our core functions. In future, this may include the roll-out of handheld devices.
Actions to be developed using SMART format.	Where possible, the actions have been set out in a SMART format. The challenge is to ensure that the stated actions are not only simple, measurable and time-bound, but are realistic and achievable. The draft plan attempts to deliver on each of these requirements.

NB: Jonathan King is completing work on the finance schedule.