The Regulation and Quality Improvement Authority

AGENDA

RQIA Board Meeting
Virtual Meeting via Zoom
Thursday 6 May 2021, 11.45am

PUBLIC SESSION

	Item	**Paper Ref**	
1	Welcome and Apologies		**11.45am**
2	Minutes of the public meeting of the Board held on 25 March 2021 and matters arising	Min/Mar21/ public	**11.50am** **APPROVE**
3	Declaration of Interests		**12.00pm**

STRATEGIC ISSUES

4	Draft Statement of Strategic Intent **Interim Chair**	D/05/21	**12:05pm** **NOTE**
5	Draft Memoranda of Understanding: GMC and NMC **Interim Director of Improvement**	E/05/21	**12.15pm** **NOTE**
6	Finance Performance Report (Month 12) **Lesley Mitchell, Associate HSC Leadership Centre**	F/05/21	**12.25pm** **NOTE**
7	Performance Activity Report (PAR): Quarters 1-4; 2020/2021 **Acting Head of Business Support Unit / Interim Professional Advisor (Social Work) / Interim Director of Improvement**	G/05/21	**12.35pm** **NOTE**

OPERATIONAL ISSUES

8	Complaints Annual Report 2020/2021 **Acting Head of Business Support Unit / Complaints and Representations Manager**	H/05/21	**12.50pm** **APPROVE**
9	Annual Quality Report 2019/2020 **Acting Head of Business Support Unit /**	I/05/21	**1.00pm** **NOTE**

Communications Manager

10   Chief Executive's Update   **1.10pm**
     Interim Chief Executive   **NOTE**

11   Any Other Business   **1.20pm**

Date of Next Meeting: Thursday 3 June 2021 (Board Workshop)

RQIA Board Meeting	
Date of Meeting	6 May 2021
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Mar21 / public
Author	Hayley Barrett
Presented by	Christine Collins MBE
Purpose	To provide Board members with a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 25 March 2021.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the minutes of the Board meeting on 25 March 2021.
Next steps	The minutes will be formally signed off by the Chair.

PUBLIC SESSION MINUTES

RQIA Board Meeting Via Zoom Thursday 25 March 2021, 11.50am	
Present Christine Collins MBE (Interim Chair) (**CC**) Neil Bodger (**NB**) Alan Hunter (**AH**) Prof. Stuart Elborn (**SE**) Bronagh Scott (**BS**) Jacqui McGarvey (**JMcG**) Suzanne Rice (**SR**) **Apologies:**	**Officers of RQIA in attendance** Dr Tony Stevens (Interim Chief Executive) (**TS**) Emer Hopkins (Acting Director of Improvement) (**EH**) Karen Harvey (Professional Advisor, Social Work)(**KH**) Jacqui Murphy (Acting Head of Business Support Unit) (**JM**) Julie-Ann Walkden (Deputy Director of Assurance) (**JAW**) Lynn Long (Acting Deputy Director of Improvement) (**LL**) Malachy Finnegan (Communications Manager) (**MF**) Hayley Barrett (Business Manager) (**HB**) Lesley Mitchell, HSC LC Associate (**LM**) David Silcock (Complaints and Representations Manager) (**DS**)

1.0   Agenda Item 1 - Welcome and Apologies

1.1   CC welcomed all Members and Officers of the Board to this meeting. There were no apologies.

2.0   Agenda Item 2 – Minutes of the public meeting of the Board held 4 February and matters arising

2.1   CC presented the minutes of the public meeting of the Board held on 4 February for approval.

2.3   Board members **APPROVED** the public minutes of the Board held on 4 February 2021.

2.4   Board members noted that action 225 and 228 will form part of the RQIA Management Plan 2021/2022.   Board members agreed to remove these

actions and monitor through the Performance Activity Report.

2.5 NB asked that when the Communications and Engagement Plan is ready if it can be shared with Board members. NB queried if the Stakeholder Map could be shared with Board members to allow them to consider it. TS agreed.

2.6 **Resolved Action (232)**
Stakeholder Map to be shared with Board members for consideration.

3.0 Agenda Item 3 –Declaration of Interests

3.1 CC asked Board members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders.

3.2 CC declared an interest due to her position as Chair of the Patient Client Council (PCC), however, DoH has confirmed that the position is time bound and that it is actively seeking to recruit a Chair. CC should recuse herself from dealing with any matters which she considers would constitute a conflict of interest in relation to her respective role as Chair of the PCC.

3.3 TS declared that, as former Medical Director of Belfast Health and Social Care Trust and former Chief Executive of Northern Health and Social Care Trust, that he would excuse himself from any historic matters that arise for discussion regarding Muckamore Abbey Hospital that relate to his previous roles. The DoH has provided advice that a conflict would occur if any matters or issues relate to TS' previous role of Medical Director of the Belfast Health and Social Care Trust. Based on this advice, TS will consider the potential for any conflict of interest in respect of Muckamore Abbey Hospital as and when a related matter arises. In respect of the Deceased Patient Review, or any other matter relating to Dr Watt, TS has effectively recused himself from RQIA's undertakings, referring these matters to the Chair of the Board and the Acting Director of Improvement.

3.4 BS advised that she is an Associate with the HSC Leadership Centre and is currently seconded to DoH, via HSC Leadership Centre, to advise on COVID surge planning. If any areas arise that cause a conflict she will excuse herself.

4.0 Agenda Item 4 – Statement of Strategic Intent – Progress Update

4.1 CC thanked everyone for their participation and contribution to the Board Workshop held on 15 March 2021 in developing the RQIA Statement of Strategic Intent.

4.2 All agreed that the work undertaken would ensure the outcomes of an agreed Statement of Strategic Intent, outlining RQIA's strategic direction and key intents and aligned to the work already underway, thus underpinning the RQIA Management Plan for 2021/2022.

4.3 CC advised that the draft Statement will be shared with Board members for comment prior to being presented to the DoH, alongside the Management

Plan.

4.4 **Resolved Action (233)**
RQIA Statement of Strategic Intent to be shared with Board members for comment prior to presenting to DoH.

5.0 **Agenda Item 5 – Management Plan 2021/2022**

5.1 TS presented the Management Plan 2021/2022 , thanking Board members for their input and suggested developments.

5.2 TS noted that the Management Plan 2021/2022 is consistent with the DoH Guidance and will support the Statement of Strategic Intent.

5.3 TS and CC agreed to approve the Management Plan via email, following the suggested amendments and any further feedback for DoH sponsor branch.

5.4 Board members **APPROVED** the Management Plan 2021/2022, subject to amendments as at 5.3.

6.0 **Agenda Item 6 – Finance Performance Report (Month 11)**

6.1 Lesley Mitchell (LM), Associate from the HSC Leadership Centre, joined the meeting (12.05pm).

6.2 LM advised that Finance Performance Report outlines RQIA's position at month 11. LM advised that there is a year-to-date underspend of £68K and a year-end projected surplus of £8K. LM noted that the underspend is in both pay and non-pay.

6.3 NB queried if there would be an opportunity for RQIA to seek the COVID expenditure. LM advised that RQIA had received funding following the approval of the COVID business case and advised further that there will be no further opportunity in year. NB congratulated LM and the RQIA team for this position.

6.4 CC asked how the budget is allocated. LM advised that the budget is allocated by the DoH and is normally of similar value each year. CC asked how it is structured within RQIA. LM advised that there are two elements, pay and non-pay; advising that the bulk of non-pay expenditure relates to estates management items, such as rates and electricity. LM advised that the pay budget makes up the majority of the overall expenditure. As per the recommendation of the Financial Review, the pay budget will be devolved to Assistant Directors from 1 April 2021.

6.5 JMcG queried if additional funding will be provided for the Review of Deceased Patients. EH advised that a business case has currently been drafted for submission to the DoH in the near future. EH noted that RQIA will be seeking circa £200K on a non-recurrent basis for this review.

6.6   Board members **NOTED** the Finance Performance Report.

6.7   At this point, LM left the meeting (12.45pm).

7.0   Agenda Item 7 – Principal Risk Document

7.1   TS presented the Principal Risk Document to Board members advising that comments received from the Audit and Risk Assurance Committee would be included in the next iteration.

7.2   TS noted that the risk (ID 4) associated with Business Continuity, particularly; the element of RQIA's Accommodation will be reduced on signing of the new lease. TS advised that the Potential Heads of Terms are in the process of being agreed prior to agreeing the lease.

7.3   TS went on to explain that the element of business continuity risk associated with the organisation's leadership capacity will also reduce and therefore be removed from the Principal Risk Document.

7.4   TS noted that the risk to Business Continuity, in light of COVID, remains ongoing.

7.5   CC thanked TS for presenting the Principal Risk Document and advised that she had nothing further to add. CC asked that the Principal Risk Document is presented in a more user-friendly format. TS advised that he was in discussion with NB as to updating the format.

7.6   Board members **NOTED** the Principal Risk Document.

8.0   Agenda Item 8 – Audit and Risk Assurance Committee Business

8.1   NB, Chair of the Audit and Risk Assurance Committee, advised that the Committee met on 4 March and BSO Internal Audit, ASM and NIAO were also in attendance.

8.2   NB noted that the training for the Committee, delivered by On-Board was informative and relevant and staff advised it was well received.

8.3   NB informed Board members that Internal Audit advised that the end-of-year follow up is due to commence on 22 March 2021. The Audit Action Plan was updated with those out with RQIA's control.

8.4   NB advised that the Standing Reports on Whistleblowing, Fraud and Bribery and DoH Circulars were noted. NB noted that two Direct Award Contracts (DACs) were presented and noted as acceptable.

8.5   NB noted the next meeting of the Audit and Risk Committee on 29 April 2021.

8.6   JM informed Board members that Internal Audit had commenced their audit on 22 March 2021 and that early findings have reported that the financial follow-up audit has received a satisfactory level of assurance. NB and Board members congratulated the Business Support Unit Team on this progress, acknowledging the hard work which had been progressed.

8.7   CC noted that there is Risk Training, being delivered by Amberwing, scheduled to take place next week.

8.8   Committee members **NOTED** the Audit and Risk Assurance Committee Business.

9.0   Agenda Item 9 – RQIA Complaints Annual Report 2019/2020

9.1   David Silcock (DS) (Complaints and Representations Manager) joined the meeting (12.55pm).

9.2   JM introduced this item, explaining that, while this Annual Report covers those complaints received about RQIA, the organisation also deals with considerable volumes of concerns and complaints received about health and social care services regulated and reviewed by RQIA. JM advised that this would form part of a future Board workshop.

9.3   DS presented the Complaints Annual Report for 2019/2020 advising that there was a small number of complaints received by RQIA. DS informed members that complaints are resolved as quickly as possible, normally at early resolution stage. DS noted that four complaints were resolved through early resolution, one through formal resolution, one was anonymous and two did not fit within the policy.

9.4   DS informed members that the timeframes associated with resolution are in line with DoH Guidance. Themes and learning from complaints are categorised and shared during the year with the Executive Management Team.

9.5   Board members noted the small number of complaints. CC advised that, as the policy is now more straightforward and user friendly, RQIA may receive an increase in complaints. CC noted that feedback also informs intelligence which is used in relation to inspections and other regulatory activity.

9.6   DS informed members that to date, during 2020-2021 there have been nine complaints. DS noted that five have been resolved through early resolution, one through formal resolution, one remains ongoing and two fall outside the process.

9.7   The 2020/2021 Complaints Annual Report will be provided to the Board on 6 May 2021.

9.8   Board members **APPROVED** the RQIA Complaints Annual Report 2019/2020.

9.9   At this point, DS left the meeting, 1.20pm.

10.0   Agenda Item 10 – Chief Executive's Update

10.1   TS informed Board members that, as at the 31 March, the Transition Plan will be replaced with the Management Plan 2021/2022; however the Transition Team will remain in place. TS advised that he has agreed with the Northern HSC Trust to extend KH until March 2022.

10.2   TS noted that there is a gap where JM, EH and LL are in acting up positions. TS advised that it his plan to extend these appointments until formal appointments can be made.

10.3   TS advised Board members of RQIA's engagement with the Care Homes Association for Northern Ireland (CHASNI) and other advocacy groups. KH informed Board members that the RQIA Web portal has been extended, since January, to include data on visiting arrangements. KH advised that homes facilitating visitors and care partner numbers are increasing. KH advised that 100% of homes are facilitating visitors through indoor and / or outdoor mechanisms.

10.4   At this point, AH left the meeting (1.26pm).

10.5   CC noted the hard work that has been going on in order to manage this complexity. KH thanked all members and the RQIA team for their support. KH noted that she is collaboratively working with HSCB, PHA and PCC.

10.6   At this point, SE and JMcG left the meeting (1.30pm).

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

11.0   Agenda Item 11 - Any Other Business

11.1   As there was no other business, the Chair thanked Board Members and Officers for their attendance and contribution and brought the meeting to a close.

Date of next meeting:
6 May 2021

Signed   ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯
                Christine Collins MBE
                Interim Chair

Date   ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion	Status
232	25 March 2021	Stakeholder Map to be shared with Board members for consideration.	Communications Manager	6 May 2021	🟢
233	25 March 2021	RQIA Statement of Strategic Intent to be shared with Board members for comment prior to presenting to DoH.	Chair / Chief Executive	6 May 2021	🟢

Key

Behind Schedule	🟥
In Progress	🟧
Completed or ahead of Schedule	🟩

Date of Meeting	6 May 2021
Title of Paper	RQIA Draft Statement of Strategic Intent
Agenda Item	4
Reference	D/05/21
Author	RQIA Board and Executive Management Team
Presented by	Interim Chair
Purpose	The purpose of this paper is to present the draft Statement of Strategic Intent.
Executive Summary	The draft Statement of Strategic Intent outlines RQIA's vision for the future on one page. It replaces the RQIA Corporate Strategy 2017-2021. The Statement of Strategic Intent illustrates the organisation's sense of strategic direction and illustrates how, by fulfilling our purpose, working through our commitments and focusing on our strategic themes and deliverables, we will achieve our vision. It is developed using four aspects: • The first column is our legislative basis and our role and responsibilities, as described in the HSC Framework Document (2011). • The second column reflects our context and our environment, and is based on the commitments we are making. • The third column is derived from the three Strategic Themes from our 2021/2022 Management Plan. • The fourth column represents our existing purpose and vision; with three outcomes from the draft Programme for Government.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the RQIA Statement of Strategic Intent.
Next steps	The Statement of Strategic Intent will be finalised and published to the RQIA website.

Our Purpose...

Working across health and social care to measure and assure the standards of care offered and to encourage continuous improvement in that care , providing independent assurance to the Department

Our Commitment...

to modernise regulation and work in partnership with patients, service users, families and carers

Our Focus...

Safe and Effective Care

People and Communities

Operational Excellence

Our Vision...

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

---

Responsibilities

We are an independent health and social care regulatory body, accountable to the Department of Health.

We have **statutory powers and responsibilities to:**

- **Promote improvement** in the quality of health and social care services.
- **Review and report** on clinical and social care governance in the HSC.
- **Regulate (register and inspect)** a wide range[1] of health and social care services.
- Undertake a range of **responsibilities for people with a mental illness and those with a learning disability**[2] including promoting good practice, preventing ill treatment, remedying deficiencies in care or treatment, terminating improper detention and preventing or redressing loss to a patient's property.
- **Keep the Department of Health informed** about the provision, availability and quality of health and social care services.

Commitments

- **Modernising our approach** to regulation, including shifting away from periodic inspection to a greater use of continuous assessment and directing more targeted inspections, based on information and intelligence.
- **Extending the involvement of service users and carers** in our work, including building on opportunities for co-production.
- **Integrating a human rights approach** into our work.
- **Adapting to, and learning lessons from, the Covid Pandemic** with respect to the provision, availability and quality of HSC services. (Resilience of organisations to adapt quickly to changing circumstances.)
- **Providing assurance** to the Minister, the Department of Health, provider organisations, the public, service users, families and carers that standards of care are being met.
- **Supporting the vision for** transforming health and social care as set out in Health and Wellbeing 2026: Delivering Together and other care strategies.
- **Moving towards an outcomes-based approach** to planning and accountability in line with the Programme for Government.

In carrying out our work we will behave in line with the **Health and Social Care Values,** both within RQIA and with everyone our work brings us into contact with.

These are:
**Working Together
Excellence
Openness and Honesty
Compassion**

Safe and Effective Care

We will work in partnership to drive the continuous improvement of services and assure the delivery of high quality safe and effective care, underpinned by the HSC values and principles of equality.

We will do this through our regulatory framework, improved registration processes, a new Assurance Framework, including inspections and reviews that support improvements in care, and internal reorganisation to deliver our Mental Health and Learning Disability functions.

People and Communities

We will work as partners with the public, people who use and provide services and our own staff to deliver a modern and responsive regulatory system that supports the delivery of safe and effective care and safeguards people's rights.

We will do this by listening to people and responding to their concerns, through effective engagement and communication with stakeholders, by the continuing investment in our staff and through partnership working with health and social care providers and other regulators.

Operational Excellence

We will ensure that we have systems and processes in place that deliver sound stewardship of our resources to ensure excellence in delivering our regulatory and quality improvement activities.

We will do this by better use of information and intelligence, effective implementation of our Governance Framework, enhanced performance management processes and best use of our resources.

Outcomes

Achieving our vision will contribute to the following care outcomes:

People will have confidence in the safety and effectiveness of health and social care services wherever they are delivered in Northern Ireland.

The rights of service users and carers will be safeguarded.

People living in care homes will be supported to live the best life possible with access to the right clinical care which is safe, high quality and person centred.

Achieving our vision will also contribute to a number of the outcomes set out in the Northern Ireland Executive's Programme for Government namely:

We all enjoy long, healthy active lives.

We care for others and we support those in need.

We give our children and young people the best start in life.

We have a health and social care system that is capable of responding quickly and safely to changing circumstances.

**Subject to revision in light of Departmental Outcomes Based Framework and consultation, eg: on PfG.

---

[1] Establishments and agencies regulated by the RQIA include nursing and residential care homes; children's homes; independent hospitals; clinics; nursing agencies; day care settings for adults; residential family centres; adult placement agencies and voluntary adoption agencies.

[2] The Reform Act also transferred the functions of the former Mental Health Commission to the RQIA with effect from 1 April 2009.

RQIA Board Meeting

Date of Meeting	6 May 2021
Title of Paper	Draft Memoranda of Understanding: General Medical Council (GMC) and Nursing and Midwifery Council (NMC)
Agenda Item	5
Reference	E/05/21
Author	Interim Director of Improvement
Presented by	Interim Director of Improvement
Purpose	To provide an update of progress in developing MOUs with other regulators.
Executive Summary	The Board is asked to note progress with developing MOUs with GMC and NMC. Both organisations have preferred to opt for shorter clearer MOUs: setting out principles of co-operation and information sharing with a view to being supplemented by Information Sharing Agreements and bespoke templates.

Whilst these operational templates are being developed it is recommended we sign the overarching MOUs, in order to make transparent to our stakeholders and registered services, our mutual principles of co-operation and the types of information that can be expected to be shared with these regulators.

MOUs with the Health Care Professions Council (HCPC) and the General Dental Council (GDC) are being developed to follow a similar format. MOUs with the HSC Board need to be considered with a view to the transition of functions to the Department and will be progressed through representation on the HSC Board Migration Project Team's Governance and Oversight Sub-group. |
| **FOI Exemptions Applied** | None |
| **Equality Impact Assessment** | Not applicable |

Recommendation/ Resolution	The Board is asked to **NOTE** the Draft Memoranda of Understanding for the GMC and NMC.
Next steps	The Board is asked to recommend that the Executive Management Team finalise the MOUs and continue to work on detailed information sharing agreements that can be used across GMC, NIMDTA, NMC and potential other regulators.

Memorandum of Understanding between the

Regulation and Quality Improvement Authority

and the

Nursing and Midwifery Council

May 2021

Memorandum of Understanding between the Regulation and Quality Improvement Authority and the Nursing and Midwifery Council

Introduction

1. The purpose of this Memorandum of Understanding (MoU) is to set out a framework to support the working relationship between the **Regulation and Quality Improvement Authority (RQIA)** and **the Nursing and Midwifery Council (NMC)**.

2. The working relationship between the RQIA and NMC is an important element of an effective regulatory system for health and social care in Northern Ireland.

3. RQIA is the regulator of health and social care in Northern Ireland. The NMC is the independent regulator for nurses and midwives in the UK and nursing associates in England. The responsibilities and functions of the RQIA and NMC are set out at Annexe A.

4. This MoU does not override the statutory responsibilities and functions of the RQIA or NMC and is not enforceable in law. However, the RQIA and NMC are committed to working in ways that are consistent with the contents of this MoU.

Principles of cooperation

5. The RQIA and NMC intend that their working relationship will be characterised by the following principles:

    *   The need to make decisions which promote people's safety and high quality health and social care.
    *   The need to build and maintain public and professional trust and confidence in the two organisations;
    *   Openness and transparency between the two organisations, as to when cooperation is and is not considered necessary or appropriate;
    *   The need to use resources effectively and efficiently;
    *   A commitment to address any identified overlaps or gaps in the regulatory framework and responsibilities.
    *   Respect for each organisation's independent status;

6. The RQIA and NMC are also committed to a regulatory system for health and social care in Northern Ireland, which is transparent, accountable, proportionate, consistent, and targeted - the principles of better regulation.

Areas of cooperation

7. The working relationship between the RQIA and NMC involves cooperation in the areas detailed in paragraphs 7-21. Named MoU leads for each organisation are identified at Annexe B.

Cross-referral of concerns

8. Where the RQIA or NMC encounters a concern which it believes falls within the remit of the other organisation, they will at the earliest opportunity convey the concern and relevant information to a named individual with relevant responsibility at the other organisation. Named leads are identified in Annexe B. The referring organisation will not wait until its own investigation has concluded.

9. In particular, RQIA may refer to the NMC:

    - Any concerns and relevant information about a nurse or midwife which may call into question their fitness to practise.
    - Any concerns and relevant information about a healthcare organisation or a part of that organisation which may call into question its suitability as a learning environment for nursing and midwifery students.
    - Any concerns and relevant information relating to the general delivery of nursing and midwifery care at a health or social care organisation which may call into question issues of nursing or midwifery leadership.
    - Any information about an individual purporting to be a nurse or a midwife where RQIA has reason to believe that the person is not on the NMC register.
    - Any thematic issues about nurses and midwives that could be addressed through setting professional standards.

10. In particular, the NMC may refer to RQIA:

    - Any concerns and relevant information which may be useful intelligence about a healthcare or social care organisation or regulated service, in which nurses or midwives practise.
    - Any concerns and relevant information which may be useful intelligence about a healthcare or social care organisation where student nurses or midwives are trained which may call into question the quality and services it provides or its registration with the RQIA.

Exchange of information

11. Cooperation between the RQIA and NMC will often require the exchange of information. All exchanges of information will be lawful, proportionate and shared in confidence with the named contact in the other organisation at the earliest possible opportunity.

12. All arrangements for collaboration and exchange of information set out in this MoU and any supplementary agreements will take account of and comply with the Data Protection Act 2018, UK General Data Protection Regulation, the Freedom of Information Act 2000 and any RQIA and NMC codes of practice, frameworks or other policies relating to confidential personal information.

13. Exchange of information will be expected, but not limited, to cases:

    - outlined in paragraphs 9 and 10 in this MoU
    - a resolution to a concern would benefit from a coordinated multi-agency response.

14. Both the RQIA and NMC are subject to the Freedom of Information Act 2000. If one organisation receives a request for information that originated from the other, the receiving organisation will make the other aware before responding.

Media and publication

15. RQIA and the NMC will endeavour to give each other at least 24 hours warning of, and sufficient information about, any planned public announcements on issues relevant to the other organisation, including the sharing of draft proposals and publications where specific concerns are identified. It is acknowledged that this may be challenging in some circumstances, such as where urgent enforcement is action required.

16. RQIA and the NMC respect confidentiality of any documents shared in advance of publication and will not act in any way that would cause the content of those documents to be made public ahead of the planned publication date.

17. RQIA and the NMC may work together, where appropriate, to produce joint statements or communications highlighting collaboration or activities relevant to both organisations where specific concerns are identified.

Resolution of disagreement

18. Any disagreement between RQIA and NMC will normally be resolved at working level. If this is not possible, it may be brought to the attention of the MoU leads identified at Annexe B who may then refer it upwards through those responsible, up to and including the Chief Executives of the two organisations who will then jointly be responsible for ensuring a mutually satisfactory resolution.

Duration and review of this MoU

19. This MoU is not time-limited and will continue to have effect unless the principles described need to be altered or cease to be relevant. The MoU will be reviewed by the MOU managers annually but may be reviewed more urgently at any time at the request of either organisation. Changes to the MoU will however require both parties to agree, with the exception of contact details which may be changed unilaterally.

20. Both RQIA and the NMC are committed to exploring ways to develop increasingly more effective and efficient partnership working to promote quality and safety within their respective regulatory remits. The effectiveness of the working relationship between RQIA and the NMC will be supported by regular contact, either formally or informally. Meetings to discuss intelligence, policy and operational issues of interest to both organisations should take place between relevant colleagues at both organisations when appropriate.

21. Both organisations have identified a MoU manager at Annexe B and these will liaise as required to ensure this MoU is kept up to date and to identify any emerging issues in the working relationship between the two organisations.

Signed:

Tony Stevens
Interim Chief Executive
Regulation and Quality
Improvement Authority

Andrea Sutcliffe
Chief Executive and Registrar
Nursing and Midwifery Council

_____

_____

Date:

Date:

Annex A: Responsibilities and functions

1. The Regulation and Quality Improvement Authority (RQIA) and the Nursing and Midwifery Council (NMC) acknowledge the responsibilities and functions of each other and will take account of these when working together.

Responsibilities and functions of RQIA

2. Regulation and Quality Improvement Authority

RQIA is an independent body established by the Department of Health and Social Services and Public Safety in April 2005, under the Health and Personal Social Services (Quality, Improvement and Regulation) Order (2003 NI).

- Under the provision of The Order (2003) the RQIA is required to keep the department informed about the provision, availability and quality or services; and also encourage improvement in the delivery of services.

- RQIA has powers to conduct reviews and carry out investigations/inspections into the management, provision, quality of or access to and availability of HSC services; including clinical and social care governance arrangements.

- Any person who carries on or manages an establishment or agency must make an application to RQIA to register. Once granted, RQIA issues a certificate of registration to the applicant. RQIA maintains a register of all approved establishments and Agencies.

- Under the Mental Health Order (1986 NI) and from 1 October 2019, the Mental Capacity Act, 2016, RQIA undertakes a range of responsibilities for people with a mental illness and those with a learning disability.

- RQIA is designated as a National Preventative Mechanism (NPM) under the Optional Protocol to the Convention against Torture and other Cruel, Inhumane or Degrading Treatment or Punishment (OPCAT); an international human rights treaty designed to strengthen protection for people deprived of their liberty. OPCAT requires NPMs to carry out visits to places of detention to monitor the treatment of and conditions for detainees and to make recommendations regarding the prevention of ill-treatment. All NPMs report to and work towards guidance and reports issued by the UN Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading treatment or Punishment.

- The RQIA has four core values that underpin their work. In all that they do they will be FAIR – fair and accountable, and act with integrity and respect. RQIA has adopted the regional health and social care values. They are:

  o Working together
  o Excellence

- o Compassion
- o Openness and honesty

Responsibilities and functions of the NMC

4. The NMC's overarching objective is to protect the public. The responsibilities and functions of the NMC are set out primarily in the Nursing and Midwifery Order 2001.

5. The NMC's purpose is as follows:

   - Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of almost 725,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

   - Our core role is to **regulate**. First, we promote high professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

   - To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

   - Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

6. The NMC's values and behaviours:

   - Our values and behaviours will shape our culture, influencing the work we do and how we do it. Our values are important to us. They guide the way we behave, individually and together, and give us a firm foundation to promote excellence in nursing and midwifery for the benefit of the public.

- Each value is crucial, but their real strength comes from how they work together.

We're fair
We treat everyone fairly. Fairness is at the heart of our role as a trusted, transparent regulator and employer.

We're kind
We act with kindness and in a way that values people, their insights, situations and experiences.

We're ambitious
We take pride in our work. We're open to new ways of working and always aim to do our best for the professionals on our register, the public we serve and each other.

We're collaborative
We value our relationships (both within and outside of the NMC) and recognise that we're at our best when we work well with others.

Annex B: Contact details

The Regulation and Quality Improvement Authority 9th Floor Riverside Tower 5 Lanyon Place Belfast BT1 3BT	**Nursing and Midwifery Council** 23 Portland Place London W1B 1PZ
Chief Executives *Internal escalating policies should be followed before referral to Chief Executives*	
Tony Stevens Interim Chief Executive RQIA Tony.Stevens@rqia.org.uk	Andrea Sutcliffe Chief Executive and Registrar NMC andrea.sutcliffe@nmc-uk.org
MOU management	
Jacqui Murphy Head of Business Services Unit Jacqui.murphy@rqia.org.uk	Jaina Patel Stakeholder Intelligence Sharing Manager jaina.patel@nmc-uk.org
Operational	
Lynn Long Interim Deputy Director for Improvement Lynn.Long@rqia.org.uk	Kristian Garsed Regulation Adviser kristian.garsed@nmc-uk.org employerlinkservice@nmc-uk.org
Communications	
Malachy Finnegan Communications Manager Malachy.Finnegan@rqia.org.uk	Lauren Hastlehurst Head of News Lauren.hastlehurst@nmc-uk.org
DPA and FoI requests	
Hayley Barrett Business Manager Hayley.barrett@rqia.org.uk	Ben Wesson Head of Customer Enquiries and Complaints ben.wesson@nmc-uk.org

Memorandum of Understanding between the Regulation and Quality Improvement Authority and the General Medical Council

Draft: XXX 2021

Memorandum of Understanding between the Regulation and Quality Improvement Authority and the General Medical Council

1   The purpose of this Memorandum of Understanding (MoU) is to set out a framework to support the working relationship between the **Regulation and Quality Improvement Authority (RQIA)** and **General Medical Council (GMC).**

2   The working relationship between the RQIA and GMC is an important element of an effective regulatory system for health and social care in Northern Ireland.

3   RQIA is the regulator of health and social care in Northern Ireland. The GMC is the independent regulator for doctors in the UK. The responsibilities and functions of the RQIA and GMC are set out at Annex A.

4   This MoU does not override the statutory responsibilities and functions of the RQIA or GMC and is not enforceable in law. However, the RQIA and GMC agree to adhere to the contents of this MoU.

Principles of cooperation

5   The RQIA and GMC intend that their working relationship will be characterised by the following principles:

- Patient safety is of paramount interest;

- The need to make decisions which promote patient safety and high-quality health and social care;

- Respect for each organisation's independent status;

- The need to maintain public and professional confidence in the two organisations;

- Openness and transparency between the two organisations, as to when cooperation is and is not considered necessary or appropriate;

- The need to use resources effectively and efficiently;

- a commitment to address any identified overlaps or gaps in the regulatory framework and responsibilities.

6   The RQIA and GMC are also committed to a regulatory system for health and social care in Northern Ireland, which is transparent, accountable, proportionate, consistent, and targeted - the principles of better regulation.

Areas of cooperation

7   The working relationship between the RQIA and GMC involves cooperation in the areas detailed in paragraphs 7-21. Named MoU leads for each organisation are identified at Annex B.

Cross-referral of concerns

8   Where the RQIA or GMC encounters a concern which it believes falls within the remit of the other organisation, they will at the earliest opportunity convey the concern and relevant information to a named individual with relevant responsibility at the other organisation. Named leads are identified in Annex B. This engagement can take place through regular meetings between GMC's Employment Liaison Advisor and RQIA's Responsible Officer or other meetings as outlined in paragraph 26. The referring organisation will not wait until its own investigation has *concluded*.

9   In particular, RQIA will refer to the GMC:

- Any concerns and relevant information about a doctor which may call into question their fitness to practise.

- Any concerns and relevant information about a healthcare organisation or a part of that organisation which may call into question its suitability as a learning environment for medical students or doctors in training.

- Any concerns and relevant information about a healthcare organisation which may call into question the robustness of its systems for postgraduate training, medical appraisal and clinical governance or compliance with *The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010*.

10   In particular, the GMC will refer to RQIA:

- Any concerns and relevant information about a healthcare or social care organisation in which doctors practise or are trained which may call into question the quality and services it provides or its registration with the RQIA.

11   It is important to emphasise that the primary responsibility for reporting any concerns remains with the employing authority.

Revalidation for doctors

12   Doctors must demonstrate to the GMC on a regular basis that they remain up to date and fit to practise (a process termed revalidation). This depends on local systems of appraisal and clinical governance and so these systems must be sufficiently robust to enable doctors to collect the information they need to revalidate.

13 The RQIA is a signatory of the GMC's *Effective clinical governance for the medical profession handbook*, that outlines the core principles underpinning effective clinical governance.

14 The RQIA will work in collaboration with the GMC in its development and delivery of a process which quality assures the robustness of governance and standards in the local systems of appraisal while avoiding unnecessary regulatory burdens for healthcare organisations or individual doctors. However, the revalidation process will remain the responsibility of the GMC.

Exchange of information

15 Cooperation between the RQIA and GMC will often require the exchange of information. All exchanges of information will be lawful and proportionate and shared in confidence with the named contact in the other organisation at the earliest possible opportunity.

16 All arrangements for collaboration and exchange of information set out in this MoU and any supplementary agreements will take account of and comply with the Data Protection Act, GDPR and any RQIA and GMC codes of practice, frameworks or other policies relating to confidential personal information.

17 Exchange of information will be expected, but not limited, to cases where:

- either RQIA or the GMC identifies concerns about the health and wellbeing of the public, particularly in relation to individual practitioners' fitness to practice, the suitability of medical departments as a training environment and the medical leadership of Health and Social Care (HSC) Trusts and HSC Board;

- a resolution to a concern would benefit from a coordinated multi-agency response.

18 The GMC will also provide the RQIA access to its regulator dashboard, where they can access data on complaints and National Training Survey (NTS) results at an organisational level.

19 This MoU will be supplemented by a separate Information Sharing Agreement (ISA) which will set out the detailed arrangements for sharing information between the parties. Both the RQIA and GMC are subject to the Freedom of Information Act 2000. If one organisation receives a request for information that originated from the other, the receiving organisation will make the other aware before responding.

Media and publication

20 RQIA and the GMC will endeavour to give each other adequate warning of, and sufficient information about, any planned public announcements on issues relevant to the other organisation, including the sharing of draft proposals and publications. It is

acknowledged that this may be challenging in some circumstances, such as where urgent enforcement is action required.

21 RQIA and the GMC respect confidentiality of any documents shared in advance of publication and will not act in any way that would cause the content of those documents to be made public ahead of the planned publication date.

22 RQIA and the GMC may work together, where appropriate, to produce joint statements or communications highlighting collaboration or activities relevant to both organisations. The RQIA may also share their Hospital inspection and Review reports with the GMC, when relevant.

Resolution of disagreement

23 Any disagreement between RQIA and GMC will normally be resolved at working level. If this is not possible, it may be brought to the attention of the MoU leads identified at Annex B who may then refer it upwards through those responsible, up to and including the Chief Executives of the two organisations who will then jointly be responsible for ensuring a mutually satisfactory resolution.

Duration and review of this MoU

24 This MoU is not time-limited and will continue to have effect unless the principles described need to be altered or cease to be relevant. The MoU may be reviewed at any time at the request of either party. Changes to the MoU will however require both parties to agree, with the exception of contact details which may be changed unilaterally.

25 Both RQIA and the GMC are committed to exploring ways to develop increasingly more effective and efficient partnership working to promote quality and safety within their respective regulatory remits. The effectiveness of the working relationship between RQIA and the GMC will be supported by regular contact, either formally or informally. Meetings to discuss intelligence, policy and operational issues of interest to both organisations should take place between relevant colleagues at both organisations when appropriate

26 Both organisations have identified a MoU manager at Annex B and these will liaise as required to ensure this MoU is kept up to date and to identify any emerging issues in the working relationship between the two organisations. The MoU will be reviewed by the MOU managers annually but may be reviewed more urgently at any time at any time at the request of either organisation.

Signed

Tony Stevens

Interim Chief Executive

Regulation and Quality Improvement Authority

Charlie Massey

Chief Executive and Office of the Chair

_____   _____

Annex A Responsibilities and functions

1   The Regulation and Quality Improvement Authority (RQIA) and the General Medical Council (GMC) acknowledge the responsibilities and functions of each other and will take account of these when working together.

Regulation and Quality Improvement Authority

2   RQIA is an independent body established by the Department of Health and Social Services and Public Safety in April 2005, under the Health and Personal Social Services (Quality, Improvement and Regulation) Order (2003 NI).

   a) Under the provision of The Order (2003) the RQIA is required to keep the department informed about the provision, availability and quality or services; and also encourage improvement in the delivery of services.

   b) RQIA has powers to conduct reviews and carry out investigations/inspections into the management, provision, quality of or access to and availability of HSC services; including clinical and social care governance arrangements.

   c) Any person who carries on or manages an establishment or agency must make an application to RQIA to register. Once granted, RQIA issues a certificate of registration to the applicant. RQIA maintains a register of all approved establishments and Agencies.

   d) Under the Mental Health Order (1986 NI) and from 1 October 2019, the Mental Capacity Act, 2016, RQIA undertakes a range of responsibilities for people with a mental illness and those with a learning disability.

   e) RQIA is designated as a National Preventative Mechanism (NPM) under the Optional Protocol to the Convention against Torture and other Cruel, Inhumane or Degrading Treatment or Punishment (OPCAT); an international human rights treaty designed to strengthen protection for people deprived of their liberty. OPCAT requires NPMs to carry out visits to places of detention to monitor the treatment of and conditions for detainees and to make recommendations regarding the prevention of ill-treatment. All NPMs report to and work towards guidance and reports issued by the UN Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading treatment or Punishment.

Responsibilities and functions of the GMC

1   The responsibilities and functions of the GMC are set out primarily in the Medical Act 1983 (the Medical Act).

2   The purpose of the GMC under the Medical Act is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

3   The Medical Act gives the GMC four main functions:

- controlling entry to and maintaining the list of registered and licensed medical practitioners;

- fostering good medical practice;

- promoting high standards of medical education and training; and

- dealing firmly and fairly with doctors whose fitness to practise is in doubt.

4   In addition, the Medical Act places an incidental duty on the GMC to co-operate, in so far as is appropriate and reasonably practicable, with public bodies or other persons concerned with the-

a   employment (whether or not under a contract of service) of provisionally or fully registered medical practitioners;

b   education or training of medical practitioners or other health care professionals;

c   regulation of, or the co-ordination of the regulation of, other health or social care professionals;

d   regulation of health services; and

e   provision, supervision or management of health services.

Annex B Contact details

The Regulation and Quality Improvement Authority

9th Floor Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

General Medical Council

Regent's Place
350 Euston Road
London NW1 3JN
Telephone: 0161 923 6602

Named contacts between the RQIA and the GMC are as follows:

Chief Executives (internal escalating policies should be followed before referral to Chief Executives)

Tony Stevens

Interim Chief Executive RQIA

Tony.Stevens@rqia.org.uk

Charlie Massey

Chief Executive and Office of the Chair

Charlie.Massey@gmc-uk.org

MoU management

RQIA – David Stewart Director of Review and Medicine

Email: david.stewart@rqia.org.uk

Direct line: 02890517500

Jane Kennedy

Head of Northern Ireland Office

Jane.kennedy@gmc-uk.org

0289 031 2891 x5398

Joanne Donnelly

Employment Liaison Advisor

joanne.donnelly@gmc-uk.org

0161 250 6842

Dr Richard Wright

Responsible Officer

Richard.wright@rqia.org.uk

The Information Sharing Agreement for RQIA and GMC will be developed to set out the operational detail for each area of cooperation between the two organisations and the agreed lines of escalation where necessary.

RQIA Board Meeting

Date of Meeting	6 May 2021
Title of Paper	Finance Performance Report for the Month ended 31 March 2021.
Agenda Item	6
Reference	F/05/21
Author	Lesley Mitchell, HSC Leadership Centre Associate
Presented by	Lesley Mitchell, HSC Leadership Centre Associate
Purpose	To report the Month12 financial position.
Executive Summary	RQIA is reporting a year end position of £10k.
FOI Exemptions Applied	
Equality Impact Assessment	
Recommendation/ Resolution	The Board is asked to **NOTE** the Finance Performance Report
Next steps	

Financial Performance

Report

31 March 2021

1. FINANCIAL PLAN 2020/21

RQIA submitted its business plan for 2020/21 to the Department of Health in February 2020 with the initial financial plan being forwarded at a later date in June 2020. RQIA has a legal duty to achieve a breakeven position by the end of the year, which is defined by the surplus/deficit not exceeding 0.25% of its RRL and/or not exceeding £20k.

The financial plan is updated monthly and the actual year-end position is as follows:

	Updated Financial Plan as at February 2021 £000	Actual Position as at March 2021 £000	Variance £000
RRL	6,696	6,904	208
Other Operating Income	855	867	12
Total Expected Income	**7,551**	**7,771**	**220**
Pay	6,032	6,258	226
Non Pay	1,304	1,304	-
Covid Costs	207	199	(8)
Total Expected Expenditure	**7,543**	**7,761**	**218**
Year End Forecast Surplus	**8**	**10**	**2**

The actual year-end surplus of £10k is an increase of £2k from the February forecast of £8k, which means RQIA, will report a breakeven position for 2020/21. However, it should be noted that the year-end position will not be confirmed until the annual accounts are complete and fully audited.

In March RQIA received additional income from the HSCB (RRL Allocation) amounting to £208k in respect of the following:
- Difference accruing from recalculation of Senior Executive Pay liability £38k;
- Unexpected legal costs/pay costs £32k;
- Outstanding Medical Pay Award £4k;
- Staff Recognition Payments £103k;
- Implications of PSNI annual leave decision £31k.

2. FINANCIAL POSITION AS AT 31 MARCH 2021

	Budget YTD 31 March 2021 £000	Actual YTD 31 March 2021 £000	Variance £000
RRL	6,904	6,904	0
Annual Homes Fees	745	747	2
Registration of Establishment	0	42	42
Registration of Manager	0	31	31
Variations (including Minor Fee)	0	47	47
Total Expected Income	**7,649**	**7,771**	**122**
Pay Expenditure:-			
Staffing	6,269	5,986	(283)
Agency Staffing	162	272	110
Covid Staffing	0	162	162
Non Pay Expenditure:-			
Printing, Stationery & Admin	416	396	(20)
Advertising	10	24	14
Building & Engineering	0	0	0
Catering	7	0	(7)
Cleaning	16	12	(4)
Postage & Telephones	46	26	(20)
Furniture	0	0	0
General Services	146	162	16
Heat, Light & Power	28	27	(1)
Computer Hardware & Software	82	49	(33)
Medical & Surgical	0	1	1
Legal Fees & Litigation	129	123	(6)
Rent, Rates & Insurance	395	371	(24)
Staff Training	30	19	(11)
Travel	81	43	(38)
Uniforms	0	1	1
Non Pay Non BSO	0	50	50
Covid Non Pay Costs	0	37	37
Total Expected Expenditure	**7,817**	**7,761**	**(56)**
Deficit/(Surplus) as at 31 March 2021	**168**	**(10)**	**178**

3. COVID COSTS

RQIA has incurred expenditure of £199k in respect of COVID19 costs. The Department of Health funded these costs to £176k based on a business case submitted in the autumn. Monthly COVID19 expenditure is as follows:

Month	Actual Monthly Cost £000	Cumulative Monthly Cost £000	Forecast Year End Costs £000
May	39	39	39
June	99	138	306
July	(1)	137	237
August	(9)	128	185
September	6	134	176
October	26	160	176
November	13	173	184
December	5	178	184
January	12	190	194
February	9	199	207
March	0	199	199

4. KEY MESSAGES

- The year-end position is reporting a surplus of £10k, which is within the definition of breakeven (ie below £20k). It should be noted that the final position will be confirmed by the completion and audit of the annual accounts.
- The recommendations from the Financial Review will continue to be progressed over coming weeks including the allocation of budgets to devolved budget-holders and the further development of a monthly Financial Performance Report for 2021/22.

	RQIA Board Meeting
Date of Meeting	6 May 2021
Title of Paper	Performance Activity Report (PAR): Quarters 1-4; 2020/2021
Agenda Item	7
Reference	G/05/21
Author	Business Support Unit
Presented by	Acting Head of Business Support Unit / Interim Professional Advisor (Social Work) / Interim Director of Improvement /
Purpose	To report the performance and activity during quarters 1 to 4 of 2020/2021.
Executive Summary	This is the RQIA Performance Activity Report, based on activity and performance in Quarters 1, 2, 3 and 4 of 2020/2021. This report forms a key component in the development of RQIA's Performance Framework. It has been developed as part of the RQIA Transition Plan 2020/2021 and Key Performance Indicators (KPIs) will continue to be established as part of the RQIA Management Plan 2021/2022, in order to provide a comprehensive view of the organisation's performance throughout the year. It is based on the six areas of RQIA's activity.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the Performance Activity Report.
Next steps	

Performance Activity Report

Quarters 1 to 4, 2020/2021

Reporting our Performance

The Regulation and Quality Improvement Authority

This is the RQIA Performance Activity Report (PAR), based on activity and performance during 2020/2021.
This report forms a key component of RQIA's Performance Framework. The PAR continues to be developed, with Key Performance Indicators (KPIs) being established.

Registration

KPI to be established — Registrations Processed

Inspection

Care Homes | Agencies & Day Care | Children's Services | Independent Healthcare | Hospitals | Timeliness of Reports: Assurance | Timeliness of Reports: Improvement

Review

KPI to be established — Concerns | KPI to be established — Mental Health: SAIs | MHO: Detention Forms | MHO: Second Opinions | KPI to be established — Review Programme | Audit & QI Programme

Engagement

Complaints | Media Requests | FOIs/ DPRs

Manage our Resources

Staff Appraisals | Employee Absence | Mandatory Training

KPI exceeded | KPI met | KPI not met

2

Reporting our Performance

The PAR is based on the six areas of RQIA's activity:

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

At the end of Quarter 4 (31 March 2021) 2020/2021, 1,530 services were registered with RQIA.

Service Type	Total
Adult Placement Agencies	4
Children's Homes	49
Day Care Settings	167
Domiciliary Care Agencies	302
Dental Practices	373
Independent Clinics	7
Independent Hospitals	73
Independent Medical Agencies	7
Nursing Homes	248
Nursing Agencies	64
Residential Care Homes	233
Residential Family Centres	1
Voluntary Adoption Agencies	2
Total	**1,530**

There have been 7 new services registered (2 Dental Practices; 2 Nursing Agencies; 1 Domiciliary Care Agency; 1 Children's Home; and 1 Independent Medical Agency).

Registrations Received

Figure 1: Numbers of Applications for Registration Received , by Application Type, by Quarter, during 2018/2019 to 2020/2021
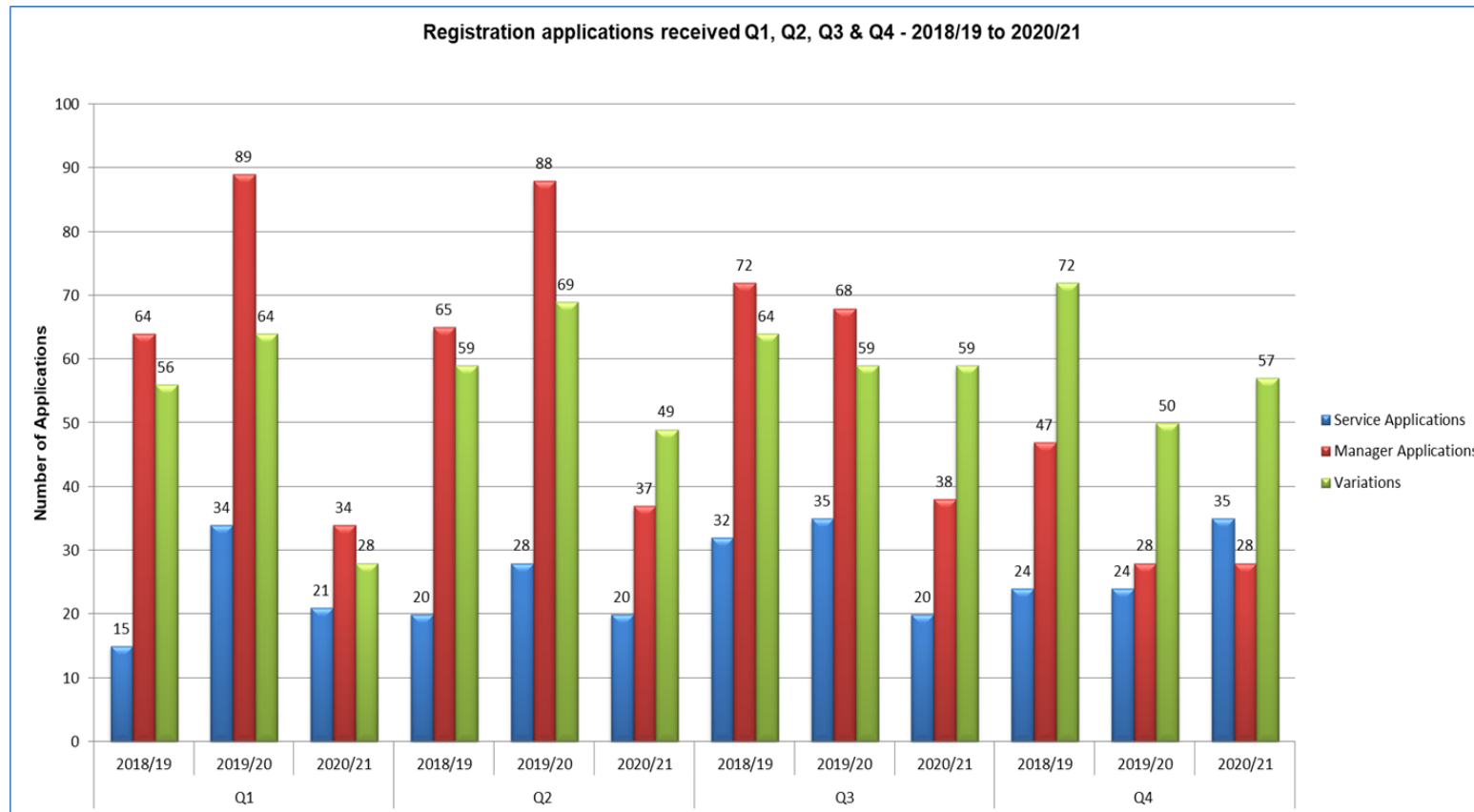
Applications for registration are categorised into:
- Service Applications;
- Manager Applications; and
- Variations to Registrations

There has been a marked decrease (33%) in the number of applications for registration received by RQIA during 2020/2021 (n=426) compared to 2019/2020 (n=636).

This was highlighted during Quarter 1 which is aligned to the first wave of the COVID-19 Pandemic and it is likely that increased pressures on registered services had an impact upon this.

Registrations Processed

The Regulation and Quality Improvement Authority

| Registration | Inspection | Enforcement | Review | Engagement | Manage our Resources |

KPI to be established

Baseline KPIs will be established in respect of the time taken to process applications for registration, as part of the Registration Project being taken forward in the RQIA Management Plan 2021/2022.
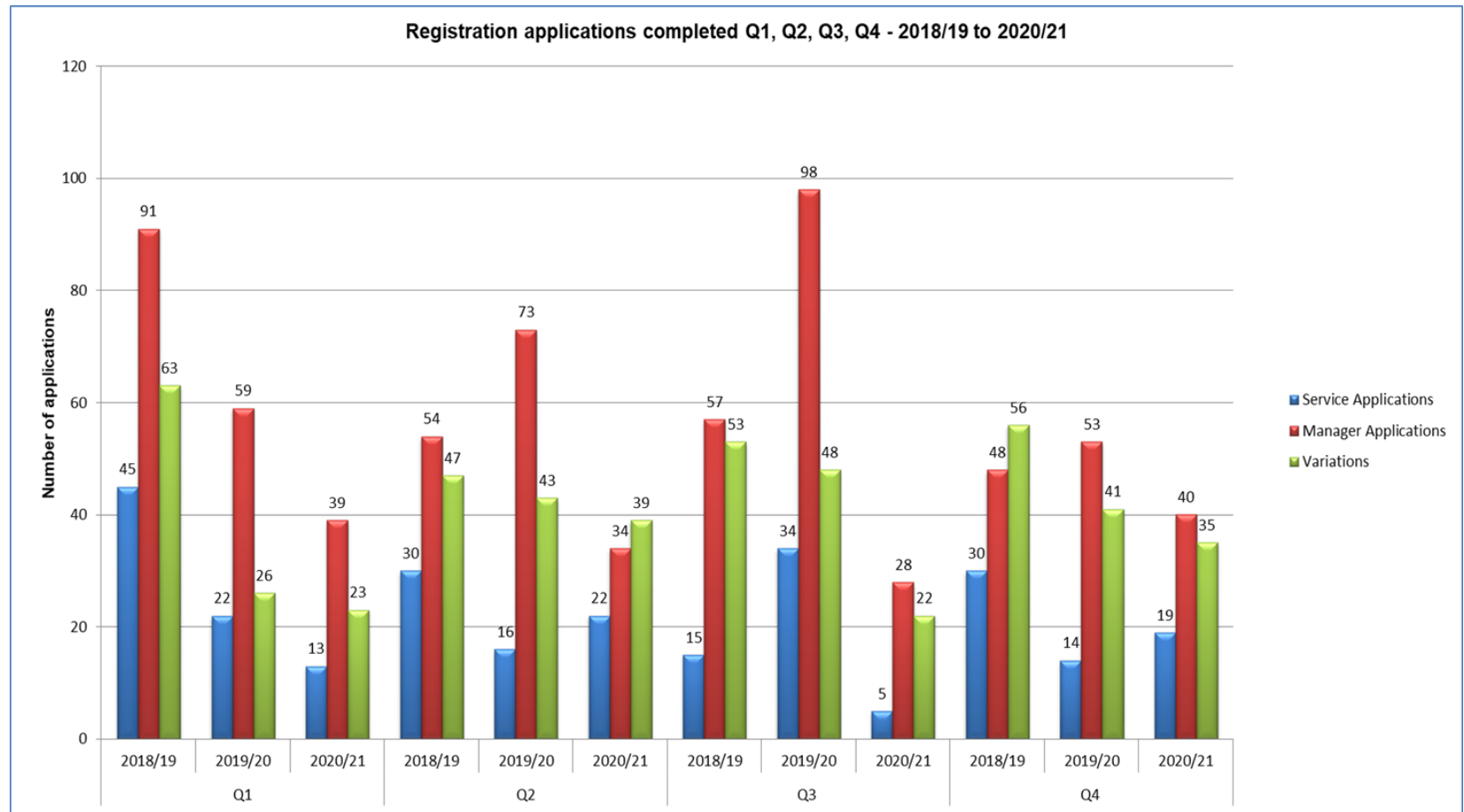
Figure 2: Numbers of Applications Processed , by Application Type, by Quarter, during 2018/2019 to 2020/2021

Inspection: Assurance Directorate Inspections: Notes

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

Notes

The monthly cumulative totals count the total number of inspections completed, rather than the individual services inspected. In some cases, a service may receive more than their required number of inspections.

The statutory requirement is for all Nursing Homes, Residential Care Homes and Children's Homes to have a minimum of 2 inspections per year, and Adult Placement Agencies, Day Care Settings, Domiciliary Care Agencies (Conventional and Supported Living), Nursing Agencies, and Residential Family Centres to have a minimum of 1 inspection per year. Voluntary Adoption Agencies require an inspection once every 3 years.

Young Adult Supported Accommodation (YASA) and MHLD-CAMHS services are not registered but are inspected by the Children's Team.

Children's Team are also responsible for inspecting the children's hospice and one nursing home.

The Revised Inspection Targets for 2020/2021 were introduced in Quarter 2 (from 1 July 2020 onwards).

The Revised Inspection Targets for 2020/2021 were to complete a minimum of 1 inspection this year to all Nursing Homes, Residential Care Homes, Children's Homes and Residential Family Centres. Day Care Settings, Domiciliary Care Agencies (Conventional and Supported Living), Nursing Agencies had a target for 50% of services to be inspected.

The four registered Adult Placement Agencies were not inspected during 2020/2021 as they were considered to be low risk.

The Care Homes graph includes Nursing Home and Residential Care Home figures.

The Agencies and Day Care graph includes Day Care Settings, Domiciliary Care Agencies (Conventional and Supported Living) and Nursing Agencies figures. The 50% inspection target was met for Domiciliary Care Agencies (both Conventional and Supported Living), but not for Day Care Settings or Nursing Agencies.

The Children's Services graph includes Children's Homes, Residential Family Centre, YASA and MHLD-CAMHS figures.

Inspections completed to 18 YASA and 3 MHLD-CAMHS included within the Children's Team graph.

Voluntary Adoption Agencies require inspection once every 3 years. The 2 voluntary adoption agencies were not inspected during 2020/2021.

Boarding schools were not inspected during 2020/2021 and are not subject to a statutory requirement.

Inspection: Assurance Directorate

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 50% of inspections completed in year in respect of Care Homes

Care Homes - Inspections Completed 2020.21 (against targets)

Figure 3: Numbers of Completed Inspections to Care Homes (Nursing and Residential) against Projected Targets, during 2020/2021

The statutory minimum target for inspections to care homes was 962 inspections.

A revised target of 50% (n=481) was set in July 2020.

At year end (31 March 2021), the revised target was exceeded by 152 inspections, which resulted in 66% (n=633) of the statutory minimum target being delivered.

Inspection: Assurance Directorate

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 50% of inspections completed in year in respect of Agencies and Day Care Services

Figure 4: Numbers of Completed Inspections to Domiciliary Care Agencies and Day Care against Projected Targets, during 2020/2021

The statutory minimum target for inspections to agencies and day care services was 533 inspections.

A revised target of 50% (n=267) was set in July 2020.

At year end (31 March 2021), 89% (n=238) of the revised target was met.

This has resulted in 45% (n=238) of the statutory minimum target being delivered.

Inspection: Assurance Directorate

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 50% of inspections completed in year in respect of Children's Services

Figure 5: Numbers of Completed Inspections to Children's Services against Projected Targets, during 2020/2021

The statutory minimum target for inspections to children's services was 125 inspections.

A revised target of 50% for children's homes (n=49) was set for the 2020.21 year, ie: one inspection per home rather than two. This also applies to one nursing home inspected by the team.

All other children's services (YASA, MHLD CAMHS wards, voluntary adoption agencies, 1 residential family centre and 1 children's hospice require one inspection (n=25).

At year end (31 March 2021), the revised target was exceeded by 1 inspection, resulting in 60% (n=76) of the statutory minimum target being delivered.

The statutory requirement was not met for two voluntary adoption agencies.

Boarding Departments were not inspected during 2020/2021 and are not subject to a statutory requirement.

Inspection: Improvement Directorate Inspections: Notes

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

Notes

The monthly cumulative totals count the total number of inspections completed rather than the individual services inspected. In some cases, a service may receive more than one inspection.

The count of total registered services includes 6 Independent Acute Hospitals inspected by the Hospitals Team and 1 Children's Hospice inspected by the Children's Team, all of which required a minimum of one inspection this year.

The statutory requirement is for all registered Independent Clinics, Independent Hospitals, Independent Hospitals providing Dental Treatment and Independent Medical Agencies to have a minimum of 1 inspection per year.

The Revised Targets for 2020/2021 were to inspect 80% of registered Independent Clinics, Independent Hospitals (excluding the 6 acute hospitals and 1 children's hospice referenced above), Independent Hospitals providing Dental Treatment, and Independent Medical Agencies.

At the end of March 2021, all 6 Independent Acute Hospitals and the 1 Children's Hospice had been inspected.

5 IR(ME)R services were inspected during 2020/2021. IRMER services are non-registered and there is no legislative requirement to inspect them once per year.

45 inspections to cosmetic laser services were scheduled before the end of March 2021. However, it was not possible to complete these inspections as the businesses were closed due to lockdown restrictions, as part of the Pandemic.

Inspection: Improvement Directorate

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 80% of inspections completed in year (Independent Healthcare Team)

Independent Health Care - Inspections Completed 2020.21 (against projected targets)
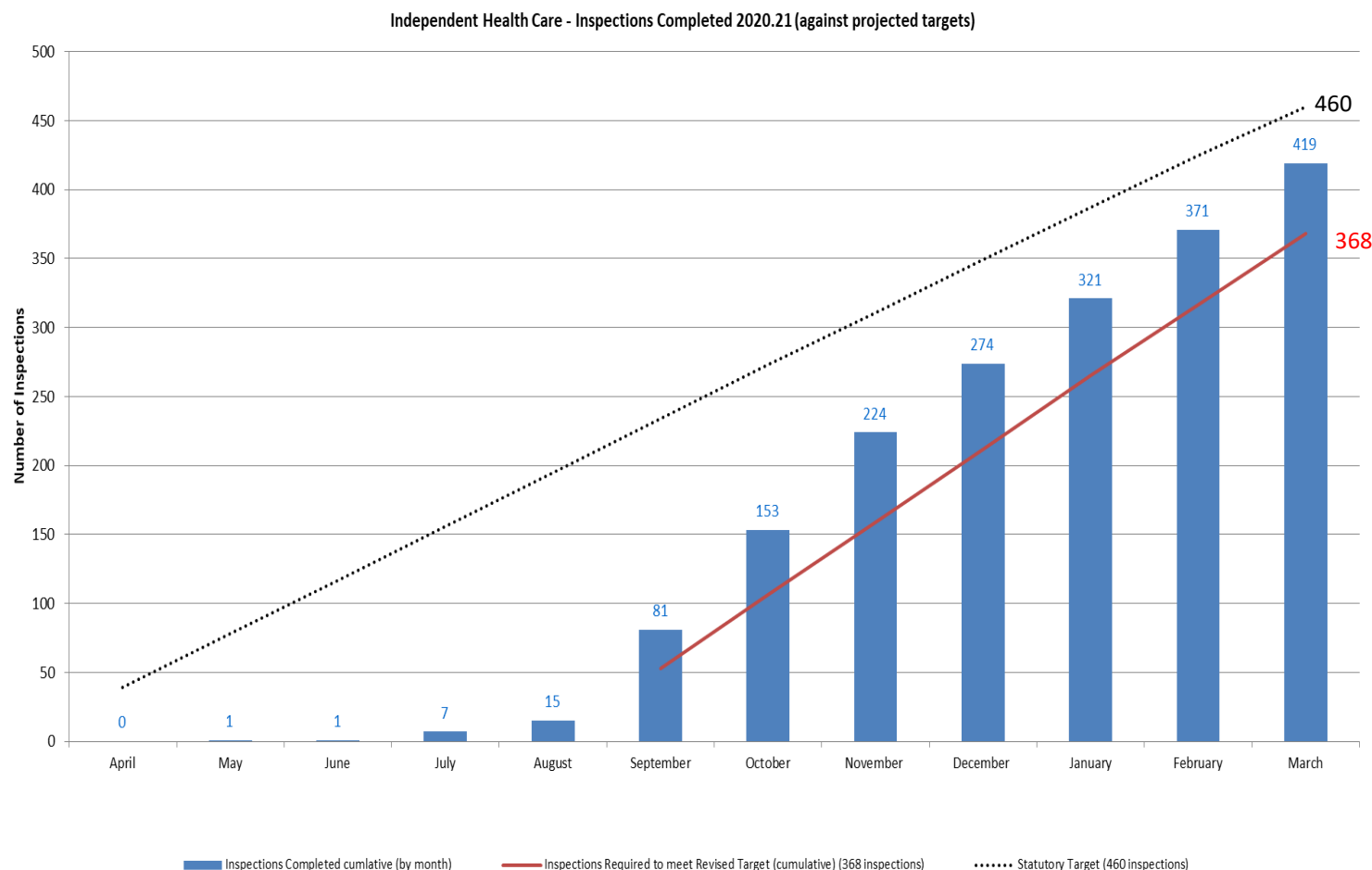
The statutory minimum target for inspections to independent healthcare services was 460 inspections.

A revised target of 80% (n=368) was set in July 2020.

At year end (31 March 2021), the revised target was exceeded by 51 inspections, which resulted in 91% (n=419) of the statutory minimum target being delivered.

Figure 6: Numbers of Completed Inspections to Services in Independent Healthcare against Projected Targets, during 2020/2021

Inspection: Improvement Directorate

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI for Mental Health and Learning Disability (MHLD) Hospitals: 1 inspection to each ward
KPI for HSC Hospitals: to be confirmed
KPI for Independent Hospitals: 100% services inspected

Hospital Programme - Inspections Completed 2020.21
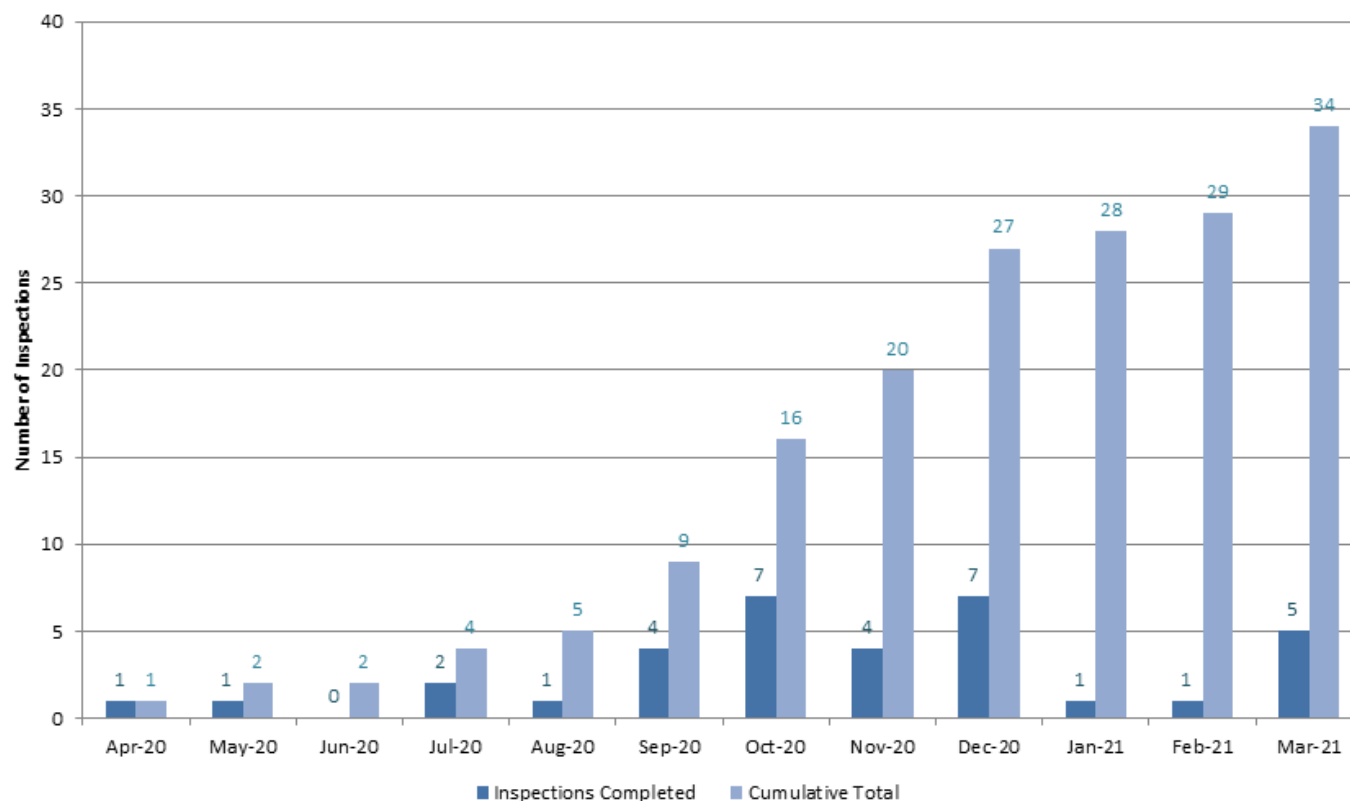
34 inspections to Hospitals (including Mental Health and Learning Disability (MHLD) Hospitals, HSC Acute Hospitals and Independent Hospitals) were undertaken during 2020/2021.

This included an inspection to a prison service.

1 x HM Prison
16 x HSC Hospitals (both Acute and MHLD)
10 x Independent Hospitals (Acute)
7 x MHLD Facilities

Figure 7: Numbers of Completed Inspections to Hospitals (MHLD, HSC Acute and Independent) during 2020/2021

Inspection: Out of Hours

The Regulation and Quality Improvement Authority

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI to be established

Figure 8: Numbers of Completed Out of Hours Inspections, by Quarter, during 2020/2021, compared to 2018/2019 and 2019/2020.
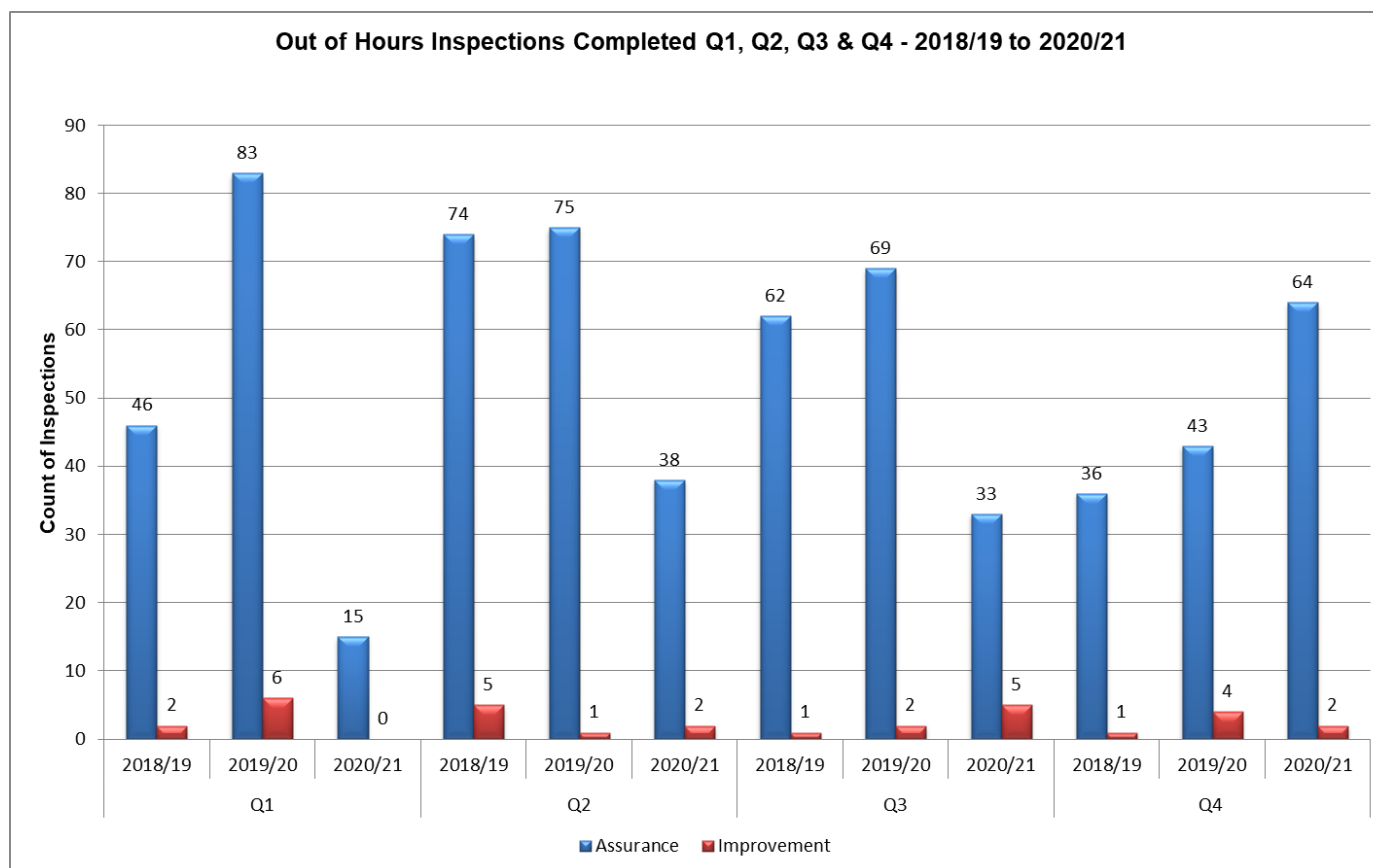
There were 159 Out of Hours Inspections completed during 2020/2021, compared to 283 the same period in 2019/2020 and 227 in 2018/2019.

RQIA's reduced footfall into care homes during Quarter 1 of 2020/2021 due to the Coronavirus Pandemic has had a significant impact upon these figures.

A KPI will be established as part of development of the Assurance Framework, in the RQIA Management Plan 2021/2022.

Inspection: Timeliness of Reports: Assurance Directorate

The Regulation and Quality Improvement Authority

| Registration | Inspection | Enforcement | Review | Engagement | Manage our Resources |

KPI: Inspection Reports should be issued no later than 28 days' after completion of inspection
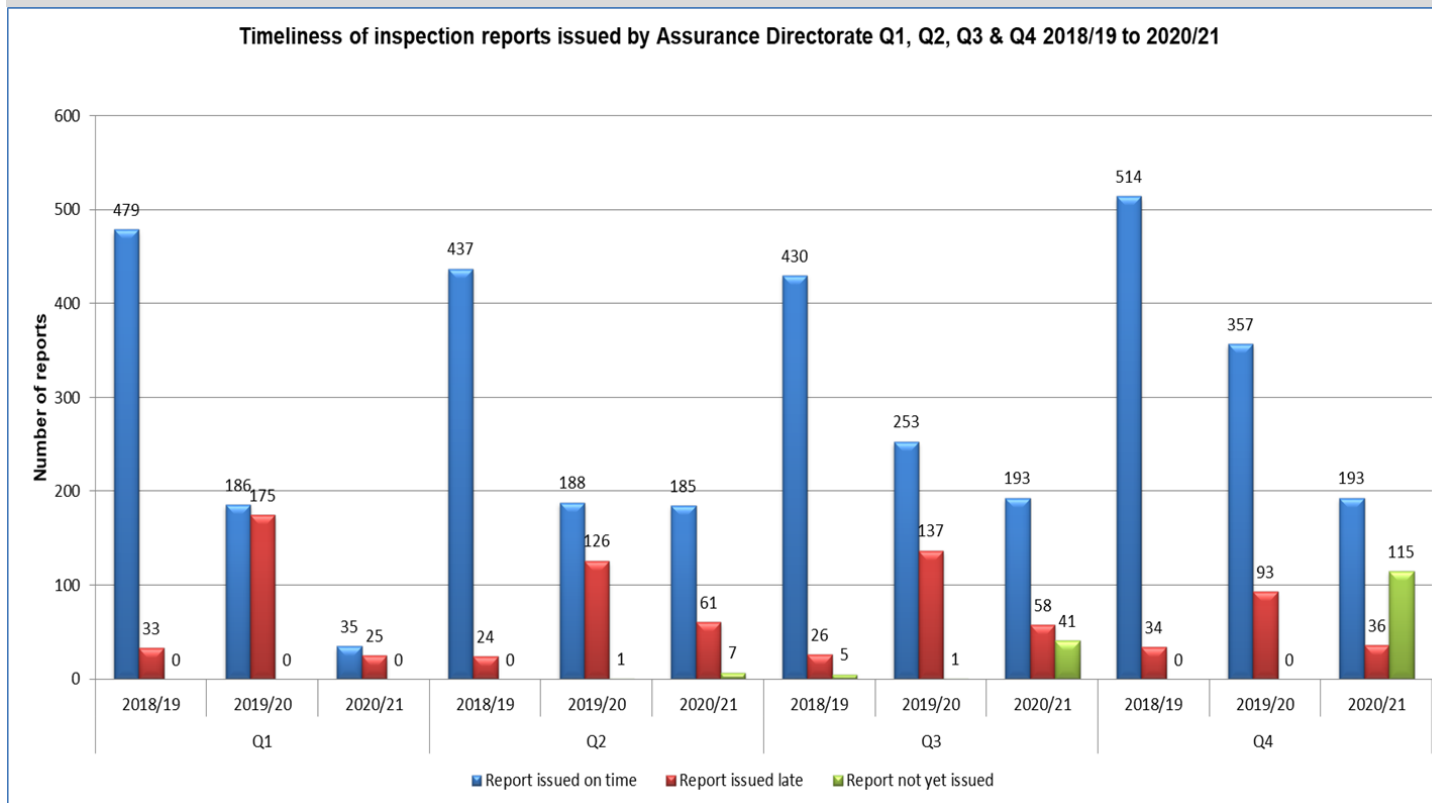
The graph illustrates the number of inspection reports which have been issued by the Assurance Directorate within the KPI up to 31 March 2021.

64% (n=606) reports were issued on time during 2020/2021, compared to 65% (n=984) in 2019/2020 and 94% (n=1,860) in 2018/2019.

Figure 9: Timeliness of Inspection Reports Issued by the Assurance Directorate, by Quarter, during 2020/2021, compared to 2019/2020 and 2018/2019.

Note: Figures accurate as of information recorded on iConnect as at 23 April 2021. 'Reports not yet issued' for Quarter 4 2020/2021 will have due dates during April 2021/May 2021. The equivalent figures for earlier periods will consist of reports not issued for other reasons.

Inspection: Timeliness of Reports: Improvement Directorate

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: Inspection Reports should be issued no later than 28 days' after completion of inspection

Figure 10: Timeliness of Inspection Reports Issued by the Improvement Directorate, by Quarter, during 2020/2021, compared to 2019/2020 and 2018/2019.
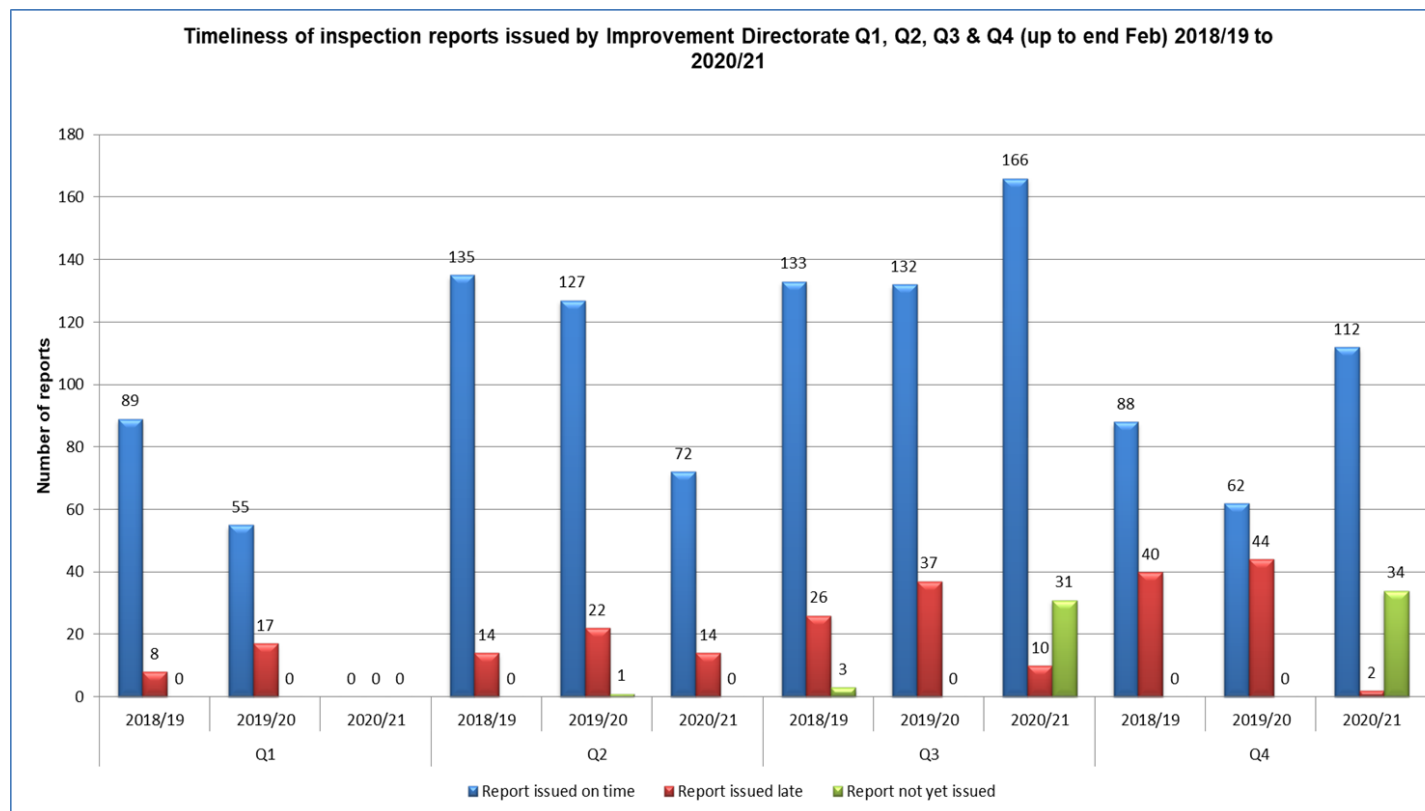
The graph illustrates the number of inspection reports which have been issued by the Improvement Directorate within the KPI up to end of February 2021.

79% (n=350) reports were issued on time during 2020/2021, compared to 76% (n=376) in 2019/2020 and 83% (n=4450 in 2018/2019.

Note: Figures are accurate from data recorded on iConnect as at 23 April 2021. 'Reports not yet issued' for Quarter 4 2020/2021 will have due dates during April 2021/May 2021. The equivalent figures for earlier periods will consist of reports not issued for other reasons.

Enforcement

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

| Registration | Inspection | Enforcement | Review | Engagement | Manage our Resources |

Volume of Enforcement Meetings

Enforcement meetings held in Q1, Q2, Q3 & Q4 - 2018/19 to 2020/21
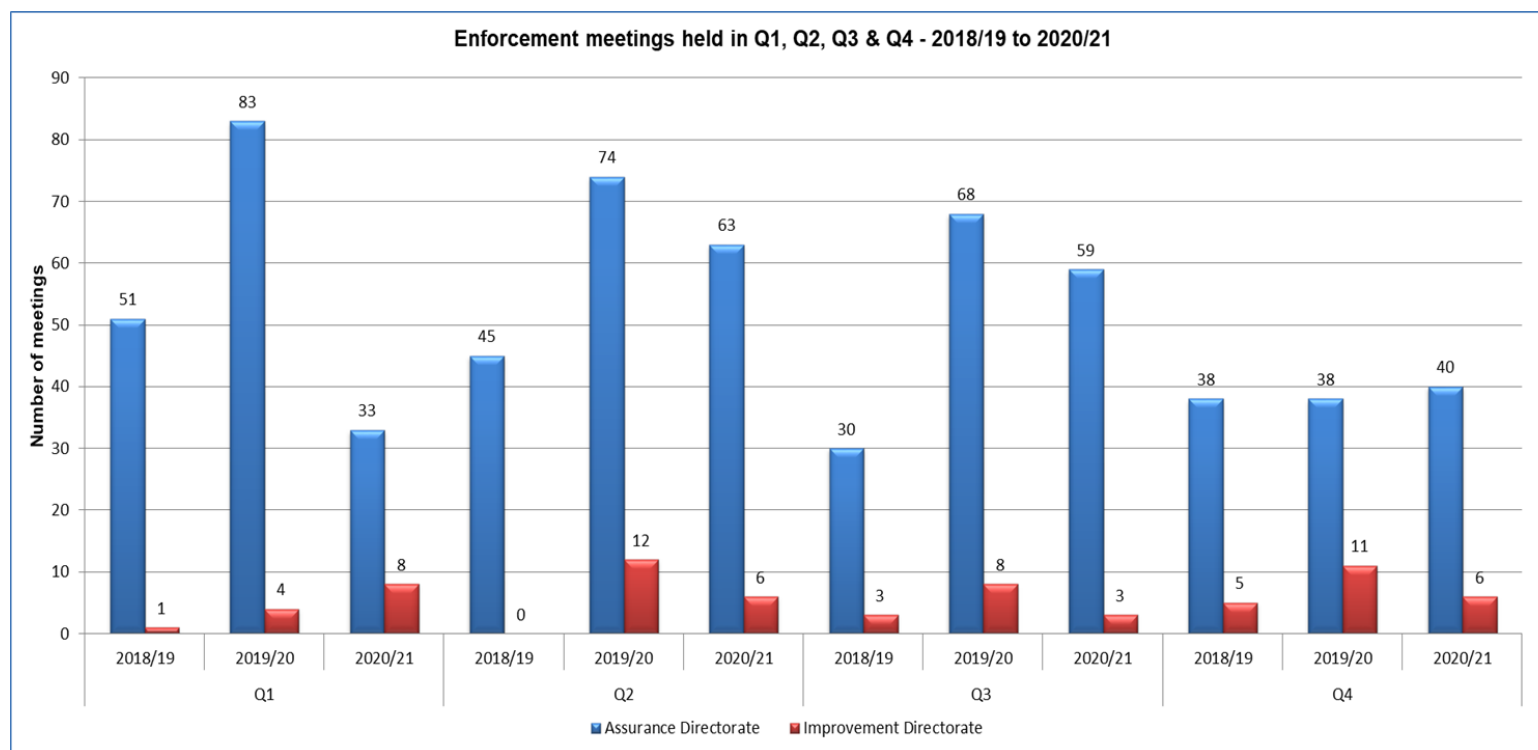
The graph illustrates the number of Enforcement meetings held during 2020/2021 by the Assurance and Improvement Directorates.

Three years (2018/2019, 2019/2020 and 2020/2021) are compared.

There was a 72% increase in enforcement activity from 2018/2019 to 2019/2020 and a decrease of 27% from 2019/2020 to 2020/2021.

Figure 11: Number of Enforcement Meetings, by Quarter, by Directorate, during 2020/2021 of 2020/2021, compared to 2018/2019 and 2019/2020

Enforcement

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

Volume of Enforcement Meetings

Enforcement meetings held in Q1, Q2, Q3 & Q4 2018/19 to 2020/21 - by meeting type
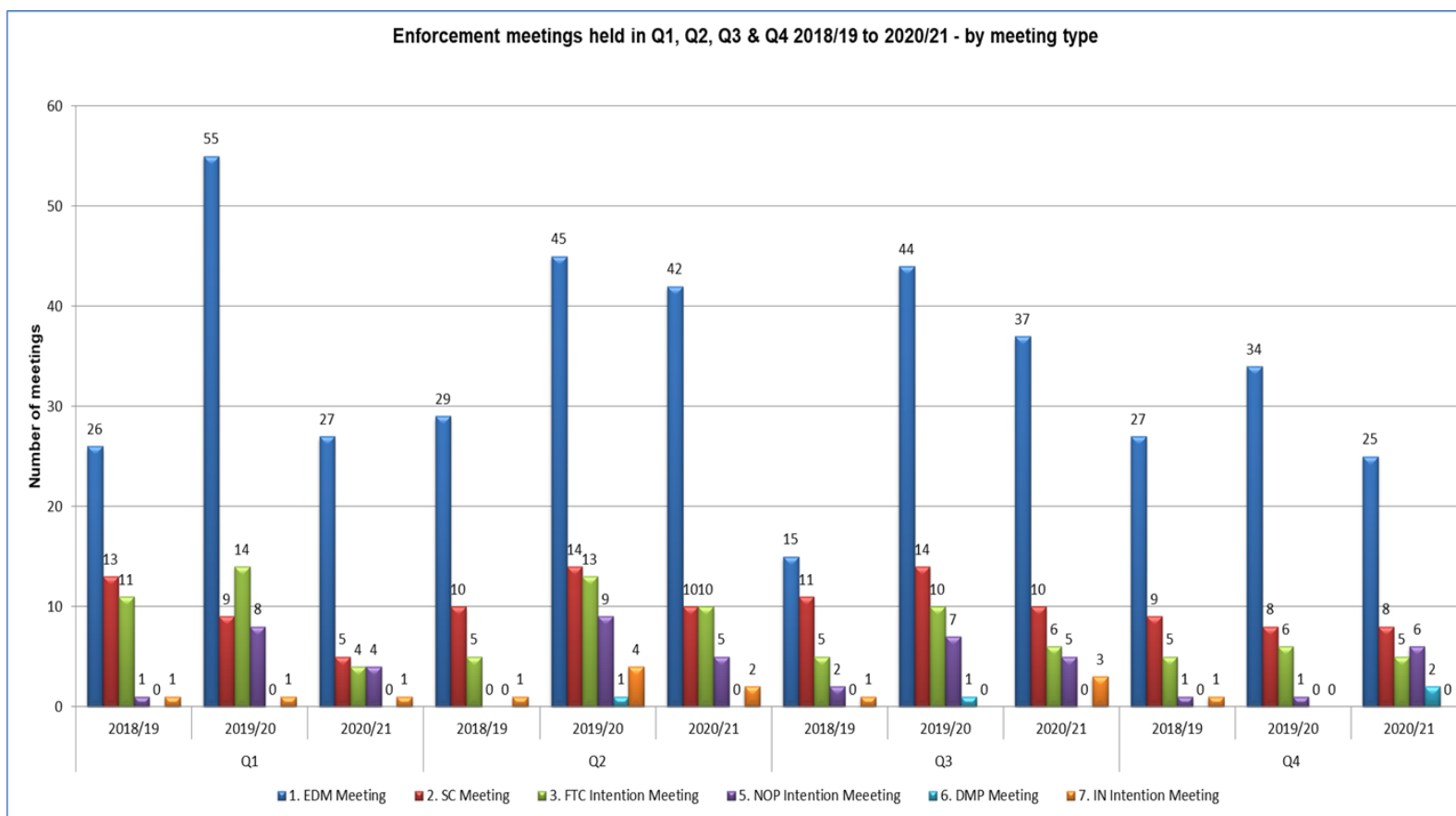
The graph illustrates the volume of enforcement meetings held during 2020/2021 by meeting type:

- Enforcement Decision-making
- Serious Concerns
- Failure to Comply Intention
- Notice of Proposal
- Decision-Making Panel
- Improvement Notice

Three years (2018/2019, 2019/2020 and 2020/2021) are compared.

Figure 12 : Number of Enforcement Meetings, by Type of Enforcement Meeting, by Quarter, during 2020/2021, compared to 2018/2019 and 2019/2020

Enforcement

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

% of Enforcement Meetings against number of Inspections

% enforcement meetings against number of Inspections
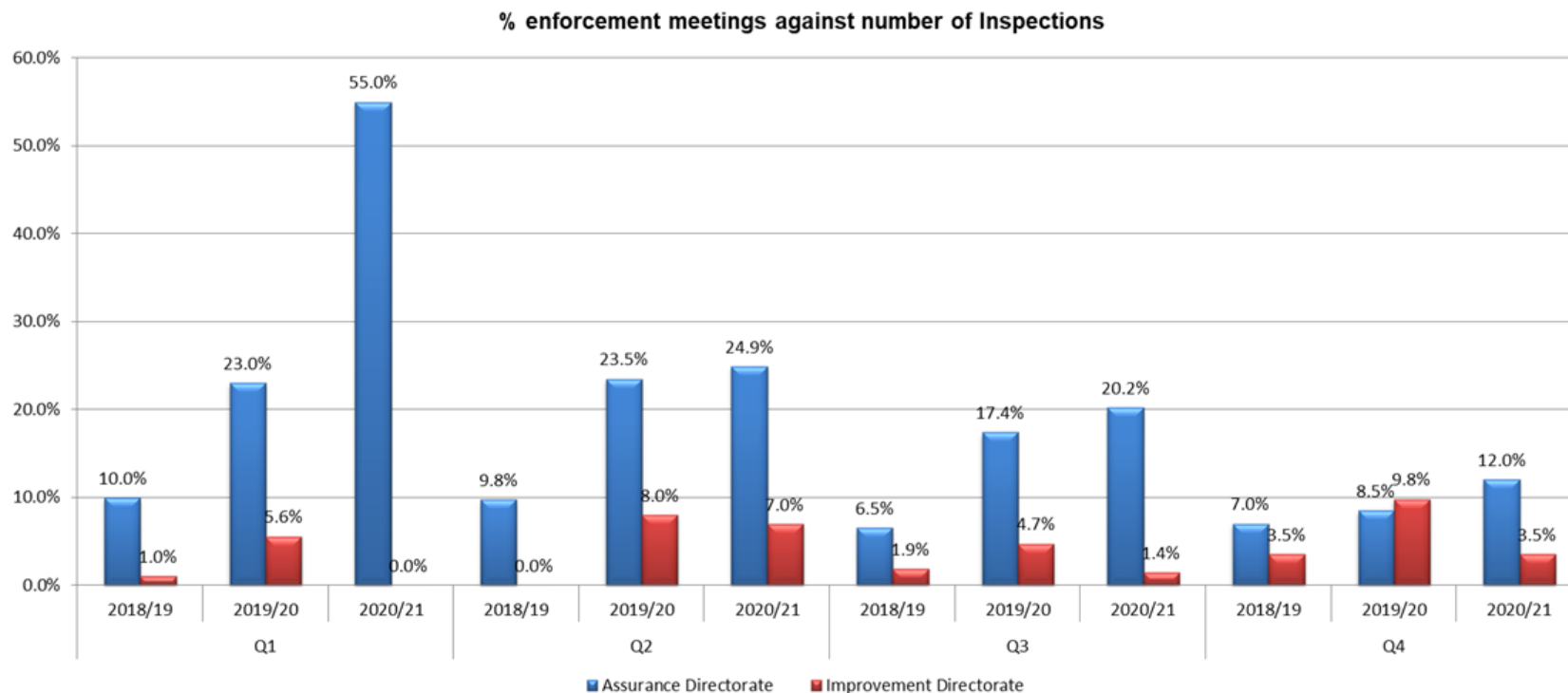
The percentage of enforcement meetings compared to the number of inspections undertaken has been significantly higher during 2020/2021, compared to 2018/2019.

The majority of these are held for services regulated under the Assurance Directorate.

Figure 13: Percentage of Enforcement Meetings held, against the Number of Inspections, by Directorate, by Quarter, during 2020/2021, compared to 2018/2019 and 2019/2020

Concerns

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

Non Covid-19 contacts in relation to services per Quarter, 2020.21
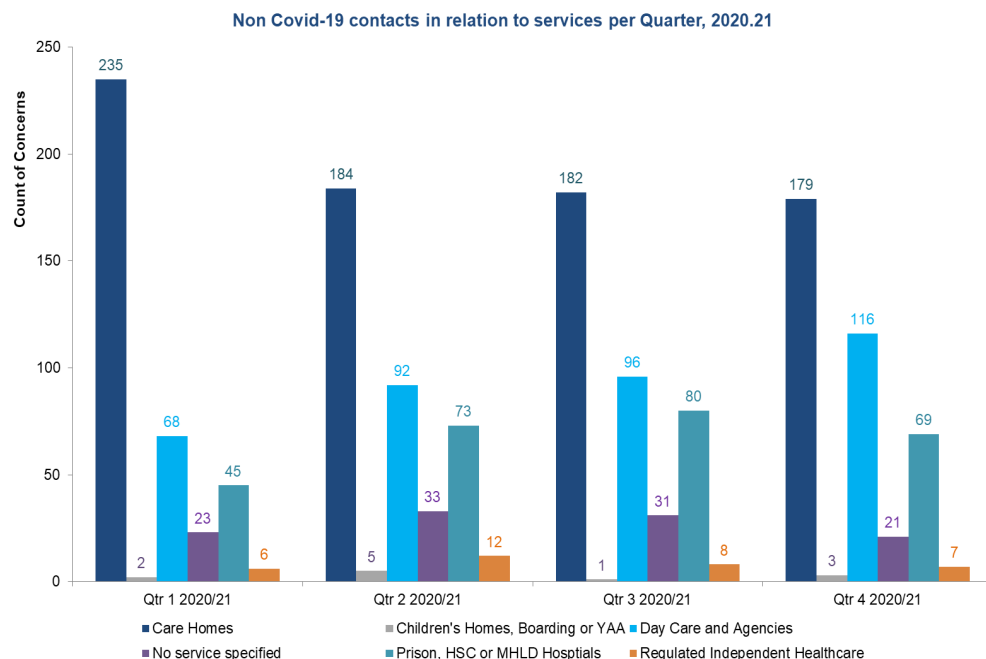
Contacts received and dealt with by RQIA Duty Inspectors, RQIA Aligned Inspectors and the RQIA Guidance Team (formerly known as the RQIA Services Support Team) are captured on the iConnect system as Concerns.

Non-COVID-19 related contacts were 1,571, with COVID-19 related contacts received 2,030, making a total of 3,601 contacts received.

Covid-19 contacts in relation to services per Quarter, 2020.21

During 2020/2021, RQIA inspection teams have also proactively made calls to registered services in relation to providing advice and guidance in relation to topics relevant to COVID-19. For example, workforce, PPE supply, medicines management and infection prevention control.
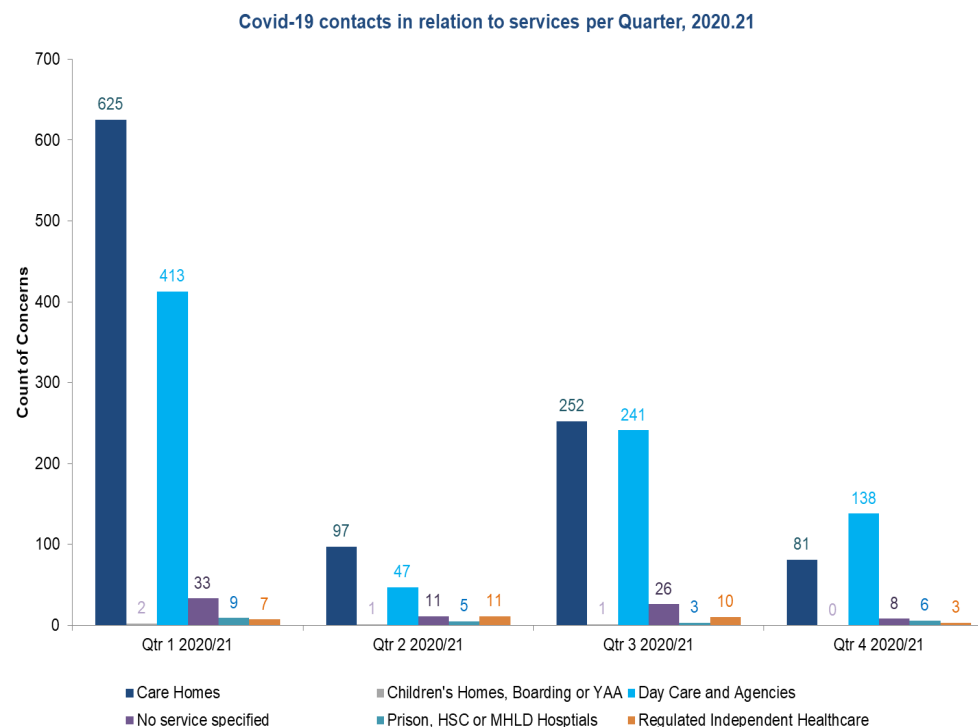
Figure 14: Numbers of COVID-19 related contacts and non-COVID-19 related contacts received, by Service Type, by Quarter, during 2020/2021

Mental Health: Serious Adverse Incidents

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI to be established

SAIs Received by Incident Locale 2020.21 Q1-4 (compared to 2018 & 2019)

Community · Prison · Psychiatric Hospital · Not Recorded
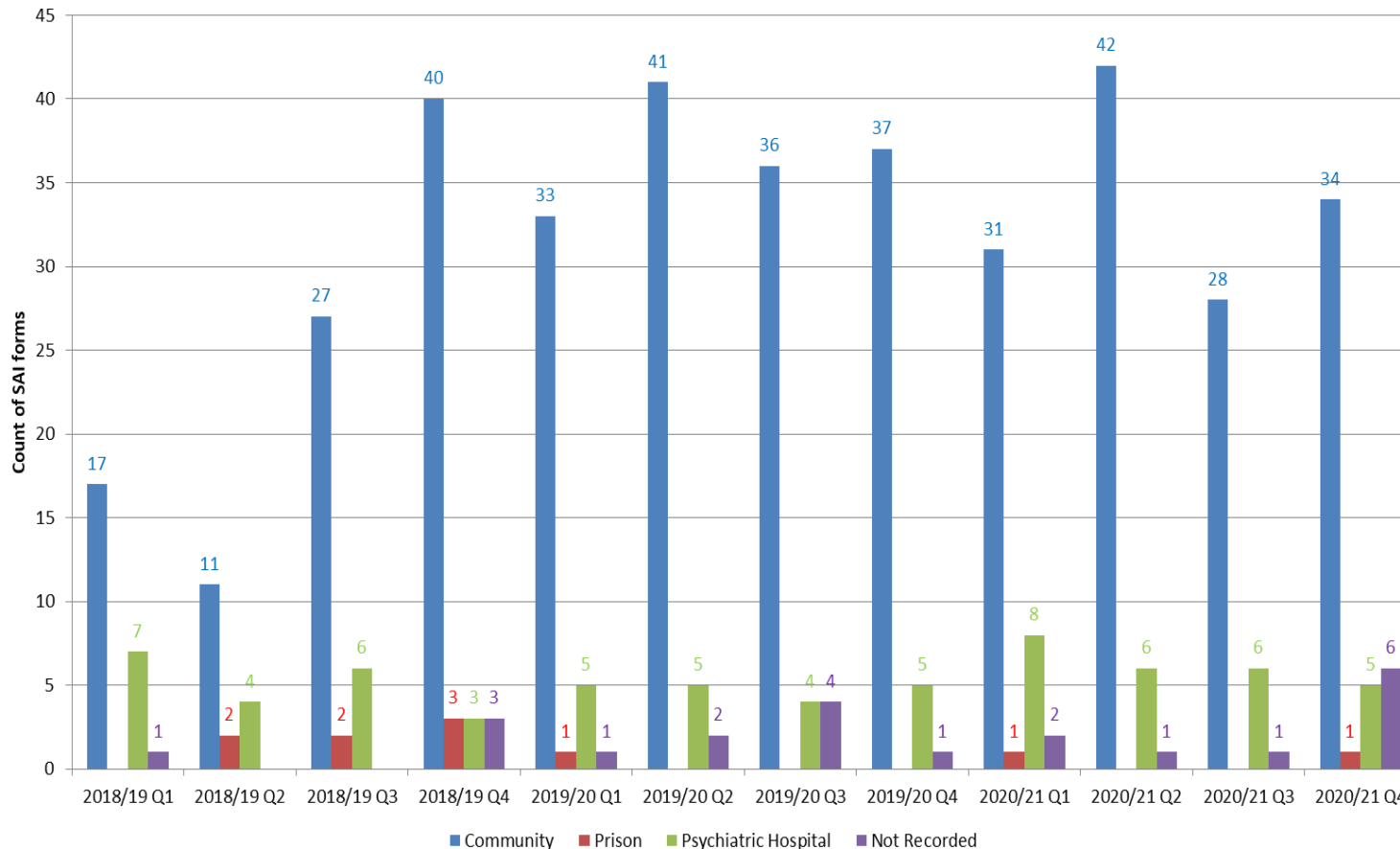
The HSC Board Procedure for the Reporting and Follow up of Serious Adverse Incidents (2016) states that SAI's are required to be shared with RQIA. This supports our commitment of remedying deficiencies in care and treatment as outlined in the Mental Health Order.

This requires RQIA to review SAIs and provide oversight in relation to how HSC Trusts and the HSC Board exercise their duty of quality.

This intelligence can be shared with other HSC organisations in order to identify opportunities for improvement. Intelligence can be examined at HSC Trust level to identify where regulatory responses may be required.

There were a total of 172 SAIs reviewed during 2020/2021.

Figure 15: Volume of SAI Forms Received, by Sector during 2020/2021, compared to 2018/2019 and

Mental Health: Serious Adverse Incidents

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

Figure 16: Volume of SAIs Received, by Incident Type during 2020/2021, compared to 2018/2019 and 2019/2020

Mental Health Order: Detention Forms : Timeliness

The Regulation and Quality Improvement Authority

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: All detention forms should be received by RQIA within 2 days' of sign off by the relevant medical / healthcare professional within the HSC Trust

Detention Forms Received (Forms 1 - 12), 01.04.2020 - 31.03.2021
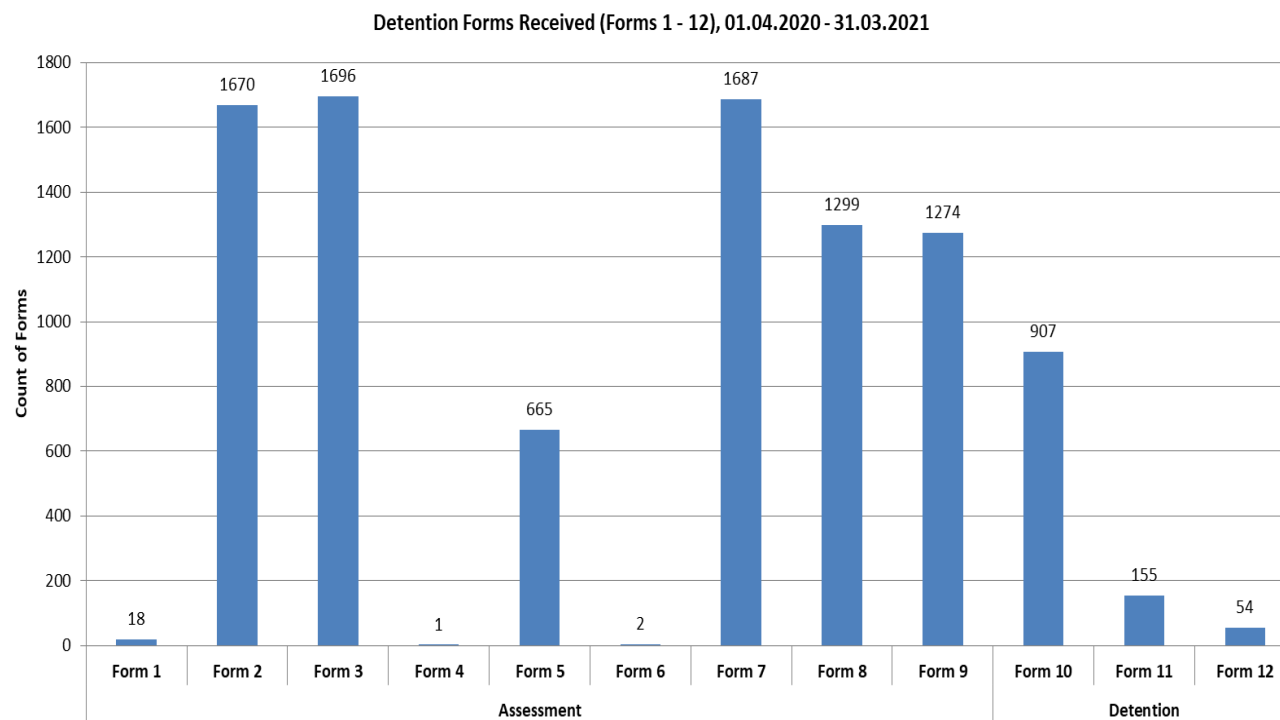
9,428 Detention Forms were received by RQIA during 2020/2021.

8,312 (88%) Assessment Forms

1,116 (12%) Detention Forms

Key

Form 1 = Application by Nearest Relative for Admission for Assessment
Form 2 = Application by an Approved Social Worker for Admission for Assessment
Form 3 = Medical Recommendation for Admission for Assessment
Form 4 = Medical Certificate to extend Time Limit for conveying patient to Hospital
Form 5 = Medical Practitioner's Report on Hospital In-Patient not liable to be detained
Form 6 = Nurse's record in respect of Hospital In-Patient not liable to be detained

Form 7 = Report of Medical Examination immediately after Admission for Assessment
Form 8 = Extension of Assessment Period from 48 hours to 7 days - Medical Report
Form 9 = Medical Report to extend Assessment Period for a further 7 days
Form 10 = Medical Report for Detention for Treatment
Form 11 = Report by Responsible Medical Officer for Renewal of Authority for Detention for 6 months or one year
Form 12 = Joint Medical Report for First Renewal of Authority for Detention for one year

Figure 17: Number of Detention Forms Received, by Form Type during 2020/2021

Mental Health Order: Second Opinions: Timeliness

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 100% of ECT requests completed within 6 weeks' of receipt

KPI: 100% of medicine requests completed within 6 weeks' of receipt

Second Opinions: ECT Requests

There were 270 requests for Second Opinions, which have been completed within targets during 2020/2021.

In 2018/2019 second opinions data was not held on the iConnect system.

The numbers of second opinion requests for ECT have remained steady over the 2 years (2019/2020 and 2020/2021), while Medicine Requests have reduced by 51%.
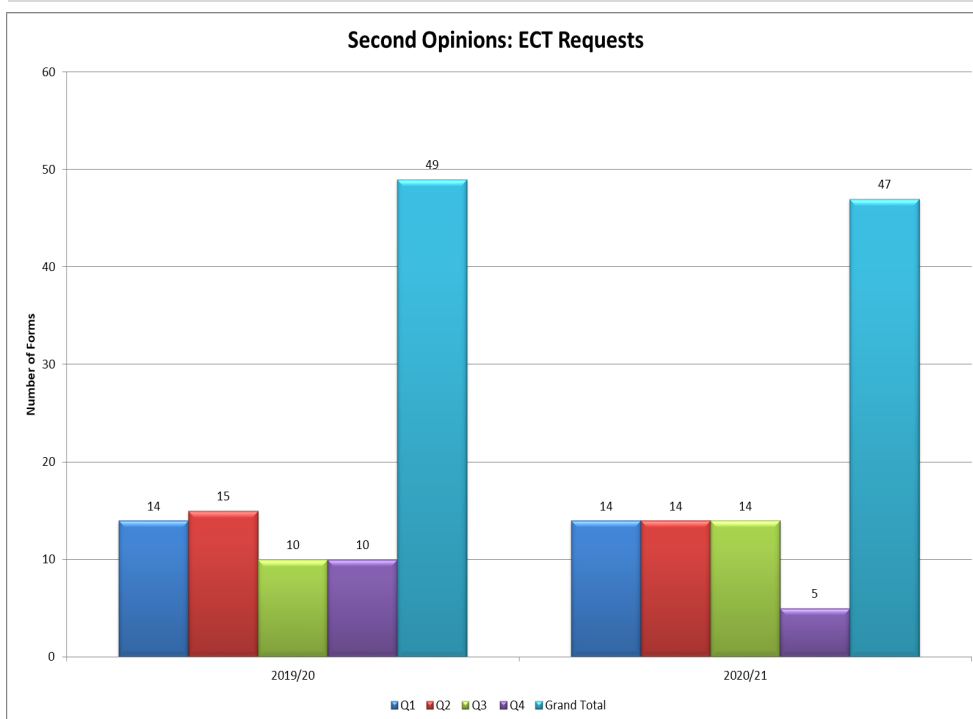
Note: Count taken from Date of Request AND where the Date Arranged Second Opinion field is populated.

Second Opinions: Medicine Requests
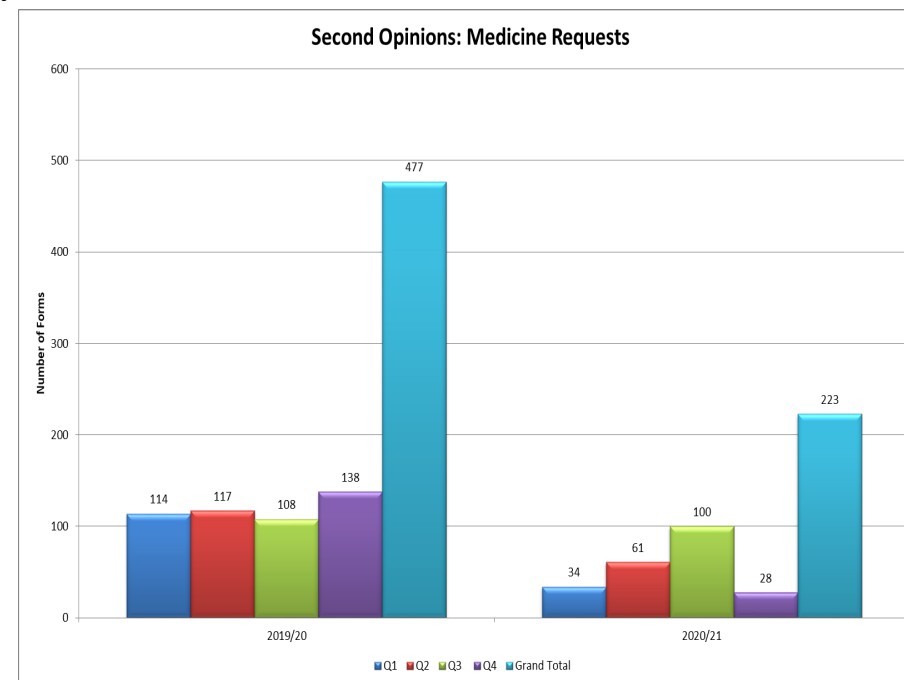
Figure 18: Number of Completed Second Opinion Requests for ECTs and Medicines, during 2020/2021, compared to 2019/2020

23

Reviews

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI to be established

REVIEW	INITIATED BY:		FIELDWORK COMPLETED		REPORT DRAFTED		QUALITY ASSURANCE COMPLETED		REPORT SUBMITTED to DoH	
			Date Anticipated	Date Achieved	Date Anticipated	Date Achieved	Date Anticipated	Date Achieved	Date Anticipated	Date Achieved
RQIA Review of Nice Clinical Guideline 174, Intravenous (IV) Fluid Therapy in Adults in Hospitals in Northern Ireland.	Oct-17		Mar-18	Apr-18	Apr-18	Aug-18	May-18	Feb-20	May-18	Jun-20
Review of Governance in Independent Hospitals and Hospices	May 18		Aug-19	Aug-19	Nov-19	Dec-19	Jan-20	Aug-20	Dec-20	Dec-20
Review of GP Out of Hours	Apr-17		Mar-18	Mar-18	Jun-18	Jun-18	Aug-18	Dec-20	Dec-20	Dec-20
Review of SAIs	Jul-18		Nov-20	Nov-20	Feb-21	Apr-21	Mar-21	Expected May-21	Jun-21	TBC
Review of Deceased Patient Records	May-18		Jan-21	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Review of Vulnerable Prisoners	Sep-20		Feb-21	Feb-21	Mar-21	Apr-21	May-21	Expected May-21	Expected June-21	TBC

Figure 19: Key Milestones achieved in the Review Programme

Audit and Quality Improvement Projects

| Registration | Inspection | Enforcement | Review | Engagement | Manage our Resources |

KPI: 80% of milestones in the Audit and Quality Improvement (QI) Projects Programme completed within agreed timescales

Audit/Quality Improvement Project	PROJECT START DATE		FIELDWORK COMPLETED BY:		REPORT DRAFTED BY:		QUALITY ASSURANCE COMPLETED BY:		REPORT SUBMITTED FOR SIGNOFF AND PUBLICATION	
2020/2021			Date Anticipated	Date Achieved	Date Anticipated	Date Achieved	Date Anticipated	Date Achieved	Date Anticipated	Date Achieved
Process of care and outcomes for oesophageal squamous (and unspecified) patients and	Oct-20		Sep-21		Oct-21		Nov-21		Dec-21	
Delivering Nutrition Training to Nursing Homes in Northern Ireland	Oct-20		Sep-21		Oct-21		Nov-21		Dec-21	
Delivering Nutrition Training to Nursing Homes in Northern Ireland	Oct-20		WITHDRAWN		WITHDRAWN		WITHDRAWN		WITHDRAWN	
Development and Implementation of Postpartum Contraception Service	Oct-20		Sep-21		Oct-21		Nov-21		Dec-21	
The Pro-Vac Movement - a Quality Improvement & Educational Initiative	Oct-20		Sep-21		Oct-21		Nov-21		Dec-21	

Due to the impact of COVID-19 and the Health and Social Care sector's response to the Pandemic, project start dates were agreed as October 2020. Projects usually commence in April of each year. One project has recently withdrawn.

Figure 20: Key Milestones achieved in the Audit and Quality Improvement (QI) Projects Programme

Complraints

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 90% of complaints acknowledged in writing within 2 working days' of complaint received

KPI: 90% of complaints completed response within 20 working days' of receipt, or updates provided to complainant at least every 20 working days' thereafter
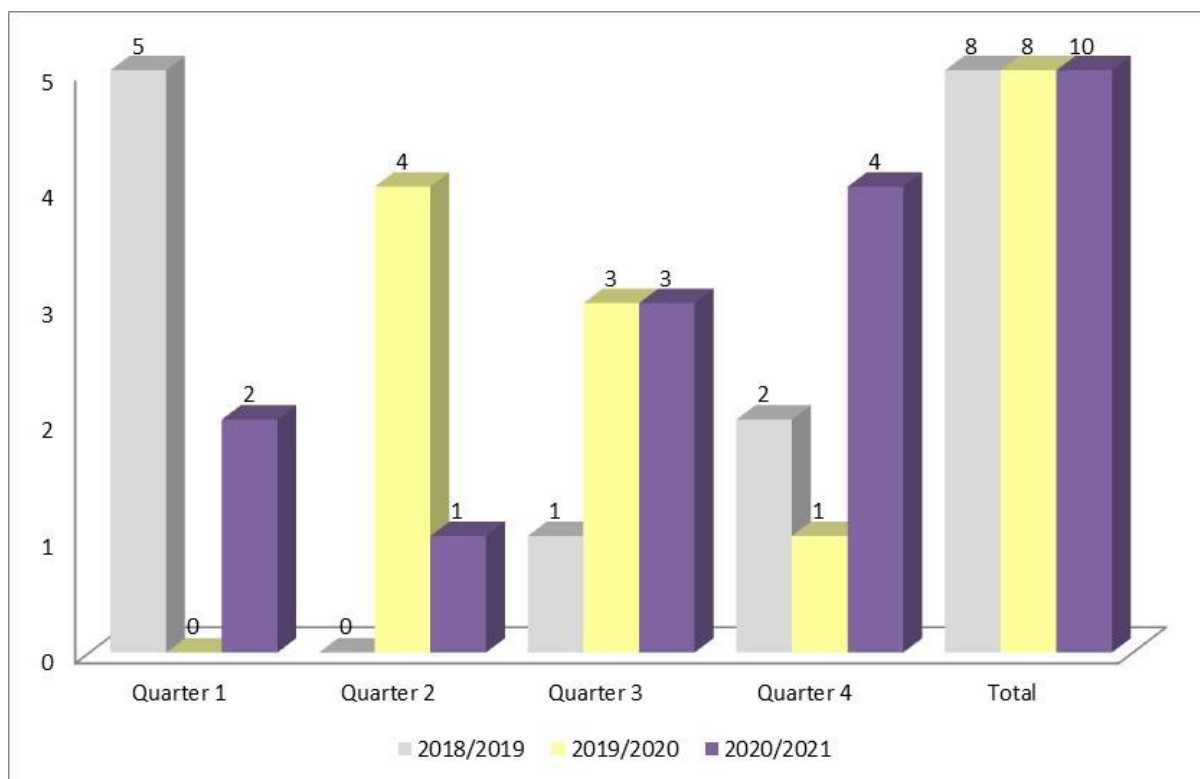
During 2020/2021, we received 10 complaints about RQIA. 9 of these were closed, while 1 remained ongoing at 31 March 2021. Both KPIs have been met for all closed complaints.

We received the outcome of a NI Public Services Ombudsman review during Q4 of 2020/21. The recommendations from this report have been accepted and are being implemented.

The majority of complaints received about RQIA related to our inspection processes and oversight of health and social care services.

Following the implementation of a new user-friendly Complaints Policy in August 2020, RQIA continues to engage with complainants throughout the process. The majority of complainants in 2020/2021 received telephone calls with complaints staff before written correspondence was issued. This has assisted in managing expectations and bringing complaints to resolution.

Figure 21: Number of Complaints about RQIA received, by Quarter, during 2018/209, 2019/2020 and 2020/2021

Media Requests

| Registration | Inspection | Enforcement | Review | Engagement | Manage our Resources |

KPI: 90% of media requests responded to within deadline agreed with requestor

Figure 22: Number of Media Requests received during 2020/2021, by Month
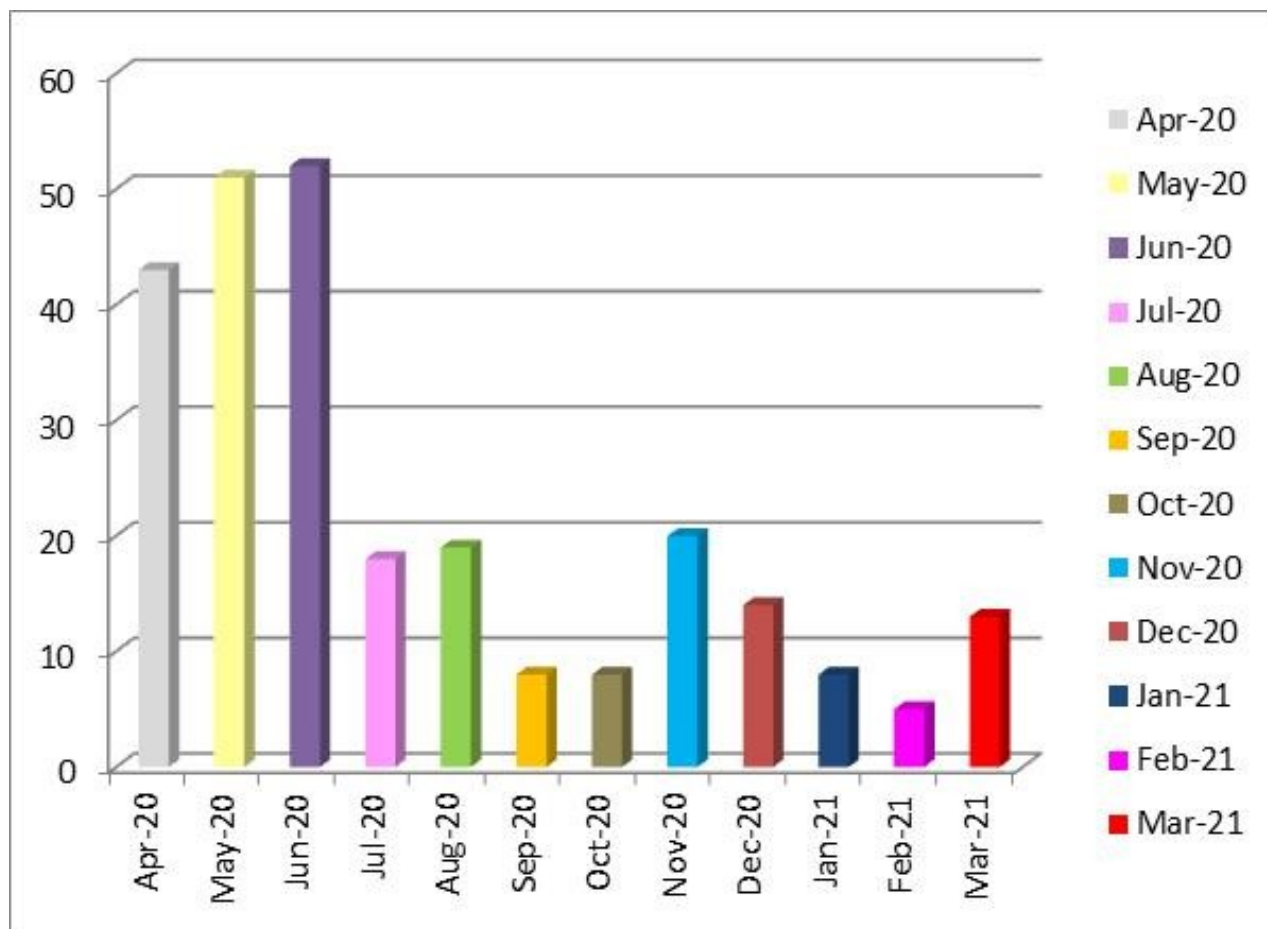
From 1 April 2020 to 31 March 2021 we received 259 media requests from print, broadcast and online outlets. This compares to 150 requests during 2019/2020, representing a 73% increase in media enquiries over the course of the year.

During Quarter 1 (April, May and June 2020), there were 146 media requests which represented a 584% increase from the same period for 2019/2020, when we received 25 media requests.

These requests, during the initial surge of COVID-19, centred around deaths in care homes, RQIA's evolved role, testing arrangements, RQIA Board resignations and inspection activity.

Queries during the second surge and final quarter of 2020/2021 related to specific care services, review activity, impact of COVID-19 on services and Care Partners.

100% of media requests were responded to within the deadlines agreed between RQIA and the requestor.

Freedom of Information / Subject Access Requests

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 100% of requests responded to within the statutory timeframe of 20 working days' from the point of a valid request being received

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2018/19	1	3	5	2	3	4	3	2	1	0	5	3	32
2019/20	3	2	0	0	0	6	4	1	3	2	1	1	23
2020/21	3	6	13	4	9	7	1	11	9	10	8	4	85
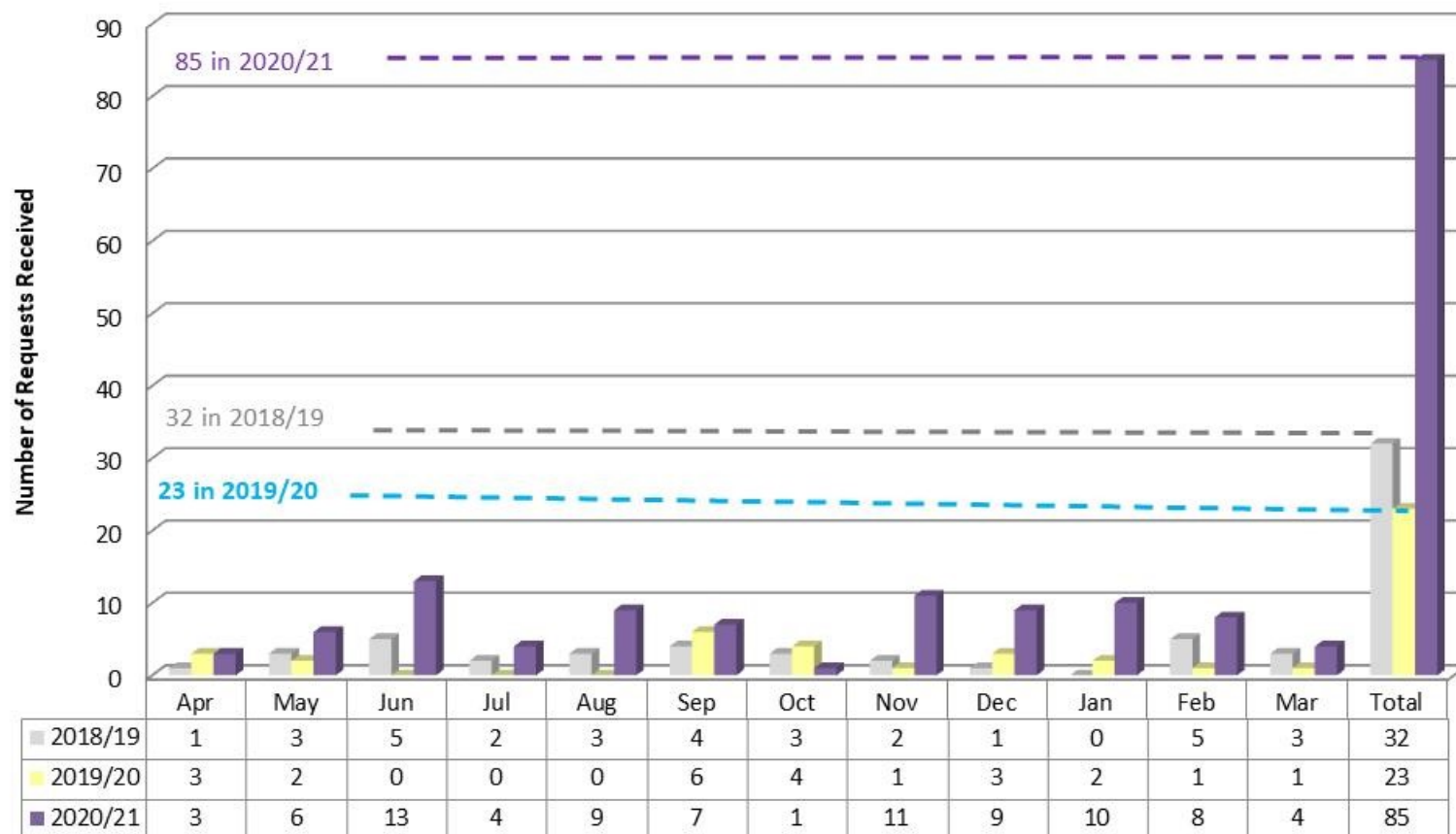
We received 85 Freedom of Information / Subject Access Requests during 2020/2021.

This is nearly a four-fold increase on the figures from 2019/2020.

Requests included queries in relation to our evolved role during the Pandemic and also queries in relation to our inspection and review activities during this time.

Figure 23: Number of Freedom of Information and Subject Access Requests received during 2020/2021, by month

Vaccinations for Staff

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

Number of RQIA staff who have availed of Vaccines

COVID Vaccine: 1st Dose
- Received 1st Dose
- Still to Receive 1st Dose

16%

84%
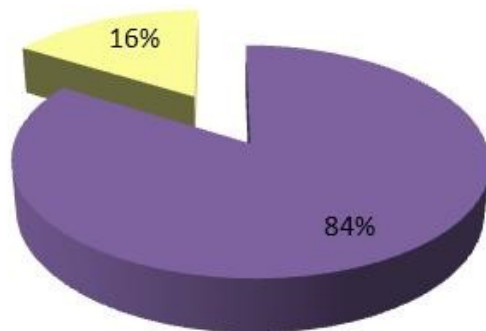
84% of RQIA staff had received their 1st Dose of the COVID Vaccine at 31 March 2021.

56% of RQIA staff had received their 2nd Dose of the COVID Vaccine at 31 March 2021.

COVID Vaccine: 2nd Dose
- Received 2nd Dose
- Still to Receive 2nd Dose

44%

56%
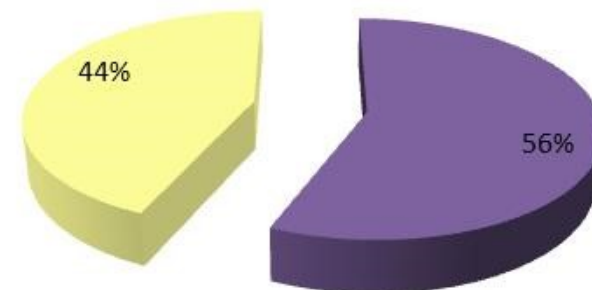
Figure 24: Number of RQIA Staff who have availed of COVID –19 Vaccine

Staff Appraisals

| Registration | Inspection | Enforcement | Review | Engagement | Manage our Resources |

KPI: 100% staff should have an appraisal during the year

RQIA staff must have a robust appraisal by their line manager each year.

During 2020/2021, 100% of staff able to have an appraisal, were appraised.

However, 12 staff of the full staff complement were unable to have an appraisal due to long-term sickness absences, maternity leave, career breaks, etc.
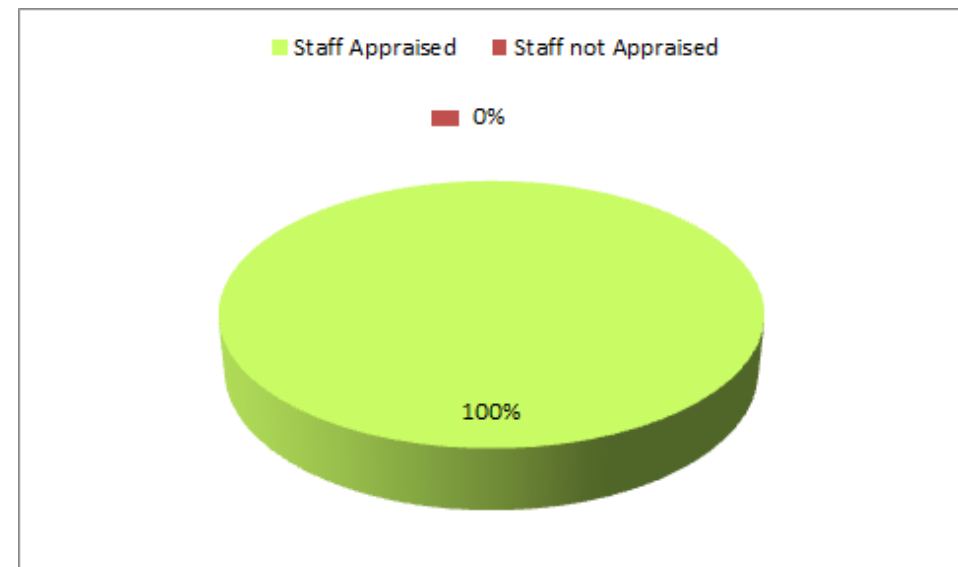
Figure 25: Percentage of RQIA Staff who have had an appraisal during 2020/2021

Employee Absence and Turnover

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

Regional KPI for Employee Absence due to Sickness: 8.44%
RQIA is currently below the regional target at 6.50%

TARGET
8.44%
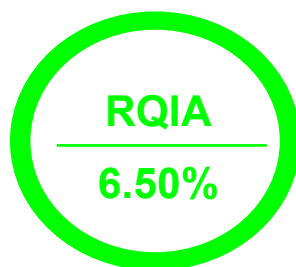
RQIA
6.50%

£286
Thousand

The staff turnover figure for RQIA for 2020/2021 was 12.58%

Mental Illness
580 Hours

Stress
75 Hours

Acute Medical Illness
322.5 Hours

Figure 26: RQIA Staff Turnover and Sickness Absence

Mandatory Training

Registration	Inspection	Enforcement	Review	Engagement	Manage our Resources

KPI: 95% of Mandatory Training Courses to be completed by RQIA Staff

Percentage of staff with up to date with mandatory training

- Risk Management
- Information Governance
- PPI (Engage and Involve)
- Fraud Awareness
- Fire Safety
- DSE
- Cyber Security

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ 2020-21 Q4

Figure 27: Percentage of RQIA Staff who have completed Mandatory Training Courses, by Course during 2020/2021
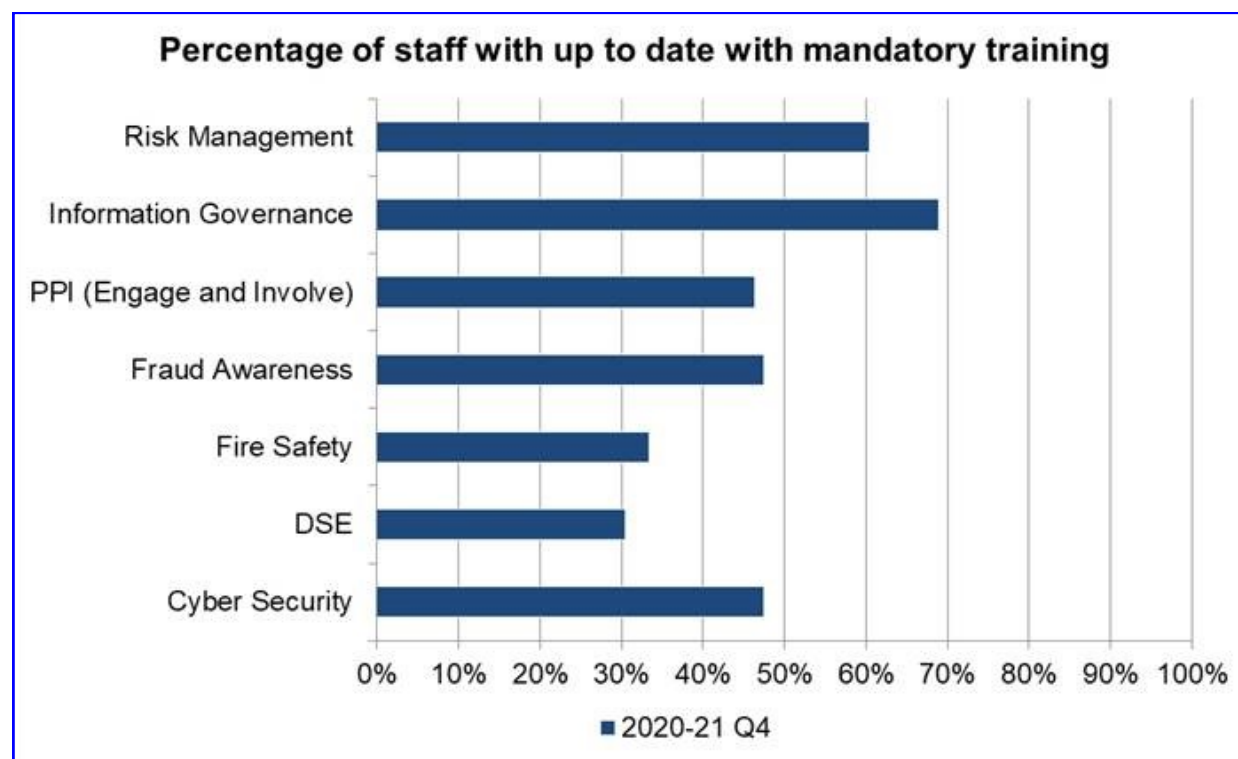
Mandatory training courses are available for all RQIA staff on the eLearning Platform.

Some courses require completion on an annual basis: Cyber Security; Fire Safety and Information Governance. Fraud Awareness is completed every 2 years and Personal Public Involvement (PPI) and Risk Management every 3 years.

The eLearning Platform experienced technical issues during 2020/2021.

Various HSC organisations undertake their mandatory training using this Platform. Thus, staff have been unable to complete mandatory training since the latter half of December 2020, which has impacted upon year-end figures. These issues have been escalated and the eLearning Team are working through various solutions. RQIA has been able to test some BSO courses for use by our staff and these will made available to RQIA during Quarter 1 of 2021/2022.

RQIA Transition Plan 2020/2021

| Registration | Inspection | Enforcement | Review | Engagement | Manage our Resources |

Action	No of Key Deliverables	No Closed (Previous Month)	No Closed (This Month)	Total No Closed	No on Track	No Overdue	Completion Progress	%	
1	Assurance Framework	8	2	4	6	2	0		75	Revised deliverables and moved on to Management Plan 2021/2022
2	RADAR	3	0	1	1	2	0		33	Revised deliverables and moved on to Management Plan 2021/2022
3	Quality Improvement, Audits & Reviews	6	2	0	4	2	0		67	SAI review draft almost complete, DPR on Track, Audit and QI reports impacted by Covid repsonse
4	Mental Health Order (MHO) and Mental Capacity Act (MCA)	4	0	0	0	4	0		0	Revised deliverables and moved to management plan. Deliverables dependent on resource allocation.
5	Performance Framework	4	3	1	4	0	0		100	Complete
6	Electronic Information System	2	0	0	1	1	0		50	Moved to Management Plan 2021/2022
7	Initial Covid-19 Surge	2	2	0	2	0	0		100	Complete
8	Involvement of service users, carers and other stakeholders	3	0	0	1	2	0		33	Revised deliverables and moved on to Management Plan 2021/2022
9	External Facing Communications	3	0	0	0	3	0		0	Moved to Management Plan 2021/2022
10	Organisational Development & Restructuring	6	2	0	3	3	0		50	Moved to Management Plan 2021/2022
11	Internal Governance Arrangements	5	2	0	5	0	0		100	Complete
12	Provider Registration System	2	0	1	1	1	0		50	Moved to Management Plan 2021/2022
13	Oversight of Complaints in Regulated Services	2	0	2	0	2	0		0	New next stage deliverables are in the Management Plan 2021/2022
	Total	50	13	9	28	22	0		56	

The RQIA Transition Plan 2020/2021 has 13 Actions and 50 Key Deliverables. Various actions have been assessed and actions expanded. These have been closed off during Quarter 4 in the Transition Plan and are included in the RQIA Management Plan 2021/2022.

Figure 28: Progress of Completion of Key Deliverables (%) in the RQIA Transition Plan 2020/2021

RQIA Board Meeting

Date of Meeting	6 May 2021
Title of Paper	Complaints against RQIA Annual Report 2020-2021
Agenda Item	8
Reference	H/05/21
Author	Complaints and Representations Manager
Presented by	Acting Head of Business Support Unit / Complaints and Representations Manager
Purpose	To provide an overview of Complaints against RQIA during the period 1 April 2020-31 March 2021
Executive Summary	This report provides an overview of complaints against RQIA, including response times, themes, learning from complaints and developments in our Complaints Policy. At a future workshop Board members will be provided with an overview of how RQIA manages and responds to complaints and concerns about health and social care services, which are managed under separate processes.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the Complaints against RQIA Annual Report 2020-2021.
Next steps	

Complaints About RQIA - Annual Report 2020-21

Complaints Received About RQIA

10 During 2020-21, we received ten complaints or expressions of dissatisfaction relating to RQIA. Each was managed in line with our complaints policy and procedure.

6 Six complaints were resolved at the early resolution stage.

1 One complaint was resolved at the formal resolution stage.

1 One complaint remained open, at 31 March 2021, pending further investigation.

2 Following review, two complaints we received were deemed to fall outside the remit of RQIA's complaints policy. We provided advice to the complainant on where to address their complaint, as well as an opportunity to discuss their concerns in a meeting with relevant RQIA staff.

Response Times

The regional HSC Complaints Procedure states that complaints should be acknowledged within two working days and that complaints should be responded to within 20 working days. The complexity of some complaints may impact on our ability to respond within 20 workings days, however, in these circumstances we provide regular updates to the complainant on the progress of their complaint.

100% of complaints were acknowledged within two working days.

85% (six of seven) of complaints were responded to within 20 workings days. The remaining complainant was delayed due to the impact of the Covid-19 pandemic. A final response was provided within 30 working days.

Themes and Learning from Complaints

In response to the Covid-19 pandemic, RQIA was repurposed to provide additional support and guidance to care services. We received two complaints relating to this new function. Both matters were addressed to the satisfaction of the complainant, and their feedback helped shape and improve this new approach.

In comparison to four complaints about staff attitude or behaviour in 2019-20, RQIA did not receive any complaints about this during 2020-21.

In 2020-21, RQIA received four complaints about the quality of care provided in named care homes as well as our oversight of these services. A review of each complaint was undertaken to determine what action RQIA took in relation to each service. We also provided further information to complainants to explain our role.

NI Public Services Ombudsman Requests

Where a complainant remains dissatisfied with our response to their complaints, they are advised of their right to bring their complaint to the Northern Ireland Public Services Ombudsman (NIPSO). During 2020-21, RQIA responded to one request for further information from NIPSO in relation to learning implemented as a result of a previous Ombudsman report, published in 2020.

During 2020-21, RQIA also received the final report from NIPSO following an investigation into a complaint about RQIA made in 2018-19. RQIA has accepted the findings of this report, and the recommendations will be addressed in Q1 of 2021-22.

Impact of Covid-19 Pandemic

Whilst a number of other health and social care organisations paused their complaints activity during the pandemic, we continued to accept and manage complaints about the organisation throughout 2020-21. This required a change in approach to some aspects of our complaints management, such as complaint meetings taking place via video-conferencing rather than face-to-face. We continued to meet and deliver upon timescales set out in the regional guidance as well as our own Key Performance Indicators (KPIs) for acknowledging and responding to complaints.

Looking Ahead

During the year, we implemented the recommendations from an audit of our complaints process, which took place in 2019-20.

Key staff undertook training in relation to both whistleblowing and complaints investigations. Further complaints management training has been arranged for relevant staff, to take place in 2021-22.

RQIA Board Meeting

Date of Meeting	6 May 2021
Title of Paper	RQIA Annual Quality Report 2019-2020
Agenda Item	9
Reference	I/05/21
Author	Communications Manager
Presented by	Acting Head of Business Support Unit / Communications Manager
Purpose	To present the RQIA Annual Quality Report which covers the period 1 April 2019 to 31 March 2020.
Executive Summary	This is RQIA's seventh Annual Quality Report, which provides an overview of how we align our quality improvement activities to the Department of Health Quality 2020's five strategic goals: • Transforming the Culture • Strengthening the Workforce • Measuring the Improvement • Raising the Standards • Integrating the Care This annual quality report highlights examples of practice that we have contributed to and which are significant in assuring and improving the quality of health and social care for all those in receipt of these services, as well as what we have learned from the Covid-19 Pandemic and how we will move forward.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the Annual Quality Report 2019/2020.
Next steps	The Annual Quality Report for 2019/2020 will be published on the RQIA website.

Annual Quality Report 2019-20

Assurance, Challenge and Improvement in Health and Social Care

Contents

Foreword

This is the Regulation and Improvement Authority's (RQIA's) seventh Annual Quality Report for 2019-20.

The report provides an overview of how RQIA aligns its quality improvement activities to the Department of Health's ten year strategy designed to protect and improve quality in health and social care in Northern Ireland; Quality 2020[1].

Quality and quality improvement is central to all RQIA plans and does. As Northern Ireland's regulatory and improvement body for health and social care (HSC), RQIA has a clear vision for how it supports providers and service users and ensures care is safe, effective, compassionate and well-led. RQIA's work programmes aim to assure that people in Northern Ireland experience a better quality of health and social care.

RQIA is committed to **transforming the culture** by ensuring quality and improvement is embedded into its strategic and business plans; this is underpinned by governance and corporate performance arrangements.

During 2019-20, RQIA continued to develop a risk-adjusted, dynamic and responsive (RADaR) framework, complemented by a risk stratification exercise, which illustrated differences in the level and type of risk observed in nursing and residential care homes; this was essential in helping to support care homes during the Coronavirus Pandemic and provided a proportionate response to regulation.

RQIA's Duty Desk, complaints and whistleblowing processes captured concerns about health and social care services and assisted in improving the intelligence used when deciding what regulatory action is required. RQIA was able to improve how it listens to the voice of service users by introducing calling cards to care homes for service users and their relatives to help communication about their personal experiences.

June 2019 saw the initiation of a Quality Improvement (QI) Strategy, which will be further progressed during 2021/22. RQIA held an Open House event in October 2019, inviting members of the public to hear about its work and how it uses inspection, regulation and review to drive improvement in services across Northern Ireland.

In **strengthening the workforce**, RQIA adopted the regional HSC values which staff have embraced. Being an accredited 'Investors in People' (IiP) organisation, RQIA supported staff by celebrating success, discussing performance and listening to staff views at regular briefings.

---

[1] Quality 2020: A 10- Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland. Department of Health, Social Services and Public Safety (November 2011). Cited: April 2021. Available from: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/q2020-strategy.pdf

A range of human resources policies have supported the workforce, along with learning and development opportunities, with 72% of staff completing Level 1, QI training. During the year, RQIA appointed a member of staff following their participation in the Joint Disability Placement Scheme.

RQIA **measures improvement** in quality across health and social care through inspection and review programmes. These programmes assesses the arrangements in place to ensure the delivery of safe, effective, compassionate and high quality care in line with relevant legislation, standards and guidance, as well as the quality of leadership and management in those services subject to regulation and review. In 2019/20 RQIA included mental health settings, where multidisciplinary teams inspected hospital sites, allowing RQIA to check governance arrangements, identifying areas of good practice and any issues which required attention. RQIA also published reviews in relation to a range of services, utilising recommendations aimed to support and drive quality improvements across Northern Ireland.

RQIA continued to focus on **raising the standards** through all its work programmes. As part of the Clinical Audit, Guidelines and Quality Improvement Programme, RQIA supported projects across Northern Ireland, which successfully delivered improvements in outcomes for patients, clients and carers. Lay assessors joined RQIA staff in a range of inspections to care homes, mental health and learning disability services and in the Review of Outpatient Services in the Belfast HSC Trust.

Working in partnership with HSC organisations, systems regulators, inspectorates and professional regulatory bodies helped to **integrate the care**, as RQIA shared best practice and benchmarked its work. RQIA engaged with stakeholder groups, which facilitated information sharing and co-production and held several roadshows with registered providers, supporting provision of advice and guidance and shared learning.

On 20 March 2020, as a result of the Coronavirus Pandemic and in accordance with Departmental direction, RQIA reduced the frequency of statutory inspection activity and paused its review programme, in order to help minimise the risk of spreading infection to the most vulnerable in society. Responding to risks and concerns, however, continued through regulatory activity conducted by innovative means. RQIA strongly supported the regional HSC response by implementing a strategic and collaborative approach in supporting care services.

RQIA provided advice, guidance and support to registered services, re-balancing its role as a regulator. This has resulted in the creation of a new model of regulation in 2020/21, developed further under RQIA's Assurance Framework, using a risk-based and blended approach to inspection, strengthened by collaborative working with stakeholders throughout health and social care. This has renewed RQIA's focus on quality improvement and is underpinned by enhanced engagement with those people who use the services, as well as those who provide them.

Ms Christine Collins MBE   **Dr Anthony B Stevens OBE**
Interim Chair   **Interim Chief Executive**

Introduction

This is RQIA's seventh Annual Quality Report, which provides an overview of how RQIA's quality improvement activities are aligned with ***Quality 2020: A 10- Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland.*** It describes RQIA's progress in the areas of quality and continuous improvement from 1 April 2019 to 31 March 2020 to support the delivery of Quality 2020's strategic goals.

The report highlights examples of practice RQIA has contributed to and which are significant in assuring and improving the quality of health and social care for all those in receipt of these services; as well as what RQIA has learnt from the Coronavirus Pandemic; and how RQIA will move forward. This report is focused on the five strategic goals of Quality 2020:
- Transforming the Culture
- Strengthening the Workforce
- Measuring the Improvement
- Raising the Standards
- Integrating the Care

As Northern Ireland's inspection and improvement body for health and social care, RQIA has a clear vision for how its activities ensure care is safe, effective, compassionate and well-led. Its work programmes help to support and regulate providers to ensure that people in Northern Ireland can experience a better quality of health and social care services.

RQIA registers and inspects a wide range of independent and statutory health and social care services. Through its Review Programme it assures the quality of services provided by the HSC Board, HSC Trusts and Agencies. It also undertakes a range of responsibilities for upholding quality of care for people with mental ill health and those with a learning disability.

RQIA is committed to working closely with providers of health and social care services so that they can deliver improved care. RQIA is also dedicated to hearing and acting on the experiences of patients, clients, families and carers. It is only by working in partnership with users and providers of care that RQIA can effectively encourage and influence improvement.

Through its work, RQIA provides assurance about the quality of care, challenges poor practice, promotes improvement, safeguards the rights of service users and informs the public through the publication of its reports.

RQIA has adopted the regional HSC Core Values. These are: working together; excellence; compassion; and openness and honesty; they underpin all RQIA's work.

RQIA is committed to contributing to the delivery of the Department of Health's Quality 2020 Strategy through its programmes of work, which aim to support and encourage continuous improvement in the quality of Northern Ireland's health and social care services.

Strategic Goal 1: Transforming the Culture

We will make achieving high quality the top priority at all levels in health and social care. We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.

Governance and Assurance

RQIA's Board is responsible for the oversight of corporate performance and governance arrangements within the organisation. Through regular meetings, Board Members assess corporate performance reports, which detail the organisation's progress against strategic and operational aims and objectives and its commitment to quality improvement.

RQIA's programme of internal audit provides the Board and the Department of Health with assurance on governance arrangements. During the year, the following areas were audited:

- Complaints and Whistleblowing
- Financial Review
- IT Security
- Follow Up – Inspections 2019 / 20

RQIA's response to address the recommendations arising from each audit are shared with Board members through RQIA's Audit Committee, which monitors progress through its meetings and provides assurance to the Board. The Head of Internal Audit's annual report found that there is a satisfactory system of internal control designed to meet RQIA's objectives.

Policy Development

During 2019-20, RQIA continued to progress the development and analysis of its risk-adjusted, dynamic and responsive (RADaR) framework in partnership with the University of Ulster, to identify, quantify and respond to regulatory risks more robustly.

This approach brings together intelligence - including incident notifications, complaints and whistleblowing information – as well as the individual inspector's detailed knowledge of a particular service to help determine the frequency and urgency of inspection.

Through this approach RQIA aims to identify services where there are concerns about the quality of care and which may require additional inspection. This enables RQIA to identify services of most concern and to focus resources and inspection programmes appropriately.

In April 2019, RQIA began a second year of data collection across nursing and residential care home inspections and carried out analysis on the findings from 2018-19 which showed significant differences in the level and type of risk observed in nursing and residential homes.

The findings have been presented to colleagues in the Department of Health, at the Independent Healthcare Providers AGM, Reform of Adult Social Care Project Group and Queen's University Belfast (QUB) Care Homes Conference.

Driving Quality Improvements for Service Users

Listening to the Voice of the Public

The majority of RQIA inspections are unannounced and therefore families will not be aware when inspections are taking place. In order to capture the views of service users and families, every care home in Northern Ireland displays posters which highlight RQIA's role in inspecting the service and provides contact details to allow service users, their families and staff to speak directly with inspection teams.

RQIA also introduced "calling cards", which inspectors leave in bedrooms and day rooms, inviting service users and their families to contact RQIA about their personal experiences in the home.

Did You Know? Calling Cards

Tell Us Posters

This first-hand information provides RQIA with a unique insight into the care provision and helps to develop a fully rounded view of a service.

RQIA's Duty Desk

On a daily basis there is a dedicated inspector on duty who responds to calls from service providers and the public. During the year, duty inspectors responded to over 2,350 calls – almost 900 of which were from members of the public wishing to discuss queries or concerns about a care service.

Source of Contact to RQIA Duty Desk: 2019-20

Legend:
- Current Service Staff (590)
- Relative\Friend on behalf of Service User (574)
- Other Professional (428)
- Manager (370)
- Public (174)
- Service User (108)
- Former Service Staff (53)
- Bank\Agency Service Staff (29)
- Former Service User (20)
- HSC Trust (12)
- Other Organisation (7)
- PCC (1)
- HSC Board (1)
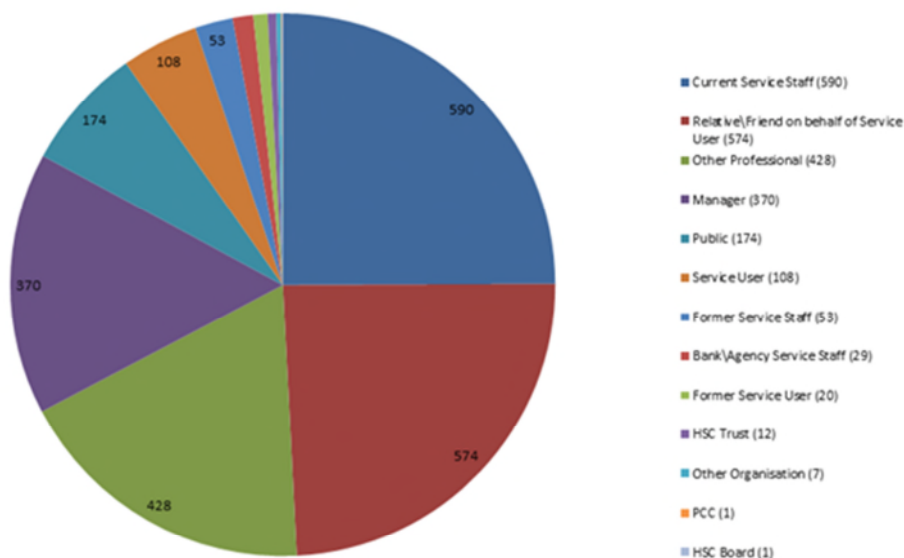
In each case the duty inspector listens to the caller, provides advice and records details of the call and follow-up actions on the iConnect information system. Where specific concerns are raised, RQIA assesses the information provided and determines how best to respond. This may include following up the issues raised with management of the service; conducting an unannounced inspection to examine the concerns and, where necessary, taking enforcement action.

Complaints about Health and Social Care Services

RQIA takes every concern brought to its attention about a health and social care service seriously. It uses this information to inform inspection and review work.

RQIA complaints guidance leaflets

Any information received is passed to the inspectors aligned to that particular service, to determine whether there are any issues that require immediate attention.

Through inspections RQIA also ensures that each provider has a complaints and investigations procedure in place. RQIA will provide advice and guidance to support individuals in raising their concerns or complaints in the most effective manner, signposting key organisations including Health and Social Care Trusts and the Patient and Client Council. Where a complainant is dissatisfied with the response to their complaint, they may raise this with the Northern Ireland Public Service Ombudsman

Whistleblowing

Under public interest disclosure legislation health and social care workers wishing to raise concerns about wrongdoing in their workplace can do so by bringing these to the attention of RQIA. During 2019-20, RQIA was contacted by telephone, email and in writing by almost 200 staff, from a range of statutory and independent health and social care settings, who wished to raise concerns about the services being provided in their workplace. These included: concerns around the quality of care, staffing issues, management and general care concerns.

While some staff wished to remain anonymous, many provided their name and contact details, allowing RQIA to seek further information about their concerns. This provides RQIA with valuable information and insight into services. In each case RQIA considered the information carefully to determine what action was required. Where appropriate, RQIA conducted unannounced inspections to follow up on concerns and to drive improvements in quality for those using these services. In other cases no evidence to substantiate the allegations was found.

Commitment to Excellence

RQIA is strongly committed to ensuring that all its work is of the highest quality. It operates within a shared culture of excellence. RQIA has adopted the regional health and social care values, which underpin its work. These values are:

- Working together
- Excellence
- Compassion
- Openness and Honesty

RQIA endeavours to live these values in all that it does and how it behaves with service users, providers, carers and the general public. These values also underpin our personnel management system and staff behaviours.

RQIA is an 'Investors in People' accredited organisation and supports its staff through regular supervision meetings and its staff appraisal programme, where performance is discussed; difficulties identified and achievement is celebrated.

Listening to Staff

The Chief Executive and Executive Management Team lead regular staff meetings, where the latest news is shared. These provide senior management with an opportunity to listen to staff and encourage them to be involved in decision-making, problem solving and innovation. The meetings also provide a platform for staff to share examples of best practice with colleagues across RQIA. Staff contribute to the agenda to ensure the meetings are relevant to employees at all levels. Following the meeting, a minute is circulated to all staff to ensure those unable to attend are kept fully informed.

HSC 2019 Staff Survey

The biannual regional HSC Staff Survey was launched in early March 2019, providing all staff an opportunity to have their say about what is working well within RQIA and also to indicate where positive improvements could be made.

Staff Survey results were received in late 2019 and shared with RQIA's Board.

Complaints about RQIA

During 2019-20, we received eight complaints or expressions of dissatisfaction relating to RQIA, including one anonymous complaint. These were managed in line with the Complaints Policy and Procedure.

Following examination of each complaint, two were deemed to fall outside the role and remit of RQIA. Four complaints were resolved at the early resolution stage; one was resolved at the formal resolution stage. The issues raised in the one anonymous complaint were examined to determine whether any further action was required by RQIA. Learning from these complaints was disseminated to relevant staff.

Communications and Engagement

In September 2019, RQIA's Board approved the RQIA Communications and Engagement Strategy, which aims to support the delivery of RQIA's strategic goals, and underpins all RQIA communications and engagement activities.

Public Awareness of RQIA

Planning has commenced to increase and encourage public involvement and participation in RQIA's work using a range of methods including face to face engagement and via social media.

The Communications and Engagement Strategy was approved by the Board during quarter two and the inaugural RQIA Open House event took place with highly positive feedback from attendees.

Engaging with the Public

RQIA Open House Event

In October 2019, RQIA held its first Open House, where members of the public had an opportunity to visit the offices and meet staff; hear about RQIA's work to assure public confidence in health and social care; speak directly to the Senior Management Team and Acting Chair; ask about any aspect of RQIA; and explore how they could get involved in RQIA's work.

The event was promoted through social media channels, newspapers and with support from partner organisations including Age Sector Platform, Age NI, VOYPIC, the Patient and Client Council, HSC Board, Ulster University and QUB. Feedback from attendees was highly positive and will be used to inform future public engagement activities.

Political Engagement

RQIA continued its engagement with representatives from the main political parties, through meetings with representatives, including their health and social care spokespersons, to discuss the role of RQIA and specific areas of interest.

Digital Communication

Throughout the year RQIA continued to add new content to the website to support service providers and the public. During 2019-20 www.rqia.org.uk received around 130,000 unique visitors, resulting in over 600,000 webpage views, a 9% increase on the previous year.

RQIA published over 13,000 inspection reports for care services, which are available through an interactive map, or directly through the search function on the website. This continues to be the most visited part of the website, with around a quarter of a million page views during the year.

Visits to the website are also promoted via @RQIANews, the Twitter account, which highlights when new content is added.

Web Traffic: April 2019-March 2020
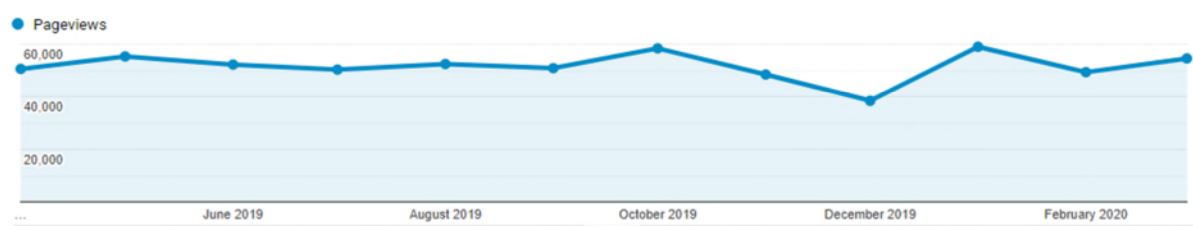
Web Traffic: April 2019-March 2020

@RQIANews Twitter Account

In response to feedback from visitors to the website, a monthly list is published of the latest inspection reports. These lists were accessed over 13,000 times during 2019-20, an increase of 60% on the previous year.

Quality Improvement (QI) Strategy

In 2019, following a baseline Quality Improvement (QI) capability and capacity assessment, RQIA developed a QI Strategy. This was presented to, and agreed by, the RQIA Board on 6 June 2019. It encompassed three strategic principles: collective leadership, effective use of data; and nurturing an improvement culture. It aimed to train 90% of RQIA staff to Level 1, 3% to Level 2 and 1% to Level 3 within the first year. It was intended that internal QI coaches would be identified, trained to Level 2 QI and would implement a QI Forum where staff could bring QI ideas and be supported in taking them forward. Following completion of successful QI initiatives, it was intended that QI showcase events would be held.

During 2020, five internal Quality Improvement Initiatives were completed: Learning Implemented from SAIs in a Mental Health Unit; Strengthening Assurance of Controlled Drugs and Conscious Sedation in Dental Practice; Strengthening Assurance of the Form 10 Process; Introduction of Safety Briefs: Improving the effectiveness of safety briefs.

RQIA is committed to building internal QI capability during 2021-22 and, as part of this, will take forward plans for a QI Forum and showcase events. The RQIA QI Programme for 2021-22 will fund regional QI work; and RQIA will work with HSCQI during the application process in order to determine best use of this resource.

Strategic Goal 2: Strengthening the Workforce

We will provide the right education, training and support to deliver a high quality service. We will develop leadership skills at all levels and empower staff to take decisions and make changes.

External Accreditation

Since 2018 RQIA has held International Organization for Standardization (ISO) 9001 accreditation, which provides evidence internally to RQIA's staff and Board and to external stakeholders that there are robust governance systems and processes in place to deliver RQIA's core functions to this international standard. To ensure a continued focus on quality, RQIA processes are subject to ongoing audit.

RQIA also holds Investors in People (IiP) accreditation - the standard for people management. The IiP performance model provides a pathway to future progress and a journey of continuous improvement, which aligns with RQIA's approach to quality improvement.

RQIA's Staff

RQIA is structured to ensure that staffing resources are aligned to deliver Business Plan objectives. RQIA has 124 staff, excluding Board Members, bank and agency staff. The staff composition, by headcount, is 75% female and 25% male.

During 2019-20, 21 members of staff left RQIA through retirement and taking up new opportunities.

A range of administration and inspector positions were advertised. This attracted a very high level of interest and 27 new staff joined the teams inspecting care homes, independent health care, hospitals and mental health and learning disability wards, and also our Business Support Unit.

Staff Policies

RQIA has a duty of care to every member of staff, supported with a comprehensive range of human resources policies and procedures. In addition, RQIA ensures compliance with relevant employment legislation in this area, including: Section 75 of the Northern Ireland Act, the Disability Discrimination Act 1995 and The Disability Discrimination (Northern Ireland) Order 2006. RQIA has a range of human resources policies in place, which promote equality of opportunity across all Section 75 groupings.

Throughout the year, organisational learning development activities continued to ensure staff were equipped to deliver against the objectives within RQIA's Business Plan. This included a range of mandatory and job-specific training for staff across RQIA. RQIA has ensured that all staff have equal access to development opportunities in line with RQIA's Equality of Opportunity policy and the Agenda for Change terms and conditions.

Through the Joint Negotiating and Consultative Forum, RQIA takes a partnership approach to working with staff in conjunction with trade union representatives. The Forum continued to meet during the year, acting as a reference group for good practice and a focus for consultation and negotiation on policies and issues affecting the organisation.

RQIA is an equal opportunity employer and its policies and procedures are developed in line with equality legislation to ensure equal treatment for all. RQIA is committed to working with the Equality Commission in all aspects of equality and diversity in employment and occupation.

RQIA is committed to ensuring full and fair consideration is given to applicants with a disability, having regard to their abilities and aptitudes. During the year RQIA participated in the Joint Disability Placement Scheme in partnership with a range of HSC organisations, where two people with a disability worked in RQIA for a 26 week period, gaining valuable experience in the workplace and contributing significantly to RQIA's work. RQIA is pleased to report that one participant has been appointed to a permanent post within RQIA.

Staff Training

RQIA's staff are its most valuable asset; RQIA is committed to ensuring that they are equipped to achieve. In addition to job-specific training, during the year staff undertook mandatory training on ICT Security; Information Governance; Fraud Awareness; Personal and Public Involvement; Risk awareness; and the Quality 2020 Attributes Framework.

72% of RQIA staff completed Level 1 QI training. Six Level 2 SQB places were secured at the Belfast Trust. Six RQIA staff commenced this training in February 2020. However, training was halted due to COVID-19. It is intended that staff will recommence Level 2 training as early as possible. One member of staff completed Level 3 QI training on the Scottish Quality Improvement Leader Programme.

The Scottish Improvement Leader Programme (ScIL) is designed to develop individuals who will be able to design, develop and lead improvement projects, generating support for change, while providing expert improvement support and advice.

In May 2019, RQIA welcomed Assumpta Ryan, Professor of Ageing and Health at Ulster University, who provided staff with an overview on supporting older people and their families navigating the changing roles and responsibilities associated with old age and caregiving.

In the autumn, RQIA held its annual learning week to support staff in their daily work. This included sessions on: quality improvement; collective leadership; data interrogation and analysis; governance; and the Mental Capacity Act; and LGBT rights.

Professor Assumpta Ryan, Ulster University; Linda Edgar, PHA Enrich Programme

Colleagues from RQIA, representatives from other HSC organisations, the National Institute for Health and Care Excellence (NICE) and voluntary organisations also led training, including sessions on: infection prevention and control; oral health in care homes; improving the experiences of adults with swallowing difficulties; nutrition and hydration in care homes; and maintenance of hearing aids in care homes.

Sickness Absence

RQIA manages all sickness absence in line with its attendance management policy and associated procedures. During 2019-20, there was an average of 8.88% staff absence. The absence target for 2019-20 was 7.39%. This compares to a rate of 7.78% in 2018-19.

Social, Community and Environmental Matters

Throughout the year RQIA continued its focus on energy reduction, recycling office waste, promotion of healthy lifestyles and the use of public transport.

(L) RQIA staff join a Sustrans lunchtime bike ride;
(R)Representatives from Hope 4 ME Fibro and Versus Arthritis visit RQIA

Each month RQIA held a "dress down day" where staff organised collections for local health-related charities. RQIA also hosted a Mental Health Awareness Day for staff where a representative from Inspire focused on issues including depression, anxiety and obsessive compulsive disorders (OCD). RQIA also held an information session focusing on Fibromyalgia, joined by speakers from Hope 4 ME Fibro and Versus Arthritis.

Strategic Goal 3: Measuring the Improvement

We will improve outcome measurements and report on progress for safety, effectiveness and the patient/client experience. We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively.

Regulation of Services

Registration and Inspection of Health and Social Care Services

RQIA is responsible for the inspection of health and social care services under a range of powers. RQIA registers and inspects care homes; children's homes; domiciliary care and nursing agencies; residential family centres; adult day care services; private dental clinics; hospices; and independent hospitals and clinics. These are known as regulated services. There were 1,521 services registered with RQIA at 31 March 2020, an increase of 33 from the previous year.

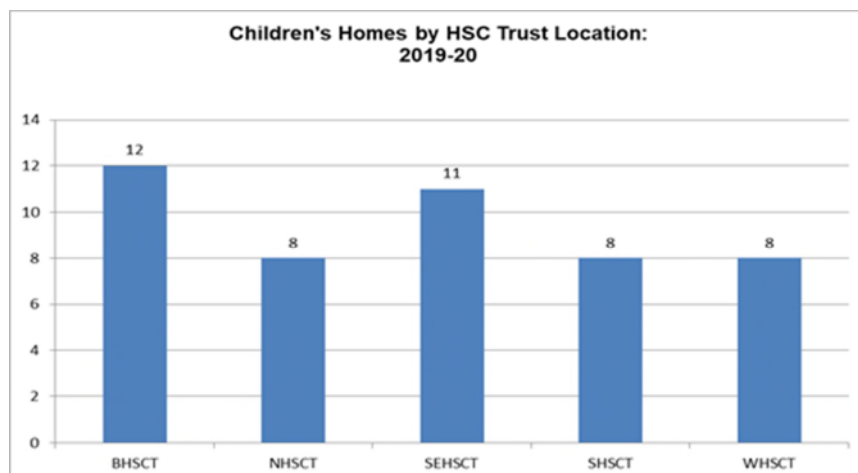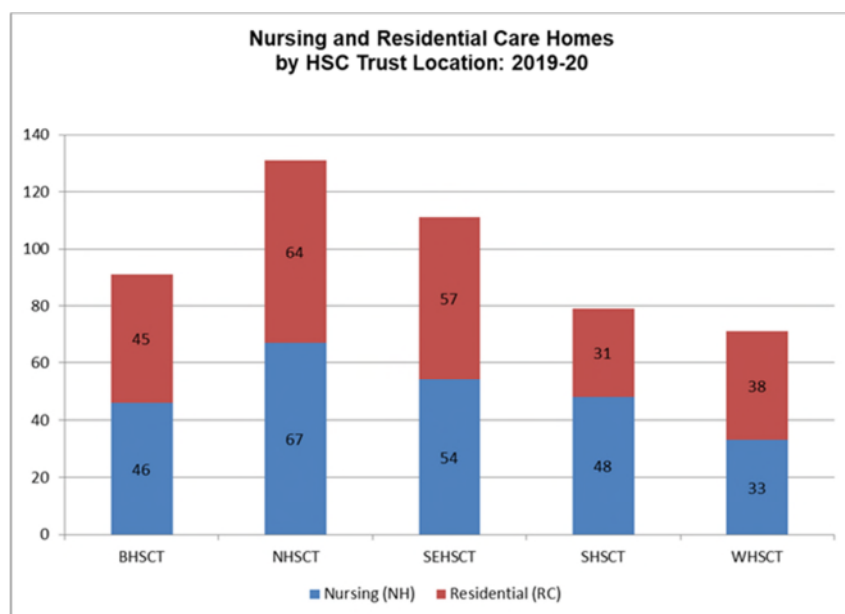**Number of Registered Services by HSC Trust at 31 March 2020**

Service Type	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Adult Placement Agencies						4
Children's Homes	12	8	11	8	8	47
Day Care Settings	31	26	27	31	54	169
Domiciliary Care Agencies (Conventional)						115
Domiciliary Care Agencies (Supported Living Services)						188
Dental Practices	93	85	65	73	57	373
Independent Clinics	4		1	1		6
Independent Hospitals	26	13	11	8	11	69
Independent Medical Agencies						6
Nursing Homes	46	67	54	48	33	248
Nursing Agencies						58
Residential Care Homes	45	64	57	31	38	235
Residential Family Centres	1					1
Voluntary Adoption Agencies						2
Total	258	263	226	200	201	**1,521***

Under separate responsibilities RQIA also **inspects** a range of other services, which are not required to **register** with RQIA. These include:

- HSC hospitals
- Mental health and learning disability wards
- Custody suites and prisons
- Young adult supported housing services
- School boarding departments
- Radiation services (IR(ME)R)

In each case RQIA assesses the arrangements in place to ensure the delivery of safe, effective, compassionate and high quality care in line with relevant legislation, standards and guidance. RQIA also examines the quality of leadership and management in these services.

The following charts show the distribution of care homes for adults and children across Northern Ireland, by their HSC trust location.

Nursing and Residential Care Homes by HSC Trust Location: 2019-20

Trust	Nursing (NH)	Residential (RC)
BHSCT	46	45
NHSCT	67	64
SEHSCT	54	57
SHSCT	48	31
WHSCT	33	38

Children's Homes by HSC Trust Location: 2019-20

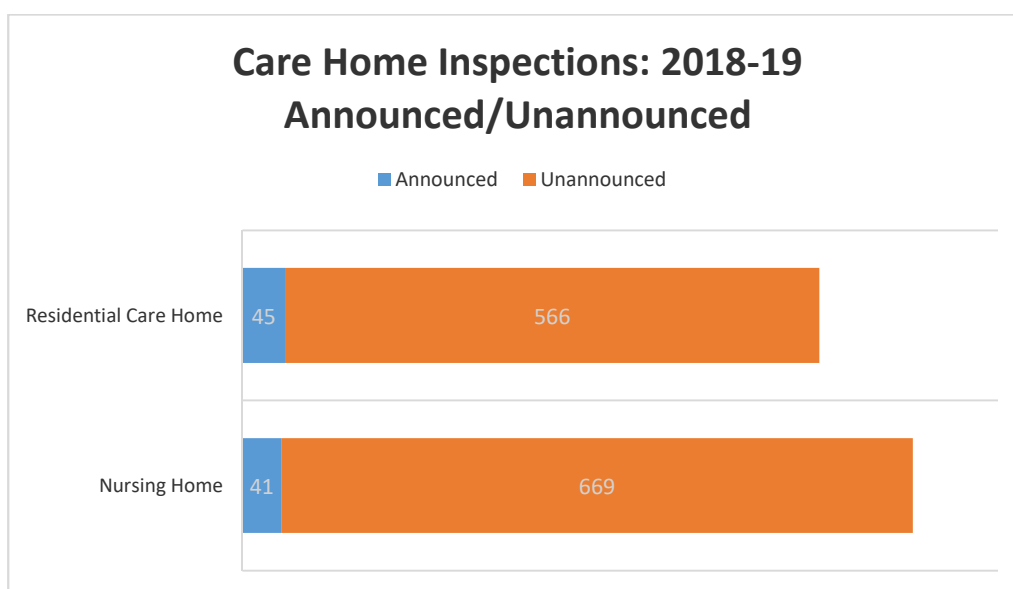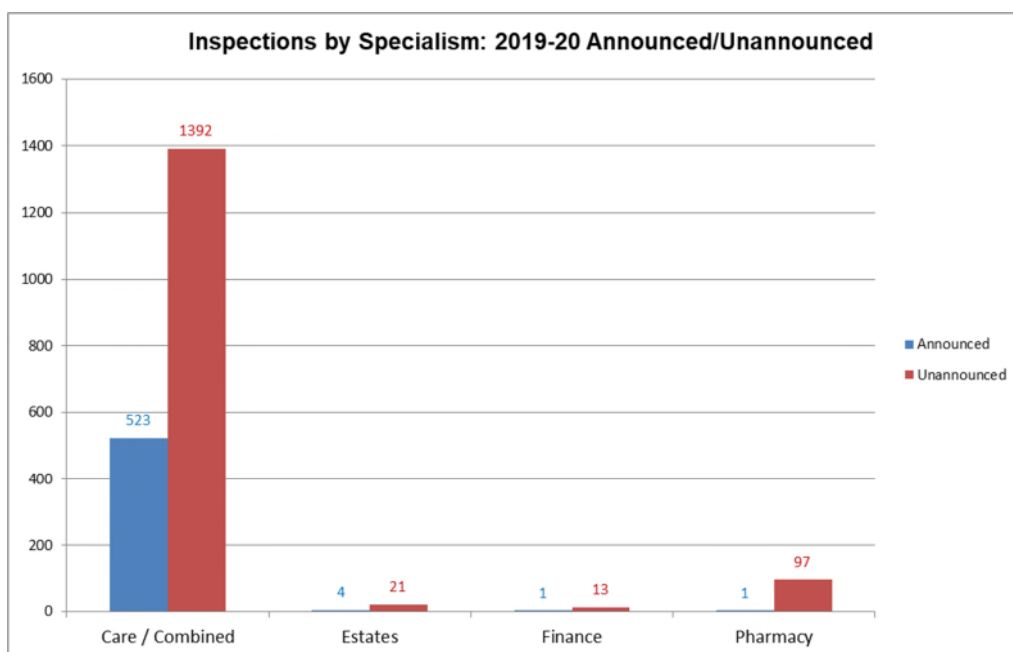| Trust	Homes
BHSCT	12
NHSCT	8
SEHSCT	11
SHSCT	8
WHSCT	8

How We Inspect

RQIA has a team of experienced nurses, social workers, pharmacists, estates and finance officers, who examine care, medicines management, estates issues and arrangements for safeguarding service users' finances. When preparing for an inspection, inspectors review information about the service, held on RQIA's iConnect information system, which includes details of the regulatory history of the service.

During the year RQIA conducted 2,052 inspections. The majority of these inspections were unannounced (1,523), taking place with no advance notice to the provider, with almost 99% of all care home inspections unannounced. Most inspections at independent hospitals and dental practices are announced. During inspections, inspectors examine compliance with regulations and care standards, and assess whether care is safe, effective and compassionate, and also consider whether the service is well managed. Given the importance of the manager's role, RQIA will only register a new service where a permanent manager has been registered by RQIA.
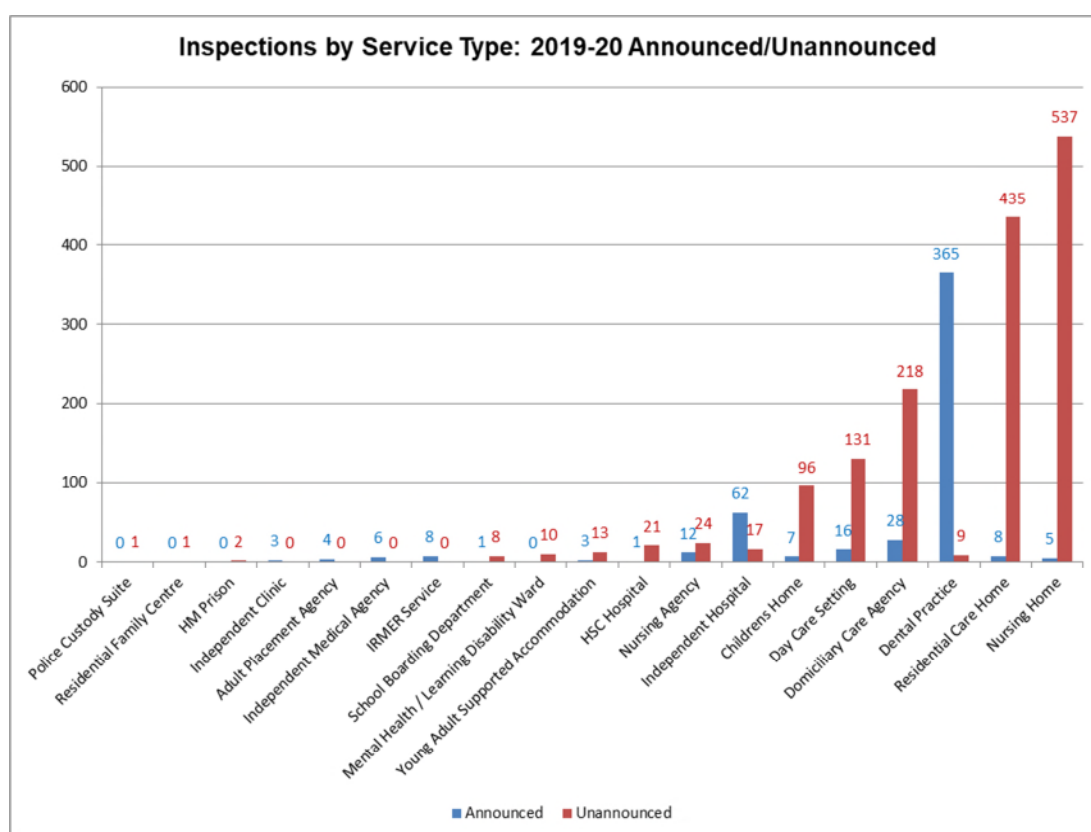
RQIA inspections focused on leadership, management and governance and, as a result, identified a number of services where it was necessary to increase regulatory oversight. This included additional inspections, meetings with providers and, in certain cases, enforcement action. RQIA completed 88% of its overall planned inspection programme; every care home received at least one inspection.

Inspections by Specialism: 2019-20 Announced/Unannounced

Care Home Inspections: 2018-19 Announced/Unannounced

During this time, RQIA continued to assess notifications, concerns and other intelligence for every service and, based on the assessed risk, conducted an additional 108 inspections. The Department of Health, RQIA's Board and the Audit Committee were kept informed of the situation throughout the year.
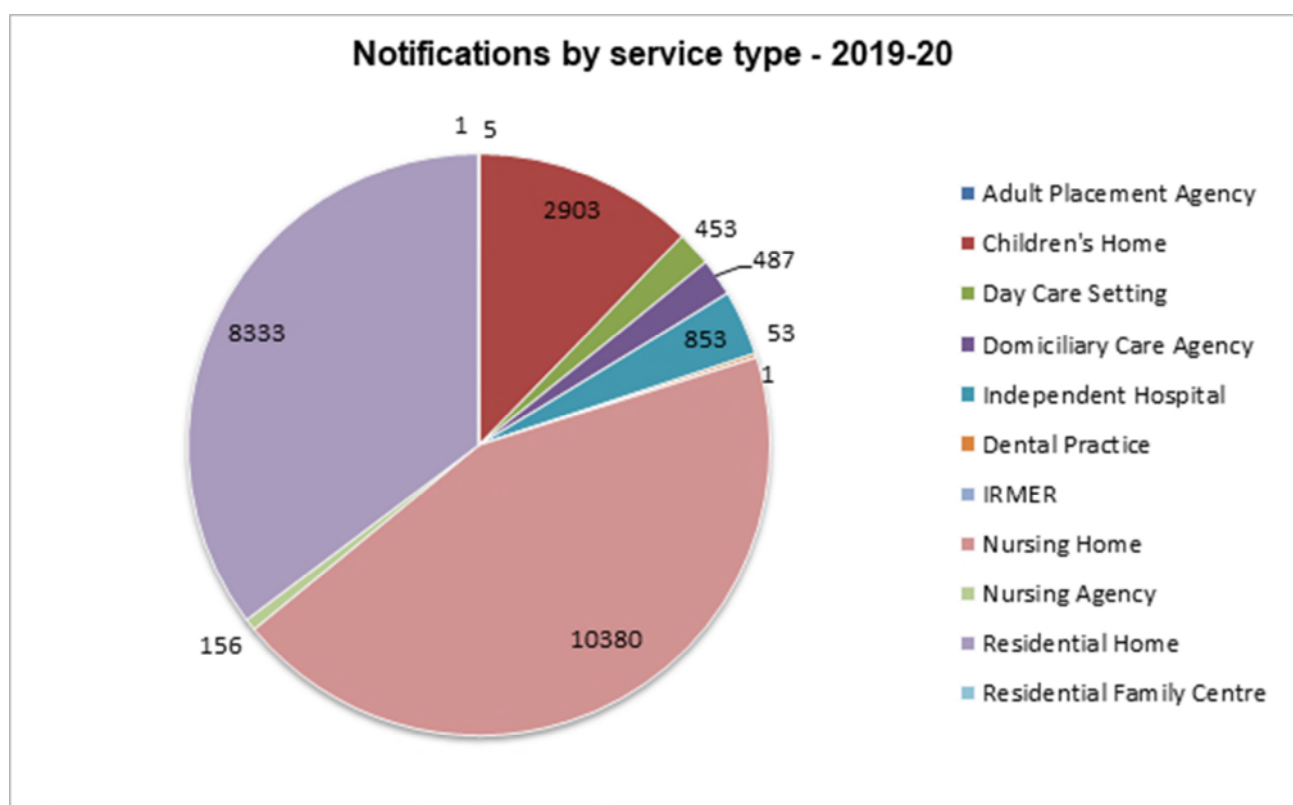
While most inspections at regulated services are conducted by individual inspectors, our hospital and prison inspections involve multidisciplinary teams (MDT's), including peer and lay involvement.

This year RQIA has extended this MDT approach to mental health settings, where teams inspect hospital sites rather than individual wards. This allows fuller assessment of governance arrangements for the provision of care across a hospital, identifying both areas of good practice and issues that require attention by the HSC Trust.

What Information RQIA Uses

When preparing for an inspection, inspectors review information about the service held on RQIA's iConnect information system. This includes details of the regulatory history of the service - such as inspections and enforcement; intelligence about the service, including complaints or compliments from the public, whistleblowing from staff members; and statutory notifications from the service relating to incidents.

All service providers are required to communicate with RQIA via a secure online web-based portal, for issues relating to inspections and incident notifications. There are almost 3,100 registered users on this system – including service providers and managers. During the year over 23,000 incident notifications were submitted to RQIA via the portal.

Notifications by service type - 2019-20

| Value	Service type
	Adult Placement Agency
2903	Children's Home
453	Day Care Setting
487	Domiciliary Care Agency
853	Independent Hospital
53	Dental Practice
1	IRMER
10380	Nursing Home
156	Nursing Agency
8333	Residential Home
1 5	Residential Family Centre

What RQIA Looks For

During an inspection performance is assessed against standards, guidelines and regulations. In RQIA's assessment of the service, inspectors observe practice and review records of care. To ensure a fully rounded view of the service, inspectors talk to management, staff and visiting health care staff such as GPs, tissue viability nurses, social workers and care managers to hear their views and experience of working in the service. The most important people in any service are those in receipt of care, so inspectors also talk to service users, carers, friends and relatives to hear their views and experiences of the care provided.

Outcome of Inspections

At the conclusion of an inspection, inspectors provide verbal feedback to the management of the service, highlighting both areas of good practice and issues that require attention. This is followed up with a formal written report, detailing the findings and, where necessary, including an action plan of areas for improvement. The findings of all RQIA inspections (excluding those for children's homes) are published on our website at www.rqia.org.uk/inspections. RQIA inspection reports are also available on request from each service RQIA inspects. During 2019-20, 568 services (40% of all services) were operating in line with relevant legislation and standards, with no areas for improvement highlighted by inspectors.

Services with No Areas for Improvement Identified during Inspections 2019-20
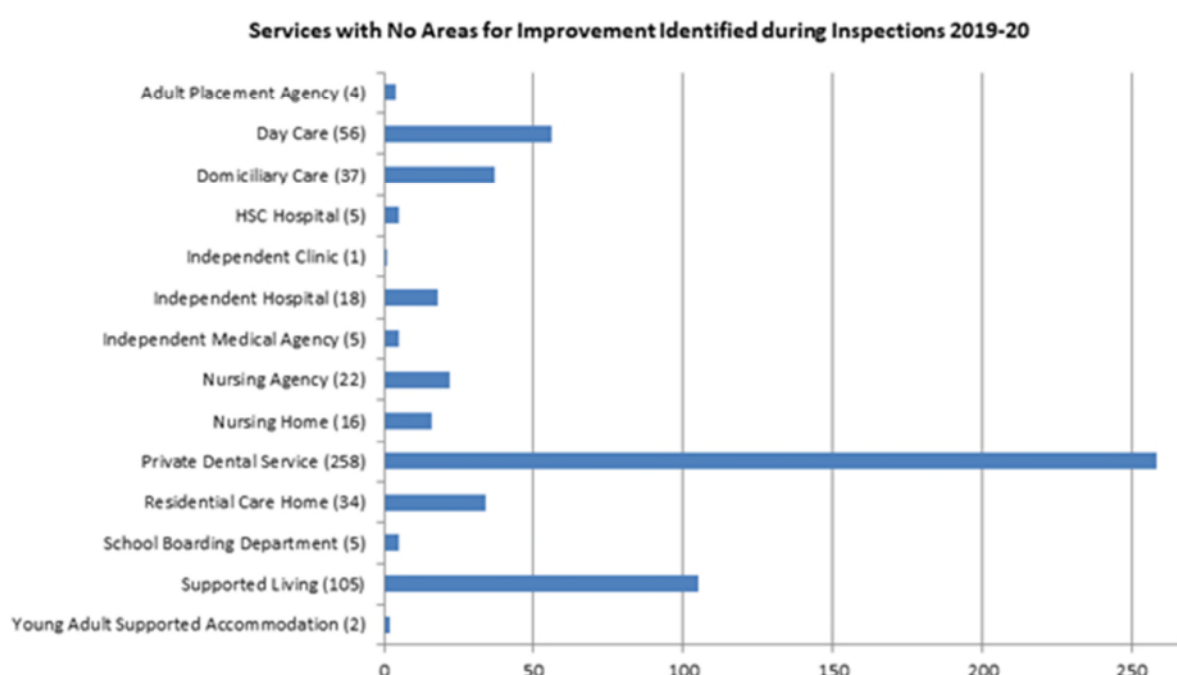
To support the regional response to the COVID-19 Pandemic, on 20 March 2020, the Department of Health directed RQIA to reduce the frequency of statutory inspection activity, in order to minimise the risk of spreading infection to the most vulnerable people in society. This was consistent with the approach of health and social care regulators across the UK and Ireland. However, during this period RQIA continued to regulate and respond to risks and concerns, conducting inspections and taking enforcement action, where necessary.

RQIA's Review Activity

Each year RQIA undertakes service and thematic reviews, in response to current events, or to examine the emerging and developing needs of RQIA's wide range of stakeholders. These include those initiated by RQIA and others commissioned by the Department of Health.

In planning and reporting on the findings of our reviews, the focus is on whether care is safe, effective and compassionate; and on the quality of leadership within a service. The findings from each review are submitted to the Department of Health for consideration.

Review recommendations aim to support and drive quality improvements across Northern Ireland for those in receipt of services. In addition, recommendations also aim to influence policy in a range of areas across health and social care.

During 2019-20, findings from the following reviews were published:

- Review of Emergency Mental Health Service Provision across Northern Ireland (September 2019)
- Review of Developing Eyecare Partnerships (September 2019)
- Review of General Paediatric Surgery in Northern Ireland (December 2019)
- Review of Governance of Outpatient Services in the Belfast Health and Social Care Trust, with a particular focus on Neurology Services and other High Volume Specialties (February 2020)

Review of Emergency Mental Health Service Provision across Northern Ireland

In September 2019, RQIA published the findings of the Independent Review of Emergency Mental Health Service Provision across Northern Ireland. This included: adult mental health services (18-65 years); older people's services (over 65 years); child and adolescent mental health services (CAMHS) (0-18 years); learning disability services for children and adults; and emergency departments.

Services were assessed in line with the HSC Board and Public Health Agency's Regional Mental Health Care Pathway for Northern Ireland.
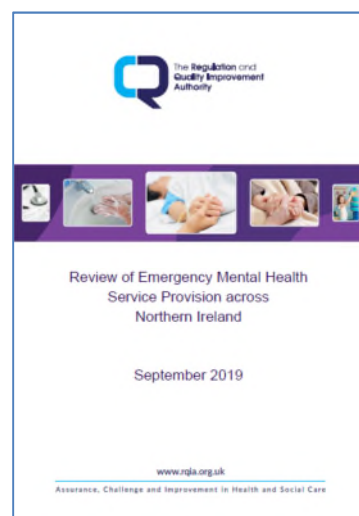
RQIA's expert review team found that each HSC Trust had systems and processes in place to provide emergency services for patients of all ages during normal working hours (Monday to Friday 9:00 am to 5:00 pm). However, it was a challenge for all Trusts to provide dedicated specialised services during out-of-hours periods, particularly for children and young people, people with learning disability and older people's services.

RQIA's Review Report made nine recommendations to support the continued improvement of emergency mental health service provision across Northern Ireland.

Review of Developing Eyecare Partnerships

This Review assessed the implementation and effectiveness of the commissioning and provision of eyecare services in Northern Ireland from 2013 to 2017 under the Developing Eyecare Partnerships (DEP) Strategy (Department of Health).

Overall the DEP Strategy was considered by stakeholders to have facilitated service improvement, development and health promotion. RQIA's expert review team found support among stakeholders for the DEP project and considered that the implementation process for the project had generally been effective. RQIA recommended that an eyecare network should be established, following on from the DEP project.

RQIA published the Report of its findings in September 2019, making nine recommendations aimed at consolidating DEP and facilitating the future development of eyecare services across Northern Ireland.

Review of General Paediatric Surgery in Northern Ireland

In December 2019, RQIA published the findings of its Review of General Paediatric Surgery in Northern Ireland. The provision of general paediatric surgery was examined against the 2010 Standards and the 2016 Paediatric Strategy published by the Department of Health.

RQIA found limited progress had been made in relation to the standards and the 2016 Strategy, and the current surgical model presents challenges for service delivery and inequity of access.
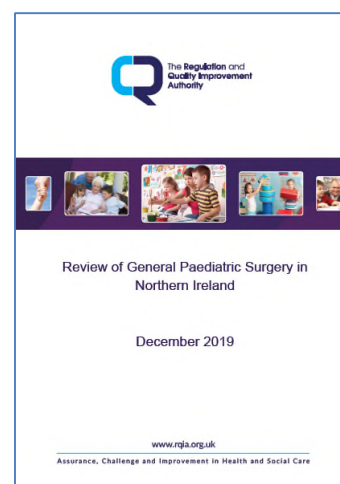
In line with the 2016 Strategy, the Review proposed the establishment and operation of a managed clinical network to develop:

- a new hub and spoke model for general surgery;
- a regional training programme for non-children's nurses;
- arrangements for refresher training in relation to child protection, safeguarding, and paediatric life support;
- the implementation systems for centralised referral and waiting list management.

The review team made 13 recommendations to support further improvement in the provision of general paediatric surgery.

Review of Governance of Outpatients in the Belfast Trust with a Particular Focus on Neurology and Other High Volume Specialties
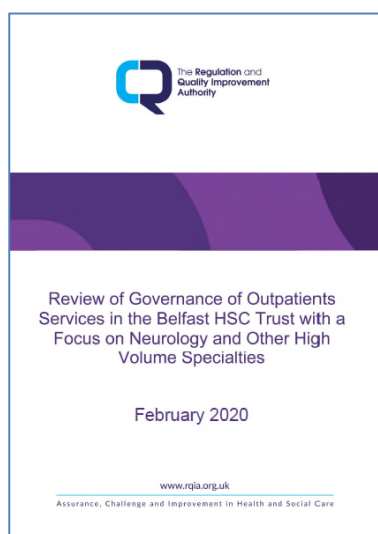
In February 2020, RQIA published the findings of this Review, which was part of a wider programme of work commissioned in 2018 related to the recall of 2,500 patients under the care of Dr Watt, a consultant neurologist in the Belfast Trust.

RQIA's expert review team from across the UK, including members with executive management experience in clinical and corporate governance and others with expertise in hospital inspection and general practice, examined a number of aspects of outpatient services across the Belfast Trust.

This included access to services, safeguarding arrangements and medicines management. The team also considered wider governance arrangements, clinical peer review and use of information and intelligence. In addition to engaging with frontline staff and senior management at the Trust, the Review also captured the views and experiences of patients, families and carers and GPs interacting with the service.

RQIA's expert review team considered there was a need for robust validation of waiting lists and improved oversight and monitoring of patients transferring to the Belfast Trust from the independent sector. It also found that the levels of staff training, knowledge and awareness of safeguarding were a significant concern across the Trust's outpatient services. While there was robust oversight of prescribing of specialist medicines, RQIA found limited oversight of all other prescribing in outpatient services, which affected the Trust's ability to identify unusual prescribing practices in outpatient services. RQIA also considered that better use of information and intelligence would strengthen the governance and assurance of these services and improve oversight of outpatient consultants and specialist nurses.

The review team made 26 recommendations for improvement to strengthen the governance arrangements in the Belfast Trust's outpatient services, which are also relevant to other HSC organisations across Northern Ireland.

Ongoing Review Work

Work continued on a number of reviews, which will be published in the year ahead:

- Review of Implementation of NICE Clinical Guideline CG174 Intravenous Fluid Therapy in Adults in Hospital
- Review of Out-of-Hours General Practitioner Service

- Review of Governance (Corporate and Clinical) in Independent (Private) Hospitals and Hospices in Northern Ireland

Work also progressed on the following reviews:

- Review of Serious Adverse Incidents
- An Expert Review of the Clinical Records of all Patients or Former Patients of Dr Watt who had Deceased over the past 10 years

In March 2020, to support the regional response to the Coronavirus Pandemic, the Department of Health directed RQIA to focus its activities on responding to the impact of the global Pandemic and areas of greatest risk across our health and social care services. This included a temporary pause of RQIA's Review Programme, which was rescinded on 22 June 2020.

Strategic Goal 4: Raising the Standards

We will establish a framework of a clear evidence-based standards and best practice guidance. We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review.

RQIA Clinical Audit Programme

To promote leadership in safety and quality in health and social care, each year RQIA invites applications from the HSC community for funding to undertake clinical audits, develop guidelines and carry out quality improvement (QI) projects. Outcomes for patients, clients and carers are improved through the development and integration of audits, guidelines and QI projects and as a result of their implementation.

During 2019-20 RQIA supported the following audits and QI projects:

- Regional Re-Audit of Medicines Reconciliation of the Immediate Discharge Document
- Stroke Network Regional Transient Ischaemic Attack (TIA) Re-Audit
- Audit of Red Flag Referrals to Belfast HSC Trust Dentistry
- Audit of Guideline for Admissions to Midwife-led Units (MLU)
- Development of Patient Information Leaflets and Departmental Cancer Handbook
- Self-sampling to Decrease the Did Not Attend (DNA) Rate in People referred to Colposcopy or on Follow-up for Cervical Abnormalities

RQIA also published the Guideline for Planning to Birth at Home in Northern Ireland, which was supported by the Programme in 2018-19. RQIA staff joined authors to present the Guideline at its launch in Parliament Buildings, Stormont.

Public Involvement in RQIA Work

RQIA is committed to effective engagement with the public and stakeholders to achieve improvements in the safety and quality of services.

During inspections and reviews, working in partnership with RQIA staff, RQIA lay assessors observe the care provided and talk to patients, their relatives or carers about their experience of the service. This brings a fresh insight and public focus to our assessment of services. During the year, lay assessors joined in a range of inspections at care homes, mental health and learning disability services; and as part of RQIA's Review of Governance Arrangements in Outpatients Services in the Belfast Trust.

Strategic Goal 5: Integrating the Care

We will develop integrated pathways of care for individuals. We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external providers.

Partnership Working

RQIA continues to foster strong and effective partnerships with peer organisations including health and social care systems regulators, inspectorates and professional regulatory bodies across the UK and Ireland. Through this engagement, RQIA shares best practice in regulation and benchmarks its work with peer organisations.

Within Northern Ireland, RQIA has positive relationships with its sponsor body, the Department of Health, and with other HSC organisations including: the HSC Board, HSC Trusts, the Public Health Agency; Northern Ireland Social Care Council; Patient and Client Council; NI Guardian Ad Litem Agency; NI Practice and Education Council for Nursing and Midwifery and Northern Ireland Medical and Dental Training Agency. RQIA engages with these organisations on an ongoing basis and through regular one-to-one liaison meetings to share learning, discuss common interests and share areas of concern.

RQIA also works closely with other stakeholders including: Criminal Justice Inspection Northern Ireland; Education and Training Inspectorate; Her Majesty's Inspectorate of Prisons; The Prisoner Ombudsman for Northern Ireland; Northern Ireland Commissioner for Children and Young People (NICCY); Age Sector Platform; and the Commissioner for Older People for Northern Ireland.

RQIA welcomes colleagues from partner organisations (L) Independent Health and Care Providers and UK Home Care Association; (R) British Dental Association

During the year RQIA also continued constructive engagement with a range of stakeholder representative organisations, including: the Independent Health and Care Providers; UK Homecare Association; British Dental Association; and the Association for Real Change.

RQIA has memoranda of understanding and information sharing protocols with a range of partner organisations, which support information sharing and co-operation in joint working and transparency when working on areas of mutual interest.

Sharing Best Practice: Engagement with Other Organisations

In September 2019 RQIA welcomed a delegation from Cyprus Ministry of Health, discussing driving improvements in health and social care through effective regulation.

During the year RQIA staff visited the Care Inspectorate Scotland to share learning on approaches to regulation and inspection. RQIA staff also met the Care Inspectorate's Head of Risk and Intelligence in Belfast to discuss the use of intelligence and information to support improvements in health and social care.

RQIA staff host visitors from (L) Care Inspectorate Scotland and (R) Cyprus Ministry of Health

Support and Guidance for Care Providers

As the regulator for health and social care services, RQIA is part of a wider system for ensuring the safety and wellbeing of those in receipt of care. In support of those delivering front-line services, during 2019-20, RQIA held a number of events providing advice and guidance to service providers.

In October 2019, RQIA hosted provider roadshows for care home and domiciliary care providers across Northern Ireland. At these bespoke events, providers received presentations and guidance on a range of topics including governance; monthly monitoring visits; quality improvement; human rights and the impact of the Mental Capacity Act (NI) 2016. Feedback from the roadshows was positive and will help shape future events and engagement with providers.

In December 2019, RQIA participated in a joint training event with the Royal College of Psychiatrists (NI) on the Mental Health Order and Mental Capacity Act.

During the year our inspection staff also participated in training sessions with colleagues from HSC trusts on a range of issues, including medicines management.

RQIA Staff at Royal College of Psychiatrists event

COVID-19 Response

Responding to the COVID-19 Pandemic has required a strategic and joined up approach to supporting care services. This has fundamentally changed how RQIA operates, refocusing core services to provide support, advice and guidance to services dealing with the unforeseen challenges of the global Pandemic.

In line with the Departmental direction, RQIA re-balanced its role as a regulator with the provision of support to health and social care services. A number of key staff were transferred to other organisations to support the regional response to the Pandemic.

During the Pandemic, a new operational model developed which went some way towards modernisation of RQIA's regulatory approach – moving from traditional on-site inspection of registered services, to a model which used the RQIA Services Support Team to provide support for the sector, and enabling collaborative sharing of expert knowledge and information to HSC partner organisations, for example, the HSC Trusts and the Public Health Agency.

This shift has enhanced RQIA's regulatory and assurance functions, with a renewed focus on quality improvement.

It is underpinned by comprehensive and positive engagement with service users, their families and representative groups around such topics as visiting care homes. RQIA has also been able to add value by providing real-time data and intelligence, thus directing resources and support where it was most needed at the time.

The response to COVID-19 has emphasised an increased use of continuous assessment, based on information and intelligence, directing proportionate inspection, resulting in the development of a new assurance framework and a modernised approach to regulation.

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
Lanyon Place
Belfast
BT1 3BT

Tel: 028 9536 1111
Email: info@rqia.org.uk
Web: www.rqia.org.uk

For copies in alternative formats please contact us at: info@rqia.org.uk.