

AGENDA

RQIA Board Meeting
Boardroom, RQIA
Thursday 14 September 2017, 10.30am

PUBLIC SESSION

- | | | | |
|---|---|------------------------|---------------------------|
| 1 | Minutes of the public meeting of the Board held on Thursday 6 July 2017 and matters arising | Min/ July17/
public | 10.30am
APPROVE |
| 2 | Declaration of Interests | | 10.40am |
| 3 | Interim Chair's Report
Interim Chair | D/09/17 | 10.45am
NOTE |
| 4 | Meetings attended by RQIA Non-Executives
Interim Chair | E/09/17 | 10.55am
NOTE |

STRATEGIC ISSUES

- | | | | |
|---|--|---------|---------------------------|
| 5 | Corporate Strategy 2017-21
Chief Executive | F/09/17 | 11.00am
APPROVE |
| 6 | Q1 2017/18 Corporate Performance Report
Director of Corporate Services | G/09/17 | 11.05am
APPROVE |
| 7 | RQIA Coroners Court Action Plan
Director of Regulation and Nursing | H/09/17 | 11.15am
NOTE |
| 8 | RQIA Overview of Reviews and Audits 2017-19
Medical Director and QI Lead | I/09/17 | 11.30am
NOTE |
| 9 | RQIA PPI Analysis
Rachel Stewart, Statistician | | 11.45am
NOTE |

OPERATIONAL ISSUES

- | | | | |
|----|---|---------|---------------------------|
| 10 | Chief Executive's Report
Chief Executive | J/09/17 | 12.00pm
NOTE |
| 11 | Savings Plan 2017-18
Director of Corporate Services | K/09/17 | 12.15pm
APPROVE |
| 12 | Finance Report
Director of Corporate Services | L/09/17 | 12.25pm
NOTE |

13 Any Other Business

12.30pm

Date of next meeting: 6 November 2017, Boardroom, RQIA

RQIA Board Meeting

Date of Meeting	6 July 2017
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min/May17/public
Author	Hayley Barrett
Presented by	Prof. Mary McColgan
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 15 May 2017
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the minutes of the Board meeting of 15 May 2017
Next steps	The minutes will be formally signed off by the Chair and will be uploaded onto the RQIA website.

PUBLIC SESSION MINUTES

RQIA Board Meeting
Boardroom, RQIA
6 July 2017, 11.15am

Present

Prof Mary McColgan OBE
(Interim Chair) **(MMcC)**
Patricia O'Callaghan **(POC)**
Lindsey Smith **(LS)**
Gerry McCurdy **(GMcC)**
Denis Power **(DP)**
Dr Norman Morrow OBE **(NM)**
Robin Mullan **(RM)**
Seamus Magee OBE **(SM)**

Apologies

Stella Cunningham
Sarah Havlin

In Attendance:

Fergal Bradley, Department of
Health **(FB)**

Officers of RQIA in attendance

Olive Macleod (Chief Executive) **(OM)**
Maurice Atkinson (Director of Corporate Services)
(MA)
Theresa Nixon (Director of Mental Health, Learning
Disability and Social Work) **(TN)**
Kathy Fodey (Director of Regulation and Nursing)
(KF)
Lourda Geoghegan (Medical Director and Quality
Improvement Lead) **(LG)**
Rachel Stewart **(RS)**
Malachy Finnegan (Communications Manager)
(MF)
Hayley Barrett (Board and Executive Support
Manager)

1.0 Welcome and Apologies

- 1.1 MMcC welcomed all members and Officers of the Board to this meeting. MMcC noted apologies from Stella Cunningham and Sarah Havlin. MMcC welcomed FB, Department of Health to the meeting as an observer.

2.0 Agenda Item 1 - Minutes of the public meeting of the Board held on Monday 15 May 2017 (Min/May17/public)

- 2.1 The Board **APPROVED** the minutes of the meeting of the Board held on Monday 15 May 2017.

3.0 Agenda Item 2 - Matters arising from minutes

- 3.1 The Board noted that actions 164, 165, 166 and 167 are now completed. The Board noted that action 152 is on the agenda.
- 3.2 LG provided an update in relation to action 153 advising that Kings Fund conducted an external evaluation for CQC which cost approximately

£30,000-£40,000. LG advised that RQIA will meet with CQC over the summer to gain some insights to their organisation and inspection process. LG stated that at the time, it was materially relevant however; it has been advised that the Hospital Inspection Programme will not cease.

- 3.3 POC advised that there are concerns in relation to the added value of the Hospital Inspection Programme. OM confirmed that during inspection feedback on day three of inspections, trusts have informed RQIA that they feel the inspections are valuable and helpful to improve their services. The Board agreed that no formal evaluation was required.
- 3.4 OM advised that in relation to action 159, work continues on the standardisation of questionnaires. OM stated that the questionnaires are currently being tested in paper based format. OM advised that the Board will be provided with an update and further information at a Board workshop.
- 3.5 The Chair of Audit Committee, DP, advised that action 158 is not yet completed. A further iteration of the risk register should be produced and presented at a workshop with all Board members present.
- 3.6 GM asked if a finance inspection has been conducted in Hebron House and Bawn Cottage since the last meeting and what progress was there on the judicial review. KF advised that the judicial review was withdrawn and KF had made contact with the Southern Trust and there were no additional concerns identified that required an inspection and this time. The Southern Trust continues to have monitoring oversight of residents' finances.

4.0 Agenda Item 3 - Declaration of Interests

- 4.1 MMcC asked Board members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders. RM declared he was on the Board of the Equality Commission Northern Ireland in relation to agenda item 13. No other declarations were made.

5.0 Agenda Item 4 – Interim Chair's Report

- 5.1 MMcC presented the Interim Chair's report and Board members acknowledged the meetings attended since the last Board meeting.
- 5.2 MMcC advised that she attended the Non-Executive Directors seminar on 31 May 2017, along with other Board members. MMcC confirmed that the seminar was helpful and informative. MMcC advised that there were limitations to network with other Non-Executive Directors at the seminar.
- 5.3 MMcC advised that she attended the Accountability Review meeting with OM, Dr McBride and Mr Pengelly. MMcC advised that accountability review meetings have been increased to quarterly and RQIA Sponsor Branch meetings will also be increased. MMcC informed Board members that Mr

Pengelly and Dr McBride acknowledged the work of RQIA and how we are addressing challenges.

- 5.4 DP asked that the minute of the Accountability Review meeting is shared with Board members.

5.5 Resolved Action (168)

MMcC to share the minute of the Accountability Review meeting with Board members.

- 5.6 The Board **NOTED** the Interim Chair's Report.

6.0 Agenda Item 5 – Meetings attended by RQIA Non-Executives

- 6.1 Board members noted attendance at meetings on 2 and 6 June 2017 by a number of RQIA Non-Executives.

- 6.3 The Board **NOTED** the RQIA Board member Attendance at Events and Meetings.

7.0 Agenda Item 6 – Risk Management Strategy

- 7.1 MA presented the Risk Management Strategy to Board members. The Risk Management Strategy was approved at the meeting of Audit Committee on 22 June 2017. MA advised that the Risk Management Strategy was last approved by the Board on 7 July 2016. MA stated that Controls Assurance Standards require this document to be approved annually by the Board.

- 7.2 DP advised that from a risk management and audit perspective this is how we look at and identify risks. DP recommended that the Risk Management Strategy is circulated with all staff to encourage them to escalate and identify risks.

- 7.3 Board members **APPROVED** the Risk Management Strategy.

7.4 Resolved Action (169)

The Risk Management Strategy will be circulated to all staff for information.

8.0 Agenda Item 7 – Corporate Risk Assurance Framework Report

- 8.1 MA highlighted that the Corporate Risk Assurance Framework Report has been reviewed and revised since the last meeting of the Board. This version of the Corporate Risk Assurance Framework was approved at the meeting of the Audit Committee held on 22 June 2017.

- 8.2 MA noted the risk log on page three of this document, which details all changes made to this document following the last Board meeting on 15 May 2017 and the Audit Committee meeting on 4 May 2017.

8.3 Resolved Action (170)

The Corporate Risk Assurance Framework Report will be presented to a Board Workshop for further consideration.

8.5 NM asked if there was any evidence of incidents in relation to risk 4. LG advised that RQIA have not been subject to any incidents in relation to risk 4, however other organisations have. GM asked for clarification if risk assessments are carried out on staff prior to inspections. LG confirmed that risk assessments are conducted.

8.6 Board members **APPROVED** the Corporate Risk Assurance Framework Report

9.0 Agenda Item 8 – Performance Management Framework

9.1 MA presented the Performance Management Framework to Board members. MA advised that the Performance Management Framework outlines and explains how performance management works in practice. MA advised that minor changes have been made to the document since its last approval on 21 January 2016 to ensure it is aligned to the Corporate Strategy 2017-21.

9.2 DP commented that the Performance Management Framework reflects positively the process of performance management. SM asked that the horizon scanning exercise is noted in section 7.4 of the document.

9.3 Board members **APPROVED** the Performance Management Framework.

10.0 Agenda Item 9 – Audit Committee Business

- **Approved Minutes of Meeting of 4 May 2017**
- **Verbal update on Meeting of 22 June 2017**
- **Audit Committee Annual Report 2016/17**

10.1 The Chair of Audit Committee, DP, informed Board members that the minutes of the meeting on 4 May 2017 were approved at the Audit Committee meeting on 22 June 2017. DP advised Board members that one action remains incomplete.

10.2 Board members **NOTED** the approved minutes of the Audit Committee meeting on 4 May 2017.

10.3 DP advised that the RQIA Annual Report and Accounts 2016/17 was presented to Audit Committee on 22 June 2017. DP advised that a bi-lateral meeting with Internal and External Audit was conducted prior to the Audit Committee meeting. DP advised that Internal and External Audit advised of a positive interaction with RQIA throughout the 2016/17 year.

- 10.4 DP noted his attendance at the Non-Executive Director seminar on 31 May 2017. DP advised that he attended whistleblowing training. Attendees were asked to make comments on the draft HSC whistleblowing policy at the event. MA confirmed that the draft HSC whistleblowing policy has been circulated to organisations for consultation.
- 10.5 DP advised that OM provided an update on key risks to the Audit Committee members. DP informed members that Internal Audit, BSO presented the cyber security self-assessment. MA advised that ITS and the Director of E-Health, HSCB is taking this forward on behalf of HSC.
- 10.6 DP noted the NIAO 'Report to those Charged with Governance' acknowledging the four priority three recommendations.
- 10.7 Board members **NOTED** the verbal update on the meeting of 22 June 2017.
- 10.8 DP advised Board members that the Audit Committee Annual report 2016/17 outlines and provides assurance of what RQIA Audit Committee does on behalf of the Board. DP advised that it demonstrates that governance is working effectively on RQIA.
- 10.9 LS acknowledged the contribution to RQIA Audit Committee by DP. LS advised that DP has demonstrated strong leadership during his time as Audit Committee Chair.
- 10.10 Board members **NOTED** the Audit Committee Annual Report 2016/17.
- 10.11 Board members **NOTED** the Audit Committee Business.
- 11.0 Agenda Item 10 – Review of Information and Potential for Analysis to Inform the Work of RQIA**
- 11.1 RS advised that she commenced work in RQIA in January 2017 in response to a desire by RQIA to make better use of the information it collects, to target inspection activity and inform an understanding of the services it regulates and inspects.
- 11.2 RS advised that the presentation will provide a brief overview of the scoping exercise conducted, recommendations made and outline the way forward.
- 11.3 RS presented her presentation to Board members.
- 11.4 MMcC thanked RS for her presentation and advised that it is very informative. MMcC asked Board members if they had any comments or questions for RS.
- 11.5 LS asked if a holistic picture of health would be available. RS advised that it is a goal to be able to provide a holistic picture in the future. RS is keen to make best use of information in order to highlight best practice and poor

performers.

- 11.6 LG informed Board members that RS has met with the General Medical Council (GMC) to ascertain how they can make information available to RQIA. LG advised that it has taken GMC approximately 5 years to get to the position they are in now.
- 11.7 GMcC asked for clarification on what RQIA is doing to interact with other regulators, not just health regulators. OM advised that RQIA will meet other regulators to discuss how information can be shared to inform RQIA inspections.
- 11.8 Board members **NOTED** the Review of Information and Potential for Analysis to Inform the Work of RQIA.

12.0 Agenda Item 11 – Chief Executives Report

- 12.1 OM presented her report to the Board. OM advised that all relevant employees of RQIA have been interviewed in relation to the COPNI review. OM advised that interviews have been recorded by COPNI. RQIA await the outcome of the investigation.
- 12.2 OM informed members that the RRL allocation letter has been received. OM advised that a 2% savings target is to be achieved in 2017-18 and a savings plan submitted to the Department of Health by 24 July 2017.
- 12.3 OM informed Board members that RQIA has achieved reaccreditation of Investors in People (IiP). A copy of the report will be circulated to staff.
- 12.4 **Resolved Action (171)**
A copy of the Investors in People (IiP) report to be circulated to all staff.
- 12.5 OM informed Board members that the ISO Gap Analysis is currently being conducted this week. OM advised that ISO 9001:2015 has a new risk module that is of interest to RQIA to include business as usual risks.
- 12.6 SM asked for clarification in relation to any implications for closure of Four Season Health Care homes. KF provided assurances that she continues to engage with Four Seasons Healthcare on their portfolio in Northern Ireland.
- 12.7 Board members **NOTED** the Chief Executive's Report
- 13.0 **Agenda Item 12 – Guidance for RQIA regarding areas for consideration if requested to take on additional business**
- 13.1 TN presented the Guidance for RQIA regarding areas for consideration if requested to take on additional business. TN advised that the guidance document considers the impact of additional work through the use of a PESTLE analysis. TN informed Board members that the responsibilities of

staff involved are outlined in the document.

13.2 GM queried if the guidance document took into consideration additional areas of work from other organisations, such as CJI. TN confirmed that the guidance document considers additional work from all organisations.

13.3 DP sought clarity on situations where RQIA are not in the position to refuse additional areas of work. OM advised that RQIA would be in early discussions with the Department of Health in relation to any such additional areas of work.

13.4 Board members **APPROVED** the Guidance for RQIA regarding areas for consideration if requested to take on additional business.

14.0 Agenda Item 13 – Annual Progress Report 2016/17 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006

14.1 MA presented the Annual Progress Report 2016/17 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006. OM is required to sign this document, before return of the final document to the Equality Commission.

14.2 POC asked if feedback is provided to RQIA following submission of the Annual Progress Report. MA advised that this is a reporting function, no feedback is provided unless RQIA is not fulfilling their responsibilities.

14.3 Board members **NOTED** the Annual Progress Report 2016/17 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006.

15.0 Agenda Item 14 – Any Other Business

15.1 As there was no other business, MMcC brought the public session of the Board to a close at 12.55pm.







**Date of next meeting:
14 September 2017, RQIA Boardroom**

Signed




Professor Mary McColgan
Interim Chair

Date

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion	Status
158	23 March 2017	The Chair of Audit Committee will share the PESTLE analysis and feedback from the horizon scanning with all Board members for feedback.	Chair of Audit Committee (DP)	6 July 2017	
159	23 March 2017	The Chief Executive will provide an update to Board members on the standardisation of questionnaires across the organisation	Chief Executive (OM)	22 February 2017	
168	6 July 2017	MMcC to share the minute of the Accountability Review meeting with Board members.	Interim Chair (MMcC)	14 September 2017	
169	6 July 2017	The Risk Management Strategy will be circulated to all staff for information.	Director of Corporate Services (MA)	14 September 2017	
170	6 July 2017	The Corporate Risk Assurance Framework Report will be presented to a Board Workshop for further consideration.	Director of Corporate Services (MA)	14 September 2017	
171	6 July 2017	A copy of the Investors in People (IiP) report to be circulated to all staff.	Chief Executive (OM)	14 September 2017	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	

RQIA Board Meeting

Date of Meeting	14 September 2017
Title of Paper	Interim Chair's Report
Agenda Item	3
Reference	D/09/17
Author	Prof. Mary McColgan
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board of external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	External engagements and key meetings since the last Board meeting of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE this report.
Next steps	Not applicable

INTERIM CHAIR'S REPORT

1. Meeting with the Commissioner for Older People for NI (COPNI) on 28 August 2017

At their request, Olive and I met with Mr Eddie Lynch, COPNI and Evelyn Hoy, CEO. They were keen to receive an update in relation to developments within Ashbrooke Care Home. We outlined the nature of the initial concerns that triggered the unannounced inspection, the process utilised under the Enforcement policy to establish a Decision Making Panel and the subsequent application for an emergency order. Current plans for the Western HSC Trust to undertake temporary management for the home were also discussed. We noted the ongoing contact between RQIA CEO and COPNI CEO, appreciating the level of transparency which had been established in relation to ensuring all parties had been informed of RQIA's actions. Evelyn Hoy had conveyed positive comments about RQIA's response in media interviews.

2. Launch of Standards for Employers of Social Workers and Social Care Workers at NISCC on 4 September 2017.

I attended this event with Olive and Theresa and I will provide a verbal update of the implications of these standards for RQIA's role as an employer and the implications for providers.

3. Ashbrooke Care Home

There are several aspects to RQIA's action in relation to the closure of the Ashbrooke Care Home which I would like to highlight for the Board.

- (1) The timely unannounced inspection which prompted the concerns which were escalated to senior staff, CEO and myself
- (2) The difficult role undertaken by Patricia O'Callaghan and Sarah Havlin who participated in the Decision Making Panel, considering the evidence presented by the inspectors, weighing up the options in consultation with legal advisors and maintaining the primary role for RQIA in safeguarding the needs of vulnerable people. In exercising legal powers to close a residential and nursing facility, RQIA has taken exceptional steps to protect service users
- (3) The willingness of inspectors to undertake a series of unannounced inspections over the weekend to other Care facilities operated by Runwood Homes Ltd. in Northern Ireland which enabled RQIA to offer appropriate assurances to service users, families, the public and Department Of Health about the quality of service provision of the private provider

- (4) The quality of leadership offered by CEO Olive MacLeod who worked actively with key stakeholders; WHSCT, Runwood Homes Ltd., Department of Health, community leaders to achieve the best outcomes for the residents during this challenging period. In addition, media communication was very effectively managed
- (5) RQIA's unprecedented action in relation to the private residential and nursing unit in Fermanagh has received considerable attention in the media. Board members have been kept informed of developments by Malachy Finnegan, Communications Manager who has provided early alerts and updates about the care arrangements for the vulnerable adults in the unit
- (6) As a Board and organisation, there are important lessons for us to reflect on and the next Board workshop in October will focus on learning from this significant incident

4. Mid-Year Accountability Meeting.

We are awaiting confirmation of the draft minutes of the June meeting. The Department of Health has confirmed a further meeting for 13 December 2017 and a series of meetings scheduled for 2018, combining mid-year and end of year accountability. Details of the report for Sponsor Branch were circulated to Board members recently. As this was a new development to enhance communication, it would be useful to have some discussion about the effectiveness of this initiative, and any enhancements.

Mary Mc Colgan
Interim Chair

RQIA Board Meeting

Date of Meeting	14 September 2017
Title of Paper	Meetings attended by RQIA Non-Executives
Agenda Item	4
Reference	E/09/17
Author	Hayley Barrett
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board external engagements and key meetings attended by RQIA Non-Executives since the last Board meeting of RQIA.
Executive Summary	No meetings have been attended by members of RQIA Non-Executives since the last Board meeting.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE this report.
Next steps	Not applicable

No meetings have been attended by RQIA Non-Executives since the last Board meeting.

RQIA Board Meeting

Date of Meeting	14 September 2017
Title of Paper	RQIA Corporate Strategy 2017-21
Agenda Item	5
Reference	F/09/17
Author	Ronan Strain
Presented by	Director of Corporate Services
Purpose	To agree proposed amendments and approve the Corporate Strategy 2017-21.
Executive Summary	<p>During the ISO 9001:2015 gap analysis (6 July 2017), the external consultant identified the below gaps which are requirements of the ISO Standard.</p> <ul style="list-style-type: none"> • Quality Policy • Our internal & external interested parties • Risks & Opportunities • Ensuring our Effectiveness <p>The external consultant recommended that these gaps should be evident within the Corporate Strategy to ensure RQIA achieve ISO Certification. The Corporate Strategy 2017-21 has been amended to reflect the recommendations from the ISO Gap Analysis.</p>
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to APPROVE the amended Corporate Strategy 2017-21.
Next steps	Upload amended version on the RQIA Website and circulate to relevant stakeholders



The **Regulation** and
Quality Improvement
Authority



Corporate Strategy | 2017-21

Assurance, Challenge and Improvement in Health and Social Care

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Foreword Chair / Chief Executive

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

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

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

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

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

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

A handwritten signature in dark ink, appearing to read 'Alan Lennon'.

Dr Alan Lennon OBE
Chairman

A handwritten signature in dark ink, appearing to read 'Olive Macleod'.

Olive Macleod
Chief Executive

Who We Are

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

Our Purpose

We work to bring about measurable improvements in the safety and quality of health and social care services for the people of Northern Ireland **which is aligned to our quality policy.**

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

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

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

To ensure that people remain at the heart of our activities RQIA is committed to a human rights based approach to our work which includes the UN Convention on the Rights of Persons with Disabilities and the UN Convention on the

Our Internal and External Interested Parties

Internal	External
Our People (Staff)	Public and People using services, carers, relatives, advocacy groups and charities
Department of Health (Our Customer)	The Government and Ministers (Political Representatives)
Board Members	Health Committee
Audit Committee	HSC Board and PHA
Peer Reviewers	5 HSC Trusts
Lay Assessors	NI Ambulance Service
	BSO (Shared Services)
	Service Providers
	Arms Length Bodies
	Private & Voluntary Sector
	Commissioners
	Professional Regulatory Bodies
	The Media / Trade Unions

Who We Are

Our Risks and Opportunities which could Impact on our Strategic Direction

Risks	Opportunities
Our People (Staff)	Building Relationships with Department of Health
Support Systems	Regional Collaboration / Projects
Resources	Quality Improvement Initiatives
Workforce Review	Use of Information / Intelligence
Review of Legislation	Engagement with the Public and People using services, carers, relatives, advocacy groups and charities
Review of Fee's & Frequency	Health & Wellbeing Survey Northern Ireland
Mental Health Capacity Act	Use of Technology
Political Will	Media

How we ensure our Effectiveness

Internal	External
Robust Recruitment Process	Department of Health Bi-Monthly Meeting
Competencies Matrix	Twice Yearly Department of Health Permanent Secretary Meeting
Risk Registers / PESTLE Analysis	Department of Health Annual Meeting
Supervision / Mid Year and Annual Appraisal / Personal Development Plan	Service User / Client / Customer Feedback
Management Review Matrix (meetings)	Complaints Department

How do we assure quality standards and encourage improvement?

Inspections

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

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

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

Reviews

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

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

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

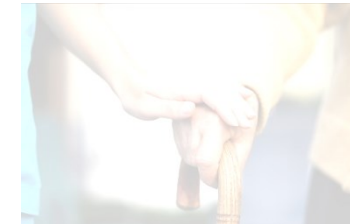
In addition, when required, we carry out reviews and investigations in response to specific issues of concern or failures in service provision.

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

Mental Health

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

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



RQIA's Strategy Map

The RQIA Strategy Map (Figure 1, Page 7) serves as a roadmap to illustrate the activities of the organisation for the period 2017-21.

It brings together the key elements of the strategy: our vision and purpose, the strategic themes which drive improvement, the core activities we need to excel at and the values we uphold to ensure our success.

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

- **Vision and Purpose** - answers the question why RQIA exists and what is our role
- **Strategic Themes** - which will govern the way we work and bring about change to the outcomes of the organisation
- **Core Activities** - which RQIA must effectively execute to deliver the strategic themes
- **Values** - a shared set of values which define our culture and capture what we do when we are at our best

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

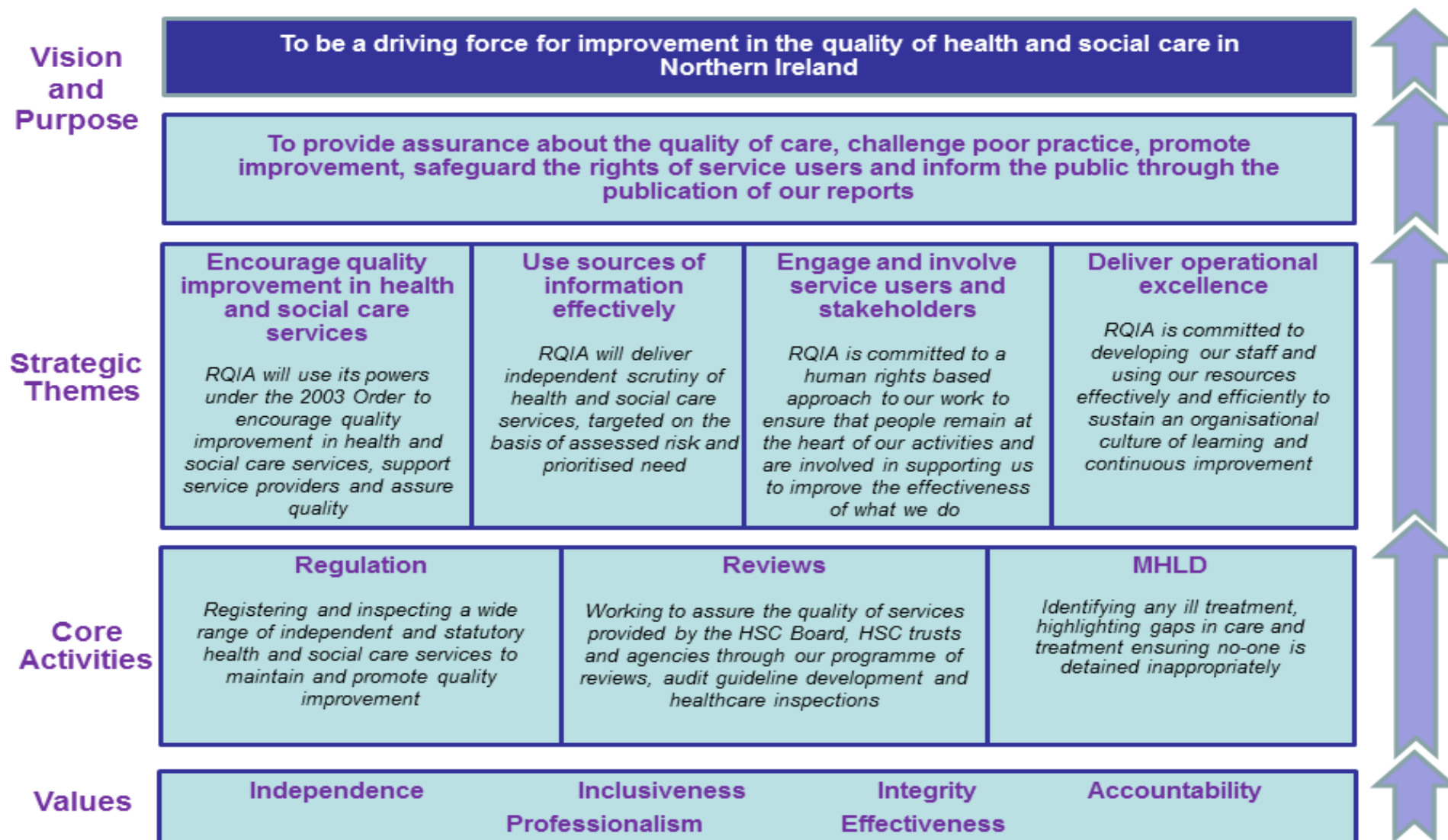
RQIA Values

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

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

RQIA Strategy Map 2017-21

Figure 1



Strategic Theme 1

Encourage quality improvement in health and social care services

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

Key Priorities

We will:

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

Strategic Theme 2

Use sources of information effectively

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

Key Priorities

We will:

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

Strategic Theme 3

Engage and involve service users and stakeholders

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

Key Priorities

We will:

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

Strategic Theme 4

Deliver operational excellence

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

Key Priorities

We will:

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

RQIA's Contribution to the NI Draft Programme for Government

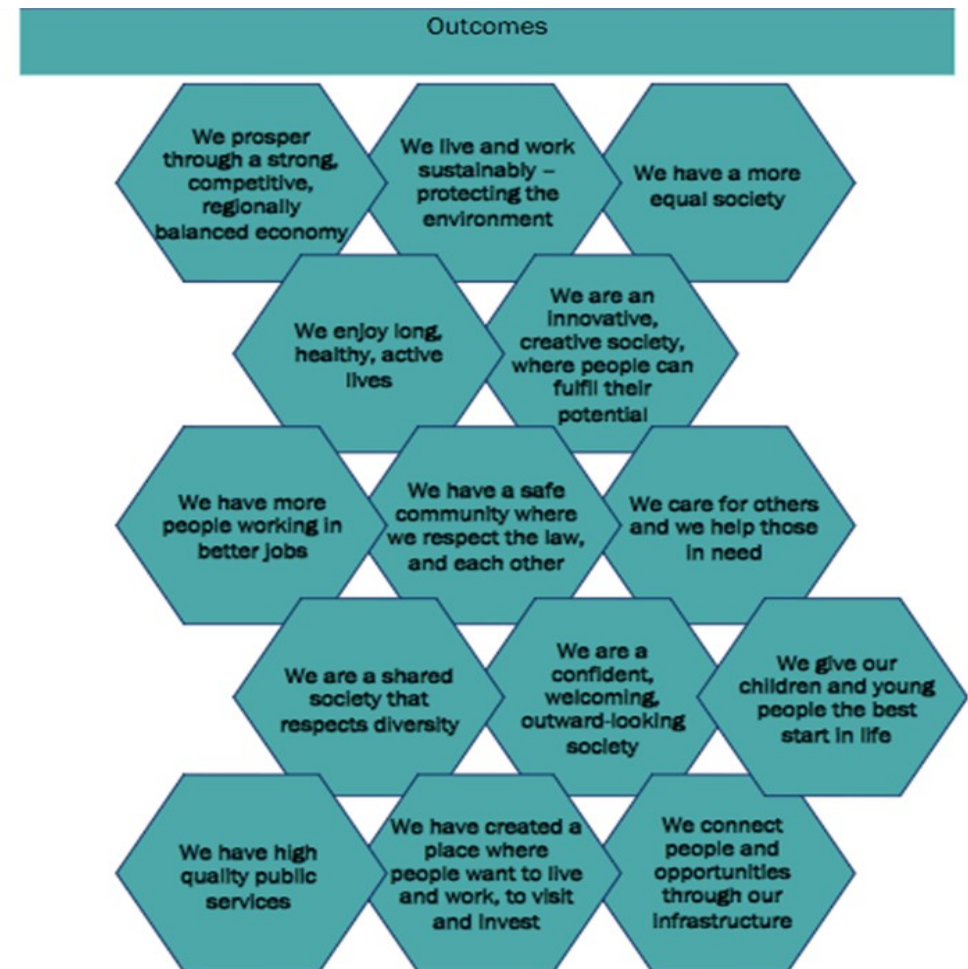
The Draft Programme for Government (PfG) Outcomes Framework (Figure 2) sets out the ambition the Northern Ireland Executive has for our society. It is a new approach which focuses on the major societal outcomes that the NI Executive wants to achieve and provides a basis for all sectors to contribute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

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

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

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

Figure 2 - Draft Programme for Government Outcomes Framework



Contributing to the NI Draft Programme for Government

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

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

Delivering the Strategy

The successful delivery of the strategy is dependent on:

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

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

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

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

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

Measuring What Matters

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



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RQIA Board Meeting

Date of Meeting	14 September 2017
Title of Paper	Q1 Corporate Performance Report 2017-18
Agenda Item	6
Reference	G/09/17
Author	Stuart Crawford / David Silcock
Presented by	Maurice Atkinson
Purpose	<p>The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan aligned to the four strategic themes in the Corporate Strategy 2017-21.</p> <p>The report presents a cumulative picture of corporate performance and summarises key achievements and issues.</p> <p>The format and layout of the Corporate Performance Report has been significantly revised.</p>
Executive Summary	At the end of Quarter 1 2017-18, 100% of the actions within the Corporate Performance Report were considered to be deliverable by the target date or by year-end.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/Resolution	It is recommended that the Board should APPROVE the Corporate Performance Report.
Next steps	The next updated Corporate Performance Report for Qtr 2 will be presented to the Board on 6 November 2017.

RQIA Corporate Performance Report

Quarter 1: April – June 2017



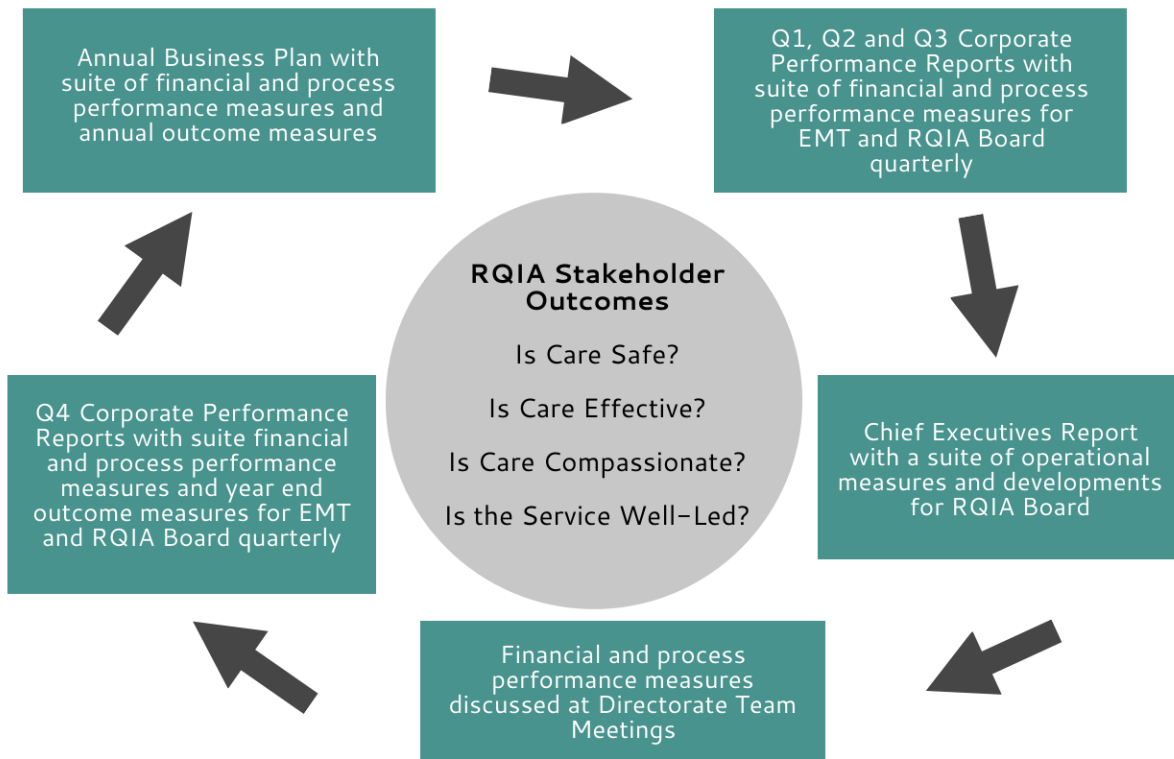
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RQIA Strategy Map 2017–21	28

INTRODUCTION

The purpose of the Corporate Performance Report is to provide evidence to the RQIA Board on how well RQIA is delivering the actions identified within the annual Business Plan, linked to its strategic themes and priorities as described in the Corporate Strategy 2017–21.

RQIA's Strategic Map as detailed in page 17 is a visual representation on one page creating an integrated and coherent picture of the organisation's forward strategy.



This cycle illustrates how we intend to manage and report the progress of the RQIA measures at Directorate, Executive Management Team (EMT) and Board level. The Q1 – Q3 Corporate Performance Reports will cover all the financial and process performance measures. In Q4 the Board will receive a comprehensive operational and strategic performance report which incorporates a suite of outcome measures which are incorporated in the RQIA Business Plan 2017–18. Additionally these measures will be progressed at monthly team meetings throughout the directorates and through the EMT.

TRAFFIC LIGHT SYSTEM

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



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



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



Action forecast to be completed by the completion date.



Action Completed

Exception Reporting

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

STRATEGIC THEME 1 – ENCOURAGE QUALITY IMPROVEMENT IN HEALTH AND SOCIAL CARE SERVICES

Action 1.1 – Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

Number of inspections completed versus planned



BRAG Rating



98% of planned Q1 inspection activity achieved in Quarter 1



In response to fire safety compliance in regulated services – we prepared guidance for providers to improve fire safety for all in receipt of HSC services.



RQIA supported regional surgical services for children to prioritise leadership, staffing and care delivery.



In MHLI facilities, RQIA found good practice; including quality improvement projects, use of co-production and compliance with PPI standards. However, gaps in governance arrangements, staffing and care delivery were noted during inspection.

STRATEGIC THEME 1 – ENCOURAGE QUALITY IMPROVEMENT IN HEALTH AND SOCIAL CARE SERVICES

Action 1.1 – Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

Guidelines and Audit

Fieldwork for the DoH commissioned regional audit of implementation of the Policy for the Identification and Labelling of Invasive Lines and Tubes took place during Q1.

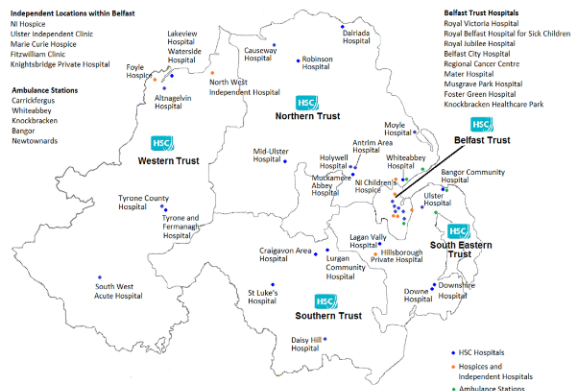
As part of the fieldwork, the RQIA audit team visited 332 wards and ambulance stations across Northern Ireland. Within the large acute hospitals a total of 166 wards were visited across the full range of specialties. Findings and report to be published during Q2.

Work on one planned guideline also commenced in quarter 1.

Review

During Quarter 1, RQIA published the Review of Northern Ireland's Plastic Surgery Service. The review made 10 recommendations to support improvement, which must be underpinned by clear policy direction and strong clinical leadership to take the service forward in the future.

The RQIA review made 10 recommendations focusing on five broad areas for improvement:



BRAG Rating

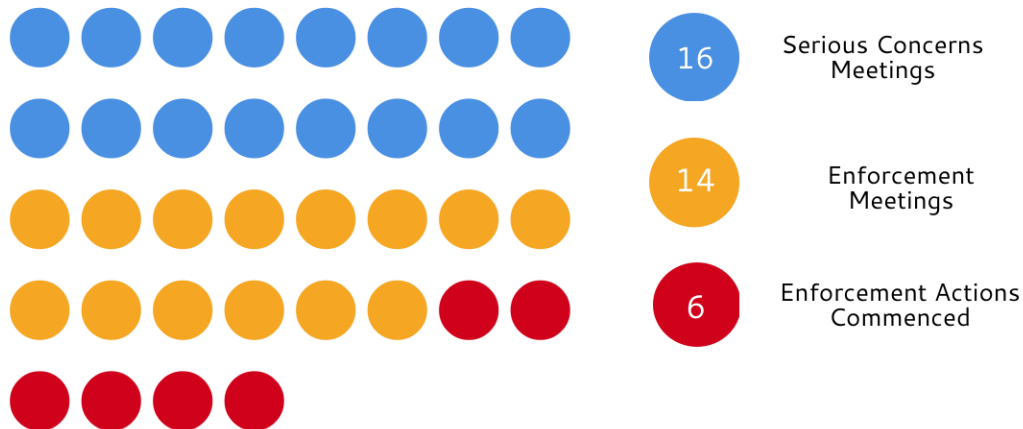
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Measures on target

STRATEGIC THEME 1 - ENCOURAGE QUALITY IMPROVEMENT IN HEALTH AND SOCIAL CARE SERVICES

Action 1.1 – Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

Enforcement Activity



BRAG Rating



Enforcement action ongoing

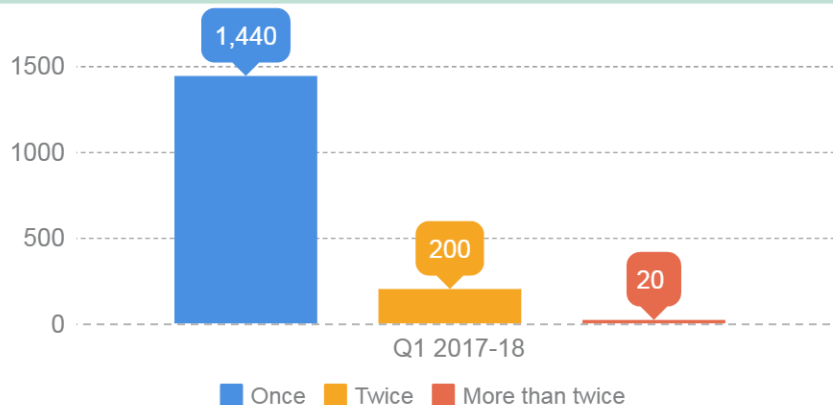
RQIA held serious concerns meetings with 16 providers where we considered a service at risk of formal / escalated enforcement action. In each case, RQIA sought assurances on planned actions to address the identified areas of concern, and no enforcement resulted.

Formal enforcement action was taken on six occasions. Issues included breaches in relation to: management and staffing issues; fire safety; resident's finance.

STRATEGIC THEME 1 - ENCOURAGE QUALITY IMPROVEMENT IN HEALTH AND SOCIAL CARE SERVICES

Action 1.1 – Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

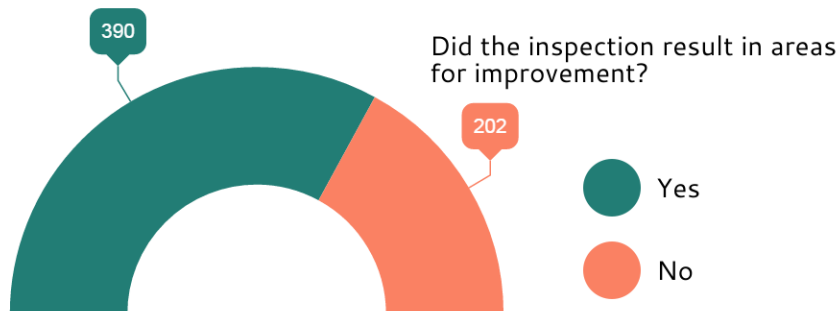
Number and percentage of areas for improvement stated once and restated on further occasions



BRAG Rating



Measure on target



STRATEGIC THEME 1 - ENCOURAGE QUALITY IMPROVEMENT IN HEALTH AND SOCIAL CARE SERVICES

Action 1.1 — Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

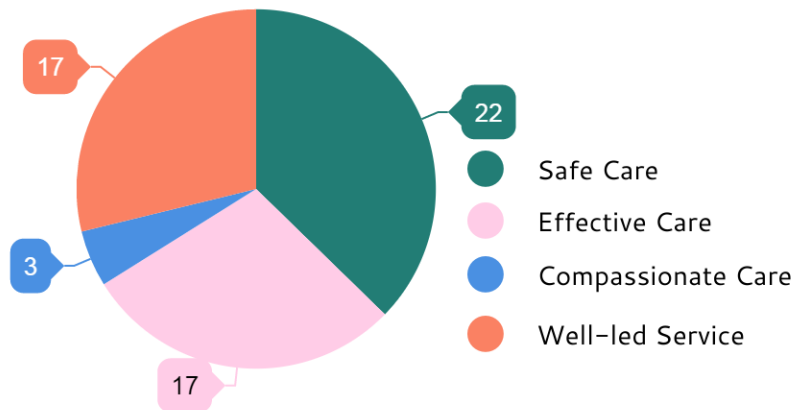
BRAG Rating



Measure on target

Number of areas for improvement identified within each of the domains of safe, effective, compassionate care and well led service

59 areas for improvement were raised by the MHLD team, with 37% against the 'Safe Care' domain



Under the 'Safe Care' Domain, inspectors identified a range of areas which required improvement including:

- Evidence of Policies and Procedures that are either not in place, out dated, or being incorrectly implemented by staff
- Risk assessments that are out of date and need to be reviewed
- Staff training that is out of date including life support, patient handling and infection control.

STRATEGIC THEME 1 – ENCOURAGE QUALITY IMPROVEMENT IN HEALTH AND SOCIAL CARE SERVICES

Action 1.2 –
Review and
evaluate the
evidence for an
inspection
assessment
framework in
facilitating
improvement

BRAG Rating



Measure on target

Submission of a proposal to the RQIA Board based on the findings of the review and agreement of a way forward for the inspection methodology

The Project Board met on 22 May 2017 and considered the results of the Scoping Exercise being undertaken by Queens University Belfast (QUB).

Results indicated that the effectiveness of specific rating scales for improving quality of care cannot be reliably assessed on the basis of existing evidence because their impact has not been systematically investigated. The scoping review also highlighted much variation in the characteristics of inspection systems, and a lack of clarity around the terminology used to describe the components of inspection frameworks.

The Project Board agreed that QUB should move ahead with a 'mapping exercise' to chart, categorise, and define the range of components used in inspection systems. This is now underway.

Following completion of the mapping exercise, a systematic review will appraise the effectiveness of inspection systems (and their various components) for improving quality of care outcomes in health and social care. This will provide best available evidence to support the design or improvement of healthcare inspection systems. QUB colleagues hope to be in a position to report back to Project Board at its meeting in September 2017.

STRATEGIC THEME 1 – ENCOURAGE QUALITY IMPROVEMENT IN HEALTH AND SOCIAL CARE SERVICES

Action 1.3 — Develop proposals for the Review Programme post 2018

Develop proposals for the Review Programme post-2018

Development of a shadow programme of reviews, audits and guidelines for the time period from September 2018–September 2019 has commenced. The following themes are being considered for inclusion:

- End of Life / Do Not Attempt Resuscitation (Adult and Children's Services) (DoH Commissioned)
- Deteriorating Patients (across services/settings) (DoH Commissioned)

It is expected that these themes will cut across various healthcare settings such as acute, regulated and mental health and learning disability services, and thus are likely to necessitate a combination of methodologies (to include inspection, audit and review).

BRAG Rating

G

Measure on target

STRATEGIC THEME 1 – ENCOURAGE QUALITY IMPROVEMENT IN HEALTH AND SOCIAL CARE SERVICES

Action 1.4 —
Develop a
template report to
enable the
publication of an
annual summary
of the quality of
services
inspected,
reviewed and
audited by RQIA
(the first report
will be produced
in relation to
2017–18)

Approval of a report template and methodology by the RQIA Board and the Department of Health

A meeting was held during Q1 between Chief Executive, Medical Director and communications team, to commence the design of a report template.

The approach and format employed by other regulators was sourced and reviewed.

The template and approach used for the 2017–18 Q1 Corporate Performance Report to underpin the annual quality summary.

The first annual quality summary to be produced in relation to 2017–18 (report expected Q1 2018–19).

BRAG Rating



Measure on target

STRATEGIC THEME 1 – ENCOURAGE QUALITY IMPROVEMENT IN HEALTH AND SOCIAL CARE SERVICES

Action 1.5 –
Provide
advice and
guidance to
service
providers on
quality
improvement
systems

Number of service providers who state that their quality improvement systems have been strengthened as a result of our interventions

Discussions held at Executive Management Team meetings during Q1, with outline methodology agreed.

Methodology likely to include:

- Follow-up with service providers 6 to 8 weeks following inspection
- Effect of RQIA interventions likely to be captured through a common impact question
- Specification of a common impact question to be worked up in Q2
- Common impact question likely to issue to service providers via iConnect

BRAG Rating



Measure on target

STRATEGIC THEME 1 - ENCOURAGE QUALITY IMPROVEMENT IN HEALTH AND SOCIAL CARE SERVICES

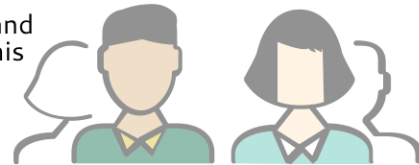
Action 1.6—
Participate as
an active
partner in the
design and
development
of an
Improvement
Institute /
System for
Northern
Ireland

Summary of RQIA's participation in the Improvement Institute for Northern Ireland and the deliverables from the work of the Institute

RQIA's Chief Executive participated in meetings of the Critical Friends Group, providing transitional governance to the work of the Improvement Institute/System.

RQIA's Medical Director participated in four meetings of the Design Collaborative progressing work of the Improvement Institute/System.

On 16 June 2017, RQIA representatives also participated and led discussions during a full day design workshop/event. This work continues to build the foundations for the quality improvement and innovation approach for health and social care in Northern Ireland.



A series of learning conversations with improvement experts in UK and Ireland, hosted by RQIA's Medical Director, are also planned. The key themes emerging from these conversations will inform work of the Improvement Institute/System and improvement work within RQIA.

BRAG Rating

G

Measure on target

STRATEGIC THEME 1 - ENCOURAGE QUALITY IMPROVEMENT IN HEALTH AND SOCIAL CARE SERVICES

Proposal to RQIA Board Produced

This proposal is to be addressed at an RQIA Board meeting during Q2 of 2017-18.



RQIA Acute Hospital Inspection
Programme – Phase 1 Summary Report



BRAG Rating

G

Measure on target

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

STRATEGIC THEME 2 - USE SOURCES OF INFORMATION EFFECTIVELY

Action 2.1 –
Develop and
implement a
prioritised Plan
aligned to the
Information
Scoping
Exercise
completed in
2016/17

BRAG Rating

G

3 actions implemented
in advance of the date
for final approval

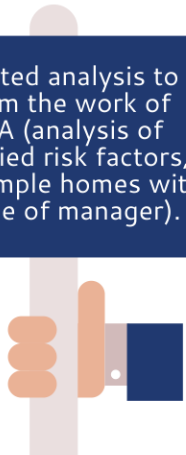
27 actions on target
for completion

Number of actions fully implemented in the Information Action Plan by target date


Arising from our review of Intelligence and information systems that there was clear potential to increase the use of clearly defined and targeted analysis to inform the work of the RQIA.

In response we have developed an Information Action Plan incorporating 30 actions.


In advance of final approval three actions have been successfully implemented:



Targeted analysis to
inform the work of
RQIA (analysis of
identified risk factors,
for example homes with
change of manager).



Project group re-
instated to increase
use of web portal.



A web portal task sheet
has been developed
with actions to increase
web portal usage
pending approval.

STRATEGIC THEME 2 - USE SOURCES OF INFORMATION EFFECTIVELY

Action 2.2—
Foster strategic
alliances with
other system
regulators and
improvement
bodies both
regionally and
nationally

BRAG Rating

G

Planned MoU and
collaboration activity
on target

Number of information sharing agreements and Memorandums of Understanding (MoUs) in place

MoU activity includes:

- Northern Ireland Public Services Ombudsman was signed off
- A review and revision of General Dental Council was initiated

Number of collaborations with system regulators and improvement bodies undertaken

In Quarter 1 RQIA was involved in the following events:

- * Quality Improvement Celebration event Belfast Trust;
- * Regional SAI learning event;
- * Regional review of children's secure facilities;
- * Southern Trust Adult Safeguarding adults workshop;
- * Royal College of Psychiatrists and NI Medical & Dental Training Agency;
- * HMIP and University of Bristol regarding the systems for recording ill treatment in Detention;
- * Hospital caterer's association conference presentation
- * Inspection assessment framework with QUB
- * DoH co-ordinated Daisy Hill summit
- * Elective Care Centres data and analysis task & finish group



STRATEGIC THEME 2 - USE SOURCES OF INFORMATION EFFECTIVELY

Action 2.3—
Review and
revise RQIA's
Inspection
Planning Tool
(IPT) in the
context of
changes in Fees
and Frequency
of Inspection
Regulations

BRAG Rating

G

Fees and Frequency
project has
commenced with all
milestones and
objectives on target

% of Inspection Planning Tool (IPT) project milestones achieved

- ✓ Fees and Frequency project has commenced.
- ✓ Project Initiation Documentation (PID) prepared and project team established.
- ✓ Meetings commenced and currently in line with milestones.

STRATEGIC THEME 2 - USE SOURCES OF INFORMATION EFFECTIVELY

Action 2.4—
Strengthen
arrangements to
capture the
voice of service
users and their
families/carers,
to include
stakeholder
reference group,
lay assessors
and through
engagement
during
inspections

BRAG Rating

G

Workstream initiated
to evaluate the
effectiveness of
engagement activities

Evaluation of the effectiveness of engagement activities to capture the voice of service users

A work stream has been initiated and have and continue to meet regularly.

The aim of the work stream was to ensure that the voice of the service user is heard, reported and acted upon.

A key objective was to streamline and standardise this process across the organisation.

A paper has been developed and awaits approval from the Executive Management Team.

STRATEGIC THEME 2 - USE SOURCES OF INFORMATION EFFECTIVELY

Action 2.5—
Commence
implementation of
a project to
develop and
implement an
integrated MHL
information
system to replace
the existing
legacy systems
following
approval of the
Outline Business
Case from DoH

% of milestones achieved on target from the Integrated MHL Information System project plan

DoH provided detailed comments on the new MHL Information System Outline Business Case (OBC), in May 2017.

A revised OBC and a response to DoH comments were prepared and submitted to DoH in June 2017.

DoH did not accept the capitalisation of recurring support and maintenance costs, these costs will have to be absorbed from within RQIA's revenue budget.

Further comments on the OBC were received from DoH in June 2017.

BRAG Rating

G

Business Case
progressed during Q1,
and on target with
plan.

STRATEGIC THEME 3 - ENGAGE AND INVOLVE SERVICE USERS AND STAKEHOLDERS

Communications and Engagement

During Q1 of 2017-18, the RQIA website received around 22,000 individual visits, a 10% increase from the same period of 2016-17.

The number of clicks required to find the relevant information on the website reflects the impact of the improved design and streamlining of the new RQIA website, and an improved user experience.

The @RQIANews Twitter account continued to attract new followers.



BRAG Rating

G

Increasing web traffic and social media engagement during Q1.

STRATEGIC THEME 3 - ENGAGE AND INVOLVE SERVICE USERS AND STAKEHOLDERS

Action 3.2—
Increase the
number of
stakeholders
and lay
assessors
actively
designing /
participating in
our programmes
of work

BRAG Rating

G

Lay assessor
involvement increased
considerably from
Quarter 1 of 2016–17.

Both measures on
target

Number of inspections completed with Lay Assessor Involvement



In Quarter 1 of 2016/17 – one inspection was conducted within the Healthcare Inspection Team which involved a team of lay assessors

In Quarter 1 of 2017/18 – Five within the Residential care homes team, one within the Nursing homes team, one in the MHL D team and one within the Healthcare Inspection Team.

The target for 2017/18 is 58 inspections and within Quarter 1 eight of these inspections have been carried out.

Number of opportunities for stakeholders to be engaged in the design of our work

Due to delivery of work undertaken by Innovation Lab on delivering together, collaboration with RQIA was deferred to later in the year. Other opportunities to collaborate will be considered by the Executive Management Team.

STRATEGIC THEME 3 – ENGAGE AND INVOLVE SERVICE USERS AND STAKEHOLDERS

Action 3.3—
Partner with the
Innovation Lab
(Department of
Finance) to
explore
opportunities to
work with our
stakeholders to
collaboratively
redesign our
activities

Number of prototypes designed and commenced

Planned meeting deferred. Meeting planned for August 2017 with anticipated workshop in October 2017.

Number of RQIA processes refreshed through collaboration with our stakeholders and facilitated by the Innovation Lab

Planned meeting deferred. Meeting planned for August with anticipated workshop in October 2017.

BRAG Rating

G

Measures on target

STRATEGIC THEME 3 – ENGAGE AND INVOLVE SERVICE USERS AND STAKEHOLDERS

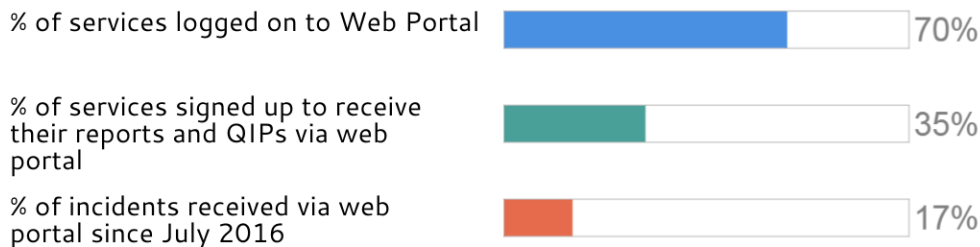
Action 3.4—
Examine and
explore
opportunities to
use technology
to facilitate
feedback from
service providers,
service users and
their families /
carers e.g. pilot
the use of e-
questionnaires

BRAG Rating

G

Web portal usage
continues to increase
in Quarter 1 and
workstream
commenced to
evaluate the use of E-
questionnaires

% increase in the use of the web portal by service providers



Evaluation of the impact of the increased use of E-questionnaires

A work stream has been initiated to consider the usefulness of e-questionnaires and have concluded that this would be a much more effective manner to collect information from service users, relatives and staff.

A University of Ulster student, through his I.T degree, successfully demonstrated that the use of an application on a smart phone or device is achievable. The work stream recommended that consideration should be given, by EMT, to the purchasing of smart phones or devices to undertake this work effectively.

A hard copy standardised questionnaire has been developed for approval by EMT.

STRATEGIC THEME 4 - DELIVER OPERATIONAL EXCELLENCE

Action 4.1—
Implement
the
Workforce
Plan aligned
to the
Workforce
Review
carried out in
2016–17

% of actions in the Workforce Plan implemented on target

The workforce Review was completed in April 2017 with preliminary findings shared with EMT, and will be presented to the Board in July 2017.

A workshop with Executive and Senior Managers was convened to consider the report and findings were accepted.



BRAG Rating

G

Measure on target

STRATEGIC THEME 4 - DELIVER OPERATIONAL EXCELLENCE

Action 4.2—
Develop and
implement an
Organisational
Development
(OD) Plan
aligned to the
Investors in
People (IiP)
assessment

IiP staff survey results

The IiP site visit took place on 20, 21 and 22 June 2017

22 staff were interviewed

The IiP online staff survey was circulated and completed in May 2017. 75% of staff responded, when a 50% response rate was required.

Level of IiP accreditation achieved

Confirmation of the level of IiP accreditation achieved will be received in July 2017 containing recommendations and the results of the IiP the staff survey results.

% of actions in the Organisational Development Plan implemented on target

An Organisational Development Plan will be developed following receipt of the IiP report.

BRAG Rating



On target – the result
of the IiP assessment
is due in Quarter 2

STRATEGIC THEME 4 - DELIVER OPERATIONAL EXCELLENCE

Action 4.3—
Implement a
project to
prepare for
ISO
9001:2015
assessment
and achieve
accreditation

% of milestones achieved on target from the ISO9001:2015 Project Plan

The ISO9001:2015 Project Board continues to meet regularly to maintain pace in this project.

A two day gap analysis will commence on 3 July 2017. ISO 9001:2015 Internal Auditor Training is arranged for 3 August 2017.

Following training the ISO project team will begin internal audits across each directorate as per programme.

Achieved ISO9001:2015 accreditation

On target for achievement by year end.

BRAG Rating



On target to achieve
ISO9001:2015
accreditation by year
end

STRATEGIC THEME 4 - DELIVER OPERATIONAL EXCELLENCE

Action 4.4—
Achieve
financial
balance and
implement
zero based
budgeting

Savings Plan developed and approved by the RQIA Board and DoH

RQIA awaits confirmed of the indicative allocation for 2017–18.

RQIA has prepared a draft financial scenario plan to deliver a 2/5/10/15% reduction to our budget. These proposals have been prioritised on the basis of those that minimise the impact on service delivery and are practically capable of being delivered in 2017–18.

Projected and actual end-of-year financial position / Break-even

A zero-based approach to building a budget for 2017–18 has been adopted which aligns to RQIA's financial allocation and income.

It takes into account the need to achieve RQIA's savings target and absorb cost pressures in order to break-even at year-end.

BRAG Rating

G

Saving plan has been developed and a zero based approach to building the 2017/18 budgets has been adopted



RQIA Strategy Map 2017-21

Vision
and
Purpose

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

To provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports

Strategic
Themes

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

Core
Activities

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

Values

Independence Accountability	Inclusiveness Professionalism	Integrity Effectiveness
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RQIA Board Meeting

Date of Meeting	14 September
Title of Paper	RQIA Coroners Court Action Plan
Agenda Item	7
Reference	H/09/17
Author	Director of Regulation & Nursing
Presented by	Director of Regulation & Nursing
Purpose	To inform the Board of actions taken to identify and act upon learning arising from a Coroner Inquiry
Executive Summary	<p>This action plan was developed to respond to recommendations as reported in the findings of the Coroner into the death of a resident in Owenvale Court Care Home in 2012.</p> <p>The plan details improvements made since 2012 as well as a series of actions to address concerns raised by the Coroner.</p> <p>To date 10 out 19 actions have been completed 53%</p>
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to NOTE the action plan
Next steps	The action plan will be progressed through to completion and a further update will be provided in Quarter 4

	Recommendations as reported in Coroner's Findings	Comments/Learning	Action	Time Scale	Action owned by	Current Status
Registered Manger	1.1 It was found that the RQIA missed an opportunity as regards the effective regulation of this Home when it failed to check that the manager had written to Trusts to advise that Owenvale registration did not include the Dementia category, with the exception of four named residents. This directive was not carried out by the manager.	RQIA should obtain evidence from provider that they have complied with a direction from the regulator.	Case Study for Lunchtime Learning Sessions.	October 2017	Dir R&N	At planning stage.
	1.2 It was found that the RQIA allowed too much time for the applicant manager to enrol on his 'back to nursing' course and that this was not adequately followed up by the RQIA.	RQIA must be assured of the day to day management arrangements in place for registered establishments and agencies.	Guidance for providers on the criteria for registration of managers to be revised and updated.	July 2017	Dir R&N	Review completed Document with legal team for review and opinion.
Communication	2.1 It was found that whilst RQIA escalated concerns it had identified to the Trust, RQIA did not inform residents' families and again this represented a missed opportunity for the family of the deceased to make an informed decision about the suitability of Owenvale Court to meet the deceased's care needs. <i>(This was in respect of category of care relating to the meeting of the needs of residents with dementia.)</i>	Whilst it is not the role of RQIA to communicate directly with families, we understand the need for transparency and visibility of our enforcement action. There is a need to engage with commissioning teams across each HSC Trust to promote RQIA role and function.	A series of meeting with HSc Trust commission leads will be established to share learning and We will review the letters written to HSC Trusts and care home providers to clarify the different categories of care and reissue.	BHSCT 23 August 2017 SHSCT 31 August 2017 NHSCT 6 October 2017 WHSCT TBA SEHSCT TBA	Dir R&N	40% completed
	2.2 It was found that proper engagement between regulators, residents and or family members is an important part of regulation and that it was clearly lacking at the time in this case.	This recommendation refers to the responsibility placed on the provider and commissioner to engage with service users on issues of concern.	We will arrange a workshop for placing authorities (HSC Trusts) and RQIA to cover the dual themes of 'Understanding Regulation' and 'Best Practice in Dementia Care.' We will establish regular Liaison meetings with HSC Trusts.	September 2017 RQIA provider events in 2018	Dir R&N	In initial discussion with HSCB was positive. Dementia leaflets distributed to all care home on inspection.

	Recommendations as reported in Coroner's Findings	Comments/Learning	Action	Time Scale	Action owned by	Current Status
	2.3 It was found that evidence suggests that the RQIA inspections are not sufficiently accessible to everyone who might be interested in accessing them and that an updated website did not suffice.	<p>The findings evidenced that:</p> <ul style="list-style-type: none"> • RQIA inspection reports are not readily accessible to service users • RQIA enforcement action is not readily accessible to service users • HSC Trusts are not fully aware of the accessibility of RQIA inspection reports 	<p>We will provide a list of recently published Inspection Reports on our website on a fortnightly basis to HSC Trusts</p> <p>We will enhance our use of social media to notify of the publication of reports and enforcement action</p> <p>We will write to Chief Executives of HSC Trusts to inform them of the accessibility of Inspection Reports.</p>	<p>May 2017</p> <p>July 17</p> <p>July 2017</p>	Communications manager	<p>See response to 2.1 Completed</p> <p>Completed</p> <p>Completed</p>
	2.4 It was found that both the Trust and RQIA should have reported the fatality to Belfast City Council.	<p>Local Authorities hold responsibility for ensuring that the Health and Safety at Work (Northern Ireland) Order 1978 is met.</p> <p>Notification of deaths is reported by the registered provider. In the absence of such notification RQIA should follow up as appropriate.</p>	Notification Form 1(A) under 'Any other organisation and/or individuals to be informed' – an additional line to be inserted to indicate if Local Authority has been notified.	August 2017	Dir R&N	At planning stage
	2.5 It was found that the statutory notification forms being sent to RQIA in batches outside the required 72 hours frame was unsatisfactory.	<p>There is a statutory obligation on the provider to submit all statutory notifications within a 72 hour time frame. This was not achieved with St John of God Association.</p> <p>Each inspector should assess the level of notification and be assured that the volume is within expected 'norms' for service type and size</p>	<p>Rollout of RQIA electronic system for submission of notifications to be fully implemented by 1 October 2017</p> <p>Create a report to be audited on a regular basis to reflect numbers of notifications received in respect of registered establishments, providing early identification of under reporting.</p>	<p>October 2017</p> <p>September 2017</p>	Dir R&N	<p>On track</p> <p>On track</p>

	Recommendations as reported in Coroner's Findings	Comments/Learning	Action	Time Scale	Action owned by	Current Status
Smoking in Care Homes	3.1 It was found that insufficient action was taken on the part of the Trust and the RQIA in response to an email from the home manager seeking guidance on how to enforce a smoking policy with residents who had dementia. This 'red flag' should have been more thoroughly dealt with than by way of email advice.	<ul style="list-style-type: none"> On inspection RQIA should observe the signs of breaches in smoking policy. Inspectors should review notification with a specific focus on fire safety/smoking incidents. Clarity on the role of RQIA 	Review of Guidance for Residential Care Homes and Nursing Homes in respect of smoking.	July 2017	Dir R & N	<p>Completed</p> <p>Revised guidance on website</p> <p>Letter issued to all registered providers</p>
	<p>3.2 It was found that the responses from the stakeholders was inadequate around the issue of smoking in bedrooms in the Care Home.</p> <p>3.3 It was found that the RQIA did not adequately consider smoking as a fire risk.</p>	<p>In March 2013 RQIA facilitated a seminar for providers of registered care homes and day care services on fire safety with speakers brought over from Scotland to share their experience of the fatal fire at Rosepark Care Home in Scotland in 2011.</p> <p>The Rosepark accident report states that “– it is now fully appreciated that the provision of a suitable and sufficient risk assessment is for the duty holder and cannot be delegated. It is also appreciated that the obligation to take action based on the risk assessment is also for the duty holder” The Rosepark inquiry had raised questions around the competency of the fire risk assessor and cited this as a major contributory cause of the fatalities.</p> <p>As a result, the majority of care home providers in NI now employ fire risk assessors who have been tested and certified as competent to undertake fire risk assessments. This provides an enhanced level of assurance around the suitability of fire risk assessments in homes. The accountability for taking forward any actions arising as a result of the assessment rests with the provider.</p>	<p>In 2013 and then again in 2015, RQIA issued letters to managers and proprietors of residential care and nursing homes regarding the competence of fire risk assessors.</p> <p>RQIA recommended that all fire risk assessors carrying out or reviewing fire risk assessments in residential care and nursing homes hold either a third party of professional body certification. As a result assessors carrying out or reviewing fire risk assessments in residential care and nursing homes hold either a third party of professional body certification.</p> <p>In July 2013 guidance on service users smoking in residential care and nursing homes was developed and issued to all care homes and placed on our website and from September 2013 the relevant regulations, standards and guidance relating to fire safety located in central place on RQIA website www.rqia.org.uk</p> <p>Issue letter to all providers to raise awareness of fire safety</p>	<p>July 2017</p> <p>August/Sept 2017</p> <p>September 2017</p>	Dir R&N	<p>Completed</p> <p>Rosepark video accessible form RQIA website.</p> <p>1,159 views from 4 May 2017 to 31 August 2017</p>

	Recommendations as reported in Coroner's Findings	Comments/Learning	Action	Time Scale	Action owned by	Current Status
	3.4 Coroner found communication between RQIA and NIFRS could be improved	Whilst we have good working relationships with NIFRS and we have initiated a Memorandum of Understanding.	We will engage with NIFRS to discuss the current fire risk assessment and the process for sharing of intelligence and information.	May 2017	Dir R&N	In progress
Compliance	4.1 It was found that the adequacy of the staffing levels could not and should not have been determined whilst only 24 of the 47 residents had been assessed at that time leaving 23 residents still to be assessed.	Whilst the evidence available on the day and the plans in place to complete the care management reviews were deemed to be sufficient to assure compliance, the process of resident's assessments had not been completed.	Case study for Inspector training	October 2017	Dir R&N	In progress
Enforcement	5.1 It was found that the RQIA did not adequately consider all the evidence that it had with a view to applying to a court for an urgent closure order for Owenvale Court. In not considering application for an urgent court order, it was found on the balance of probabilities that the RQIA had missed an opportunity and that a stepped approach to enforcement was inadequate	There is some evidence that an urgent closure order was considered, however it was determined at that time to issue a Notice of Proposal to cancel registration. RQIA had commenced a process to deregister the St John Of God Association on 16 April 2012 with the issuing of a notice of proposal to cancel the registration; following on from this a notice to cancel the registration was issued on 14 May 2012.	All enforcement decision making meetings are recorded.	August 2017	Dir R&N	Completed EDM process now detailed within revised enforcement procedure
	5.2 It was found that the stepped approach to enforcement that was being followed by the RQIA was inadequate particularly given the significant concerns that the RQIA itself was raising.	In cases where this is a planned process of enforcement that may be protracted, RQIA should review at frequent intervals the potential to escalate enforcement action in response to assessment of risk.	Review of enforcement procedure to include the requirement for ongoing review of risk	May 2017	Dir R&N	Completed EDM process now detailed within revised enforcement procedure

	Recommendations as reported in Coroner's Findings	Comments/Learning	Action	Time Scale	Action owned by	Current Status
Inspection Frequency	6.1 It was found that the RQIA should have been scrutinising Owenvale Court more thoroughly and that there should have been more inspections to this Home.	<p>From 7th January 2011 until 1st February 2012 (a period of 13 months, there had been 20 inspections carried out in Owenvale Court.</p> <ul style="list-style-type: none"> • 8 medicines management inspections • 8 care inspections • 2 estates inspections • 2 joint care/estates inspections 	<p>From April 2016 we have assessed compliance against four domains of 'safe', 'effective' and 'compassionate' care with a 'well led' service.</p> <p>This allows us to consider a broad range of issues including a focus on the review of leadership, management and governance.</p> <p>Provider guidance has been developed to set out a series of indicators and examples of the evidence required to demonstrate compliance.at inspection.</p>	April 2016 onward	Dir R&N	Completed

RQIA Board Meeting

Date of Meeting	14 September 2017
Title of Paper	Overview of RQIA Reviews and Audit Programme 2017-2019
Agenda Item	8
Reference	I/09/17
Author	Dr Lourda Geoghegan
Presented by	Medical Director and QI Lead
Purpose	The purpose is to update Board members on the current and planned work within the Reviews and Audit Programme 2017-2019
Executive Summary	<p>This paper includes a summary of –</p> <ul style="list-style-type: none"> • Reviews, audits and guidelines work undertaken during the last financial year (2016/17); • Reviews, audits and guidelines work currently in progress (2017/18); • Summary of previously produced local guidelines which will now be assessed regarding potential need to refresh/update content; • Early planning in relation to Reviews and Audit Programme for 2018/19.
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/Resolution	Board members are asked to NOTE the content of this paper.
Next steps	Continued delivery of Reviews and Audit Programme 2017-2019

RQIA Overview of Reviews and Audits 2017-2019

This paper describes current and planned work within the RQIA Reviews and Audits Programmes, to comprise:

- Reviews and audits commenced in 2016/2017
- Guidelines (local) commenced in 2016/2017
- Programme from June 2017 to September 2018 (includes reviews, audits and DoH commissioned projects)
- Programme from September 2018 to September 2019 (includes reviews, audits and DoH commissioned projects)

1.0 Reviews, Audits and Guidelines: 2016/2017

The following provides a synopsis of reviews, audits and guidelines completing.

1.1 Reviews

The following reviews, which commenced in 2016/2017 (year two of current RQIA Review Programme 2015-2018), are completing and at reporting stage:

REVIEW	STATUS	TIMESCALE
Review of the Regional Plastic Surgery Service in Northern Ireland (DoH Commissioned)	Published	Friday 30 June 2017
Review of the Implementation of the Dental Hospital Inquiry Action Plan (July 2013): Phase 2 (DoH Commissioned)	Published	Tuesday 4 July 2017
Review of General Paediatric Surgery in Northern Ireland (RQIA Initiated)	Concluding factual accuracy checking	Submission to DoH planned for late August / early September 2017
Review of the Implementation of The Developing Better Eyecare Partnerships Strategy (RQIA Initiated)	Commencing factual accuracy checking	Submission to DoH planned for September 2017
Review of Specialist Renal Services in HSC Trusts (DoH Commissioned)	Drafting at RQIA	In contingency - final arrangements to be agreed
Review of Crisis Resolution and Home Treatment Services for Mental Health and Learning Disability across Northern Ireland	Concluding factual accuracy checking	Submission to DoH planned for late August /

REVIEW	STATUS	TIMESCALE
(RQIA Initiated)		early September 2017
Review of the Use of Restraint and Seclusion (DoH Commissioned)	Drafting at RQIA	Submission to DoH planned for late September/early October 2017
Review of Governance Arrangements for Child Protection in the HSC in Northern Ireland: Phase I (RQIA Initiated)	Review was paused due to unforeseen circumstances. Re-commenced 19 June 2017 Drafting at RQIA	Submission to DoH planned for late September/early October 2017

1.2 Audits and Guidelines

The following audits and/or guidelines, which commenced in 2016/2017 are completing and at reporting stage:

AUDIT	STATUS	TIMESCALE
Regional Audit of Medicines Reconciliation Immediate Discharge Document	Published	June 2017
Northern Ireland COPD Audit: A regional audit of chronic obstructive pulmonary disease (COPD) care	To be published on RQIA website	End of August 2017
Northern Ireland paediatric asthma audit	To be published on RQIA website	End of August 2017
Where are the red cells being transfused in Northern Ireland?	To be published on RQIA website	End of August 2017
STICKS –Phase 1 - Safe Transitions in Care Checklists: A ward-round weekend handover project in surgical units	To be published on RQIA website	End of August 2017
Reducing hospital admissions of people with dementia in nursing homes: The role of anticipatory care planning: Phase 1	Report drafted Consultation and quality assurance completing	End of September 2017
Clinical case note audit of late term stillbirths (≥ 37 weeks) in 2016	Fieldwork extended. Runs over 2 years. Analysis and report writing to commence in October 2017	End of December 2017
Regional audit of diagnosis and treatment of lung cancer patients diagnosed Jan-April	Reporting – launch date was delayed due	End of September

AUDIT	STATUS	TIMESCALE
2011 in Northern Ireland	to Purdah	2017
*Audit of quality and outcomes of key performances in Regional Forensic Service – commissioned 2015/2016	Quality assurance completing	End of September 2017
*Regional audit of cytomegalovirus colitis (CMV) – commissioned 2015/2016	Analysis underway	End of December 2017
*Regional audit of vision services and visual findings in Special Education Schools – commissioned 2015/2016	Analysis underway	End of December 2017
*Regional audit of tension free vaginal tape (TVT) – commissioned 2015/2016	Reporting	End of September 2017

GUIDELINE	STATUS	TIMESCALE
Guidelines for the assessment and care provision of patients with metastatic spinal cord compression (MSCC) by Occupational Therapists and Physiotherapists in the Community Setting	Published	May 2017
Ward round structure and documentation: Developing guidance for local units	Quality assurance underway	End of September 2017
The management of adult convulsive status epilepticus	Direction change to educational guideline. Documents under consideration	End of September 2017
eLearning programme to support guideline: Caring for people with learning disabilities in a general hospital setting	Quality assurance	Launch in conjunction with revised Guideline October 2017

The programme also includes DoH commissioned region-wide audits and projects relating to specific areas and/or practices. During 2016/2017, these audits and projects included:

DoH Commissioned Audit / Project	STATUS	TIMESCALE
Learning from Serious Adverse Incidents (SAIs) arising from suicide, homicide and serious self-harm	Report submitted to DoH on 13 April 2017	Discussion ongoing
Northern Ireland suicide data cleansing for the National Confidential Inquiry into	Transfer of Inquiry data collection will	If approval is secured,

DoH Commissioned Audit / Project	STATUS	TIMESCALE
Suicide and Homicide (NCISH) by people with mental illness	commence following approval from Ethics Committee (Manchester)	transfer will complete during September 2017
Identifying Learning from Serious Adverse Incidents (SAIs) across Northern Ireland	First phase of project being reassessed	Ongoing

2.0 Reviews, Audits and Guidelines: June 2017-September 2018 Programme

2.1 Reviews

Following discussion with service and policy leads at DoH, it has been agreed to develop RQIA's programme of reviews from June 2017 to September 2018 (16 months), with background development of a shadow programme for the subsequent year (September 2018-September 2019).

The following reviews will be included in the June 2017-September 2018 programme:

REVIEW	STATUS	TIMESCALE
Review of the Out-of-Hours General Practitioner (GP) Service (RQIA Initiated)	Planning	July 2017-March 2018
Review of the NI Single Assessment Tool (NISAT): Stage III (DoH Commissioned)	Planning	July 2017-March 2018
Review of Service Frameworks (DoH Commissioned)	Initiating	August 2017-August 2018
Review of Learning Disability: Community Services: Phase II (Children) (RQIA Initiated)	Scoping	November 2017-September 2018
Review of Governance Arrangements for Child Protection in the HSC in Northern Ireland: Phase II: Interagency Working (RQIA Initiated)	Scoping following publication of Phase I	November 2017 – September 2018
Review of implementation of NICE Clinical Guideline 174 (NG174) – Intravenous Fluid Therapy in Adults in Hospital	Scoping	To be confirmed

Those following reviews, originally listed in the 2015-2018 programme, will not now be undertaken during the June 2017-September 2018 review programme:

- Review of Safeguarding for Adults at Risk in their Own Homes (RQIA Initiated)
- Review of the Complaints Procedure within Health and Social Care (RQIA Initiated)
- Review of the Regional eHealth and Care Strategy (RQIA Initiated)
- Review of Suicide Prevention Services (RQIA Initiated)

- Review of Bereavement Care (RQIA Initiated)
- Review of Services for People with Parkinson's Disease (RQIA Initiated)

These reviews are not included as:

- they are unlikely to provide additional learning beyond what is currently known/being addressed at this time, or
- the strategies upon which the individual review was being considered are not yet fully implemented or embedded across health and social care.

These reviews may be considered for inclusion in future programmes (from September 2018 onward).

The Review of Autism / Asperger's Services for Young People (RQIA Initiated) remains under discussion.

2.2 Audits and Guidelines

The RQIA Clinical Audit Team (formerly the GAIN team) continue to support clinical audits progressed by colleagues across HSC settings. Commitments to support some HSC audits during 2017/2018, based on submissions assessed in late 2016 will be fulfilled.

In relation to audits to be funded by RQIA and progressed by colleagues from across the HSC, three have commenced and there are a potential of three to commence in July 2017, as follows:

AUDIT	STATUS	TIMESCALE
How current practice of Prostate Specific Antigen (PSA) testing fits with local and national guidelines	Commenced April 2017	March 2018
STICKS Phase 2: Safe transitions in care checklists: A ward round weekend handover project in surgical units	Commenced June 2017	March 2018
Reducing hospital admissions of people with dementia in nursing homes: Phase 2	Commenced June 2017	March 2018
Regional podiatry of the multidisciplinary management of rheumatological foot health problems in adults and children	Commenced July 2017	March 2018
Regional audit of Intravenous Thrombolysis Treatment for Acute Ischaemic Stroke (ISP) in Northern Ireland	Commenced July 2017	March 2018
A regional retrospective audit of compliance with Urinary Tract Infection (UTI) regional guidelines in secondary care	Commenced July 2017	March 2018

Guideline development to be funded by RQIA and progressed by colleagues across the HSC includes one guideline which commenced in April 2017, as follows:

GUIDELINE	STATUS	TIMESCALE
Planning birth at home in Northern Ireland	Commenced April 2017	September 2018

RQIA has now initiated a process to assess all GAIN Guidelines previously published. Guidelines which have been superseded by NICE will be withdrawn. RQIA will consult with previous project guideline development groups (where feasible) and professional groups across the HSC. It is anticipated that there will be 10 remaining:

GUIDELINE	STATUS	TIMESCALE
Caring for people with a learning disability in general hospital setting: Review of 2010 guideline	Currently out for consultation	To be launched in conjunction with eLearning Tool in October 2017
Guidelines on the Use of the Mental Health (Northern Ireland) Order 1986 – 2011	Review commenced	March 2018
Regional discharge and patient transfer protocol for patients with Clostridium difficile infection 2009		March 2018
Guidelines on the Use of the Laboratory 2009		March 2018
Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing /Residential Homes and Day Care Facilities 2010		March 2018
Guidelines and Clinical Standards of Care of People with Diabetes in Nursing Homes 2010		March 2018
Guidelines in the Treatment, Management and Prevention of Mastitis 2009		March 2018
Regional Guidelines for the Supply of “Take-Home Medication” from Northern Ireland Emergency Departments 2014		March 2018
Guidelines on Regional Immediate Discharge Documentation for Patients being Discharged from Secondary into Primary Care 2011		March 2018
Guidelines for Insertion and Maintenance of Central Venous Access Devices in		March 2018

GUIDELINE	STATUS	TIMESCALE
Children and Young People 2012		
The following DoH commissioned audits are included in the June 2017-September 2018 programme:		
DoH Commissioned Audit / Project	STATUS	TIMESCALE
Audit of the implementation of a regional 'Policy for the identification and labelling of invasive lines and tubes'	Preliminary findings and data tables for individual trusts have been shared with the DoH on 30 June 2017	Final regional report to be submitted to DoH by 25 August 2017
Audit / Review of implementation of NICE Clinical Guideline 29 (NG29) - Intravenous fluid therapy in children and young people in hospital		To commence September 2017

3.0 Next Reviews, Audits and Guidelines Programme (September 2018-September 2019)

Development of a shadow programme of reviews, audits and guidelines for the time period from September 2018-September 2019 will also now commence. The following themes are being considered for inclusion:

- End of Life / Do Not Attempt Resuscitation (Adult and Children's Services) (DoH Commissioned)
- Deteriorating Patients (across services/settings) (DoH Commissioned)

It is expected that these themes will cut across various healthcare settings such as acute, regulated and mental health and learning disability services, and thus are likely to necessitate a combination of methodologies (to include inspection, audit and review).

4.0 Oversight Arrangements

The review programme is managed by RQIA's Review Programme Steering Group and the benefits from each review are realised to ensure the outcomes are delivered in line with RQIA's Corporate Strategy.

Each review is undertaken by a team of independent assessors (supported by a core team from RQIA) who are either experienced practitioners or experts by experience, as well as lay reviewers who have experience and/or interest in the particular service or area.

All oversight of, and governance relating to, audits and guideline development work will be managed through existing RQIA organisational structures and systems.

APPENDIX A: RQIA PROGRAMMES OF REVIEW, AUDIT, GUIDELINES AND DoH COMMISSIONED PROJECTS: HIGH LEVEL GANTT CHART

YEAR		2017/2018				2018/2019					
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
ORIGIN	ACTIVITY	Apr/May/Jun	Jul/Aug/Sep	Oct/Nov/Dec	Jan/Feb/Mar	Apr/May/Jun	Jul/Aug/Sep	Oct/Nov/Dec	Jan/Feb/Mar	Apr/May/Jun	Jul/Aug/Sep
Review Programme: April 2016-March 2017											
DoH /	Reviews from 2016/2017 Completing										
Review Programme: June 2017-September 2018											
RQIA	GP Out of Hours										
DoH	NISAT: Stage III										
DoH	Service Frameworks										
RQIA	Learning Disability: Community Services: Phase II (Children)										
RQIA	Child Protection: Phase II										
DoH	Intravenous Fluid Therapy in Adults in Hospital(NICE Guideline 174)			Timescales to be confirmed							
Review Programme: September 2018-September 2019											
DoH	End of Life / DNAR (Adult and Children's Services)										
DoH	Deteriorating Patients (across services/settings)										
Audit/Guidelines: April 2016-March 2017											
HSC	Audits / Guidelines from 2016/2017 Completing										
Audit/Guidelines: June 2017-September 2018											
HSC	AUDITS: Support to various audits across the HSC: 3 commenced/ 3 commencing										
HSC	GUIDELINES: 1 commenced										
RQIA	GUIDELINES Review of 10 guidelines										
DoH	AUDIT: Implementation of a regional 'Policy for the identification and labelling of invasive lines and tubes'										
DoH	AUDIT: IV Fluids Management in Children, including Neonates (NICE Guideline 29: Intravenous fluid therapy in children and young people			Timescales to be confirmed							
DoH Projects: 2016/2017											
DoH	Learning from Serious Adverse Incidents (SAIs) arising from Suicide, Homicide and Serious Self Harm	Complete									
DoH	Northern Ireland suicide data cleansing for the National Confidential Inquiry into Suicide and Homicide (NCISH) by people with mental illness										
DoH Projects: June 2017-September 2017											
DoH	Identifying Learning from Serious Adverse Incidents (SAIs) across Northern Ireland										

RQIA Board Meeting

Date of Meeting	14 September 2017
Title of Paper	Chief Executive's Report
Agenda Item	10
Reference	J/09/17
Author	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of the paper is to update the Board on strategic issues which the Chief Executive and SMT have been managing since the Board meeting in July and to advise Board members of other key developments or issues
Executive Summary	This paper provides an update to the Board of the key developments for RQIA since the last Board meeting.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should NOTE the Chief Executive's Update.
Next steps	A further update will be provided at the November Board meeting.

Corporate issues

1. Inspection Assessment Framework

Partnership working with Queen's University, Belfast (QUB) is continuing on this project.

The mapping exercise to chart, categorise and define the range of components used in inspection systems is complete. Inspection component themes have been mapped to three core elements of Director, Detector and Effector in effecting change / improvement.

The systematic review will now utilise the findings from the mapping exercise to update key research from the Health Foundation. This will provide best available evidence to support the design or improvement of healthcare inspection systems.

Project Board will consider the results from the QUB Systematic Review at its meeting in October 2017.

2. RQIA's Online Presence

RQIA's website received over 91,000 page views during July and August 2017. To help and assist service providers logging into and using Web Portal, RQIA have provided training videos and a series of help pages on the website. During July and August, these videos and pages were accessed over 4,500 times.

There was significant interest in RQIA during the week commencing Monday 21 August 2017, with visits peaking at around 6,000 page views, almost four times the average average daily rate for during July and August.

RQIA's twitter account @RQIANews has attracted over 100 additional followers since the last Board Meeting, bringing the total number of followers to almost 1,800. During this period RQIA posted over 30 tweets, providing information on our latest news and events; useful information on our website, and details of enforcement action.

3. Publications/about to be published

Since July, in order to improve accessibility to RQIA inspection reports, a list of reports published during the previous fortnight is made available online. A link to this list is also posted on Twitter.

Details of publication of other reports are referenced elsewhere in this paper.

4. Media Interest

During July and August media interest continued in relation to inspection, review and mental health and learning disability activities. There was significant print broadcast and online media coverage of RQIA's deregistration of Ashbrooke Care Home in Enniskillen. The Chief Executive was interviewed by BBC, UTV, Radio Ulster, Downtown/Cool FM, Q Radio network and U105. Further details on this media coverage is available on request from the Communications team.

5. Current Legal Actions

No current legal actions.

6. Workforce Review

Consultations continue with staff side and their representatives.

7. ISO9001

An ISO Gap Analysis was concluded on 6 July 2017. It was confirmed that at the time, RQIA were 63% compliant with the ISO 9001:2015 standard. On 3 August 2017, ISO 9001:2015 Internal Audit Training was provided to 10 staff across the organisation.

A third party certification body has now been appointed. Stage 1 and stage 2 assessment visits have been arranged for November and December 2017. It is anticipated that RQIA will achieve ISO 9001:2015 Certification in December 2017.

In preparation for the assessments, over the next three months an audit will be completed for every core function to identify non-conformances and opportunities for improvement.

Following receipt of accreditation a surveillance visit will be conducted every year for three years and recertification will be required in 2020.

8. liP accreditation

We are delighted to inform the Board that we have been successful in achieving accreditation with Investors in People. We are in receipt of the report and have delivered the headline messages from the report to our staff. The recommendations from the assessment will provide us with the blue print for an action plan which will develop and implement as part of our organisational development strategy. We have begun the process of reviewing our organisational values by asking staff to identify their top five from a longer list. We had a excellent response of 81 replies to the survey. These values will become fully integrated in to the strategic vision of the organisation and will impact on culture and behaviours as we build an organisation with clear goals and objectives as a sector leader in driving quality improvement within health and social care.

The outcome of this survey has resulted in

Fair

Accountable

Integrity

Respectful

Or

FAIR

The next stage will be a workshop with staff defining these values and how these will impact on how we behave/conduct our business with ourselves and our stakeholders.

9. Measuring what matters

There have been no further regional meetings regarding Measuring What Matters.

The leadership strategy for Collective Leadership remains in draft. This will be disseminated within the organisation when it is finalised although the conversation has already commenced. As an organisation we are linking with other organisations including BSO and BHSCT. We will continue to use the sustainability group as the conduit to further develop health and wellbeing within the organisation. We also intend to review how we can encourage our stakeholders especially providers within the regulated sector to ensure and build health and wellbeing of their staff through greater engagement. We can demonstrate how engaged staff encouraged to look after themselves and feel valued by their employer will care for service users better. An action plan will be drafted by the group when it meets in September.

This plan will include:

- Encouraging our staff to download the bwell app launched by BHSCT
- Creating a space on our intranet promoting health and well being
- How we can link with our regulated providers to encourage them to promote the health and wellbeing of their staff through engagement
- Examine the feasibility of a wellbeing hub on our website
- Produce strategy for health and well being
- Promoting the positives of staff engagement

Patient Experience

A review and scoping exercise has been completed in how we collect, record and use the information we receive whilst undertaking our inspection activity. We have standardised the approach across all three directorates with the development of a triangulation of evidence relating to patient experience. A new questionnaire has been developed asking the four high level questions.

Is your care safe?

Is your care effective?

Is your care compassionate?

Is your care well led?

This questionnaire will be distributed in high number throughout various settings and will also be available for relatives and carers.

The second level will be structured interviews with patients/service users. Again asking the same four questions but have prompts specific to each care environment. Patients will be asked to score their care from 1 to 5

The final part of the process is to observe interactions between staff and patients a tool and guidance are available for staff to assess the quality of interactions.

All forms and templates ask was follow up required and what this outcome of the follow was up. This will permit RQIA to more clearly report on the added value RQIA bring to improving health and social care.

Staff and visiting professionals will be asked to complete a questionnaire through their smart phones using a scanner which will take them straight through to a survey monkey.

The next few weeks ahead will be spent disseminating the new approach to staff and checking on the various e systems currently available whilst also examining the possibility of scanner software.

Innovation Lab

RQIA have met twice with the innovation lab which currently sits within the Department of Finance. They have agreed to host a workshop to examine and explore how we can engage with our service users in a more meaningful and perhaps even in real time. The date has been set for October 2017 and invitations extended to all interested staff.

10. JNCF update

A meeting of JNCF was convened on 7 July 2017 to discuss the findings of the workforce review and to share our proposal with trade union representatives. A meeting with JNCF members has been scheduled for 14 September 2017.

11. Revised and updated MOU

The MoU with the Northern Ireland Housing Executive (Supporting People branch) is currently being finalised.

The MoU with the General Dental Council (GDC) is currently being reviewed.

Regulation Directorate

12. Registration

- The registration **residential care beds in nursing homes** is progressing. All Registered Managers have been contacted by their aligned inspector in person or by phone to follow up on the letters issued. The majority of nursing home providers understand the rationale to register separately as a Residential Care Home in order to be able to offer both nursing and residential care. A number of providers have commented positively on the information letter and Frequently Asked Questions document. Others commented on useful conversations or meetings held with inspectors and some had meetings planned.

Position as at 25 August 2017	
services still undecided	17
applications forms issued	73
applications received and being processed	15
certificates issued	9

13. Inspection

General

- At the midpoint of the inspection year, we are on target to meet the **statutory minimum** number of inspections.
- The following findings are of note:

Nursing Homes

- Management arrangements are a focus of all our inspections through the 'well led' domain and where deficits are identified appropriate action is taken that may include: identifying areas for improvement on the quality improvement plan; through to enforcement action.
- Nursing home providers are required by the Nursing Homes Regulations (NI) 2005 to notify RQIA of the absence of a manager where they propose to be absent for 28 days or more, or within a week in the case of an emergency.
- In this inspection year, failure to comply notices has been issued to two nursing home providers in relation to management arrangements. The most recent activity to cancel registration was premised on the systemic care failings and concerns relating to absence of governance and management arrangements
- The senior management team in RQIA monitor management absence and relevant intelligence on an ongoing basis and through monthly supervisions with aligned inspectors. Appropriate and proportionate action is taken as required.
- Of the 250 nursing homes on the RQIA register, 199 have a registered manager in place (80%), 33 have acting managers (13%) and 18 (7%) have managers who are currently registration pending (i.e. application being processed).
- Of the 195 residential care homes on the RQIA register, 149 have currently registered managers (76.5%), 28 have acting managers (14.5%) & 18 have managers who are registration pending (9%).
- To note that across nursing and residential care, providers are describing the difficulties in recruiting nurses to fill vacant posts and to undertake managerial positions.

Review of management arrangements April to August 2017

- A review was carried out on the number of nursing and residential homes in which the manager was notified as absent from 1 April to 22 August 2017.
- 19 registered nursing homes and 9 residential care homes has new temporary management arrangements in place during this time frame. The reasons for this were as follows:

Reason for absence	Number
Resignation	10
Extended leave	5
Sick leave	5
Secondment	3
Retirement	3
Dismissal	1
Maternity leave	1

- Of these 28 homes, 19 homes have been inspected since the deputy / acting management arrangements were put in place and there were no concerns. 2 homes are not occupied at present, the remaining 7 have unannounced inspections scheduled over the course of September and October.
- RQIA inspectors continue to monitor activity in these homes in terms of notifications and communications from the home to ensure that governance systems are operating effectively and through our monitoring activities we are not aware of any current concerns in these homes

Children's services

- In the first six months of the inspection year a trend emerged involving the placement of younger children in residential care. This is indicative of a level of unmet needs in foster care services, as traditionally, and in keeping with best practice, this age group would normally be "Looked After" within a foster care setting.
- Issues are also emerging at the other end of the Looked After Care continuum where older young people aged 16 and 17 are being accommodated in unregulated provision. These facilities are operating outside the established joint commissioning arrangements for this age group.
- These factors along with a reported increase of young people with complex and challenging behaviours would appear to be causing pressure within the looked after care system. RQIA have working in partnership with trusts to accommodate these young people on the "best interest" principle. However, on occasion there has been a noted increase in the level of risk for this group which RQIA have deemed to be unacceptable and have therefore invoked enforcement procedures. The outcome of this activity has been to ensure improved safeguarding measures have been put in place to protect this vulnerable group of children and young people.

- RQIA's Children's Team have been engaged in improvement activity with trusts. One such piece of work has focused on reflective learning for both organisations on an episode of enforcement action. This collaboration has greatly enhanced relationships and partnership working between organisations and has ultimately brought about improved outcomes for "Looked After" young people.

Day Care

- The number of day care settings registered with RQIA has fallen from 180 registered in April 2016 to 161 registered in August 2017. Services for people with mental ill health, there is a move towards more direct support to individuals that is focussed and time limited. A further factor is the stigmatising element of attending an identifiable building to receive support.
- Some services for older people are also reviewing how they will operate in the future. These services are looking to provide support in a less formal way and to provide a more social service that will include luncheon clubs. For those needing greater levels of care and support services continue to be a valuable support to families and the individuals and we are seeing an increasing level of care and support being needed, especially to some younger people leaving school and now accessing adult care services.
- A number of day care centres already provide evening and weekend services and we are seeing more services seeking to provide this level of service to their attendees. This includes offering 'private paying' places to those wanting more support.
- We are working with a number of providers who are seeking to be registered for certain days in the week and not registered on others. This will reflect the assessed need of those attending the day care setting and where the assessed need of those attending on specific days is at a higher level.
- During this inspection year, our inspectors have, in some cases, sought improvement in the level of monitoring and oversight of the quality of the service by the provider. They have also identified in some services the need to improve how the service is listening to and acting on service user comments. Both these areas, when addressed, will ensure the service is more responsive and operating to ensure the best interests of service users are met.

Domiciliary Care

- A number of service providers have indicated that they will cease to operate because they have not been awarded contracts with the HSC Trusts. We are likely to see a reduction in the number of registered conventional domiciliary care services in the future.
- The feedback from those who receive domiciliary care is mainly positive with the issues of short/late/missed calls being much less prominent in the areas of concern. This is likely to be a result of the number of discussions RQIA has had with providers over the past year when we have highlighted this area as one the services need to work on.

- In this year we did consider the de-registration of two domiciliary care providers because of concerns about their recruitment practices. However, they were able to provide sufficient assurance that led to RQIA issuing in one case a failure to comply notice and in the other, applying conditions to the registration of the service.
- Whilst the overall level of our enforcement activity in domiciliary care shows a reduction in this early part of the year, with serious concerns meetings rather than more formal enforcement action being the main activity, our inspectors continue to find some elements of recruitment need to be improved. Their recommendations for improvement this year include the need for services to ensure they have robust recruitment practices in place, especially their receipt of references for prospective employees.

Preparation for implementation of revised Fees and Frequencies regulations

- a working group across Directorates is engaged in a piece of work exploring the impact of the newly proposed Fees and Frequency legislation. This will include the development of a revised **risk assessment framework** to prioritise inspection activity.
- A review of relevant literature and of the approaches adopted across the UK regulators has been completed. A revised risk assessment framework describing a range of influencing factors impacting on the delivery of safe, effective and compassionate care within a service that is well led is being drawn up for testing.
- A prioritisation and weighting scale will be devised to support analysis and decision making on the appropriate regulatory response. A stakeholder engagement workshop is planned as part of the design and development phase.
- The project is on target to be ready for testing in November 2017.

14. Enforcement

- Following receipt of information about incidents that had occurred within a nursing home and which had not been reported to RQIA as required, an urgent unannounced inspection was conducted at **Ashbrooke Care Home** in Enniskillen. Inspectors found systemic care failings and concerns in relation to the management of the home. Inspectors made requirements at the time of inspection to secure the safety of patients.
- In consideration of enforcement action required to address the deficits in care provision and the identified breaches in regulations and standards, it was determined that an application for an **Urgent Order** to cancel registration should be made.
- In line with our **standing orders**, a panel consisting of two RQIA Board members and the Chief Executive was convened on Thursday 17th August. The decision of the panel was that the application should be made. On Friday 18th August an order was granted by a Lay Magistrate and the registration of Runwood Homes Ltd. in respect of Ashbrooke Care Home was cancelled with immediate effect
- A **protection plan** was put in place by WHSCT on Friday 17th August, to include the provision of senior officers from WHSCT to provide 24 hour oversight of care delivery. Multi-disciplinary care assessments were completed by WHSCT and alternative accommodation was sourced for the 40 residents.
- The home closed on 31 August 2017. To note that under Article 22 of the 2003 Order, Runwood Homes have a right to appeal to the Care Tribunal.

- In **residential care**, there were two occasions when the enforcement action was taken. On one occasion two Failure to Comply (FTC) notices were issued in respect of fire safety and. the second occasion three FTC notices were issued respect of repairs and maintenance, hygiene and fire safety. Full compliance in respect of both occasions was achieved within stipulated timeframes.
- Across nursing homes, two services were subject to FtC notices. One home was issued with two notices relating to recruitment practice and overview of quality monitoring reports. One home was service with a FtC notice relating to failure to appoint a registered manager.

15. Representations and Decision Making Panels

A Decision Making Panel, consisting of Chief Executive and two Board members met on Thursday 17 August to consider an application for an **Urgent Order** to Cancel Registration. The decision of the panel was that an application should be made to a Lay Magistrate to cancel the registration of Runwood Homes Ltd. in respect of Ashbrooke Care Home.

Reviews Directorate

16. Healthcare Inspections

HSC Healthcare Team

There are a total of 34 inspections scheduled for the Healthcare team for the 2017/2018 year. As of 31 August 2017, the Healthcare team had completed 38% of those inspections scheduled with the remainder scheduled.

Acute Hospital Inspections

The HSC Hospital Inspection Programme (HIP) Phase II continues. To date, we have completed three inspections of phase II. Three inspections are planned to the end of December 2017. Some emerging themes through phase II (Daisy Hill Hospital, Lagan Valley Hospital, and RBHSC) include: gaps in medical cover to cover shifts – use of locum and agency staff, reduced allied health services at weekends, a lack of engagement between ward / department staff and trust executive teams and inconsistent access across trusts to ward / department dedicated pharmacists.

NIAS – Northern Ireland Ambulance Service

Infection Prevention and Control (IPC) inspections carried out: 5 July 2017 at Broadway and 17 July 2017 at Bangor stations. Escalation required during both inspections, serious concerns meetings held with NIAS CEx & SMT (6 and 25 July 2017). Meeting with DoH policy lead 26 July 2017. Trust action plan received (18 August 2017) and reviewed by HSC Healthcare Team (1 September 2017), approach and content requires further clarification. The report of Broadway Inspection is ready, planned publication w/c 18 September 2017. Monthly meetings scheduled with NIAS to assess improvement (8 September, 13 October and 3 November 2017). We did not agree a 5-week deferral requested by NIAS in relation to the first progress review meeting.

We identified that immediate improvement is required with the standard of cleaning of NIAS ambulance vehicles, equipment and the station environments. The Broadway NIAS facilities were in poor repair. Improvement is also required with overarching governance and assurance systems that support and ensure best practice in environmental and equipment cleanliness, hand hygiene, IPC practices across the organisation.

Infection Prevention & Control (IPC) Inspections

We have carried out two IPC hospital inspections using a risk and intelligence based approach relating to Clostridium Difficile infection (CDI) outbreaks. We inspected Ward 6 South, Belfast City Hospital on 8 June 2017 (outbreak declared 13 March 2017) and Meadowlands 2, Musgrave Park Hospital on 16 August 2017 (outbreak declared 16 June 2017). Findings identified that all IPC measures had been taken and remain in place to achieve compliance with required standards.

Augmented Care Inspections

Year 3 of Neonatal inspection programme has commenced using a risk-based approach to inspection. 4 Neonatal Unit inspections completed to date (Altnagelvin, Craigavon, Antrim Area, Ulster and RJMH). Improvement plans from previous year 1 and 2 inspections were reviewed. Findings identified that there has been a continuous improvement in line with standards. We observed a number of quality improvement initiatives within/across NNUs such as blood culture contamination reduction, neurodevelopment of neonates and breast feeding promotion.

Independent Healthcare Team

There are a total of 451 services currently registered with RQIA, each requires one inspection during 2017/2018. As of 31 August 2017, the Independent Healthcare Team had completed 40% of these inspections with the remainder planned.

Dental regulation

Across the majority of practices, compliance with the regulations and standards is being achieved. Good practice continues to be identified in terms of the management of medical emergencies, including the provision of an Automated External Defibrillators in the majority of dental practices. Improvements have also been identified with internal management and governance arrangements and monitoring of effectiveness of care delivered.

We continue to identify non-compliance in relation to staff recruitment and selection practices with a small number of dental providers. Since April 2017, three meetings were held with providers with the intention to issue Failure to Comply Notices – resulting in one provider receiving a Failure to Comply Notice and serious concerns meetings held with two providers. We met with the British Dental Association (20 April 2017) and highlighted this area of non-compliance. Subsequently we wrote to the BDA (14 Aug 2017) and offered to attend their Local Dental Committee meetings (to share information and best practice). We have written to the Chief Dental Officer (10 Aug 2017) highlighting challenges regarding staff recruitment and selection practices and confirming we will continue to work with the sector to encourage improvement in this area.

Independent Medical Agencies (IMA's)

RQIA participated in a national teleconference on 17 May 2017, chaired by the Chief Executive of CQC and attended by regulators from the 4 UK nations. Following on from the teleconference we worked with colleagues from CQC on content of their correspondence to IMA's registered in England (issued 24 August 2017) highlighting the importance of best practice in relation to patient identity, capacity, consent, communication with a registered GP and Safeguarding. A recent article in the Belfast Telegraph (w/c 4 Sept 2017) highlighted the risk associated with online medical services, and provided useful information for the public regarding use of these services.

We currently have five Independent Medical Agencies registered to provide services in Northern Ireland. None of the five have offices/bases in Northern Ireland and they are also registered with CQC. We will shortly be reviewing where we are in terms of IMA's, prompted by some of the discussion at the above mentioned teleconference and taking

account of our approach in this area over previous years. We plan to update EMT and Board members at that stage.

17. Reviews

Following discussion with service and policy leads at DoH, the Review Programme has been restructured into a one year programme from September 2017 to September 2018, with background development of a shadow programme for the subsequent year (September 2018-September 2019).

A DoH commissioning letter has been received (1 Sept 2017), outlining reviews to be progressed in the current programme.

RQIA Board input is invited for the following reviews:

- Review of the Out-of-Hours General Practitioner (GP) Service (RQIA Initiated)
- Review of Service Frameworks (DoH Commissioned)
- Review of Learning Disability: Community Services: Phase II (Children) (RQIA Initiated)
- Review of the Management of Deteriorating Patients (DoH Initiated)
- Review of Governance Arrangements for Implementation of Clinical Guideline CG174 Intravenous Fluid Therapy in Adults in Hospital (DoH Initiated)
- Review of Compliance with NICE NG29 Intravenous Fluid Therapy in Children and Young People in Hospital (DoH Initiated)

Two reviews have been published:

- Review of the Regional Plastic Surgery Service in Northern Ireland (June 2017), which demonstrated significant challenges associated with current service model, long waiting times and an urgent need to address specialist training requirements for junior doctors.

Review of Dental Hospital Inquiry Action Plan (July 2013): Phase II, which highlighted limited progress for the 7 areas examined. Findings from this review were escalated to the policy lead in DoH (meeting held on 2 June 2017) who indicated findings would be included in Belfast Trust accountability meeting.

Clinical Audit and Guidelines Programme

Governance Arrangements

Governance arrangements relating to the RQIA Clinical Audit and Guidelines Team have been refreshed, correspondence has issued to the HSC service and the previous GAIN Committee informing them of the changes. The previous GAIN statement of purpose has been updated to reflect this change. Budgetary arrangements relating to this programme are now fully integrated into the Reviews Directorate schedule.

With the Audit Team now sitting on all steering groups for audit and/or guideline work in progress across HSC, the monitoring process for the audits in progress has been updated, with the addition of a monthly update from audit teams to facilitate close monitoring of all funded audits/guideline work.

Audits

The regional report of our audit of the implementation of a regional 'Policy for the identification and labelling of invasive lines and tubes' was submitted to the DoH on 23 August 2017. Dr Geoghegan met with CMO, CNO and DoH Sponsor Branch to discuss the audit findings on 25 Aug 2017. Final data verification is completed and the regional report will be shared with HSC Trusts in the coming weeks.

The 2017/2018 funded Audit Programme has commenced with six audits and one guideline in progress.

The TVT audit is nearing completion, data is currently undergoing statistical analysis. This topic attracted significant media interest during August 2017, with some reports referring to this audit currently in progress.

A letter has been sent to the HSC community advising that the call for submission for funding support during 2018/2019 is now open. Applications for single trust, multiple trust and regional clinical audit projects as well as quality improvement (QI) prototypes are available from www.rqia.org.uk. Applications will close on 27 October 2017, with funded work expected to commence on 1 Apr 2018.

Guidelines

One eLearning Tool has been developed to support the reviewed guideline: Caring for People with Learning Disabilities in a General Hospital Setting.

Ten GAIN guidelines, which were developed between 2009 and 2014, are under review to ascertain if they have been superseded by NICE or if they need to be updated as local HSC guidelines.

The transfer of operational responsibility to RQIA of data collection and cleansing as part of the National Confidential Inquiry into Suicide and Homicide (NCISH) by people with Mental Illness is in progress. Training from the national unit in Manchester has been completed and a data sharing agreement is being progressed with the Northern Ireland Statistics and Research Agency (NISRA). Transfer of Inquiry data collection will commence following formal approval from Ethics Committee through which the Inquiry receives ethical approval for its work (Manchester).

18. MHLD Directorate

Inspections

Areas of Good Practice

- Good governance mechanisms in management of medication with minimum dosages of anti-psychotic medication being prescribed.
- Evidence of robust resettlement discharge care plans.
- Cognitive assessments being undertaken at three and six months following administration of ECT.
- Use of an excellent mannequin to train staff in the correct administration of ECT which RQIA has recommended should be used for regional training purposes.

The MHLD Directorate has completed 8 inspections of MHLD wards since the 6 July 2017. The main areas identified for improvement concerned the following:

- Personal safety risk assessments not being reviewed/ completed in accordance with Promoting Quality Care (PQC) – Good Practice Management Of Risks In MHLD Services May 2010.
- Gaps in care documentation, and record keeping contemporaneously. Records of the ward rounds were inconsistently completed in terms of agreed actions, the responsible person and a timeframe for achievement.
- Deficits in staff mandatory training in terms of infection control, manual handling, fire awareness, child protection and in supporting patients with behaviours that challenge.
- A number of policies required updating, for example, fluid balance charts, admission and discharge policy, administration of ECT for inpatients and outpatients.
- Improved access to evidence based psychological therapies is required for patients with psychosis, trauma, OCD and for patients with forensic histories.
- Interim modification to address poor quality of estates and environment, pending outcome of business cases to DoH.
- A need for review of the mix of psychiatric intensive care (PICU) patients with those who require a low secure environment. A report has been compiled by RQIA regarding the impact on patients and this will be shared with DoH.

Escalation

One letter of serious concern was issued, regarding staffing levels and continued high use of bank staff in an Assessment and Treatment Unit. The Trust are seeking to appoint five Band 5 Registered Nurses Learning Disability staff on a permanent basis at risk to address this problem.

RQIA have noted a general increase in the use of bank staff due to the lack of Registered Mental Health Nurse staff regionally. RQIA will advise the Department of Health of this formally under Article 4 following the completion of all inspections in the last quarter of the year.

One letter of serious concern was issued regarding a Neuro-Rehabilitation Unit (NRU) in relation to the quality of the environment, health and safety concerns / patient dignity, fire risks, record keeping, staff recruitment and support.

An immediate action plan was requested. A follow up visit of the NRU was undertaken by MHL D staff on 6 September 2017 that demonstrated considerable improvement.

Prison Inspections

Following the unannounced inspection of Maghaberry prison of the 3 & 4 April 2017 the final inspection report was published in August 2017.

The continued lack of a safer custody strategy at Maghaberry remains an issue for the inspection team. Further work is required by the wider criminal justice and healthcare systems to provide alternatives to custody for highly vulnerable prisoners. The report recommends that the Department of Justice and Health should develop an agreed pathway to prevent individuals being admitted to prison for an emergency mental health assessment.

The Draft report of the Magilligan prison inspection of 19 – 22 June 2017 was issued to the SEHSCT for factual accuracy on 1 September. A final copy of this report will be forwarded to the DoH in due course.

Visit from the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)

Dr Hans Wolff (member of the CPT) and Mr Hugh Chetwynd (member of the CPT Secretariat) conducted a visit to Northern Ireland week commencing 29 August 2017. It has been 9 years since the CPT last visited Northern Ireland. During the previous visit they made a number of recommendations for improvement. RQIA sought an updated progress report from SEHSCT on the action they took which indicates most of the recommendations have been completed. RQIA arranged for CPT members to meet the senior healthcare staff to discuss the action taken and the key challenges the Trust faced in their management of prisoners healthcare in prisons. Representatives of the CPT also met with the RQIA Director of MHL D to discuss the provision of health care in prisons, police stations and psychiatric institutions. The key areas identified for improvement in the Shannon Clinic was shared and the interface between the medium secure unit and prison healthcare staff (Knockbracken) was clarified.

The CPT also met with Chris Matthews DoH and the final report will be forwarded for factual accuracy to RQIA and other stakeholders in the next six month period.

Promoting Continuous Improvement in Acute Dementia Care

The MHL D team is organising a half day regional seminar on 9 October, 9:45 to 12:30 in the RQIA Boardroom to disseminate learning from a range of best practice initiatives undertaken by ward managers providing care and treatment for patients with dementia in acute psychiatric settings. Invitations have been sent to DoH and other bodies. Three places are available for board members who may wish to attend.

Response to Mental Capacity Act Code of Practice

The Director of MHLD is finalising RQIA's corporate response to the DoH regarding the draft Mental Capacity Act Code of Practice. We are also collating scenario examples to support the draft, and will forward these to the DoH Implementation Team by 30 September 2017. A presentation will be made to the board regarding any new requirements for RQIA and any implications for RQIA inspectors in the future.

Outline Business Case

The Outline Business Case for a new information system was submitted to the Department for approval on 7 April 2017. DoH provided detailed comments on the OBC on 17 May 2017. A revised OBC and a response to DoH comments were prepared and submitted to DoH on 16 June 2017. Further comments were received from DoH on 21 July. These are receiving active consideration by RQIA. The timescales set out in the business case will require to be reviewed.

Finance

19. Financial Position 2016-17

See Agenda item 11 - Finance Report – which provides a detailed update on RQIA's current and projected financial position.

20. Rent Review

The rent review has been concluded: the 2017-18 rent increase is £18,960 less than was anticipated.

21. Contributed to / responded to

NISCC (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulation (NI) 2017

A review of the Standards of Good Regulation

22. Workshops/Stakeholder Engagements

Since the last Board meeting the Chief Executive has attended a number of events, meetings and stakeholder engagements; listed below:

- Visit to Burleigh Hill House, Carrickfergus (formerly Cherry Tree House)
- Meeting with Sharon Gallagher, Director of Transformation (July)
- Meeting with Stephanie McCutcheon, liP Assessor (July)
- Meeting regarding the Redesign of Inspections
- Bi Monthly Meeting
- Meeting of the Leadership Strategy Working Group
- Meeting of the Critical Friends Forum – Improvement Institute
- Meeting to discuss the findings ISO Gap Analysis with Gavin Kane – Update above
- Visit to Mental Health Services in the SEHSCT
- Meeting with the Commissioner Of Older People Northern Ireland

- Meeting with Queens University Belfast
- Launch of Standards for Employers of Social Workers and Social Care Workers

23. Department of Health (DoH) Update

Review of Regulatory Policy and Legislation

Line Labelling

CMO and CNO issued a regional policy for Identification and Labelling of Invasive Lines and Tubes in November 2016. RQIA audit team were asked by DoH to audit implementation of this policy across the region. We undertook fieldwork for this audit during May and June. We visited 5 HSC Trusts, the NI Ambulance Service and 9 independent healthcare providers (5 indept hospitals and 4 hospices). A total of 327 wards and 5 ambulance stations were included in the audit. Findings arising from the audit are encouraging – lines labelled in accordance with the policy (overall compliance) was 74%; staff awareness of the policy was 81%; the regional line labelling poster was clearly displayed in 81% of settings visited. The report of this regional audit has been shared with CMO and CNO, Dr Geoghegan met with both and our Sponsor Branch in DoH to discuss audit findings on 25th August.

NICE Guidance: Fluid Balance

NICE has produced guidance on intravenous (IV) fluid therapy in adults in hospital (CG 174; Feb 2014) and children and young people in hospital (NG 29; Dec 2015). Both sets of guidance have been endorsed by DoH for implementation in NI with caveats related to specific aspects of the guidance and supported by locally developed tools to assist implementation.

- DoH issued a joint professional letter to the service on 14 Aug 2017 regarding CG 174 (iv fluid therapy in adults), advising that Trusts are expected to progress with implementation and RQIA has been asked to audit/review implementation of this guideline this autumn. Our review will focus on governance and oversight of CG 174 implementation in and across HSC Trusts, we will shortly commence work on this review.
- CMO issued a letter to the service on 20 June 2017 confirming DoH endorsement of NG 29 (iv fluid therapy in children), also signalling that RQIA will be asked to audit/review implementation of this guideline later this year. As with our review of CG 174, our review of NG 29 will focus on governance and oversight of implementation in and across HSC Trusts. We will confirm expectations regarding timescale for this review with DoH - initially signalled for Autumn 2017, however DoH have confirmed in meeting of 22 Aug 2017 that this audit/review should follow the above audit/review of CG 174.

24. Political Engagement

As part of the communications actions in relation to the urgent closure of Ashbrooke Care Home, Enniskillen, on 21 August 2017, RQIA's Chief Executive and Communications Manager provided telephone briefings to the MP and all MLAs representing the Fermanagh and South Tyrone constituency.

RQIA Board Meeting

Date of Meeting	14 September 2017
Title of Paper	Draft Savings Plan 2017-18
Agenda Item	11
Reference	K/09/17
Author	Maurice Atkinson
Presented by	Maurice Atkinson
Purpose	The purpose of the Paper is to present to the Board the Draft RQIA Savings Plan 2017-18 for approval.
Executive Summary	<p>In a letter dated 4 July 2017 the DoH Director of Finance confirmed RQIA's indicative current expenditure allocation for 2017-18 as £6,706,866. This included a reduction of £136,875 (2%) from the opening 2016-17 position.</p> <p>This Draft Plan sets out how RQIA intends to achieve a recurring 2% savings target required by DoH in 2017-18.</p> <p>The Draft Savings Plan 2017-18 was submitted to the Department on 13 July 2017.</p>
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the Draft Savings Plan 2017-18.
Next steps	Approval of the Savings Plan 2017-18 by the Department and achievement of savings targets.

Draft RQIA Savings Plan 2017-18

**Final Version; Approved by EMT 11 July 2017
Approved by the RQIA Board on [Insert Date]**

Assurance, Challenge and Improvement in Health and Social Care

1. Introduction

This Plan sets out how RQIA intends to achieve a recurring 2% savings target required by DoH in 2017-18.

2. Indicative Allocation and Savings Target 2017-18

In a letter dated 4 July 2017 the DoH Director of Finance confirmed RQIA's indicative current expenditure allocation for 2017-18 as £6,706,866. This included a reduction of £136,875 (2%) from the opening 2016-17 position.

On the basis of this indicative allocation, RQIA was directed to finalise its savings plans for 2017/18 to meet the 2% reduction of £136,875 from the opening resource allocation for 2016/17. This Savings Plan is based on the proposals within the planning scenarios that RQIA previously developed and submitted to the Department in January 2017. Savings proposals have been prioritised on the basis of those that minimise the impact on service delivery and are practically capable of being delivered in 2017-18.

The deadline for submission of the Savings Plan 2017-18 to the Department, through RQIA's Sponsor Branch is 24 July 2017.

3. Savings Plan 2017-18

Appendix 1 sets out the pay and non-pay measures that RQIA plan to implement in 2017-18 to achieve a 2% savings target on a recurring basis.

Appendix 1 – RQIA Savings Plan 2017-18 (2% savings target - £137,000)

Budget Area	Description of proposal (including implementation date)	Amount of Saving in 2017/18 & future years £K	Service implications / impact	Staffing Implications	HR handling issues including any need for VES	Impact on Equality and Good Relations and how this will be managed
Payroll	Reduce number of Board members	Reduce size of Board by 2 Board members: £12K	None	None	None	None
	Reduce resource for admin support to inspectors in regulation directorate	2 X Band 3: £48K	None	Vacancy control	Not applicable	Not applicable
	Reduce resource for admin support to reviews directorate	1 X Band 3: £24k	None	Vacancy control	Not applicable	Not applicable
	Cessation of use of two sessional staff four days per month (MHL D – 2 X Band	£10K	None	Not applicable	Advice will be obtained from BSO HR should any HR issues	Not applicable

Budget Area	Description of proposal (including implementation date)	Amount of Saving in 2017/18 & future years £K	Service implications / impact	Staffing Implications	HR handling issues including any need for VES	Impact on Equality and Good Relations and how this will be managed
	8a: Nurse and Social Worker)				arise.	
Premises including energy costs	Revised property valuation resulting in reduced rates bill	£5K	None	None	None	None
	Reduce the premises maintenance budget	£10K	Level of maintenance of estate in Belfast and Omagh reduced	None	None	None
BSO Services	Reduce enhanced Health and Social Care Leadership Centre (HSCLC) SLA by £18K	£18K	Reduced capacity to undertake OD work	None	None	None
Other – please specify	Reduce resource available to support GAIN audit	£10K (Non-Pay)	Reduced number of audits funded within overall	None	None	None

Budget Area	Description of proposal (including implementation date)	Amount of Saving in 2017/18 & future years £K	Service implications / impact	Staffing Implications	HR handling issues including any need for VES	Impact on Equality and Good Relations and how this will be managed
	programme (reduce GAIN <u>programme</u> budget)		programme from 2017-18 onwards			
Total savings in 2017/18 at 2%		£137K				

RQIA Board Meeting

Date of Meeting	14 September 2017
Title of Paper	Summary Finance Report
Agenda Item	12
Reference	L/09/17
Author	Lesley Kyle / Maurice Atkinson
Presented by	Maurice Atkinson
Purpose	To present RQIA's summary financial position as at 31 July 2017.
Executive Summary	The implementation of the Workforce Review has necessitated holding a number of vacant posts unfilled in order to ensure flexibility in re-structuring the organisation and achieving the benefits of the Review. As a result of this it is highly likely that RQIA will have a significant underspend at the year-end and a break-even position will only be achieved through a non-recurring easement to DoH in December 2017 / January 2018.
FOI Exemptions Applied	None
Equality Screening Completed and Published	Not applicable
Recommendation/Resolution	The Board is asked to NOTE this update.
Next steps	The Chief Executive to notify DoH of the high likelihood of a significant non-recurring easement in 2017-18 principally caused by the need to hold a number of vacant posts unfilled in the context of the Workforce Review.

FINANCE REPORT

Total Income Budget 2017/18 – RRL Funding and Fee Income

RQIA's Income Budget 2017/18 is summarised below:

	£
2016/17 RRL C'Fwd	6,843,741
Saving Requirement - 2% (Recurring)	(136,875)
Recurring RRL Funding	6,706,866
HSC Voluntary Exit Scheme (Non Recurring). Awaiting approval	
Non Rercurring RRL Funding	
Total Revenue Resource Limit 2017/18	6,706,866
Annual Fees	766,987
Registration Fees	123,000
Annual & Registration Fee Income	889,987
Total Funding 2017/18	7,596,853

The Department of Health (DoH) has confirmed an indicative Revenue Resource Limit (RRL) allocation of £6,706,866. This represents a reduction of £136,875 (2%) from the opening 2016/17 position.

RQIA has submitted a bid for Voluntary Exit Scheme (VES) ring-fenced funding in 2017-18 to assist with the implementation of the workforce review. This amount has yet to be confirmed. If funding is received the income and expenditure budget will be amended accordingly.

Annual fee income generated through the charging of registered establishments has been estimated at £767k for the year. This is based on the information held on the RQIA database April 2017 and also allows for an in-year, additional, pro-rata charge. Registration fee income is a variable income stream estimated at £123k based on prior year receipts.

Financial Position Year-to-Date and Year-End Estimate

RQIA has a balanced 2017/18 budget. The income budget £7,596,853 agrees with the total pay budget £6,078,263 and non-pay budget £1,158,590. The pay budget has been built based on the current RQIA structure and includes all vacant posts. This structure may change following the outcome of the workforce review.

A break-even year-end forecast position was reported to the DoH as at 31 July 2017. This assumed that additional expenditure will be incurred between now and the end of the financial year. Break-even means that a deficit is not permissible and a surplus cannot exceed £20k.

However, the Table below summarises the underlying year-to-date expenditure and year-end forecast against budget. If expenditure continues at the current level (slippage in both pay and non-pay) RQIA will have a significant underspend at the year-end.

	Year to Date			Year End Estimate		
	Actual £	Budget £	Variance £	Forecast £	Budget £	Variance £
Pay	1,860,400	2,018,088	157,688	5,839,627	6,078,263	238,636
Pay	1,860,400	2,018,088	157,688	5,839,627	6,078,263	238,636
Non Pay	362,734	506,197	143,463	1,399,403	1,518,590	119,187
Non Pay	362,734	506,197	143,463	1,399,403	1,518,590	119,187
Total Expenditure Pay & Non Pay	2,223,134	2,524,285	301,151	7,239,030	7,596,853	357,823

Year-to-date and forecast pay underspends is a result of a number of factors:

- Outstanding Pay Awards
- Vacant Posts held in the context of the Workforce Review
- Temporary reduction in individuals wte

Included within the pay forecast is a cost for 3 staff seconded from the Department (£105,100).

The non-pay budget has been profiled evenly for the year; however the actual expenditure to date has not been incurred on the same basis. It is assumed that the budgets for GAIN (staff substitution) £144k, ICT £100k and Staff Course and Conference £39k will be fully utilised by year-end. Any underspends in these areas will impact on the future forecasting position. The following areas of expenditure currently have slippage and will be reviewed monthly to identify corrective action if necessary:

- Postage and Telephones
- General Services e.g. Part IV Doctors, Communications, Membership Fees, GAIN
- Travel Costs

The implementation of the Workforce Review has necessitated holding a number of vacant posts unfilled in order to ensure flexibility in re-structuring the organisation and achieving the benefits of the Review. As a result of this it is highly likely that RQIA will have a significant underspend at the year-end and a break-even position will only be achieved through a non-recurring easement to DoH in December 2017 / January 2018.

Capital Resource Limit (CRL)

There has been no capital expenditure incurred to date.

Prompt Payment Compliance

The prompt payment target requires the payment of 95% of invoices within 30 days of receipt of goods/service or receipt of invoice, whichever comes later. A second target was agreed with the Department to pay 70% of invoices within 10 days.

The position as at 31 July 17 was as follows:

	Number Invoices			In Month		Cum	
	Total	10 Days	30 Days	10 Day %	30 Day %	10 Day %	30 Day %
Target				70%	95%	70%	95%
April	117	105	116	89.74%	99.15%	89.74%	99.15%
May	117	78	106	66.67%	90.60%	78.21%	94.87%
June	85	68	83	80.00%	97.65%	78.68%	95.61%
July	66	58	65	87.88%	98.48%	80.26%	96.10%
Total	385	309	370				

Outstanding Annual Fees (Debtors)

As noted above the first batch of annual fee invoices 2017/18 has been issued. BSO monitor the receipt of payments and actively chase any outstanding debt. There are 11 invoices outstanding from 2016/17, four of which are to be pursued for payment (£187). At this point in time it is anticipated that a request will be made at the next Audit Committee for permission to write-off 7 invoices (£2,576) from 2016-17.

Recommendation

It is recommended that the Board **NOTE** the Finance report.

Maurice Atkinson
Director of Corporate Services