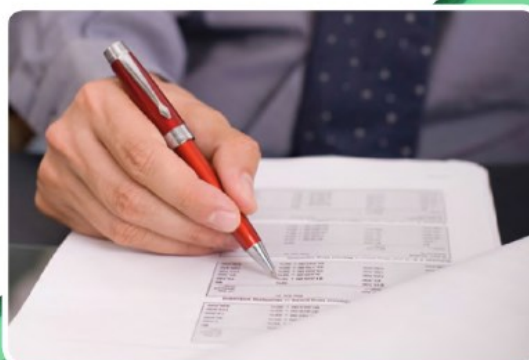




The **Regulation** and
Quality Improvement
Authority



Corporate Performance Report 2016-17 Quarter 4: January - March 2017

Assurance, Challenge and Improvement in Health and Social Care

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Introduction

Purpose

The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan, linked to its strategic objectives and priorities as described in the Corporate Strategy 2015-2018.

RQIA's Strategic Map as detailed in page 32 is a visual representation on one page creating an integrated and coherent picture of the organisation's forward strategy.





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

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

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



The Traffic Light rating operates as follows:

-  action has not been achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by year end.
-  action unlikely to be achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by the completion date or by when the action will be achieved.
-  action forecast to be completed by the completion date.
-  action completed.

Exception Reporting





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

Frequency of Reporting

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

Summary of Traffic Light Rating System (Period Ending March 2017)

The table below shows a summary of the Traffic Light rating assigned to 24 actions within the Business Plan for the period ending March 2017.

Traffic Light		Period Ending June 2016	Period Ending September 2016	Period Ending December 2016	Period Ending March 2017
Red		0	1 (4%)	1 (4%)	2 (8%)
Amber		1 (4%)	4 (16%)	2 (8%)	0 (0%)
Green		23 (96%)	19 (80%)	20 (84%)	0 (0%)
Blue		0	0	1 (4%)	92 (92%)

At the end of the 4th Quarter of 2016/17, 92% of the actions within the Business Plan were reported as Blue.

Headline achievements within the Quarter for the period ending March 2017

Business Priorities

- RQIA Corporate Strategy 2017-21 approved by RQIA's Board
- RQIA Business Plan 2017-18 approved by RQIA's Board

Reviews Directorate Reports Published

Published (Q1)

- Review of HSC Trusts' Readiness to Comply with Allied Health Professions Professional Assurance Framework
- Review of Quality Improvement Systems and Processes

Published (Q2)

- Review of Governance Arrangements relating to General Practitioner (GP) Services in Northern Ireland
- Review of the Operation of Health and Social Care Whistleblowing Arrangements

Published (Q3)

- Review of Adult Learning Disability Community Services (Phase II)

Published (Q4)

- Review of Perinatal Mental Health Services in Northern Ireland
- Review of Governance Arrangements in HSC Organisations that Support Professional Regulation
- Review of the Regional Emergency Social Work Service
- Review of a Strategy for Maternity Care in Northern Ireland (2012-18)

Acute Hospital Inspections Published (Q4):

- Unannounced Inspection at Daisy Hill Hospital

Performance and Exception Report

Strategic Theme 1: Deliver Operational Excellence

Action 1.1

Plan, implement and evaluate a programme of quality improvement initiatives focused on the core functions of registration and inspection

How do we measure this?

- Evaluation of year 2 actions successfully implemented and monitored through the Corporate Performance Report
- Attainment of satisfactory assurance through the internal audit of inspection systems and processes
- Number of inspections above the statutory minimum undertaken to respond to concerns
- Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action

Owner

Regulation and Nursing Directorate

BRAG Rating:



Quarterly Performance

Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant

Number of questionnaires recorded on iConnect by respondent type for inspections completed in 2016-17:

	Staff	Service User (young person, resident, patient etc.)	Relative/ Representative	Professional	Total
Number of questionnaires	7031	8121	1995	74	17221

Attainment of satisfactory assurance through the internal audit of inspection systems and processes

RQIA Internal Audit of inspections was completed and attained satisfactory assurance in March 2017.

Evaluation of year 2 actions successfully implemented and monitored through the Corporate Performance Report

Eight improvement work-streams were initiated in 2016/18. By the end of Quarter 4 all work-streams were delivered.

Number of inspections above the statutory minimum undertaken to respond to concerns

Service Type	% of Services who received the following no of inspection in period 1 April 2016-31 March 2017					No of Services Inspected
	1	2	3	4	5+	
Adult Placement Agency (APA)	100%					4
Boarding School	100%					6
Childrens (CH)	0%	42%	33%	18%		45
Day Care Setting (DCS)	59%	37%	3%		1%	172
DCA-Conventional	88%	11%				122
DCA-Supported Living	97%	2%				181
Independent Clinic (IC)	83%					6
Independent Hospital (IH)	55%	29%	12%		2%	58
Independent Hospital (IH) - Dental Treatment	78%	17%	4%			381
Independent Medical Agency (IMA)	100%					5
Nursing (NH)	2%	23%	41%	22%	12%	258
Nursing Agency (NA)	100%					25
Residential (RC)	1%	16%	59%	18%	6%	197
Residential Family Centre (RFC)	100%					1
Young Adult Supported Accommodation	100%					23
Grand Total	53%	19%	18%	7%	3%	1484

Action 1.2

Complete the planned programme of activity for 2016/17 in respect of the following areas:
Reviews, Infection & Hygiene, Acute Hospitals, Ionising & Radiation, GAIN Programme, MHL and Regulated Services

How do we measure this?

- Reviews progress on planned activity for the year
- Healthcare Inspections progress on planned inspection activity for the year

Owner

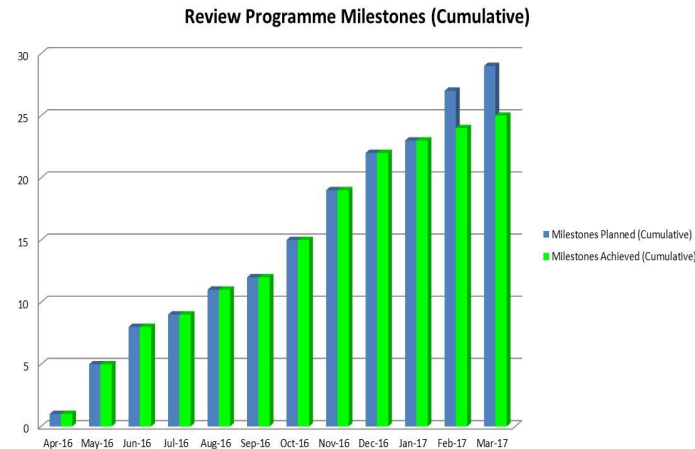
Reviews Directorate
Regulation and Nursing Directorate
MHL and Regulated Services Directorate

BRAG Rating:



Quarterly Performance

Reviews progress on planned activity for the year



Milestones of the RQIA Review Programme are: Delivery Plan agreed for 2016/2017; Project Briefs agreed; fieldwork commenced; first draft of review reports completed and review reports submitted to the DoH.

There are a total of 29 milestones. At the end of March 2017, 25 out of the 29 milestones had been achieved. Two drafted reports were further delayed in their submission to the DoH, which are planned to be submitted in Q1 2017/18, and the Review of Child Protection had to be placed on hold due to unforeseen circumstances.

Healthcare Inspections progress on planned inspection activity for the year

Healthcare Inspections - At end of March 2017, 10 inspections were scheduled and completed in Quarter 4. A total of 31 scheduled inspections have been delivered in 2016/2017.

Ionising Radiation - An inspection to Altnagelvin Radiotherapy Centre took place in Quarter 4, as planned. In order to build a picture of the current HSC CT and nuclear medicine services, 2 modality specific online surveys are also being undertaken which will form part of the ongoing assessment of activity and processes for the IR(ME)R programme.

Action 1.2 (Continued)

Complete the planned programme of activity for 2016/17 in respect of the following areas:
Reviews, Infection & Hygiene, Acute Hospitals, Ionising & Radiation, GAIN Programme, MHL and Regulated Services

How do we measure this?

- GAIN Programme progress on milestones
- MHL progress on planned inspection activity for the year
- Number of inspections undertaken in regulated services as per the statutory requirement

Owner

Reviews Directorate
Regulation and Nursing Directorate
MHL Directorate

BRAG Rating:

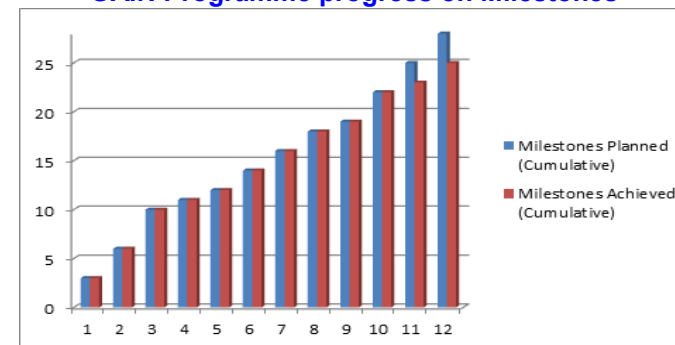


Quarterly Performance

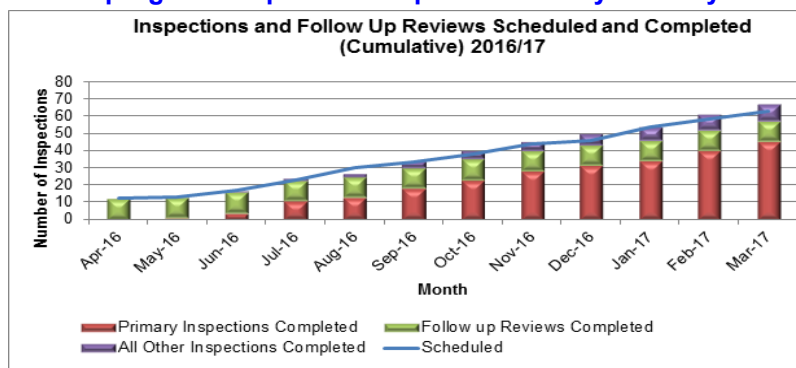
Four agreed milestones for the GAIN work plan for 2016/2017 were: Project Initiation Meeting (PIM), Fieldwork commenced, draft report received and invitation to apply for funding. There are a total of 28 milestones.

By the end of Quarter 4, 25 milestones were achieved with the 26th falling into Quarter 1 of 2017/18 and the 27th and 28th falling into Quarter 2.

GAIN Programme progress on Milestones



MHL progress on planned inspection activity for the year



In Quarter 4 the MHL team completed 17 inspections of Mental Health and Learning Disability inpatient facilities. 15 were scheduled as unannounced primary inspections. One was an unscheduled inspection as result of whistleblowing and the other inspection was based on intelligence received by the directorate. This measure has been delivered on target.

Number of inspections undertaken in regulated services as per the statutory requirement

In Quarter 4, 1425 (100%) registered services had received the minimum number of inspections required by the Fees and Frequencies of Inspections Regulations.

Service Type	No of Registered Services	Services Had Min Stat Req	% Services Had Min Stat Req
Adult Placement Agency (APA)	4	4	100%
Childrens (CH)	45	45	100%
Day Care Setting (DCS)	167	167	100%
DCA-Conventional	117	117	100%
DCA-Supported Living	176	176	100%
Independent Clinic (IC)	6	6	100%
Independent Hospital (IH)	53	53	100%
Independent Hospital (IH) - Dental Treatment	373	373	100%
Independent Medical Agency (IMA)	5	5	100%
Nursing (NH)	251	251	100%
Nursing Agency (NA)	32	32	100%
Residential (RC)	195	195	100%
Residential Family Centre (RFC)	1	1	100%
Voluntary Adoption Agency (VAA)	N/A	N/A	N/A
Overall Total	1425	1405	100%

Action 1.3

Assess the impact of RQIA review activities in driving quality improvement in HSC Services

How do we measure this?

- Take forward the lessons learnt from the agreed approach with DOH to monitoring progress on the implementation of recommendations from RQIA reviews

Owner

Reviews Directorate

BRAG Rating:



Quarterly Performance

Take forward the lessons learnt from the agreed approach with DoH to monitoring progress on the implementation of recommendations from RQIA reviews

A Departmental-led regional short life working group, with representation from RQIA, the 5 HSC Trusts, the HSC Board and PHA was established to develop a mechanism to advise DoH on progress of the implementation of recommendations from RQIA review reports.

A standardised template was developed by RQIA and has been agreed for the region.

The template includes a report on whether an individual recommendation is:

- Complete, with date of completion
- On target to be completed, with date of planned completion
- Not on target to be completed, with reason
- Not achievable / no longer appropriate, with reason

The working group agreed to report on all RQIA recommendations made since March 2014.

The first set of returns has been presented to the DoH Top Management Group and Internal Audit. A satisfactory assurance in relation to the new reporting system has been given. The DoH will now draft guidance on the process and will also issue guidance to Departmental policy leads. DoH will also request appropriate actions from other Arms Length Bodies on recommendations set out in relevant reviews..

Positive feedback has been received on the benefits of the new reporting system, with organisations adopting the system to inform their own top management groups.

Updates will be requested by DoH at the beginning of February and July for return by the end of March and September each year. These will be shared with RQIA. This work is now completed.



Three Year Review Programme | 2015-18

Assurance, Challenge and Improvement in Health and Social Care

Strategic Theme 2: Develop and Execute New Capabilities

Action 2.1

Engage with DOH and other stakeholders, as and when required, to review the legislative framework and standards for regulation of health and social care in Northern Ireland

How do we measure this?

- The Draft Mental Capacity legislation developed
- Updated care standards for residential care homes
- The outcome of the DoH led review of the Fees and Frequencies of Inspections regulations (2005)

Owner

Chief Executive's Office
Reviews Directorate
Regulation and Nursing Directorate
MHL D Directorate

BRAG Rating:



Quarterly Performance

The outcome of the DoH led review of the Fees and Frequencies of Inspections regulations (2005)

The review of Fees and Frequencies of Inspections regulations (2005) is complete and it is expected that the new regulations will be issued in 2017-18.

The Draft Mental Capacity legislation developed

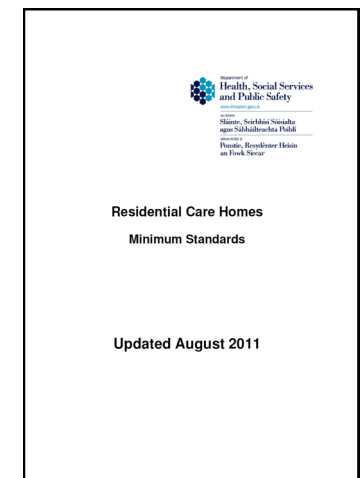
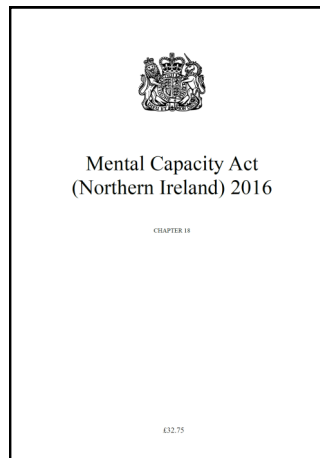
RQIA has responded to the DoH Mental Capacity Act (MCA) Implementation Group on all 20 chapters of the Code of Practice and Associated Regulations. DoH is considering RQIA's comments and working to refine these chapters to take account of the points submitted.

A number of regulations which form the statutory basis for some of the detail in the code now require comment.

The DoH plan to roll out a comprehensive training package and awareness raising campaign once the Code of Practice and necessary regulations have been agreed prior to the Act commencing.

Updated care standards for residential care homes

RQIA continues to engage with DoH on a review of the care standards for Residential Care Homes. The revised standards are progressing through a process of review and RQIA are represented on the working group. Final comments from the working group will be submitted in Quarter 1 2017-18. The next phase will consider going out to consultation.



Action 2.2

RQIA/GAIN deliver additional DOH commissioned projects in relation to learning from Serious Adverse Incidents

How do we measure this?

- Project milestones delivered on target

Owner

Reviews Directorate

BRAG Rating:



Quarterly Performance

Project milestones delivered on target

GAIN project focusing on Learning from Serious Adverse Incidents (SAIs) arising from Suicide, Homicide and Serious Self Harm

There are 7 project milestones which to include:

- Approval of Start Up and Initiation by Project Board
- Completion of Literature Review
- Position Papers: Arrangements in NI: Arrangements in Other Countries
- Design of Methodology
- Fieldwork: Focus Groups; Questionnaires; Audit
- Assessment by Project Board
- Production of Report for DoH

By the end of Quarter 4 2016/17, all seven milestones have been achieved. This piece of work is now complete and the working group's report has been presented to DoH.

GAIN Project Identifying Learning from Serious Adverse Incidents (SAIs)

There are 7 project milestones, to include:

- Approval of Start Up and Initiation by Project Board
- Training Manual on Mortality & Morbidity Process to inform SAI Process
- Production of Learning Videos: Second Victim and Carer Perspective completed: SAIs in Theatres not yet undertaken
- Fieldwork: Focus Groups; Questionnaires; Audit
- Completion of Literature Reviews
- Assessment by Project Board
- Production of Report for DoH

By the end of Quarter 4 all seven milestones were completed, this report is currently at drafting and comment stage.

Action 2.3

Contribute to the development of the new Mental Capacity legislation and associated codes of practice and devise a plan for its implementation

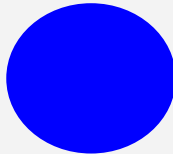
How do we measure this?

- Assessment of the impact of the new Mental Capacity Legislation, regulations and associated code of practice on RQIA's role and functions

Owner

MHLD Directorate

BRAG Rating:



Quarterly Performance

Assessment of the impact of the new Mental Capacity Legislation, regulations and associated code of practice on RQIA's role and functions

RQIA has responded to the DoH Mental Capacity Act (MCA) Implementation Group on all 20 chapters of the Code of Practice and Associated Regulations. The DoH is considering RQIA's comments and working to refine these chapters to take account of the points submitted.

A number of regulations which form the statutory basis for some of the detail in the code now require comment.

DoH plan to roll out a comprehensive training package and awareness raising training once the Code of Practice and necessary regulations have been agreed and prior to the Act commencing.



Mental Capacity Act
(Northern Ireland) 2016

CHAPTER 19

032.75

Strategic Theme 3: Use Resources Effectively

Action 3.1

Work closely with BSO to deliver a range of outsourced corporate services functions

How do we measure this?

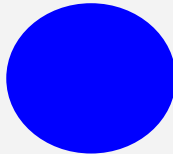
Progress in outsourcing the following corporate functions:

- Health & Safety
- Premises Management
- Information Governance (including Records Management)
- Finance
- Administration of Income
- ICT
- Organisational Development
- Enhanced Equality/DDO service

Owner

Corporate Services Directorate

BRAG Rating:



Quarterly Performance

Progress in outsourcing corporate functions

By the end of Quarter 3 the following corporate functions had transferred to BSO:

- Administration of Income
- Equality/DDO
- Organisational Development
- ICT
- Finance
- Corporate Functions (IG/RM, H&S, Premises Management)



Action 3.2

Finalise and implement the workforce plan

How do we measure this?

- Finalise and commence implementation of the recommendations of the workforce plan 2016/17.
- Updated workforce plan for 2017/18

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Finalise and commence implementation of the recommendations of the workforce plan 2016/17

The Leadership Centre was commissioned to undertake a workforce review. This project commenced in January 2017 and is due for completion by the end of June 2017.



Action 3.3

Produce an agreed budget and savings plan based on a 3% reduction to our RRL and manage RQIA's finances within the revenue resource limit for 2016-17

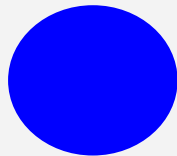
How do we measure this?

- Directorate and team budgets established
- Regular monthly monitoring reports provided to all budget owners
- Deliver savings and achieve an end-of-year break-even position on income and expenditure

Owner

Corporate Services Directorate

BRAG Rating:



Quarterly Performance

Regular monthly monitoring reports provided to all budget owners

Each director has received a pay report for their specific teams detailing current month, year to date and year end expenditure projections against budget. Non pay expenditure has been reported at a corporate level summarising the year to date and year end expenditure against budget.

Directorate and team budgets established

By the end of Quarter 2 Directorate and Team Budgets were established and agreed.

Deliver savings and achieve an end-of-year break-even position on income and expenditure

FINANCIAL POSITION 2016-17

Based on the financial position at the end of March 2017, the projected end-of-year position is break-even with an estimated underspend of £7K.

FINANCIAL SCENARIO PLAN 2017-18

RQIA has submitted a Financial Scenario Plan 2017/18 to DoH based on 2/5/10/15% savings targets which was submitted to DoH on 18 January 2017. This equates to £137K/£342K/£684K/£1,027K respectively.

VES


RQIA was allocated revised VES ring-fenced funding of £243,000 and the VES application process was completed in December 2016. This resulted in 8 staff (7.13 WTEs) being offered VES with an annual savings of £226,000. These staff left RQIA in Quarter 4 2016-17.



Fulfil RQIA's statutory obligation as a designated authority to whom whistle-blowers can make a protected disclosure

- The nature and extent of whistleblowing disclosures made to RQIA and a summary (anonymised) report of how RQIA responded to whistleblowing disclosures
- Assessment of the implementation of any recommendations for RQIA arising from the Departmental review of whistleblowing

Chief Executive's Office



The nature and extent of whistleblowing disclosures made to RQIA and a summary (anonymised) report of how RQIA responded to whistleblowing disclosures

During Quarter 4, RQIA was contacted on 32 occasions by people making whistleblowing disclosures. The majority of disclosures related to staffing levels, while other issues raised included medication issues, training and employment issues.

Quarter 4	Total No of contacts	Anonymous	Named
Regulated Services	29	20	9
MHLD	2	0	2
HSC Trusts	1	1	0

The Department commissioned Public Concern at Work to carry out a review of whistleblowing arrangements in RQIA, NIGALA and NIFRS. The fieldwork for this review was carried out in March 2017 and RQIA awaits the outcome of this review in 2017/18.



Strategic Theme 4: Continuously Improve Key Systems and Processes

Action 4.1

Make appropriate use of information and Intelligence from external sources to support inspection and review processes

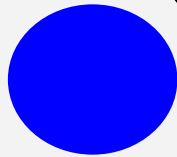
How do we measure this?

- Evaluation of the pilot of the use of the information from the Data Warehouse Project in the Nursing and Residential Teams and implementation of next steps
- Implementation of the recommendations from the Information Sources Project

Owner

Chief Executive's Office
Corporate Services Directorate
Reviews Directorate

BRAG Rating:



Quarterly Performance

Evaluation of the pilot of the use of the information from the Data Warehouse Project in the Nursing and Residential Teams and implementation of next steps

An extract of one month's A&E data from the Data Warehouse was made available to RQIA and it was matched to iConnect data on registered nursing homes. A high level analysis of this information was carried out and 12 month data extract is being requested. This will allow a further more detailed analysis to be undertaken of admissions to A&E from nursing homes.

In addition a statistician from DoH was seconded to RQIA to undertake a review of information and analysis. An action plan will be developed to take forward the recommendations from this review in 2017/18.

Implementation of the recommendations from the Information Sources Project

Following agreement by Project Board, an Information Event to examine potential sources of external information took place. Presentations from NI Neighbourhood Information Service (NINIS), Information Analysis Directorate (IAD) at the DoH, the Data Warehouse at BSO, the Confidential Inquiries and other data sources at the PHA were given and 31 staff from all Directorates across RQIA were invited. The event was successful and a post-event survey was distributed, giving all attendees the opportunity to comment on the event itself and to offer suggestions going forward.

In addition a statistician from DoH was seconded to RQIA to undertake a review of information and analysis. Work in relation to the use of information sources will be incorporated into an action plan to take forward the recommendations from this review in 2017/18.

Action 4.2

Commence roll out of iConnect web portal

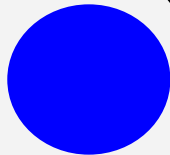
How do we measure this?

- Progress in implementing the web portal roll out plan
- Number of providers registered with and using the web portal system

Owner

Corporate Services Directorate

BRAG Rating:



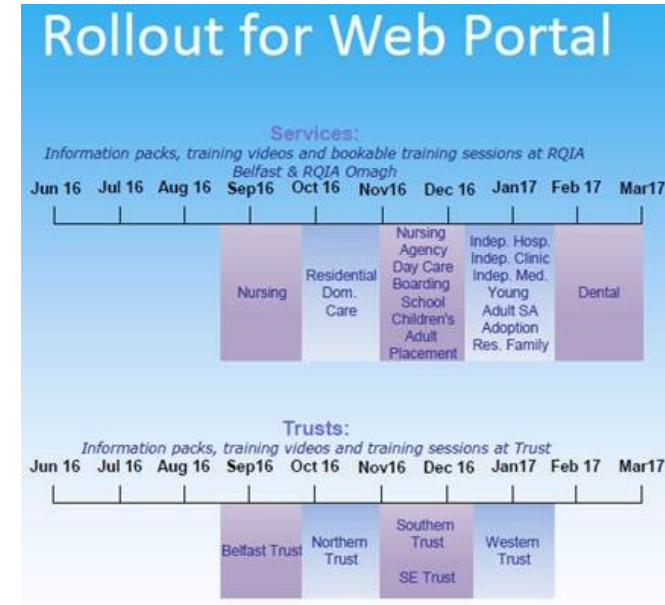
Quarterly Performance

Progress in implementing the web portal roll out plan

The iConnect web portal went live on 16/08/2016 and has now been rolled out to approximately 99.5% of services regulated and inspected by the Regulation and MHLD Directorates.

Number of providers registered with and using the web portal system

By the end of Quarter 4, 1506 services have been registered to use the web portal, with 918 (61%) of those services having logged on.



Action 4.3

Initiate a project to develop and implement an integrated MHL D information system to replace the existing legacy systems

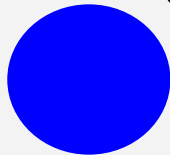
How do we measure this?

- Progress in implementing the MHL D information system project plan

Owner

Corporate Services Directorate
MHL D Directorate

BRAG Rating:



Quarterly Performance

Progress in implementing the MHL D information system project plan

Strategic Outline Case (SOC)

The Strategic Outline Case (SOC) for a MHL D Information System is complete.

Outline Business Case (OBC)

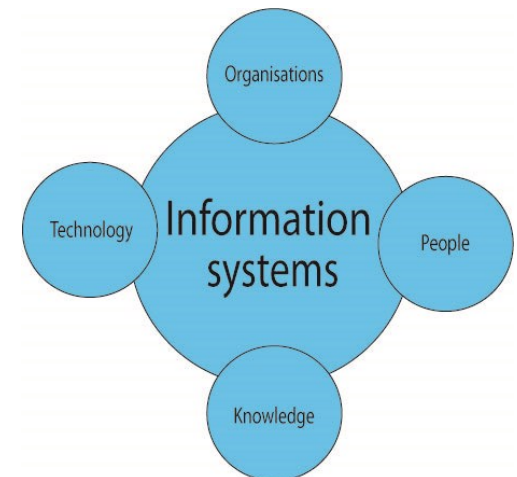
An Outline Business Case (OBC) has been developed and was approved by the Project Board on 30 March 2017. The OBC will be submitted to DoH for approval on 7 April 2017. It is assumed that the new system will be implemented in Quarter 1 2018-19, however this is dependent the timescale for approval of the OBC by DoH.

Specification

The specification was approved by the Project Board in March 2017.

Indicative Timescales

The Business Case assumes DoH approval of the OBC in Quarter 2 2017-18, a 9 month system implementation and go-live in Quarter 1 2018-19.



Action 4.4

Undertake the initial phase of preparations for ISO9001:2015 Certification leading to the development of a robust and flexible Quality Management System which will improve organisational performance

How do we measure this?

- An initial diagnostic of RQIA's level of compliance against the ISO9001:2015 criteria
- Action Plan in place to address the gaps identified in the diagnostic exercise

Owner

Corporate Services Directorate
Executive Management Team

BRAG Rating:



Quarterly Performance

An initial diagnostic of RQIA's level of compliance against the ISO9001:2015 criteria and Action Plan in place to address the gaps identified in the diagnostic exercise

A Project Brief and Project Initiation Document (PID) were developed and approved in Quarter 4.

The ISO Project Board met for the first time in March 2017 to formally initiate the project. The ISO project Board will meet on a regular basis throughout 2017/18 to monitor and guide progress in implementing ISO9001:2015 in RQIA.



Strategic Theme 5: Develop and Enhance Effective External Relationships

Action 5.1

Implement the recommendations from the external review of PPI, completed in 2015, taking account of the new PPI Standards

How do we measure this?

- Successful implementation of the 13 recommendations from the external review of PPI which demonstrates continued improvements in the embedding of PPI into RQIA's culture and practice based on the adoption of the new PPI Standards across the organisation

Owner

Corporate Services Directorate
Executive Management Team

BRAG Rating:



Quarterly Performance

Successful implementation of the 13 recommendations from the external review of PPI which demonstrates continued improvements in the embedding of PPI into RQIA's culture and practice based on the adoption of the new PPI Standards across the organisation

The Corporate Response Plan with actions aligned to the 5 PPI Standards was developed through the PPI Forum December 2015 and Senior Managers Workshop June 2016.

Approved Actions in response to PHA Personal and Public Involvement (PPI) Monitoring Feedback Report October 2015 were approved by Executive Management Team on 16 August 2016. In total 17 KPI's were agreed to ensure the delivery of all actions and by the end of Quarter 4 all KPI's were reported on target.

Personal and Public
Involvement (PPI)



Involving you, improving Care

Action 5.2

Position RQIA as an effective, reputable independent regulator

How do we measure this?

- Progress in implementing the RQIA communications and stakeholder engagement plan
- Annual survey of public opinion focusing on their knowledge of RQIA's role and function in support of RQIA's PPI obligations
- Evidence of engagement with DoH concerning key strategic decisions about the future of health and social care in NI

Owner

Chief Executive's Office

BRAG Rating:



Quarterly Performance

Progress in implementing the RQIA communications and stakeholder engagement plan

From 1 April 2016 to 31 March 2017 there were some 130,000 visitors to RQIA's website, www.rqia.org.uk, resulting in over half a million page views. The most frequently visited pages include inspection reports, enforcement and the service provider guidance section. There are over now 6,500 inspections reports available online for regulated services, and over 80 hospital inspection reports are also available. Ongoing improvement search engine optimisation work has helped improve RQIA's search ranking, making it the top result on Google, Bing and Yahoo.

At 31 March 2017, RQIA's Twitter account @RQIANews had almost 1,500 followers, up from 800 at 1 April 2016.

During quarter 4, reports of RQIA's reviews of perinatal mental health services; emergency social work provision; and governance arrangements in HSC organisations to support professional regulation were published. RQIA also published the findings from its inspection of Daisy Hill Hospital, Newry, the first report from the second phase of RQIA's ongoing acute hospital inspection programme.

RQIA also continued its attendance at the main political party conferences, with a joint regulators stand at The Alliance Party Conference during March, in partnership with colleagues from NISCC, GMC, the Pharmaceutical Society of Northern Ireland and the Northern Ireland NHS Confederation.

Evidence of engagement with DoH concerning key strategic decisions about the future of health and social care in NI

In Quarter 4 RQIA contributed / responded to the following:

- Consultation on the Adoption and Children (Northern Ireland) Bill
- Contributed to the HSC Wide Leadership Strategy
- Member of Transformation and Implementation Group (Elective Care Plan)
- Member of Review of Children's Faculty Project Board

The Chief Executive is a member of the Improvement Institute Steering Group. Two meetings of the Improvement Network Steering Group were held in Quarter 4.

Annual survey of public opinion focusing on their knowledge of RQIA's role and function in support of RQIA's PPI obligations

During 2016-17, for the first time, RQIA participated in the annual Health Survey Northern Ireland, which included questions on public awareness of RQIA and its role.

Review the effectiveness of the current working arrangements with other regulatory organisations and arms-length bodies (ALB)

- Revise and update existing MoUs and Information Sharing agreements with other statutory organisations and regulatory bodies
- Assessment of the effectiveness of the current working arrangements

Chief Executive's Office



Assessment of the effectiveness of the current working arrangements

Revise and update existing MoUs and Information Sharing agreements with other statutory organisations and regulatory bodies

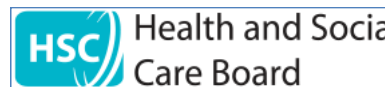
In Quarters 1 and 2 Memorandums of Understanding were initiated with the:

- General Dental Council
- Nursing and Midwifery Council

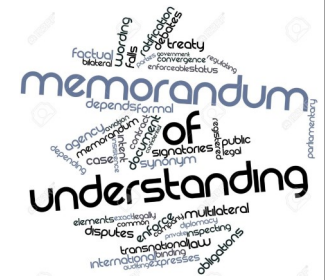


In Quarters 1 and 2 Memorandums of Understanding were signed off with the:

- HSCB Dental Services



In Quarter 4 there were no MoUs signed off.



Strategic Theme 6: Focus Improvement Activities on Outcomes

Action 6.1

Evaluate and agree the future use of lay assessors and peer reviewers in the delivery of RQIA's inspection and reviews programme

How do we measure this?

- The number of inspections and reviews which have involved lay assessors and peer reviewers
- Completed evaluation of the experience of lay assessors engaged in inspections and reviews and take forward the areas for improvement
- Evaluation of the role and contribution of peer reviewers in the RQIA inspection programme and take forward the areas for improvement

Owner

Chief Executive's Office
Executive Management Team

BRAG Rating:



Quarterly Performance

Evaluation of the role and contribution of peer reviewers and lay assessors engaged in the RQIA inspection programme and take forward the areas for improvement

Findings from the evaluation of peer reviewers experience in the Acute Hospital Inspection programme was collated via a feedback form and questionnaire. This is incorporated into a new section in each report entitled 'Learning from Peer Reviewers'.

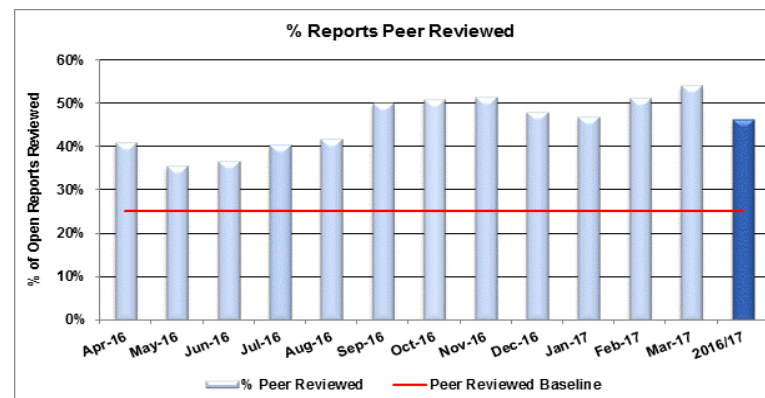
A feedback questionnaire is completed by all lay assessors, after each inspection, and learning is taken forward as part of the continual review of this programme. In the 2017/18 Business Plan RQIA has committed to increasing the percentage of inspections completed with lay assessor involvement by 20% year on year.

The number of inspections and reviews which have involved lay assessors and peer reviewers

During Q4, there have been two Healthcare inspections which involved a team of lay assessors and peer reviewers, ie: Acute Hospital Inspection to the Mater and Lagan Valley Hospitals.

Three reviews were underway during Q4, all of which involved peer reviewers from:

- Nottingham University Hospitals NHS Trust, the Chair of the Children's Surgical Forum in England and Addenbrooke's Hospital involved in the Review of General Paediatric Surgery in NI
- Wales Optometry Postgraduate Education Centre, Powys Teaching Health Board and Leicestershire & Lincolnshire Local Eye Health Network in the Review of the Implementation of the Developing Eyecare Partnerships Strategy
- Royal Hospital, Edinburgh and the NI ADEPT Fellow Programme in the Review of Emergency Mental Health and Learning Disability Services in Northern Ireland



During Quarter 4, 51% of open reports were peer reviewed which is above the set target of 25%. The cumulative total for Quarter 4 is 46%.

Action 6.2

Actively engage with HSC organisations to promote initiatives to improve the quality of health and social care in Northern Ireland

How do we measure this?

- Evidence of RQIA's involvement in Quality 2020 work-streams where appropriate
- Evidence of engagement with the developing Improvement Networks for Northern Ireland

Owner

Chief Executive's Office

BRAG Rating:



Quarterly Performance

Evidence of engagement with the developing Improvement Networks for Northern Ireland

The Chief Executive has joined the Improvement Institute Steering Group. Two meetings of the Improvement Network Steering Group were held in Quarter 4.

The Reviews and Medical Director has joined the Working Group. A Working Group and Design Workshop was held in February 2017. The meetings will continue throughout 2017-18.



IMPROVEMENT NETWORK
NORTHERN IRELAND

Action 6.3

Publish information about the impact of RQIA's programmes of work on Health and Social Care in N.I.

How do we measure this?

- RQIA will strengthen our collection of information on outcomes to inform our reporting about the impact of our work programmes in our reports to the public

Owner

Chief Executive's Office

BRAG Rating:



Quarterly Performance

RQIA will strengthen our collection of information on outcomes to inform our reporting about the impact of our work programmes in our reports to the public

Monitoring of RQIA Recommendations from Review Reports

A Departmental-led regional short life working group, with representation from RQIA, the 5 HSC Trusts, the HSC Board and PHA was established to develop a mechanism to advise RQIA and the DoH as to progress of the implementation of recommendations from RQIA review reports.

A standardised template was developed by RQIA and has been agreed.

The template includes the facility to report whether an individual recommendation is:

- Complete, with date of completion
- On target to be completed, with date of planned completion
- Not on target to be completed, with reason
- Not achievable / no longer appropriate, with reason

It has also been agreed to look back approximately two years and report on all RQIA recommendations made since March 2014.

The first set of returns has been presented to the DoH Top Management Group and Internal Audit and a satisfactory assurance in relation to the new reporting system has been given. The DoH will now draft guidance on the process and also issue guidance to Departmental policy leads to ensure increased engagement and streamline internal processes. The DoH will also request appropriate action from other Arms Length Bodies on applicable reviews.

There has been positive feedback in terms of the benefits of the new reporting system, with organisations adopting the system to inform their own top management groups.

Going forward, updates will be requested by the DoH at the beginning of February and July for return by the end of March and September respectively. These will be shared with RQIA. This piece of work has now been completed.

Annual Quality Report

RQIA has strengthened its annually produced quality report to better demonstrate the impact of RQIA's services and functions. The Annual Quality Report 2015-16 was completed and sent to the Departmental approval in Quarter 2.

Strategic Theme 7: Actively Lead Change and Manage Risk

Action 7.1

Develop and produce a Corporate Strategy 2017-21

How do we measure this?

- Production and approval of RQIA's Corporate Strategy 2017-21

Owner

Corporate Services Directorate

BRAG Rating:



Quarterly Performance

Production and approval of RQIA's Corporate Strategy 2017-21

The draft Corporate Strategy 2017-21 went out to eight weeks formal consultation in Quarter 4. Two consultation events were held in March 2017 in Mossley Mill, Derry /Londonderry and the Ulster Hospital.

Final amendments were made to the draft Corporate Strategy 2017-21 based on the feedback received from the consultation and the document was approved by RQIA's Board on 23 March 2017 and was subsequently approved by DoH.

**DRAFT PROGRAMME
FOR GOVERNMENT
FRAMEWORK**
2016 - 21

Action 7.2

Develop and take forward a programme of key strategic and quality improvement work streams taking account of external benchmarks including the Ireland Excellence Award (EFQM)

How do we measure this?

- Progress in implementing the EFQM identified improvements, following assessment in 2015, through the EMT and the Corporate Performance Report
- Production of RQIA's Quality Report 2015/16

Owner

Chief Executive's Office
Corporate Services Directorate

BRAG Rating:



Quarterly Performance

Production of RQIA's Quality Report 2015/16

RQIA's Quality Report 2015-16 was approved by the RQIA Board and DoH in September. The report was published 10 November marking World Quality Day.

Progress in implementing the EFQM identified improvements, following assessment in 2015, through the EMT and the Corporate Performance Report

The following improvement work streams were identified as an outcome of the EFQM assessment:

1. Work closely with BSO to deliver a range of outsourced corporate service functions (3.1) - Director of Corporate Services
2. Finalise and implement the workforce plan (progress towards next liP assessment in 2017-18) (3.2) Initial diagnostic of RQIA carried out 21 September led by Chief Executive and chosen liP directorate Leads - Chief Executive
3. Undertake the initial phase of preparations for ISO9001:2015 Certification leading to the development of a robust and flexible Quality management System which will improve organisational performance (4.4) . Amended draft Project Brief produced - Chief executive from Quarter 4.
4. Implement the recommendations from the external review of PPI, completed in 2015, taking account of the new PPI Standards (5.1). PPI monitoring through each directorate by each director as named PPI Directorate Leads - Director of Corporate Services
5. Actively engage with HSC organisations to promote initiatives to improve the quality of health and social care in Northern Ireland (6.2) - Chief Executive
6. Publish information about the impact of RQIA's programmes of work on Health and Social Care in N.I. (6.3) - Director of Reviews
7. Review the effectiveness of the current working arrangements with other regulatory organisations and arms-length bodies (5.3) - Chief Executive
8. Develop and take forward a programme of key strategic and quality improvement work streams taking account of external benchmarks including the Ireland Excellence Award (EFQM) Feedback Report (7.2) - Chief Executive

Progress is reported to the Board in the quarterly Corporate performance Report.



Action 7.3

Implement a robust Risk Management Strategy

How do we measure this?

- Attainment of substantive compliance with the Risk Management Controls Assurance Standard
- Revised Risk Management Strategy approved by the Audit Committee and RQIA Board

Owner

Corporate Services Directorate

BRAG Rating:



Quarterly Performance

Attainment of substantive compliance with the Risk Management Controls Assurance Standard

Standard	Level of Compliance
Financial Management (Core Standard)	85% - Substantive
Management of Purchasing & Supply	82% - Substantive
Governance	75% - Substantive
Risk Management	86% - Substantive
Health & Safety	85% - Substantive
Security Management	89% - Substantive
Fire Safety	89% - Substantive
Information Management	87% - Substantive
Information Communications Technology	76% - Substantive
Human Resources	86% - Substantive

RQIA achieved substantive compliance (86%) in Risk Management in March 2017. The table details the compliance scores for the 10 Controls Assurance Standards completed by the RQIA with all functions achieving substantive compliance by the year end.

Revised Risk Management Strategy approved by the Audit Committee and RQIA Board

The Risk Management Strategy 2016/17 was approved by the RQIA Board on 7 July.



Action 7.4

Agree and deliver a risk based Internal Audit Plan

How do we measure this?

- RQIA's Internal Audit Plan successfully delivered on target
- Implementation of the recommendations from a programme of risk based internal audits focused on the operational work of RQIA

Owner

Corporate services Directorate

BRAG Rating:



Quarterly Performance

Implementation of the recommendations from a programme of risk based internal audits focused on the operational work of RQIA



RQIA AUDIT RECOMMENDATIONS

Summary of Progress as at April 2017

(i) Financial Review		(iv) MHO Responsibilities 2015-16	
1. COMPLIANCE WITH PROMPT PAYMENT TARGETS		13. COMPUTER SYSTEMS IN MHL	
2. ORGANISATION MANAGEMENT (OM) STRUCTURE		14. REVISED CAPACITY LEGISLATION	
3. SALARY OVERPAYMENTS		15. FUNDING FOR PART IV DOCTORS	
4. CHECKING OF IT ASSETS		16. PEER REVIEW PROCESS	
(ii) Board Effectiveness		External Audit – Financial Review	
5. SUCCESSION PLANNING FOR THE BOARD		17. QUALITY OF ANNUAL REPORT AND ACCOUNTS	
6. COMMUNICATION ISSUES		18. COMPLIANCE WITH PROMPT PAYMENT TARGETS	
7. DEVELOPMENT OF INFORMATION PROVIDED TO THE BOARD		19. CONFLICT OF INTEREST DECLARATION	
8. FOLLOW UP OF THE BOARD SELF-ASSESSMENT CHECKLIST			
(iii) Regulation and Nursing			
9. FOLLOW UP OF PREVIOUS REQUIREMENTS AND RECOMMENDATIONS IN QIPs			
10. QUALITY ASSURANCE PROCESS			
11. POLICY, PROCEDURES AND TRAINING			
12. PRE INSPECTION AUDIT TOOL			

By the end of Quarter 4, 84% (16) recommendations were implemented, 11% (2) are on target for implementation and 5% (1) is behind schedule.

Guide

Actions behind schedule	Actions on target	Actions implemented
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1





RQIA Internal Audit Plan successfully delivered on target

In Quarter 4, three audits in Regulated Services, Risk Management and GAIN were completed. A consultancy review of RQIA Governance and Board Effectiveness was also completed by BSO Internal Audit.



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Summary of Actions that require Exception Reports

Actions		Anticipated year end status	Progress	Exception Report: Reason / Action / Emerging Risk	Page Number
1.2	Complete the planned programme of activity for 2016/17 in respect of the following areas: Reviews, Infection & Hygiene, Acute Hospitals, Ionising & Radiation, GAIN Programme, MHLD and Regulated Services			<p>Reviews progress on planned activity for the year - There are a total of 29 milestones. At the end of March 2017, 25 out of the 29 milestones had been achieved. Two drafted reports were further delayed in their submission to the DoH, which are planned to be submitted in Q1 2017/18, and the Review of Child Protection had to be placed on hold due to unforeseen circumstances.</p> <p>GAIN Programme progress on milestones - Four agreed milestones for the GAIN work plan for 2016/2017 were: Project Initiation Meeting (PIM), Fieldwork commenced, draft report received and invitation to apply for funding. There are a total of 28 milestones.</p> <p>By the end of Quarter 4, 25 milestones were achieved with the 26th falling into Quarter 1 of 2017/18 and the 27th and 28th falling into Quarter 2.</p>	7
7.4	Agree and deliver a risk based Internal Audit Plan			Implementation of the Audit Recommendations 2015-16 is currently behind target in one recommendation. Internal Audit recommended that RQIA should progress the development of a business case for a new MHLD information system for approval by DoH. This audit recommendation was incorporated into the Business Plan 2016-17 as action 4.3 and its progress it reported through this Corporate Performance Report.	30

RQIA Strategy Map 2015-18

