



The **Regulation** and
Quality Improvement
Authority



Corporate Performance Report 2016-17 Quarter 2: July - September 2016

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 33 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 June 2016)

The table below shows a summary of the Traffic Light rating assigned to 24 actions within the Business Plan for the period ending September 2016.

| Traffic Light | Period Ending June 2016 | Period Ending September 2016 | Period Ending December 2016 | Period Ending March 2017 |
|---|-------------------------|------------------------------|-----------------------------|--------------------------|
| Red  | 0 | 1 (4%) | | |
| Amber  | 1 (4%) | 4 (16%) | | |
| Green  | 23 (96%) | 19 (80%) | | |
| Blue  | 0 | 0 | | |

At the end of the 2nd Quarter of 2016/17, 80% of the actions within the Business Plan were reported as Green.

Headline achievements within the Quarter for the period ending September 2016

Strategic Publications (Approved and Published)

- Review of Administration of Electro Convulsive Therapy 2014/15
- Review of the Experience People Subjected of Guardianship under the Mental Health (NI) Order 1986

Business Priorities

- RQIA Annual Business Plan 2016/17 approved
- Governance Statement produced
- RQIA Risk Management Strategy 2016/17 approved
- Annual Report and Accounts produced
- Review of Community Services for Adults with a Learning Disability completed

Reviews Directorate Reports 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
- The Acute Hospital Inspection of Antrim Area Hospital – published August 2016
- The Acute Hospital Inspection of the Royal Victoria Hospital – published September 2016

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
- Analysis of the outcomes of inspections against the achievement matrix
- 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

| Measures with Future Reporting Dates | |
|---|-------------|
| Measure | Report Date |
| Attainment of satisfactory assurance through the internal audit of inspection systems and processes | Quarter 4 |
| Analysis of the outcomes of inspections against the achievement matrix | Quarter 4 |
| 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 | Quarter 4 |

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 2 one work-stream was successfully delivered and the 7 remaining work-streams are on target for implementation by year end.

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 2016-30 Sep 2016 | | | | | No of Services Inspected |
|--|--|------------|-----------|-----------|-------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5+ | |
| Adult Placement Agency (APA) | | | | | | 0 |
| Boarding School | | | | | | 0 |
| Childrens (CH) | 63% | 29% | 8% | | | 38 |
| Day Care Setting (DCS) | 74% | 24% | | 1% | | 90 |
| DCA-Conventional | 92% | 8% | | | | 64 |
| DCA-Supported Living | 95% | 5% | | | | 88 |
| Independent Clinic (IC) | 100% | | | | | 3 |
| Independent Hospital (IH) | 67% | 26% | 4% | 4% | | 27 |
| Independent Hospital (IH) - Dental Treatment | 89% | 7% | 3% | | | 187 |
| Independent Medical Agency (IMA) | 100% | | | | | 2 |
| Nursing (NH) | 40% | 44% | 11% | 4% | 0.4% | 241 |
| Nursing Agency (NA) | 100% | | | | | 8 |
| Residential (RC) | 48% | 43% | 7% | 1% | | 190 |
| Residential Family Centre (RFC) | | | | | | 0 |
| Young Adult Supported Accommodation | 100% | | | | | 2 |
| Grand Total | 66% | 27% | 5% | 1% | 0.1% | 940 |

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 D and Regulated Services

How do we measure this?

- Reviews progress on planned activity for the year
- Infection & Hygiene progress on planned inspection activity for the year
- Acute Hospitals progress on planned inspection activity for the year
- Ionising Radiation progress on planned inspection activity for the year
- 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

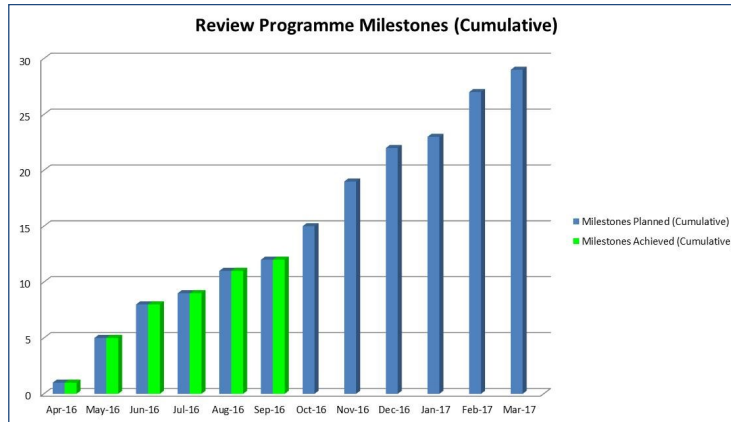
Reviews Directorate
Regulation and Nursing Directorate
MHL D Directorate

BRAG Rating:



Quarterly Performance

Reviews progress on planned activity for the year



Milestones of the RQIA Review Programme for 2016/2017 include agreement of delivery plan; project briefs agreed; fieldwork commenced; first draft of review reports completed and review reports submitted to the Department of Health.

There are a total of 29 milestones. During Q2, all planned milestones had been achieved.

Measures with Future Reporting Dates

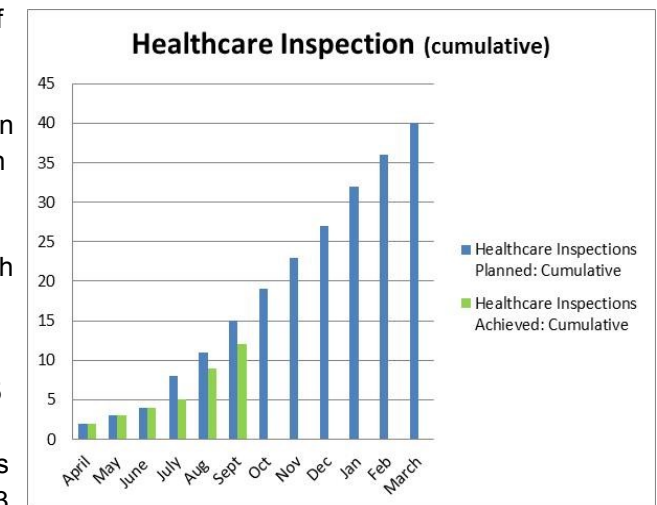
| Measure | Report Date |
|---|-------------|
| Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action | Quarter 4 |

Infection & Hygiene / Acute Hospitals / Ionising Radiation progress on planned inspection activity

Infection and Hygiene - Following the introduction of the new Acute Hospitals inspection programme, inspections in Infection Prevention and Control re-commenced in June 2016. In light of the reduction in staffing of the team and the extra work associated with evaluating the initial phase and starting the second phase of the hospital inspection programme, in the future, it is planned to take a more risk based approach to infection prevention and control inspections.

Acute Hospitals - Quarter 2 completed 5 out of the 5 new acute hospital inspections. During Quarter 2 a comprehensive evaluation of the new programme was undertaken. Inspections will re-commence in Quarter 3.

Ionising Radiation - During 2016/2017 the IR(ME)R programme will undergo an assessment of its previous activity and processes. Inspections will resume following this review.



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, MHLD and Regulated Services

How do we measure this?

- GAIN Programme progress on milestones
- MHLD 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
MHLD Directorate

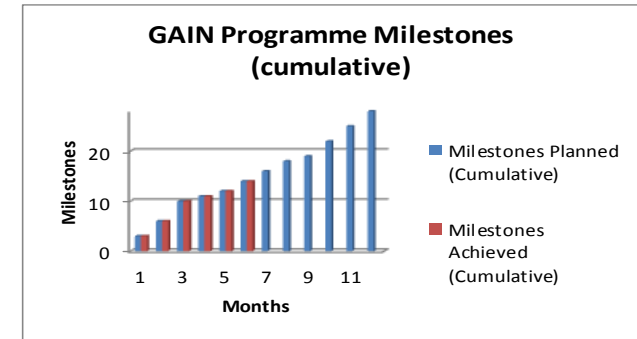
BRAG Rating:



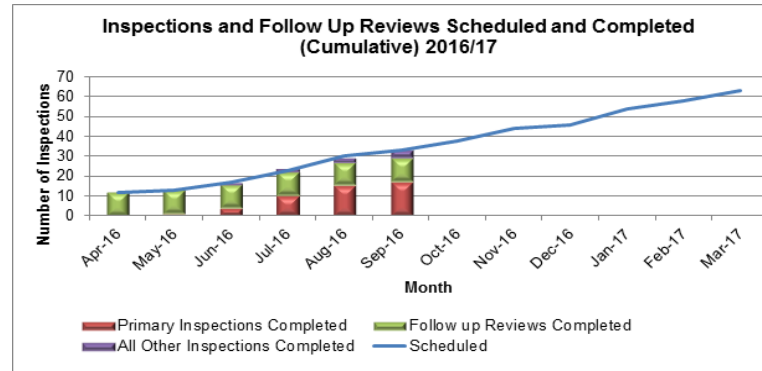
Quarterly Performance

Milestones for the GAIN work plan agreed for 2016/2017: Project Initiation Meeting (PIM), Fieldwork commenced and draft report received. There are a total of 28 milestones. The GAIN programme is on target.

GAIN Programme progress on Milestones



MHLD progress on planned inspection activity for the year



In Quarter 2 the MHLD team completed 16 inspections of Mental Health and Learning Disability inpatient facilities. Nine were scheduled as three day unannounced primary inspections, four as one day announced inspections and three were unscheduled inspections as result of whistleblowing letters or other intelligence received by the directorate.

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

In Quarter 2, 714 (49%) 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 | | 0% |
| Childrens (CH) | 45 | 14 | 31% |
| Day Care Setting (DCS) | 175 | 86 | 49% |
| DCA-Conventional | 122 | 61 | 50% |
| DCA-Supported Living | 177 | 87 | 49% |
| Independent Clinic (IC) | 6 | 3 | 50% |
| Independent Hospital (IH) | 51 | 26 | 51% |
| Independent Hospital (IH) - Dental Treatment | 375 | 186 | |
| Independent Medical Agency (IMA) | 5 | 2 | 40% |
| Nursing (NH) | 255 | 144 | 56% |
| Nursing Agency (NA) | 31 | 7 | 23% |
| Residential (RC) | 194 | 98 | 51% |
| Residential Family Centre (RFC) | 1 | | 0% |
| Voluntary Adoption Agency (VAA) | 4 | | 0% |
| Overall Total | 1445 | 714 | 49% |

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 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.

Following analysis of the returns, the DoH is to update RQIA during Quarter 3.



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
MHLD Directorate

BRAG Rating:



Quarterly Performance

| Measures with Future Reporting Dates | |
|---|-------------|
| Measure | Report Date |
| The outcome of the DoH led review of the Fees and Frequencies of Inspections regulations (2005) | Quarter 4 |

The Draft Mental Capacity legislation developed

RQIA has responded to the DoH Mental Capacity Act (MCA) Implementation Group on the first four 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.

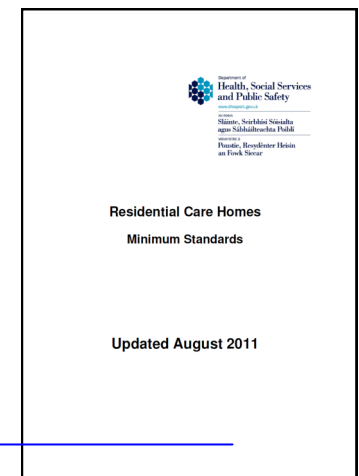
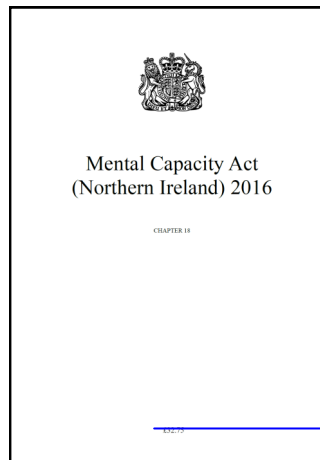
A further two discussion papers were submitted to the MCA Implementation Group:

- a) the 'definition of serious intervention and treatment with serious consequences in the Act'; and
- b) provision of independent mental capacity advocates has also been reviewed by RQIA and the response.

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 and prior to the Act commencing.

Updated care standards for residential care homes

RQIA is engaged with the Department of Health (DoH) on a review of the care standards for Residential Care Homes. Progress with the engagement with DoH will be reported throughout the year.



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, to include:

1. Approval of Start Up and Initiation by Project Board
2. Completion of Literature Review
3. Position Papers: Arrangements in NI: Arrangements in Other Countries
4. Design of Methodology
5. Fieldwork: Focus Groups; Questionnaires; Audit
6. Assessment by Project Board
7. Production of Report for DoH

By the end of Quarter 2 2016/17, milestones 1-6 have been completed Quarter 3 will complete the 7th milestone production of the report.

GAIN Project Identifying Learning from Serious Adverse Incidents (SAIs)

There are 7 project milestones, to include:

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

By the end of Quarter 2 2016/17, milestones 1-4 are complete. Milestone 5 was not complete because of extension to include NIAS, 5 - 7 plus extended fieldwork will be completed by end of December.



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

The Mental Capacity Act received Royal assent on 10 May 2016. A paper was sent by RQIA to DoH regarding the amendments required to be made to the 2003 Order. The DoH have advised that they will set up a meeting with RQIA to discuss required amendments, in due course.

A substantial number of regulations (88) need to be drafted by DoH before any assessment of the impact of Act can be considered.



Mental Capacity Act
(Northern Ireland) 2016

CHAPTER 11

02.75

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

A project has been established within RQIA to manage the transition of a range of corporate functions to an outsourced service model delivered by BSO. The project consists of six work-streams:

- HR/TUPE
- Agreement of SLAs
- Transfer of Services
- Impact on Corporate Services and other Directorates
- Training and Support
- Communication and Engagement

RQIA is working collaboratively with BSO in progressing the transition to shared services. Timescales for the transfer of a range of corporate functions to BSO will vary depending on the service area, complexity and progress in placing affected staff.

Progress is as follows in each service area:

Administration of Income – this function has transferred. Work to develop new procedures to support the administration of income will be completed in October 2016.

Enhanced Equality/DDO – this function has transferred to BSO and the new RQIA Equality Forum has met twice 2016/17.

OD – this function has been outsourced to the HSCLC.

ICT – phase 1 of the transfer of ICT functions to BSO was completed in September and phase 2 scheduled for the 3-7 November 2016.

Finance – the finance function will transfer to BSO on 1 November 2016.

Corporate Functions (IG/RM, H&S, Premises Management) – these functions transferred to BSO on 1 September 2016.



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

| <i>Measures with Future Reporting Dates</i> | |
|---|-------------|
| Measure | Report Date |
| Updated workforce plan for 2017/18 | Quarter 4 |

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

The Leadership Centre has been commissioned to undertake a workforce review and to produce a Workforce and Organisational Development Plan . This project will formally commence in November 2016.



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
- Achieve an unqualified audit opinion of final accounts

Owner

Corporate Services Directorate

BRAG Rating:



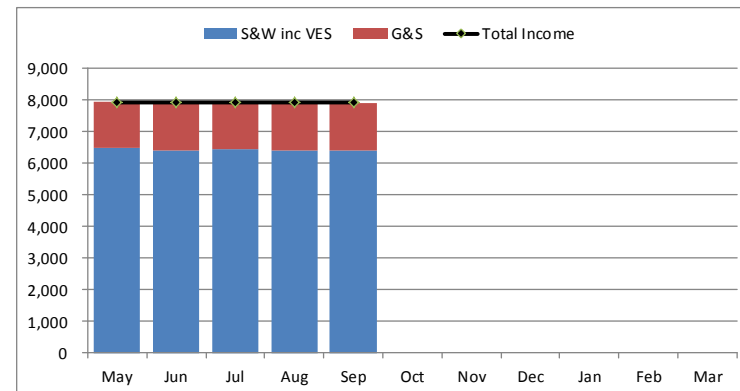
Quarterly Performance

| Measures with Future Reporting Dates | |
|--|-------------|
| Measure | Report Date |
| Directorate and team budgets established | Quarter 2 |
| Deliver savings and achieve an end-of-year break-even position on income and expenditure | Quarter 4 |
| Achieve an unqualified audit opinion of final accounts | Quarter 4 |

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.

Monthly Forecast of Year End Position



| | Sep £'000 |
|--------------------------|--------------|
| Expenditure | |
| S&W inc VES | 6,403 |
| G&S | 1,528 |
| Total Expend | 7,931 |
| Income | |
| Other Income | 887 |
| VES | 184 |
| RRL | 6,844 |
| Total Income | 7,915 |
| Surplus/(Deficit) | (16) |

The current RRL funding excludes £19k Clinical Excellence Award for the period April 16 -Sept 16 inclusive. This outstanding funding will enable RQIA to break even at the year end. Ring Fenced funding for Voluntary Exit Scheme (VES) has been confirmed, it is assumed that the full amount will be utilised and has been included within the S&W costs.

The monthly forecast for the end of Year position 2016/17 as reported at the end of September shows that RQIA is on-target for break-even.



Action 3.4

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

How do we measure this?

- 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

Owner

Chief Executive's Office

BRAG Rating:



Quarterly Performance

| Measures with Future Reporting Dates | |
|---|-------------|
| Measure | Report Date |
| Assessment of the implementation of any recommendations for RQIA arising from the Departmental review of whistleblowing | Quarter 4 |

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

RQIA is a prescribed body under The Public Interest Disclosure (Northern Ireland) Order 1998. Those wishing to raise concerns about wrongdoing in their workplace can bring these to RQIA, who will work to ensure the protection of vulnerable service users. It is this legislation that provides protection to the person raising the concerns.

The number of people contacting RQIA to whistleblowing is increasing. During Quarter 2, RQIA was contacted on 51 occasions by people making whistleblowing disclosures. Issues raised included: staffing levels, concerns about management and general care concerns.

| | Total No of contacts | Anonymous | Named |
|--------------------|----------------------|-----------|-------|
| Regulated Services | 45 | 37 | 8 |
| MHLD | 3 | 2 | 1 |
| HSC Trusts | 3 | 2 | 1 |



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

In Quarter 1, RQIA contacted the Honest Broker Service (HBS) at BSO which is the HSC contact group for accessing the Data Warehouse Project. The HBS will enable the provision of anonymised, aggregated and in some cases pseudonymised health and social care data from Data Warehouses (held within the Business Services Organisation) to the DoH and HSC organisations.

It was agreed with the Honest Broker Service to extract regional figures for patients admitted to A&E departments from residential care homes, during the period of one calendar month, which RQIA will evaluate and potentially combine with the data it currently holds on registered residential homes. This is a pilot exercise in order to inform RQIA of the breadth and detail of data held by the Regional Data Warehouse, and how it could be used to enhance and support the inspection and review processes within RQIA. An updated dataset was received on 27th September 2016. This data is

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.

The project completed in Quarter 2, with an End of Project Report being prepared, which included the following recommendations:

1. An annual Information Event for relevant RQIA staff should be established.
2. A catalogue/list of contact details and websites should be developed and made accessible via the RQIA intranet.

These should be considered by RQIA's Head of Information and Information Team, with an aim to have arrangements in place by Quarter 1, 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:



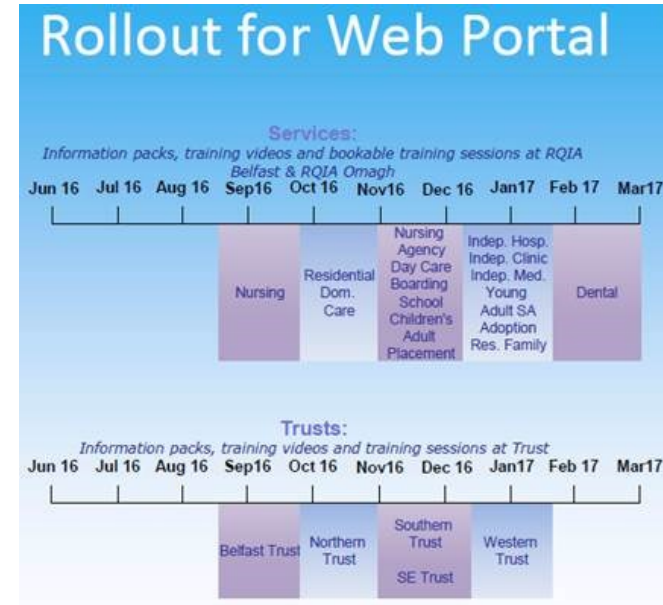
Quarterly Performance

Progress in implementing the web portal roll out plan

Following the conclusion of a pilot, the iConnect web portal went live on 16th August. The rollout of the web portal to services regulated and inspected by the Regulation and MHLD Directorates will be carried out in five tranches, broken down by trust areas and service types. Factoring in the slight delay in launching the portal, the rollout plan has been adjusted with tightened timescales to enable its completion by the original deadline of the end of March 2017. Registered Nursing Homes, as well as a number of larger providers including the Belfast HSC Trust were issued with usernames and passwords for the portal. There have been slight delays in rolling out to Tranches 1 and 2 due to technical issues but this project is still on target.

Number of providers registered with and using the web portal system

By the end of Quarter 2, 363 services have registered using the web portal, (as at the end of Oct,764 registered).



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:

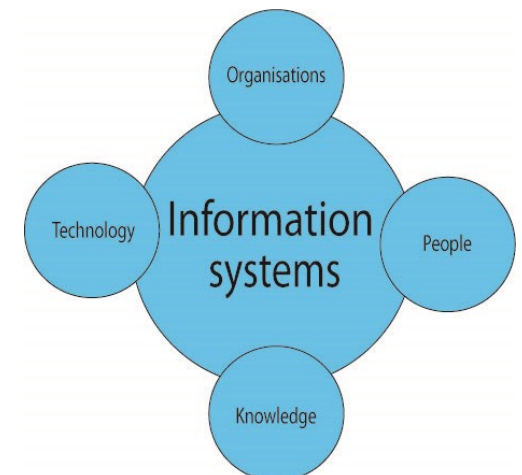


Quarterly Performance

Progress in implementing the MHL D information system project plan

The Strategic Outline Case (SOC) for a MHL D Information System was submitted to the DoH on 7 June 2016 for their approval. The SOC was reviewed at the eHealth Programme Management Group (PMG) on 31 August 2016 and it was suggested that there needed to be further discussion on the scope of what is being proposed and any potential overlap with existing systems. There has been an unavoidable delay in meeting with representatives of the eHealth PMG, but a meeting has now been scheduled for 4 November 2016.

It is planned that the SOC will be re-submitted to the eHealth PMG for approval following clarification and resolution of any issues they may have.



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

| <i>Measures with Future Reporting Dates</i> | |
|--|-------------|
| Measure | Report Date |
| Action Plan in place to address the gaps identified in the diagnostic exercise | Quarter 4 |

An initial diagnostic of RQIA's level of compliance against the ISO9001:2015 criteria

Competing priorities have delayed the initiation of this project until Quarter 2. A project brief to initiate a Project Initiation Document (PID) is currently being drafted which proposes to engage external expertise to initiate the diagnostic. The PID is due to be completed in Quarter 3. This will be a corporate wide project managed at a Director level and led by Kathy Fodey.



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. Actions have been developed that will meet all relevant recommendations.

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

| <i>Measures with Future Reporting Dates</i> | |
|--|----------------|
| Measure | Report Date |
| Evidence of engagement with DoH concerning key strategic decisions about the future of health and social care in NI | Quarters 2 - 3 |
| Annual survey of public opinion focusing on their knowledge of RQIA's role and function in support of RQIA's PPI obligations | Quarter 3 |

Progress in implementing the RQIA communications and stakeholder engagement plan

During Quarter 2, work continued on adding further content to RQIA's new website, which went live during August. During quarters 1 and 2 there were over a quarter of a million page views, by 65,000 visitors to the site. At 30 September RQIA's Twitter account @RQIANews had over 1,100 followers, up from 800 at 31 March 2016. RQIA published two major review reports during quarter 2, each accompanied by a short summary leaflet highlighting our key findings and recommendations. These included RQIA's review of the Operation of Health and Social Care Whistleblowing Arrangements in health and social care, published in September 2016. The report of the acute hospital inspection at the Royal Victoria Hospital, Belfast was also published during the quarter.

In September, RQIA participated in the annual Regulators Parliamentary Reception at Parliament Buildings Stormont, in partnership with Northern Ireland's systems and professional regulators, including NISCC, GFMC and the NI Pharmaceutical Society. Also in September, RQIA provided evidence to the Northern Ireland Assembly Health Committee on the work of RQIA. These events provided a platform to showcase the full range of RQIA's work and achievements.

Action 5.3

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

How do we measure this?

- 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

Owner

Chief Executive's Office

BRAG Rating:



Quarterly Performance

| Measures with Future Reporting Dates | |
|---|-------------|
| Measure | Report Date |
| Assessment of the effectiveness of the current working arrangements | Quarter 4 |

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

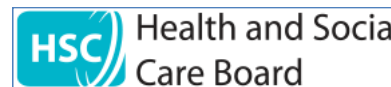
In Quarters 1 and 2 Memorandums of Understanding were initiated with the:

- General Dental Council
- Nursing and Midwifery Council

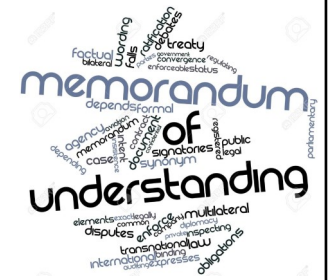


In Quarters 1 and 2 Memorandums of Understanding were signed off with the:

- HSCB Dental Services



In Quarter 2 a new template for the completion of MoUs was created.



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:



All measures on target for completion

Quarterly Performance

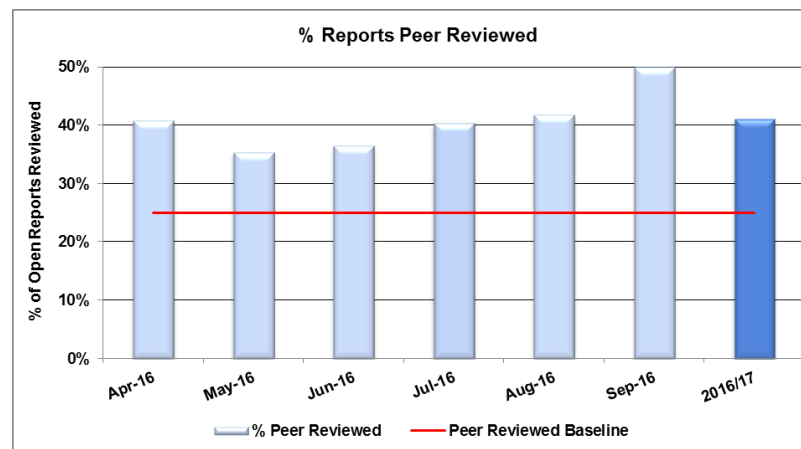
| Measures with Future Reporting Dates | |
|---|-------------|
| Measure | Report Date |
| Completed evaluation of the experience of lay assessors engaged in inspections and reviews and take forward the areas for improvement | Quarter 4 |
| Evaluation of the role and contribution of peer reviewers in the RQIA inspection programme and take forward the areas for improvement | Quarter 4 |

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

During Q2, there has been one Healthcare inspection which involved a team of lay assessors and peer reviewers, ie: Acute Hospital Inspection to Altnagelvin Area Hospital. An evaluation of peer reviewers and lay assessors experience in the Acute Hospital Inspection programme is being taken forward.

Three reviews were underway during Q2, all of which involved peer reviewers from:

- Salford Royal in Manchester, Renal Services Victoria Hospital Kirkcaldy, ADEPT Clinical Fellows, a NIMDTA Trainee and a Lay Assessor involved in the Review of Renal Services
- Care Inspectorate, Scotland involved in the Review of the Regional Emergency Social Work Service
- Perinatal Mental Health Service and West of Scotland Mother & Baby Unit, HSC Greater Glasgow and Clyde in the Review of Perinatal Mental Health Services in Northern Ireland



During Quarter 2 50% of open reports were peer reviewed which is above the set target of 25%. The cumulative total for Quarter 2 is 40%.

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

| <i>Measures with Future Reporting Dates</i> | |
|---|-------------|
| Measure | Report Date |
| Evidence of RQIA's involvement in Quality 2020 work-streams where appropriate | Quarter 4 |

Evidence of engagement with the developing Improvement Networks for Northern Ireland

The job description for the Medical Director is currently under review to incorporate a lead role to improve the quality of health and social care in Northern Ireland.



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:



All measures on target for completion

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:

- Completed, with date of completion
- On target to be completed, with date of planned completion
- Not on target to be completed, with reason
- Recommendation 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 date for completion of this exercise was the end of Quarter 2.

Following analysis of the returns, the DoH is to update RQIA during Quarter 3.

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

| <i>Measures with Future Reporting Dates</i> | |
|--|-------------|
| Measure | Report Date |
| Production and approval of RQIA's Corporate Strategy 2017-21 | Quarter 4 |

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

Work is on-going to produce the new Corporate Strategy 2017-21 by the end of Quarter 3. Four staff pre-consultations were held in Quarter 2 with over 80 staff in attendance. The Strategy Steering Group consisting of Board and EMT members also met in Quarter 2 to agree the approach to be taken in developing the corporate strategy.



**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

| Measures with Future Reporting Dates | |
|---|-------------|
| Measure | Report Date |
| Production of RQIA's Quality Report 2015/16 | Quarter 2 |

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

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

The STEPs to Excellence Programme 2016-17 with new communication structure is to be presented to the Executive Management Team in September. The communication of STEP progress and actions will be managed as follows:

Workstreams:

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 Olive Macleod 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 - Director of Regulation
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 will be shared at bi-monthly STEP Forum with members consisting of named Directorate Improvement Leads.



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:



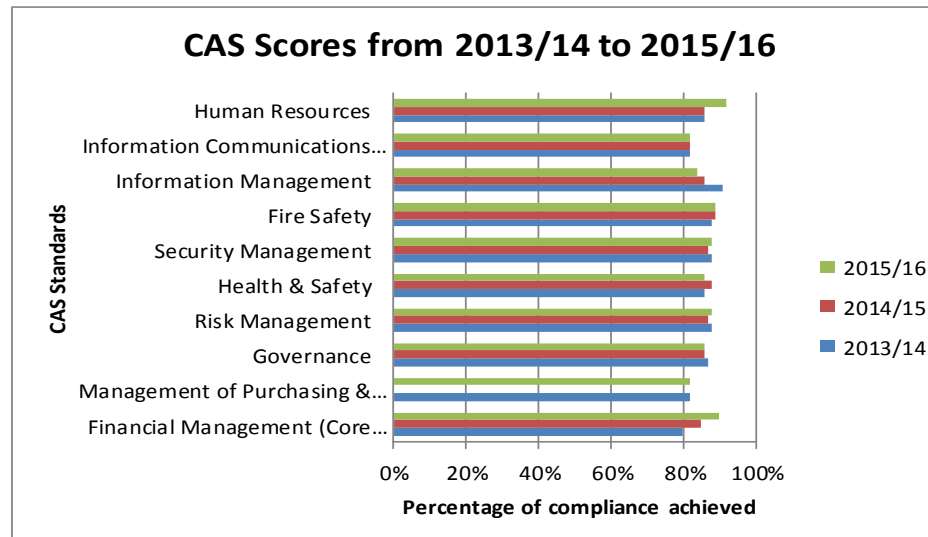
Quarterly Performance

Attainment of substantive compliance with the Risk Management Controls Assurance Standard

| Standard | Level of Compliance |
|---------------------------------------|---------------------|
| Financial Management (Core Standard) | 90% - Substantive |
| Management of Purchasing & Supply | 82% - Substantive |
| Governance | 86% - Substantive |
| Risk Management | 88% - Substantive |
| Health & Safety | 86% - Substantive |
| Security Management | 88% - Substantive |
| Fire Safety | 89% - Substantive |
| Information Management | 84% - Substantive |
| Information Communications Technology | 82% - Substantive |
| Human Resources | 92% - Substantive |

Achieved substantive compliance (88%) in Risk Management in 2015-16. The table details the compliance scores for the 10 Controls Assurance Standards completed by the RQIA with all functions achieving substantive compliance.

The bar chart below shows the CAS scores achieved from 2013/14 up to 2015/16 with RQIA consistently meeting substantive compliance in all CAS standards that we are assessed against.



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

The Risk Management Strategy 2016/17 was approved by the 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

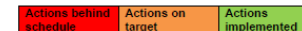


RQIA AUDIT RECOMMENDATIONS

Summary of Progress as at October 2016

| (i) Financial Review | (iv) MHO Responsibilities 2015-16 |
|---|--|
| 1. COMPLIANCE WITH PROMPT PAYMENT TARGETS | 13. COMPUTER SYSTEMS IN MHLD |
| 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 | |

Guide



By the end of Quarter 2, 63% (12) recommendations were implemented, 32% (6) are on target and 5% (1) is behind schedule.











RQIA Internal Audit Plan successfully delivered on target

In Quarter 2, two audits in relation to Whistleblowing and Complaints and GAIN were completed.





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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, MHL D and Regulated Services |  |  | Following the introduction of the new Acute Hospitals inspection programme, inspections in Infection Prevention and Control re-commenced in June 2016. In light of the reduction in staffing of the team and the extra work associated with evaluating the initial phase and starting the second phase of the hospital inspection programme, in the future, it is planned to take a more risk based approach to infection prevention and control inspections. | 7 |
| 3.2 | Finalise and implement the workforce plan |  |  | The Leadership Centre has been commissioned to undertake a workforce review and to produce a Workforce and Organisational Development Plan. This project will formally commence in November 2016. | 14 |
| 4.2 | 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 |  |  | Competing priorities have delayed the initiation of this project until Quarter 2. A project brief to initiate a Project Initiation Document (PID) is currently being drafted which proposes to engage external expertise to initiate the diagnostic. The PID is due to be completed in Quarter 3. This will be a corporate wide project managed at a Director level and led by Kathy Fodey. | 20 |
| 4.3 | Initiate a project to develop and implement an integrated MHL D information system to replace the existing legacy systems |  |  | The Strategic Outline Case (SOC) for a MHL D Information System was submitted to the DoH on 7 June 2016 for their approval. The SOC was reviewed at the eHealth Programme Management Group (PMG) on 31 August 2016 and it was suggested that there needed to be further discussion on the scope of what is being proposed and any potential overlap with existing systems. There has been an unavoidable delay in meeting with representatives of the eHealth PMG, but a meeting has now been scheduled for 4 November 2016. It is planned that the SOC will be re-submitted to the eHealth PMG for approval following clarification and resolution of any issues they may have. | 19 |
| 7.4 | Agree and deliver a risk based Internal Audit Plan |  |  | Internal Audit recommended that RQIA should progress the development of a business case for a new MHL D information system for approval by DoH. This audit recommendation relates to action 4.3 which is detailed above. | 30 |

Progress of outstanding actions from RQIA's Corporate Performance Report 2015/16

| Actions | | Progress | Exception Report: Reason / Action / Emerging Risk |
|---------|---|---|---|
| 3.7 | Produce a zero based budget for 2016/17 |  | The development of a zero-based budget will be taken forward in 2017-18 in conjunction with BSO as part of the outsourcing of the Finance function. |
| 5.2 | Develop an effective communications and stakeholder engagement plan |  | The new RQIA website was successfully launched in Quarter 2, 2016/17. |

RQIA Strategy Map 2015-18

