



Annual Quality Report 2015-16

To be a Driving Force for Improvement in
the Quality of Health and Social Care in
Northern Ireland



September 2016

Assurance, Challenge and Improvement in Health and Social Care

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RQIA Staff 2015-16 and Culture Charter



Living Our Values Every Day

We, at **RQIA**, can make a **real difference to people's lives**. By being individually valued, supported and respected we can avail of opportunities to **improve patient outcomes** and as an organisation **we can learn**.

<p>I show Initiative and take INDEPENDENT decisions</p> <p>I WILL</p> <ul style="list-style-type: none"> Take responsibility and ownership for my own work, actions, decisions and behaviours Demonstrate willingness and embrace new ideas, new tasks and concepts Take responsibility for implementing change Give assistance to my colleagues Take responsibility for my own professional development 	<p>I promote INCLUSIVENESS and build effective partnerships with my colleagues</p> <p>I WILL</p> <ul style="list-style-type: none"> Actively listen to and communicate effectively with others taking consideration of workload pressures Be approachable and show sincere appreciation for others Be proactive in developing good working relationships Be guided by best practice value, recognise and respect the capabilities of my colleagues 	<p>I act with INTEGRITY by being honest, open, fair and transparent</p> <p>I WILL</p> <ul style="list-style-type: none"> Demonstrate fairness Communicate with and treat others with respect and dignity Have an open and honest approach to my work and others Respect the working environment Be patient in dealing with challenging issues 	<p>I am ACCOUNTABLE and take responsibility for my actions</p> <p>I WILL</p> <ul style="list-style-type: none"> Be on time for meetings and training sessions Be accountable for my work and learn both from mistakes and good practice Provide feedback in a respectful and an appropriate manner Be open to constructive criticism Challenge relevant decisions respectfully 	<p>I provide PROFESSIONAL effective, efficient services in all aspects of my work</p> <p>I WILL</p> <ul style="list-style-type: none"> Maintain a professional attitude at all times Demonstrate tolerance and patience Promote the qualities of good leadership Bring a positive, optimistic attitude to my work Maintain good working relationships and deliver on my agreed work plan/goals 	<p>I develop my EFFECTIVENESS by constantly seeking to improve the service I deliver</p> <p>I WILL</p> <ul style="list-style-type: none"> Work to ensure that the work I carry out is effective and efficient Contribute to improvements in a positive way Show resourcefulness Respect others views, opinions, expertise Embrace and welcome change and respond positively to ideas/initiatives for improvement
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Foreword

The Regulation and Quality Improvement Authority (RQIA) was established in April 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

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

RQIA is responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland.

Quality 2020 is the Department of Health, Social Services and Public Safety (DHSSPS) Strategy to protect and improve quality in health and social care in Northern Ireland. We are committed to Quality 2020 and contribute to this by encouraging continuous improvement in the quality of health and social care services through our programme of inspections and reviews. RQIA has also adopted an ethos of continuous improvement as an organisation adopting the European Foundation for Quality Management (EFQM) Quality Excellence Framework which underpins everything we do.

This report sets out improvement initiatives which relate to Q2020s five strategic goals.



Dr Alan Lennon OBE
Chairman



Olive Macleod
Chief Executive

Introduction

This is our third Annual Quality Report, which describes the progress we have made in the areas of quality and continuous improvement in 2015-16.

RQIA is taking this opportunity to share our approach to aligning our quality improvement activities to the five Q2020 strategic goals, highlighting examples of practice which we believe are significant in assuring and improving the quality of services provided to service users:

- Strategic Goal 1: Transforming the Culture
- Strategic Goal 2: Strengthening the Workforce
- Strategic Goal 3: Measuring the Improvement
- Strategic Goal 4: Raising the Standards
- Strategic Goal 5: Integrating the Care

Strategic Goal 1: Transforming the Culture

Living Our Values Every Day

In December 2014 the DHSSPS published Sir Liam Donaldson’s report “The Right Time, The Right Place - An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland”. In his report he stated that “All healthcare systems in the world realise the importance of culture. The difference between the best and the rest is what they do about this. The very best do not hope that culture will change; they put major effort into actively changing it. Their approach is not light-touch or scattergun; they see changing culture as a central management aim”.

In order to nurture and work within a shared culture of excellence RQIA developed its own Culture Charter based on the outputs of a cross directorate culture group. RQIA’s Culture Charter continues to reflect the corporate culture of the organisation. The charter aligns a set of six chosen behaviours to each of RQIA’s values. In order to test that staff are ‘living our values every day’ members of staff continue to reflect on their own behaviours through its six monthly e-questionnaire and evidence has revealed an overall improvement in cultural health year on year since the launch of the charter. Staff are continuously improving their behaviours aligned to the organisations values. In November 2015 the EFQM external assessors identified RQIA’s culture charter as an organisational strength which ‘appears to have genuine buy in across all levels of the workforce’.

As an example, Figure 1 demonstrates the ongoing improvement in behaviours aligned to the value of Accountability.

“I am ACCOUNTABLE and take responsibility for my actions”

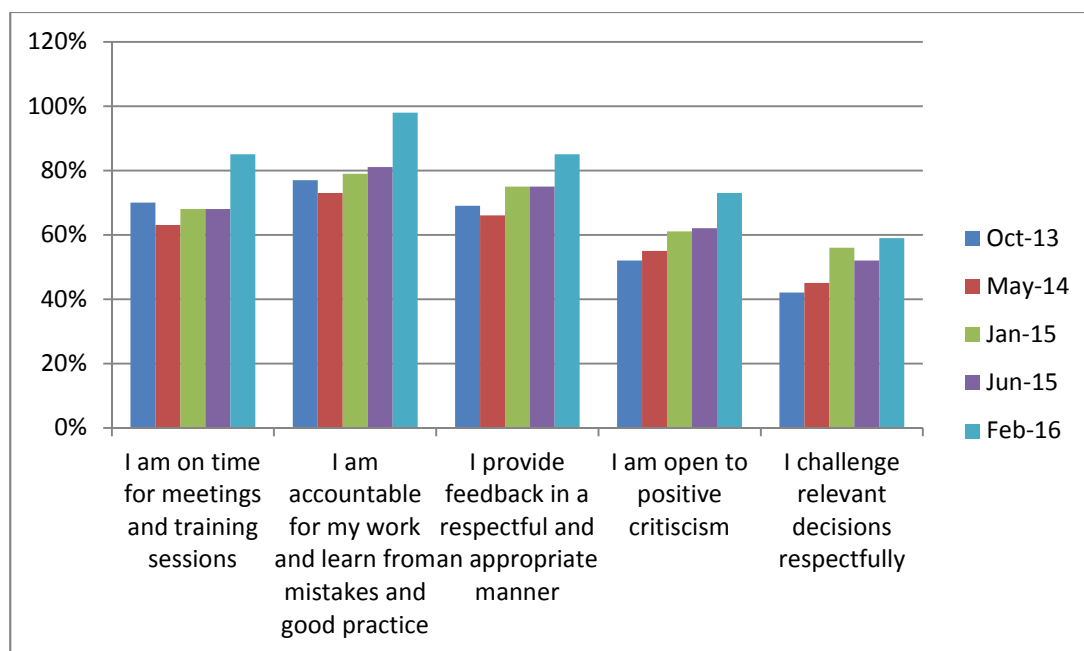


Figure 1

Effective Communication with Patients, Clients, Carers and other Stakeholders

Duty Service for Regulated Services



RQIA has always offered a duty service. The purpose of the duty service is to provide an accessible, informative and professional service to callers who have queries, concerns or wish to talk to an inspector regarding any regulated establishment or agency. A review of the duty system was undertaken in 2014-15 and several improvement areas were identified and introduced to the new duty system in 2015-16. These included:

- All inspectors now undertake duty, this ensures that inspectors can spend more time in the sector inspecting, reduces the frequency of having to undertake duty and increases the skills set and knowledge base of regulatory issues for all inspectors.
- A Frequently Asked Questions document has been produced and is accessible on RQIA website.
- A redesign of the duty desk occurred creating a designated desk with confidentiality screens, a new head set to reduce noise, and a two screen computer to allow inspectors to record concerns and other information whilst still being able to access information which may help to answer the caller.

It is important that callers contacting RQIA feel that they are being treated with courtesy and compassion and that their call is dealt with in the most efficient way possible.

Over the course of 2015 RQIA undertook an evaluation of the improvements to duty services. The main finding from this evaluation was that the callers who participated in the random survey were overwhelmingly satisfied with the quality of the duty service provided.

Mental Health and Learning Disability (MHL) Patient Experience Interview Responses 2015-16

In 2015-16, an average of 78 per cent of service users reported a positive experience of their treatment. RQIA will continue to use patient experience measurements to drive improvement in the services.

RQIA increase unannounced inspections

In 2014-15 RQIA undertook a review of its inspection methodology. Residential, Nursing and Children’s homes have a statutory minimum requirement to have two inspections a year. Each inspector displayed a poster in a prominent place to make relatives and visitors aware that the inspection was taking place and invited relatives to share their views with them.

In the inspection year of 2015-16 RQIA set a target that 80 per cent of its inspections to nursing, residential, and children’s homes would be unannounced. This target was achieved.

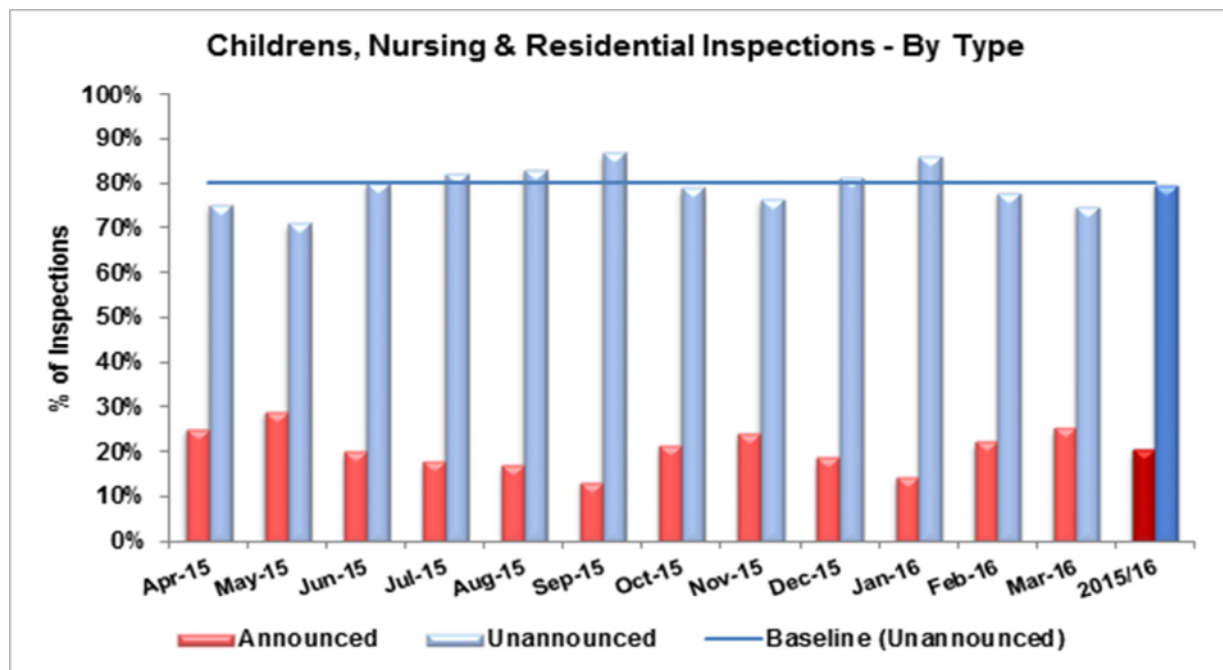


Figure 2

RQIA also set a target of 80 per cent for unannounced inspections in day care centres and domiciliary care agencies and when these numbers are added to the other services receiving unannounced inspections, this figure rises to above 90 per cent (figure 3 below).

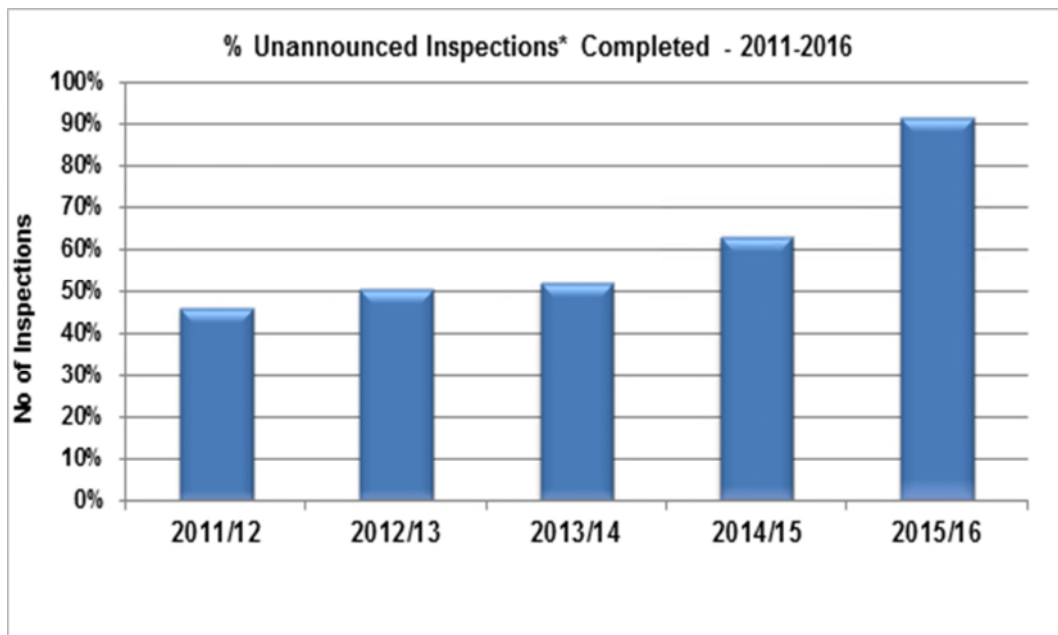
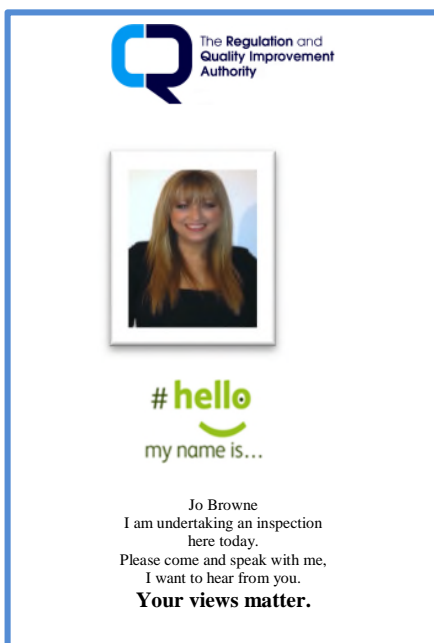


Figure 3

NB: Excludes Independent Clinic, Independent Hospital, Dental & Estates inspections



In 2015-16 RQIA designed a poster to ensure that the views of services users and their relatives could be heard during their unannounced inspection. In the development of the poster RQIA used the 'Hello My Name Is' Campaign initiated by Dr Kate Granger in her campaign to increase compassion within the health and social care sector.

Whistleblowing

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, with the aim of protection of vulnerable service users. During 2015-16, RQIA was contacted on around 80 occasions by health and social care service staff who wished to raise concerns about the quality and safety of services being provided in their workplace. These included staff working in regulated services, and in services provided by health and social care trusts, in a range of settings. We treat all instances of whistleblowing seriously. In each case, RQIA reviewed the information and where necessary, conducted unannounced inspections, to determine whether there were any concerns in relation to the quality and safety of care. On a number of occasions this led to formal escalation or enforcement action to drive improvements in the quality for those using these services.

Complaints about Health and Social Care Services

Under regional guidance for complaints (Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning, DHSSPS, 2009), responsibility for investigating a complaint about any regulated service rests with the service provider. The provider is required by legislation to ensure that complaints are fully investigated and to make every attempt to achieve local resolution. The local HSC trust also has a continuing duty of care to the service user, and may assist in resolving complaints. While RQIA does not investigate individual complaints, we take all concerns brought to our attention seriously. Any such information is shared with the inspector for the service to determine whether there are any potential breaches of regulation or standards, or issues that require the attention of RQIA. Through its regulatory activities, RQIA also ensures that providers have an appropriate complaints and investigations procedure in place. Any concerns brought to RQIA's attention regarding other HSC services will be used to inform our inspection/review activity.

Complaints about RQIA

During 2015-16, seven complaints were received about RQIA relating to the work of the organisation and our staff. These were handled in line with RQIA's Policy and Procedure on the Management and Handling of Complaints. Three complaints were resolved at Stage 1 of the complaints procedure, two were received outside the timescale for which complaints can be considered; one anonymous complaint was followed up to determine whether any action was required, and then closed; and, one complaint received in March 2016 was being considered under Stage 1 as at 31 March 2016. To ensure learning from complaints, RQIA disseminates any lessons learned to its staff.

Strategic Goal 2: Strengthening the Workforce

RQIA Quality Excellence Journey

RQIA has been on a journey of excellence and continuous improvement since adopting the European Foundation for Quality Management (EFQM) Excellence Model as its quality framework in April 2010. In November 2012, RQIA had its first EFQM external assessment and in January 2013, RQIA was awarded the EFQM Committed to Excellence Bronze Level of Recognition at the Ireland Excellence Awards Recognition Ceremony.

In September 2015 RQIA re-submitted to the Ireland Excellence Awards allowing itself to be externally assessed against the EFQM Excellence Model 2013. RQIA successfully built on its previous achievement gaining **EFQM Recognised for Excellence 4 Star Level of Recognition** in January 2016. RQIA subsequently received a formal EFQM Feedback Report and is addressing identified areas for improvement by aligning them to Business Plan 2016-17.

Our continuous quality improvement agenda is taken forward through our Steps to Excellence Programme (STEP). All improvement initiatives are communicated through the STEP Managers bi-monthly meeting. This meeting enables leads of improvement initiatives to share progress, issues and triumphs. Membership is mainly comprised of staff with managerial responsibility inclusive of the executive management team and all are identified improvement champions. Managers consequently communicate the updates with their own staff at subsequent team meetings and EMT reports on progress to the Board. Many improvement initiative teams consist of a cross-section of staff throughout RQIA. This way of working encourages the continuous improvement ethos, encourages ownership, supports empowerment and allows for greater understanding and respect of each other's roles.

These groups include:

- iConnect Web Portal Development Group
- Review Directorate Improvement Initiative
- PPI Forum
- Lay Assessor Corporate Group
- Sustainability (inclusive of Health and Wellbeing improvement initiative) Group
- ICT User Group
- Social Committee
- Staff Newsletter 'The Standard' Editing Team.

iConnect

An example of the work carried out by one of the improvement initiative teams is the iConnect Web Portal Development Group as part of the overall iConnect project.

The 'iConnect' project is RQIA's Digital Transformation project. RQIA determined the need for a modernised and integrated IT enabled information system. As a result, a project was initiated and a Project Manager appointed, with a view to procuring and building the best solution for implementation. At the start of 2014, the decision was made to split the first phase into a "Web Portal" aspect separate from the initial launch, with the "Core" aspect going live in June 2014. The iConnect project was a complex IT led transformational change project, which has produced real benefits for RQIA. Feedback from end users from launch has been, and remains, positive and the project outputs can be considered to have successfully delivered RQIA's requirements. This level of success can be demonstrated, amongst other evidence, in Microsoft wishing to use the project as a case study of success.

The Web Portal is on course to bring the first phase to a successful conclusion, having very positive feedback from both external stakeholders during their pilot test sessions, and for the usability from the internal team. Following a short pilot phase, the roll out of the web portal is to be carried out in five tranches, broken down by trust areas and service types. The web portal will be rolled out to the first tranche (providers of services within the pilot, nursing homes and Belfast Health and Social Care Trust) in Quarter 1 of 2016-17.

30 April 2015 RQIA Bi-Annual Celebratory and Learning Event, Mossley Mill, Newtownabbey:

Since 2013, RQIA has hosted a bi-annual celebratory and learning day for its entire staff in recognition of the organisation's continuous improvement and achievements. The second event in 2015 also marked RQIA's 10th Anniversary; 35 staff who have been with RQIA since 2005 were each presented with 10 years' service certificates. The event also launched RQIA's Three Year Corporate Strategy and Three Year Review Programme 2015-18. The theme for the day was:

"RQIA 10 Years of Independent Regulation – Celebrating Success and Moving Forward".



This reflective day gave staff the opportunity to showcase achievements, learn from each other and share good practice. With the permission of Southern Health Trust, the Banbridge Social Education Centre Makaton Choir sang for our staff in the afternoon session which was entitled 'Anything is Possible'.



Following the singing Marie Lindsay, Principal of St Mary's Secondary School, Derry, gave a very inspirational address to RQIA telling the story of St Mary's 20 year journey to excellence resulting in St Mary's becoming EFQM European Award Winners. Evaluation of the session revealed that staff felt both the singing and Mrs Lindsay's address were very powerful, positive, and uplifting, inspiring all our staff to continue to participate fully in our continuous improvement journey to excellence.

Quality2020 Attributes Framework

Taking cognisance of Sir Liam Donaldson's report 'The Right Time, The Right Place' 2014, RQIA adopted the Q2020 Attributes Framework. This was RQIA's organisational corporate 'Pledge' for HSC Change Day (March 2015).

Staff self-assessed against the 12 Level 1 attributes of the Attributes Framework prior to their Q1 appraisals in June 2015. Line managers discussed results with staff at their Q1 appraisals June 2015. The responses were also anonymised, collated and analysed corporately with the subsequent training needs analysis shared with the HSC Leadership Centre as an example of one organisation's training needs for Level 1. The Leadership Centre are co-leads in the development of a training package for all four attribute levels. Targeting areas for improvement and developing a corporate training package will ensure RQIA is taking a consistent approach to supporting 'leadership for quality improvement and safety.' This will increase capacity and competency ultimately in the four attribute levels for staff and will further support staff to drive improvement in health & social care services within Northern Ireland.

One training package, realising the importance of culture (Donaldson 2014) which RQIA considered to address some of the identified needs in Level 1, was the addition of the Putting People First (PPF) regional training programme for all RQIA staff. PPF's vision is "To embed positive behaviours to improve experience in any interaction within health and social care".

PPF is an interactive and practical training pack with trained facilitators (Ambassadors) funded in the first instance by DHSSPS. A full days training for staff is based on sharing experience, self-reflection and learning new skills.

- Builds capacity - skilled and trained staff
- Empowers staff to challenge respectfully
- Encourages role modelling behaviours
- Develops a culture of evaluation/outcome focused – Service User feedback
- Encourages benchmarking
- Demonstrates Continuous Improvement

In 2015 the HSC Leadership Centre trained a cohort of PPF ambassadors nominated from all HSC organisations across NI (ambassadors lead on the PPF training in their own organisations). RQIA's ambassador presented at the regional launch of the Putting People First Programme in October 2015 linking the PPF goals to RQIA's Culture Charter. RQIA will initiate the PPF Programme in 2016-17.

Clinical Leadership Fellow Joins RQIA



In 2015-2016, RQIA welcomed Dr Gareth Lewis who had been appointed to a joint position with RQIA and the General Medical Council as a Northern Ireland Adept Clinical Leadership Fellow. During his year-long placement, Gareth worked on a range of projects, including RQIA's new acute hospital inspection programme and a variety of reviews, bringing added clinical expertise to the RQIA workforce.

L-R Dr David Stewart Reviews and Medical Director, Dr Gareth Lewis, Glenn Houston CEO

Nursing and Midwifery Revalidation

Revalidation is the new process which all nurses and midwives in the UK will need to follow to maintain their registration with the Nursing and Midwifery Council (NMC).

Revalidation helps nurses or midwives to demonstrate that they practice safely and effectively. It encourages regular reflection on the role of The Code in practice and demonstrates that nurses or midwives are 'living' the standards set out within it. Taking effect from April 2016, all nurses and midwives currently employed to work in RQIA are required to revalidate.

Strategic Goal 3: Measuring the Improvement

RQIA – What do we do?

RQIA's three primary functions are to provide independent assurance in relation to the safety, quality, and availability of Health and Social Care (HSC) services in Northern Ireland, encourage continuous improvement in these services and safeguard the rights of service users.

- The service we deliver is threefold:
 1. we register establishments as per regulations,
 2. we inspect and review HSC services and encourage continuous improvement in the quality of Health and Social Care in Northern Ireland and
 3. we inform the public and key stakeholders of outcomes
- Our products are the register, inspection and review reports (made available on the RQIA website to inform the public, service users, service providers, carers and key stakeholders) and supporting documentation.

Registration of Health and Social Care Establishments and Agencies

RQIA's Registration team are responsible for processing applications to register new establishments or agencies. Registration is the starting point for a prospective provider of a service moving into a regulatory framework with the responsibilities associated with being registered with RQIA. Key to getting off to a good start is the level of assurance a prospective provider gives during the process of registration. RQIA check that providers understand from the outset their responsibilities for ensuring the service they carry on will improve the lives of those using the service in the future. RQIA also seeks to ensure the service is typified by a commitment to improve through the manner in which it responds to requirements and recommendations and learns from complaints.

As at 31 March 2016 there are 1,464 registered services on RQIA's register.

In 2015-16 activities included:

- 1073 applications (provider and managers, variations to registration, cancellation of registration) completed
- 34 new services registered
- 33 new providers registered
- 51 services voluntary deregistered
- 199 variations completed and approved
- Issued 1073 certificates of registration
- 1,439 validation checklists of service details held on RQIA's register processed
- 27,984 incidents processed

Registered persons are required to submit to RQIA a range of notifiable incidents. The registration team administrators are responsible for receiving, logging and forwarding all these to the relevant inspector, for an evaluation to be made of the incident and the manner in which it has been managed by the service. On occasions this might involve the inspector seeking, from the registered person, either more detailed information regarding the incident and its outcome or advising the registered person of their need to take a particular course of action. This level of information can inform the focus of future inspections and assist the service to improve its response to and management of incidents that affect those using the service.

Inspection in Regulated Services

Inspectors and reviewers use a service user centred approach when carrying out inspections and reviews and service user opinion is always taken into consideration using a standard approach. The subsequent Reports and Quality Improvement Plans ensure that providers adhere to the legislation, uphold the care standards and continuously improve the quality of service provided.

2015-16 has seen a decrease in the number of requirements and recommendations needed to comply with legislation from the previous year, demonstrating that the processes employed by RQIA have contributed to improvement in compliance.

Acute Hospital Inspection Programme

RQIA's new inspection programme commenced in October 2015. The programme is designed to support HSC trusts to understand how they deliver care, identify what works well and where further improvements are needed.

Each inspection is unannounced and considers four domains: is the clinical area well led, is care safe, is care effective and is care compassionate.

During the inspection three clinical areas are visited. A range of agreed methods are used to assess delivery of care across the four domains. These include:

- Direct observation of care delivered to the patient
- Review care records and relevant documentation
- Speak to patients, relatives and carers
- Hold a range of focus groups with members of staff
- Carry out observation sessions to assess the quality of staff interaction with patients

For each inspection a particular theme is also reviewed from a list set out in the inspection handbook. The overall inspection framework enables RQIA to reach a rounded conclusion as to the performance of the wards or departments inspected.

Each inspection is coordinated by RQIA's Healthcare Team and supported by a range of professional clinical staff from the Health and Social Care Trusts in Northern Ireland. Members of the public, known as Lay Assessors support the inspection through the collection of patient information from questionnaires and interviews.



RQIA's Healthcare Team supported by a range of professional clinical staff from NIs Health and Social Care Trusts and Lay Assessors.

RQIA has completed three Acute Hospital Inspections between October 2015 and April 2016.

Augmented Care Inspection Programme

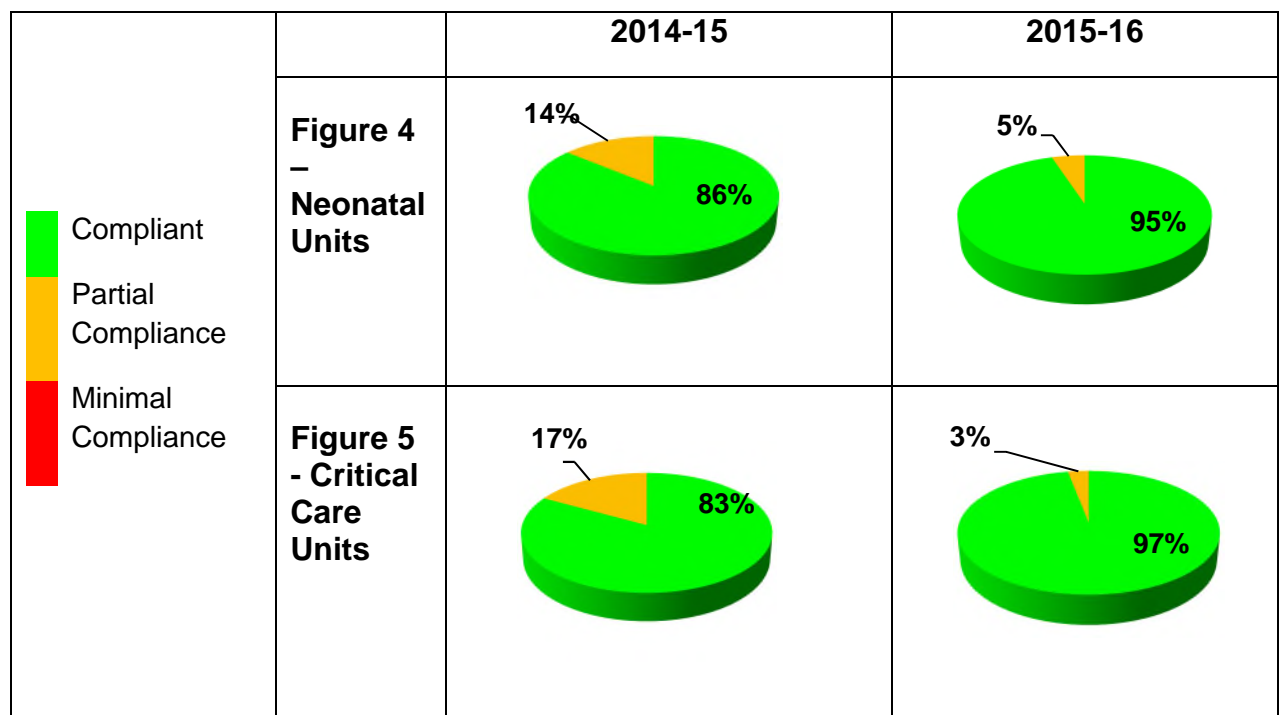
RQIA inspects a range of augmented care areas. These are areas where patients are at a higher risk of developing an infection where there is close patient observation and care by specially trained medical and nursing staff, using medical equipment not routinely available on a general ward.

Areas inspected are based on the Department of Health Social Services & Public Services Northern Ireland (DHSSPSNI) guidance and include Neonatal and Special care baby units; Paediatric intensive care; Adult intensive care, including cardiac; Burns units; Renal (dialysis) units; Renal transplant units; High dependency; Haematology; Oncology. RQIA was asked to develop a range specialist audit tools which were endorsed for use by the Chief Medical Officer in February 2013 and are available on the RQIA website.

RQIA uses these tools, as an assessment framework for improvement over a three year inspection cycle. In order to build progressive improvement over the three year cycle, compliance scores were set at 85 per cent in year one, rising to 95 per cent by the end of year three.

During 2015-2016, RQIA completed the second year of the Neonatal and Critical Care inspections as outlined in the inspection guidance and procedural paper. Figure 4 demonstrates an improvement from 86% compliance to 95% compliance in Neonatal Units. Figure 5 demonstrates an improvement from 83% compliance to 97% compliance in Critical Care Units. The inspections indicate that units are working to comply with regional audit tools, with staff committed to improvement.

Figure 4 and 5: Improved Overall Compliance Rates against regional audit tools for areas inspected during unannounced inspections carried out by RQIA in 2014-15 and 2015-16.



RQIA Review Programme

The Regulation and Quality Improvement Authority

Three Year Review Programme | 2015-18
Assurance, Challenge and Improvement in Health and Social Care

RQIA PURPOSE
We provide assurance about the quality of care, challenge poor practice, promote improvements, safeguard the rights of service users and inform the public through the publication of our reports.

People

- Gender
- Age

Place

- Geography
- Voluntary and Community Sector
- Areas of Deprivation
- HSC Trusts
- Settings eg. Prisons
- Independent Healthcare

Programme

- Programmes of Care
- Programme Expenditure
- Service Frameworks

Policy

- Legislation
- HPSS Quality Standards
- Human Rights
- Transforming Your Care
- Quality 2020

2015-16	2016-17	2017-18
RQIA Hospital Inspection Programme	RQIA Hospital Inspection Programme	RQIA Hospital Inspection Programme
DHSSPS Commissioned Reviews		
Review of Advocacy Services for Children and Adults	Review of the Use of Restraint and Seclusion	Review of the Northern Ireland Single Assessment Tool: Stage III
Review of HSC Trusts Early Years Services	Review of Access to Plastic Surgery	Review of Renal Services
Additional DHSSPS Commissioned Review	Additional DHSSPS Commissioned Review	Additional DHSSPS Commissioned Review
RQIA Initiated Reviews		
Review of Learning Disability: Community Services: Phase II	Review of Services for People with Parkinson's Disease	Review of Safeguarding for Adults at Risk in their Own Home
Review of Maternity Services	Review of Out-of-Hours Social Work Services	Review of Paediatric and Neonatal Surgery
Review of Suicide Prevention Services	Review of Acute Emergency Mental Health Services	Review of the Out-of-Hours General Practitioner (GP) Services
Review of Primary Care Arrangements relating to General Practitioner (GP) Services	Review of the Recommendations from the RQIA Child Protection Review 2011	Review of Autism / Asperger's Services for Young People
Review of the Northern Ireland Ambulance Service HSC Trust	Review of Bereavement Care	Review of the Regional e-Health and Care Strategy
Review of Allied Health Profession Services in the Community	Review of Services for People with Eye Disease	Review of the Complaints Procedure within Health and Social Care
Review of Quality Improvement Systems and Processes	Additional RQIA Review	Additional RQIA Review

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, requires RQIA to conduct reviews of, and make reports on, arrangements by statutory bodies for the purposes of monitoring and improving the quality of health and social care services for which they have responsibility. The review programme builds on the work undertaken in previous reviews, and covers a wide range of both hospital and community-based services.

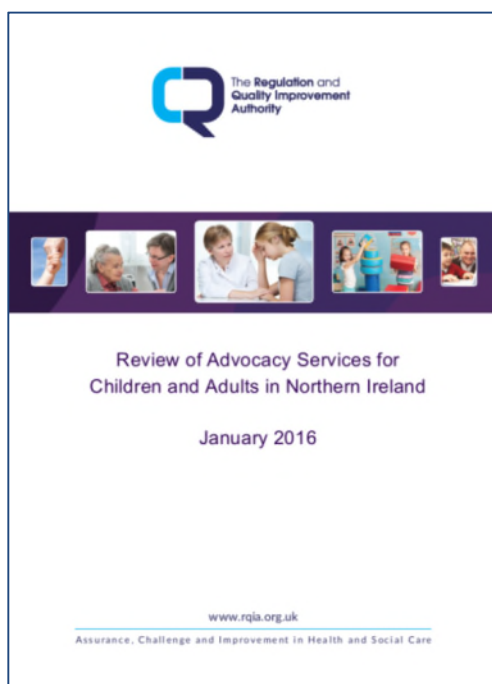
The review programme takes into consideration relevant standards, guidelines, current research and the views of health care experts and the public. During our reviews we examine the service provided using a range of approaches including self-assessment, validation visits by panels of independent experts, involvement of lay people and service user feedback. The Review reports highlight areas of good practice and make recommendations for improvement. Findings are submitted to the Minister and to relevant HSC organisations, and reports are shared across the wider health and social care sector and are made accessible to the public and available on the RQIA website www.rqia.org.uk.

Review Activity in 2015-2016:

Ten reviews were completed in 2015-16 including three commissioned by the DHSSPS and seven initiated by RQIA.



Reviews which took place during 2015-16 made recommendations to improve health and social care for the people of Northern Ireland. Some examples included:



Review of Advocacy Services for Children and Adults in Northern Ireland

The review made eight recommendations, including a need for commissioners to ensure that there is a clear point of contact for service providers to provide advice and clarification in relation to service agreements.



Review of the Implementation of the Palliative and End of Life Care Strategy

This review made a total of eight recommendations for improvement, including the need for a new action plan for the next three years, building on the work already achieved in Living Matters Dying Matters.

The review also pointed to the importance of raising public and professional awareness and a service specification for out-of-hours provision for palliative and end of life care, in both hospital and community settings, to ensure standardisation of the availability of services across Northern Ireland.



New Summary Information Leaflet

Summary Information Leaflets are now produced alongside each published review report. These information leaflets are designed for the general public, service users and HSC staff.

The leaflet also provides signposting to the full report.

Several reviews which took place during 2015-16 incorporated elements of ensuring that patients and relatives views were sought and harnessed. In 2015-16 the review programme engaged with over 3,700 service users, carers, relatives and staff from HSC services and providers of health care.

These were included in the reviews of:

- Review of Diabetic Retinopathy Screening Programme – May 2015
- An Independent Review of Risk Assessment and Management in Addiction Services – June 2015
- Review of Medicines Optimisation in Primary Care – July 2015
- Review of Brain Injury Services in Northern Ireland – September 2015
- HSC Trusts' Arrangements for the Registration and Inspection of Early Years Services – December 2015
- Eating Disorder Services in Northern Ireland – December 2015
- Review of Advocacy Services for Children and Adults in Northern Ireland – January 2016
- Independent Review of Implementation of the Palliative and End of Life Care Strategy (March 2010) – January 2016
- Review of Community Respiratory in Northern Ireland – February 2016
- Independent Review of Northern Ireland Ambulance Service – March 2016

A wide range of appropriate methods were used to obtain the views of patients, their families, carers and advocates, to include: questionnaires and surveys, focus groups, one-to-one telephone interviews, face-to-face Interviews, workshops and summit events.

Joint Inspections of Prisons

RQIA has developed strong partnership arrangements with other regulators to undertake our respective roles in relation to inspection of prisons in Northern Ireland. RQIA's responsibility relates to the inspection of prison healthcare services.

A joint inspection by the Criminal Justice Inspectorate, Northern Ireland (CJI), Her Majesty's Inspectorate of Prisons (HMIP), the Education and Training Inspectorate (ETI) and RQIA was undertaken in Maghaberry Prison from 11 to 22 May 2015.

The report identified serious concerns both for the Northern Ireland Prison Service (NIPS) and for the South Eastern Health and Social Care Trust (SEHSCT) in relation to the provision of healthcare. RQIA was concerned that aspects of healthcare provision had deteriorated since the previous inspection.

A follow up inspection was carried out in January 2016 involving RQIA, the Criminal Justice Inspectorate, Her Majesty's Inspectorate of Prisons and the Education and Training Inspectorate. The subsequent report reiterated the initial findings of the inspection team published in February 2016, which assessed the nine recommendations made last year as partially achieved. In response to a number of new concerns identified, inspectors recommended additional actions in relation to

meeting the health care needs of prisoners. These concerns have been brought to the attention of the South Eastern Health and Social Care Trust which has advised that it is prioritising this issue.

As an indication of the commitment of each inspection body to ensuring inspection recommendations are addressed, a series of further visits to the prison will be conducted over the next 18 months.

Joint Inspections of Police Custody Suites

RQIA has developed strong partnership arrangements with other regulators to undertake our respective roles in relation to inspection of healthcare services in police custody suites in Northern Ireland.

A joint inspection by RQIA and CJI was undertaken of police custody suites during September and October 2015. The inspection contributed to the United Kingdom's response to its international obligations under the Optional Protocol to the United Nations (UN) Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).

The Guidelines and Audit Implementation Network (GAIN)



GUIDELINES AND AUDIT
IMPLEMENTATION NETWORK

On 1 April 2015 GAIN transferred from DHSSPS to RQIA. RQIA welcomes this opportunity as there is a strategic fit between the role of RQIA and GAIN. GAIN's main purpose is to promote a culture of using guidance and audits across the HSC to improve quality outcomes for patients, clients and carers.

GAIN's main functions are to:

- Link with the clinical and social care governance and safety/quality structures within Health & Social Care (HSC) Community
- Manage an annual integrated programme of guideline development and regional audit
- Disseminate GAIN reports and findings effectively and ensure they are widely available
- Link with UK best practice bodies to be aware of their developing work programmes
- Link to appropriate UK wide training bodies
- Communicate knowledge, evidence and innovation to promote the work of GAIN and the importance of using best practice guidance and audit
- Involve patients, clients and carers in audit and guideline development where possible
- Seek and review audit and guideline regional project applications for GAIN funding from across the HSC community
- Respond to critical requirements from the DHSSPS
- Organise an annual event to showcase the work of GAIN.

GAIN Summit Events

Guideline for Admission to Midwife Led Units (MLU) in Northern Ireland and Northern Ireland Normal Labour & Birth Care Pathway

On 18 January 2016 the Midwifery Led Care (MLC) Guidelines were launched. An expert project team was set up, including a patient advocate group with experience of services in Northern Ireland. The aim of the guideline was *“to standardise guidance for women and maternity care staff with regard to the admission to, and transfer from MLUs, ensuring a consistent approach for women seeking access to care in a MLU across Northern Ireland”*. Following the development of the guideline, pathway and patient information booklets (See Figure 6 below) the project team, in conjunction with GAIN, held a half day launch for all relevant stakeholders.

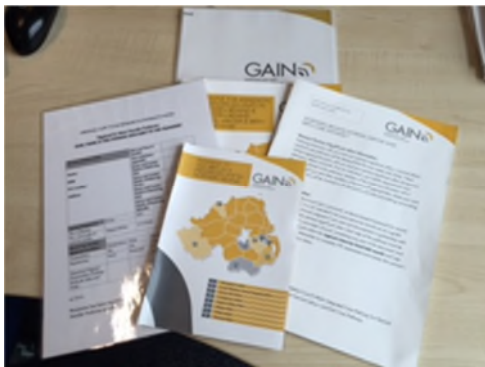


Figure 6

Dissemination of the guideline and relevant guides has included:

- Launch of Guideline and NI Normal labour and birth pathway - 18 January 2016
- All NI trusts have received the GAIN documentation
- All trusts have received local governance approval to implement the guideline and follow the pathway as appropriate
- The Chief Nursing Officer has approved the roll out of education awareness sessions for all trust midwives
- Education sessions led by the Health and Social Care Clinical Education Centre commenced on Friday 15th April 2016
- University nursing tuition now includes GAIN Guidelines
- Abstract accepted for oral presentation at the RCM annual conference (2016) in Harrogate International Centre – 19-20 October 2016
- Abstract submitted to the European Midwives Association Conference (2016) due to be held in December 2016 in London
- To be presented at the GAIN Annual Conference in 2016

Regional Audit of Assessment for Admission under the Mental Health (Northern Ireland) Order 1986

The results of this audit were launched on 21 March 2016. The main findings showed that assessments under the Mental Health (Northern Ireland) Order 1986 involve high levels of need, risk and complexity. They also require the coordination of different professionals and agencies. There were no issues or concerns identified in the majority of assessments considered in the audit. There were delays identified, mainly due to the difficulties in coordinating professionals and in securing a bed. In 3/189 (2 per cent) of the assessments, delay was identified as contributing to increased distress and risk.

- **Areas of good practice identified**

In comparison to a previous audit there were substantial improvements in the joint working and communication between GPs and ASWs.

The Northern Trust has established a trust Inter-Agency Group which may provide a template for the other trusts.

- **Areas for service improvement identified**

The recommendations include the further development of regional and trust inter-agency interface groups, to build on existing protocols and guidance, to develop and coordinate inter-agency training resources. The use of beds outside of the service user's trust area also needs to be considered further. There is an opportunity to address the complexities of these processes in the new Code/s of Practice for the Mental Capacity Act.

GAIN Annual Conference and Quality Awards

Approximately 170 healthcare professionals attended this annual conference held on 22 October 2015. The theme for the day was Quality Improvement – the Way Forward within the Health & Social Care Community. The morning started with Professor Robin Davidson, giving a psychological analysis of the Francis report. The rest of the session showcased 12 oral presentations with 17 poster presentations being displayed throughout the duration of the conference from across the Northern Ireland HSC community and was split into the categories of Audit, Patient Safety, Service Improvement and Innovation and Quality Improvement Initiatives. The afternoon session concentrated on our key theme with the focus on sending people away thinking about how they work and also making them feel good about their work. This took the format of two presentations:

- **Quality Improvement – My Journey so Far**, Dr Anne Kilgallen, Deputy Chief Medical Officer, DHSSPS, and;
- **Achieving Sustained Success**, Stephen Ferris, Former Ulster, Ireland and Lions Rugby.



L-R, Stephen Ferris, former Ulster, Ireland and Lions Rugby; Nicola Porter, GAIN Manager; Dr Anne Kilgallen Deputy, Chief Medical Officer, DHSSPS; Professor Tom Trinnick, South Eastern Health and Social Care Trust;

Based on the evaluations received at the end of the day below are some of the learning points:

- *There is a lot of very innovative work going on to improve a wide range of services*
- *Loved the falls presentation, afternoon was amazing*
- *The psychology surrounding good people doing bad things*
- *That excellent work is being carried out regionally in audit*
- *That teamwork and good leadership are essential for any project*
- *The importance of structured audit in evidencing quality improvement work and the wealth of work ongoing across HSC. The importance of patient safety and how staff can be supported in this.*

Mandatory Training

Each year staff are required to complete training which is mandatory, the level of compliance in completing this training (Table 1 and Table 2) demonstrates a sustained commitment to maintaining high levels of knowledge in these areas:

Table 1

Directorate	Fire		Risk		DPA		FOI	
	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16
Corporate Services	100%	100%	NA	100%	100%	50%	NA	NA
MHLD	100%	100%	NA	100%	100%	96%	NA	NA
Office of The CEO	100%	100%	NA	100%	100%	100%	NA	NA
Regulation	95.56%	100%	NA	99%	77.78%	96%	NA	NA
Review	100%	100%	NA	100%	100%	100%	NA	NA
Overall	97.39%	100.00%	NA	99%	86.27%	95.51%	NA	NA

Table 2

Directorate	ICT		RECM		DSE		DVT		FRAUD	
	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16
Corporate Services	100%	100%	NA	100%	100%	NA	100%	NA	NA	100%
MHLD	100%	100%	NA	100%	100%	NA	100%	NA	NA	100%
Office of The CEO	100%	100%	NA	100%	100%	NA	75%	NA	NA	100%
Regulation	90%	100%	NA	100%	92.22%	NA	92.22%	NA	NA	100%
Review	100%	100%	NA	95.45%	100%	NA	100%	NA	NA	100%
Overall	94.12%	100%	NA	99.36%	95.42%	NA	94.77%	NA	NA	100%

Where the tables above states N/A it is because the training is required either every other year or every three years.

Staff Appraisal

All staff are encouraged to develop their leadership skills relevant to their personal objectives and respective areas of responsibility. This is supported through continued one to one and group supervision and based on the assessed need of each staff member as agreed through the appraisal process. RQIA continually strives to support staff to develop their skills and knowledge and to take opportunities to challenge themselves in a positive and progressive manner. Staff are encouraged to pursue their personal learning objectives and all requests for training are considered and discussed.

Sickness Trend Data

The year-end absence figure for 2015-16 was 4.52 per cent, with 7.8 days lost per employee. The absence target for 2015-16 of 3.90 per cent was not achieved. Managers are proactively managing sickness absence within their teams and the Executive Management Team is regularly monitoring the level of sickness absence within the organisation.

Sustainability in RQIA

In 2015-16, following an external audit, staff supported by RQIA's Sustainable Development Team delivered a number of sustainability initiatives. These included a Health Fair held in January 2016 (photo right), which was made open to all organisations in Riverside Tower. A range of voluntary and statutory health organisations provided information and advice on a wide range of healthy lifestyle issues.

RQIA also hosted a sustainability awareness event in October 2015, which provided information and guidance to staff on a range of sustainability issues, including: transport, health and wellbeing and energy efficiency.



Strategic Goal 4: Raising the Standards

Dying, Death and Bereavement - a re-audit of HSC Trusts progress to meet recommendations to improve policies, procedures and practices when death occurs (GAIN)

In 2006 the DHSSPS, in response to the Northern Ireland Human Organs Enquiry 2002, appointed five Trust Bereavement Coordinators (TBCs) to develop bereavement care standards and training across the region. Together with their managers and DHSSPS representatives, the TBCs form the Health and Social Care (HSC) Bereavement Network Board.

Between 2006 and 2010 the TBCs carried out the NI Audit: Dying, Death and Bereavement in two phases. Phase 1 was published in 2009 and involved collecting data from 35 hospitals and five hospices across Northern Ireland, mapping the policies, procedures and practices which influenced the care and services provided around the time of death. It resulted in twelve recommendations, which are the focus of this report. Phase 2 was published in 2010 and involved capturing experiences of care prior to, at the time of and following death, from bereaved people and professionals. These experiences were captured using the 'Cognitive Edge'© approach and were analysed using SenseMaker™ software. Seven key messages emerged from the second phase of the audit.

The findings and recommendations of both phases of this regional audit, the NI Audit: Dying Death and Bereavement, together with the outcomes of a number of engagement workshops attended by service users, community, voluntary and statutory organisations, informed the development of the HSC Services Strategy for Bereavement Care published in 2009.

The aim of the Strategy was to build the capacity of all staff who have contact with dying and bereaved people so that they can respond in the most appropriate way according to their respective roles and the needs and preferences of those affected. It established 6 overarching standards for care, applicable for all types of bereavement and circumstances of death.

In 2014 the HSC Bereavement Network decided to undertake a re-audit and measure progress against the twelve audit recommendations from Phase 1. To support the completion of the audit cycle, funding was obtained from GAIN which supported this re-audit project.

In 2015-16 during analysis of the re-audit findings, two supplementary reports were written which fully detail the data collated from the organisational and staff survey elements of this project. This summary report highlights key findings from both the organisational and staff analysis.

Areas of good practice identified

- Bereavement boxes (available in a designated area on wards and departments, containing bereavement resources required to provide sensitive and effective bereavement care, e.g. bereavement information booklets, body transfer books)
- Bereavement information booklets;
- Symbols used on wards to indicate that a death has occurred, designed to promote privacy and dignity
- Training and awareness sessions;
- Use of patient property bags (specific cloth bags used for the dignified return of property to bereaved families when their loved one has died in an inpatient setting);
- Bereavement Coordinator;
- Improvements to documentation and guidelines
- Body transfer forms initiated.

Areas for service improvement identified

In all trusts the most common suggestion to improve death, dying and bereavement resources or services were as follows:

- additional bereavement training/updates
- easy access to/availability of information
- easy access to debriefing
- relative's rooms in wards.

The dissemination of these audit results were by:

- Report being issued to all trusts by GAIN for cascade
- Bereavement Coordinators liaising with trust senior management to share report/make available on communication platforms
- Upload to trust websites and share with relevant service user and involvement agencies
- Nine recommendations being taken forward.

Personal and Public Involvement (PPI)

There are two broad strands to the implementation of personal and public involvement (PPI) in RQIA:

1. Actively engaging with stakeholders in the planning and delivery of our work:

In 2015 -16 RQIA continued to involve patients and the public in a wide range of activities within its regulation, review and mental health and learning disability activities. This is strengthened through support from RQIA's PPI Forum, which includes all directors, an organisational PPI lead, nominated leads from each directorate, a board member and a carer representative member of the public. The Forum oversees and supports all RQIA's PPI activities providing strategic direction to RQIA's approach to PPI and ensuring the successful delivery of the PPI annual action plan which is aligned to the annual Business Plan, Corporate Strategy 2015-18, and best practice. RQIA also engages with HSC external stakeholders and partners ensuring a collaborative approach to improvement work aligned to the four key stakeholder outcomes of:

- Is care Safe?
- Is care Effective and
- Is care Compassionate?
- Is the service Well-Led?

2. Directly engaging and involving service users and carers as part of the inspection and review programmes to hear their views on the quality of the care provided to inform the shaping of service improvements:

Inspectors involve service users, carers and relatives in inspection of establishments and agencies by speaking with the service user to ascertain their experience of the service delivered to them. What a service user says will influence what and how the inspector carries out any given inspection. To give a flavour of what was said in 2015-16; ten establishments have been chosen at random from RQIA's inspector caseloads in each of inspection areas. The following quotes are taken from the last inspection reports in these establishments:

Day Care

In ten day care services (throughout NI) inspectors spoke to 134 service users. In 2015-16 all the comments were positive.

They said:

"I'm happy here. It's a great centre. I enjoy it. The staff are all great."

"This centre is brilliant; you couldn't get any better care anywhere. The staff are at our beck and call and are very kind."

"I'd be lost without this centre; it's my lifeline one day a week."

“Very safe environment and I love the fact that I can arrive and leave whenever suits my needs.”

Supported Living

In ten supported living services (throughout NI) inspectors spoke to 24 service users. In 2015-16 all the comments were positive.

They said:

“I love it here.”

“I am not happy living here; I want to move on, staff are helping me to do this.”

“I have good hopes for the future.”

“Nobody tells me what to do; staff ask me what I want to do.”

Independent Hospital

In ten independent hospital services (throughout NI) inspectors spoke to 18 service users and 13 patient representatives. In 2015-16 all the comments were positive.

They said:

“Staff introduced themselves and explained all.”

“The difference in the care received here against the hospital is staggering.”

“Always polite and courteous treated like a human being and not a condition.”

“Made me at ease and not frightened at all, so happy and have recommended this hospital to everyone.”

“Homely”, “Welcoming”, “Safe”, “Comfort”, “Friendly”, “Invaluable”, “Compassionate”, “Trustworthy”, “Fun”.

“Care staff are very skilled and attentive to our child’s needs.”

“That it is a happy place, not a sad place. Everyone is so upbeat yet they are also reserved and respectful when they need to be.”

“Love, love, love this place and the staff.”

Nursing Homes

In ten nursing homes (throughout NI) inspectors spoke to 148 service users. In 2015-16 all the comments were positive.

They said:

“I have been here for over two years and I am very happy here.”

“They are good surely. They give me choice sure enough. They keep me laughing.”

“I feel safe here and have no issues at all.”

“I love the food.”

Residential Homes

In ten residential homes (throughout NI) inspectors spoke to 168 service users. In 2015-16 all the comments were positive.

They said:

“We would voice our opinions about different things (at residential meetings).”

“I don’t want changes made as I am very happy here.”

“Everyone has time to spend with us and look after us.”

“The girls are just great; they couldn’t do enough for you.”

PPI Standards, Monitoring and Performance Management

The Public Health Agency (PHA) has responsibility for leading the implementation of PPI policy across HSC organisations, for monitoring PPI across the HSC system and for providing assurances to the DHSSPS in relation to the compliance with and progress of PPI in HSC trusts. This is outlined in the Department of Health Social Services and Public Safety (DHSSPS), PPI policy circular (2012).

Working through the Regional HSC PPI Forum, the PPI monitoring process was developed in partnership with service users and carers. A pilot monitoring exercise for PPI was conducted at the end of 2013-14. The results of this were used to inform the development of the first formal PPI monitoring arrangements to be undertaken with Trusts and also RQIA. The monitoring process was initiated in June 2015 at a request from RQIA.

Findings and Recommendations

The report was based on evidence gathered through:

1. The PPI self-assessment monitoring return.
2. Information collated during the verification monitoring visit.
3. Additional evidence supplied.

The report sets out the findings against the five PPI Standards. In December 2015 RQIA’s PPI Forum considered the recommendations and a developed a full response including actions that would implement the recommendations from the PHA report. This response was approved. RQIA will implement the recommendations in 2016-17.

Reviews

Reviews during 2015-2016 incorporated methods of ensuring that patients and relatives views were sought and harnessed, using questionnaires, surveys, focus groups, interviews, workshops and summit events. There was engagement with over 3,700 service users, carers, relatives and staff from HSC services and providers of health care.

Independent, community, voluntary and other organisations were also involved in several of the reviews, to include:

MindWise	Tell It Like It Is (TILII) Group
Irish Advocacy Network	Mind Yourself
Mencap	Barnardos
Voice of Young People in Care (VOYPIC)	Early Years Organisation
Bryson	Playboard
NI Association for Mental Health (NIAMH)	Employers for Childcare
Autism NI	NI Child Minding Association (NICMA)
Association for Real Change (ARC) UK	Federation of Small Businesses
CAUSE	DESTINED
British Dental Association	Positive Futures
NIACRO	Royal College of Midwives
PRAXIS	SureStart
Alzheimer's Society	Pharmaceutical Society NI
Age NI	General Medical Council
Disability Action	
Carers Forum	
Advocacy Group	



Examples of reviews from the previous year which completed during Quarter 1 of 2015-2016 and included comprehensive engagement were:

- **Review of Brain Injury:** RQIA worked with six voluntary and charity organisations to maximise engagement with people living with a brain injury and their carers. These included:
 - Cedar Foundation, Headway, Reconnect, Brain Injury Matters, Brain Injury Foundation and the Child Brain Injury Trust.
 - A total of 109 people living with a brain injury and 66 carers engaged in the process.
 - Their views were used to help inform the review process, and were also incorporated into the final report.
- **Review of Palliative Care:** This review considered evidence from a major research project carried out by the All Ireland Institute of Hospice and Palliative care on the experiences of patients and families of using services.
- **Review of Eating Disorders:** During the review, RQIA met with 48 service users and carers to obtain their views of the services for eating disorders.

Their views were used to help inform the review process, and were also incorporated into the final report.

- **Review of Adult Learning Disability:** RQIA met with staff from the HSC trusts and HSC Board staff and with over 280 people during 16 focus groups across NI to inform the findings of this review of service provision.

Animated Summary of RQIA's Inquiry into Child Sexual Exploitation (CSE) in Northern Ireland



In November 2014 the findings of the Independent Inquiry into Child Sexual Exploitation in Northern Ireland were published. RQIA led this important Inquiry.

During the inquiry, it was agreed that a child/young person friendly summary would be produced.

The Inquiry, working alongside Include Youth, brought together a group of young people who produced a short animation on the inquiry's key messages and contact details for help and support in relation to CSE. This was published in 2015 and can be viewed on RQIA's YouTube channel.

The Inquiry made 17 key recommendations and a further 60 supporting recommendations. Since the Inquiry, structures have been put in place to take forward the implementation of the recommendations, which include:

- Health and Social Care (HSC) Response Team
- Health and Social Care Implementation Group
- Senior Officials group, comprising representation from the Department of Health, Department of Justice and the Department of Education
- Cross Departmental Working Group
- Costed implementation plans, along with a composite CSE Implementation Plan Progress Report have now been developed

The Way Forward in Personal and Public Involvement (PPI)

In April 2015 RQIA evaluated its approaches, to date, involving Lay Assessors in review and inspection work in order to learn and improve. A learning day was facilitated with its voluntary lay assessors to gather qualitative and quantitative data. A further evaluation of the involvement of Lay Assessors in inspections will be undertaken by RQIA in 2016-17.



Lay Assessors and RQIA staff at Lay Assessor Evaluation Day 2015

Outcomes included:

- All Lay Assessors are offered to go out on inspection at least once a month
- Additional training as identified will be offered to Lay Assessors
- The development of a standard questionnaire which asks service users, relatives and carers, a set of core questions (aligned to the four stakeholder outcomes). These are collated to answer:
 - Is Care Safe?
 - Is care Effective?
 - Is care Compassionate?
 - Is the Service Well-Led?
- Corporate procedures in relation to working with Lay Assessors were developed throughout 2015 with input from RQIA administrative staff, inspectors, project managers and lay assessors. The procedures were issued February 2016 and will be reviewed in 2016-17.

PPI activities for 2015-16 also included:

- The Domiciliary Care Supported Living team facilitated focus groups of service users throughout 2015 to assist in informing the following year's inspection themes. Information relating to the questions asked of the service users has been used to inform the inspections for 2016-17. A full report was presented to RQIA's PPI forum as well as to the service user groups.
- The new acute hospital inspection programme commenced in October 2015. Lay assessors have participated in ten inspections since March 2015 which included involvement in the pilot inspections. They have gathered information from patients and relatives through questionnaires and interviews. This information has informed inspection outcomes and will be included within the inspection reports.

- The MHLD team ensured that the views of advocates, in relation to patients' care and treatment on Mental Health wards, is captured and used to inform inspection processes. To consult and gather feedback the team developed a questionnaire and issued to advocates in Quarter three via survey monkey as part of the revised methodology. MHLD consulted with three independent advocacy groups and one peer advocate. The findings were used to inform future inspection processes.
- A formal evaluation of the revised methodology in relation to Mental Health and Learning Disability (MHLD) inspections was undertaken in Quarter 4. This involved trust representatives, service user feedback and RQIA staff and the Health and Social Care Board. The evaluation was led by Professor Roy McConkey (UUJ) who met with trust representatives in January 2016. A report on the evaluation was produced in February 2016 and brought to an RQIA Board meeting on 14 March 2016. MHLD staff reviewed the recommendations and adapted the inspection methodology accordingly. Meetings were then held with senior trust representatives to discuss the new proposed methodology which included the well-led domain.
- MHLD developed a specific easy read format for completion by lay assessors during inspection. The specific role of lay assessors was to meet with inpatients as well as to observe the ward environment. Their findings were fed back to the lead inspector for inclusion in the final report. Lay assessors participated in 68 per cent of inspections of inpatient MHLD wards in 2015-16.
- During 2015-16 a review of post Electroconvulsive therapy (ECT) feedback from patients was undertaken and a paper was written and quality assured for publication. This was completed for publication and sent to the Ulster Medical Journal in Quarter 4.
- RQIA ascertains the views of service users as part of the domiciliary care agencies inspections (this excludes supported living services). This is carried out through RQIA's User Consultation Officer (UCO) who carries out interviews with a sample of service users. Any concerns will be raised with the inspector and used by the team when deciding the 2016-17 inspection themes. Findings will be included in each agency inspection report. As of 22 March 2016, the UCO has carried out 663 service user interviews in relation to 89 agencies.
- Inspectors ensure that they ascertain the views of young people living in children's homes in Northern Ireland. During the 2015-16 inspection year the children's team engaged with children and young people (including their parents views where possible) during each inspection through semi-structured interviews and questionnaires. These informed the outcomes for young people referenced in the inspection reports.

Strategic Goal 5: Integrating the Care

External Stakeholder Collaboration

RQIA, in its drive to support quality improvement across health and social care, works in partnership with key stakeholders to demonstrate leadership, encourage continuous improvements and to safeguard the rights of service users. Examples of collaboration include:

- RQIA's symposium on residential child care, where Professor Jim Anglin, School of Child and Youth Care at University of Victoria, British Columbia, Canada addressed forty delegates on best practice in residential child care.
- In partnership with the Northern Ireland Social Care Council, GMC, and the Pharmaceutical Society, RQIA hosted a Northern Ireland Regulators Parliamentary Reception, where systems and professional regulators had the opportunity to discuss their work with MLAs and NI Assembly staff.
- In partnership with the Royal College of Psychiatrists, RQIA held a joint conference, attended by over 80 delegates, Driving Service Improvements in Mental Health and Learning Disability, to share learning and best practice.
- RQIA held a series of information events across Northern Ireland for regulated services, attended by over 1,000 registered providers and managers. At each event we provided guidance to support services in their preparation for 2016-17 inspections.



NI Parliamentary Regulators Reception



Residential Child Care Symposium



Mental Health / Learning Disability Conference



Information Events for Regulated Services

Public Perception Survey 2015

In late 2015, RQIA conducted a public survey, seeking the views of our stakeholders on our work. Over 200 people from across Northern Ireland responded to a range of questions relating to: confidence in RQIA; the importance of our work; our reports; satisfaction with contact with RQIA. Some 90 per cent of respondents described the work of RQIA as very important or important. Confidence in RQIA was high, with 80 per cent of respondents confident in our ability to deliver on our responsibilities in regulation, review and mental health and learning disability. There was also a similar satisfaction rate from those who had contacted RQIA, seeking advice, looking for a report, or to raise a concern. The majority of respondents were familiar with RQIA's inspection and review reports, and described these as easy to understand. We have taken on board this comment. We are confident that with ongoing improvement work across the organisation, public confidence will continue to increase in the years ahead.

Next Steps

RQIA's vision continues to be a 'driving force for improvement in the quality of health and social care in Northern Ireland'.

Our ambition is to be a high performing organisation, sustaining our levels of performance, developing our workforce, continuously improving our systems and processes, and being open and transparent with the public.

Within RQIA's EFQM Feedback Report, January 2016, the most highlighted areas for improvement are in three key areas; People, Processes and Results. The outputs from staff workshops in Quarter Four, 2015-16 have ensured agreed corporate aligned actions to improve readiness in these three key areas for 2016-17.

RQIA will continue to use independent IIP and EFQM assessments to gauge our progress towards organisational excellence.

RQIA will focus on building the capability and capacity of our staff to ensure they have the necessary knowledge and skills in quality improvement required for the delivery of a high quality programme of reviews and inspections that will encourage quality improvement in outcomes for service users. RQIA will continue to report on our four stakeholder outcomes of safe, effective, compassionate, and well-led care.



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