# RQIA Corporate Performance Report 2018-19

# Quarter 3
# October to December 2018

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## Introduction

The Corporate Performance Report summarises our performance for the last financial year. In a change from previous Corporate Performance Reports this paper will focus on providing evidence 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 2017-21.

## Traffic Light Rating System

RQIA has adopted a Traffic Light Rating System to demonstrate how well the business actions are performing or have been delivered. 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 delivered

## Summary of Traffic Light Rating System (Period Ending September 2018)

| Traffic Light | Sept 2018 | Actions that require exception reports |
|---|---|---|
| 🔴 | 0 | |
| 🟠 | 0 | |
| 🟢 | 34 (100%) | |
| 🔵 | 0 | |

## Summary of Achievements

- The RADaR database has been developed and is currently being piloted by the Care Homes Team. Work is ongoing on the development of the dynamic intelligence led model which is on track for achievement by Quarter 4.
- The RQIA Membership Scheme was launched on 7 June 2018 and by the end of Quarter 3, 71 people had signed up to RQIA's membership scheme
- A project has been initiated by day care and domiciliary care agency inspectors to provide information about RQIA and inspections in a format that is accessible to service users with a range of communication needs.
- A total of 1838 inspections were completed by the end of Quarter 3 which represents 72% of year's scheduled inspections completed.
- 54 inspections were completed with lay assessor involvement by the end of Quarter 2, which is on target.
- The information request database has been built on a Microsoft Access platform and was rolled out to the information team in late June 2018. The database holds all the required information and meets the team's needs.

| STRATEGIC THEME 1<br><br>Encourage quality improvement in health and social care services | | | | | | |
|---|---|---|---|---|---|---|
| **Action** | **Measures** | **Delivery** | | | | **Performance** |
| | | Q1 | Q2 | Q3 | Q4 | |
| **Action 1.1**<br>We will lead an independent assurance process overseeing the sustainable implementation of the recommendations of the report of the Inquiry into Hyponatraemia-Related Deaths.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | Implementation of workstream 9 arising from the O'Hara report. | | | | X | On track for achievement.  The project group has been established and first meetings planned. |
| **Action 1.2**<br>We will produce our first annual summary of the quality of services we inspected, audited and reviewed in 2017/18.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | • First annual summary report of services we inspected, audited and reviewed | | | | X | This work will be completed by Quarter 4 |

# STRATEGIC THEME 1

## Encourage quality improvement in health and social care services

| Action | Measures | Delivery | | | | Performance |
|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | |
| **Action 1.3**<br>We will implement the steps outlined in our action plan arising from our internal review of steps taken in respect of Dunmurry Manor Care Home and consider recommendations made by the Commissioner in respect of actions arising for RQIA in the report of his investigation<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | Implementation of the steps outlined in RQIA's action plan arising from our internal review of Dunmurry Manor | | | | X | DoH is leading on the response to the COPNI report and RQIA submitted the input as requested by the required deadline.<br><br>The Dunmurry Manor Care Home Action Plan remains in place with several actions completed to date. |
| **Action 1.4**<br>Where we identify gaps in the quality of services in care homes, we will support improvement, for example by providing or signposting to best practice guidance.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | Number of RQIA initiatives for supporting improvement to overcome gaps identified in the quality of services which RQIA inspects | | | | X | In September RQIA with support from NICE delivered 3 Medicines Management Workshops to Care Home Providers. Other opportunities have also been sought including working with the NICE Implementation Facilitator for NI to increase awareness of NICE resources for the regulated sector.<br><br>The information team is working to analyse breaches on compliance with a view to ascertaining key areas in which to focus for future projects.<br><br>Events on 'making your inspection count' have been scheduled for March. |

| STRATEGIC THEME 2 |
| --- |
| Use sources of information effectively |

| Action | Measures | Delivery | | | | Performance |
| --- | --- | --- | --- | --- | --- | --- |
| | | Q1 | Q2 | Q3 | Q4 | |
| **Action 2.1** We will develop and quality assure a range of relevant risk factors to inform the targeting of resources to nursing and residential home inspections.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | • Complete detailed quality assurance on the 8 data sources identified as part of the Dynamic Data Workstream for RADaR<br>• Complete a pilot using the above data sources in order to try and predict risk as set out in the RADaR model | | | | X | NI Ambulance Service (NIAS) data and Hospital Admission Data have been evaluated and summary reports produced. There are a number of data quality issues with the hospital admission data and as such quality assurance is ongoing. The NIAS data has provided valuable insight and work is now underway to agree a regular process for receipt of the data and explore the possibility for inclusion in iConnect<br><br>Work pressures within BSO have resulted in a delay in receiving the initial extract of data from the GP NHAIS system for validation. The RADaR database has been analysed extensively and the results have been presented at the RADAR workshop on 5 November. |
| **Action 2.2** We will ensure information collected centrally within RQIA is fit for purpose and delivers a consistently high standard of timely and appropriate analysis.<br><br>**Brag Rating:** 🟢<br>On track for achievement | • Develop self service capability for validation, performance and quality reports<br>• Deliver training in the use of self-service reporting | | | X<br><br><br>X | | The self-service reporting template is now in use within the Nursing and Residential teams. A training session was held at the teams' meeting on 7 December 2018, and the teams are giving further consideration to expanding the report and providing more variation in the presentation of the data.<br><br>In May 2018 a sample service activity timeline was developed using Excel, and was well received by the Nursing and Residential teams; this has now been established as a SQL report and incorporated into the self-service reporting template. |
| **Action 2.3** We will publish an annual summary of high level statistical information in relation to the regulatory activities carried out by RQIA. The publication will be in line with official statistics guidance and as such we will seek national statistics accreditation.<br><br>**Brag Rating:** 🟢<br>On track for achievement | • Produce an agreed draft publication using information for the 2017/18 year by the end of 2018/19 | | | | X | Initial discussions were held during Quarters 1 and 2. The majority of the work involved in producing the summary report is on target for completion by the end of Quarter 4. |

| STRATEGIC THEME 2 | | | | | | |
|---|---|---|---|---|---|---|
| Use sources of information effectively | | | | | | |
| **Action** | **Measures** | **Delivery** | | | | **Performance** |
| | | Q1 | Q2 | Q3 | Q4 | |
| **Action 2.4**<br>We will ensure that the work of the Information Team is in line with the Northern Ireland Statistics and Research Agency (NISRA) and Department of Health standards.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | • Information Team Business Plan to be incorporated within the NISRA DoH Business<br>• Deliver training to the information team on DoH and NISRA standards<br>• Plan | X | | | X | The RQIA Information Team Business Plan has been incorporated within the NISRA DoH Business Plan.<br><br>Training in relation to DoH and NISRA standards will be provided to the information team by the end of Quarter 4. |

| STRATEGIC THEME 3 | | | | | |
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| Engage and involve service users and stakeholders | | | | | |

| Action | Measures | Delivery | | | | Performance |
|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | |
| **Action 3.1**<br>We will increase the profile of RQIA with the public.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | Number and % of people who were surveyed in the Household Survey that are aware of RQIA's role and responsibilities | | | X | | A number of questions in relation to the public's perception of RQIA's role and responsibilities were incorporated in to the (NISRA) Continuous Household Survey during 2017/18.<br><br>Results from the NISRA Survey were received at the end of September, they show that 32% of people surveyed were aware of RQIA, 27% were aware of RQIA's registration and inspection of HSC services function, 22% were aware of RQIA's responsibilities in relation to people with mental ill health or learning disabilities and 24% were aware of RQIA's responsibilities for carrying out investigations/reviews of HSC services.<br><br>Further analysis by sex, age group and geographical areas has also been analysed. |
| **Action 3.2**<br>We will launch a membership scheme to involve service users, families and carers in our work.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | Successful launch of RQIA Membership Scheme | | | X | | The Membership Scheme was launched on 7 June 2018. During Quarter 1 we asked for volunteers to join the scheme with a view to an event or series of events in the autumn to co-produce terms of reference and a work-plan for the group.<br><br>At 31 December 2018, 71 people had signed up to RQIA's membership scheme. In Quarter 3 members will be invited to attend focus groups to develop and co-produce terms of reference and a work-plan for the group. This may include developing accessible information and guidance for members of the public; accessible report formats; and seeking views on other areas/issues that we should focus upon.<br><br>During quarter 4, RQIA is planning its inaugural meetings with the Membership Scheme, where we will discuss how engage the public in our work. This will include discussion on how we effectively capture the voice of service users in our work, and improve the accessibility of our reports to ensure they help to support the public when making choices about health and social care services |

<table>
<tr><td colspan="5"><strong>STRATEGIC THEME 3</strong><br><br>Engage and involve service users and stakeholders</td></tr>
<tr><td><strong>Action</strong></td><td><strong>Measures</strong></td><td colspan="4"><strong>Delivery</strong></td><td><strong>Performance</strong></td></tr>
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| Action | Measures | Q1 | Q2 | Q3 | Q4 | Performance |
|---|---|---|---|---|---|---|
| **Action 3.3**<br>We will actively develop partnerships with academia and service improvers to enhance our processes and procedures.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | • Analysis of RQIA's active involvement with academia and service providers<br>• Number of inspections completed with student nurses involvement | | | | X | RQIA has been engaging with Professor Brian Taylor (Ulster University), on the development and implementation of 'RADaR'.   RQIA delivered a presentation on RADaR at the University of Ulster DARE Conference, on 3 July.<br><br>RQIA has also met with representatives from the Association for Real Change (ARC), Independent Health and Care Providers (IHCP) for the purposes of information sharing and planning partnership working events.<br><br>RQIA supported ARC at an event for registered Managers on 27 November focusing on monitoring quality across a range of social care settings.<br><br>A training programme on rights of children has been developed with Queens University Belfast and the RQIA Children's Team which has been delivered in November.<br><br>In Quarter 2, RQIA facilitated one week placement for two open university student nurses, 23 – 27 July 18. As part of this placement, two dental inspections were completed with student nurses involvement, 25 and 26 July 18.<br><br>RQIA participates in HSC training days (to include infection prevention and control link nurse study days, Band 6 and 7 leadership study days). At the end of Quarter 3, four presentations were given, two to the Belfast (26 September 18, 21 November 2018) and one each to Northern (25 May 2018) and Southern Trust (25 September 2018). |
| **Action 3.4**<br>We will work collaboratively to report on the lived experience of users of health and social care.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | We will work with a range of representative groups to best assess lived experience. | | | | x | In Quarter 3 RQIA continued to engage with the Voice of Young People in Care organisation (VOYPIC) to increase user involvement in children's homes inspections. Currently VOYPIC are preparing a proposal which will include the recruitment of an intern who will oversee the training and induction of a team of ex care experienced young people (sessional workers) to assist in the inspection of children's services. |

## STRATEGIC THEME 3

### Engage and involve service users and stakeholders

| Action | Measures | Delivery | | | | Performance |
|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | |
| **Action 3.5**<br>We will increase the involvement of lay assessors in our work programmes.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | Meaningful lay assessor involvement to increase in all work programmes | | | | X | The target for 2018/19 is 70 inspections to include a lay assessor.<br><br>At the end of Quarter 3, 54 inspections have been carried out with a lay assessor present, 37 within a nursing home and 16 within a residential care home.  One inspection which involved a lay assessor was completed within a MHLD service.<br><br>Four lay assessors have been used across 10 days of inspection (11 – 25 October 2018) to HSC Outpatient Department services, as part of the inspection element of the DoH Commissioned Review of Governance Arrangements in Outpatients Services in the Belfast Trust. |

<table>
<tr><td colspan="6" align="center"><strong>STRATEGIC THEME 4</strong><br><br>Deliver operational excellence</td></tr>
<tr>
<th rowspan="2">Action</th>
<th rowspan="2">Measures</th>
<th colspan="4">Delivery</th>
<th rowspan="2">Performance</th>
</tr>
<tr>
<th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th>
</tr>
<tr>
<td><strong>Action 4.1</strong><br>We will implement the actions set out in our Transformation, Modernisation and Reform framework.<br><br><strong>Brag Rating:</strong> &#x1F7E2;<br><br>On track for achievement</td>
<td>Implementation of the actions set out in our Transformation, Modernisation and Reform framework</td>
<td></td><td></td><td></td><td>X</td>
<td>Work is ongoing.  The job description for a Business Manager has been submitted for banding.</td>
</tr>
<tr>
<td><strong>Action 4.2</strong><br>We will develop and implement an organisational development plan to give our staff the skills they need to support transformation, modernisation and reform.<br><br><strong>Brag Rating:</strong> &#x1F7E2;<br><br>On track for achievement</td>
<td>Implementation of the RQIA Organisational Development Plan</td>
<td></td><td></td><td></td><td>X</td>
<td>Senior staff have been offered opportunities for development including a CLM Level 7 course in leadership (2 staff), an executive development programme at QUB (1 staff), the Scottish Improvement Leader Programme (1staff) and the Leadership centre regional development programme (1 staff).  Feedback will be collated to determine the most appropriate course or mix of courses for RQIA staff development.</td>
</tr>
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<td><strong>Action 4.3</strong><br>We will develop and implement a charter of RQIA's vision and values<br><br><strong>Brag Rating:</strong> &#x1F7E2;<br><br>On track for achievement</td>
<td></td>
<td></td><td></td><td></td><td>X</td>
<td>RQIA is currently reviewing its vision and values which will define our culture and capture what we do when we are at our best.  This work is on target for completion by the end of Quarter 4.</td>
</tr>
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<td><strong>Action 4.4</strong><br>We will develop and implement a suite of customer service standards.<br><br><strong>Brag Rating:</strong> &#x1F7E2;<br><br>On track for achievement</td>
<td>Development and implementation of a suite of customer service standards</td>
<td></td><td></td><td></td><td>X</td>
<td>During Quarter 1 a benchmarking exercise was undertaken to ascertain customer service standards in comparable organisations.</td>
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<tr><td colspan="6" align="center">**STRATEGIC THEME 4**<br><br>Deliver operational excellence</td></tr>
<tr><td align="center">**Action**</td><td align="center">**Measures**</td><td colspan="4" align="center">**Delivery**</td><td align="center">**Performance**</td></tr>
</table>

| Action | Measures | Q1 | Q2 | Q3 | Q4 | Performance |
|---|---|---|---|---|---|---|
| **Action 4.5**<br>We will align our range of provider guidance to ensure it reflects our vision, values and commitment to customer service.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | Aligned provider guidance which reflects our vision, values and commitment to customer service | | | | X | This exercise will follow on foot of the development of customer service standards. |
| **Action 4.6**<br>We will pilot the risk-adjusted, dynamic and responsive (RADaR) model designed in 2017/18 to support a risk-based, intelligence-led approach to inspection planning for care homes and other services.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | Pilot and review RADaR with Nursing and Residential Care throughout 2018/19 | | | | X | The risk adjusted part of the RADaR Database is now live and is currently being piloted by the Care Homes Team. Work is ongoing on the development of the dynamic intelligence led model which is on track for achievement by Quarter 4. A workshop for RQIA staff involved in the pilot and development of the dyanamic data was held in June and a further workshop was held in November. |
| **Action 4.7**<br>We will improve the quality of our reports so they are meaningful, accessible and useful to all stakeholders.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | | | | | X | A project has been initiated by day care and domiciliary care agency inspectors to provide information about RQIA and inspections in a format that is accessible to service users with a range of communication needs. The project has involved service users, staff and inspectors and feedback from these groups supports the need for RQIA to review the accessibility of inspection reports. Through co-production, the project aims to produce a range of 'easy read' reports and other information about RQIA for service users who have communication needs. It is anticipated that this project will be completed on target by the end of March 2019. |

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| **CORE ACTIVITIES** | | | | | | |
| In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities | | | | | | |

| Action | Measures | Delivery | | | | Performance |
|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | |
| **Action 5.1**<br>We will exercise the Authority's powers to support and drive improvement in the services we inspect, review and audit<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | | | | | X | RQIA will contribute to an Association for Real Change (ARC) workshop involving registered managers of services to develop a regional quality monitoring template for the completion of monthly reports. This workshop took place on 27 November. |
| **Action 5.2**<br>We will provide advice to the Department of Health on proposed policy and legislation affecting the regulation or quality of health and social care.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | | | | | X | In Quarter 2 a paper was drafted and presented to RQIA's Audit Committee on 10 October 2018 advising on gaps in service provision with recommendations to ensure the safety and wellbeing of those young people requiring accommodation in unregistered accommodation. This report has been discussed with the Board and will be discussed with the DoH in due course. |
| **Action 5.3**<br>We will meet our statutory requirements in respect of the regulation, inspection, review and audit of health and social care.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | • % of planned inspections, reviews and audits completed by year end | | | | X | A total of 2532 inspections of regulated services are scheduled for 2018/19, with 1838 completed or due for completion by 31/12/2018. This represents 73% of scheduled inspections for the year completed by end of Quarter 3.<br><br>RQIA has funded 3 audits and 3 quality improvement initiatives during 2018/19 – all of which have commenced in Quarter 1. During Quarter 2 there were concerns about 1 quality improvement initiative and in response RQIA is constantly monitoring and assessing the situation. In Quarter 3, following escalation to Director of Improvement/Medical Director, the quality improvement initiative "Standardise Physical and Mental Health Monitoring and Recording in line with Shared care Guidance for those with a diagnosis of Adult ADHD on stimulants in Belfast Outpatient Clinics" was terminated (29 November 2018).<br><br>Four thematic reviews are currently underway with a further five undergoing quality assurance to be published in-year. |

| CORE ACTIVITIES |
|---|

**In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities**

| Action | Measures | Delivery | | | | Performance |
|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | |
| | | | | | | A total of 29 inspections have been carried out to HSC acute services. These include a one day re-audit to Causeway Hospital (25 June 18) and a 10 day inspection to the Belfast Trust Outpatients Departments (11-25 October 2018), as part of the Review of Governance Arrangements in Outpatients Services in the Belfast Trust. Five additional inspections were carried out to support regulated services. |
| **Action 5.4**<br>We will manage our resources effectively to ensure that we operate within allocated budget, operating within a breakeven tolerance where a deficit is not permissible and a surplus cannot exceed £20k.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | • Produce the 2018/19 annual fee schedule and forward to BSO Finance in a suitable format to allow creation of invoices completed<br>• Produce end of quarter pro-rata fee schedules and forward to BSO Finance in a suitable format to allow creation of invoices – ongoing (to be completed by year end)<br>• Assist BSO Finance in recovering 98% of 2018/19 fee income by year end (ongoing)<br>• Achieve Break even | | X | | X<br><br><br><br>X<br><br>X | The 2018/19 annual fee and quarter 1 pro-rata schedules were approved and forwarded to BSO Income for processing in July 2018. Invoices have been issued to all providers.<br><br>The quarter 2 pro-rata schedule was approved and sent to BSO in November 2018. Invoices have now been issued.<br><br>The quarter 3 pro-rata schedule will be drafted in early January 2019.<br><br>We are on target to meet our goal of recovering 98% of the 2018/19 fee income by 31/03/2019.<br><br>RQIA staff restructuring has commenced following the outcome of the Workforce Review carried out in 2017/18 and as a result a number of posts have or will be advertised in the coming months. |
| **Action 5.5**<br>We will adopt a targeted, proportionate and responsive approach to our programme of inspection, audit and reviews.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | | | | | X | In addition to the regulated services where 'RADaR' is being piloted, RQIA continues to plan inspections and respond to concerns in a manner that is targeted and proportionate. A range of regulatory interventions are used to drive improvements in services including enforcement activity, signposting and compliance monitoring.<br><br>We have reviewed our approach to inspection of Neonatal and Critical Care areas. At the end of Quarter 3 we have met with the DoH and relevant clinical care networks to engage take forward a collaborative self-assessment and risk based approach to inspection. We plan to meet in February 2019 to progress. |

| CORE ACTIVITIES |||||
|:---:|:---:|:---:|:---:|:---:|
| In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities |||||

| Action | Measures | Delivery | | | | Performance |
|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | |
| | | | | | | We have reviewed and re-prioritised our Review Programme to meet additional requests from the DoH for commissioned reviews. This has been discussed with DoH at Bi-monthly meetings on 26 September 2018 and 6 November 2018. |
| **Action 5.6** We will develop and foster strategic alliances with other regulators and improvers. **Brag Rating:** 🟢 On track for achievement | | | | | X | Bi-annual liaison meetings are held between RQIA and the Northern Ireland Commissioner for Children and Young People (NICCY).  RQIA met NICCY on the 14 June 2018 to exchange information around issues of mutual interest in respect of children's services in Northern Ireland. Two Memoranda of Understanding (MoUs) were signed off in Quarter 2 with the Northern Ireland Social Care Council and the Fire and Rescue Service. RQIA's Chief Executive and Director of Improvement/Medical Director met with CJI on 18 December 2018 to discuss our approach to inspection and supporting improvement, as well as areas of joint working for 2019/2020. |
| **Action 5.7** We will recognise and share examples of good practice where we find it. **Brag Rating:** 🟢 On track for achievement | | | | | X | Following a serious adverse incident RQIA, co-produced with a service provider learning outcomes from the incident.  This will be disseminated to service providers in Quarter 3 in relation to managing residents with modified diets and texture descriptors. |
| **Action 5.8** We will continue to actively participate in the work of HSC Quality Improvement. **Brag Rating:** 🟢 On track for achievement | | | | | X | RQIA is a member of the Critical Friends Group which was established to critically challenge and provide senior guidance and governance oversight to the design process of improvement. RQIA's Ddirector of Improvement participates in meetings of the Design Collaborative progressing work of the Improvement Institute/System. We continue to use peer reviewers as part of inspection to HSC service. This supports the collaborative work and quality improvement across the region. At the end of Quarter 3, we have used 12 peer reviewers on inspections. Three to the re-audit inspection of Causeway Hospital (25 June 18) and nine to the inspection to the Belfast Trust |

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

| Action | Measures | Delivery | | | | Performance |
|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | |
| | | | | | | Outpatients Departments (11-25 October 2018), as part of the Review of Governance Arrangements in Outpatients Services in the Belfast Trust. |
| **Action 5.9** We will work in partnership with the Innovation Lab to improve our engagement with users of health and social care services.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | | | | | X | RQIA plans to meet with the Innovation Lab to plan work for the coming year to support the membership scheme and other initiatives. |
| **Action 5.10** We will deliver a minimum of (12) engagement events with providers of health and social care services.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | | | | | X | During Quarter 2 RQIA held seven engagement events.  These included: three workshops across Northern Ireland to support care home providers prepare their services for the winter, in partnership with RCN, PHA, NI Ambulance Service and Multiagency Emergency Preparedness groups.  We also held three workshops on medicines management, with input from NICE.  RQIA's Mental Health and Learning Disability team also held a stakeholder involvement workshop with service providers and managers.<br><br>We held a radiation safety workshop on 7 November 2018 involving all trusts and independent organisations. Our workshop focused on the changes within the new Ionising Radiation (Medical Exposure) Regulations which came into operation in February 2018. The workshop was well attended with positive engagement and feedback from attendees.<br><br>We held a workshop involving all independent hospitals and hospices on 3 December 2018, to share information in relation to our revised inspection methodology, which will be implemented from January 2019.  The providers were positive with respect to the new approach.  In particular moving from an inspection process which was focused in the main on nursing care and practice, to one which is more multi-disciplinary in its approach. |

## CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

| Action | Measures | Delivery | | | | Performance |
|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | |
| **Action 5.11** We will implement Phase II of the project to integrate MHLD systems into iConnect. | • % of milestones successfully delivered on target | | | | X | The iConnect MHLD information module went live on the 2 January 2019 as planned. All current risks have been assessed as low. The MHLD team are being supported by the development during the early implementation phase. Feedback from MHLD staff is positive. The project close down remains on schedule and will be completed by the 31 January 2019. |
| **Brag Rating:** 🟢 On track for achievement oversee central monitoring of all statistical information requests. **Brag Rating:** 🟢 On track for achievement | • Develop a database to record details of information requests including customer details, type of request and time taken to collate • Use the database to record all requests for information and review the information regularly at information team meetings. | | | | X | The information request database has been built on a Microsoft Access platform and was rolled out to the information team in late June 2018. The database holds all the required information and meets the team's needs. A total of 155 separate information requests have been logged onto the database. The information team continues to review and discuss ongoing information requests at our bi-monthly team meetings. |
| **Action 5.13** We will develop strategic alliances with other organisations to promote the use of information collected and analysed internally within RQIA and work collaboratively where we can **Brag Rating:** 🟢 On track for achievement | • Attend and provide input to the Regional Strategic Information Group • Attend and provide input to Regional NMC Analyst Network Meetings | | | | X | RQIA have been represented at all ISB meetings to date and have had input to the now agreed terms of reference for the group. RQIA have attended 2 meetings of the UK Healthcare Regulators Analyst Network to share best practice in data analysis with other UK Healthcare Regulators including CQC, HIW, NMC, GDC, GMC, HIS. A third meeting will be attended in January 2019. RQIA information team are facilitated a visit from HIW in November to share best practice |

| CORE ACTIVITIES |||||
|:---:|:---:|:---:|:---:|:---:|
| In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities |||||

| Action | Measures | Delivery | | | | Performance |
|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | |
| **Action 5.14**<br>We will improve how we do our business to ensure that people trust and use our reports of inspection, audits and reviews to make informed choices and decisions about health and social care services.<br><br>**Brag Rating:** 🟢<br><br>On track for achievement | | | | | X | RQIA produced a video called 'Geraldine's Story' where Geraldine shared her experience of finding a nursing home for her husband who was living with dementia. |