The **Regulation** and **Quality Improvement Authority**

**Corporate Performance Report 2016-17
Quarter 1: April - June 2016**

Assurance, Challenge and Improvement in Health and Social Care

Contents Table

Introduction

Purpose

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

RQIA's Strategic Map as detailed in page 33 is a visual representation on one page creating an integrated and coherent picture of the organisation's forward strategy.

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

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

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

The Traffic Light rating operates as follows:

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

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

● action forecast to be completed by the completion date.

● action completed.

Exception Reporting

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

Frequency of Reporting

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

Summary of Traffic Light Rating System (Period Ending June 2016)

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

Traffic Light		Period Ending June 2016	Period Ending September 2016	Period Ending December 2016	Period Ending March 2017
Red	●	0			
Amber	●	1 (4%)			
Green	●	23 (96%)			
Blue	●	0			

At the end of the 1st Quarter of 2016/17, 0% of the actions within the Business Plan were reported as blue.

Headline achievements within the Quarter for the period ending June 2016

Strategic Publications (Approved and Published)

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

Business Priorities

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

Reviews Published (Q1)

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

Performance and Exception Report

Strategic Theme 1: Deliver Operational Excellence

Action 1.1

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

How do we measure this?

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

Owner

Regulation and Nursing Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Attainment of satisfactory assurance through the internal audit of inspection systems and processes	Quarter 4
Analysis of the outcomes of inspections against the achievement matrix	Quarter 4
Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action	Quarter 4

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

The public consultation on the revised inspection policy was completed on 29 April 2016. An evaluation of the revised inspection policy pilot commenced in Quarter 1 and will be completed in Quarter 2.

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

Service Type	% of Services who received the following no of inspections in period 1 April 2016-30 June 2016					No of Services Inspected
	1	**2**	**3**	**4**	**5+**	
Adult Placement Agency (APA)						
Boarding School						
Childrens (CH)	88%	13%				24
Day Care Setting (DCS)	91%	9%				45
DCA-Conventional	100%					35
DCA-Supported Living	96%	4%				50
Independent Clinic (IC)	100%					2
Independent Hospital (IH)	79%	14%		7%		14
Independent Hospital (IH) - Dental Treatment	93%	6%	1%			90
Independent Medical Agency (IMA)						
Nursing (NH)	71%	25%	2%	1%	1%	180
Nursing Agency (NA)	100%					2
Residential (RC)	74%	24%	2%			121
Residential Family Centre (RFC)						
Young Adult Supported Accommodation	100%					2
Grand Total	**82%**	**16%**	**1%**	**1%**	**0.2%**	**565**

Action 1.2

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

How do we measure this?

- Reviews progress on planned activity for the year
- Infection & Hygiene progress on planned inspection activity for the year
- Acute Hospitals progress on planned inspection activity for the year
- Ionising Radiation progress on planned inspection activity for the year
- Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action

Owner

Reviews Directorate
Regulation and Nursing Directorate
MHLD Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates

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

Reviews progress on planned activity for the year
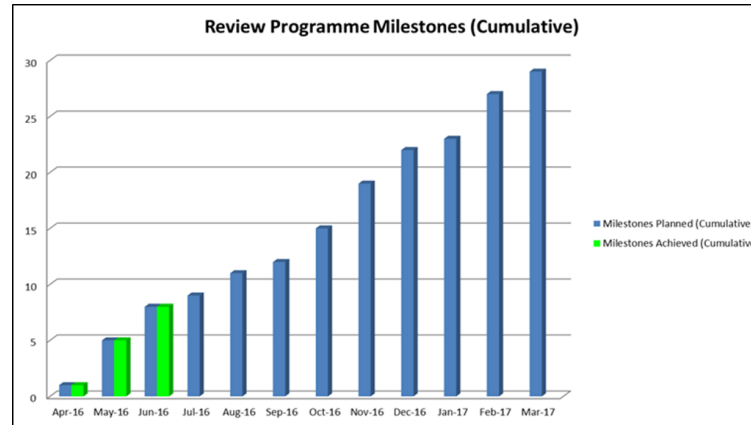
Milestones of the RQIA Review Programme for 2016/2017 include agreement of delivery plan; project briefs agreed; fieldwork commenced; first draft of review reports completed and review reports submitted to the Department of Health. There are a total of 29 milestones. During Q1, all planned milestones had been achieved.

The Review Programme is on track.

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

Infection and Hygiene - Following the introduction of the new Acute Hospitals inspection programme, inspections in Infection and Hygiene re-commenced in June 2016. The three year inspection programme continues to be implemented and is on track.

Acute Hospitals - Quarter 1 completed 4 out of the 5 new acute hospital inspections. The fifth inspection is planned for Quarter 2. During the remainder of 2016/2017, a comprehensive evaluation of the new programme will be undertaken, and inspections will re-commence following this evaluation.

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

Action 1.2 (Continued)

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

How do we measure this?

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

Owner

Reviews Directorate

Regulation and Nursing Directorate

MHLD Directorate

BRAG Rating:

Quarterly Performance

A GAIN delivery plan has been agreed for 2016/2017 with milestones set for key deliverables. These include, programme deliverables such as assessment of applications for guidelines and audits and agreeing a pro-gramme for the year; and individual milestones for specific audit and guideline projects. There are a total of 28 milestones. During Quarter 1, all planned milestones had been achieved. The GAIN Programme is on track.

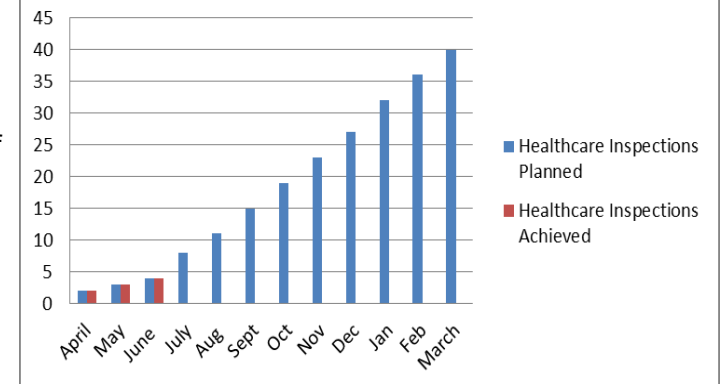### GAIN Programme progress on Milestones

GAIN Programme Milestones (Cumulative)

MHLD progress on planned inspection activity for the year

Inspections and Follow Up Reviews Scheduled and Completed (Cumulative) 2016/17
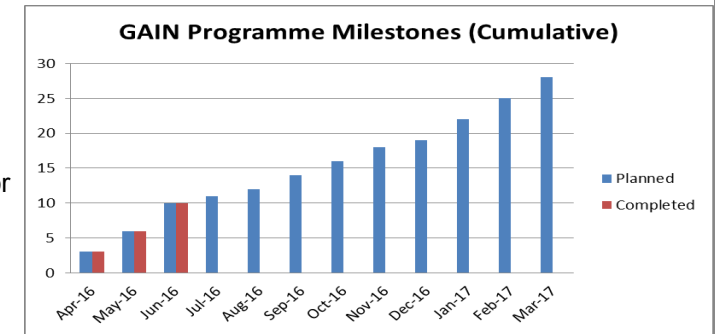
In April and May the MHLD Directorate did not complete any inspections. However 12 follow up reviews were completed in relation to the progress reports received from Trusts that were inspected last year. In June the MHLD Directorate completed four unannounced inspections. Three scheduled inspections which are part of the pilot for the revised methodology and one in response to a whistleblow-ing letter received. This KPI is on target.

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

In Quarter 1, 316 (22%) registered services had received the minimum number of inspections required by the Fees and Frequencies of Inspections Regulations.

Service Type	No of Registered Services	Services Had Min Stat Req	% Services Had Min Stat Req
Adult Placement Agency (APA)	4		0%
Childrens (CH)	46	3	7%
Day Care Setting (DCS)	180	45	25%
DCA-Conventional	121	31	26%
DCA-Supported Living	176	47	27%
Independent Clinic (IC)	6	2	33%
Independent Hospital (IH)	50	13	26%
Independent Hospital (IH) - Dental Treatment	374	89	24%
Independent Medical Agency (IMA)	5		0%
Nursing (NH)	257	52	20%
Nursing Agency (NA)	32	2	6%
Residential (RC)	194	32	16%
Residential Family Centre (RFC)	1		0%
Voluntary Adoption Agency (VAA)	4		0%
Overall Total	**1450**	**316**	**22%**

Action 1.3

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

How do we measure this?

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

Owner

Reviews Directorate

BRAG Rating:

Quarterly Performance

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

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

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

The template includes the facility to report whether an individual recommendation is:
- Complete, with date of completion
- On target to be completed, with date of planned completion
- Not on target to be completed, with reason
- Not achievable / no longer appropriate, with reason

It has also been agreed to look back approximately two years and report on all RQIA recommendations made since March 2014. This exercise will be completed for the end of Quarter 2.

The **Regulation** and **Quality Improvement Authority**

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

Strategic Theme 2: Develop and Execute New Capabilities

Action 2.1

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

How do we measure this?

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

Owner

Chief Executive's Office
Reviews Directorate
Regulation and Nursing Directorate
MHLD Directorate

BRAG Rating:

Quarterly Performance

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

The Draft Mental Capacity legislation developed

The Mental Capacity Act received Royal assent on 10 May 2016.

Updated care standards for residential care homes

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

Mental Capacity Act
(Northern Ireland) 2016

CHAPTER 18

£32.75

Department of
Health, Social Services
and Public Safety

Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí

Fuaráic, Reenledeiter Heisin
an Fosk Siscar

Residential Care Homes

Minimum Standards

Updated August 2011
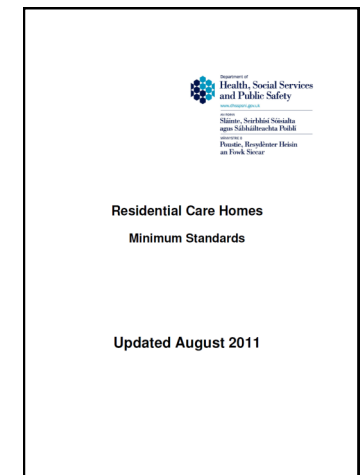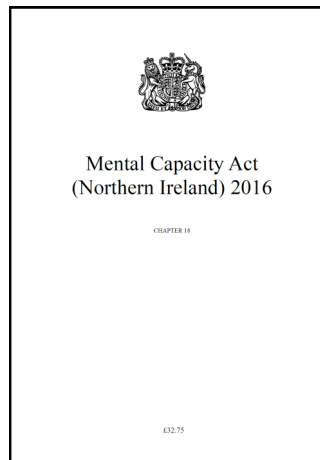
Action 2.2

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

How do we measure this?

- Project milestones delivered on target

Owner

Reviews Directorate

BRAG Rating:

Quarterly Performance

Project milestones delivered on target

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

There are 7 project milestones, to include:

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

By the end of Quarter 1 2016/17, milestones 1-3 have been completed and fieldwork had commenced, comprising engagement with staff, organisations representing service users and an organisational and regional learning audit. There has been a slight delay in completing the audit due to availability of expert reviewer. This will complete the fifth milestone.

GAIN Project Identifying Learning from Serious Adverse Incidents (SAIs)

There are 7 project milestones, to include:

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

By the end of Quarter 1 2016/17, milestones 1-2 had completed and further work had commenced production of videos, focus groups / questionnaires and an audit of the number of SAIs reported during 2014 and 2015 per HSC Trust (excluding NIAS) across all programmes of care excluding all mental health, children under 18, and those occurring in primary care and social care.

GAIN

GUIDELINES AND AUDIT
IMPLEMENTATION NETWORK

Action 2.3

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

How do we measure this?

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

Owner

MHLD Directorate

BRAG Rating:

Quarterly Performance

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

The Mental Capacity Act received Royal assent on 10 May 2016. A paper was sent to DoH regarding the amendments required to be made to the 2003 Order. DoH is currently preparing a first draft of the Code of Practice.

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

Mental Capacity Act
(Northern Ireland) 2016

CHAPTER 18

£32.75

Strategic Theme 3: Use Resources Effectively

Action 3.1

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

How do we measure this?

Progress in outsourcing the following corporate functions:

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

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Progress in outsourcing corporate functions

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

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

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

Administration of Income – this function has transferred. Work is ongoing in relation to developing new processes and procedures to support the administration of income. These will need to be signed off once complete.

Enhanced Equality/DDO – this function has transferred to BSO and the first meeting of the new RQIA Equality Forum has taken place.

OD – this function has been outsourced to the HSCLC.

ICT – good progress continues to be made in relation to the phased transfer of ICT functions which is due to be completed by the end of September.

Finance – discussions are ongoing with BSO Finance, but it is anticipated that the Finance function will transfer to BSO on 1 November 2016.

Corporate Functions (IG/RM, H&S, Premises Management) – it is anticipated that these functions will transfer to BSO on 1 September 2016.

Action 3.2

Finalise and implement the workforce plan

How do we measure this?

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

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Updated workforce plan for 2017/18	Quarter 4

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

Initial discussions with the Leadership Centre have been held to identify a consultant to scope a workforce review of RQIA to realise and seek opportunities for efficiencies to enable a modernisation of our services.

Action 3.3

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

How do we measure this?

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

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

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

Regular monthly monitoring reports provided to all budget owners

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

Monthly Forecast of Year End Position
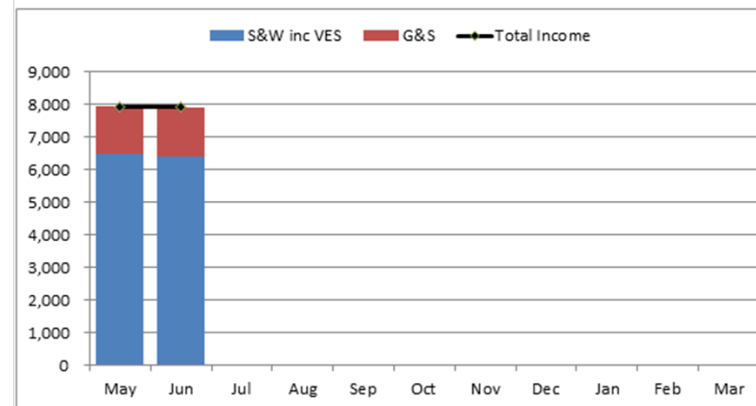
	Jun £'000
Expenditure	
S&W inc VES	6,421
G&S	1,510
Total Expend	7,931
Income	
Other Income	884
VES	184
RRL	6,844
Total Income	7,912
Surplus/(Deficit)	(19)

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

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

Action 3.4

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

How do we measure this?

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

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

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

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

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

The number of people contacting RQIA to whistleblowing is increasing. During 2015-16, RQIA received around 80 disclosures. During April, May June 2016, RQIA was contacted on 45 occasions by people making whistleblowing disclosures. Issues raised included: staffing levels, particularly at night, wakening patients early to wash them, verbal abuse of patients by staff members; and concerns about management.

	Total No of contacts	Anonymous	Named
Regulated Services	**42**	26	16
MHLD	1	1	0
HSC Trusts	2	0	2

Strategic Theme 4: Continuously Improve Key Systems and Processes

Action 4.1

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

How do we measure this?

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

Owner

Chief Executive's Office
Corporate Services Directorate
Reviews Directorate

BRAG Rating:

Quarterly Performance

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

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

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

Implementation of the recommendations from the Information Sources Project

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

Data Warehouse (BSO)

HSC Business Services Organisation

HSC Belfast Health and Social Care Trust

HSC South Eastern Health and Social Care Trust

HSC Northern Health and Social Care Trust

HSC Western Health and Social Care Trust

HSC Southern Health and Social Care Trust

Quality Care - for you, with you

Action 4.2

Commence roll out of iConnect web portal

How do we measure this?

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

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Progress in implementing the web portal roll out plan

The web portal pilot commenced on the 30 June 2016 which is due to last 3 weeks. It is anticipated that the web portal will go live in mid August as per the roll out plan with the registered nursing providers.

Number of providers registered with and using the web portal system

The number of providers registered with and using the web portal will be reported from Quarter 2 onwards.
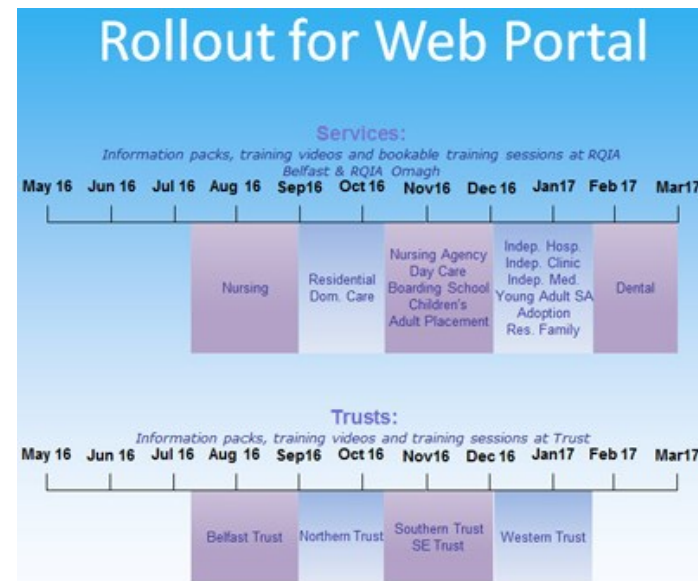
Action 4.3

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

How do we measure this?

- Progress in implementing the MHLD information system project plan

Owner

Corporate Services Directorate
MHLD Directorate

BRAG Rating:

Quarterly Performance

Progress in implementing the MHLD information system project plan

The MHLD Information System Project Initiation Document was approved by the project board in May 2016. The MHLD Information System Strategic Outline Business case was submitted for approval via the Regional E-Health Programme in June 2016. It is scheduled for consideration with the E-Health Programme Board in September 2016. The project team continue to meet to document the system specification in anticipation of approval to proceed to Outline Business Case.
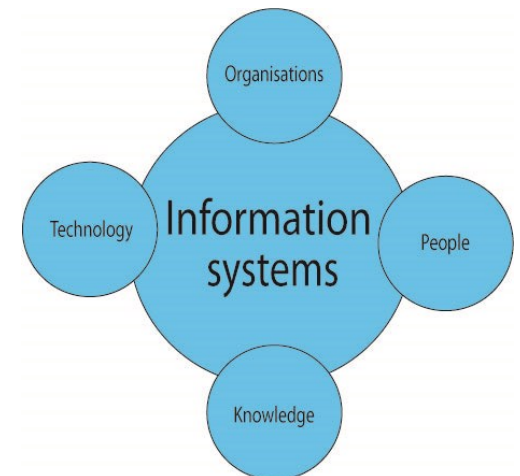
Action 4.4

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

How do we measure this?

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

Owner

Corporate Services Directorate
Executive Management Team

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	Report Date
Action Plan in place to address the gaps identified in the diagnostic exercise	Quarter 4

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

A project brief to initiate a Project Initiation Document (PID) will be completed in Quarter 2. A Senior Manager workshop was held on 20 June where ISO 9001:2015 standard was discussed. This will be a corporate wide project managed at a Director level and led by Kathy Fodey.

ISO 9001:2015

Strategic Theme 5: Develop and Enhance Effective External Relationships

Action 5.1

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

How do we measure this?

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

Owner

Corporate Services Directorate
Executive Management Team

BRAG Rating:

Quarterly Performance

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

The Corporate Response Plan with actions aligned to the 5 PPI Standards was developed through the PPI Forum December 2015 and Senior Managers Workshop June 2016. This plan is to be tabled at EMT 16 August for approval and implementation.

Personal and Public Involvement (PPI)

Involving you, improving Care

Action 5.2

Position RQIA as an effective, reputable independent regulator

How do we measure this?

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

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

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

Progress in implementing the RQIA communications and stakeholder engagement plan

During Quarter 1, work continued on the development of RQIA's new website in preparation for its formal launch. The number of followers of RQIA's Twitter account @RQIANews increased by almost 20% to 900 followers during this period. Three major review reports were also published each accompanied by a short summary leaflet highlighting our key findings and recommendations.

In April, RQIA organised a number of stakeholder engagement events, which included information sessions for regulated children's and consultation and focus group events on our inspection methodology. In June, at the annual NICON conference, attended by over 250 leaders in health and social care in Northern Ireland RQIA's Acting Chief Executive hosted a workshop session "Regulation - Our Change...Supporting your Change, in partnership with other systems and professional regulators. RQIA's information stand at the conference attracted considerable interest and provided a platform to showcase the work of the organisation.

Action 5.3

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

How do we measure this?

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

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

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

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

In Quarter 1 Memorandums of Understanding were initiated with the
- General Dental Council
- Nursing and Midwifery Council

In Quarter 1 Memorandums of Understanding were signed off with the:
- HSCB Dental Services
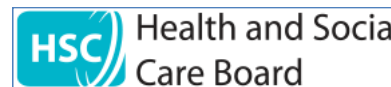
Strategic Theme 6: Focus Improvement Activities on Outcomes

Action 6.1

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

How do we measure this?

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

Owner

Chief Executive's Office
Executive Management Team

BRAG Rating:

All measures on target for completion

Quarterly Performance

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

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

An evaluation was completed of lay assessors experience in December 2015.

Fifteen recommendations were made for improvement. A new recruitment campaign was commenced in Quarter 1.

During Q1, there has been one Healthcare inspection which involved a team of lay assessors and peer reviewers, ie: Acute Hospital Inspection to Craigavon Area Hospital.

Four reviews were completed during Q1, all of which involved peer reviewers from:

- University of Jordanstown involved in the Review of Adult Learning Disability Community Services Phase II
- Health Improvement Scotland, General Practitioner from England and NIMDTA involved in the Review of the Maternity Strategy
- NIMDTA involved in Review of Governance Arrangements in HSC Organisations that Support Professional Regulation

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

Action 6.2

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

How do we measure this?

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

Owner

Chief Executive's Office

BRAG Rating:

The survey on target to be embedded within the Reviews Directorate

Quarterly Performance

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

Evidence of engagement with the developing Improvement Networks for Northern Ireland

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

INNI IMPROVEMENT NETWORK NORTHERN IRELAND

Action 6.3

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

How do we measure this?

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

Owner

Chief Executive's Office

BRAG Rating:

All measures on target for completion

Quarterly Performance

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

Monitoring of RQIA Recommendations from Review Reports

A Departmental-led regional short life working group, with representation from RQIA, the 5 HSC Trusts, the HSC Board and PHA was established to develop a mechanism to advise RQIA and the DoH as to progress of the implementation of recommendations from RQIA review reports. A standard-ised template was developed by RQIA and has been agreed. The template includes the facility to report whether an individual recommendation is:
· Completed, with date of completion
· On target to be completed, with date of planned completion
· Not on target to be completed, with reason
· Recommendation not achievable / no longer appropriate, with reason

It has also been agreed to look back approximately two years and report on all RQIA recommendations made since March 2014. This exercise will be completed for the end of Quarter 2. Upon completion of the exercise, an agreed mechanism will be put in place, with reporting arrangements to the DoH and RQIA.

Annual Quality Report

RQIA has strengthened its annually produced quality report to better demonstrate the impact of RQIA's services and functions. The production of the Annual Quality Report 2015-16 has commenced and is due for completion and Departmental approval in Quarter 2.

Strategic Theme 7: Actively Lead Change and Manage Risk

Action 7.1

Develop and produce a Corporate Strategy 2017-21

How do we measure this?

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

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Production and approval of RQIA's Corporate Strategy 2017-21	Quarter 4

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

A project will be initiated in Quarter 2 to take forward the development of the new Corporate Strategy 2017-21 aligned to the Programme for Government.

The Regulation and Quality Improvement Authority

Corporate Strategy | 2015-18

Assurance, Challenge and Improvement in Health and Social Care

DRAFT PROGRAMME FOR GOVERNMENT FRAMEWORK

2016 – 21

Northern Ireland Executive

Action 7.2

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

How do we measure this?

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

Owner

Chief Executive's Office
Corporate Services Directorate

BRAG Rating:

Quarterly Performance

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

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

The STEPs to Excellence Programme 2016-17 was drafted and considered by EMT on 4 May, with key actions considered at a Senior managers Workshop 20 June. The programme was amended to be presented to the Executive Management Team for approval in July 2016.

The Steps to Excellence Programme in 2016-17 consists of the following seven key initiatives:

1. Deliver a range of outsourced corporate service functions
2. Progress towards next IiP assessment in 2017-18
3. An initial diagnostic of RQIA's level of compliance against the ISO9001:2015 criteria
4. Implement all recommendations from the external review of PPI
5. Actively engage with HSC organisations to promote initiatives to improve the quality of health and social care in Northern Ireland
6. Publish information about the impact of RQIA's programmes of work on health and social care in N.I.
7. Review the effectiveness of the current working arrangements with other regulatory organisations and arms-length bodies

These are aligned to actions identified in the Business Plan. Progress will therefore be provided via the quarterly Corporate Performance Report.
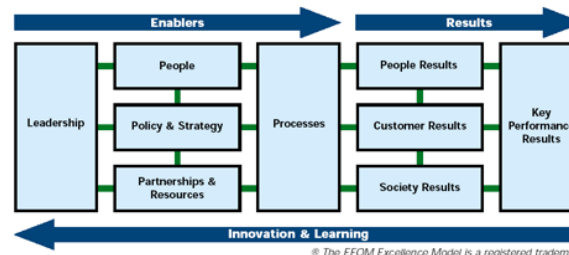
Action 7.3

Implement a robust Risk Management Strategy

How do we measure this?

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

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Attainment of substantive compliance with the Risk Management Controls Assurance Standard

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

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

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

CAS Scores from 2013/14 to 2015/16

Legend: 2015/16, 2014/15, 2013/14

X-axis: Percentage of compliance achieved (0% to 100%)
Y-axis: CAS Standards
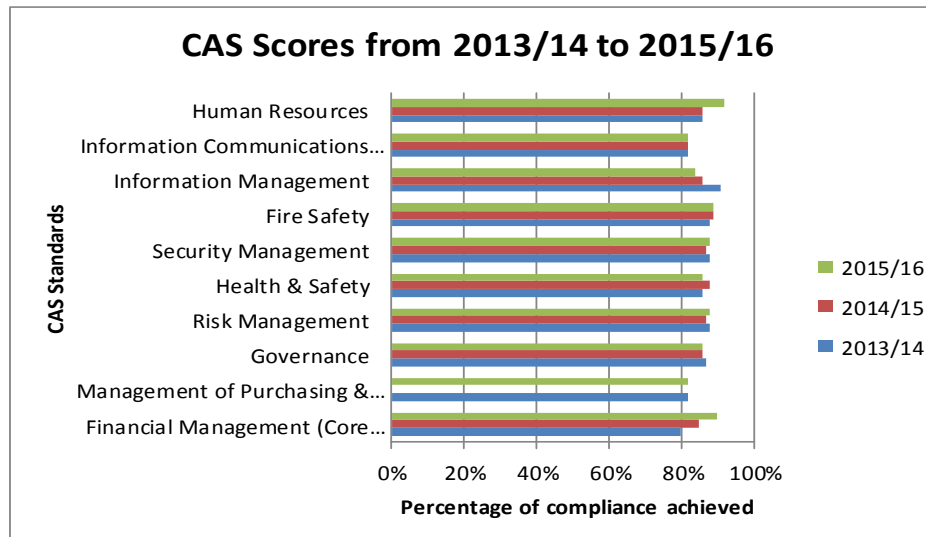
Revised Risk Management Strategy approved by the Audit Committee and RQIA Board

The draft Risk Management Strategy 2016/17 is due to go to the Board on 7 July for approval.

Appetite for risk

Risk Control

Risk Management strategy

Action 7.4

Agree and deliver a risk based Internal Audit Plan

How do we measure this?

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

Owner

Corporate services Directorate

BRAG Rating:

Quarterly Performance

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

RQIA AUDIT RECOMMENDATIONS

Summary of Progress as at June 2016

(i) Financial Review	(iv) MHO Responsibilities 2015-16
1. COMPLIANCE WITH PROMPT PAYMENT TARGETS	13. COMPUTER SYSTEMS IN MHLD
2. ORGANISATION MANAGEMENT (OM) STRUCTURE	14. REVISED CAPACITY LEGISLATION
3. SALARY OVERPAYMENTS	15. FUNDING FOR PART IV DOCTORS
4. CHECKING OF IT ASSETS	16. PEER REVIEW PROCESS
(ii) Board Effectiveness	Outstanding Audit Recommendations from 2015-16
5. SUCCESSION PLANNING FOR THE BOARD	FOLLOW UP OF THE 2014/15 SPECIAL ASSIGNMENT
6. COMMUNICATION ISSUES	QUALITY ASSURANCE PROCESS
7. DEVELOPMENT OF INFORMATION PROVIDED TO THE BOARD	RQIA ENFORCEMENT POLICY AND PROCEDURES
8. FOLLOW UP OF THE BOARD SELF-ASSESSMENT CHECKLIST	PROCUREMENT AND CONTRACT MANAGEMENT
(iii) Regulation and Nursing	CONTRACT MANAGEMENT
9. FOLLOW UP OF PREVIOUS REQUIREMENTS AND RECOMMENDATIONS IN QIPS	
10. QUALITY ASSURANCE PROCESS	
11. POLICY, PROCEDURES AND TRAINING	
12. PRE INSPECTION AUDIT TOOL	

Guide

Actions behind schedule	Actions on target	Actions implemented

By the end of Quarter 1, 44% (7) recommendations were implemented, 50% (8) are on target and 6% (1) is behind schedule.

One recommendation from the previous year remains outstanding.

RQIA Internal Audit Plan successfully delivered on target

In Quarter 1 2016/17 no internal audits have been scheduled. Two audits in relation to Whistleblowing and Complaints and Regulation and Nursing are due to be completed in quarter 2.

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

	Actions	Progress	Exception Report: Reason / Action / Emerging Risk
1.2	Complete the planned programme of reviews set out for 2015-16 in the 3 Year Review Programme 2015-18	🔴	The schedule and timeframe for each review for 2015-2016 was agreed in April 2015. Review reports containing recommendations to improve services were submitted to Minister from Quarter 2. There are a total of 42 milestones. By the end of March 2016, 39 had been completed, whilst 3 have not been achieved. These 3 include submission of the Maternity, Learning Disability: Community Services: Phase II and Governance (Professional Regulation) review reports to the DoH. The Governance (Professional Regulation) review report was submitted to the DoH during Q1 of 2016/2017. The Learning Disability: Community: Phase II and Maternity review reports are planned to go to the DoH during Quarter 3, 2016/2017 and their progress will be reported through Action 1.2 of this Corporate Performance Report and will therefore be removed from the outstanding actions table.
1.3	Complete the planned programme of inspections of statutory healthcare	🔵	The Annual Inspection Plan was developed and agreed in Quarter 1. The Programme of inspections of statutory healthcare (including infection prevention and hygiene, augmented care, prison healthcare and IR(ME)R) is illustrated in the table below. By the end of March 2016, 49 planned inspections had been completed out of a total of 50. An IR(ME)R inspection had to be postponed and took place in April 2016. This measure is also reported via the Chief Executive's monthly KPI report.
3.6	Establish a workforce plan to deliver the organisation's key strategic and business objectives	🔴	Initial discussions with the Leadership Centre have been held to identify a consultant to scope a workforce review of RQIA to realise and seek opportunities for efficiencies to enable a modernisation of our services. The progress in the delivery of this action will be reported through Action 3.2 of this Corporate Performance Report and will therefore be removed from the outstanding actions table.

	Actions	Progress	Exception Report: Reason / Action / Emerging Risk
3.7	Produce a zero based budget for 2016/17	●	The development of a zero-based budget will be taken forward in 2017-18 in conjunction with BSO as part of the outsourcing of the Finance function.
4.3	Develop and commence implementation of a new Information and ICT Plan 2015-16	●	Most of the outstanding information and ICT strategic framework actions for 2015/16 have been progressed in the last Quarter. • iConnect Strategic Roadmap was approved at EMT in February 2016. • Penetration and hacking tests were completed on the iConnect Web-portal resulting in a revised go-live plan. As a result, applications to extend the project manager resource and conduct reconciliation works between iConnect and Web-portal were approved and funded. The go-live target is now mid July 2016. • The new enforcement and concerns modules for iConnect were built and tested by end March 2016. However, the working groups agreed that the iConnect Web-portal should be stabilised before introducing these modules to iConnect. Go-live of these modules is now planned for July 2016 allowing the working groups to finalise their training plans/materials and operational procedures in advance. The delivery of the web portal will be reported in Action 4.1 of this Corporate Performance Report and will therefore be removed from the outstanding actions table.
5.2	Develop an effective communications and stakeholder engagement plan	●	The new website build was completed during Quarter 4. Hosting is being undertaken by ITS at BSO and a delay in launching the website has been agreed in order to carry out additional robust failsafe testing. The new website is due to go operational by Quarter 2, 2016/17.

RQIA Strategy Map 2015-18

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

RQIA is the independent health and social care regulator in Northern Ireland

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

Our stakeholders require us to make independent and robust assessments to determine:

Is Care Safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them

Is Care Effective?
The right care, at the right time in the right place with the best outcome

Is Care Compassionate?
Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

Is the Service Well-led?
Effective leadership, management and governance which creates a culture focused on the needs and experiences of service users in order to deliver safe, effective and compassionate care

To deliver our corporate strategy over the next three years, RQIA will focus on the following themes:

Deliver Operational Excellence
Improving the delivery of our core functions, taking account of best practice

Develop and Execute New Capabilities
Adapting our inspection and review programmes to address emerging needs and priorities

Use Resources Effectively
Concentrating our talents and resources where they are most required, in activities which have the greatest impact for service users

Continuously Improve Key Systems and Processes
Developing and delivering quality improvement work-streams

Focus Improvement Activities on Outcomes
Pursuing opportunities to drive quality improvement across health and social care

Develop and Enhance Effective External Relationships
Communicating effectively with all our stakeholders and sharing information with other organisations

Actively Lead Change and Manage Risk
Implementing RQIA's strategic change programme, whilst managing known risks and maintaining a strong focus on our core activities

Independence ◆ Inclusiveness ◆ Integrity ◆ Accountability ◆ Professionalism ◆ Effectiveness