



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



**INVESTORS  
IN PEOPLE**

# Annual Quality Report 2014-15



**September 2015**

**Assurance, Challenge and Improvement in Health and Social Care**

# Contents

Foreword .....	3
Strategic Goal 1 Transforming the Culture.....	5
Strategic Goal 2: Strengthening the Workforce.....	13
Strategic Goal 3: Measuring the Improvement.....	16
Strategic Goal 4: Raising the Standards .....	22
Strategic Theme 5: Integrating the Care .....	27
Next Steps.....	33
Appendix 1 Organisations represented at the RQIA Public.....	34
Pre-Consultation Events .....	34
Appendix 2 Examples of RQIA External Stakeholder Collaboration.....	36

## 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.

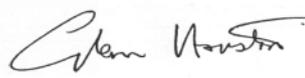
Quality 2020 is the DHSSPS strategy to protect and improve quality in health and social care in Northern Ireland. We are committed to Quality 2020 and contribute to this by encouraging continuous improvement in the quality of health and social care services through our programme of inspections and reviews. RQIA has also adopted an ethos of continuous improvement as an organisation. This is evidenced in our achievements in being awarded the European Foundation for Quality Management (EFQM) Steps to Excellence Bronze Level of Recognition in 2013 and Investors in People (IiP) in 2014.

Our quality improvement agenda is being taken forward through our Steps to Excellence Programme (STEP). Continuous improvement relies on the commitment of all our staff and is fully supported by senior management and the RQIA Board. This is evidenced by the development of a Strategic Improvement Steering Group in October 2014 where membership includes two RQIA Board members and the Chief Executive. The Steering Group is chaired by one of the Board members. This group oversees and supports any identified strategic improvement projects and the STEP programme of work.

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



**Dr Alan Lennon OBE**  
**Chairman**



**Glenn Houston**  
**Chief Executive**

# Introduction

This is our second Annual Quality Report, which describes the progress we have made in the areas of quality and continuous improvement in 2014-15.

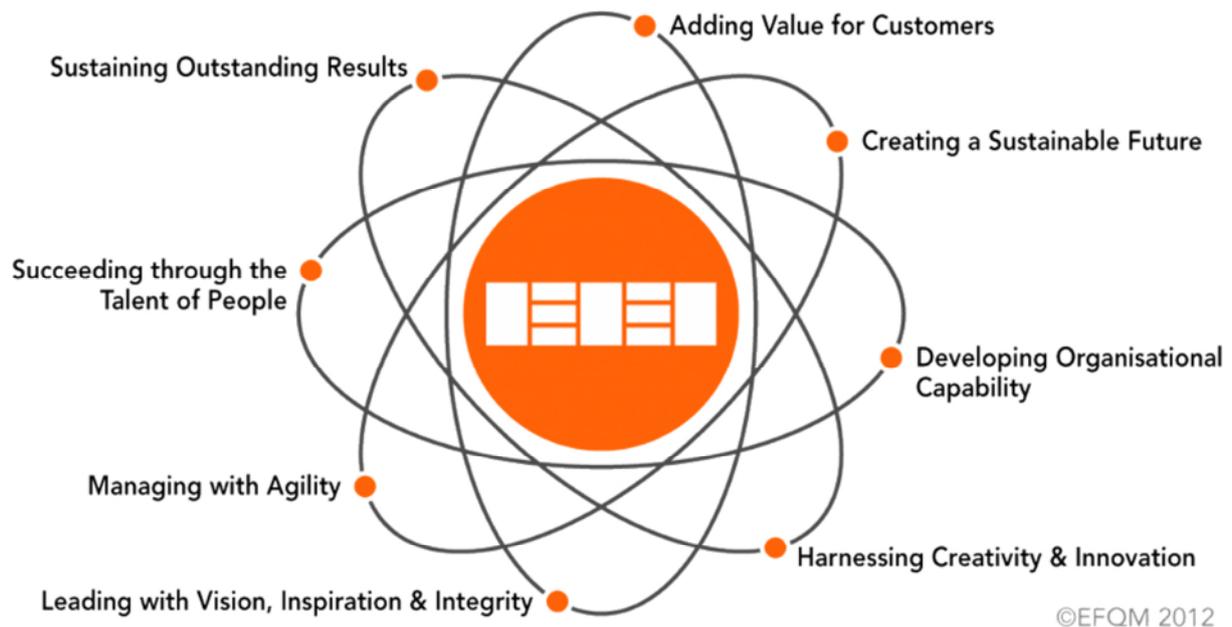
RQIA is taking this opportunity to share our approach to aligning our quality improvement activities to the five Q2020 strategic goals, highlighting examples of practice which we believe are significant in assuring and improving the quality of services provided to service users.

- 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

As stated in RQIA's first Annual Quality Report RQIA has adopted the EFQM Excellence Model as our quality framework (Figure 1).

**Figure 1: EFQM Fundamental Concepts of Excellence**



EFQM states that “Excellent organisations achieve and sustain outstanding levels of performance that meet or exceed the expectations of all their stakeholders”. Our aspiration is to continue to be a high performing organisation, developing our workforce, continuously improving our systems and processes, and being open and transparent with the public.

## **RQIA's Three Year Corporate Strategy and Three Year Review Programme 2015-18**

During 2014-2015 RQIA developed a new corporate strategy and thematic review programme for the three year period from 2015 to 2018. The strategy and review themes were selected following major public pre-consultation and consultation exercises.

## **Pre-consultation**

RQIA held a series of pre-consultation events across Northern Ireland during April 2014. Six public events were held in various locations throughout Northern Ireland and were attended by representatives from HSC trusts, service providers and the general public. 96 organisations attended the public events with a total of 214 people (Appendix 1).

A further round table event was held with DHSSPS. A separate workshop was also held with RQIA staff. This valuable information was collated and used to inform the development of the draft corporate strategy 2015 -2018 and three year review programme 2015 -2018.

## **Consultation Process**

The consultation exercise began on 8 August 2014 and lasted for a period of 12 weeks ending 31 October 2014. As part of the consultation RQIA used a number of methods to consult with stakeholders including:

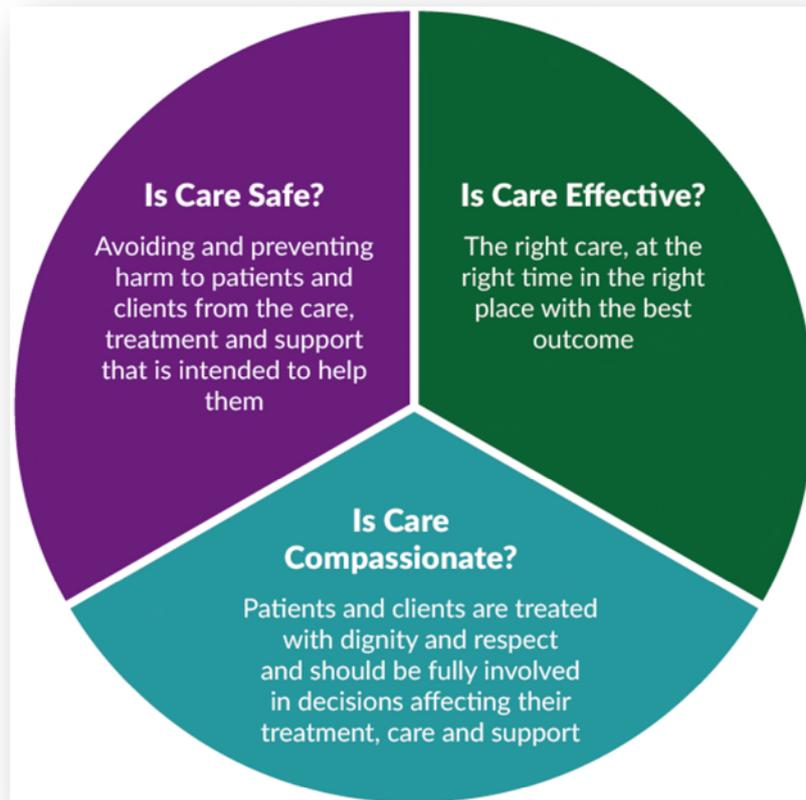
- consultation documents were made available on RQIA website
- letters were sent to:
  - Section 75 contacts
  - all independent sector providers
  - all Trusts
  - all agencies
  - all other regulators
  - DHSSPS
  - NI Assembly health spokespeople
  - other stakeholders via email

The feedback from stakeholders, staff, EMT and the Board delivered the subsequent Three Year Corporate Strategy 2015-2018 which will drive our programme of work from April 2015. There are three key stakeholder outcomes described in the new strategy aligned to Quality 2020.

These being:

- Is care safe?
- Is care effective?
- Is care compassionate?

**Figure 2: RQIA Three Key Stakeholder Outcomes**



RQIA is striving to deliver on its vision 'to be a driving force for improvement in the quality of health and social care in Northern Ireland' and as previously stated, in working towards this vision RQIA is also on a path of continuous improvement internally.

## RQIA Culture Charter

Frances 2013<sup>1</sup> stated that 'Teams and organisations should develop ways to measure their cultural health, and act on these measures to improve. Cultural health is a matter for all staff groups; everybody who works in the health and care system is integral to improving and maintaining good cultural health'.

In 2013 RQIA staff considered how they could develop and support a shared leadership culture for the organisation in order that personal leadership behaviours could be role modelled by all, reviewed and improved upon on an ongoing basis.

A cross directorate group of staff (working at various levels within the organisation) were facilitated to develop a culture charter (Figure 3) with aligned behaviours to RQIA's six values:

- **Independence** – upholding our independence as a regulator;
- **Inclusiveness** – promoting public involvement and building effective partnerships – internally and externally;
- **Integrity** – being honest, open, fair and transparent in all our dealings with our stakeholders;
- **Accountability** – being accountable and taking responsibility for our actions;
- **Professionalism** – providing professional, effective and efficient services in all aspects of our work – internally and externally;
- **Effectiveness** – being an effective and progressive regulator – forward-facing, outward –looking and constantly seeking to develop and improve our services.

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<sup>1</sup> The Government Response to the House of Commons Health Committee Third Report of Session 2013-14: *After Francis: Making a Difference* November 2013

Figure 3 Culture Charter



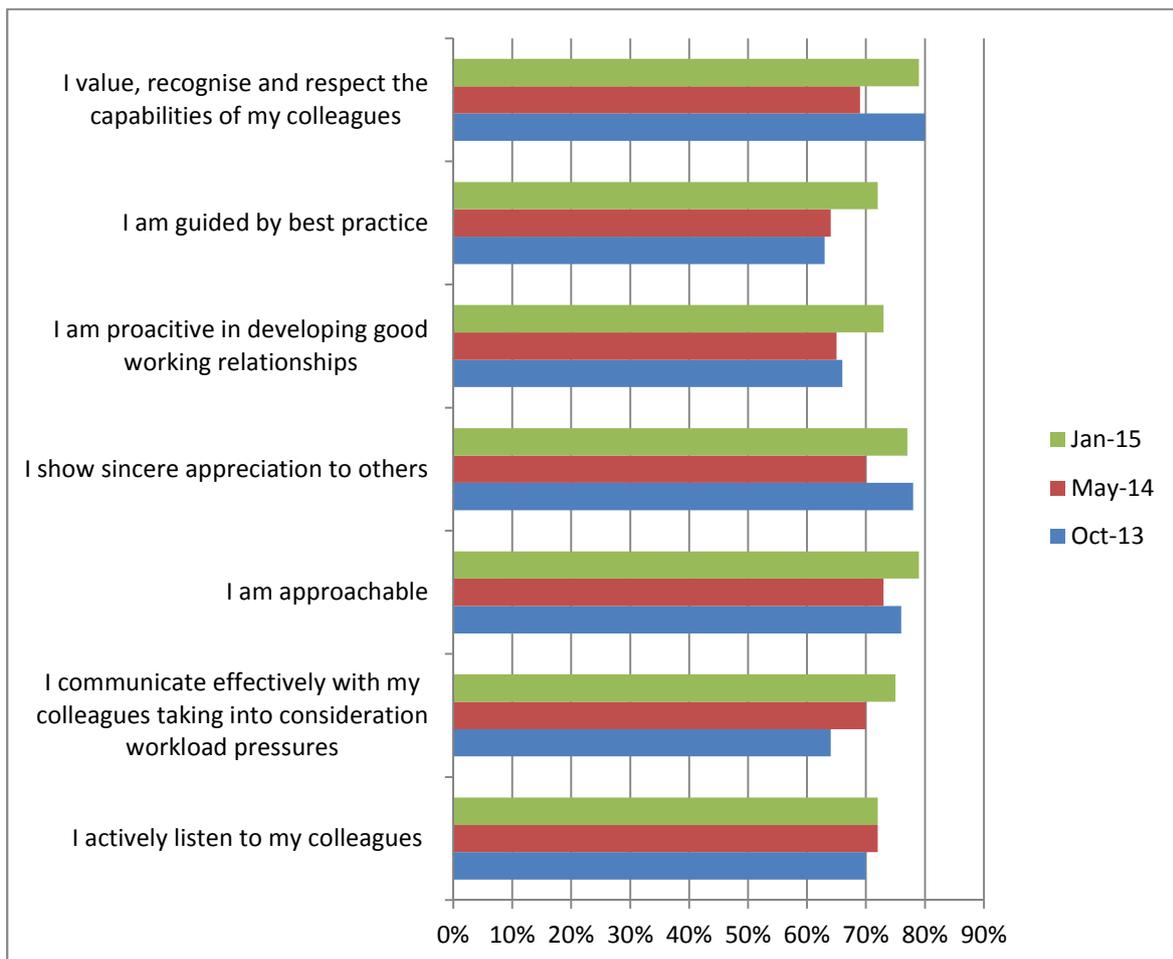
This was supported by the Executive Management Team and officially launched by the Chief Executive at a staff breakfast in October 2013. On the same day, a staff self-assessment culture e-survey (Survey Monkey) with specifically aligned behaviours (charter) was initiated to gather baseline information. Since then the self-assessment questionnaire has been sent to all staff on a six monthly basis with responses analysed to ensure continuous improvement and learning. The compiled responses are shared

with staff giving opportunity to achieve improvement in their behaviours which reflect that they are 'living our values everyday'.

As an example, Figure 4 demonstrates the ongoing improvement in behaviours aligned to the value of inclusiveness.

“I promote INCLUSIVENESS and build effective partnerships with my colleagues”

**Figure 4**



## **Mental Health and Learning Disability**

The Mental Health and Learning Disability Team (MHLDD) works in partnership with a variety of stakeholders to encourage and develop high quality care. This is achieved through monitoring patient care and treatment in accordance with statutory responsibilities as detailed in the Mental Health (Northern Ireland) Order 1986 and the Health and Personal Social Services (Quality, Improvement and Regulation (Northern Ireland) Order 2003 (the Order).

MHLDD continually monitors the quality of mental health care and treatment provided to patients and their families through a range of processes from carrying out inspections which involve patients, carers and trust staff, to reviewing services and measuring the quality of care and treatment provided through audits and themed reviews. Patient and carer involvement remains a continued priority and is achieved through a robust patient experience process. This includes inspector interviews with patients and their carers and, in February and March 2015, the involvement of RQIA voluntary lay assessors who also provide feedback to inspectors following their meetings with service users.

The inspection process identifies good practice and challenges circumstances where there are deficiencies in care and treatment. This is achieved through our reports which contain Quality Improvement Plans (QIPs) detailing recommendations for improvement which the trust must address. Recommendations are presented against objective evidence gathered during inspections and measured against the standards required in accordance to Quality Standards for Health and Social Care (DHSSPSNI, 2006).

## **Planning for a new Programme of Acute Hospital Inspections**

In October 2014 the Minister for Health, Social Services and Public Safety, commissioned RQIA to develop, design and pilot an agreed acute hospital inspection process and associated procedures which will conclude with the delivery of a fully tested process to deliver the programme of unannounced acute hospital inspections.

This rolling programme of unannounced inspections, will examine the quality of services in acute hospitals in Northern Ireland from 2015-16 onwards. Pilot inspections will be

initiated between April and July 2015 with the full programme to start in the autumn of 2015.

In designing the new programme RQIA has worked in partnership with other health and social care organisations. Following an invitation for staff from HSC Trust and other organisations to apply to become peer assessors, RQIA received an excellent response. Staff from different professional backgrounds have volunteered to take part in the new inspections. Inspection teams will also include lay assessors and the potential for nursing students to participate is also being explored.

## Strategic Goal 2: Strengthening the Workforce

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.

### **Developing a Common Curriculum for Patient Safety**

RQIA is an active participant in several work streams which are taking forward the implementation of the Quality 2020 strategic vision. One of these is the development of a common curriculum for patient safety for undergraduate and postgraduate students in Northern Ireland. This work is being undertaken by a partnership of several academic bodies and HSC organisations. The initial focus is on education and training in nursing, medicine and pharmacy.

### **The Attributes Framework Supporting Leadership for Quality Improvement (Attributes Framework)**

In 2011, Charlotte McArdle and Dr Anne Kilgallen, the then co-chairs of the Quality 2020 Task 4 group, developed an outline proposal for a multi-professional leadership programme. This task was completed and in December 2014 the Attributes Framework was launched by DHSSPS. It has been designed to 'enable staff and those in training, to fulfil the requirements of their role and, as a result, put patients and service users where they are entitled to be – the first and foremost consideration of our service' (Francis, 2013).

In late December 2014 RQIA adopted the Q2020 Attributes Framework making this an organisational corporate 'Pledge' for HSC Change Day (March 2015).

"The purpose of this framework is to:

1. Assist individuals in assessing:
  - a) their current attributes (knowledge, skills and attitudes) in relation to leadership for quality improvement and safety
  - and*
  - b) their learning and development needs for their current role or for future roles.
2. Help organisations to build the capability and capacity of the workforce to participate in, and lead, initiatives which develop quality care and services.”

Staff will self-assess against the twelve Level 1 attributes and their self-assessment will be discussed with line managers at appraisal meetings with training needs being identified. To facilitate a smooth introduction of the Attributes Framework awareness raising sessions took place in all team meetings January 2015 – March 2015 as preparation for completing the self-assessment and subsequent appraisals in Q1 2015-16. It is planned for the responses to be anonymised, collated and analysed corporately with the subsequent training needs analysis shared with the HSC Leadership Centre. From this RQIA and the HCC Leadership Centre will collaborate and develop a corporate plan in response to staff needs which will include either bespoke training or signposting to appropriate training already on offer. 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 in the four attributes levels for staff and will ultimately support and drive improvement in health & social care services within Northern Ireland.

### **RQIA Strategic Improvement Steering Group**

In October 2014 RQIA, focusing on improvement through identifying strategic improvement projects aligned to the corporate strategy, created a Strategic Improvement Steering Group composed of two Board members and the Chief Executive. All RQIA projects are programme managed and adopt a Prince2 approach to project management. The steering group identified a need to increase capacity in Prince2 accredited staff and so six nominated staff, (two from Corporate Services, two from MHLCD, and two from Review Directorates) were trained in Prince2 Project Management Foundation and Practitioner level in February and March 2015.

## **Steps to Excellence Programme (STEP)**

All improvement initiatives are communicated through the Steps to Excellence Programme (STEP) Managers meeting. This meeting was set up to enable staff to share experiences, both positive and challenging, within specific improvement initiatives held every other month. The group of staff identified to attend this meeting comprise of all staff with managerial responsibility, including all directors. The Chief Executive and directors have a designated role as improvement champions. The leads of identified improvement initiatives share progress, issues and triumphs. Managers consequently take this information (minutes) and in turn discuss updates with their own staff at subsequent team meetings. Improvement initiative groups are populated with a cross-section of staff throughout RQIA which encourages the continuous improvement ethos, encourages ownership, supports empowerment and allows for greater understanding and respect of each other's roles. These groups include:

- Performance measurements and outcomes improvement Group;
- 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.

## Strategic Goal 3: Measuring the Improvement

### Key achievements in RQIA 2014-2015:

#### Products and Services

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

- The **service** RQIA delivers is to register services, inspect and review HSC services and inform the public and key stakeholders of outcomes.
- The **products** RQIA produce 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.

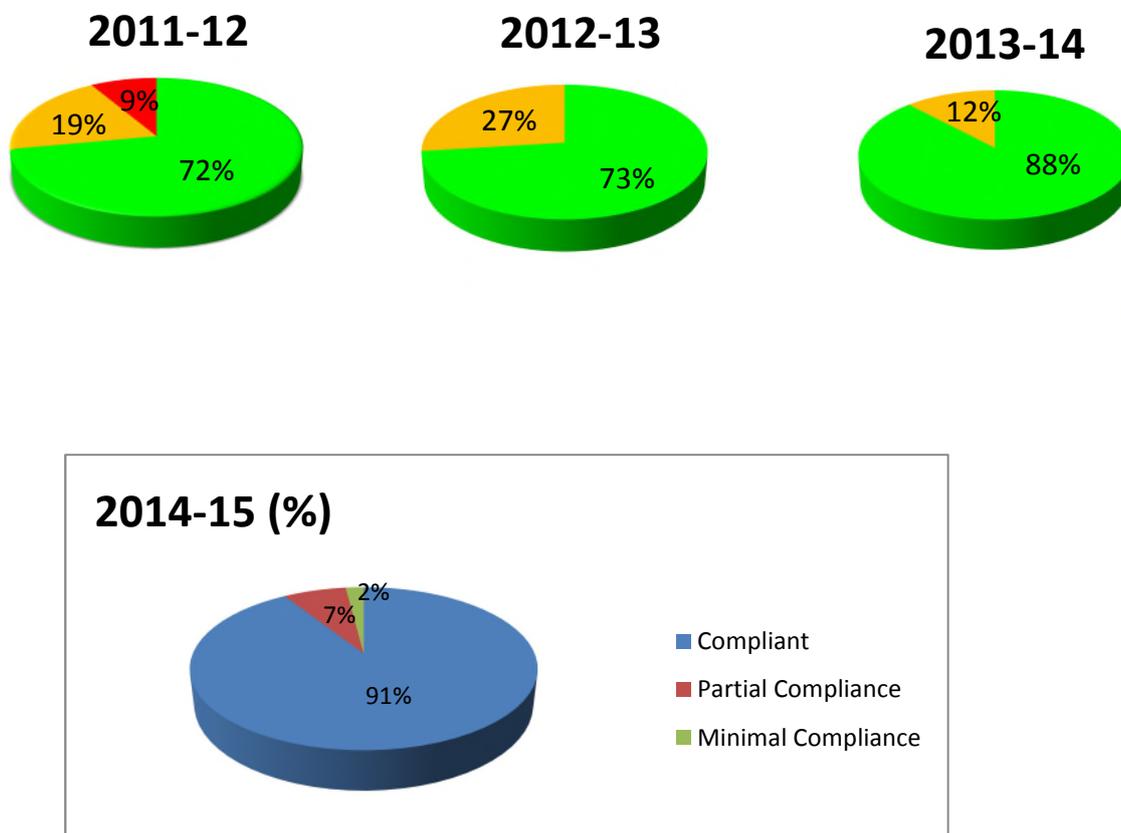
Inspectors and reviewers use a service user centred approach when carrying out inspections and reviews and service user opinion is always taken into consideration using a standard approach. The subsequent Quality Improvement Plans, Reports and Recommendations ensure not only that care standards and legislation is followed but that improvement in the quality of service provision is encouraged. Two examples of where RQIA can evidence improvement over time as a result of their inspection processes are:

1. Infection Control and Hygiene Inspections  
and
2. Inspection of services providing radiological procedures Ionising Radiation (Medical Exposure) Regulations IR(ME)R.

## 1. Infection Control and Hygiene Inspections

Since the introduction of RQIA's unannounced Infection Control and Hygiene inspection programme, RQIA has found significant improvement in the overall compliance rate evidencing a raised standard in cleaning; in the physical environment; and in hygiene practices across HSC facilities from 72% in 2011-12 to 91% in 2014-15.

**Figure 5: Improved overall Compliance Rates for clinical areas during unannounced inspections carried out by RQIA in: 2012-13, 2013-14, and 2014-15.**



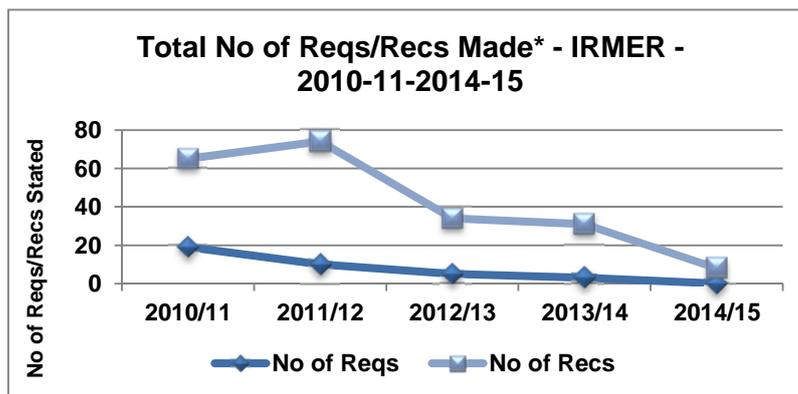
## 2. Ionising Radiation (Medical Exposure) Regulations IR(ME)R

Since 2010 RQIA has had responsibility for monitoring, inspecting and enforcement of Ionising Radiation (Medical Exposure) Regulations IR(ME)R. These regulations protect the public from inappropriate or unnecessary exposure to radiation in health care settings. The evidence over the past five years demonstrates that the processes employed by RQIA have contributed to improvement (Table 1) with a decrease in the number of requirements and recommendations needed to comply with legislation (Figure 6).

**Table 1: Services which had repeat IRMER inspections 2010-2014**

Requirements Made				Recommendations Made			
Site	Modality	2010-11	2014-15	% Increase/Decrease	2010-11	2014-15	% Increase/Decrease
Altnagelvin	Diagnostic Imaging	6	0	-100%	18	0	-100%
Daisyhill	Diagnostic Imaging	4	0	-100%	17	3	-82%
Downe	Diagnostic Imaging	3	0	-100%	16	2	-88%

**Figure 6: No of Requirements/Recommendations made during IRMER Inspections 2010-2015**



*\*2010-2013 based on 5 Trust inspections*

*2013-2015 based on 6 Trust inspections*

## Serious Adverse Incidents

In April 2014, RQIA was asked by DHSSPS to provide independent assurance on the process undertaken by HSC Trusts to review the handling of all Serious Adverse Incidents reported between 1 January 2009 and 31 December 2013. To undertake this commission, RQIA developed a stratified sampling approach to examining a sample of records in each organisation. The report of the exercise was forwarded to the team led by Sir Liam Donaldson to inform their review process.

## Investors in People (IiP)

In June 2014 RQIA was successful and achieved the Investors in People (IiP) core standard. The assessment revealed:

- Staff had a good knowledge and understanding of their mission and direction;
- There was a clear line of sight between individual contribution and achievement of RQIA objectives;
- Individual staff contribution aligned with team objectives;
- The organisation and staff had a strong commitment to learning and development;
- An alignment of directorate and team plans to the annual business plan and key activities to meet strategic objectives;
- Evidence of skill development and increased competence.



Fiona Stevenson, RQIA, Derek Baker, Permanent Secretary, Department of Employment and Learning and Theresa Nixon, RQIA

## **Sustainability**

In late 2014, Sustainable Northern Ireland was invited by RQIA to meet with its Sustainable Development Project Group (SD) to review its progress, to help the group formulate the 2015-16 SD action plan and to explore some possible collaborations with other non-departmental public bodies within the health sector.

Specifically, the SD group was interested in examining these issues, which also align to various related aspects in the EFQM Excellence Model and therefore continuous improvement:

- More engagement with other groups, agencies, service users;
- Greater partnership working with landlords, BT and WHSCT;
- Ongoing sustainability awareness within RQIA;
- Devising realistic objectives and the means to measure sustainable improvement within RQIA;
- Influencing our stakeholders in the areas of sustainability;
- Seeking to raise awareness and promote health and wellbeing within RQIA;
- Transport audit within RQIA;
- Devising a means of demonstrating RQIA's contribution to sustainability in society.

At a workshop in January 2015, members of the SD project group were joined by colleagues from several other health agencies. A presentation from Sustainable NI was used to facilitate discussion around a suite of sustainability themes and it was agreed to establish a 'sustainability network', with an initial membership of the agencies attending that meeting. This network will be of real value to RQIA, through peer-to-peer learning opportunities and mutually supportive relationships that will be fostered among agencies with a shared agenda.

## **External Audit Sustainable NI**

Following this seminar, RQIA invited Sustainable NI to conduct a Sustainable Audit Matrix (SAM) exercise. This was a tailored audit matrix (Sustainable NI) for RQIA. Sustainable NI facilitated a training programme for the SD group. In turn, in February and March 2015 the SD group accepted joint responsibility for conducting internal interviews engaging with over 25 colleagues at all levels of the organisation to complete the audit. The interviews constitute the primary source of evidence and were comprehensively supplemented by a virtual library of source material provided by RQIA. Sustainable NI carried out the audit resulting in a baseline SAM score for RQIA of 45 (54%). The maximum available score is 84.

## Strategic Goal 4: Raising the Standards

### Personal and Public Involvement (PPI)

It is enshrined in RQIA's values (Inclusiveness- promoting public involvement and building effective partnerships- internally and externally) that all staff ensure that they are working closely with service users first and foremost, as well as relatives, key partners and stakeholders to influence and support improvement in the quality of HSC services provided in Northern Ireland.

In 2014 -15 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 2012-15, and best practice.

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

- i. Actively engaging with stakeholders in the planning and delivery of our work;
- ii. Directly engaging with service users and carers as part of the inspection and review programmes to hear their views on the quality of the care provided in order to help shape service improvements.

Work that RQIA staff carried out in 2014-15 that demonstrated this drive and commitment included:

## **Easy to Read Reports**

In 2014 the Mental Health and Learning Disability directorate engaged with service users to develop an easy read inspection report following inspection of a ward in Muckamore Abbey Hospital. The response from service users to this report format was very positive. From April 2014, easy read versions of all RQIA's inspection reports for mental health and learning disability services will be produced. These are published on RQIA's website and also made available within the hospital wards.

## **MHLD Advocacy**

RQIA met formally with both children and adult service patient and carer independent advocacy groups in June 2014 and November 2014. RQIA shared the findings from Patient Experience Interview inspections and primary inspections. Inspection themes and methodology were discussed and the views of the advocates considered when formulating the MHLD inspection theme and methodology for 2015-16.

## **The Way Forward in PPI**

In 2015-16 RQIA will embed their PPI activities in the actions within its annual Business Plan. A key priority within this plan will be including recruited lay assessors to work alongside our inspectors and reviewers. Lay assessors will speak to/engage with service users ascertaining service user opinion as to:

Is care safe?

Is care effective?

Is care compassionate?

These three stakeholder outcomes are aligned with Quality 2020 and define how RQIA intends to demonstrate its effectiveness and impact as a regulator (Corporate Strategy 2015-18).

## **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.

In October 2014, RQIA and Criminal Justice Inspection Northern Ireland (CJINI) published the report of a joint inspection of The Safety of Prisoners held by the Northern Ireland Prison Service. The report set out recommendations to improve approaches to tackling issues of self-harm, suicide, bullying and drug misuse in local prisons.

In June 2014, RQIA participated in a joint inspection of Magilligan Prison along with inspectors from Her Majesty's Inspection of Prisons, CJINI and the Education and Training Inspectorate for Northern Ireland (ETI). The report of the joint inspection was published in February 2015. It recognised that there had been progress in some areas since the previous inspection in 2010 but called for improvements in areas including the need for purposeful activities for prisoners.

## The Child Sexual Exploitation Inquiry

In November 2013 the then health minister, Edwin Poots, MLA, announced the appointment of Kathleen Marshall, former Commissioner for Children and Young People in Scotland to chair the Independent Inquiry into Child Sexual Exploitation in Northern Ireland. The inquiry, facilitated by RQIA, Criminal Justice Inspection Northern Ireland (CJI) and the Education and Training Inspectorate (ETI), submitted its report to the health, justice and education ministers in November 2014.

A key element of the inquiry was strong engagement with young people, parents, professional and community groups and a wide range of statutory and voluntary agencies across the health, social care, and justice and education sectors. The inquiry made 17 key recommendations and a further 60 supporting recommendations to the ministers for health, justice and education. This report was published jointly by ETI, CJINI and RQIA.



Child Sexual Exploitation Inquiry Team: Fiona Smith, RCN Children's and Young People's Advisor; Derek Williamson, CJI Inspector; Noelle Buick, ETI Chief Inspector; Kathleen Marshall, Inquiry Chair; Glenn Houston RQIA Chief Executive RQIA

## **Summit Events**

RQIA is holding an increasing number of summit events to discuss the findings of reviews with key stakeholders and to help frame recommendations and share learning.

In May 2014, an example of a successful summit event was held for the review of stroke services. An expert review team was recruited, including a patient with experience of services in Northern Ireland, together with a range of professionals from outside Northern Ireland. The RQIA review team assessed evidence provided by organisations and then held a programme of visits with key staff in each trust involved in the planning and delivery of stroke services. Following consideration of their findings, the team led a one day summit for stakeholders including statutory and voluntary bodies to facilitate discussion on the findings and recommendations of the review.

## **RQIA Health and Safety Seminars**

In November 2014, RQIA held two half-day seminars for nursing and residential care homes at Mossley Mill on emergency and contingency planning, and water safety.

The emergency and contingency planning seminar provided details of responsibilities, and practical steps in relation to business continuity following untoward events. The water safety seminar considered the practical elements of effective water systems management, including legionella risk, and responsibilities of providers in respect of safe management of water systems under health and safety legislation. The roles of organisations including RQIA, HSC trusts, the Health and Safety Executive were also highlighted. These events were attended by around 160 care home managers and providers, and feedback from those attending was highly positive.

# Strategic Theme 5: Integrating the Care

## Public Perception Survey 2014

In July 2014, a first public perception survey was piloted on RQIA's website from August to November 2014, and 45 responses were received.

### Results

Responses were received from 25 women and 20 men from across Northern Ireland (one respondent from England), with the majority of respondents from the greater Belfast area and were as follows:

- 95% respondents were aware of RQIA;
- Over half worked in health and social care; others had friends/relatives using regulated services, or had checked with RQIA when looking for a care home;
- Under 20% heard of RQIA via the media;
- Around 90% of respondents were aware of our responsibilities in regulation, review and mental health (very slightly lower awareness of MHLDR responsibilities);
- Almost two-thirds of respondents were confident in the abilities of RQIA to deliver on its responsibilities;
- 97% of respondents recognised the importance of RQIA's work, with 62% classifying it as very important;
- Almost two-thirds of respondents had contacted RQIA – almost 60% to seek advice, one third to raise a concern;
- 48% were satisfied or very satisfied with RQIA's response, whilst 14% expressed dissatisfaction;
- Almost 90% had used RQIA's website previously, half of respondents found it easy to use, while 20% found it difficult
- 84% had read RQIA reports: 53% found inspection reports easy to understand; whilst 19% indicated they found them difficult to understand. The figures for review reports were 59% and 18% respectively; and for mental health and learning disability reports 57% and 14% respectively.

## **Response to Public Perception Survey 2014**

RQIA responded by:

- Improving 'Duty Call Desk' by increasing the number of inspectors on the duty desk rota to allow optimum experience of responding to issues and concerns. A standard frequently asked questions (FAOs) paper was developed and inspectors trained to respond to the questions in a consistent manner. These FAOs are now available on the website to assist and inform the public further in relation to raising a concern.
- Improving the report format for all registered services developed with service providers.
- Initiating new website development (and business case) responding to need identified from staff, the public, trusts, and providers.
- Recruiting and training members of the public as Lay Assessors who accompany inspectors and reviewers on inspection and review to speak to service users in relation to the safe, effective, compassionate care with subsequent lay evaluation of the process of working with Lay Assessors
- Developing 'Easy to Read' Reports. All reports in MHL D are now written in 'Easy Read' in response to service user views and developed with service user input.

## **Service User Involvement as part of Conventional Domiciliary Agency Inspections**

RQIA is committed to the involvement of service users in the inspection process; however this is a challenge for the conventional domiciliary care agencies team as the inspection takes place in the registered office, not the service user's home. The User Consultation Officer (UCO) post was created in April 2012 to consult with service users and their relatives.

Feedback is used both to determine the quality of care being provided by the individual agencies and informs the report which consequently shapes service delivery and

encourages improvement. It is also reviewed by the team when determining future inspection themes.

Between 1 April 2012 and 31 March 2015 there have been **1,588** service user interviews carried out by the UCO or inspectors either in the service user's home, by telephone or a paper questionnaire. A standard questionnaire is used to ensure consistency in the interviews. There are core questions included each year to allow for trend analysis as well as specific questions relating to the themes being inspected.

### **The Benefit of Involvement**

- Findings influence the areas reviewed during the inspection;
- Issues identified are discussed with the registered manager;
- Service user's comments are included in the report which is open to the public – [www.rqia.org.uk](http://www.rqia.org.uk)
- Requirements and recommendations are made.
- Findings are analysed by the team to determine the themes to be inspected during the next inspection year. For example, due to the high number of missed calls during the 14-15 inspection year, this was chosen as a theme for focus in the 15-16 inspection year.
- Issues relating to other services for example other domiciliary care agencies, nursing homes and residential homes are forwarded to the appropriate inspector to be addressed.

## **Outcomes from Interviews**

- Due to the large number of issues arising from the interviews relating to documentation, the agencies team determined to make record management one of the themes for the 2014-15 inspection year.
- Guidance was also issued to all agencies regarding the common problems in relation to the documentation being kept in service users' homes.
- The focus on documentation has led to an improvement in standards as shown in the decline of issues raised in this area for 2014-15 and to ensure sustained good results documentation will continue to be reviewed as part of the 2015-16 inspections.

## External Stakeholder Collaboration

RQIA continues to work collaboratively with other key stakeholders within the HSC to demonstrate leadership, encourage continuous improvements in HSC services and to safeguard the rights of service users.

In December 2014, RQIA and the Irish Mental Health Commission jointly hosted a conference at Dublin Castle, with approximately 160 attendees, on deprivation of liberty and implications of recent legal challenges in England and judicial reviews in Northern Ireland.



Rosemary Smyth, Irish Mental Health Commission,

Dr Colin Dale, Caring Solutions, and

Theresa Nixon, Director of Mental Health Learning Disability and Social Welfare, RQIA, at Dublin Castle, December 2014

In January 2015, RQIA, supported by the Royal College of Psychiatrists, held a workshop attended by some 80 medical practitioners to provide an overview of key RQIA activities during the year. These included: evaluating the service provision for the physical health needs of people with mental illness or learning disability; RQIA processes for second opinions; audit of treatment plans; and electroconvulsive therapy.

Appendix 2 gives some further examples as to the variety of organisations and stakeholders RQIA engaged with on a regular and on-going basis in 2014-2015.

## Next Steps

RQIA is committed to being recognised for excellence and embedding improvement in all that we do and as part of our “good to great” journey, we use independent liP and EFQM assessments to gauge our progress towards organisational excellence with a second EFQM external assessment planned for November 2015.

Going forward RQIA’s vision is to be a ‘driving force for improvement in the quality of health and social care in Northern Ireland’. RQIA has a continuous focus on building the capability and capacity of our staff providing them with the knowledge and skills in quality improvement. To demonstrate commitment RQIA has introduced the Q2020 Attributes Framework Level 1 into all staff appraisals in 2015. The subsequent training needs analysis will determine a tailored quality improvement training package that will support leadership for quality improvement and safety. This will enable staff to attain the knowledge and skill set they need to continuously challenge the quality of services provided and to support and encourage improvement in areas where improvement is required.

## **Appendix 1 Organisations represented at the RQIA Public Pre-Consultation Events**

352 Healthcare	MCH House
ACC Advocacy	Mencap
Alzheimer's Society	Mindwise
Angels agency	Motor Neurone Disease Assoc (MNDA)
Apex Housing	Mourne Stimulus
Ardavon House	MRT
Autism Initiatives	NI Association for Mental Health
Ballynahinch Dental Care	NI Dental Practice
Beechvale Nursing Home	Northern Health and Social Care Trust
Belfast Health and Social Care Trust	Northern Ireland Hospice
Belvedere	North West Independent Hospital (NWIH)
Bishop Street Dental Care	Origin
Bloomfield	Parkanaur
Bluebird Care	Patient Client Council
Camphill Nursing Home	Patients First UK
Care Circle	Parent Carers Council on Disability (PCCD)
Carlisle House	Positive Futures
Cassidy Dental	Praxis Care
Cedar	Precious Life
Cherry Tree House	Public Health Agency
Clear Dental	Pulse Community Health Care
Clifton Residential Home	Queens University Belfast
Clogher Valley	Quigley and Martin
East Eden	Rathmourne
Elite Dental	RCAI
Fold Housing	Resource Centre Derry
Four Seasons Health Care	Rivers Beach House
Foyle Hospice	Robinsons Dental
Gentle Dental Clinic	Rodgers Community Care
Gillbrooke Private Nursing Home	Rylands
Glencairn	Springfield Charitable Association (SCA) Day Care
Glenmachan Tower House	Seafort House
Glens Residential Home	Shalom Care
Glenshane Care Centre	Shankill Lurgan Community Projects
Grandard Private Nursing Home	Silverdale Care Home
Great James Street Dental	Smiles
Greenpark Private Nursing Home	South Eastern HSC Trust
Haypark Homes	Southern Health and Social Care Trust
	The Haven Private Nursing Home

Hollygate Nursing Home  
Jark Healthcare  
Karingmore  
Kauna House  
Killadeas Day Centre  
Limetree Residential  
Lowtherstown Court  
Lydian Care  
Marie Stopes  
McElholm Dental Practice

The Somme Nursing Home  
Three Islands Private Nursing Home  
Towel House  
Transform Medical  
Victoria Private Nursing Home  
Western Health and Social Care Trust  
Wilson Group  
Woodlands  
Woodlodge Nursing Home

## Appendix 2 Examples of RQIA External Stakeholder Collaboration

<b>Job Title:</b>	<b>Head of Programme Nursing Home, Independent Health Care and Pharmacy Regulation</b>
<b>External Meetings</b>	<b>Role/purpose</b>
CNMAC Strategic Workforce and Education Sub group member	Represent RQIA on DHSSPS strategic group looking at workforce and education in relation to the nursing workforce  Chair: Deputy CNO on behalf of CNO
PHA Safety Forum, Nursing Home Collaborative - steering group member	To Liaise with the safety forum in terms of strategic planning  Participate in Nursing home collaborative events and link to RQIA Themes for inspection  Quarterly meetings attended along with Collaborative events as arranged
RCN Older Peoples Nursing Network OPeNN committee member	Committee member of RCN network to drive improvement in Older Peoples care  Quarterly meetings to discuss strategic issues relating to Older people  Arrangement and participation in annual conference
PHA SAI review sub group, delegated member Director of Regulation RQIA	SAI sub group member to review SAI's related to regulated services  Provide information and discuss learning outcomes from SAI's and contribute to sharing learning through sector

<b>Job Title:</b>	<b>Senior Inspector Hygiene Team RQIA</b>
<b>External Meetings</b>	<b>Role/purpose</b>
<b>CNMAC Safety, Quality and Experience sub group (DHSSPS)</b>	Current stream of work is the new Nursing and Midwifery Strategy
<b>Implementation of Revalidation for Nurses and</b>	To assist with the implementation of revalidation

<b>Midwives NI - Working Group (DHSSPS)</b>	
	<p>In addition to these groups, the Senior Inspector Hygiene Team takes part in the regular liaison meetings which have been established by RQIA with other relevant organisations. These include:</p> <ul style="list-style-type: none"> <li>• Public Health Agency</li> <li>• Prisoner Ombudsman</li> <li>• Criminal Justice Inspectorate</li> <li>- Liaison meetings with HSC trusts (twice yearly).</li> </ul>

<b>Job Title:</b>	<b>Senior Inspector Pharmacy</b>
<b>External Meetings</b>	<b>Role/purpose</b>
The Local Intelligence Network (LIN)	The purpose is to share information regarding concerns about relevant persons relating to the management and use of controlled drugs. This network is set up under the Health Act;
Medicines Safety sub committee	This is a committee which looks at the overall learning from medicines incidents across healthcare

<b>Job Title:</b>	<b>Review Programme Manager / Senior Project Manager</b>
<b>External Meetings</b>	<b>Role/purpose</b>
Quality 2020 Group	To revise the 2006 Standards
DHSSPS-led	RQIA use these standards as a baseline in reviews across the statutory services. The HPSS standards have not been reviewed since their publication in 2006.
To review the HPSS Quality Standards (2006)	A group led by DHSSPS.

<b>Job Title:</b>	<b>Information Governance &amp; Records Manager</b>
<b>External Meetings</b>	<b>Role/purpose</b>
'Information Governance Advisory Group'	<p>This group consists of IG leads across the HSC network (Trusts, ALBs, etc.) to discuss and action regional initiatives and quality improvement mechanisms. Specifically, its terms of reference are to:</p> <ul style="list-style-type: none"> <li>• Provide Quality Assurance, including advice and support, to Projects and Groups to ensure best practice in information governance in line with appropriate legislation</li> <li>• Develop Strategic solutions to Common Information governance problems</li> <li>• Provide a forum to raise awareness and share experience and best practice in Information Governance</li> <li>• Manage the work of subgroups</li> </ul>

<b>Job Title:</b>	<b>Head of Programme MHLD</b>
<b>External Meetings</b>	<b>Role/purpose</b>
Regional CAMHS Group	<p>To monitor Bamford recommendations for child and adolescent mental health. Meets every 2 months (attendance from Head of Programme or designated inspector)</p>
Learning Disability Healthcare & Improvement Steering Group	<p>Meets quarterly to review and Update LD Service Framework Standards. Remit to review practice issues and health promotion in learning disability</p>
Improving Health and Well Being Through Positive Partnerships DHSSPS Strategy Regional Implementation Board (RIB)	<p>AHP forum meets quarterly to discuss AHP regional issues including structure, research and development and quality improvement. (Meets quarterly attended by Head of Programme)</p>

<b>Job Title:</b>	<b>Head of Day Care, Domiciliary Care and Nursing Agencies</b>
<b>External Meetings</b>	<b>Frequency and role/purpose</b>
HSC Complaints Group	Every 3 months representing RQIA on this regional body at DHSSPS.
Commissioner for Older People Northern Ireland (COPNI)	Every 3 months – routine liaison meeting to discuss and share areas of mutual concern and developments.
Association for Real Change (ARC)	Every 6 months – routine liaison and information sharing meeting with a representative body of providers from the independent sector.
NHSC Trust – Developing guidelines for services in managing service user finances.	Monthly meeting leading towards the establishment of guidelines for providers and a workshop to provide information. N.B. Also includes Finance Inspector RQIA

<b>Job Titles:</b>	<b>The Chief Executive RQIA (CEO) Director MHLD as stated</b>
<b>External Meetings</b>	<b>Role/purpose</b>
Meeting with DHSSPS to review Quality Standards of Health and Social Care (2006)	<u>To revise Standards</u> RQIA use these standards to inspect statutory services. They have not been updated since 2006 and review regress. Director MHLD
DHSSPS Working Group (Mental Capacity Bill).	A Regional Group was established prior to the Bill being forwarded to the Assembly on 8 June 2015. Director MHLD
RQIA DHSSPS/HSCB Liaison Meetings	Every three months – routine liaison and information sharing meeting CEO
RQIA/DHSSPS Liaison Meeting with Sponsor Branch (monthly)	Issues of common concern shared with DHSSPS and action is agreed as required and progress reviewed at monthly meetings. CEO
RQIA / PHA meetings are held	Every three months – with the Chief Executive of PHA and staff to review mutual areas of interest and share progress in respect

quarterly	of work of both bodies. <a href="#">CEO</a>
RQIA / PCC meetings	Held six-monthly by Chief Executive / Senior Staff from both organisations to share areas of interest / concerns. <a href="#">CEO</a>
Quality 2020 Implementation Team	This group is responsible for coordinating the implementation of the programme of actions to take forward Quality 2020. It meets four times a year. The work is taken forward through specific task groups. <a href="#">Director MHLD</a>
Meeting with Prisoner Ombudsman	Held six-monthly by the Chief Executive and the Director of Reviews and the Director of MHLD with Prisoner Ombudsman to share common areas of interest, serious concerns and any action required by either body.

<b>Job Title:</b>	<b>Medical Director &amp; Director of Reviews</b>
<b>External Meetings</b>	<b>Role/purpose</b>
The Medical Leaders Forum	Every two months:- It is chaired by the Chief Medical Officer. It includes all Medical Directors of HSC organisations and other medical leaders (or their representatives) from regional organisations and groups such as QUB Medical School and GAIN. The agenda is divided into strategic issues, for example at the last meeting about medical workforce, and operational issues, for example RQIA Medical Director updated at the last meeting about the acute hospital programme.
The Director of Public Health (DPH) and Medical Directors Group	Every 2 months The DPH is chaired by the Regional Director of Public Health. This is a liaison group with the regional DPH and discusses a range of operational issues. Examples could include the processes to take forward safety alerts or progress on regional initiatives such as the development of mortality indicators.
The Quality 2020 Implementation Team	4 times a year This group is responsible for coordinating the implementation of the programme of actions to take forward Quality 2020. It meets four times a year. The work is taken forward through specific task groups. RQIA Medical Director is currently on two of the task groups: <ul style="list-style-type: none"> <li>• Task Group 2 which is defining the content of annual quality reports by trusts (it meets about 4-5 days per year)</li> <li>• Task Group 13 which is reviewing the potential to develop a common curriculum for patient safety for undergraduate and postgraduate students.</li> </ul>

Death Certification Implementation Working Group	Bi-monthly RQIA Medical Director is the RQIA representative on this group which is taking forward the development of new arrangements for death certification in Northern Ireland. RQIA as originally invited to this group due to the reporting arrangements for deaths as notifiable events in nursing and care homes but the work is becoming increasingly relevant as well to the roles which GAIN and RQIA have been asked to take forward in relation to SAIs. There is a significant programme of work underway at present and the group is meeting bi-monthly with occasional additional subgroup meetings.
Responsible Officers (RO) Forum	4-5 times a year This forum meets to bring together ROs from each organisation that are responsible for making recommendations for revalidation of doctors to the GMC. Under the RO regulations, RQIA is required to appoint a doctor as RO and the RQIA Medical Director carries out this role.
DHSSPS Revalidation Delivery Board	4 times per year This group is responsible for oversight of the arrangements for revalidation.
DHSSPS Safety in Health and Social Care Group	2 to 3 times per year RQIA was invited to attend this group early in 2015 to give an overview of our work in relation to patient and client safety. RQIA Medical Director attends this group on behalf of RQIA. It meets about 2 to 3 times per year.
<ul style="list-style-type: none"> <li>• DHSSPS Sponsor Branch</li> <li>• Health and Social Care Board</li> <li>• Patient and Client Council</li> <li>• Public Health Agency</li> <li>• Prisoner Ombudsman</li> <li>• Reviews Directorate liaison meetings with HSC trusts</li> </ul>	Bi-annually  In addition, the RQIA Medical Director takes part in the regular programmes of liaison meetings which have been established by RQIA with other relevant organisations.

<b>Job Title:</b>	<b>Corporate Improvement &amp; Public Engagement Manager</b>
<b>External Meetings</b>	<b>Role/purpose</b>
The Regional PPI Forum	Every 4 months. The Forum is chaired by the Executive Director of Nursing, Midwifery and Allied Health Professionals (AHP). It includes all PPI Leads of HSC organisations and service user representation from each of the HSC bodies. To support and drive the embedding of PPI in all HSC activities.
The Regional PPI Training Subgroup	Every 3 months. The subgroup is chaired by the Regional PPI Lead. This subgroup consists of a small group of PPI HSC leads and service user representatives and has been leading on the development of a HSC PPI Awareness Raising and Training Programme. 'Stellar Leadership' was commissioned to deliver the training package including a PPI e-learning programme. This is now complete.
The Regional PPI Communication Subgroup	Every 3 months. Contributing to the development of the design, format and content of the regional PPI Annual Report 2014-15.
The Regional PPI Measurements Subgroup	Every three months Continue to contribute to subgroup work in relation to development of regional PPI measurements of outcome for HSC staff.





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