

# RQIA Corporate Performance Report

Quarter 2 - July to September 2017



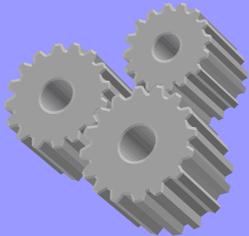
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# Introduction

The purpose of the Corporate Performance Report is to provide evidence to the RQIA Board on how well RQIA is delivering the actions identified within the annual Business Plan, linked to its strategic themes and priorities as described in the Corporate Strategy 2017-21.

RQIA's Strategic Map as detailed in [page 19](#) is a visual representation on one page creating an integrated and coherent picture of the organisation's forward strategy.



This cycle illustrates how we intend to manage and report the progress of the RQIA measures at Directorate, Executive Management Team (EMT) and Board level. The Q1 - Q3 Corporate Performance Reports will cover all the financial and process performance measures. In Q4 the Board will receive a comprehensive operational and strategic performance report which incorporates a suite of outcome measures which are incorporated in the RQIA Business Plan 2017-18. Additionally these measures will be progressed at monthly team meetings throughout the directorates and through the EMT.

# Traffic Light 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.

R

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.

A

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

G

Action forecast to be completed by the completion date.

B

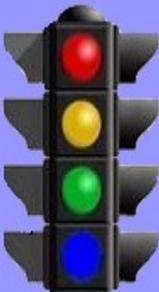
Action completed.

Red

Amber

Green

Blue



## Exception Reporting

A brief report will be 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.

# Strategic Theme 1 - Encourage quality improvement in health and social care services

## Action 1.1

Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

### Number of Inspections completed versus planned (Cumulative Quarter 2)



We are noting a change in the provision of day care services. A number of Trusts are commissioning services within a model that describes day opportunities where the support is less formal and more aligned to a social service that includes luncheon clubs as an example.



RQIA's Children's Team have been engaged in improvement activity with trusts. One such piece of work has focused on reflective learning for both organisations on an episode of enforcement action.



In MHLD facilities, we found good practice; including good governance mechanisms in management of medication with minimum dosages of anti-psychotic medication being prescribed, evidence of robust resettlement discharge care plans and cognitive assessments being undertaken at three and six months following administration of ECT.



In NI Ambulance Stations we identified a number of areas for improvement in relation to hygiene, environmental cleanliness and infection prevention and control.

# Strategic Theme 1 - Encourage quality improvement in health and social care services

## Action 1.1

Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

### Guidelines and Audit

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The regional report on the Audit of the Implementation of the Regional Policy for the Identification and Labelling of Invasive Lines and Tubes was completed and shared with the Chief Medical Officer on 29 September 2017. Each of the five Health and Social Care Trusts received an individual Trust specific report on 20 September 2017.

#### Recommendations



Our audit included four recommendations which addressed:

- Full policy implementation
- Active assurance of best practice
- Development of an Audit Tool
- Feedback to the regional Policy Development Group

### Reviews

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In Quarter 2 we published phase 2 our Review of the implementation of the 2013 Dental Hospital Inquiry Action Plan. Our review examined outstanding actions identified in the first phase of the implementation of the 2013 Dental Hospital Inquiry Action Plan. We found one of seven outstanding actions was fully addressed with the remaining six actions requiring further action. We made five recommendations:



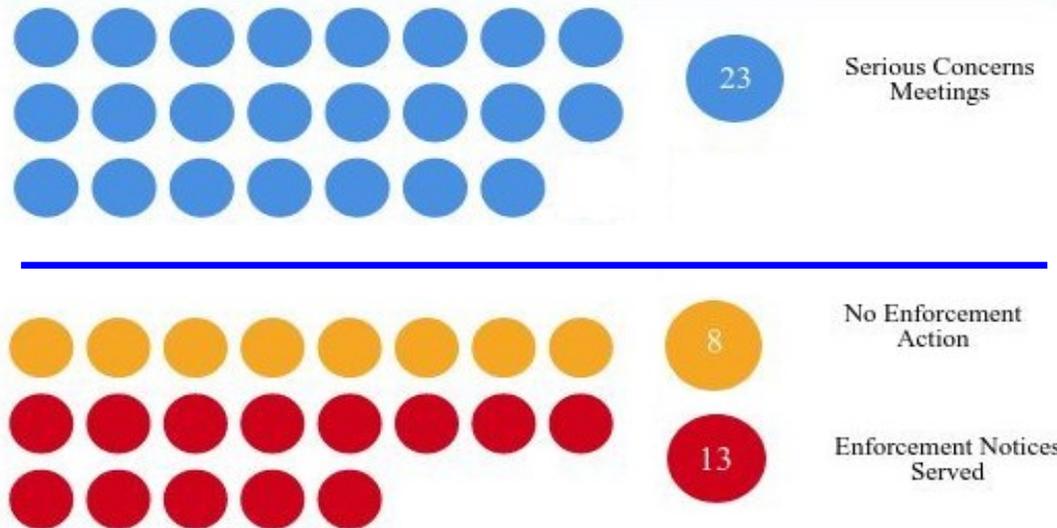
# Strategic Theme 1 - Encourage quality improvement in health and social care services

## Action 1.1

Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

### Enforcement Activity (Cumulative Quarter 2)

#### Enforcement Activity



During Q1 and Q2, 23 serious concerns meetings took place to highlight RQIA's concerns about areas of potential noncompliance, and to discuss actions required to address these concerns. These meetings did not result in enforcement action.

During this period, RQIA held 21 enforcement meetings (including intention meetings to issue notices of failure to comply with regulations (FTC) or to consider moving to place conditions of registration on a service). These resulted in formal enforcement action against 10 services, comprising: 13 FTCs; 3 notices of proposal; 1 notice of decision; and 3 conditions of registration. Breaches in regulations identified related to: care; quality monitoring; management, staffing and recruitment issues; estates issues including fire safety and hygiene; and resident's finance.

In August 2017, a service was closed as a result of RQIA making an application to a magistrate for an urgent closure order, following the identification of a significant number of regulation breaches.

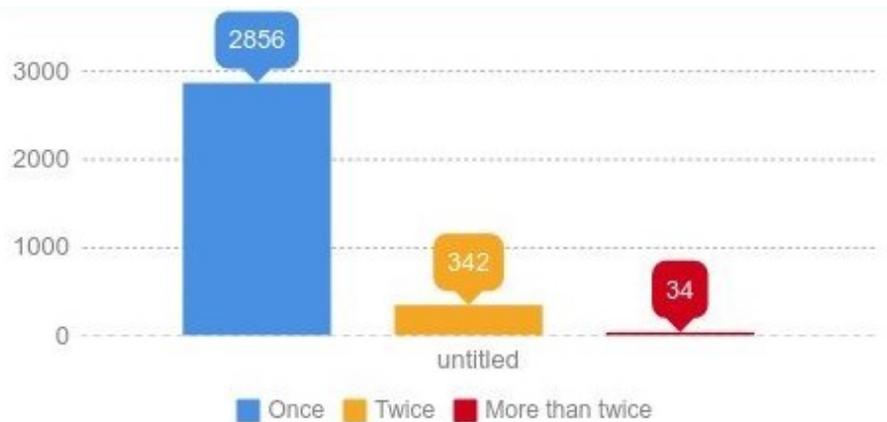
In eight cases the meetings did not result in formal enforcement action as the management of the service provided RQIA with assurance through comprehensive action plans to address the concerns identified. These action plans are monitored through RQIA's ongoing regulatory activities, and where further breaches are identified enforcement action may take place.

# Strategic Theme 1 - Encourage quality improvement in health and social care services

## Action 1.1

Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

**Number and percentage of areas for improvement stated once and restated on further occasions (Cumulative Quarter 2)**



The number of areas for improvement (Regulation and Nursing and MHL D) stated once in quarter 2 increased by 1,416 bringing the cumulative total to 2,856. The number of areas for improvement stated twice in Quarter 2 was lower than in Quarter 1 at 142 bringing to the cumulative total to 342. The number of areas for improvement stated more than twice in Quarter 2 was also lower than in Quarter 1 at 14 bringing the cumulative total to 34.



The number of inspections which resulted in no areas for improvement (Regulation and Nursing and MHL D) increased in Quarter 2 by 247 bringing the cumulative total to 449.

# Strategic Theme 1 - Encourage quality improvement in health and social care services

## Action 1.1

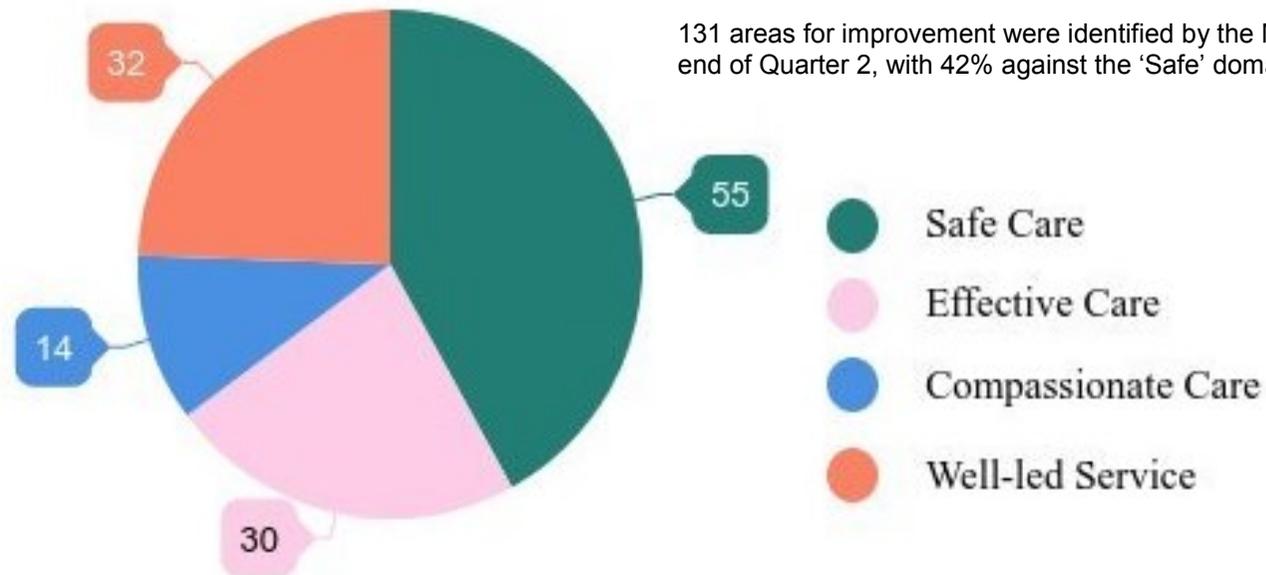
Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

### Brag Rating

G

Action on target

## Number of areas for improvement identified within each of the domains of safe, effective, compassionate care and well led service (Cumulative Quarter 2)



Under the 'Safe Care' Domain, inspectors identified a range of areas which required improvement including:

- Personal safety risk assessments not being reviewed/ completed in accordance with Promoting Quality Care (PQC)
- Gaps in care documentation, and record keeping contemporaneously.
- Deficits in staff mandatory training in terms of infection control, manual handling, fire awareness, child protection and in supporting patients with behaviours that challenge.

# Strategic Theme 1 - Encourage quality improvement in health and social care services

## Action 1.2

Review and evaluate the evidence for an inspection assessment framework in facilitating improvement

### Submission of a proposal to the RQIA Board based on the findings of the review and agreement of a way forward for the inspection methodology

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Partnership work with Queen's University, Belfast (QUB) continued with completion of a 'mapping exercise' to chart, categorise, and define the range of components used in inspection systems. Inspection component themes have been mapped to three core elements of Director, Detector and Effector in effecting change / improvement.

The systematic review then utilised the findings from the mapping exercise to update key research from the Health Foundation in order to appraise the effectiveness of inspection systems (and their various components) for improving quality of care outcomes in health and social care.

The systematic review will be presented to Project Board on 18 October 2017.

Brag Rating



Action on target

# Strategic Theme 1 - Encourage quality improvement in health and social care services

## Action 1.3

Develop proposals for the Review Programme post-2018

### Develop proposals for the Review Programme post-2018

Development of a shadow programme of reviews, audits and guidelines for the time period from September 2018 to September 2019 has commenced.

The following themes are being considered for inclusion:

- End of Life / Do Not Attempt Resuscitation (Adult and Children's Services): DoH Commissioned
- Deteriorating Patients (Across services / settings): DoH Commissioned

As part of the wider engagement strategy, RQIA will provide opportunities for stakeholders, including service users and the general public, to inform and input into the design of the Review Programme from 2018 onwards.

Brag Rating



Action on target

# Strategic Theme 1 - Encourage quality improvement in health and social care services

## Action 1.4

Develop a template report to enable the publication of an annual summary of the quality of services inspected, reviewed and audited by RQIA (the first report will be produced in relation to 2017-18)

### Approval of a report template and methodology by the RQIA Board and the Department

A meeting was held during Q1 between Chief Executive, Medical Director and communications team, to commence the design of a report template.

The approach and format employed by other regulators was sourced and reviewed.

A workshop is planned in Quarter 3 with the EMT and relevant key staff to commence designing a report template

The first annual quality summary report to be produced in relation to 2017-18 is planned for Q1 2018-19.

**Brag Rating**



Action on target

# Strategic Theme 1 - Encourage quality improvement in health and social care services

## Action 1.5

Provide advice and guidance to service providers on quality improvement systems

### Number of service providers who state that their quality improvement systems have been strengthened as a result of our interventions

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In Quarter 2, the Executive Management Team approved the impact questions to be used in the service provider post inspection questionnaire. The effect of RQIA's interventions will be captured through common impact questions.

Follow-up with the service provider will happen between 6 - 8 weeks following the inspection.

It is anticipated that the new impact questions will roll out in quarter 3 and reported through the Corporate Performance Report from Quarter 4.



**Impact questions included in the service provider post questionnaire are based around two areas of improvement:**

As a result of your RQIA inspection, have you made changes to the service to date which you expect to lead to improvements?

As a result of your RQIA inspection, have you planned any further changes to the service which you expect to lead to improvements?

Brag Rating

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Action on target

# Strategic Theme 1 - Encourage quality improvement in health and social care services

## Action 1.6

Participate as an active partner in the design and development of an Improvement Institute / System for Northern Ireland

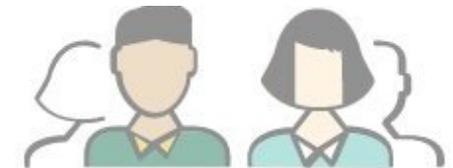
### Summary of RQIA's participation in the Improvement Institute for Northern Ireland and the deliverables from the work of the Institute

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RQIA's Chief Executive participated in meetings of the Critical Friends Group, providing transitional governance to the work of the Improvement Institute/System.

RQIA's Medical Director participated in meetings of the Design Collaborative progressing work of the Improvement Institute/System.

A series of learning conversations with improvement experts in UK and Ireland, hosted by RQIA's Medical Director, continued during Quarter 2. The key themes arising will be presented at a workshop planned for the Autumn 2017.



### Brag Rating

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Action on target

# Strategic Theme 1 - Encourage quality improvement in health and social care services

## Action 1.7

Produce a proposal for the consideration by the RQIA Board regarding the independent evaluation of the Hospital Inspection programme

### Proposal to RQIA Board Produced

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An independent external review of the Hospital Inspection Programme was carried out by an EFQM assessor in 2016. This review evaluated the systems and process used as part of the inspection process.

It was agreed during the RQIA Board meeting on 6 July 2017 that a further external review was not required at this time.

Brag Rating



Action Implemented

# Strategic Theme 2 - Use sources of information effectively

## Action 2.1

Produce a proposal for the consideration by the RQIA Board regarding the independent evaluation of the Hospital Inspection programme

Brag Rating

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Action on target

### Number of actions fully implemented in the Information Action Plan by target

Arising from our review of Intelligence and information systems that there was clear potential to increase the use of clearly defined and targeted analysis to inform the work of the RQIA.

In response we have developed an Information Action Plan incorporating 30 actions.

Thirteen actions have been successfully implemented including :



# Strategic Theme 2 - Use sources of information effectively

## Action 2.2

Foster strategic alliances with other system regulators and improvement bodies both regionally and nationally

### Brag Rating

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Action on target

### Number of information sharing agreements and Memorandums of Understanding

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MoU activity for Quarters 1 - 2 includes:

- Northern Ireland Public Services Ombudsman MoU was signed off
- The HSC Honest Broker Service MOU was signed off.
- A review of the National Medical Council was initiated
- A review and revision of the General Dental Council was initiated

### Number of collaborations with system regulators and improvement bodies undertaken

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In Quarter 2 RQIA was involved in the following events:

- Leadership Strategy Working Group meeting
- Critical Friends Forum – Improvement Institute meeting
- Meeting with Patient and Client Council
- Children’s Service Improvement Board
- Health Improvement Scotland
- Attendance at the Medical Leaders Forum
- Regional Public and Patient Involvement Forum
- Visit to PSNI Custody Suite
- Participation in NIMDTA Clinical Education Day
- Attendance at Northern HSC Trust Annual Nursing Conference

# Strategic Theme 2 - Use sources of information effectively

## Action 2.3

Review and revise RQIA's Inspection Planning Tool (IPT) in the context of changes in Fees and Frequency of Inspection Regulations

### % of Inspection Planning Tool (IPT) project milestones achieved

We are preparing to respond to the publication of revised Fees and Frequency of Inspection regulations which will make changes to fee structure and to the statutory minimum number of inspections. To-date all milestones are on target including:



We are currently working to develop an inspection planning and risk response tool that will afford us a revised risk assessment framework.



We have identified an expert resource of Professor Brian Taylor from University of Ulster whose area of expertise is around decision making, assessment, risk and evidence and we have engaged Professor Taylor to provide expertise around an evidence based weighting / mathematical model to our assessment of risk. This new risk framework will allow us describe an evidence base for our decision on which homes we will inspect only once and which we will plan to inspect above the statutory min.



A series of engagements are planned to take forward this work commencing with a workshop on Friday 3rd November in our Boardroom, where we will begin a conversation with Prof Taylor to describe the influencing factors, (across our four domains of inspection) that inform our decision to inspect.

### Brag Rating

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Action on target

# Strategic Theme 2 - Use sources of information effectively

## Action 2.4

Strengthen arrangements to capture the voice of service users and their families / carers, to include stakeholder reference group, lay assessors and through engagement during inspections

### Evaluation of the effectiveness of engagement activities to capture the voice of service users

A work stream has been initiated and have and continue to meet regularly. The aim of the work stream was to ensure that the voice of the service user is heard, reported and acted upon. To-date all objectives have been achieved on target including:

- A new corporate questionnaire has been developed to be used by all directorates
- A template has been developed to record the views of service users, their relatives, and staff
- A survey monkey has been developed for staff to complete an online questionnaire
- An observational tool has been introduced across the organisation which will report on interactions between staff and service users
- A new module to record all of this information has been requested for iConnect
- The organisation should be able to report on satisfaction levels for the last 2 quarter of 2017-18.

Brag Rating



Action on target

# Strategic Theme 2 - Use sources of information effectively

## Action 2.5

Commence implementation of a project to develop and implement an integrated MHLD information system to replace the existing legacy systems following approval of the Outline Business Case from DoH

### % of milestones achieved on target from the Integrated MHLD Information System project plan

The Strategic Outline Case is complete. An Outline Business Case (OBC) has been developed along with a specification. Both were approved by the Project Board on 30 March 2017. The OBC was submitted to DoH for approval and RQIA responded to the most recent comments on the Outline Business Case from DoH, on 26 October 2017.

Given that the business case is still with DoH for approval the timescales for implementation of the MHLD Information System will be reviewed when approval is received.

### Brag Rating



Awaiting DoH approval of the Business Case

# Strategic Theme 3 - Engage and involve service users and stakeholders

## Action 3.1

Develop and implement a Communications and Engagement Strategy taking account of HSC PPI Standards to increase the public's awareness of the role and function of RQIA

Brag Rating

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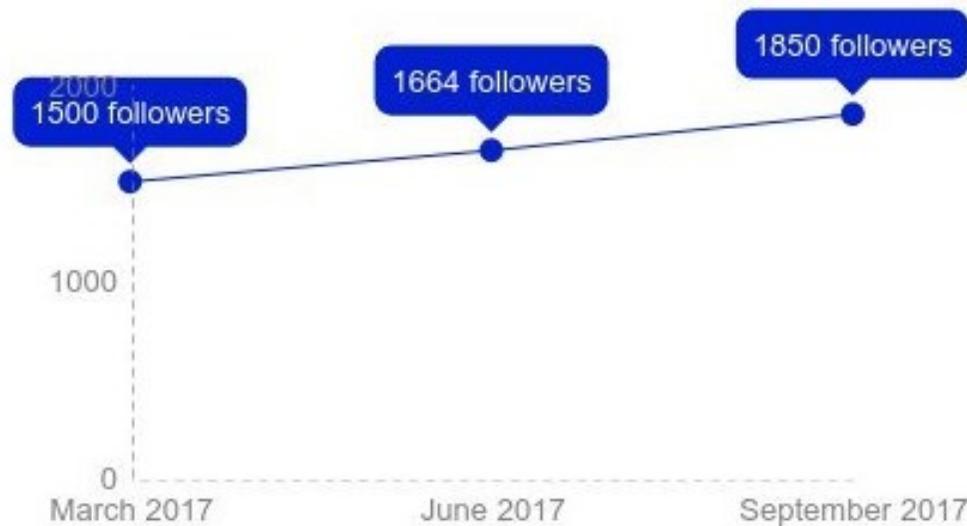
Action on target

## % of actions implemented in the Communications and Engagement Strategy

During Q2 2017-18, the RQIA website received around 24,000 individual visits, which is a 33% increase from the same period of 2016-17. The cumulative total for Quarter 2 was 46,000 individual visits which is an increase of over 20% on the same period in 2016-17.

The number of clicks required to find the relevant information on the website reflects the impact of the improved design and streamlining of the new RQIA website, and an improved user experience.

The @RQIANews Twitter account continued to attract new followers.



# Strategic Theme 3 - Engage and involve service users and stakeholders

## Action 3.2

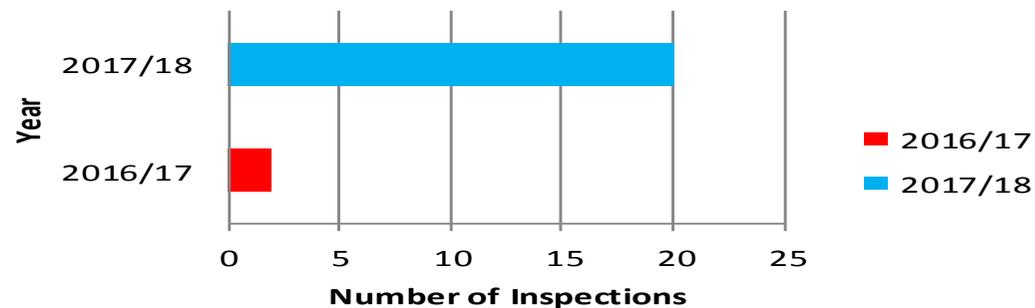
Increase the number of stakeholders and lay assessors actively designing / participating in our programmes of work

### Brag Rating



Action on target

### Number of inspections completed with Lay Assessor involvement (Cumulative Quarter 2)



The target for 2017/18 is 58 inspections to include a lay assessor. Over Quarters 1 and 2, twenty inspections have been carried out with lay assessor involvement.

In Quarter 2 2016/17 two inspections were completed within the Healthcare Team with Lay Assessor involvement.

In Quarter 2 of 2017/18 – Eleven inspections have been carried out in total. Seven within the Residential care homes team, two within the Nursing homes team and two in the MHLD team.

### Number of opportunities for stakeholders to be engaged in the design of our work

RQIA have met twice with the innovation lab which currently sits within the Department of Finance. They have agreed to host a workshop to examine and explore how we can engage with our service users in a more meaningful and perhaps even in real time.

The date has been set for October 2017 and invitations extended to all interested staff.

# Strategic Theme 3 - Engage and involve service users and stakeholders

## Action 3.3

Partner with the Innovation Lab (Department of Finance) to explore opportunities to work with our stakeholders to collaboratively redesign our activities

### Number of prototypes designed and commenced

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The Chief Executive met with the Innovation Lab Staff on 23 August 2017. A joint workshop with RQIA staff is planned for October 2017.

### Number of RQIA processes refreshed through collaboration with our stakeholders and facilitated by the Innovation Lab

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The Chief Executive met with the Innovation Lab Staff on 23 August 2017. A joint workshop with RQIA staff is planned for October 2017.

#### Brag Rating



Action on target

# Strategic Theme 3 - Engage and involve service users and stakeholders

## Action 3.4

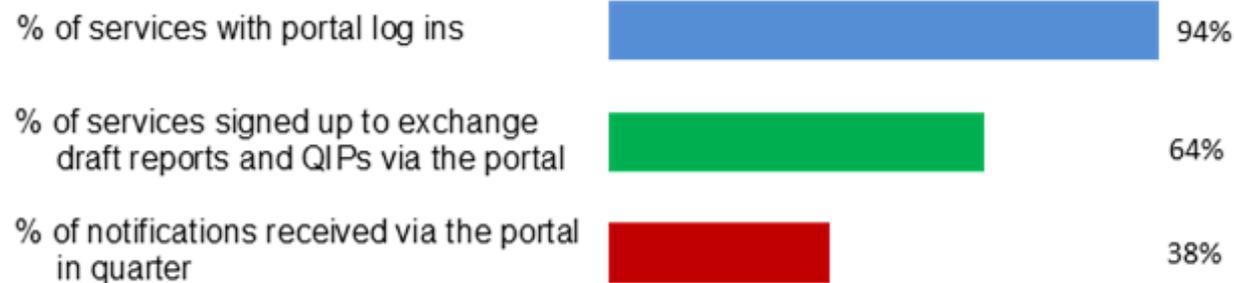
Examine and explore opportunities to use technology to facilitate feedback from service providers, service users and their families / carers e.g. pilot the use of e-questionnaires

### Brag Rating



Action on target

### % increase in the use of the web portal by service providers (Cumulative Quarter 2)



The percentage of services who have registered with the webportal has increased from 70% in Quarter 1 up to 94% by the end of Quarter 2. The percentage of service providers who have signed up to exchange draft reports and QIPs has also increased from 35% in Quarter 1 to 64% in Quarter 2.

### Evaluation of the number and impact of the increased use of e-questionnaires

A work stream has been initiated to consider the usefulness of e-questionnaires and have concluded that this would be a much more effective manner to collect information from service users, relatives and staff. A University of Ulster student, through his IT degree, successfully demonstrated that the use of an application on a smart phone or device is achievable. The work stream recommended that consideration should be given, by EMT, to the purchasing of smart phones or devices to undertake this work effectively.

The work stream in the meantime has introduced a new methodology for gathering and reporting on the views of service users, relatives staff and visiting professionals. A hard copy standardised questionnaire has been developed for approval by EMT.

# Strategic Theme 4 - Deliver operational excellence

## Action 4.1

Implement the Workforce Plan aligned to the Workforce Review carried out in 2016-17

### % of actions in the Workforce Plan implemented on target

The workforce Review was completed in April 2017 with preliminary findings shared with EMT, and was presented to the Board in July 2017.

A meeting with the Joint Negotiation and Consultation Forum (JNCF) was held on 4 October to discuss the implications of the Workforce Review.

A 5 week consultation, with all RQIA staff, commenced in October and is due to be completed on 10 November 2017.



### Brag Rating

G

Action on target

# Strategic Theme 4 - Deliver operational excellence

## Action 4.2

Develop and implement an Organisational Development (OD) Plan aligned to the Investors in People (IiP) assessment

### IiP staff survey results

The IiP online staff survey was completed in May 2017. 73% of staff responded, when 50% response rate was required. The survey results highlighted RQIA's areas of strength including:

- Areas of understanding values
- Performance management
- Structuring work

There were challenges identified as the organisation undertakes transformational change. Recommendations were made for all nine indicators of the IiP assessment model. However three areas have been identified as a priority:

- inspirational leadership and trustworthiness
- recognition and reward
- Building capacity

Recommendations from the IiP assessment have been mapped into an organisational development action plan and regular steering group meetings have been planned to ensure that recommendations are implemented over the next three years.

### Level of IiP accreditation achieved

RQIA successfully achieved their IiP status using the new standard "Generation 6". The subsequent report with recommendations has been issued and disseminated to staff during a staff meeting.

### % of actions in the Organisational Development Plan implemented on target

The recommendations from the IiP assessment have been used to form an action plan to support organisational development over the next three years. The initial focus will be around the areas of leadership, recognition and reward and learning and development.

Work has already commenced with regards leadership, this has been supported by the publication of the new leadership strategy document from the Department of Health. A new set of organisational values have been identified and a workshop has identified what these values mean for us and the expected behaviours associated with them. It is anticipated that this work will underpin the transformation of organisational culture.

## Brag Rating

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IiP accreditation achieved and organisational development actions on target



# Strategic Theme 4 - Deliver operational excellence

## Action 4.3

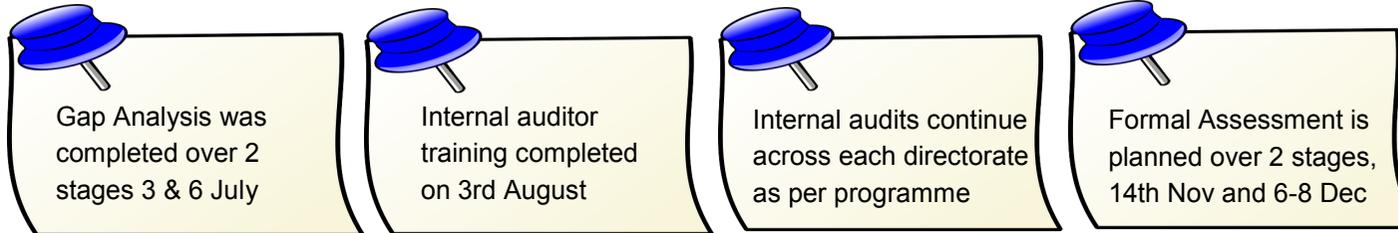
Implement a project to prepare for ISO 9001:2015 assessment and achieve accreditation

### % of milestones achieved on target from the ISO9001:2015 Project Plan

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The ISO9001:2015 Project Board continues to meet regularly to maintain pace in this project.

To-date 100% milestones have been achieved on target.



### Achieved ISO9001:2015 accreditation

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On target to achieve certification in December 2017

### Brag Rating

G

On target to achieve certification in December 2017

# Strategic Theme 4 - Deliver operational excellence

## Action 4.4

Achieve financial balance and implement zero based budgeting

### Savings Plan developed and approved by the RQIA Board and DoH

The RQIA Savings Plan 2017-18 was approved by the Board on 14 September 2017.

### Projected and actual end-of-year financial position / Break-even

A zero-based approach to building a budget for 2017-18 has been adopted which aligns to RQIA's financial allocation and income. It takes into account the need to achieve RQIA's savings target and absorb cost pressures in order to break-even at year-end.

The implementation of the Workforce Review has necessitated holding a number of vacant posts unfilled in order to ensure flexibility in re-structuring the organisation and achieving the benefits of the Review. As a result of this it is highly likely that RQIA will have a significant underspend at the year-end and a break-even position will only be achieved through a non-recurring easement to DoH in December 2017 / January 2018. As at 30 September 2017 the projected underspend is estimated to be circa £436K. The Chief Executive and Chair notified DoH of the high likelihood of a significant non-recurring easement in 2017-18 at the Accountability Review meeting on 3 October 2017.

### Brag Rating

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Action on target

# RQIA Strategy Map 2017-21

