

## AGENDA

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**RQIA Board Meeting**  
Board Room, 9<sup>th</sup> Floor, Riverside Tower, Belfast  
7 July 2011, 2:00pm

### PUBLIC SESSION

| Item   | Paper Ref            |                      |
|--|----------------------|----------------------|
| 1 Welcome and Chairman's remarks   |                      | 2:00pm               |
| 2 Minutes of the meeting of the Board held on Thursday 12 May  | min/May11/<br>public | 2:05pm<br>APPROVE    |
| 3 Matters arising from minutes   |                      | 2:10pm               |
| 4 Declaration of Interests   |                      | 2:15pm               |
| 5 Chairman's report - Chairman   | I/04/11              | 2:15pm<br>NOTE       |
| 6 Chief Executive's Report - Chief Executive   | J/04/11              | 2:25pm<br>NOTE       |
| 7 Audit Committee Business – Committee Chairman<br>To include:   | K/04/11              | 2:40pm               |
| <ul style="list-style-type: none"> <li>• Approved Minutes of meeting of 26 May</li> <li>• Update on Meeting of 28 June</li> <li>• Audit Committee Annual Report 2010/11</li> </ul> |                      | NOTE<br>NOTE<br>NOTE |
| 8 Policy and Procedure on the Management and Handling of Complaints against RQIA – Director of Quality Assurance   | L/04/11              | 3:00pm<br>APPROVE    |
| 9 Enforcement Policy – Regulated Sector – Director of Operations   | M/04/11              | 3:20pm<br>APPROVE    |
| 10 Second National Preventive Mechanism Annual Report – Director of Operations   | N/04/11              | 3:35pm<br>NOTE       |
| 11 Any Other Business  |                      | 3:45pm               |

Date of next meeting:  
**1 September 2011, Venue TBC**

## RQIA Board Meeting

|                            |  |
|----------------------------|--|
| Date of Meeting            | 7 July 2011  |
| Title of Paper             | Public Session Minutes   |
| Agenda Item                | 2  |
| Reference                  | min / May11 / public   |
| Author                     | Robert Graham  |
| Presented by               | Dr Ian Carson  |
| Purpose                    | To share with Board members a record of the last meeting of the RQIA Board.  |
| Executive Summary          | The minutes contain an overview of the key discussion points and decisions from the last Board meeting on 12 May 2011. |
| FOI Exemptions Applied     | None   |
| Equality Impact Assessment | Not applicable   |
| Recommendation/ Resolution | The Board is asked to <b>APPROVE</b> the minutes of the Board meeting of 12 May 2011.                                  |
| Next steps                 | The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.                    |

## PUBLIC SESSION MINUTES

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### RQIA Board Meeting

Board Room, 9<sup>th</sup> Floor, Riverside Tower, Belfast

12 May 2011, 2:00pm

#### Present

Ian Carson (Chairman)  
Richard Adams  
Geraldine Donaghy  
Lilian Jennett  
Ruth Laird  
Allen McCartney  
Patricia McCoy  
Una O'Kane  
Colin Reid  
Austin Smith

#### Officers of the Board present

Glenn Houston (Chief Executive)  
Maurice Atkinson (Director of Corporate Services)  
Robert Graham (Committee Services Manager)  
Theresa Nixon (Director of Quality Assurance)  
Phelim Quinn (Director of Operations)  
David Stewart (Director of Service Improvement)

#### 11.52 Welcome and Chairman's Remarks

11.52.1 The Chairman welcomed Board members, Officers of the Board and members of the public to the meeting. No apologies were noted.

#### 11.53 Minutes of the meeting of the Board held on Wednesday 23 March [Paper min/Mar11/public]

11.53.1 The Board **APPROVED** the minutes of the Board meeting held on 23 March.

#### Resolved Actions

- **Minutes to be formally signed off by the Chairman**

#### 11.54 Matters arising from minutes

##### 11.24.9 RQIA Inspection

11.54.1 A Board member asked if the joint inspections of Hydebank and Woodlands had been completed. The Director of Operations confirmed that these had taken place and that the reports were currently being drafted. The Chairman asked if RQIA had been made aware of the two recent suicides in Hydebank. The Director of Operations stated that RQIA should be receiving notifications of these through the serious adverse incident reporting process.

#### 11.55 Declaration of Interests

11.55.1 The Chairman asked Board members if, following consideration of

the agenda items, any interests were required to be declared in line with Standing Orders. No declarations of interests were made.

**11.56 Chairman's report - Chairman [Paper C/03/11]**

11.56.1 The Chairman presented his report to the Board and noted that he had attended seven meetings on behalf of RQIA since the last Board meeting.

11.56.2 The Chairman said that he had attended some of the roadshows highlighting the work of the mental health and learning disability team and that these had proved useful in developing contacts within this sector.

11.56.3 The Chairman advised Board members that a minute of the Accountability Review meeting of 12 April was available for Board members.

11.56.4 The Chairman told Board members that he had met with Lily Kerr, the newly appointed Chair of the Northern Ireland Social Care Council.

11.56.5 The Board **NOTED** the Chairman's Report.

**11.57 Chief Executive's Report - Chief Executive [Paper D/03/11]**

11.57.1 The Chief Executive presented his report to the Board and began by referring to some of the key meetings he had attended. He said that he had met separately with the Chief Executives of the Western and South Eastern Trusts.

11.57.2 The Chief Executive informed Board members that RQIA staff had attended meetings with groups of dentists regarding dental regulation.

11.57.3 The Chief Executive updated the Board on review and inspection activity. He said that RQIA had met its statutory obligations with regard to inspections during 2010/11.

11.57.4 The Chief Executive advised the Board that RQIA will begin a pre-consultation on a new Corporate Strategy and 3 year Review Programme and that Board members were welcome to attend any of the events.

11.57.5 The Board **NOTED** the Chief Executive's Report.

**11.58 Finance Report - Director of Corporate Services [Paper E/03/11]**

11.58.1 The Director of Corporate Services presented the Finance Report to the Board and explained that the end of year position highlighted in

the report represented a provisional figure, as the accounts were currently being finalised. He anticipated that RQIA would break even with its revenue resource allocation but he noted that there was an underspend in the capital resource allocation of £13.7k, which was caused by delay in obtaining approval of a business case for ICT disaster recovery.

11.58.2 The Director of Corporate Services advised the Board that RQIA had met the 95% target for paying invoices within 30 days and that all outstanding debt for 2008/09 and 2009/10 had been recovered.

11.58.3 A Board member congratulated the Finance team for their work in achieving this position.

11.58.4 The Board **NOTED** the Finance Report.

**11.59 Corporate Performance Report - Director of Corporate Services [Paper F/03/11]**

11.59.1 The Director of Corporate Services presented the Corporate Performance Report to the Board and said that the report represented the end of year position. He expressed his thanks to the staff who had assisted in the completion of this report in time for this meeting. He advised that of the 63 corporate actions, 7 had achieved a red rating and 56 had achieved a green rating at the year end and he moved on to consider each of the 7 actions that were rated red in turn.

11.59.2 The Director of Corporate Services explained that RQIA had been unable to progress the recruitment of new staff to assist with the assimilation of service user views in regulated services due to financial constraints. He said that the Executive Management Team is currently reviewing the approach with a view to progressing this by September 2011.

11.59.3 A Board member asked if this work would duplicate the work of the Patient Client Council. The Director of Operations explained that this was unlikely, as the project was specifically looking at methods of obtaining the views of domiciliary care users and formed an integral part of RQIA's inspection methodology and followed the principles of the Better Regulation Commission. He confirmed that a revised job description for the role had been prepared, as well as a revised project plan for this work.

11.59.4 A Board member asked how RQIA sought the views of statutory service users. The Director of Operations explained that RQIA had engaged with approximately 200 users through the Patient Experience Reviews carried out by the mental health team. He added that on recent reviews, for example the Maternity Services Review and the Child Protection Review, RQIA had engaged with

service users as part of the methodology of the review. The Director for Service Improvement added that as part of the forthcoming Mixed Gender Accommodation review, RQIA would be working with a voluntary organisation to gain the views of service users.

- 11.59.5 The Chairman advised that the Chief Executive and he would be meeting with the Chief Executive and the newly appointed Chair of the Patient Client Council in July.
- 11.59.6 A Board member sought clarity on the timescales for the development and implementation of the research policy. The Director for Service Improvement explained that RQIA had developed a research policy and that the policy had been approved and that subsequently, a research group had been established which would be responsible for the implementation of the policy.
- 11.59.7 A Board member felt that some of the actions that were incomplete required supporting KPIs to allow for improved monitoring. The Director of Corporate Services noted the proposal.
- 11.59.8 A Board member asked about the reference to the partial inclusion of information contained within the Corporate Performance Reports within the Annual Report. The Director of Operations explained that RQIA would seek to highlight in the Annual Report areas where RQIA could demonstrate that it had influenced policy and therefore not all of the information in the Corporate Performance Reports would be included.
- 11.59.9 The Chairman complimented the work of the staff involved in completing the new Corporate Performance reports over the course of the year. The Director of Corporate Services said that he would give consideration to revising the traffic light system.
- 11.59.10 The Board **NOTED** the Corporate Performance Report.

**11.60 Appointments and Remuneration Committee Business - Chairman**

- 11.60.1 The Chairman advised that at a private meeting of the Board on 14 April the Board had approved the pay awards for the Chief Executive and the members of the Executive Management Team for the year 2010/11 based on performance in 2009/10, as outlined in the Circular HSC (SE) 1/2011. He said that fully acceptable pay awards had been approved by the Appointments and Remuneration Committee.
- 11.60.2 The Board **NOTED** the update from the Chairman.

- 11.61 RQIA Business Plan 2011/12 – Director of Corporate Services [Paper G/03/11]**
- 11.61.1 The Director of Corporate Services presented the draft RQIA Business Plan for 2011/12 to the Board and explained that he had taken on board the feedback received from members at the workshop on 14 April. He said that some of the KPIs had been revised and that some of the completion dates had been amended.
- 11.61.2 The Director of Corporate Services explained that there were two significant areas of expenditure, private dentistry and the Corporate Information Management System (CIMS). He said that the business case for private dentistry had been submitted to DHSSPS and that the business case for CIMS was being finalised. He said that the financial information had been updated following receipt of the confirmed revenue resource allocation (RRL) for 2011/12 and that performance against the objectives would be measured through future Corporate Performance Reports.
- 11.61.3 A Board member asked for clarity on the KPIs relating to inspection reports. The Director of Operations explained that there were sub-KPIs which included timelines for completion of reports and reports moving from draft reports to becoming open reports.
- 11.61.4 A Board member asked about the overview reports referenced at CA1.2. The Director of Operations explained that RQIA was now able to analyse the findings of inspections within each sector and produce overview reports. He added that the first of these overview reports would be presented to the Board in July 2011.
- 11.61.5 A Board member felt that Board members should be appropriately engaged in activities to promote the work of RQIA. It was agreed that the Executive Team would consider the development of a new KPI for this.
- 11.61.6 Subject to minor amendments, the Board **APPROVED** the Business Plan for 2011/12.
- 11.62 RQIA Business Continuity Plan – Director of Corporate Services**
- 11.62.1 The Chairman advised that during the private session of the Board, the Board had considered the RQIA Business Continuity Plan and sought approval of the Plan.
- 11.62.2 The Board **APPROVED** the RQIA Business Continuity Plan.
- 11.63 RQIA Three Year Review Programme – Present and Future (Presentation) – Director for Service Improvement**
- 11.63.1 The Director for Service Improvement welcomed Senior Project

Manager, Jacqui Murphy to the meeting and invited Jacqui to update the Board on the RQIA Three Year Review Programme.

- 11.63.2 Jacqui Murphy advised the Board of the progress made on the current Three Year Review Programme and explained to the Board the role of the Review Programme Steering Group (RPSG) in monitoring the programme. She explained that all RQIA reviews are carried out using PRINCE2 methodology and that a series of standard documents have been produced which are used in all reviews. She concluded by saying that work had commenced on the preparation of the next Three Year programme, running from 2012/13 to 2014/15.
- 11.63.3 The Chairman asked if RQIA would be able to meet with all interested groups before July 2011. The Director for Service Improvement said that, in addition to the series of planned events, RQIA would be meeting with DHSSPS on 3 June and organising further meetings with other regulatory bodies and HSC organisations.
- 11.63.4 A Board member commended the work and felt that the Three Year Review Programme booklet was an excellent publication and one in which everyone would have an interest. The Chief Executive said that he hoped that RQIA could further improve the quality of this publication when the next Three Year Programme was published.
- 11.63.5 The Director for Service Improvement explained that when considering the list of review topics which would then contribute to the overall assessment of health and social care, RQIA will consider the five themes in the regional quality standards. He felt that the current RQIA programme did not have sufficient focus on the health improvement and health protection theme.
- 11.63.6 The Board **NOTED** the update on the Three Year Review Programme.
- 11.64 Report of the Mental Health and Learning Disability Expert Advisory Panel – Director of Operations [Paper I/03/11]**
- 11.64.1 The Chairman invited Board member, Richard Adams, to present the report of the mental health and learning disability Expert Advisory Panel to the Board.
- 11.64.2 He informed the Board that the Panel had been established to assure the RQIA Board that RQIA was discharging its functions under the Mental Health Order. He said that the Panel had met on five occasions and that at its last meeting it had considered a report which rated how well RQIA was faring against each of its stated responsibilities. He said that in all areas, except one, a “green” rating had been given, with an “amber” rating for the final one.

- 11.64.3 He said that the Panel was representative of the sector and that each of the members had contributed equally and that he welcomed the views of the service users who were on the Panel.
- 11.64.4 He advised that the Human Rights Advisor had made a presentation to the Panel on the human rights approach in the work of the mental health and learning disability team. He also referenced work begun by an RQIA Project Manager on developing GAIN guidelines in the area of mental health.
- 11.64.5 The Chairman thanked the Board member for his work in chairing this Panel.
- 11.64.6 A Board member asked for clarity on the reason why one of the areas had been assessed as “amber”. The Director of Operations assured the Board that there were no concerns in this area and that RQIA had only begun to develop this particular area of work.
- 11.64.7 The Panel Chair expressed his thanks to the members of RQIA staff who had serviced the Panel during its tenure. The Chairman indicated his appreciation, on behalf of the Board, to the Panel as it had completed its remit.
- 11.64.8 A Board member asked how issues in mental health and learning disability would be reported to the Board in future. The Chief Executive explained that updates would be provided in the Corporate Performance Report and that more in-depth reports would be provided twice per year. The Board were content with this approach.
- 11.64.9 The Board **APPROVED** the report of the Expert Advisory Panel.
- 11.65 Mental Health and Learning Disability - Director of Operations [Paper J/03/11]**
- 11.65.1 The Director of Operations invited the Head of the Mental Health and Learning Disability team to present the mental health and learning disability report to the Board.
- 11.65.2 The Head of Programme began by giving an overview of the serious adverse incidents (SAIs) reported. He said that there were no real trends emerging. In response to a question from a Board member regarding the ages of people who committed suicide, he noted that there had been an increase around the Christmas period of older people committing suicide. Board members noted that the information related only to those episodes of self harm and suicide known to social services which had been reported to RQIA, and that the Coroner’s statistics would present a different picture.
- 11.65.3 The Head of Programme outlined to the Board the work that had been done with the HSC Trusts to reduce the percentage of errors

for prescribed forms. He explained that part of the GAIN project would look at regional training in this area.

11.65.4 The Head of Programme informed the Board that the inspection programme had focused on the human rights theme of fairness and that next year's programme would look at the theme of protection. With regard to reviews, he advised that the CAMHS review had been completed and that three other reviews would be completed during 2011/12.

11.65.5 A Board member asked for further information on advocacy. The Head of Programme explained that RQIA worked mainly with voluntary organisations such as NIAMH and CAUSE.

11.65.6 The Board **NOTED** the update on mental health and learning disability.

**11.66 RQIA Equality Scheme and Action Plan – Director of Corporate Services [Paper K/03/11]**

11.66.1 The Director of Corporate Services advised the Board that in November 2010, the Board had noted the Audit of Inequalities which had been prepared as part of RQIA's new Equality Scheme. He said that the Scheme had been completed and signed off by the Chairman and Chief Executive in advance of the deadline of 1 May 2011 and that the action plan within the Scheme would be monitored through the annual report presented to the Board.

11.66.2 The Director of Corporate Services said that following the period of public consultation, the Human Resources Manager would analyse the responses and finalise the Plan.

11.66.3 The Board **NOTED** the Equality Scheme and Action Plan.

**11.67 Any Other Business**

11.67.1 There was no other business and the Chairman drew the public session to a close at 4:15pm.

**Date of next meeting:  
Thursday 7 July 2011, Board Room, Riverside Tower**

Signed

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Dr Ian Carson  
Chairman

Date

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## RQIA Board Meeting

|                            |  |
|----------------------------|--|
| Date of Meeting            | 7 July 2011  |
| Title of Paper             | Chairman's Report  |
| Agenda Item                | 5  |
| Reference                  | I / 04 / 11  |
| Author                     | Dr Ian Carson  |
| Presented by               | Dr Ian Carson  |
| Purpose                    | To inform the RQIA Board of the Chairman's external engagements and key meeting since the last Board meeting of the Authority. |
| Executive Summary          | Between 13 May 2011 and 7 July 2011, I attended 12 meetings on behalf of RQIA.   |
| FOI Considerations         | None   |
| Equality Impact Assessment | Not applicable   |
| Recommendation/ Resolution | The Board is asked to <b>NOTE</b> this report.   |
| Next steps                 | Not applicable   |

## **CHAIRMAN'S REPORT**

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### **Meetings attended**

- Meeting with Roberta Brownlee and Mairead McAlinden, Chair and Chief Executive, Southern HSC Trust – 26 May 2011.
- Corporate Strategy Pre-consultation Event, Ecos Centre, Ballymena, - 31 May 2011.
- “Understanding the DHSSPS 2012-15 Budget” Seminar, Templepatrick – 31 May 2011.
- Corporate Strategy Pre-consultation Event, South West Regional College, Omagh – 1 June 2011.
- Corporate Strategy Pre-consultation Event, Lagan Valley Island Centre, Lisburn – 2 June 2011.
- Corporate Strategy Pre-consultation Event, DHSSPS – 3 June 2011.
- Meeting with Minister, DHSSPS – 8 June 2011.
- Corporate Strategy Pre-consultation Event, Tower Hill, Armagh – 10 June 2011.
- Meeting with Heather Moorhead (NICON) 21 June 2011.
- Meeting with Alexander Coleman and David Bingham, Chair and Chief Executive, Business Service Organisation (BSO) – 21 June 2011.
- Chief Executives Forum “State of Governance in NI”, Clifton House – 23 June 2011.
- NICON “Open Space” Event, Templepatrick – 1 July 2011.

**DR IAN CARSON**

Chairman

7 July 2011

## RQIA Board Meeting

|                            |  |
|----------------------------|--|
| Date of Meeting            | 7 July 2011  |
| Title of Paper             | Chief Executive's Report   |
| Agenda Item                | 6  |
| Reference                  | J / 04 / 11  |
| Authors                    | Executive Team   |
| Presented by               | Glenn Houston  |
| Purpose                    | This report is to advise Board members of the key strategic issues and developments arising since the previous Board meeting, held on 12 May 2011, that have not been covered elsewhere in an individual report. |
| Executive Summary          | This report provides an overview of key activities across each of the directorates of RQIA.  |
| FOI Exemptions Applied     | None   |
| Equality Impact Assessment | Not applicable   |
| Recommendation/ Resolution | The Board is asked to <b>NOTE</b> this update.   |
| Next steps                 | Not applicable   |

## **CHIEF EXECUTIVE'S REPORT**

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### **1.0 Chief Executive's Business**

#### **Key Appointments (13 May 2011 – 6 July 2011)**

##### **May 2011**

**13 May** Northern Ireland Dental Practice Committee (BDA).

**17 May** UK Heads of Inspectorate Forum (Edinburgh)

**26 May** RQIA Audit Committee

**26 May** Met with Chair and Chief Executive, Southern HSC Trust

**31 May** Corporate Strategy / Review Programme Consultation; Ballymena

##### **June 2011**

**1 June** Corporate Strategy / Review Programme; Omagh

**2 June** NIAMH Beacon House Users Forum; Belfast

**2 June** Corporate Strategy / Review Programme; Lisburn

**3 June** Corporate Strategy / Review Programme; DHSSPS

**6 -10 June** Annual Leave

**8 June** Meeting with Minister Poots

**13 – 17 June** Annual Leave

**20 June** Quarterly Update DHSSPS (with Patient Client Council).

**21 June** Heather Moorhead; NICON

**21 June** Met with Chair and Chief Executive, Business Services Organisation

**22 June** EFQM 2<sup>nd</sup> Steering Group

**23 June** Seminar; Engagement with NI Assembly

**24 June** Third Fees Project Steering Group

**28 June** RQIA Audit Committee

**30 June** HIQA; 1<sup>st</sup> National Quality Standards Steering Group (Protection and Welfare of Children).

##### **July 2011**

**1 July** NICON Open Space Event

**4 July** Met with Drs Lavery and McCaul NI Health and Safety Forum

**4 July** Trust Chief Executives (WHSCT & SHSCT) and Board Officers re Review of Radiology Stage 2.

### **2.0 Operations Update**

#### **2.1 Review Activities**

Progress in relation to governance, service and thematic reviews is in line with the three year review programme, coordinated by the Review Programme Steering Group.

The following reviews are being progressed within the programme at present.

- Review of Reporting Arrangements for Radiological Investigations (Stage 1 completed and Stage 2 commenced).
- Review of Vulnerable Adults (commenced)
- Northern Ireland Single Assessment Tool (NISAT) (Stage 1 completed and preparatory work commencing on next Stage)
- Review of Sensory Support Services (fieldwork complete, report being drafted)
- Child Protection Overview Report (completed)
- Mixed Gender Accommodation (commenced)
- Children Under 18 in Adult Wards (commenced)
- Review of Readiness for Revalidation within Primary Care (fieldwork completed)

The Overview Report of inspections of supported accommodation and HSC Trusts' Leaving Care / Transition Teams has been sent to DHSSPS for information. It is anticipated that this report will be placed on the RQIA website in August 2011.

In March 2011, RQIA participated in a joint inspection of Hydebank Wood Young Offenders Centre and Ash House Women's Prison, along with representatives of HMIP, CJI and ETI. A joint report of this inspection will be published in the autumn. In addition, two separate reports of RQIA's findings in respect of the prison's healthcare facilities will be brought to the RQIA Board in September.

## **2.2 Inspection Activities**

Inspection activities across all registered agencies and establishments have been maintained, in line with statutory requirements and the minimum requirements for inspection frequencies and inspection activity targets.

### **Manor Health Care**

Three Failure to Comply notices were issued in February 2011 in respect of two nursing homes and a domiciliary care agency, all part of Manor Health Care. The Manor Group is now compliant with regulations and the Failure to Comply Notices are no longer in force. However, further follow up action has been taken with regard to a referral to NISCC.

### **Advanced Community Care**

A failure to comply with regulation was served on Advanced Community Care, a domiciliary care agency, on 11 April 2011. This notice relates to repeated concerns on training and induction of staff. This has now progressed to Notice of Proposal (16 May 2011) and Notice of Decision (16 June 2011). The Notice of Decision remains in force.

### **Lakewood Regional Secure Centre**

A review of the circumstances surrounding a young person's placement in Lakewood identified a breach of the Statement of Purpose and a Failure to Comply Notice was issued on 23 May 2011. The Trust is now compliant with

its Statement of Purpose for Lakewood and the Failure to Comply Notice is no longer in force.

#### **Autism Initiatives Domiciliary Care Agency**

A Failure to Comply Notice was issued on 27 May 2011. A follow up inspection took place on 27 June and, following a further intervention, compliance was achieved on 29 June. The notice is no longer in force.

#### **Origins Fertility Clinic**

A Failure to Comply Notice was issued on 22 June and is on-going.

### **2.3 Dental Regulation**

As at 1 July 2011, 257 applications and 10 exemption certificates have been received from dental practices . To date, 14 inspections have been conducted with positive outcomes, and three registrations have been confirmed. RQIA continues to respond to queries from dental practitioners, political representatives and from the media.

### **2.4 Mental Health and Learning Disability Programme**

#### **Inspection Programme**

Since 1 April 2011, there have been 16 inspections of mental health and learning disability facilities.

#### **Review Programme**

There are 3 planned reviews for year 2011/12 in relation to the MHLD team. Two reviews have been commissioned by DHSSPS; Review of Risk Assessment, commencing quarter three, and the review of arrangements for the protection of children and vulnerable adults in mental health and learning disability hospitals. The third, a planned review of Community Learning Disability Services, will focus on statutory community services.

#### **Declaratory Orders**

Since 1 April MHLD team has been actively involved in the oversight of two Declaratory Orders at the request of the High Court. The monitoring of these cases continues.

### **3.0 Corporate Services Update**

#### **3.1 Human Resources**

##### *New appointments*

The following appointments have been made since the May Board Meeting:-

- Jonathan King, Head of Finance

- Thomas Wilson, Project Administrator
- Martina O'Neill, Project Administrator

#### *Advertised vacancies*

No vacancies have been advertised since the May Board meeting.

#### *Leavers*

- Oonagh Blair, Project Administrator, left RQIA on 17 June
- Roisin Kelly, Public Participation Manager, left RQIA on 1 July
- Martin Domanski, Project Administrator, will leave RQIA on 13 July

### **3.2 Policies and Procedures**

Policies approved by the Policy Group since the last Board meeting:

- Fire Safety Policy
- A suite of ICT Securities Policies.

Two other policies were approved by the Policy Group and are being brought to the Board today for approval:

- Enforcement Policy
- Complaints Policy and Procedure

### **3.3 Planning & Performance Management**

The pre-consultation on the new corporate strategy was concluded at the end of June and consisted of the following elements:

- 4 pre-consultation events with key stakeholders across Northern Ireland:
  - 31 May - Ballymena
  - 1 June - Omagh
  - 2 June - Lisburn
  - 10 June - Armagh

These pre-consultation events were attended by 161 people and provided useful feedback on the strategy and particularly the regulatory work of RQIA.

- 3 roundtable events with DHSSPS, other regulators and HSC bodies.
- A workshop with staff on 21 June 2011.

The Board is represented on the Corporate Strategy Working Group. This Group met on 1 June 2011 and is due to meet again on 18 July 2011. A draft

corporate strategy will be available for discussion at a Board workshop on 19 August 2011 and for approval at the Board meeting on 1 September 2

### **3.4 Information Management**

#### ***Corporate Information Management System (CIMS)***

The Corporate Information Management System (CIMS) Project Board met on 27 June 2011 and the Outline Business Case (OBC) is now ready for submission to the Programme Management Unit, DHSSPS.

A separate update on the CIMS project has been provided to the Board.

#### ***Informatics Strategy***

The Board is represented on the Informatics Strategy Working Group. Work is progressing on the development of the strategy for approval by the Board on 1 September 2011.

#### ***ICT Business Case***

At the most recent meeting of the ICT Project Board on 5 July a revised version of the business case for the future provision of an ICT service to RQIA was approved for re-submission to the Programme Management Unit, DHSSPS.

### **3.5 Financial Position**

The provisional revenue forecast for 2011/12 is a breakeven position. This takes into account the 5% reduction to our recurrent baseline and factors in actual and anticipated income in respect of dental registration fees. A detailed forecast will be available in July.

In relation to capital we have spent £9.5K to date. It is anticipated that we will complete this year's capital schemes by December 2011 with a total estimated cost of £23K.

### **4.0 Quality Assurance**

#### **4.1 Complaints**

No new complaints have been received since the May Board meeting.

A complaint received on 13 March 2011 has been resolved at local resolution stage.

A complaint received on 15 July 2010 from a registered responsible person of a domiciliary care agency has been investigated at Stage 2 and has not been upheld. A letter has been issued to the complainant to that effect.

**GLENN HOUSTON**

Chief Executive

5 July 2011

## RQIA Board Meeting

|                            |   |
|----------------------------|---|
| Date of Meeting            | 7 July 2011   |
| Title of Paper             | Audit Committee update  |
| Agenda Item                | 7   |
| Reference                  | K / 04 / 11   |
| Author                     | Robert Graham   |
| Presented by               | Ruth Laird  |
| Purpose                    | The purpose of this paper is to update the RQIA on the recent Audit Committee meetings.   |
| Executive Summary          | <p>The Audit Committee has met twice since the last Board meeting. At a meeting on 26 May 2011, the final internal audit reports were considered. A copy of the minutes of this meeting is enclosed for noting.</p> <p>The Audit Committee met on 28 June 2011 to approve the Annual Report and Accounts for 2010/11 for submission to the Board. The Committee Chairman will verbally update the Board on both of these meetings.</p> <p>Also enclosed is the Audit Committee's Annual Report for 2010/11 for noting by the Board.</p> |
| FOI Considerations         | None  |
| Equality Impact Assessment | Not applicable  |
| Recommendation/Resolution  | The Board is asked to <b>NOTE</b> the update from the Committee Chair.  |
| Next steps                 | The Audit Committee is scheduled to meet again on 28 October 2011.  |

## MINUTES

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### **RQIA Audit Committee Meeting 27 January 2011 Board Room, 9th Floor, Riverside Tower, Belfast, 12.30pm**

#### **Present**

Ruth Laird (Chairman)  
Richard Adams  
Geraldine Donaghy  
Colin Reid  
Austin Smith

Peter Cooper, Professional  
Advisor

#### **Officers of the Board present**

Glenn Houston (Chief Executive)  
Stuart Crawford (Planning and Corporate  
Governance Manager)  
Robert Graham (Committee Services Manager)  
Jonathan King (Acting Finance Manager)  
Sandra McElhinney (Information Manager)

#### **In attendance**

Patricia Brannigan, Northern Ireland Audit Office  
Catherine McKeown, Internal Audit, Business  
Services Organisation  
Craig Morrow, Northern Ireland Audit Office

#### **Apologies**

Maurice Atkinson (Director of Corporate Services)

### **Please note that the ordering of the minutes reflects the order in which the items were discussed.**

#### **1 Apologies**

- 1.1 The Chairman noted apologies from the Director of Corporate Services, Maurice Atkinson, and advised that Sandra McElhinney was representing him on this occasion. The Chairman welcomed Jonathan King, Acting Finance Manager and Craig Morrow from NIAO to their first Audit Committee meeting.

#### **2 Chairman's Business**

- 2.1 The Chairman advised Committee members that she had shared with them copies of the key points raised at a meeting of ALB Audit Committee Chairs which had been arranged by DHSSPS. She added that the next meeting was scheduled for 22 February 2010 but that she was unable to attend and sought a representative from other Committee members. It was **AGREED** that Colin Reid would attend.
- 2.2 The Chairman asked Committee members to complete the National Audit Office self-effectiveness questionnaire and to return it to the Committee Services Manager by Friday 18 February. It was **AGREED** that an analysis of the responses would be collated and shared with colleagues at the Board workshop on 14 April.

**Resolved Actions**

- **Audit Committee members to complete self-effectiveness questionnaire and return to Committee Services Manager by 18 February**
- **Committee Services Manager to analyse returns in advance of the Board workshop on 14 April**

**3 Minutes of previous meeting**

- **Matters Arising**
- **Notification of AOB**

- 3.1 The minutes of the meeting of 21 October were **APPROVED** and will be forwarded to the Board on 23 March for noting.
- 3.2 Under Matters Arising, the Chairman sought clarification on risk management training for Board members (paragraph 3.2). The Planning and Corporate Governance Manager confirmed that this would take place at the Board workshop on 14 April 2011. It was also confirmed that the Director for Service Improvement would deliver a presentation on the new incident reporting process at the Board workshop on 10 February (paragraph 5.5).
- 3.3 The Chief Executive advised that pay budgets had already been delegated (paragraph 5.2) and that work was being finalised for the delegation of non-pay budgets with effect from 1 April 2011.
- 3.4 The Chairman asked about the contingency planning Controls Assurance Standard (paragraph 6.4). The Planning and Corporate Governance Manager confirmed that he had discussed this with BSO Internal Audit and it was noted that it was not necessary for RQIA to comply with this standard. The Information Manager added that there were some aspects which impacted on other Controls Assurance Standards, particularly around ICT and Records Management.
- 3.5 The Chief Executive said that, with regard to value for money initiatives (paragraph 12.5), some of the initiatives undertaken during 2010/11 are helping RQIA towards achieving its target of break even and that other work was being progressed.
- 3.6 A Committee member reiterated his concern that RQIA should consider the proposal to cease the use of pre-inspection questionnaires (paragraph 12.3). The Chief Executive said that the Executive Team had deliberated on how best to obtain the views of service users, but that a proposal to recruit staff who would work specifically on this, had been suspended due to the current financial situation. However, he undertook to share the concerns of the Audit Committee with the Executive Team.
- 3.7 The Acting Finance Manager advised Committee members that RQIA is able to accept payments by BACS (paragraph 15.4) and that the

information for doing so is clearly printed on all RQIA invoices. However only 10% of organisations pay using this method. A Committee member asked if RQIA should encourage organisations to pay by BACS. The Information Manager said that RQIA was investigating the possibilities of organisations being able to make online payments. She added that there are benefits of payments by cheque as this makes it easier for RQIA to reconcile individual payments.

#### **Resolved Actions**

- **Committee Services Manager to bring the minutes of the meeting of 21 October to the Board on 23 March for noting**

#### **4 Action List Review**

- 4.1 The Chairman drew members' attention to the Action List, noting that many of the actions had been completed and it was **AGREED** that these could be cleared from the Action List.

#### **5 Update on Audit Action Plan**

- 5.1 The Planning and Corporate Governance Manager gave an overview of the findings within the Audit Action Plan. He explained that of the 36 actions detailed in the plan, 28 were now green, an increase from 23 at the time of previous reporting. He added that the number of actions marked as red had decreased from 4 to 2.
- 5.2 The Planning and Corporate Governance Manager informed Committee members that new incident reporting procedures (Finding 17) are now in place, but that additional requirements for the children's team were being finalised and would be completed before 31 March 2011. He noted that an update on the delegation of budgets (Finding 1) had been considered earlier in the meeting.
- 5.3 A Committee member asked about data sharing agreements (Finding 10). The Information Manager confirmed that RQIA had a series of MOUs and that these were being reviewed.
- 5.4 A Committee member asked about the Service Level Agreement with BSO (Finding 22) and asked when the SLA for 2011/12 would be signed. The Acting Finance Manager explained that a costing exercise had been commenced but had not been finalised. The Chief Executive advised the Committee that he had written to his counterpart at BSO following receipt of the audit finding in respect of the 2009/10 SLA. The Chairman expressed her concern that the process of negotiating the SLA was arduous and that the time delay in bringing matters to a satisfactory conclusion was unacceptable in terms of good governance. It was **AGREED** that the Chief Executive would confirm the position with regard to the SLAs for both 2010/11 and 2011/12 and advise both the Audit Committee and the Board accordingly.

- 5.5 The Audit Committee **NOTED** the update on the Audit Action Plan.

**Resolved Actions**

- **Chief Executive to confirm the position with regard to the SLA with BSO for 2010/11 and 2011/12**

**6 Internal Audit Update**

- 6.1 Catherine McKeown updated Committee members on the progress made on the programme of audits scheduled for 2010/11. She advised that provisional dates had been arranged for the remaining audits.
- 6.2 Catherine McKeown advised that, of the two audits conducted during the previous quarter, satisfactory compliance had been achieved on the risk management audit with only one Priority 2 recommendation on the risk management audit and substantive compliance on the performance management audit. She added that it was rare for an organisation to have substantive compliance with a performance management audit.
- 6.3 The Planning and Corporate Governance Manager told Committee members that the single recommendation had been accepted and was in the process of being implemented. The Chief Executive commended the Planning and Corporate Governance Manager for the work done to date in achieving the high levels of compliance.
- 6.4 The Chairman sought reassurance that the schedule of audits would be completed before the year end. Catherine McKeown confirmed that the schedule of work would be completed but agreed to discuss the workload with the Chief Executive and Information Manager outside of the meeting.
- 6.5 The Audit Committee **NOTED** the update from Internal Audit.

**7 External Audit Update**

- 7.1 Patricia Brannigan from the Northern Ireland Audit Office went through the proposed NIAO Audit Strategy for the completion of the audit of the annual report and accounts for 2010/11 and drew members' attention to some of the key paragraphs. She noted that BSO would be reviewing RQIA's accounts in advance of the audit.
- 7.2 Patricia Brannigan moved on to outline the key risks that had been identified and which would be looked at as part of the audit. The first of these was the requirement to break even. The second risk dealt with the SLA with BSO. The Chairman reiterated her view that this risk was in reality a governance issue within another organisation. The last risk to be considered concerned the late notification of the revenue resource allocation (RRL) letter from DHSSPS.
- 7.3 A Committee member asked when RQIA would receive an indicative allocation from DHSSPS for 2011/12. The Chief Executive advised that

RQIA had submitted a savings delivery plan to DHSSPS in response to a request from John Allen's letter of February 2010 but to date had received no formal response. He indicated that formal confirmation of the RRL for 2010/11 was received on 30 June 2010 and he had no indication as to whether DHSSPS would be in a position to provide an earlier or interim allocation on or before 1 April 2011. The Chairman noted that RQIA carried a significant risk in committing financial resources that it did not have confirmed stewardship of. The Chief Executive agreed and advised the Committee that he would raise this issue with DHSSPS at the regular RQIA/DHSSPS liaison meeting in March.

- 7.4 Patricia Brannigan advised that the dates set out within the audit strategy required to be finalised. After some discussion it was **AGREED** that the Audit Committee would meet on Tuesday 28 June to consider the Report to Those Charged with Governance and the Annual Report and Accounts and following approval, they would be submitted to the Board on Thursday 7 July.
- 7.5 The Audit Committee **NOTED** the update from NIAO.

#### **Resolved Actions**

- **Committee Services Manager to confirm to Audit Committee members and Board members the dates for meetings to sign off the annual report and accounts**

### **8 Corporate Risk Assurance Framework Report**

- 8.1 The Planning and Corporate Governance Manager presented the latest Corporate Risk Assurance Framework report to the Board and advised Committee members that he had responded to feedback at the previous meeting and had altered the format of the report. He began by saying that the change log gave more information about any changes made regarding each risk over the course of the previous quarter.
- 8.2 The Planning and Corporate Governance Manager outlined to Committee members the rationale behind the decision to de-escalate one of the risks from the Corporate Risk Assurance Framework to the Corporate Services directorate risk register.
- 8.3 A Committee member asked what the term "removed" meant from the change log. The Planning and Corporate Governance Manager explained that this meant that if an action had been "removed", it had not been implemented. He added that an action which had been implemented moved into "current controls" but agreed to make this more explicit in future reports.
- 8.4 A Committee member acknowledged the importance of the work that had been done to date to populate and improve the format of the risk register but noted that there were a low number of assurances on controls in respect of some risks. The Planning and Corporate Governance Manager

explained that this was an area that required further work and agreed to pursue this with individual risk owners.

- 8.5 A Committee member sought clarity on the risk around the capacity to undertake financial inspections and asked if RQIA would be reinstating the third inspector post. The Chief Executive explained that the funding for a third finance inspector post is no longer available and if such an appointment were to be made the costs would have to be found from within existing resources.
- 8.6 The Chairman asked that officers give further consideration to the comments made by Committee members on the format of the report. The Chairman asked that officers also give consideration to the strategic consideration of the risk register by the Board. The Chief Executive **AGREED** to discuss this with the Director of Corporate Services with a view to including this at a future Board workshop.

#### **Resolved Action**

- **Chief Executive to discuss the possibility of using a Board workshop to conduct a strategic consideration of the Risk Register with the Director of Corporate Services**

### **9 Report on Matters for the Attention of the Audit Committee**

- 9.1 The Chief Executive advised the Audit Committee that there had been no reported incidents of fraud or whistleblowing in the previous quarter. He said that there had been one incident reported which related to the theft of a laptop from the home of a member of staff. He assured the Committee that there was no loss of information but that there would be a write off and replacement cost of approximately £1,600.
- 9.2 The Chief Executive told the Committee that there were no disciplinary issues or grievances to report. He went on to say that there were three complaints at various stages of investigation and which related to issues of dissatisfaction with inspection processes. He added that there was one outstanding external investigation by the Northern Ireland Ombudsman.
- 9.3 Patricia Brannigan asked if the Ombudsman could take legal action against RQIA following an investigation. The Chief Executive advised that the Ombudsman had considerable powers to compel organisations to co-operate with any investigation but that these powers rarely resulted in enforcement through the courts. He added that any third party could seek legal redress if it disagreed with the findings of an Ombudsman's investigation.
- 9.4 The Audit Committee **NOTED** the report on matters for the attention of the Audit Committee.

## **10 Aged Debt Analysis**

- 10.1 The Acting Finance Manager provided the Audit Committee with an update on aged debt analysis and assured the Committee that all non-legal means had been exhausted in the recovery of the debts.
- 10.2 The Audit Committee **NOTED** the progress on aged debt analysis.

## **11 Impact for RQIA of DHSSPS Consultation paper on the Draft Budget 2011/15**

- 11.1 The Chief Executive advised the Committee that following the Board workshop on 9 December with Bernard Marr and the receipt of the DHSSPS Consultation paper on the draft budget, RQIA had begun to look at prioritising projects to assist the development of the main business objectives for 2011/12. He explained that the Executive Team would be having a workshop to look at scenario planning which would sit alongside the efficiency delivery plan. He added that three scenarios would be considered, one of which was an overall reduction in real terms over 4 years of 15%, in keeping with the assumptions in the draft DHSSPS budget.
- 11.2 The Chief Executive added that RQIA had received confirmation that as of 1 April 2011, RQIA would be required to undertake dental regulation (private dentistry). He added that the projected income and expenditure required to undertake dental regulation would have an impact on the revenue resource limit for 2011/12 and recurring allocations.
- 11.3 The Audit Committee **NOTED** the update from the Chief Executive on the impact for RQIA of the DHSSPS consultation paper on the draft budget.

## **12 Expanded Role of Counter Fraud and Probity Services**

- 12.1 The Acting Finance Manager advised the Audit Committee that RQIA is currently reviewing its Counter Fraud Policy and Plan in light of correspondence from BSO. It was noted that the Acting Finance Manager is RQIA's nominated Fraud Liaison Officer.
- 12.2 The Audit Committee **NOTED** the correspondence on the expanded role of the counter fraud and probity services.

## **13 Update on DHSSPS Circulars**

- 13.1 The Audit Committee **NOTED** the update on DHSSPS circulars and were assured that any necessary steps were being taken within RQIA to ensure implementation.
- 13.2 The Audit Committee **NOTED** the update on DHSSPS circulars.

**14 Report on the Use of External Consultants**

- 14.1 The Chief Executive advised Audit Committee members that the current report showed that RQIA had not engaged any external consultants during the current year.
- 14.2 The Audit Committee **NOTED** the report on the use of external consultants.

**15 Any Other Business**

- 15.1 Peter Cooper, Professional Advisor, indicated that he had recently been successful in appointment to the Western Isles NHS Trust and would be taking up this full time appointment on 1 February 2011. Peter indicated that he would no longer be available to attend meetings of the RQIA Audit Committee unless RQIA felt that there may be advantage to seeking an arrangement with the trust to release him to attend Audit Committee meetings. The Chairman congratulated Peter on his new appointment and thanked him for his contribution to the work of the Audit Committee over the last few years.
- 15.2 The Committee members **AGREED** that the date of the next meeting will be Thursday 26 May.

**Date of next meeting:  
26 May 2011, 10am**

## ACTION LIST

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### RQIA Audit Committee Meeting 27 January 2011

| Action | Minutes Ref             | Description  | Assigned to                | Date Due  | Status   |
|--------|-------------------------|--|----------------------------|-----------|----------|
| 150    | 27 Jan 11<br>(para 2.2) | Audit Committee to complete self-effectiveness questionnaire in advance of the October meeting   | Audit Committee members    | 18 Feb 11 | Complete |
| 151    | 27 Jan 11<br>(para 2.2) | Committee Services Manager to analyse returns in advance of the Board workshop on 14 April   | Committee Services Manager | 14 Apr 11 | Complete |
| 152    | 27 Jan 11<br>(para 3.1) | Committee Services Manager to bring the minutes of the meeting of 21 October to the Board on 23 March for noting                                     | Committee Services Manager | 21 Mar 11 | Complete |
| 153    | 27 Jan 11<br>(para 5.4) | Chief Executive to confirm the position with regard to the SLA with BSO for 2010/11 and 2011/12  | Chief Executive            | 4 Feb 11  | Complete |
| 154    | 27 Jan 11<br>(para 7.4) | Committee Services Manager to confirm to Audit Committee members and Board members the dates for meetings to sign off the annual report and accounts | Committee Services Manager | 10 Feb 11 | Complete |
| 155    | 27 Jan 11<br>(para 8.6) | Chief Executive to discuss the possibility of using a Board workshop to conduct a strategic consideration of the Risk Register with the              | Chief Executive            | 25 Feb 11 | Complete |

| <b>Action</b> | <b>Minutes Ref</b> | <b>Description</b>             | <b>Assigned to</b> | <b>Date Due</b> | <b>Status</b> |
|---------------|--------------------|--------------------------------|--------------------|-----------------|---------------|
|               |                    | Director of Corporate Services |                    |                 |               |

## MINUTES

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### **RQIA Audit Committee Meeting 26 May 2011 Board Room, 9th Floor, Riverside Tower, Belfast, 9.30am**

#### **Present**

Ruth Laird (Chairman)  
Richard Adams  
Geraldine Donaghy  
Colin Reid  
Austin Smith

#### **Officers of the Board present**

Glenn Houston (Chief Executive)  
Maurice Atkinson (Director of Corporate Services)  
Stuart Crawford (Planning and Corporate  
Governance Manager)  
Robert Graham (Committee Services Manager)  
Jonathan King (Acting Finance Manager)

#### **In attendance**

Patricia Brannigan, Northern Ireland Audit Office  
Catherine McKeown, Internal Audit, Business  
Services Organisation  
John Murray, Internal Audit, Business Services  
Organisation  
Jim Livingstone, DHSSPS

#### **Apologies**

Catherine O'Hagan, Northern Ireland Audit Office

### **1 Welcome and Apologies**

- 1.1 The Chairman thanked members for accommodating an earlier starting time to the meeting and welcomed Dr Jim Livingstone from DHSSPS who was attending the meeting as the representative from RQIA's sponsor branch at DHSSPS.

### **2 Declaration of Interests**

- 2.1 The Chairman asked if, following consideration of the agenda items, any of the Committee members were required to declare any interests in line with Standing Orders. No declarations of interests were made.

### **3 Notification of Any Other Business**

- 3.1 The Chairman asked if any members wished to add any items for consideration under Any Other Business. No additional items were nominated.

### **4 Audit Committee Self Assessment Questionnaire – Committee Chairman**

- 4.1 The Chairman advised Committee members that, following completion of

the Audit Committee self-assessment questionnaire, areas for further development had been identified which would be progressed during 2011/12. She said that the Committee would ensure that its terms of reference were reviewed at least annually and that this should take place in the autumn. It was also agreed that, at this time, the Committee would also consider the introduction of formal appointment letters for members.

- 4.2 The Chairman advised that the Committee would review the format of its annual report in advance of the July meeting to ensure it reflects best practice. She added that meetings would be set up between the Committee Chair and the heads of Internal or External Audit as appropriate.
- 4.3 The Chairman asked Jim Livingstone how the DHSSPS intended to use the information collected. Jim Livingstone advised that following collation of the responses, feedback would be given to the arm's length bodies.
- 4.4 The Committee members agreed that the self assessment had been useful and that in future, as intended, it would be beneficial for members to first meet to discuss the questionnaire before completing it individually.
- 4.5 The Chairman said that she would advise the Board of the main recommendations from the questionnaire.
- 4.6 The Audit Committee **NOTED** the update on the self assessment questionnaire.

#### **Resolved Actions**

- **Committee Services Manager to progress the review of the terms of reference of the Committee and the introduction of appointment letters in the autumn 2011.**
- **Committee Chairman to advise the Board of the main findings of the self assessment questionnaire.**

#### **5 Report on Matters for the Attention of the Audit Committee - Chief Executive**

- 5.1 The Chief Executive presented the report on matters for the attention of the Audit Committee and advised that there were no instances of fraud, whistleblowing or disciplinary action. He said that there had been one grievance initiated, but that it had been satisfactorily resolved outside the grievance process.
- 5.2 The Chief Executive advised that one new complaint had been initiated during the previous quarter and that two other complaints were on-going, one of which was at Stage I and the other at Stage II. He added that one other complaint had been resolved at Stage I.
- 5.3 The Chief Executive told the Committee that two external investigations of RQIA were on-going, one with the Ombudsman, and one with the Information Commissioner.

- 5.4 A Committee member asked if the reduced number of complaints showed that RQIA was handling complaints better. The Chief Executive said that following a review of the RQIA Complaints Policy, there was greater scope for resolution at Stage I. He added that as RQIA was no longer responsible for dealing with HSC complaints at Stage II, the complaints listed were solely complaints against RQIA.
- 5.5 Jim Livingstone asked whether RQIA was ensuring that the learning from complaints was being disseminated and that the focus was not just on speedy resolution of complaints. The Chief Executive assured the Committee that the learning from all complaints is shared with staff and that the Serious Concerns Group monitors the implementation of the action plans developed from complaints.
- 5.6 The Chairman asked if there were any trends in complaints. The Chief Executive said that the majority of complaints were around the inspection process and dissatisfaction with inspection outcomes. The Chairman asked if RQIA looked at complaints on an annual basis to identify emerging trends. The Chief Executive advised that RQIA now kept a register of complaints, following implementation of an audit recommendation, which would assist in future analysis of trend data.
- 5.7 The Chairman advised that the Northern Ireland Ombudsman had issued new guidance on complaints handling, and in particular on making apologies. It was **AGREED** that the Committee Services Manager would obtain copies of this guidance and share with Committee members.
- 5.8 The Audit Committee **NOTED** the report on matters for the attention of the Audit Committee.

**Resolved Action**

- **Committee Services Manager to source guidance from the NI Ombudsman and forward to Committee members**

**6 Update on DHSSPS Circulars - Director of Corporate Services**

- 6.1 The Director of Corporate Services updated the Committee on recent Circulars received and the Acting Finance Manager advised that RQIA would be submitting a report to the Audit Committee as part of its responsibilities under the National Fraud Initiative.
- 6.2 A Committee member asked about RQIA's requirement to complete Whole of Government Accounts. The Acting Finance Manager explained that RQIA was exempted from this requirement in 2009/10 but had to complete the accounts in this format in 2010/11. He said that there was no additional work required but added that RQIA had to change the format of how its accounts were laid out.
- 6.3 The Audit Committee **NOTED** the update on DHSSPS Circulars.

**7 Report on the Use of External Consultants - Director of Corporate Services**

- 7.1 The Chairman asked the Chief Executive for further information on the GAIN Project which was listed on the report on the use of external consultants. The Chief Executive explained that RQIA had made a submission for funding to GAIN to develop guidelines on aspects of the Mental Health Order, with a particular focus on reducing the errors made on detention forms and developing an e-learning package for use across the whole of the HSC. He said that consultancy support from the Royal College of Psychiatrists was required as part of this project. He added that the Board would be kept informed on the progress of this project.
- 7.2 The Chairman noted that the RQIA Board had previously been concerned about the use of consultants and explained that Board members wished to have clarification on how the money was being spent.
- 7.3 The Audit Committee **NOTED** the report on the use of external consultants.

**8 Chairman's Business**

- 8.1 The Chairman told Committee members that she had been unable to attend the recent meeting of arm's length bodies Audit Committee Chairs and thanked Committee member Colin Reid for attending in her place. She invited the Committee member to provide an update on the meeting.
- 8.2 The Committee member said that the meeting had been very useful and many matters arising will be taken forward including the need for greater financial expertise on Audit Committees, induction for Chairs, the development of a "buddy" system and opportunities for networking with other organisations. He said that the Director of Finance, DHSSPS, had delivered a useful presentation on IFRS. It was suggested that Board members could benefit from training on IFRS and it was **AGREED** this would be looked at as part of a future Board workshop.
- 8.3 The Chairman advised the Committee that the position of Finance Manager in RQIA had been advertised with interviews planned for 16 June.

**Resolved Action**

- **Director of Corporate Services to look at the possibility of RQIA obtaining training on IFRS for Board members at a future Board workshop**

**9 Minutes of previous meeting Matters Arising**

- 9.1 The minutes of the previous meeting were **APPROVED** and will be forwarded to the Board on 7 July for noting.
- 9.2 Under matters arising, the Chairman asked for an update on the use of pre-

inspection questionnaires (para 3.6). The Chief Executive explained that during 2010/11, RQIA had planned to recruit additional staff who would undertake interviews with service users as part of the inspection of domiciliary care agencies, however, with the financial constraints this project had not moved forward. He added that this would be progressed during 2011/12.

- 9.3 The Chief Executive informed the Audit Committee that RQIA continued to use questionnaires for mental health and learning disability inspections but that RQIA would continue to assess the best methods of obtaining service users' views.
- 9.4 The Chief Executive updated the Committee on the status of the Service Level Agreement with BSO (para 5.4). He advised that the SLA for 2010/11 had been signed in July 2010 but that BSO had undertaken to complete a costing exercise. The Director of Corporate Services explained that following initial work on the costing exercise RQIA had been advised that any reductions in the cost of the SLA would be offset by a comparable reduction in the revenue resource limit (RRL). He said that BSO had indicated that the SLA for 2011/12 would soon be issued to RQIA and that RQIA would be invoiced for 90% of the costs with an in-year adjustment made as required following completion of the costing exercise.
- 9.5 The Chairman said she was pleased this represented progress but expressed her continuing concerns that RQIA may not be achieving value for money. The Director of Corporate Services said that he hoped that the costing exercise would be completed shortly and that BSO would also undertake a benchmarking exercise. The Chief Executive added that if RQIA has to work within a reduced revenue resource, it should see a parallel adjustment made to the SLA. He understood the Committee's concern that this issue constituted a risk to RQIA but felt that once the costing exercise is completed the risk could be reassessed. .

#### **Resolved Action**

- **Committee Services Manager to forward the minutes of the meeting of 27 January to the Board on 7 July for noting**

#### **10 Action List Review**

- 10.1 The Chairman advised that all of the actions in the action list had been completed and that the list could be cleared.

#### **11 Update on Audit Action Plan - Planning and Corporate Governance Manager**

- 11.1 The Planning and Corporate Governance Manager presented the final audit action plan update for 2010/11 and noted that since the previous quarter, five actions that were rated amber had changed to green and that two actions which were rated red had also changed to green.

- 11.2 The Planning and Corporate Governance Manager advised that with regard to Finding 1, the Executive Management Team is now receiving a monthly update on goods and services expenditure and that work is underway to further delegate this to cost centre managers.
- 11.3 The Planning and Corporate Governance Manager advised that Finding 17 had been fully implemented following changes to the incident reporting process for children's homes.
- 11.4 The Planning and Corporate Governance Manager said that a revised ICT Security Policy (Finding 18) would be approved by the Executive Team during June 2011. He said that RQIA's analysis of the implementation of recommendations matched the Internal Audit report.
- 11.5 The Chairman commended the work of the RQIA staff in ensuring that the recommendations were fully implemented.
- 11.6 The Audit Committee **NOTED** the update on the Audit Action Plan.

## **12 Internal Audit Update**

- 12.1 John Murray advised the Committee that all of the audits scheduled for 2010/11 had been completed and gave an overview of each of the reports.
- 12.2 John Murray said that with regard to the audit on the Notification of Incidents the level of assurance provided was satisfactory and that three Priority 2 recommendations had been made.
- 12.3 The Chief Executive advised that one of the recommendations, concerning the need for a central database for complaints, had been implemented and that with regard to the recommendation on reporting trends, he confirmed that the Executive Team and the Board would receive regular reports on complaints.
- 12.4 A Committee member asked if information would be passed onto DHSSPS. The Chief Executive said that following the recent Public Accounts Committee (PAC) hearing, it was agreed that there did need to be more analysis of incidents and complaints. Jim Livingstone added that the DHSSPS had established the RAIL Project which was looking at how information gathered on incidents and complaints from RQIA, HSC Trusts and the HSC Board could be centrally brought together and analysed.
- 12.5 John Murray moved onto the HR audit and said that a satisfactory level of assurance had been given and two Priority 2 recommendations had been made which concerned the rate of sickness absence and the monitoring of the SLA with BSO.
- 12.6 The Chief Executive said that RQIA continually monitors its sickness absence rate and procedures and noted that some staff who had been off on long term sick leave had returned to work during the last quarter of

2010/11, thus the overall rate should have decreased accordingly. He said that it was difficult for RQIA to monitor the SLA with BSO in respect of HR services as the majority of the work undertaken by BSO was with regard to recruitment and selection and disciplinary matters and that over the last year there was little activity in either of these areas.

- 12.7 The Chairman said that the cost of the human resources SLA was a matter of concern for the Committee. The Director of Corporate Services said he would liaise directly with the Director of Human Resources.
- 12.8 A Committee member asked if RQIA analysed returns on sickness absence. The Chief Executive confirmed that as part of the return to work interview process, the nature of the absence should be clearly stated on the form and this information is monitored. Reports on sickness absence are included in the corporate performance monitoring report made to the RQIA Board on a quarterly basis.
- 12.9 A Committee member asked if RQIA was able to benchmark its sickness absence rate with other organisations. The Chief Executive explained that the Priorities for Action target for HSC is 5% but RQIA was using a public sector CIPD benchmark target figure of 4.8%.
- 12.10 Jim Livingstone said that credit had to be given to RQIA for maintaining a low rate and for the work undertaken in this area.
- 12.11 John Murray advised the Committee that one Priority 1 recommendation and three Priority 2 recommendations had been made following the ICT audit, where a satisfactory level of assurance had been given.
- 12.12 The Director of Corporate Services said that the ICT component of the Business Continuity Plan had been completed and that disaster recovery arrangements would be implemented by September 2011.
- 12.13 The Director of Corporate Services informed the Committee that the ICT Project Board would be meeting on 3 June to consider the revised business case and that a meeting was being arranged for 8 June with DHSSPS. He said that the preferred option still remained. The Chief Executive (Project Sponsor) said that RQIA would be requesting that the business case would be dealt with expeditiously by DHSSPS and that he would be joining the ICT Project Board to monitor the progress and that the Board would be kept informed.
- 12.14 A Committee member said that this was an issue of concern to the RQIA Board and that if the preferred option was changed, the Board would need to be convinced about the rationale for changing the decision. Jim Livingstone assured the Committee that he would seek to ensure that this was dealt with expeditiously.
- 12.15 The Audit Committee was advised that with regard to the Controls Assurance Standards, RQIA had achieved substantive compliance with

each of the seven standards it had been measured against. The Chairman expressed her satisfaction at this outcome. The Chief Executive acknowledged the work of the Planning and Corporate Governance Manager in compiling the self assessment information to complete these audits.

- 12.16 The Audit Committee considered the year end progress report and noted that RQIA had fully implemented 96% of its Internal Audit recommendations. Catherine McKeown said that this was exceptional and commended this outcome.
- 12.17 Catherine McKeown presented the Internal Audit Annual Report to the Committee which gave an overview of each of the audits conducted during the year. She said that Internal Audit would seek to improve its performance in terms of producing draft reports within four weeks.
- 12.18 Catherine McKeown advised that Internal Audit's overall opinion is that RQIA has a satisfactory system of internal control.
- 12.19 The Audit Committee considered the proposed three year audit plan for the period 2011/12 to 2013/14 which had been developed by Catherine McKeown in conjunction with the Executive Management Team. Catherine McKeown explained that as part of the process, Internal Audit were required to share this plan with DHSSPS.
- 12.20 The Director of Corporate Services said that the focus of the plan was to look at the core activities of RQIA, rather than focusing on corporate functions.
- 12.21 A Committee member asked if the audit of inspections could look at pharmacy and estates and not solely finance. The Chief Executive explained that RQIA has teams of pharmacy and estates inspectors but that the risk this audit related to was on the deficit in the capacity with regard to financial inspections.
- 12.22 A Committee member asked how RQIA's capacity to influence policy could be audited. The Chief Executive said that this was an important issue for RQIA but cited examples from previous reviews where DHSSPS had issued guidance to the HSC following recommendations made in reviews carried out by RQIA.
- 12.23 The Chairman asked whether audit work might contribute to RQIA's overall assessment of the quality and availability of health and social care in Northern Ireland to be published in June 2012. The Chief Executive explained that the information to be compiled for this report would come from inspection reports and review reports and he was confident that RQIA would have the evidence to underpin the findings in any overview report.
- 12.24 Audit Committee members suggested other audit areas including inspection and ICT and noted that the plan could be reviewed annually.

12.25 The Audit Committee **NOTED** the update from Internal Audit and **APPROVED** the three year Audit Programme.

**13 External Audit update**

13.1 Patricia Brannigan confirmed that the Northern Ireland Audit Office (NIAO) had received the RQIA Annual Report and Accounts on 16 May, as per the deadline. She advised that a high level review of the accounts had been undertaken and the audit would proceed over the next few weeks. She thanked RQIA staff for their co-operation with the audit.

13.2 The Audit Committee **NOTED** the update from external audit.

**14 Corporate Risk Assurance Framework Report - Planning and Corporate Governance Manager**

14.1 The Planning and Corporate Governance Manager presented the Corporate Risk Assurance Framework Report to the Committee and explained that during summer 2011, RQIA would be reviewing its Risk Management Strategy and the format of the Corporate Risk Assurance Framework Report. He said that a workshop with the Executive Management Team will be scheduled for August 2011.

14.2 The Planning and Corporate Governance Manager advised that two risks had been removed from the Report and explained the rationale for this. He said that one risk had been de-escalated, but there was still on-going discussion as to which directorate risk register it should sit in, and the other risk had been removed altogether. He told the Committee that a new risk had been added regarding a potential delay in obtaining external approval of the ICT business case.

14.3 A Committee member asked if there should be a risk added to the Report concerning dental regulation. He said that RQIA could be placed in a difficult position if it had to take legal action against dentists who chose not to register. The Chief Executive noted the concerns of the Committee and advised that to date, RQIA had received 180 applications from dentists applying to register. He said that reminder letters had been issued and that RQIA had taken time to meet with dental representatives. He added that while the British Dental Association had raised issues, RQIA was continuing with its legislative mandate of getting dentists registered.

14.4 The Chief Executive said that the worst case scenario was that the Assembly reversed the legislation but he felt that this was unlikely to happen. He added that RQIA wants to work with the BDA to encourage its members to register.

14.5 Jim Livingstone advised the Committee that although he had not spoken to the new Minister he was confident that the legislation would not be overturned.

- 14.6 In response to a Committee member's concern, the Chief Executive said that RQIA would not be exposed to any financial liability and that the Executive Team would continue to monitor the situation closely.
- 14.7 The Chairman suggested that the Executive Team should review which directorate risk register the risk that had been de-escalated should appear on. The Director of Corporate Services **AGREED** to do this.
- 14.8 The Audit Committee **NOTED** the update on the Corporate Risk Assurance Framework Report.

**15 Update on Financial Position – Finance Manager**

- 15.1 The Acting Finance Manager informed the Committee that the annual accounts for RQIA had been submitted to the Northern Ireland Audit Office on 16 May and that the unaudited year end position showed a deficit of £1,540.
- 15.2 The Acting Finance Manager explained that there was an underspend in RQIA's capital resource allocation, due to work not being completed on schedule with regard to ICT disaster recovery, but that the necessary funding had been secured to complete this work in 2011/12.
- 15.3 The Acting Finance Manager said that RQIA had complied with the 95% target for prompt payment of invoices. He also said that RQIA had recovered almost all outstanding debt for 2010/11.
- 15.4 The Chairman expressed her thanks to the Finance Team for the work done to achieve this outcome.
- 15.5 The Audit Committee **NOTED** the update on the financial position.

**16 Any Other Business**

- 16.1 There was no other business.

**Date of next meeting:  
28 June 2011, 10am**

## ACTION LIST

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### RQIA Audit Committee Meeting 26 May 2011

| Action | Minutes Ref          | Description   | Assigned to                    | Date Due | Status      |
|--------|----------------------|---|--------------------------------|----------|-------------|
| 156    | May 11<br>(para 4.1) | Committee Services Manager to progress the review of the terms of reference of the Committee and the introduction of appointment letters in autumn 2011 | Committee Services Manager     | Oct 11   | Outstanding |
| 157    | May 11<br>(para 4.5) | Committee Chairman to advise the Board of the main findings of the self assessment questionnaire  | Chairman                       | Jul 11   | Outstanding |
| 158    | May 11<br>(para 5.6) | Committee Services Manager to source guidance from the NI Ombudsman and forward to Committee members  | Committee Services Manager     | Jul 11   | Complete    |
| 159    | May 11<br>(para 8.2) | Director of Corporate Services to look at the possibility of RQIA obtaining training on IFRS for Board members at a future Board workshop               | Director of Corporate Services | Oct 11   | Outstanding |
| 160    | May 11<br>(para 9.1) | Committee Services Manager to forward the minutes of the meeting of 27 January to the Board on 7 July for noting  | Committee Services Manager     | Jul 11   | Outstanding |

## **RQIA Audit Committee Meeting – 28 June 2011**

### **AUDIT COMMITTEE REPORT 2010/11**

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#### **Introduction**

This report highlights some of the key activities of the Audit Committee during 2010/11.

#### **Membership of the RQIA Audit Committee**

The RQIA Audit Committee was established in December 2006 and consists of 5 members of the RQIA Board. The Committee membership as at 31 March 2011 is:

Ruth Laird, Chairman  
Richard Adams  
Geraldine Donaghy  
Colin Reid  
Austin Smith

The Audit Committee met on four occasions during 2010/11. Meetings were held on 6 May 2010, 1 July 2010, 21 October 2010 and 27 January 2011. All of the meetings of the Audit Committee were held at Riverside Tower and were supported by Officers of the Board including the Chief Executive, Director of Corporate Services, Finance Manager, Planning and Corporate Governance Manager and the Committee Services Manager.

The Audit Committee was also supported by a professional advisor, Pete Cooper. During 2010/11, Mr. Cooper was appointed to a post in the Western Isles NHS Trust. The Audit Committee would like to thank Mr. Cooper for his contribution to the work of the Committee.

There was also representation at each meeting from the Internal Audit function of the Business Services Organisation and from the Northern Ireland Audit Office.

#### **Assurances to the Audit Committee**

The Audit Committee reviews the comprehensiveness of assurances in meeting the Board and Accounting Officer's assurance needs and reviews the reliability and integrity of these assurances. These assurances are provided in the various reports that are brought to the Committee during the year, namely:

- Statement on Internal Control
- Mid Year Assurance Statement
- Corporate Risk Assurance Framework report

- Internal Audit reports
- Report on Controls Assurance Standards
- External Audit Reports
- Report on Matters for the Attention of the Audit Committee
- Report on the use of External Consultants
- Update on DHSSPS Circulars
- National Audit Office Self Effectiveness Questionnaire

### *Statement on Internal Control*

The Statement on Internal Control was presented to the Audit Committee on 1 July 2010. The system of internal control is based on an on-going process designed to:

- identify and prioritise risks to the achievement of organisational policies, aims and objectives
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically

When the Statement was presented to the Audit Committee, there were two areas identified where limited assurance was given, relating to budgetary control and notification of incidents and concerns. Recommendations to address these issues were implemented during 2010/11 and progress reported to the Audit Committee.

### *Mid Year Assurance Statement*

The Mid Year Assurance Statement was presented to the Audit Committee on 21 October 2010 and noted that of the two areas identified as significant internal control risks, one had been resolved (regarding notification of incidents and concerns) and that progress had been made on the second (budgetary control).

### *Corporate Risk Assurance Framework report*

At each meeting during 2010/11, the Audit Committee considered the Corporate Risk Assurance Framework report. The format of this report changed during 2009/10 but continued to evolve during 2010/11. At the beginning of the year, 8 risks were highlighted on the report and by the end of March 2011 the number of risks had reduced to 5. The Audit Committee received updates on the actions being taken to mitigate the risks as well as the decision making process that was undertaken to remove or de-escalate the risks that were removed.

### *Internal Audit reports*

The Internal Audit work programme is developed by the Executive Management Team, in conjunction with Internal Audit, through an analysis of risk areas identified within the Corporate Risk Assurance Framework report and any other areas where it is felt that audit work should be conducted.

During 2010/11, a total of six internal audits were conducted and a series of recommendations were made. The progress in implementing these recommendations will be monitored by the Committee during 2011/12.

During 2010/11, the Audit Committee received reports on the progress made on implementing the recommendations from audits carried out in 2009/10. The findings of these reports were backed up by a report from Internal Audit which confirmed that RQIA had fully implemented 96% of the recommendations made.

RQIA can be assured that the work of Internal Audit is conducted in accordance with the Government Internal Audit Standards (GIAS). These standards are issued by HM Treasury.

#### *Report on Controls Assurance Standards*

The Audit Committee receives assurance on RQIA's systems and processes through the compliance levels achieved on the Controls Assurance Standards. In 2010/11, RQIA was assessed against 7 Controls Assurance Standards – governance, financial management, risk management, records management, ICT, health and safety and human resources. RQIA received substantive compliance in all these areas.

#### *External Audit Reports*

Following the audit conducted by the Northern Ireland Audit Office in May/June 2010, a total of six recommendations were made. Through the updates provided at each meeting, the Audit Committee was advised that by the end of 2010/11 all of these recommendations had been implemented.

RQIA can be assured that the NIAO complies with relevant ethical requirements regarding independence and has developed important safeguards and procedures in order to ensure its independence and objectivity.

#### *Report on Matters for the Attention of the Audit Committee*

At the end of 2009/10 a new report was introduced to the Audit Committee which focused on areas such as fraud, whistleblowing, internal incidents, disciplinary and grievances issues, complaints, external investigations of RQIA and cases of litigation against RQIA. The low number of instances in each of these areas provides an assurance to the Committee that RQIA's internal systems are functioning well.

#### *Report on the use of External Consultants*

In 2010/11, RQIA reported to the Audit Committee only one instance where external consultancy had been used. The Committee receives these reports in order to be assured that if RQIA seeks the use of external consultancy, that this is done in line with DHSSPS guidance on procurement.

### *Update on DHSSPS Circulars*

The Audit Committee receives updates at each meeting of the Circulars which have been received from DHSSPS and the action required by RQIA to ensure that these are implemented.

This comprehensive suite of reports provides the Audit Committee with a high level of assurance that RQIA has a satisfactory system of internal control and this was confirmed by Internal Audit in their year end report.

### *National Audit Office Self Effectiveness Questionnaire*

During 2010/11 the Audit Committee completed the National Audit Office Self Effectiveness questionnaire. The high percentage of questions which received a positive response demonstrated that RQIA's systems and processes are well developed to provide the necessary assurances to the Committee.

### **Financial Reporting**

As required, the Audit Committee receives updates on RQIA's financial position. The Audit Committee was pleased to note that RQIA achieved a break even position on income and expenditure for the year 2010/11.

### **Assessment of Effectiveness**

As mentioned previously, the Audit Committee completed the National Audit Office self-assessment checklist. Completion of this questionnaire was mandated by DHSSPS but the Committee felt it was a useful exercise as there was key learning to take forward into 2011/12. Key areas for focus will be:

- An annual review of terms of reference will be initiated
- Declarations of interest will be sought at the beginning of all future meetings.
- The requirement to use letters of appointment for Audit Committee members will be reviewed in 2011/12.
- Induction for Committee members (and Board members) will be reviewed in 2011/12.
- RQIA will review the format of its Audit Committee Annual Report
- Meetings will be arranged as necessary with the head of Internal Audit and the Director of NIAO.

### **Audit Committee in 2011/12**

The Audit Committee has progressed many areas of work in 2010/11 and it is envisaged that much of this will be maintained during 2011/12 with other areas being developed following the outcome of the self-assessment questionnaire.

The Audit Committee continue to value the advice received from both internal and external audit as well as the constructive and collaborative approach taken to the annual work programme.

**ROBERT GRAHAM**  
Committee Services Manager

## RQIA Board Meeting

|                        |  |
|------------------------|--|
| <b>Date of Meeting</b> | 7 July 2011  |
| <b>Title of Paper</b>  | Policy and Procedure on the Management and Handling of Complaints against RQIA   |
| <b>Agenda Item</b>     | 8  |
| <b>Reference</b>       | L / 04 / 11  |
| <b>Author</b>          | Theresa Nixon  |
| <b>Presented by</b>    | Theresa Nixon  |
| <b>Purpose</b>         | <p>To APPROVE the revised Policy and Procedure on the Management and Handling of Complaints against RQIA</p> <p><u>Issues for noting and discussion</u></p> <p>Please note the following proposed revisions to the previous policy and procedure:</p> <ol style="list-style-type: none"> <li>1. A decision will be made by the Stage 2 Complaints Panel at their initial meeting as to whether or not the complaint will be granted a Stage 2 review. (Ref Section B 2.7.7, page 13)</li> <li>2. Additions to responsibilities (relates to Point 1) – Responsibilities amended include the Stage 2 Complaints Panel and the Chair of the Panel.(Ref Section A 4.7 and 4.8, page 3) and the deletion of Director of Quality Assurance. (will now be included under ‘Directors’)</li> <li>3. Minor changes to Section B 1.7 (page 7), “Matters Excluded from this Procedure”; an amended reference to enforcement action, included reference to inspection reports and deleted that RQIA would not accept complaints about registration issues</li> <li>4. Moved previous narrative on ‘Unreasonable Vexatious or Abusive Complainants’ to Section B1.6 under</li> </ol> |

|                                 |  |
|---------------------------------|--|
|                                 | <p>‘Complaints that RQIA will not investigate’ (page 6)</p> <ol style="list-style-type: none"> <li>5. Revised reporting requirement (Section B1.9, page 8) in line with new agreed KPI’s in the 2011/12 RQIA Business Plan</li> <li>6. Inserted word ‘normally’ for the timeframes for Stage 2 Panel meetings (Section B 2.7, page 12).</li> <li>7. Revised narrative for Section B 2.7.5 (page 13) as follows, “If in the event that all Directors have previously been involved with the Stage 1 investigation the Chairman can, if he so chooses, appoint another Board member to the Stage 2 Complaints Panel.”</li> <li>8. 2 new templates added to the procedure – Appendix 5 (page 23)– Template for Complaints RQIA will not investigate and Appendix 6 (page 24)- a Template for Complaints that Stage 2 Complaints Panel will not review. This is to ensure consistency of recording of decisions of why RQIA will not investigate complaint.</li> <li>9. Monitoring/ Evaluation (Section A 6.0, page 4), amended due to proposed revised organisational structure.</li> <li>10. Recommend deletion of time limit from Section B 2.8 (page 14) “NI Ombudsman” which previously read - ‘There is a time limit of one year following receipt of the final response from RQIA for making a complaint to the NI Ombudsman’.</li> </ol> |
| <p><b>Executive Summary</b></p> | <p>This policy and procedure was first approved by the Board in September 2010 and it was agreed that it should be reviewed after six months of implementation.</p> <p>The policy and procedure was revised following the learning from a number of complaints and further consultation with staff and Board members recently involved in Stage 2 Complaints Review.</p>   |

|                                   |  |
|-----------------------------------|--|
| <b>FOI Considerations</b>         | N/A  |
| <b>Equality Impact Assessment</b> | The revised Policy and Procedure on the Management and Handling of complaints against RQIA was equality screened on 20 June 2011. The information in relation to the Section 75 categories within RQIA in August 2010 has not changed and is considered to have a neutral impact for equality of opportunity. This policy and procedure does not require to be subject to a full equality impact assessment. |
| <b>Recommendation/ Resolution</b> | Board members <b>APPROVE</b> the policy and procedure for immediate implementation.  |
| <b>Next steps</b>                 | Once approved this policy and procedure will be available on the RQIA website and all staff and Board members will be advised accordingly.   |

# Policy and Procedure on the Management and Handling of Complaints against RQIA

|  |  |
|--|--|
| <b>Policy Type:</b>                        | <b>Operational</b>                           |
| <b>Directorate Area:</b>                   | <b>All Directorates</b>                      |
| <b>Policy Author / Champion:</b>           | Theresa Nixon, Director of Quality Assurance |
| <b>Date(s) Equality Screened:</b>          | 9 August 2010 and 20 June 2011               |
| <b>Date(s) Approved by Executive Team:</b> | 25 August 2010;                              |
| <b>Date(s) Approved by Board:</b>          | 3 September 2010                             |
| <b>Date of Issue to RQIA Staff:</b>        | 27 August 2010;                              |
| <b>Date(s) of Review:</b>                  |  |
| <b>Date(s) of Re issue to RQIA Staff</b>   |  |

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## **SECTION A**

### **1.0 Introduction**

RQIA is a non-departmental public body, established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. RQIA is charged with providing independent assurance about the quality, safety and availability of health and social care services provided by independent and statutory bodies in Northern Ireland.

RQIA recognises the importance of having a systematic, accessible and impartial process for dealing efficiently and effectively with complaints about its own performance. RQIA is committed to listening to people with whom we have contact, and to learning from their experiences of interacting with RQIA.

For the purpose of this document this policy will be referred to as 'RQIA Complaints Policy and Procedure'.

#### **Purpose of the Policy**

RQIA regards the effective management of complaints about the organisation's performance as a key component of its quality improvement agenda. The purpose of this policy and procedure is to provide the mechanism for complaints to be addressed in a timely and effective manner and provide a framework for RQIA to learn from complaints, in order to improve RQIA as an organisation.

#### **Principles**

RQIA Complaints Policy and Procedure has been developed around four key principles:

- openness and accessibility – flexible options for pursuing a complaint and effective support for those wishing to do so
- responsiveness – providing an appropriate and proportionate response
- fairness and independence – emphasising early resolution in order to minimise strain and distress for all
- learning and improvement – ensuring complaints are viewed as a positive opportunity to learn, and to improve services.

### **2.0 Scope**

All employees of RQIA are required to adhere to this policy and procedure.

This policy should be read in conjunction with the following RQIA documents: RQIA Disciplinary Procedure and RQIA Grievance

Procedure (Refer to Section B 1.7.1), RQIA Investigation Policy and Procedure (Refer to Section B 2.3), Data Protection Act 1998 and Human Rights Act 1998 (Refer to Section B 1.8) and the Enforcement Policy and Procedure – Regulated Sector (Refer to Section B 1.7)

### **3.0 Policy Statement**

RQIA welcomes comments and complaints, as a source of information about the public's experience of the organisation. RQIA takes all complaints seriously. RQIA will try to reach an early resolution to complaints, through engagement with the complainant and thorough investigation.

RQIA aims to provide the highest possible standard of service in the management of complaints. All complaints received by RQIA will be responded to promptly, in accordance with the timescales stipulated in the Department of Health and Social Services and Public Safety (DHSSPS) Standards and Guidelines for Resolution and Learning (2009).

RQIA will monitor complaints to ensure any action required to effect improvements is taken.

All decisions and reasons for the decision will be communicated to the complainant and, where appropriate, RQIA will provide an apology for any action or omission which may have given rise to a complaint about its services.

#### **Definition of a complaint**

The following definition is taken from the DHSSPS guidance documents:

A complaint is - "an expression of dissatisfaction that requires a response".

### **4.0 Responsibilities**

- 4.1 RQIA Board** - is responsible for approving the policy and procedure and holds the Chief Executive accountable for its implementation.
- 4.2 Chief Executive** - has overall responsibility for the handling and consideration of complaints within RQIA. The Chief Executive will read and sign all letters of response issued to a complainant advising of the outcome of the investigation at Stage 1 under formal resolution. The Chief Executive has responsibility for the oversight of the complaints policy and procedure.

- 4.3 Directors** - are accountable for the management of complaints within their own areas of specific responsibility. This includes ensuring that complaints are dealt with promptly and action is taken to disseminate any learning, to avoid any likelihood of recurrence of the complaint. Directors will be required to carry out a Stage 1 investigation if they are a line manager to the person being complained about.
- 4.4 Heads of Programme** - are responsible for carrying out investigations at Stage 1, ensuring that local resolution has been fully exhausted. They will draft a report and a proposed response to the complainant for consideration by the Chief Executive.
- 4.5 Complaints Manager** - has overall day to day responsibility for the implementation of the Complaints Policy and Procedure and is responsible for coordinating the complaints arrangements and managing the process. The Complaints Manager will provide administrative support to the Stage 2 Complaints Panel. He/she will collate documentation on all complaints in an organised format and provide this to the RQIA Chairman and Panel members at Stage 2.
- 4.5.1 The Complaints Manager is responsible for the effective reporting and management of complaints systems and processes. He/she will provide information on complaints for inclusion in the quarterly performance reports to the RQIA Board and the Audit Committee as required (ref Section B1.9)
- 4.5.2 The Complaints Manager will produce a quarterly report on lessons learned from complaints and will disseminate this to all staff. (ref Section B 1.10)
- 4.6 RQIA Chairman** - is responsible for convening a Stage 2 Complaints Panel, appointing a chair and members, and for convening the first meeting of the panel. The Stage 2 Complaints Panel will be composed of two Board members and a Director. The Chairman will provide the Complaints Panel with the background to the complaint, the agreed terms of reference for the review and all relevant documents relating to the complaint, supported by the Complaints Manager.
- 4.7 Stage 2 Complaints Panel** - is responsible for making a decision as to whether the complaint should be reviewed at Stage 2. The Complaints Panel is also responsible for reviewing the process of investigation and resolution at Stage 1. The Complaints Panel will consider whether the facts established during the investigation support the outcome provided to the complainant and provide a report for the Chairman detailing the Panel's findings, conclusion and any actions to be taken.
- 4.8 Chair of the Stage 2 Complaints Panel** - is responsible for advising the Chairman whether the Stage 2 Complaints Panel believe there is merit in progressing the complaint to a Stage 2 Review. If the complaint is to be investigated, the Chair is responsible for coordinating with the Complaints Manager, the arrangement of any Complaints Panel

meetings and providing the final report to the Chairman, within 35 working days of receipt of request for a Stage 2 review.

**4.9 Serious Concerns Group (SCG)** - is responsible for agreeing the recommendations in the action plan arising from investigations and the implementation of these by the operational teams.

**4.10 Complainants** - are expected to respond to RQIA in a timely manner if asked to provide information to support their complaint.

## **5.0 Training**

Mandatory training will be provided on this policy and procedure for all relevant staff, and steps will be taken to promote awareness of the complaints policy during the induction of staff into the RQIA. (Refer to the Implementation Plan in Appendix 10).

RQIA will ensure that all staff are aware of the revised Complaints Policy and Procedure.

## **6.0 Monitoring/Evaluation of Policy**

This policy will be monitored on a regular basis by the Chief Executive. The implementation of the policy and procedure and any deficiencies within the policy will be noted by the Chief Executive and any proposed amendments will require to be approved by the Board.

## **7.0 Equality Statement**

This policy was equality screened in August 2010 and 20 June 2011. It was considered to have a neutral impact for equality of opportunity and therefore does not require to be subjected to a full equality impact assessment.

## **8.0 Review of the Policy**

This policy will be reviewed six months following implementation and annually thereafter.

## **9.0 Development and Consultation**

This policy has been developed in consultation with all staff within RQIA, Board members and shared with the Joint Negotiation and Consultative Forum.

## **SECTION B: The Complaints Procedure**

### **1.0 Background to the Complaints Procedure**

#### **1.1. Who can complain?**

Anyone directly affected by the way in which RQIA has carried out its functions, or anyone acting directly on such a person's behalf, may make a complaint under RQIA's Complaints Policy and Procedure. This includes individuals or a relevant person acting on behalf of an organisation.

#### **1.2 How can complaints be made?**

Complaints should be made in writing either by letter or email to the RQIA Complaints Manager at the following address:

RQIA Complaints Manager  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

By email:

[info@rqia.org.uk](mailto:info@rqia.org.uk)

Complaints initially received by email will be acknowledged in a letter and complainants will be asked to provide a postal address to the Complaints Manager. All subsequent correspondence regarding the investigation of the complaint and the reporting of the outcome of a complaint will be in the form of a letter to the complainant or with the consent of the complainant, a letter to the complainant's representative.

If a person feels unable to deal with a complaint and requires assistance to submit their views in writing, the staff of the Patient Client Council can offer independent advice and support. Details are available from the Complaints Manager within RQIA (Refer to Section B 1.11)

#### **1.3 Timescales within which complaints will be considered**

A complaint should be made as soon as possible after the action giving rise to it, normally within six months of the event. However, in exceptional circumstances, if a complainant can demonstrate that they became aware of the complaint after 6 months, the Chief Executive, where they deem it to be in the public interest to do so, can extend this time limit to a period not exceeding 12 months.

## **1.4 Timescales within which complainants will receive a response**

Correspondence will be sent as follows:

- a written acknowledgement will be sent to the complainant within 2 working days of receipt of complaint
- if a Stage 1 investigation is undertaken, the findings will be sent to the complainant within 20 working days of receipt of a complaint
- if a Stage 2 review is undertaken, the findings will be sent to the complainant within 40 working days of receipt of a complaint.

Complainants will be advised by the Complaints Manager if there is likely to be a delay in responding to their complaint within the specified timescales and where reasonably practicable, will keep the complainant informed about the progress of the investigation.

Where the complainant has approached the Patient Client Council for assistance with their complaint they may be offered an extended time limit in consultation with the Complaints Manager.

## **1.5 Complaints about RQIA**

Complaints may concern any aspect of RQIA's business but usually refer to the way RQIA has carried out, or failed to carry out, any aspect of its work and fall into one of two categories:

- complaint concerning an individual employee; or
- complaint relating to how RQIA conducts its business.

The complainant will be asked what they would like to see happen as a result of having made a complaint.

## **1.6 Complaints that RQIA will not investigate**

RQIA will not investigate complaints which are considered vexatious or without merit and where further investigation would not serve any useful purpose. Any such decision will require the authorisation of the Chief Executive and this will be recorded on the relevant template. (Appendix 5)

Where a complaint is of a vexatious nature, they will be dealt with in accordance with the DHSSPS guidelines set out in Appendix 9.

Unreasonable, vexatious or abusive complainants, along with threats or abuse of staff will not be tolerated and, where appropriate, will be referred to the Police Service of Northern Ireland. Staff should also refer to the RQIA Zero Tolerance of Abuse Policy, regarding threats of violence or aggression.

## 1.7 Matters Excluded from this Procedure

The following matters are excluded from this policy and procedure:

- any matter relating to a [representation under the RQIA Enforcement Policy and Procedure](#) from a provider concerning a point of law and/or fact. These matters will be considered by the RQIA Enforcement Review Panel
- any matter about which a group of service providers or their representative body has an issue of general concern. This should be raised directly with the Chief Executive of the RQIA as a policy matter, for discussion and consideration
- any matter relating to employee relations, either in respect of a dispute regarding a contract of employment or representations from applicants about the interview and selection process. These will be dealt with under a separate human resources policy and procedure
- the complaints procedure cannot be used to challenge the content of inspection reports. The appropriate way to seek correction of inaccuracy with the content of a draft inspection report is through [the process of proposing factual accuracy changes and/ or making comments within 28 days of issue of the draft report](#)
- any matter arising out of RQIA's alleged failure to comply with data subject requests made under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000. These matters will be considered under the Data Protection Act and the Freedom of Information Act respectively
- in fulfilment of its statutory obligations RQIA will, where necessary, liaise, with other investigatory agencies, e.g. PSNI, Police Ombudsman, the Coroner and the Prison Ombudsman, to agree the conduct of the investigation
- any matter which is being or has been investigated by the Northern Ireland Commissioner for Complaints (NI Ombudsman)
- any matter which is the subject of an independent inquiry.

### **1.7.1 Staff Grievances**

The RQIA has procedures for handling staff grievances and therefore internal complaints of this nature are not covered by this policy.

### **1.7.2 Disciplinary Procedure**

A complaint in relation to a member of staff will firstly be considered under the Complaints Policy and Procedure and if it is to be investigated under the Disciplinary Procedure, the member of staff will be informed.

### **1.7.3 An Investigation by Professional Regulatory Bodies**

The complainant and the member of staff involved in the complaint should be advised that any information obtained during the complaints investigation may be passed to any relevant regulatory body.

### **1.7.4 Legal Action**

If a complainant's initial communication is received by RQIA through a solicitor's letter, the inference should not necessarily be that they have decided to take legal action. Complainants will be asked to confirm if litigation is pending against RQIA or due to be initiated. In such circumstances, the complaint investigation should cease under the RQIA's Complaints Policy and Procedure.

## **1.8 Consent and Confidentiality**

Complaints by a third party should be made with the written consent of the individual concerned, unless the individual is a child under 18 years, lacks capacity or is deceased. RQIA staff should ensure that, where necessary, they receive written copies of consent from the person on whose behalf the complaint is being made, except in the specific circumstances referred to above.

RQIA staff must be aware of the legal and ethical duty to protect the confidentiality of third party information. The legal requirements are set out in the Data Protection Act 1998 and the Human Rights Act 1998. The common law duty of confidentiality must also be observed. Ethical guidance is provided by the respective professional bodies. A third party's consent is required if their personal information is to be disclosed with a clear explanation of the purpose of seeking the information. This will be recorded by the Complaints Manager.

## **1.9 Reporting Requirements**

In line with the DHSSPS Guidance, RQIA must prepare reports at quarterly intervals for the Board's information. The Complaints Manager

will collate information on complaints for inclusion in the Corporate Performance Report.

These reports will specify the number of complaints received about RQIA, the number of complaints addressed within the provision of the RQIA Complaints Policy and Procedure and to whom lessons learned from complaints have been disseminated, within an agreed timescale.

The Complaints Manager will also report to the Audit Committee quarterly. The report will specify the number of complaints initiated, on-going and completed within each quarter and the number of external investigations of RQIA.

### **1.10 Learning from Complaints**

All recommendations arising from complaints investigations will be outlined in an action plan (refer to Appendix 7) by the Complaints Manager. The Complaints Manager will bring the action plan to the Serious Concerns Group and discuss this with the relevant Directors. Once agreed, each Director will ensure that actions plans are implemented within their respective areas of responsibility.

It is important to identify areas of learning from complaints investigations and disseminate this learning to all relevant staff groups, in order to improve performance and reduce the likelihood of any recurrence of the actions/omissions giving rise to the complaint. A quarterly report will be produced by the Complaints Manager and disseminated to all staff.

### **1.11 Supporting Complainants and Staff during Investigations**

Advice and assistance is available to complainants at any stage in the complaints process from the Complaints Manager by contacting RQIA on (028) 9051 7500.

In addition, independent advice and support for complainants is available from the Patient and Client Council. Details are available from the Complaints Manager within RQIA.

RQIA recognises that being subject of a complaint can be distressing to staff. Sources of support that are available to staff are outlined in Appendix 8.

## **2.0 STAGES OF THE COMPLAINTS PROCEDURE**

RQIA aims to provide full, fair, timely and appropriate responses to those who make a complaint.

### **2.1 Verbal Complaints/Concerns/Comments**

All verbal complaints about RQIA or members of staff within RQIA, should first be directed to the Complaints Manager, who will advise the complainant of the complaints process and request confirmation of the complaint in writing. The complaint will follow the stages within RQIA's complaints handling process.

### **2.2 Written Complaints**

If the complainant wishes to make a written complaint he/she can write to the Complaints Manager, RQIA.

The two stages used by RQIA to resolve complaints are as follows:

Stage 1: Local Resolution

- Early Resolution
- Formal Local Resolution

Stage 2: Review by the Stage 2 Complaints Panel

### **2.3 Stage 1: Local Resolution**

2.3.1 The complaint should be made to the RQIA Complaints Manager who will acknowledge the complaint in writing within 2 working days of receipt of complaint. The Complaints Manager will notify the relevant Director/Head of Programme within one working day of receipt of the complaint.

2.3.2 Stage 1 of Local Resolution is expected to be completed within 20 working days of receipt of a complaint being received in RQIA, and every effort will be made to inform the complainant of the findings within this timescale. If the Director/Head of Programme cannot complete their investigation within 20 working days they should inform the Complaints Manager who will advise the complainant. (Refer to Section B 1.4)

2.3.3 The Director/Head of Programme is required to familiarise themselves with the relevant documentation relating to the complaint, along with documents relating to any relevant regulated or inspected services involved. The Director/Head of Programme should follow the RQIA Investigations Policy and Procedure in their investigation of any complaint at formal resolution.

2.3.4 If the complaint is about the actions or omissions of a member of staff, the member of staff involved will be informed of the nature of the

complaint by the relevant Director/Head of Programme and unless determined otherwise, will be given a copy of the letter of complaint, within 2 working days of the receipt of the complaint. The staff member will be advised of the type of investigation that will be undertaken (following the Director/Head of Programme's telephone call to the complainant) and will also be informed of the outcome and any further action to be taken. (Refer to Appendix 8)

## **2.4 Early Resolution**

2.4.1 This stage of the procedure must be used to seek resolution to the problem at the point where it arises. The Director/Head of Programme should make telephone contact with the complainant within 4 working days of receipt of the complaint. If resolution is achieved at this stage, the Director/Head of Programme will follow up the telephone conversation with a letter. This letter will be copied to the Chief Executive and to the Complaints Manager who will record on the database that the complaint was resolved at early resolution.

2.4.2 Following telephone contact, if the Director/Head of Programme cannot resolve the complaint informally, they will arrange a date for the complainant to meet with them within 6 working days of receipt of the complaint. They will also inform the Complaints Manager by email that the complaint requires to be taken to formal resolution stage.

## **2.5 Formal Local Resolution**

2.5.1 A meeting will be held between the Director/Head of Programme and the complainant, to give the complainant an opportunity to clarify their matters of dissatisfaction, together with their desired outcomes. The complainant and Director/Head of Programme will complete the 'Complaint Agreement Form'. (Refer to Appendix 4)

2.5.2 The Director/Head of Programme will contact any other relevant persons to arrange a date to interview them, to gain a full understanding of events surrounding the complaint. They should be contacted within 7 working days of receipt of the complaint and a date for interviews to take place should be arranged within 9 working days of receipt of a complaint.

2.5.3 The Director/Head of Programme should appoint a notetaker who will record each of the interview statements. After completion of any interview, the Director/Head of Programme will arrange for the notetaker to type up the interview statements. These will be sent to interviewees for factual accuracy of the statement, their signature and return to RQIA (Director/Head of Programme) within an agreed timeline.

## **2.6 Reporting on the Outcome of the Investigation**

2.6.1 The Director/Head of Programme should produce a report in plain English and free of jargon, demonstrating that conclusions are based on

clearly stated evidence and differentiating between fact and opinion. The confidentiality of any third party not directly concerned with the complaint will be protected as set out in Section A 1.8 of the complaints procedure.

- 2.6.2 The Director/Head of Programme will draft a letter to the complainant for consideration by the Chief Executive, outlining any findings from the investigation and outcomes. This should be completed within 15 working days of receipt of the complaint.
- 2.6.3 The draft letter of response to the complainant must make explicit the findings to each aspect of the complaint and indicate if the complaint (or each element of the overall complaint) is 'upheld' or 'not upheld'. If a complaint contains more than one element or if some elements are 'upheld' and some 'not upheld', the letter must clearly state whether the complaint was fully or 'partially upheld'.
- 2.6.4 Where the complaint is fully or partially upheld, the letter to the complainant should contain an expression of apology.
- 2.6.5 The Chief Executive will forward the final agreed response to the complainant and any person subject to the complaint, normally within 20 working days of the receipt of the complaint.
- 2.6.6 The Chief Executive, in the final agreed response, will advise the complainant that if they are not satisfied with the response, they can write to the Chairman of RQIA (within 7 working days from the date the letter of findings was issued by the Chief Executive) to request a Stage 2 Review by the Complaints Panel. The complainant must outline the specific areas of dissatisfaction with the Stage 1 investigation, and the specific areas they wish the Stage 2 Complaints Panel to review, and what resolution they seek.

## **2.7 Stage 2: Review by the Stage 2 Complaints Panel**

- 2.7.1 Where the complainant requests a Stage 2 Review by the Complaints Panel, the Chairman, in consultation with the Complaints Manager, will acknowledge receipt of this letter within 2 working days.
- 2.7.2 The Stage 2 Review is normally expected to be completed within 40 working days of the Chairman receiving the request for the complaint to be progressed to Stage 2.
- 2.7.3 The Chairman will convene a Stage 2 Complaints Panel and agree with the Complaints Manager, a date for the Panel to meet, which will normally be within 5 working days of receipt of the request for a Stage 2 Review.
- 2.7.4 The Stage 2 Complaints Panel will consist of at least two Board Members and a Director (not involved in the Stage 1 investigation). The Chairman will choose Board members to ensure there is a balance of

gender on each Panel. The Chairman will nominate a Board member to Chair the Panel.

- 2.7.5 If in the event that all Directors have previously been involved with the Stage 1 investigation the Chairman can, if he so chooses, appoint another Board member to the Stage 2 Complaints Panel.
- 2.7.6 The Chairman, with support from the Complaints Manager, will provide the Stage 2 Complaints Panel with the terms of reference for the review of the complaint and all relevant information relating to the investigation of the complaint at Stage 1.
- 2.7.7 At this initial meeting, the Stage 2 Complaints Panel will review all relevant documentation relating to the complaint, the areas of dissatisfaction cited by the complainant with the Stage 1 investigation and the resolution sought. Following the Panel's review of this information, the Panel may advise the Chairman that there is no merit in progressing the complaint to a Stage 2 Review. The basis for making this decision will be clearly recorded by the Chair of the Panel (Appendix 6) who will notify the Chairman of the Panel's decision. The Chairman will then make a decision and advise the complainant accordingly.
- 2.7.8 The Stage 2 Complaints Panel should convene a second meeting normally within 5 working days of the initial meeting, to examine the previous process of investigation and resolution and consider whether the findings at Stage 1 were fair, reasonable and proportionate, and the findings made were in accordance with the evidence presented.
- 2.7.9 If the Stage 2 Complaints Panel concludes that the Stage 1 investigation is fair and proportionate, it should complete a report and prepare a draft letter for the Chairman to send to the complainant, detailing its findings, conclusions and any recommendations for RQIA within 35 working days.
- 2.7.10 The Chairman will forward the final agreed letter to the complainant indicating the findings of the Panel within 5 working days. The letter will advise the complainant that if they remain dissatisfied, they have the right to refer their complaint to the NI Commissioner for Complaints (NI Ombudsman).
- 2.7.11 If however, the Stage 2 Complaints Panel finds that there was a defect in the manner in which the complaint was investigated, which may have had a material effect on the outcome of the Stage 1 investigation, the Chair of the Panel, through the Complaints Manager, will refer the complaint back for further investigation by a Director/Head of Programme not previously involved in the case. The Director/Head of Programme will be contacted by the Complaints Manager within 10 working days of receipt of the request for a Stage 2 Review.
- 2.7.12 The appointed Director/Head of Programme will have a further 15 working days to reinvestigate the complaint and will provide the

Complaints Panel with a report. The Complaints Panel will meet again to consider the report before reaching their conclusions.

2.7.13 The Complaints Panel will draft a letter of their findings, and send it to the Chairman within the specified timescale for completion of a Stage 2 Review.

2.7.14 The Chairman will send out the final letter of response to the complainant within 40 working days from when the request for a Review was first received. This letter will also advise the complainant that if they remain dissatisfied, they have the right to refer their complaint to the NI Commissioner for Complaints (NI Ombudsman).

## **2.8 The Northern Ireland Commissioner for Complaints (NI Ombudsman)**

If a complainant remains dissatisfied with the outcome of a Stage 2 Review from RQIA they may wish to refer their complaint to the NI Ombudsman.

The NI Ombudsman is independent and investigates complaints of maladministration against any Public Body. The NI Ombudsman will not generally investigate a complaint until it has first been progressed through local procedures.

Contact details for the NI Ombudsman are as follows:

In person: The Ombudsman Office  
Progressive House  
33 Wellington Place  
Belfast

In writing: The Ombudsman  
Freepost BEL 1478  
Belfast  
BT1 6BR

Telephone: 0800 34 34 24 (free-phone number)  
Or 028 9023 3821 (switchboard)

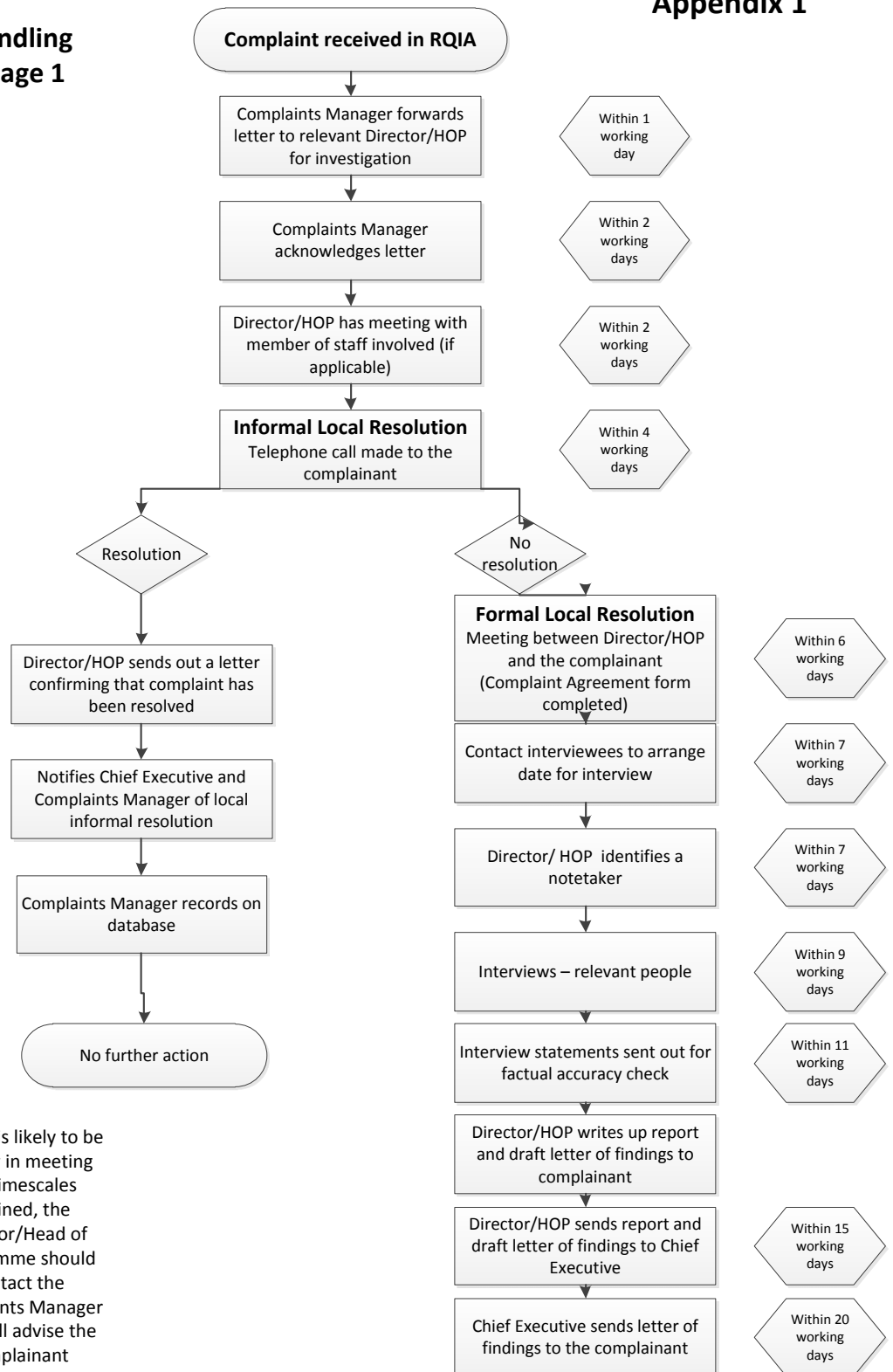
Fax: 028 9023 4912

Email: [ombudsman@ni-ombudsman.org.uk](mailto:ombudsman@ni-ombudsman.org.uk)

# ***APPENDICES***

## Appendix 1

### Flowchart for Handling Complaints at Stage 1

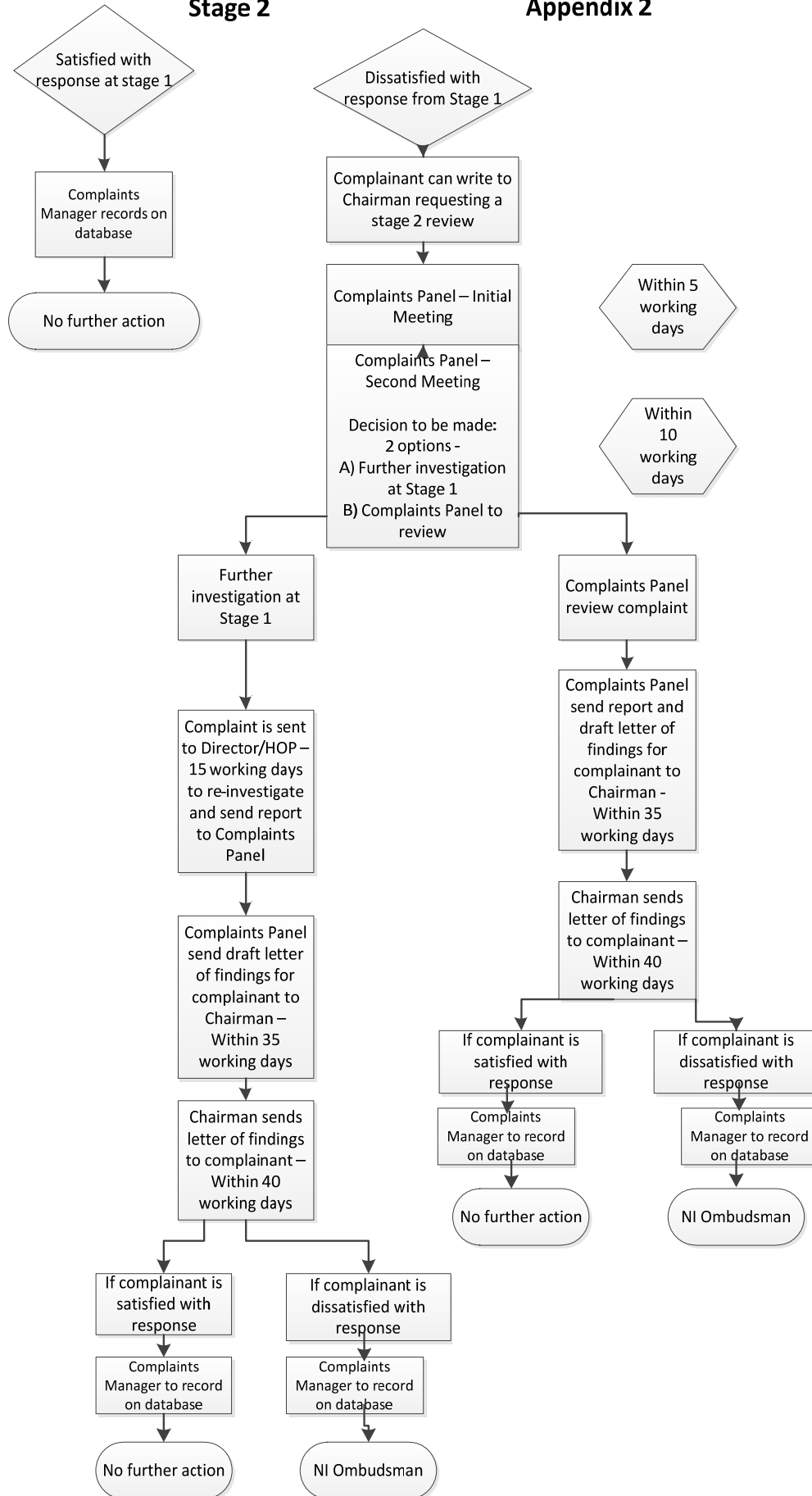


If there is likely to be a delay in meeting the timescales outlined, the Director/Head of Programme should contact the Complaints Manager who will advise the complainant

## Flowchart for Handling Complaints at

### Stage 2

### Appendix 2



| Complaints Record   |                           |
|---|---------------------------|
| Ref No: _____   | Date Received: _____      |
| Date acknowledged: _____  | Within 2 days:(Y/N) _____ |
| STAGE 1   |                           |
| Date passed to Director/Head of Programme: _____  |                           |
| Name of Director/Head of Programme: _____   |                           |
| Informal Local Resolution   |                           |
| Date of Tel Call: _____ Resolved:(Y/N) _____  |                           |
| Date letter sent to complainant: _____  |                           |
| Date Complaints Manager informed: _____   |                           |
| Date recorded on database by Complaints Manager: _____                                    |                           |
| Formal Local Resolution   |                           |
| Date of meeting with complainant: _____   |                           |
| Interviews required: (Y/N) _____ Date for Interviews: _____                               |                           |
| Date statement sent to interviewee (s) for factual accuracy: _____                        |                           |
| Date statement returned by interviewee: _____   |                           |
| Report and draft letter of findings sent to CE: _____ Within 15 working days: _____ (Y/N) |                           |
| Date response sent to complainant: _____ Within 20 working days: _____(Y/N)               |                           |
| Delay in responding to complainant within 20 working days: _____(Y/N)                     |                           |

**Reason for delay in responding to complainant:**

---

---

---

---

**Date complainant was informed of delay:** \_\_\_\_\_

**Overall Findings:** \_\_\_\_\_ (Upheld/ Not Upheld/  
Partially Upheld)

**Date recorded on database by Complaints Manager:** \_\_\_\_\_

**STAGE 2**

**Date request received for Stage 2 Review:** \_\_\_\_\_

**Date acknowledged:** \_\_\_\_\_ **Within 2 days: (Y/N)** \_\_\_\_\_

**Chair of Complaints Panel:** \_\_\_\_\_

**Members of Complaints Panel:** \_\_\_\_\_

---

---

**Date of Complaints Panel initial meeting:** \_\_\_\_\_  
(Within 5 days)

**Date of Complaints Panel second meeting:** \_\_\_\_\_  
(Within 10 days)

**Decision of Complaints Panel:**

**A) Further investigation at Stage 1**

**B) Complaints Panel to review**

**A) Further investigation required at Stage 1: (Y/N) \_\_\_\_\_**

**Name of Director/Head of Programme  
investigating further: \_\_\_\_\_**

**Date report sent to  
Complaints Panel: \_\_\_\_\_ Within 15 days: (Y/N) \_\_\_\_\_**

**Date report and proposed draft letter  
sent to Chief Executive: \_\_\_\_\_**

**Within 35 days: (Y/N) \_\_\_\_\_**

**B) Complaints Panel to review complaint: (Y/N) \_\_\_\_\_**

**Date report and proposed draft letter  
sent to Chief Executive: \_\_\_\_\_**

**Within 35 days: (Y/N) \_\_\_\_\_**

**Date letter of findings sent to complainant: \_\_\_\_\_**

**Within 40 days: \_\_\_\_\_(Y/N)**

**Reason for delay in responding to complainant:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date complainant was informed of delay: \_\_\_\_\_**

**Date recorded on database by Complaints Manager: \_\_\_\_\_**

**STAGE 1: COMPLAINT AGREEMENT FORM BETWEEN COMPLAINANT  
AND DIRECTOR/HEAD OF PROGRAMME**

Please complete in Capital Letters and in ink

**SECTION 1 - About Complainant - the aggrieved person**

|                      |              |                           |
|----------------------|--------------|---------------------------|
| <b>Surname:</b>      |              | <b>Mr/Mrs/Miss/Ms/Dr:</b> |
| <b>Forename (s):</b> |              |                           |
| <b>Address:</b>      |              |                           |
|                      |              |                           |
|                      |              | <b>Postcode:</b>          |
| <b>Telephone:</b>    | <b>Home:</b> | <b>Mobile:</b>            |

**SECTION 2 - About Your Complaint**

**2a What is the name of the member of staff you wish to complain about?  
(If applicable)**

**2b What do you wish to complain about?**

**2c How have the actions of the RQIA affected you?**

|  |
|--|
|  |
|--|

**2d What outcome do you hope to achieve as a result of your complaint?**

|  |
|--|
|  |
|--|

**2e On or about what date did the action complained of occur?**

|  |
|--|
|  |
|--|

**2f If there has been a delay of more than 6 months in telling us of your complaint please state why.**

|  |
|--|
|  |
|--|

**SECTION 3 - Declaration**

**Please sign the statement below**

I wish the RQIA to carry out an investigation into my complaint.

|                |              |
|----------------|--------------|
| <b>Signed:</b> | <b>Date:</b> |
|----------------|--------------|

If you are not the complainant please state your connection to the complainant, if they have given consent and indicate why that person is unable to make the complaint him/herself.

|   |
|---|
| <b>Relationship to complainant:</b>                             |
| <b>Reasons why complainant is unable to act for themselves:</b> |

**Complaints that RQIA will not Investigate (Ref B 1.6)**

|                      |              |                           |
|----------------------|--------------|---------------------------|
| <b>Surname:</b>      |              | <b>Mr/Mrs/Miss/Ms/Dr:</b> |
| <b>Forename (s):</b> |              |                           |
| <b>Address:</b>      |              |                           |
|                      |              |                           |
|                      |              | <b>Postcode:</b>          |
| <b>Telephone:</b>    | <b>Home:</b> | <b>Mobile:</b>            |

|                             |
|-----------------------------|
| <b>Nature of Complaint:</b> |
|                             |

|  |
|--|
| <b>Reason that Complaint will not be investigated:</b> |
|  |

**Signed:** \_\_\_\_\_  
**Chief Executive**

**Date:** \_\_\_\_\_



**Complaints that Stage 2 Complaints Panel will not Review**  
**Ref B 2.7.5)**

|                      |              |                           |
|----------------------|--------------|---------------------------|
| <b>Surname:</b>      |              | <b>Mr/Mrs/Miss/Ms/Dr:</b> |
| <b>Forename (s):</b> |              |                           |
| <b>Address:</b>      |              |                           |
|                      |              |                           |
|                      |              | <b>Postcode:</b>          |
| <b>Telephone:</b>    | <b>Home:</b> | <b>Mobile:</b>            |

|                             |
|-----------------------------|
| <b>Nature of Complaint:</b> |
|                             |

|  |
|--|
| <b>Reason that Complaint will not be investigated:</b> |
|  |

**Signed:** \_\_\_\_\_  
**Chair of Panel**

**Date:** \_\_\_\_\_

**Action Plan following <NAME OF COMPLAINT> Complaint Investigation < Stage X >  
Date: <DATE>**

Appendix 7

| Type | Nº. | Recommendation | Action Required | Responsible Person | Timescale for Completion | Actions Taken | Completion Date | DISSEMINATION TO STAFF |                |         |
|------|-----|----------------|-----------------|--------------------|--------------------------|---------------|-----------------|------------------------|----------------|---------|
|      |     |                |                 |                    |                          |               |                 | Date                   | To which staff | By whom |
|      |     |                |                 |                    |                          |               |                 |                        |                |         |
|      |     |                |                 |                    |                          |               |                 |                        |                |         |
|      |     |                |                 |                    |                          |               |                 |                        |                |         |
|      |     |                |                 |                    |                          |               |                 |                        |                |         |

\_\_\_\_\_  
Chief Executive

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Operations

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Quality Assurance

\_\_\_\_\_  
Date

## Employee support

- 1.1 Employees who are the subject of a complaint under investigation must be assured that at all times the focus of the investigation is to ensure that an open, fair, objective and thorough investigation is carried out to establish all the facts of the case. Employees must be confident that they will be given every opportunity to contribute to the investigatory process prior to the conclusion of the investigation.
- 1.2 It is important that all those involved are sensitive to the fact that the employee may well have difficulty talking about incidents relating to the complaint and may become distressed during any interview. It is particularly important that support is continually offered to the employee throughout the process and is available for the employee when the outcome of the investigation is made known to them.
- 1.3 Employees subject to investigation can be accompanied by a colleague, trade union or professional association representative at any meeting or interview.
- 1.4 Line Managers will be informed that an employee within their team is the subject of a complaint investigation. They will treat this information confidentially and ensure that the employee has access to all means of support that they wish, to help them throughout the process. In addition to their Line Manager this support may also be from:
  - staff care
  - Trade Union representative
  - Human Resources representative
  - Other colleagues
- 1.5 The employee's Line Manager must discuss with them the support that they wish to have throughout the process and should also positively support the employee to continue to carry out their role while the investigation is being carried out. Line Managers must also give consideration to a range of factors when deciding whether or not the employee should continue either in the short term or the long term as the case-holder.

These include:

- the employee's view of whether this is possible and desirable;
- the degree of risk associated with further contact between the employee and the complainant and whether this is manageable;
- the nature and seriousness of the allegations made;
- the impact on the reputation and credibility of the employee and the RQIA if case transfer takes place;

- the impact on the reputation and credibility of the employee and the RQIA if there is no case transfer;
  - the view of the complainant, where this has been stated; and
  - whether or not there has been an irretrievable breakdown in the relationship between the employee and the service.
- 1.6 If, during an investigation, other employees require to be interviewed, they should be offered the same levels of support as the employee who is the subject of the complaint. Employees interviewed as part of an investigation will be bound by the RQIA's Code of Conduct in respect of confidentiality regarding the details of the complaint.
- 1.7 Where a complainant names an individual employee(s), the employee(s) being investigated with their representative will be advised by their Line Manager of the proposed resolution. Whilst the Chief Executive will retain the authority to determine the final content and wording of any correspondence, the employee(s) will have the opportunity where there are genuine professional differences of opinion to:
- submit comments at any point in the investigation
  - comment on the final draft resolution letter
  - be advised of the resolution of the complaint at the same time as the person raising the complaint. All parties will also be advised if the complaint(s) has been upheld, not upheld or partially upheld.
- 1.8 Under the terms of the RQIA's Grievance Procedure the named employee may exercise a right to raise a grievance if they believe the investigation has been conducted inappropriately or confidentiality was breached.

**DHSSPS Guidance on the Handling of Unreasonable, Vexatious or Abusive Complainants**

1. HSC staff must be trained to respond with patience and empathy to the needs of people who make a complaint, but there will be times when there is nothing further that can reasonably be done to assist them. Where this is the case and further communications would place inappropriate demands on HSC staff and resources, consideration may need to be given to classifying the person making a complaint as an unreasonable, demanding or persistent complainant.
2. In determining arrangements for handling such complainants, staff need to:
  - Ensure that the complaints procedure has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed;
  - Appreciate that even habitual complainants may have grievances which contain some substance;
  - Ensure a fair approach
  - Be able to identify the stage at which a complainant has become habitual.
3. The following Unacceptable Actions Policy (16) should only be used as a last resort after all reasonable measures have been taken to resolve the complaint.

*Unacceptable actions policy*

4. This policy sets out the approach to those complainants whose actions or behaviour HSC organisations consider unacceptable. The aims of the policy are:
  - To make it clear to all complainants, both at initial contact and throughout their dealings with the organisation, what the HSC organisation can or cannot do in relation to their complaint. In doing so, the HSC organisation aims to be open and not raise hopes or expectations that cannot be met;
  - To deal fairly, honestly, consistently and appropriately with all complainants, including those whose actions are considered unacceptable. All complainants have the right to be heard, understood and respected. HSC staff have the same rights.
  - To provide a service that is accessible to all complainants. However, HSC organisations retain the right, where it considers complainants' actions to be unacceptable, to restrict or change access to the service;
  - To ensure that other complainants and HSC staff do not suffer any disadvantage from complainants who act in an unacceptable manner.

### *Defining Unacceptable Actions*

5. People may act out of character in times of trouble or distress. There may have been upsetting or distressing circumstances leading up to a complaint. HSC organisations do not view behaviour as unacceptable just because a complainant is assertive or determined. In fact, it is accepted that being persistent can be a positive advantage when pursuing a complaint. However, the actions of complainants who are angry, demanding or persistent may result in unreasonable demands on the HSC organisation or unacceptable behaviour towards HSC staff. It is these actions that HSC organisations consider unacceptable and aim to manage under this policy. These unacceptable actions are grouped under the following headings:

#### *Aggressive or abusive behaviour*

6. Violence is not restricted to acts of aggression that may result in physical harm. It also includes behaviour or language (whether verbal or written) that may cause staff to feel afraid, threatened or abused. Examples of behaviours grouped under this heading include threats, physical violence, personal verbal abuse, derogatory remarks and rudeness. HSC organisations also consider that inflammatory statements and unsubstantiated allegations can be abusive behaviour.
7. HSC organisations expect its staff to be treated courteously and with respect. Violence or abuse towards staff is unacceptable and a Zero Tolerance approach must be adopted. HSC staff understand the difference between aggression and anger. The anger felt by many complainants involves the subject matter of their complaint. However, it is not acceptable when anger escalates into aggression directed towards HSC staff.

#### *Unreasonable demands*

8. Complainants may make what the HSC consider unreasonable demands through the amount of information they seek, the nature and scale of service they expect or the number of approaches they make. What amounts to unreasonable demands will always depend on the circumstances surrounding the behaviour and the seriousness of the issues raised by the complainant. Examples of actions grouped under this heading include demanding responses within an unreasonable timescale, insisting on seeing or speaking to a particular member of staff, continual phone calls or letters, repeatedly changing the substance of the complaint or raising unrelated concerns.
9. HSC organisations consider these demands as unacceptable and unreasonable if they start to impact substantially on the work of the organisation, such as taking up an excessive amount of staff time to the disadvantage of other complainants or functions.

#### *Unreasonable persistence*

10. It is recognised that some complainants will not or cannot accept that the HSC organisation is unable to assist them further or provide a level of service other than that provided already. Complainants may persist in disagreeing with the action or decision taken in relation to their complaint or contact the organisation persistently about the same issue. Examples of actions grouped under this heading include persistent refusal to accept a decision made in relation to a complaint, persistent refusal to accept explanations relating to what the HSC organisation can or cannot do and continuing to pursue a complaint without presenting any new information. The way in which these complainants approach the HSC organisation may be entirely reasonable, but it is their persistent behaviour in continuing to do so that is not.
11. HSC organisations consider the actions of persistent complainants to be unacceptable when they take up what the HSC organisation regards as being a disproportionate amount of time and resources.

#### *Managing Unacceptable Actions*

12. There are relatively few complainants whose actions a HSC organisation consider unacceptable. How the organisation manages these depends on their nature and extent. If it adversely affects the organisation's ability to do its work and provide a service to others, it may need to restrict complainant contact with the organisation in order to manage the unacceptable action. The HSC organisation will do this in a way, wherever possible, that allows a complaint to progress to completion through the complaints process. The organisation may restrict contact in person, by telephone, fax, letter or electronically or by any combination of these. The organisation will try to maintain at least one form of contact. In extreme situations, the organisation will tell the complainant in writing that their name is on a "no contact" list. This means that they may restrict contact with the organisation to either written communication or through a third party.
13. The threat or use of physical violence, verbal abuse or harassment towards HSC staff is likely to result in the ending of all direct contact with the complainant. All incidents of verbal and physical abuse will be reported to the police.
14. HSC organisations do not deal with correspondence (letter, fax or electronic) that is abusive to staff or contains allegations that lack substantive evidence. When this happens the HSC organisation will tell the complainant that it considers their language offensive, unnecessary and unhelpful. The HSC organisation will ask them to stop using such language and state that it will not respond to their correspondence if they do not stop. The HSC organisation may require future contact to be through a third party.
15. HSC staff will end telephone calls if the caller is considered aggressive, abusive or offensive. The staff member taking the call has the right to make this decision, tell the caller that the behaviour is unacceptable and end the call if the behaviour does not stop.

16. Where a complainant repeatedly phones, visits the organisation, sends irrelevant documents or raises the same issues, the HSC organisation may decide to:
- Only take telephone calls from the complainant at set times on set days or put an arrangement in place for only one member of staff to deal with calls or correspondence from the complainant in the future;
  - Require the complainant to make an appointment to see a named member of staff before visiting the organisation or that the complainant contacts the organisation in writing only;
  - Return the documents to the complainant or, in extreme cases, advise the complainant that further irrelevant documents will be destroyed;
  - Take other action that the HSC organisation considers appropriate. The HSC organisation will, however, tell the complainant what action it is taking and why.
17. Where a complainant continues to correspond on a wide range of issues and the action is considered excessive, then the complainant is told that only a certain number of issues will be considered in a given period and asked to limit or focus their requests accordingly.
18. Complainant action may be considered unreasonably persistent if all internal review mechanisms have been exhausted and the complainant continues to dispute the HSC organisation's decision relating to their complaint. The complainant is told that no future phone calls will be accepted or interviews granted concerning this complaint. Any future contact by the complainant on this issue must be in writing. Future correspondence is read and filed, but only acknowledged or responded to if the complainant provides significant new information relating to the complaint.

#### *Deciding to restrict complainant contact*

19. HSC staff who directly experience aggressive or abusive behaviour from a complainant have the authority to deal immediately with that behaviour in a manner they consider appropriate to the situation in line with this policy. With the exception of such immediate decisions taken at the time of an incident, decisions to restrict contact with the organisation are only taken after careful consideration of the situation by a more senior member of staff. Wherever possible, the HSC organisation will give the complainant the opportunity to modify their behaviour or action before a decision is taken. Complainants are told in writing why a decision has been made to restrict future contact, the restricted contact arrangements and, if relevant, the length of time that these restrictions will be in place.

#### *Appealing a decision to restrict contact*

20. A complainant can appeal a decision to restrict contact. A senior member of staff who was not involved in the original decision considers the appeal. They advise the complainant in writing that either the restricted contact arrangements still apply or a different course of action has been agreed.

*Recording and reviewing a decision to restrict contact*

21. The HSC organisation will record all incidents of unacceptable actions by complainants. Where it is decided to restrict complainant contact, an entry noting this is made in the relevant file and on appropriate computer records. A decision to restrict complainant contact may be reconsidered if the complainant demonstrates a more acceptable approach. A senior member of staff will review the status of all complainants with restricted contact arrangements on a regular basis.

**Implementation Plan for the Policy and Procedure on the Management and Handling of Complaints against RQIA**

|    |  | <b>Issues identified</b>   |
|----|--|--|
| 1. | Any implementation issues arising from the development of the policy | <ul style="list-style-type: none"> <li>• Awareness training sessions for staff to ensure understanding of the new policy and the roles and responsibilities of RQIA staff and Board members.</li> <li>• The RQIA website will provide access to the complaints policy and clear guidelines on how to make a complaint about RQIA.</li> </ul>   |
| 2. | Any training implications for staff / other stakeholders             | <ul style="list-style-type: none"> <li>• Awareness training sessions will take place once the policy is agreed by the Board at their September workshop and will be completed by December 2010.</li> <li>• This will be mandatory training and will take place once a fortnight until all members of RQIA staff have been trained.</li> <li>• All new staff to RQIA will be trained in the revised complaints policy and procedure as part of their induction.</li> <li>• Any training implications for Board members will be agreed with the Chairman.</li> </ul> |
| 3. | Any other resource implications                                      | <ul style="list-style-type: none"> <li>• Leaflets to be produced and sent to all registered establishments regulated by RQIA to advise of the new complaints policy. (subject to resource availability)               <ul style="list-style-type: none"> <li>- Postage costs</li> <li>- Envelope costs</li> <li>- Staff time</li> </ul>               (This could also be sent via email to save on costs)             </li> </ul>   |

|    |   |  |
|----|---|--|
|    |   | <ul style="list-style-type: none"> <li>• The complaints policy should be available in a range of formats if required.</li> </ul>   |
| 4. | Action(s) to address any matter outlined above. | <ul style="list-style-type: none"> <li>• Complaints Manager will devise a training plan to ensure effective implementation of complaints policy to all RQIA staff.</li> <li>• Leaflets to be designed by Complaints Manager and Communications Manager and disseminated to all regulated establishments and Trusts regarding review activity.</li> <li>• Complaints Manager and Communications Manager to ensure complaints policy is easily accessible from RQIA website with clear guidelines on how to make a complaint.</li> </ul> |

Revised Complaints Policy and Procedure

The Complaints Manager will send an email to all RQIA staff attaching the revised Policy and Procedure on the Management and Handling of Complaints against RQIA.

## RQIA Board Meeting

|                          |   |
|--------------------------|---|
| <b>Date of Meeting</b>   | 7 July 2011   |
| <b>Title of Paper</b>    | Enforcement Policy – Regulated Sector   |
| <b>Agenda Item</b>       | 9   |
| <b>Reference</b>         | M / 04 / 11   |
| <b>Author</b>            | Phelim Quinn  |
| <b>Presented by</b>      | Phelim Quinn  |
| <b>Purpose</b>           | <p>The purpose of this paper is to present a revised Enforcement Policy which provides the framework and principles within which RQIA will operate if there are concerns about the safety and quality of any area of service provision in a regulated establishment or agency.</p> <p>The revision of the Enforcement Policy took account of RQIA's learning from regulatory/enforcement practice and any legal advices received since the policy was issued in April 2009.</p> <p>The revised policy has included a section on 'Prosecution for Specified Offences'. It has also clarified matters pertaining to the right to make representation regarding a Failure to Comply Notice and Notice of Proposal. The policy states that RQIA will only consider representations related to a point of law and/or point of fact.</p> <p>Associated procedures and correspondence templates have been revised and will be issued to staff with the policy. The revised policy and associated procedures will form part of any future mandatory enforcement training for staff.</p> |
| <b>Executive Summary</b> | <p>The Enforcement Policy includes the following matters:</p> <ul style="list-style-type: none"> <li>• Introduction</li> <li>• The Purpose and Method of Enforcement</li> <li>• Scope of the Policy</li> </ul>  |

|                                   |  |
|-----------------------------------|--|
|                                   | <ul style="list-style-type: none"> <li>• Policy Statement</li> <li>• The Principles of Good Regulation and Enforcement</li> <li>• Legislative Framework</li> <li>• Prosecution for Specified Offences</li> <li>• Right to Make Representation and Appeals</li> <li>• Communication with Relevant Stakeholders</li> <li>• Responsibilities</li> <li>• Training</li> <li>• Equality</li> <li>• Review</li> <li>• Appendices 1-4</li> </ul> |
| <b>FOI Considerations</b>         | None   |
| <b>Equality Impact Assessment</b> | This policy was screened on 21 June and was considered to have a neutral impact implication for equality of opportunity, therefore it does not require a full equality impact assessment.  |
| <b>Recommendation/ Resolution</b> | The Board is asked to <b>APPROVE</b> the policy.   |
| <b>Next steps</b>                 | Following approval the policy will be disseminated to all staff and will be put onto the RQIA website.   |

# Enforcement Policy for the Regulated Sector

|   |   |
|---|---|
| <b>Policy type:</b>                       | <b>Operational</b>  |
| <b>Directorate area:</b>                  | <b>All Directorates</b>   |
| <b>Policy author / champion:</b>          | <b>Jackie Callan / Theresa Nixon, Director of Quality Assurance</b> |
| <b>Date(s) approved by Board:</b>         | Previous version:13 September 2007                                  |
| <b>Equality screened:</b>                 | 8 October 2008; 19 January 2009 and 21 June 2011                    |
| <b>Date approved by Executive team:</b>   | 2 April 2009; 22 June 2011  |
| <b>Date(s) approved by RQIA Board:</b>    | 9 April 2009  |
| <b>Date issued to RQIA staff:</b>         | 10 April 2009   |
| <b>Date(s) of Review:</b>                 | 9 April 2010;   |
| <b>Date(s) of Re-issue to RQIA staff:</b> |   |

| <b>Version number</b> | <b>Purpose / Changes</b>  | <b>Author</b> | <b>Date</b>               |
|-----------------------|---|---------------|---------------------------|
| V2_1                  | Review of Policy  | Jackie Callan | 3-02-2011                 |
| V2_2                  | Review of Policy  | Jackie Callan | 8-03-2011                 |
| V2_3                  | Review of Policy  | Jackie Callan | 9-03-2011                 |
| V2_4                  | Review of Policy  | Jackie Callan | 21-04-2011                |
| V2_5                  | Review of Policy  | Jackie Callan | 17-05-2011                |
| V2_6                  | Review of Policy  | Jackie Callan | 18-05-2011                |
| V2_7                  | Review of Policy  | Jackie Callan | 19-03-2011                |
| V2_8                  | Review of Policy  | Jackie Callan | 20-05-2011                |
| V2_9                  | Review of Policy  | Jackie Callan | 23-03-2011                |
| V2_10                 | Review of Policy  | Jackie Callan | 25-05-2011                |
| V2_11                 | Review of Policy  | Jackie Callan | 26-05-2011                |
| V2_12                 | Review of Policy  | Jackie Callan | 26-05-2011                |
| V2_13                 | Review of Policy following meeting of Project Team on 31052011 and comments from PQ on 01062011 | Jackie Callan | 03-06-2011 and 06-06-2011 |
| V2_14                 | Review of Policy following meeting of Project Team on 06062011                                  | Jackie Callan | 06-06-2011                |
| V2_15                 | Review of Policy following feedback from members of Project Team                                | Jackie Callan | 07-06-2011                |
| V2_16                 | Review of Policy following consultation   | Jackie Callan | 15-06-2011                |
| V2_17                 | Review of policy following EMT Policy Group on 22062011   | Jackie Callan | 22-06-2011                |
| V2_18<br>Final Draft  | Final review of policy approved by EMT before submission to Board (7072011) via RG              | Jackie Callan | 23-06-2011                |

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## 1.0 Introduction

### Background

- 1.1 The Regulation and Quality Improvement Authority (RQIA) was established on 1 April 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order). RQIA provides independent assurance about the quality, safety and availability of health and social care services in Northern Ireland, encourages continuous improvement in those services and safeguards the rights of service users.
- 1.2 This policy provides the framework and principles within which RQIA will operate if there are concerns about the safety and quality of service provision in regulated establishments or agencies. The appropriate use of enforcement powers, including prosecution, is important, both to secure compliance with legislation and minimum standards and to ensure that registered providers may be held to account for failures to safeguard the health, safety and welfare of service users. This framework sets out the general principles and approach which RQIA will follow in relation to enforcement and prosecution.

### The Purpose and Method of Enforcement

RQIA exists to be an effective regulator, to promote quality by identifying good practice, to reduce risk by exposing deficiencies where they exist and to improve outcomes for service users by, working with registered providers. When a registered provider or manager fails to comply with legislation or minimum standards, or the terms of registration, or a person operates an establishment/agency without being registered, RQIA has the power to take action. This is called enforcement.

- 1.3 Enforcement action is an essential element of the responsibilities of RQIA and we have a range of enforcement options to ensure compliance with regulations and minimum standards, to effect improvements and to afford protection to service users. In line with the principles set out below, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern.

Depending on the circumstances and assessment of risk, the options range from:

|  |
|--|
| Providing advice and guidance                        |
| Making a recommendation based on minimum standards   |
| Issue an Improvement Notice                          |
| Making a requirement against a breach of regulation  |
| Issue a Notice of Failure to Comply with Regulations |
| Impose, vary or remove conditions on registration    |
| Cancel registration                                  |
| Prosecute for specified offences*                    |

*\*It should be noted that RQIA may prosecute in conjunction with other enforcement actions, for example cancellation of registration or as a separate process, for example, non-registration of a service or registered person.*

- 1.4** It should be noted that the above options are not mutually exclusive and RQIA may take a range of enforcement actions in regard to a registered service at the same time, provided the action is related to separate breaches of standards and/or regulations. RQIA may increase inspection activity for a period of time to monitor compliance and ensure the necessary improvements are being made, in line with the requirements made by RQIA as a result of regulatory activity. RQIA may also escalate enforcement actions against a provider at any time; this will be proportionate and related to the level of risk to service users and seriousness of any breach of regulation. RQIA will follow up enforcement action to ensure that quality improvements are achieved. **(Refer to Appendix 1 – Enforcement Flowchart)**

## **2.0 Scope of the Policy**

- 2.1** This policy will apply to the regulation and inspection of all establishments and agencies as specified within the 2003 Order.
- 2.2** All staff undertaking regulation and inspection activity and who take enforcement decisions, are required to adhere to RQIA's Enforcement Policy and associated Procedures.
- 2.3** This policy should be read in conjunction with the associated enforcement procedures and other RQIA policies and procedures including:
- RQIA's Inspection Policy
  - RQIA's Policy and Procedure on the Management and Handling of Complaints against RQIA (which deals with complaints about an individual employee or how RQIA conducts its business)
  - Policy and Procedure for Search of Premises and Seizure of Property (Code B Notice) (which applies to a specific set of circumstances concerning an investigation by RQIA into an alleged offence)
  - RQIA Escalation Policy

## **3.0 Policy Statement**

- 3.1** RQIA will ensure that all enforcement action will be taken in accordance with the relevant legislation, its subordinate regulations and policy. A stepped approach to enforcement will normally be adopted. However, this stepped approach would not rule out the option of RQIA moving directly to legal action, including prosecution.

## **4.0 The Principles of Good Regulation and Enforcement**

- 4.1** RQIA believes in a system of firm but fair regulation and has adopted the principles outlined in *the Better Regulation Task Force (Principles of Good Regulation, Cabinet Office publications, October 2003)*. These key principles

underpin this policy and associated procedures and are explained further below:

**4.2 Proportionality** - RQIA will endeavour to ensure that all enforcement action will be in proportion to the risks identified, seriousness of any breach of the law and to the action required by registered persons to make improvements.

**4.3 Consistency** - RQIA will endeavour to ensure that it takes a consistent approach to the regulation of registered services and the application of the enforcement procedure. However, consistency does not mean uniformity.

RQIA needs to take account of many variables; the impact of the breach or incident, the degree of risk, the attitude and actions of management, any history of incidents and breaches, and previous enforcement actions. Decisions on enforcement action are a matter of professional judgement and RQIA, through its officers, will exercise discretion in individual cases.

**4.4 Targeting** - RQIA will endeavour to ensure that its resources are targeted primarily on services that are most at risk of failing to meet the required minimum standards, and on those directly responsible for the risk and/or lack of improvement, who should be held to account.

**4.5 Transparency** - RQIA will aim to provide clear information to registered persons / managers about improvements required and reasons for any recommendations, requirements or enforcement actions taken. Enforcement action will be based on documented evidence. Inspection reports will provide information to service users about any recommendations, requirements or proposed legal procedures.

**4.6 Accountability** - RQIA will take full accountability for the actions/omissions of its officers in the proper application of this policy and its associated procedures. All enforcement notices issued by RQIA under the 2003 Order, will include information on the registered person's right to make representation and the right of appeal to the Care Tribunal, where appropriate.

## **5.0 Legislative Framework**

**5.1** All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

**5.2** Offences and penalties under the Order are outlined in **Appendix 2**.

**5.3** Service specific regulations relating to offences and Failure to Comply Notices under the Order are outlined in **Appendix 3**.

**5.4** Registered persons/managers should also ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency issued by the Department of Health, Social Services and Public Safety (DHSSPS).

The list of minimum standards (DHSSPS) is available on our web site. (<http://www.rqia.org.uk/home/index.cfm>)

**5.5** In most circumstances and where appropriate, RQIA will make recommendations and requirements for quality improvement through regulation and inspection activity. Where a service is identified at risk of failing to meet minimum standards, RQIA will consider the various options to support the establishment or agency to make the necessary improvements.

**5.6** The 2003 Order provides RQIA with statutory powers to take enforcement action to protect the safety of service users where there are significant failings and/or lack of improvement in the quality of service provision. The following enforcement actions may be taken:

- **An Improvement Notice** under Article 39 may be served where RQIA decides an establishment or agency is failing to meet DHSSPS minimum standard
- **A Failure to Comply Notice** may be served where RQIA decides there is a failure to comply with an Improvement Notice and the non-compliance is linked to a breach of regulations or where the service provided is in breach of regulations including non-compliance with conditions of registration (**Refer to Appendix 2 & 3**)
- **A Notice of Proposal** under Article 18 may be issued by RQIA at any time to give notice of decisions it intends to take with respect to applications for registration, cancellation of registration or any changes to the conditions of registration
- **Cancellation of Registration** under Article 15 may be commenced by RQIA at any time, but would not normally be the first step in enforcement action. It is more likely to be used where other actions have failed to ensure compliance and quality improvement by the establishment or agency
- **An urgent procedure for cancellation** via the court under Article 21 may be taken if RQIA believes there is serious risk to the life, health and wellbeing of any service user and urgent action is required.

## 6.0 Prosecution for Specified Offences

### Purpose

6.1 The use of prosecution is an important part of enforcement. It aims to punish wrongdoing, to avoid a recurrence and to act as a deterrent to others. It follows that it may be appropriate to use prosecution in conjunction with other enforcement actions, for example cancellation of registration and/or imposing conditions on registration. RQIA will also consider prosecution for non registration when a person carries on or manages an unregistered establishment or agency under the 2003 Order.

6.2 RQIA recognises that the commencement of a prosecution is a serious matter that should only be taken after full consideration of the implications and consequences. Decisions about prosecution will take account of the principles in the Code for Crown Prosecutors.  
([www.cps.gov.uk/victims\\_witnesses/code.html](http://www.cps.gov.uk/victims_witnesses/code.html))

### Evidence and Public Interest Tests

6.3 RQIA will not commence or continue a prosecution unless it is satisfied that there is sufficient, admissible and reliable evidence that an offence has been committed and that there is a realistic prospect of conviction. If the case does not pass this evidential test, it will not go ahead.

Where there is sufficient evidence, a prosecution will not be commenced or continued, unless RQIA is satisfied that it is in the public interest to do so.

## 7.0 Right to Make Representation and Appeals

7.1 All subordinate regulations pertaining to registered establishments/ agencies (except those relating to nursing homes, residential care homes and independent health care) make provision for registered persons to have a right of representation regarding a Failure to Comply Notice. In line with the principles underpinning this policy and good governance, all registered persons have the opportunity to make formal written representation to RQIA regarding the issue of a Failure to Comply Notice. **However, it should be noted that RQIA will only consider representations related to a point of law and/or a point of fact.**

7.2 Any other matters relating to enforcement action, should be brought to the attention of the relevant Head of Programme/inspector for the service in the first instance, as part of the inspection process.

7.3 Service specific regulations make provision for **all** registered persons to have the right of representation in respect of a Notice of Proposal.

7.4 Registered persons or prospective registered persons have the right of appeal to the Care Tribunal in two circumstances:

- Following the issue of a Notice of Decision which has either refused, cancelled, varied or placed conditions on registration under Article 20 of the 2003 Order
- When a court order has been made to immediately cancel or make changes to the registration of an establishment or agency under Article 21 of the 2003 Order.

**7.5** Any appeals must be lodged by the registered / prospective registered person within 28 days of the issue of the Notice of Decision or court order being served.

## **8.0 Communication with Relevant Stakeholders**

**8.1** As part of RQIA's regulatory framework, we publish inspection reports and quality improvement plans which identify areas where further improvements in health and social care are required. Completed inspection reports for service specific establishment/agencies are available on our website. RQIA also publishes an annual report which incorporates information about our inspection activities and enforcement action. (<http://www.rqia.org.uk/home/index.cfm>)

**8.2** RQIA will inform all relevant stakeholders if they have concerns about the quality of service provided in a registered establishment/agency. Relevant stakeholders will include those responsible for commissioning, delivering, overseeing and regulating health and social care.

**8.3** This will include:

- commissioners including the Health and Social Care Board and the Public Health Agency where appropriate and the relevant Trust(s)
- referral to the Independent Safeguarding Board, Protection of Children and Vulnerable Adults Team if relevant
- liaison with relevant regulators if professional codes of conduct have been breached, i.e. GMC, NMC and NISCC

**8.4** RQIA also has a statutory duty under the 2003 Order to inform the Department of Health, Social Services and Public Safety (DHSSPS) about the quality of health and social care services.

## **9.0 Responsibilities**

**9.1 RQIA Board** - is responsible for approving this policy and procedure and holds the Chief Executive accountable for its implementation.

**9.2 The Chief Executive** - is accountable for the effective implementation of this policy and procedure. S/he will delegate responsibility to the Director of Operations for the operational management of the policy and procedure.

**9.3 The relevant director with responsibility for the regulation of services** - is responsible for the effective operation of this policy and associated

procedures, supported by other staff referred to in 9.4 to 9.7. S/he will ensure that appropriate training and guidance is provided to all appropriate staff.

- 9.4 Heads of Programmes** - are responsible for the day-to-day operation of this policy and procedure and will ensure that staff are appropriately supervised and supported in the implementation of any enforcement action. Heads of Programmes will endeavour to ensure consistency and standardisation of approach in all enforcement activity across operational teams. Heads of Programmes must also ensure that all information relating to enforcement activity is kept up to date and shared with the information / registration team as appropriate.
- 9.5 Inspectors / Quality Reviewers** - are responsible for their own practice and will ensure that they are up-to-date on all enforcement matters and that all activities are undertaken in accordance with the spirit and intention of this policy and procedure. They must actively provide peer support for colleagues where enforcement action is being considered.
- 9.6 Communication Manager** - is responsible for the management of communication activities regarding all aspects of the Enforcement Policy and associated procedures.
- 9.7 Information Manager** - S/he must ensure that systems are in place to record enforcement action and to update RQIA's register of establishments and agencies, and for re-issuing Certificates of Registration where necessary, following enforcement action.  
**(See Appendix 4 – Flowchart of Responsibilities)**

## **10.0 Training**

- 10.1** Mandatory training on this policy and procedure will be provided on an annual basis by Heads of Programme and/or Senior Officers for all relevant staff involved in the process of regulating and inspecting establishments or agencies, to ensure its effective implementation.
- 10.2** Areas covered will include shared learning from a reflection on enforcement action undertaken in the previous year and the following:
- Legislative framework governing registered establishment or agencies
  - Improvement strategies
  - Review planning
  - Reaching decisions about enforcement action
  - Enforcement options
  - Enforcement procedure

## **11.0 Equality**

**11.1** This policy was equality screened on the 8 October 2008, 19 January 2009 and 21 June 2011 and was considered to have a neutral impact implication for equality of opportunity, therefore the policy does not require to be subjected to a full equality impact assessment.

## **12.0 Review of the Policy**

**12.1** This policy will be reviewed on an annual basis.

## **13.0 Development and Stakeholder Consultation**

**13.1** The Enforcement Policy has been revised in consultation with relevant staff and managed by a Project Team.

**APPENDIX 1**

**ENFORCEMENT FLOWCHART**



Enforcement  
Flowchart

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**Offences and Penalties Under the Order****APPENDIX 2**

Offences and Penalties under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

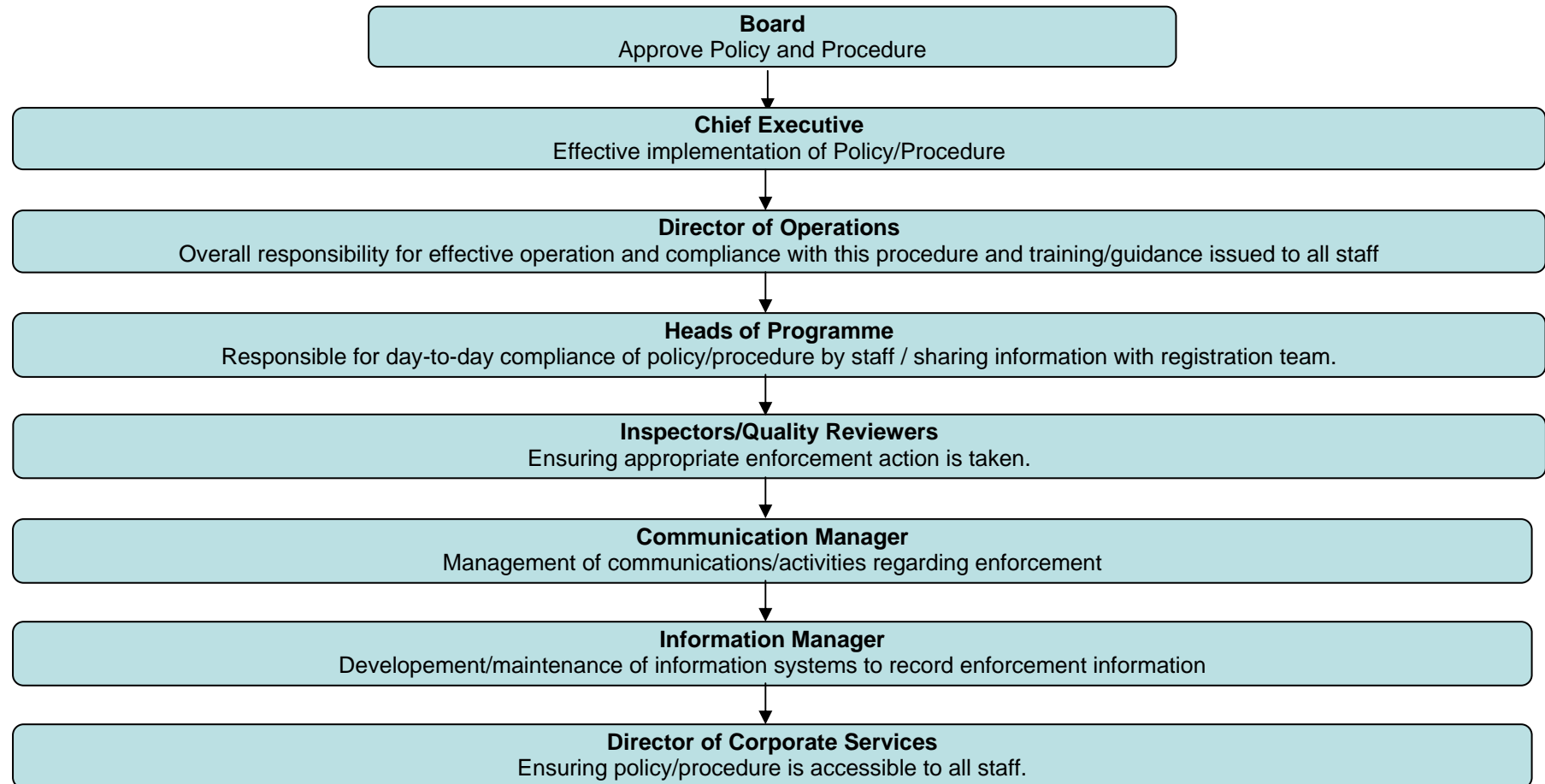
| <b>LEGISLATION</b> | <b>OFFENCE</b>                                    | <b>PENALTY</b>   |
|--------------------|---|--|
| Article 12         | Failure to register                               | Fine not exceeding Level 5 and in some situations imprisonment for a term not exceeding 6 months |
| Article 24         | Failure to comply with conditions of registration | Fine not exceeding Level 5   |
| Article 25         | Failure to comply with regulations                | Fine not exceeding Level 4   |
| Article 26         | False descriptions of establishments and agencies | Fine not exceeding Level 5   |
| Article 27         | False statements in application                   | Fine not exceeding Level 4   |
| Article 28         | Failure to display certificate of registration    | Fine not exceeding Level 2   |

**Service Specific Regulations****APPENDIX 3**

The Residential Care Homes Regulations (Northern Ireland) 2005  
The Nursing Homes Regulations (Northern Ireland) 2005  
The Nursing Agencies Regulations (Northern Ireland) 2005  
The Independent Health Care Regulations (Northern Ireland) 2005  
The Children's Home Regulations (Northern Ireland) 2005  
The Domiciliary Care Agencies Regulations (Northern Ireland) 2007  
The Day Care Setting Regulations (Northern Ireland) 2007  
The Residential Family Centre (Northern Ireland) 2007  
The Adult Placement Agencies Regulations (Northern Ireland) 2007

| <b>Regulations which deal with Offences and Failure to comply<br/>Notices</b> |       |       |       |    |       |
|---|-------|-------|-------|----|-------|
| Residential Care Homes 2005   | 36(1) | 36(3) | 36(4) | 37 | 36(2) |
| Nursing Homes 2005  |       |       |       |    |       |
| Nursing Agencies 2005   | 28(1) | 28(3) | 28(4) | 27 | 28(2) |
| Independent Health Care 2005  | 42(1) | 42(3) | 42(4) | 41 | 42(2) |
| Children's Homes 2005   | 40(1) | 40(3) | 40(4) | 41 | 40(2) |
| Domiciliary Care Agencies<br>2007   | 32(1) | 32(3) | 32(4) | 31 | 32(2) |
| Day Care Settings 2007  | 35(1) | 35(3) | 35(4) | 36 | 35(2) |
| Residential Family Centres<br>2007  | 36(1) | 36(3) | 36(4) | 37 | 36(2) |
| Adult Placement Agencies<br>2007  | 39(1) | 39(3) | 39(4) | 38 | 39(2) |

**Flowchart of responsibilities for implementation of Enforcement Procedure**



## RQIA Board Meeting

|                            |   |
|----------------------------|---|
| Date of Meeting            | 7 July 2011   |
| Title of Paper             | Second National Preventive Mechanism Annual Report  |
| Agenda Item                | 10  |
| Reference                  | N / 04 / 11   |
| Author                     | Phelim Quinn  |
| Presented by               | Phelim Quinn  |
| Purpose                    | <p>This report has been prepared for consideration by Her Majesty's Inspectorate of Prisons (HMIP), acting as the appointed co-ordinator of National Preventive Mechanisms (NPM) designated by the UK government, in fulfilment of its obligations under the United Nations Optional Protocol to the Convention Against Torture (OPCAT).</p> <p>The UN sub-committee also set up under the Protocol requires an annual State report. The information contained in this Report is presented in the existing format used by HMIP to capture NPM information, and has been prepared to aid the compilation of an annual report during summer 2011.</p> |
| Executive Summary          | <p>This report gives an overview of RQIA's responsibilities under OPCAT and answers a series of 15 questions as laid out by HMIP as the coordinating body.</p> <p>It is anticipated that the full OPCAT report will be published in the Autumn</p>  |
| FOI Considerations         | None  |
| Equality Impact Assessment | Not applicable  |
| Recommendation/Resolution  | The Board is asked to <b>NOTE</b> this report.  |

**Next steps**

This report will be forwarded to HMIP. Its scheduled publication date is 13 December 2011



**Second**

**National Preventive Mechanism  
Annual Report**

**1 April 2010 - 31 March 2011**

**June 2011**

## Questionnaire for Members – Second NPM Annual Report

The second annual report of the UK's NPM covers the period 1 April 2010 to 31 March 2011. Only work carried out during this period should be included. The scheduled publication date for this report is 13 December 2011.

### Section 1: Monitoring work

The second annual report will describe the detention monitoring activities of all NPM members, organised according to the type of detention visited. Your answers to the questions in this section will help Laura compile this part of the report.

- 1) What type(s) of detention were you responsible for monitoring during 2010-11?  
*(Please tick all that apply and answer all questions in Section 1 for each type of detention)*

- |                                   |  |
|-----------------------------------|--|
| Prisons                           | <input checked="" type="checkbox"/>      |
| Police custody                    | <input type="checkbox"/>                 |
| Court custody                     | <input type="checkbox"/>                 |
| Immigration detention             | <input type="checkbox"/>                 |
| Children in secure accommodation  | <input checked="" type="checkbox"/>      |
| Detention under mental health law | <input checked="" type="checkbox"/>      |
| Deprivation of liberty safeguards | <input type="checkbox"/>                 |
| Military detention                | <input type="checkbox"/>                 |
| Other                             | <input type="checkbox"/> Please specify: |

- 2) What visits or inspections have you carried out in the relevant period?

In the period 1 April 2010 to 31 March 2011 RQIA inspected a wide range of state facilities in line with its core legislative functions. These facilities fall within both the health and care and the criminal justice systems.

The health and social care facilities include:

- mental health and learning disability facilities and services
- residential care homes
- nursing homes
- children's homes
- secure children's accommodation

Within the criminal justice system RQIA carries out visits and inspection to:

- prisons
- juvenile justice centre

In the course of the last year RQIA has had oversight of the detention process for 1353 patients under the Mental Health (Northern Ireland) Order 1986. Table 1 outlines the number of patients detained by health and social care (HSC) trusts.

Table 1: Number of patients detained by health and social care (HSC) trust

|                                | Belfast HSC Trust (BHSCT) | Northern HSC Trust (NHSCT) | South Eastern HSC Trust (SEHSCT) | Southern HSC Trust (SHSCT) | Western HSC Trust (WHSCT) | Total |
|--------------------------------|---------------------------|----------------------------|----------------------------------|----------------------------|---------------------------|-------|
| Number of patients interviewed | 397                       | 306                        | 254                              | 214                        | 182                       | 1,353 |

Table 2 outlines the number and type of facilities inspected in the reporting period in respect of mental health and learning disability facilities. These inspections are carried out on an announced and unannounced basis. , Over the past year RQIA has responded to concerns raised by staff and by members of the public in respect of mental health and learning disability services.

Table 2: Types of **mental health and learning disability** services inspected by HSC trust (October 2010-March 2011)

|  | BHSCT | NHSCT | SEHSCT | SHSCT | WHSCT | Total |
|--|-------|-------|--------|-------|-------|-------|
| Acute inpatient Mental Health                        | 5     | 5     | 3      | 2     | 4     | 19    |
| Continuing Care/Rehabilitation (Mental Health)       | 1     | 2     | 2      | 3     | 1     | 9     |
| Continuing Care/Rehabilitation (Learning Disability) | 3     | 0     | 0      | 1     | 1     | 5     |
| Dementia Assessment and Treatment                    | 0     | 0     | 1      | 0     | 0     | 1     |
| Learning Disability Assessment &                     | 5     | 0     | 0      | 0     | 3     |       |

|                      |    |   |   |   |    |     |
|----------------------|----|---|---|---|----|-----|
| Treatment            |    |   |   |   |    | 8   |
| PICU (Mental Health) | 1  | 1 | 1 | 0 | 1  | 4   |
| <b>TOTALS</b>        | 15 | 8 | 7 | 6 | 10 | 46* |

(\* inspection programme commenced October 2010)

This programme of inspection was further supplemented by a programme of patient experience reviews. This programme is aimed at keeping under review the care and treatment provided to detained patients (Article 86 the Mental Health (Northern Ireland) Order 1986). This involved offering each detained patient the opportunity to participate in a private interview with RQIA inspection staff to discuss the care and treatment provided. During the course of the year RQIA met with 133 patients through this programme.

While this is a separate process from the inspection programme, findings contribute to the overall assessment of each facility and areas of concern are raised with ward staff on the day of the interviews.

In addition, as a result of concerns about the cleanliness and infection control practices in some of these facilities RQIA inspectors identified requirements for hygiene and infection control inspections. This led to unannounced hygiene and infection control inspections at 10 facilities during the reporting period.

In addition, under the Mental Health (Northern Ireland) Order 1986, RQIA had oversight of the guardianship processes for 80 service users.

RQIA, in conjunction with Criminal Justice Inspection Northern Ireland (CJI) and Her Majesty's Inspectorate of Prisons (HMIP), carried out an unannounced inspection of Hydebank Wood Young Offenders Centre and Ash House Women's Prison. RQIA, as the lead oversight agency, specifically examined the provision of health and social care. Reports on these inspections will be completed in autumn 2011.

In July 2010, in conjunction with CJI, RQIA carried out an inspection of Roe House in Maghaberry Prison. This followed a concerted campaign by prisoners to damage sanitary ware, its non-replacement by prison authorities and subsequent concerns by a number of non-governmental organisations (NGOs) about the potential dangers to prisoner health. Pre inspection information confirmed that there were no concerns regarding the health of prisoners, however, under the Optional Protocol to the Convention against Torture (OPCAT), a specific joint inspection was undertaken.

In March 2011, RQIA and CJI carried out an inspection over five days of Woodlands Juvenile Justice Centre.

In line with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, RQIA registers and inspects 1,074 establishments and agencies. RQIA, in line with its NPM responsibilities conducts its

inspections using a human rights based approach. In the reporting period, RQIA carried out 2,614 inspections of these services.

The programme included 173 inspections to 53 children's homes and Lakewood Secure Unit, a purpose-built regional health and social care secure facility, providing a high level of physical security with controlled access and supervision. Close supervision of the resident young people is maintained on a 24 hour basis by trained social work and care staff.

In October 2010 RQIA carried out a review of the Western Health and Social Care Trust's (WHSCCT) handling of a case which focused on the care and treatment of two men with learning disability who were found to have sexually abused children over a period of three decades, but did not have the mental capacity to stand trial (the McDermott brothers' case). This review was commissioned by the Department of Health, Social Services and Public Safety, In carrying out this review RQIA was mindful of its role in the oversight of the care and treatment of the men whilst voluntary in-patients in a mental health facility.

In 2010, RQIA carried out a review of tiers two, three and four of Northern Ireland's child and adolescent mental health services (CAMHS). This review looked specifically at the care of young people under the age of 18 years in adult wards. A number of these young people are detained under the Mental Health (Northern Ireland) Order 1986. RQIA, as part of ongoing oversight of these cases, requires all health and social care trusts to provide risk assessments and management programmes aimed at safeguarding young people and to maintain a register of all such admissions. The report of the CAMHS review was published in 2011.

- 3) What reports of visits or inspections have been published?  
*(Please provide links to documents or attachments where relevant)*

RQIA produces an overview of its inspection and oversight activities. Copies of these reports are available on RQIA's website, [www.rqia.org.uk](http://www.rqia.org.uk). RQIA's annual report for 2010 – 2011 will be available in autumn 2011. This report includes an overview of RQIA's activities under the Mental Health (Northern Ireland) Order 1986 and its responsibilities as a NPM.

Additionally, RQIA published all inspection reports of regulated sector services providing health and social care to adults (see: [www.rqia.org.uk/inspections/inspections.cfm](http://www.rqia.org.uk/inspections/inspections.cfm))

An overview of all inspection activity in regulated sector services will be published in autumn 2011.

It is anticipated that individual reports of RQIA inspections of mental health and learning disability services will be available on RQIA's website by August 2011. An overview of RQIA's activities under the Mental Health (Northern Ireland) Order 1986 will be available in autumn 2011.

- 4) Have you published other documents relating to detention that have not concerned an individual visit or inspection? (e.g. a thematic report, evidence to Parliament, a consultation response)  
*(Please summarise and provide links to documents or attachments where relevant)*

During 2010-11 RQIA conducted reviews of child and adolescent mental health services in Northern Ireland

(see:

[www.rqia.org.uk/cms\\_resources/RQIA%20CAMHS%20Report%202022%20Feb%2011.pdf](http://www.rqia.org.uk/cms_resources/RQIA%20CAMHS%20Report%202022%20Feb%2011.pdf)) and of the McDermott brothers' case (see:

[www.rqia.org.uk/cms\\_resources/McDermott\\_Rpt\\_final\\_10112010.pdf](http://www.rqia.org.uk/cms_resources/McDermott_Rpt_final_10112010.pdf))

5) What key themes have arisen during the year and are a cause for concern?

In respect of mental health and learning disability service inspections, the key themes and concerns emanating from the programme include:

- Issues relating to how patients are informed of their rights, this includes issues of informed consent.
- Effective engagement with Patients in the planning of their care and treatment whilst in hospital.
- Limited access to independent advocacy
- Deficit of patient focused information on admission and discharge leading to continuity of care being compromised.
- Instances of poor patient assessment.

Patient experience reviews highlighted a number of issues: limitation in patient access to accompanied and unaccompanied time out of the ward; privacy and dignity; and, limited access to smoking facilities.

In respect of the admission of children and young people to secure accommodation concerns include:

- Inconsistent functioning of restriction of liberty panels.
- Limitations in trust prevention and intervention strategies supporting young people in the community and helping avoid the breakdown of community placements.

A wide range of findings in respect of the 1,073 registered services are detailed within individual inspection reports (see: [www.rqia.org.uk/inspections/inspections.cfm](http://www.rqia.org.uk/inspections/inspections.cfm)). Further detail of emerging themes from the inspections across all regulated sector services will form the basis of RQIA's annual regulation report to be published in autumn 2011.

The outcomes of the review of CAMHS highlighted limitations in the exploration of alternatives to hospital admission and evidence of poor access to education whilst the young person remains as an in-patient.

The review of the McDermott brothers' case highlighted the absence of regional guidance for health and social care staff in the use of supervision and treatment orders as outlined in the Mental Health (Northern Ireland) Order 1986. This has subsequently been rectified by the publication of guidance by DHSSPS.

6) Are there any issues on which you have identified considerable progress this year?

RQIA's follow-up hygiene inspections of mental health and learning disability facilities evidenced improvement in the ward environments visited. Initial reports of these inspections are available at:

[www.rqia.org.uk/publications/infection\\_control\\_and\\_hygiene\\_inspections.cfm](http://www.rqia.org.uk/publications/infection_control_and_hygiene_inspections.cfm)

A further range of inspection reports will be available on RQIA's website in autumn 2011.

Improvements in the conditions in Roe House, Maghaberry Prison were noted shortly after the inspection in July 2010.

7) What priorities have you identified for next year, if any? Are there any particular themes your organisation intends to work on?

- Mental health and learning disability services
  - the human rights theme of protection, which includes assessment of the use of seclusion, restrictive practices and physical restraint
  - safeguarding vulnerable adults and children in mental health and learning disability hospitals
  - a review of risk assessment and management in mental health services with a specific focus on those with a dual diagnosis of substance misuse and mental disorder
  
- Regulated sector services
  - a range of standards have been selected for specific attention during the year 2011-12 these are taken from the DHSSPS minimum care standards relevant to each service type
  - specific assessment of how regulated sector services address the sensory support needs of service users
  - review of care of individuals subject to guardianship under the Mental Health (Northern Ireland) Order 1986 ongoing announced and unannounced inspections of Lakewood Children's Secure Unit
  - focused financial inspections in services to people with learning disability
  
- A programme of inspection across Northern Ireland prisons (in conjunction with HMIP and CJI)

8) Have you carried out any joint work with another NPM member? How has this benefited you/your visits or inspections?

In the last year RQIA has worked closely with CJI and HMIP in the inspection of prisons and other parts of the criminal justice system. It is anticipated, as outlined above, that this work will continue.

In February 2011 RQIA coordinated an inaugural round table discussion with NPMs in Northern Ireland. This discussion also included other NGOs and parties interested in human rights issues of those held in places of detention.

- 9) What recommendations, if any, do you think the NPM could make in relation to the types of detention you visit/inspect?

A number of specific recommendations have been made to the individual places inspected by RQIA in its role as NPM. It is anticipated that further clarification on issues relating to individuals and groups held in places of detention will emerge over the course of the next year.

One key issue emanating from the joint NPM workshop in February 2011 was the need for co-working with other NPMs and interested parties in ensuring that the rights of detainees are promoted and protected.

## **Section 2: About your organisation**

The annual report will also contain a short paragraph profiling each member of the NPM. This profile will serve as a brief reminder to readers about the member's role (readers will be directed to the first annual report for more detailed information). These short profiles should also include any new information about members – e.g. changes to mandate or structure or significant changes to methodology. Your answers to the questions in this section will help Laura prepare each member's profile and will also contribute to a general discussion in the report of the UK's NPM and its relationship with OPCAT.

- 10) Have there been any significant changes to your organisation in 2010-11 that you wish to include in your short profile? For example changes to remit, structure, methodology etc. profile recently updated

Although not specifically related to its role as a NPM, RQIA commenced the regulation of private dental treatment and care from 1 April 2011. This new role requires RQIA to register and inspect an additional 400 establishments (private dental practices) across Northern Ireland.

In the course of the next year RQIA will be consulting and agreeing on its corporate strategy. and its programme of governance, service and thematic reviews across health and social care for the period 2012-15.

RQIA is currently consulting on organisational restructuring. Any new structure will ensure that RQIA retains its focus on human rights issues and more specifically its responsibilities as a NPM. It is anticipated that the new structure will be in place by December 2011.

- 11) Do you feel your organisation meets the requirements of OPCAT?<sup>1</sup> Please detail any concerns you may have.

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<sup>1</sup> OPCAT requires that NPMs be independent and sufficiently resourced. NPM personnel should also be independent, have the required capabilities and professional knowledge and be diverse. OPCAT requires that NPMs regularly examine the treatment of detainees; make recommendations to improve treatment and conditions and prevent ill-treatment; take human rights into account; submit proposals or comments on existing or draft legislation. OPCAT requires NPMs to have access to all places of detention, to information about detainees and places of detention, and to information about the treatment and conditions of detention; to be able to speak to detainees and others in private; and to choose when to visit a place of detention and who to speak to.

RQIA believes it has embraced the principles underpinning its role as a NPM and promotes its role in this area widely within and beyond Northern Ireland. The further development of its human rights based approach to regulation and oversight will ensure that the NPM role and function will continue to have a high profile within RQIA.

12) What impact, if any, has being designated as a member of the NPM had on your organisation and its work?

RQIA's role as a NPM has raised its profile both inside and outside health and social care settings. The role has also led to continued development of the relationship with other NPMs and interested parties across Northern Ireland.

13) Is your organisation facing any particular challenges in carrying out its role as a national preventive mechanism? (e.g. is your organisation or budget under threat, are structural changes being proposed etc)

In common with all public sector organisations, RQIA has been subject to an increasing range of efficiency and effectiveness targets. This has led to a review of current inspection regimes within the organisation. However RQIA wishes to stress that, to date, its role as a NPM has not been compromised.

14) Have you been invited, on the basis of your membership in the NPM, to take part in any activities such as giving presentations about your work or the work of the UK NPM? (e.g. giving a presentation to an NPM from another country)

As outlined above, in February 2011 RQIA coordinated an inaugural round table discussion with NPMs in Northern Ireland. This discussion also included other NGOs and parties interested in human rights issues of those held in places of detention.

RQIA has also been asked to present at the four (UK) jurisdictions mental capacity and guardianship working group conference in March 2012.

#### **Finally...**

15) Is there anything else about your organisation and its work in 2010-11 that you think should be included in the NPM's annual report?

No further comment.

**Phelim Quinn**

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