

AGENDA

RQIA Board Meeting
Board Room, 9th Floor, Riverside Tower
11 March 2010, 2:00pm

PUBLIC SESSION

Item	Paper Ref	
1		Welcome and Chairman's remarks 2:00pm
2	min/Jan/10	Minutes of the meeting of the Board held on Thursday 14 January 2:05pm APPROVE
3		Matters arising from minutes 2:10pm
4		Declaration of Interests 2:15pm
5	E/02/10	Chairman's report - Chairman 2:20pm NOTE
6	F/02/10	Chief Executive's Report - Chief Executive 2:25pm NOTE
7	G/02/10	Finance Report - Director of Corporate Services 2:40pm NOTE
8	H/02/10	Quarterly Report - Director of Corporate Services 2:50pm NOTE
9	I/02/10	Audit Committee Business - Committee Chairman 3:20pm
		To include:
		<ul style="list-style-type: none"> Approved Minutes of meeting of 22 October Draft Minutes of meeting of 28 January
10	J/02/10	RQIA Counter Fraud Policy and Plan - Director of Corporate Services 3:35pm APPROVE
11	K/02/10	Review of Standing Orders - Director of Corporate Services 3:50pm APPROVE
12	L/02/10	Update on Draft RQIA Business Plan 2010/11 - Director of Corporate Services 4:00pm NOTE

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|----|--|----------------|------------------------|
| 13 | Mental Health and Learning Disability - Director of Operations | M/02/10 | 4:20pm
NOTE |
| 14 | Update on a Rights Based Approach - Director of Operations | N/02/10 | 4:35pm
NOTE |
| 15 | Transfer of Responsibility for IRMER to RQIA - Director of Operations | O/02/10 | 4:45pm
NOTE |
| 16 | Board Nomination for a short-term Working Group to Develop a New Communications Strategy for RQIA - Director of Corporate Services | P/02/10 | 4:55pm |
| 17 | Any Other Business | | 5:00pm |

Date of next meeting:
2:00pm, 13 May 2010, Venue TBC

MINUTES

RQIA Board Meeting Dufferin Room A, Downshire Hospital, Downpatrick 14 January 2010, 2pm

Present

Ian Carson (Chairman)
Richard Adams
Geraldine Donaghy
Ruth Laird
Allen McCartney
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)

Apologies

Lilian Jennett
Patricia McCoy

Apologies

None

PUBLIC SESSION

10.01 Welcome and Chairman's Remarks

- 10.01.1 The Chairman welcomed Board members and Officers of the Board to the meeting. He noted apologies from Board members Lilian Jennett and Patricia McCoy.
- 10.01.2 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.
- 10.01.3 The Chairman advised that the four Board members awaiting reappointment to the Board had now received confirmation of their reappointment. He added that he did not know when the recruitment process was due to commence for the three vacancies on the Board.

10.02 Minutes of the meeting of the Board held on Thursday 12 November [Paper min/Nov/09]

- 10.02.1 The Board **APPROVED** the minutes of the meeting of the Board meeting held on 12 November, subject to the amendment, "aligned with the the strategic objectives" in paragraph 09.104.1.

Resolved Actions

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

10.03 Matters arising from minutes

10.03.1 The Chairman advised that the action list from the last meeting had been completed and sought updates on any other matters arising.

09.99.2 Friends of Foyleville

10.03.2 The Director of Operations advised the Board that RQIA had responded to a written submission from the Friends of Foyleville but that the group remained concerned, particularly around the issue of staffing levels in the unit. He added that RQIA is continuing a dialogue with the group.

09.103.2 Meeting with Paul Long

10.03.3 A Board member asked if there were any developments arising from RQIA's meeting with Paul Long. The Chief Executive advised the Board that the session had been useful and that the key learning for RQIA was around ensuring the robustness of its systems for collating and analysing information relating to concerns, particularly information from different sources. He added that the session would assist RQIA in formulating its approaches to risk assessment and the management of serious concerns. The Director for Service Improvement added that NHS Trusts and statutory services in England are now registered with CQC.

09.108.5 Advocacy Training

10.03.4 A Board member asked if the advocacy training had taken place. The Director of Operations advised that the training was due to take place in May 2010 and the Board would be informed. He stated that the Human Rights Advisor had asked for nominations from Board members for attendance at the training.

09.106.2 Feedback on RQIA Corporate Strategy

10.03.5 A Board member asked if the feedback on the consultation on the RQIA Corporate Strategy had been shared with those who had responded. The Director of Corporate Services informed the Board that, following the approval of the Strategy by DFP Supply, the summary of the consultation responses had been placed on the RQIA website and sent to the respondents.

09.102.2 Information Sharing Protocol with NI Ombudsman

10.03.6 The Director of Quality Assurance confirmed that the protocol would be available at the Board meeting in March.

10.04 Chairman's report - Chairman [Paper A/01/10]

- 10.04.1 The Chairman presented his report to the Board and advised that he would share the minutes of the recent Accountability Review with Board members, when available.
- 10.04.2 The Chairman informed the Board of RQIA's attendance at an HSC Commissioning workshop and advised that the event had shown that the relationships between the new HSC organisations are not fully developed but that RQIA's input to the event had been welcomed.
- 10.04.3 The Chairman advised the Board that he had met with the Permanent Secretary, and that the meeting had been useful.
- 10.04.4 The Chairman concluded his report by informing the Board of RQIA's presence at the recent Assembly debate. He welcomed the references made at the debate around the independence of RQIA.
- 10.04.5 The Board **NOTED** the Chairman's Report.

Resolved Actions

- **Minutes of Accountability Review meeting to be shared with Board members**
- **Board members to forward expressions of interest for the advocacy training to the Committee Services Manager**

10.05 Chief Executive's Report - Chief Executive [Paper B/01/10]

- 10.05.1 The Chief Executive presented his Report to the Board and began by noting the recent media interest in RQIA's work following the launch of the Child Protection Review and the Unannounced Hygiene Inspection reports. He advised the Board that RQIA had attended a meeting of the Northern Ireland Assembly Health Committee and had held discussions with DHSSPS officials regarding RQIA's future work on the Safeguarding Review vis-à-vis the follow up work by Mr. Henry Toner QC in the Western Trust.
- 10.05.2 With regard to the unannounced hygiene inspections, the Chief Executive confirmed that the Minister had established a new team to monitor the implementation of the Trusts' action plans in respect of the unannounced hygiene inspections. Members confirmed that they had read a copy of the Minister's letter of 11 December 2009 concerning this matter. The Chief Executive added that RQIA had met with Dean Sullivan, Mary Hinds and the Chief Medical Officer to discuss RQIA's work and the work of this new team. He informed the Board that the DHSSPS had been advised that it was RQIA's intention to continue with its inspection programme.
- 10.05.3 A Board member expressed concern about the press coverage of the Child Protection Review and its association with the Toner Review

arising from the deaths of the McElhill/McGovern Family. The Chief Executive advised that the reporting had focused almost exclusively on events in the Western Trust. He explained that the launch of the Child Protection Review reports coincided with the completion of the Coroner's inquest into the McElhill / McGovern deaths.

- 10.05.4 The Chief Executive updated the Board on the financial position and advised that RQIA had agreed to surrender a further £100k. He added that this would be discussed further at Item 6.
- 10.05.5 The Chief Executive advised the Board that following a request from DHSSPS, an overview report of the Maternity Services review was being prepared and would be brought to the Board workshop in February.
- 10.05.6 The Chief Executive provided an update on two issues of concern which appear on the RQIA Corporate Risk Register around unregistered accommodation for children and day care facilities which do not meet the minimum standard for registration. It was noted that, with regard to the day care centres, the issues mostly concerned estates and health and safety issues.
- 10.05.7 The Chief Executive advised the Board that RQIA's Senior Hygiene Inspector would be visiting Scotland and Wales to look at the methodology of conducting both announced and unannounced hygiene inspections of hospitals. The Chairman explained to Board members that the Minister had raised concerns about RQIA's inspections as they represented a "snapshot" and that perhaps in future some announced inspections should last up to three days.
- 10.05.8 A Board member asked if improvements could be noted by the inspection team. The Chief Executive advised that there were significant improvements in the Northern Trust, and in other acute hospitals, for example the Mater Hospital, but in some cases the levels of cleanliness had fallen. He went on to explain that the DHSSPS had set up the new team and their remit is to follow up on the recommendations of RQIA's reports and that the Trusts would be accountable to this new group, thus maintaining RQIA's independence.
- 10.05.9 A Board member pointed out that the issue of the responsibility for following up on recommendations made by RQIA had been raised previously by the Board. The Chief Executive concurred with this point but explained that in the case of the Child Protection Review, the Minister had specifically asked RQIA to conduct a re-audit. Members confirmed that they had received a copy of the Minister's letter of 8 December 2009 concerning this matter.
- 10.05.10 A Board member noted that in recent months the profile of RQIA had been raised and congratulated the staff for the work they had done to

achieve this. The Board member raised a concern that it was the responsibility of the Board to set the strategic direction of RQIA, and that the role of the Board may be compromised if the current work programme continues on hold at the request of the DHSSPS, as outlined in the Chief Executive's Report.

- 10.05.11 The Chairman noted the concerns of the Board member and explained that at meetings with the DHSSPS, he had made specific reference to the role of the RQIA Board. The Chief Executive added that it was RQIA's intention to continue with the programme of unannounced hygiene inspections but that inspections would not recommence until mid-February, in order to allow the DHSSPS team to meet with each of the five Trusts. He added that during the intervening period RQIA would take time to consider its methodology for conducting these inspections. He finished by saying that RQIA had advised the DHSSPS that it was planning to revisit a number of acute, maternity and mental health units that had previously been inspected.
- 10.05.12 A Board member sought clarity on the membership of the new DHSSPS team. The Chief Executive explained that Dean Sullivan is Director of Planning and Performance Management at the DHSSPS and thus will have a role in ensuring Trusts implement the recommendations of RQIA reviews.
- 10.05.13 A Board member asked if the publication of reports had stopped. The Chief Executive explained that it was RQIA's intention to place all reports of inspections that have been completed to date into the public domain. He added that he had made it clear to the DHSSPS that RQIA would be publishing the reports and putting them on its website in due course. He concluded by saying that until the programme of inspections was recommenced RQIA would be working closely with the DHSSPS team to make sure there is a clear understanding of our respective roles.
- 10.05.14 A Board member proposed that the concerns of the Board regarding the temporary cessation of the unannounced hygiene inspection programme, at the behest of the DHSSPS, and the implications of this vis-à-vis the role of the RQIA Board, were communicated to the DHSSPS. The Chairman agreed that he would address these concerns with DHSSPS.
- 10.05.15 The Chief Executive gave an overview of recent job appointments and leavers. He concluded his report by informing the Board that RQIA had begun a review of fees and that a scoping paper had been sent to DHSSPS. It was noted that the outcome of the review would be brought to the Board.
- 10.05.16 The Board **NOTED** the Chief Executive's Report.

10.06 Finance Report - Director of Corporate Services [Paper C/01/10]

10.06.1 The Director of Corporate Services presented the Finance Report to the Board and advised that at 30 November 2009, projections indicated a forecast surplus of £110k. He explained that this was largely due to RQIA's failure to recruit to a number of vacancies. He advised the Board that in order to comply with the DHSSPS monitoring round and to achieve a break even position, it had been agreed that a further £100k would be surrendered. He added that work was continuing to monitor both pay and non-pay expenditure in order to keep under review the forecast for the end of year position.

10.06.2 Board members expressed their concern at the underspend and the implication of this for future RQIA allocations. The Chief Executive explained that work had already commenced on the financial plan for 2010/11. The Director of Corporate Services added that it is hoped that DHSSPS will be in a position to advise RQIA in February of its indicative allocation for 2010/11.

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

10.07 Corporate Risk Register / Assurance Framework Report - Director of Corporate Services [Paper D/01/10]

10.07.1 The Director of Corporate Services presented the updated Corporate Risk Register to the Board and outlined the main changes. He advised of two new risks and that the previous risk concerning RQIA's inability to fill vacancies had been removed. In addition he highlighted that, subject to the agreement of the Board, Risk 4 should be removed as it has a minor impact/unlikely probability.

10.07.2 A Board member suggested that Risk 4 should remain on the Risk Register based on the Executive Team carrying out a review the Risk Assessment.

10.07.3 The Director of Corporate Services explained that the Assurance Report was compiled using risks from the Corporate Risk Register and applying two criteria - risks that concerned RQIA's inability to carry out its statutory functions and risks that concerned RQIA's inability to achieve a financial break even position. He further explained that following a recent meeting of the Audit Committee it had been agreed that both the Corporate Risk Register and the Assurance Framework had to be brought to the Board for consideration.

10.07.4 A Board member asked if the Corporate Risk Register described the risks adequately and that risks should be considered in terms of cause, event and effect. A Board member added that it was important that every risk had an identified risk owner.

- 10.07.5 The Chairman drew members' attention to Risk 1 on the Assurance Report and noted that RQIA had not yet heard from DHSSPS regarding this matter. A Board member asked if DHSSPS received the Assurance Framework Report. The Director of Corporate Services confirmed that DHSSPS would receive all papers going to the Board as a matter of course.
- 10.07.6 The Director of Corporate Services pointed to the potential for duplication between the Corporate Risk Register and the Assurance Framework and suggested that RQIA would do further work to develop a single, integrated report or to consider the criteria for the Assurance Report.
- 10.07.6 The Board **NOTED** the updated Corporate Risk Register and Assurance Report.
- 10.08 3 Year Review Programme - Director for Service Improvement [Paper E/01/10]**
- 10.08.1 The Director for Service Improvement presented RQIA's 3 Year Review Programme to the Board and advised that the final version of the programme would be shared across the HSC.
- 10.08.2 The Chairman expressed his thanks for the contributions made by Board members in the preparation of the document and advised that it had been shared with Minister. The Director of Operations added that Trusts had been enquiring about a potential review programme and the publication of this document would allow Trusts to know when reviews would be undertaken.
- 10.08.3 The Chief Executive advised that it was RQIA's intention to produce an abridged version of the review programme and to publish it in a similar format to that of the Corporate Strategy.
- 10.08.4 A Board member asked if the review programme had been shared with RQIA staff. The Chief Executive confirmed that key staff had been involved in the preparation of scoping papers and that the programme would be shared with all staff at the next staff meeting.
- 10.08.5 A Board member expressed his view that the process for developing the review programme had allowed the Board to feel ownership of the finished product.
- 10.08.6 The Board **APPROVED** the Three Year Review programme.
- 10.09 Data Security Policy - Director of Corporate Services [Paper F/01/10]**
- 10.09.1 The Director of Corporate Services presented the Data Security Policy to the Board and explained that, following the workshop in

December, comments made by Board members had been incorporated in the final version of the document. He added that some guidance was necessary for Board members to accompany the policy.

10.09.2 The Chairman asked how RQIA assured itself that it had the proper systems in place for ensuring data security. The Director of Corporate Services added that the ICT and Records Management Controls Assurance Standards would guide RQIA in this area. The Chief Executive suggested that this was an area of work that Internal Audit could pick up on.

10.09.3 A Board member asked what training would be put in place for RQIA staff. The Director of Corporate Services advised that training in Data Protection and Freedom of Information would be arranged for staff following approval of the Policy.

10.09.4 A Board member suggested that guidance was required on the password protection of e-mails. The Chief Executive concurred with this point and noted that it was an issue RQIA was giving due consideration to.

10.09.5 The Board **APPROVED** the Data Security Policy.

10.10 Gifts and Hospitality Policy - Director of Quality Assurance [Paper G/01/10]

10.10.1 The Director of Quality Assurance presented the Gifts and Hospitality Policy to the Board and advised that she had considered the comments of Board in the preparation of the final version. She added that training would be undertaken with all staff.

10.10.2 Board members agreed that it was a comprehensive policy and no further amendments were required.

10.10.3 The Board **APPROVED** the Gifts and Hospitality Policy.

10.11 Mental Health and Learning Disability - Director of Operations [Paper H/01/10]

10.11.1 The Director of Operations presented the latest update on the work of the Mental Health and Learning Disability team. He began by giving an overview of serious adverse incidents and noted that there had been an improvement in the reporting of these by Trusts. He added that there had also been a reduction in the error rate for prescribed forms and guardianship applications.

10.11.2 The Director of Operations advised that a series of meetings had taken place between RQIA and Trust Directors to outline the role of the Mental Health and Learning Disability team.

- 10.11.3 The Director of Operations advised that it was his intention to bring an overview of the Patient Experience Reviews to a future Board meeting. He went on to inform the Board that the Guardianship and Medical Panels continued to meet and added that the Expert Advisory Panel would hold its first meeting during February.
- 10.11.4 The Director of Operations advised that RQIA would be participating in a joint inspection of Magilligan prison in March 2010. On a different theme, he added that RQIA was working with DHSSPS on developing new legislation for Mental Health and Learning Disability.
- 10.11.5 The Director of Operations concluded by advising that the Mental Health and Learning Disability team had begun to develop its own Strategy, looking at its objectives under OPCAT, the 1986 Mental Health Order and the 2007 Reform Bill.
- 10.11.6 The Chairman expressed his appreciation for the work of the team in covering such a large remit and the importance of this work. A Board member asked how many staff were employed within the team. Another Board member asked if the staff had integrated with the other teams across RQIA. The Director of Operations advised that the team based in Riverside Tower was small in number but there were many sessional staff. He added that the team had integrated well with other teams. The Chairman suggested that Board members may wish to meet with the team.
- 10.11.7 A Board member sought clarity on the scope of the CAMHS review. The Director of Operations confirmed that there had been difficulties in defining the scope of the review but that, following discussions with Trusts, the review would shortly be commenced.
- 10.11.8 A Board member asked if specific training was required for Board members in terms of the legislation. The Director of Operations advised that the Human Rights Advisor was developing a proposal in this area.
- 10.11.9 The Board **NOTED** the update from the Mental Health and Learning Disability team.
- 10.12 Terms of Reference and Project Plan for Phase 2 Review of Quarterly Report - Director of Corporate Services [Paper I/01/10]**
- 10.12.1 The Director of Corporate Services advised the Board that following the Board meeting in November, work had begun to review the format of the Quarterly Report. He said that the first phase of this work was underway and that the second phase would involve setting up a review group with Board member participation. He gave a brief overview of the project plan and noted that the planned completion date is May 2010.

- 10.12.2 A Board member proposed that the bullet points in section 4 of the project plan should be reworded to put the emphasis on improved learning and strategic decision making.
- 10.12.3 A Board member sought clarity on the status of the 2010/11 Business Plan. The Director of Corporate Services confirmed that work had commenced and that the draft would be signed off by the Executive Team at a workshop on 22 January. He added that it is hoped that the DHSSPS will shortly be advising RQIA of its financial allocation for 2010/11.
- 10.12.4 Subject to the suggested revisions, the Board **APPROVED** the terms of reference and project plan for the review of the Quarterly Report.

10.13 Any Other Business

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

**Date of next meeting:
Thursday 11 March 2010, Venue TBC**

Signed

Dr Ian Carson
Chairman

Date

ACTION LIST

RQIA Board Meeting 14 January 2010

Action	Description	Assigned to	Date Issued	Date Due	Status
Jan10/01	Minutes to be amended and formally signed off by the Chairman	Chairman / Committee Services Manager	14 Jan 10	21 Jan 10	Complete
Jan10/02	Minutes of Accountability Review meeting to be shared with Board members	Committee Services Manager	14 Jan 10	26 Feb 10	Outstanding
Jan10/03	Board members to forward expressions of interest for the advocacy training to the Committee Services Manager	Board members	14 Jan 10	11 Mar 10	Outstanding



RQIA Board Meeting – 11 March 2010

CHAIRMAN'S REPORT

Author: Dr Ian Carson

Presented by: Dr Ian Carson

Aim and Purpose

To inform the RQIA Board of the Chairman's external engagements and key meeting since the last Board meeting of the Authority

Meeting attended

- Meeting with the Chair of the Mental Health Tribunal, Frazer Elliott QC and Deputy Chair of the Mental Health Tribunal, Mervyn Morrow QC – 15 January 2010.
- Meeting with Jeremy Harbison, Chairman & Brendan Johnston, Chief Executive, NISCC – 28 January 2010.
- Meeting with Departmental officials re: RQIA Review of Intrapartum Care, DHSSPS - 8 February 2010.
- Data protection & Records management training, RQIA - 11 February 2010.
- Meeting with John Leckey, HM Coroner – 23 February 2010.
- Meeting with Dr Michael McBride, CMO – 26 February 2010.
- Meeting with Departmental officials re: RQIA Review of Intrapartum Care, DHSSPS - 26 February 2010.
- Annual User and Carer Conference, Civic Centre, Lisburn - 10 March 2010.

Recommendation

The Board is asked to **NOTE** the above meetings.

DR IAN CARSON

Chairman

RQIA Board Meeting – 11 March 2010

CHIEF EXECUTIVE'S REPORT

Author: Executive Team
Presented by: Glenn Houston

This paper summarises the key activities which the Chief Executive has undertaken with others in progressing the work of the RQIA since 14 January 2010.

This Report also details some of the key activities of RQIA from the period 14 January 2010 - 13 March 2010.

1.0 Chief Executive's Business

During this period the Chief Executive undertook the following engagements on behalf of RQIA -

18 January, along with Mrs M. Hully, Chief Executive PCC attended a quarterly liaison meeting with the Permanent Secretary and the Chief Medical Officer.

18 January, along with other members of the Executive Management Team attended the monthly liaison meeting with Sponsor Branch.

28 January, attended Audit Committee.

28 January, along with the Chairman, met with J Harbison, Chair, and B Johnston, Chief Executive, NISCC.

1 February, attended one of a series of four seminars at Mossley Mill on the theme of the inspection methodology for the regulated sector.

4 February, along with Director of Operations attended a Patient Safety Conference at the Queen Elizabeth Conference Centre, London.

8 February, along with Director of Operations met with Trust and HSC Board Directors of Social Services / Child Care.

8 February, along with Director of Operations and Director of Service Improvement met with DHSSPS policy leads regarding the Review of Intrapartum Care.

11 February attended the Board workshop.

17 February, along with Director of Operations met with Dr A. McCormick, Permanent Secretary and Mrs L. Brown, Deputy Secretary, concerning children and vulnerable adults issues.

18 February, along with other members of the Executive Management Team attended the monthly liaison meeting with representatives of Sponsor Branch.

19 February, along with Director of Operations and Director of Quality Assurance attended a meeting with representatives of NIPSA re child protection / safeguarding.

23 February, along with Chairman, Director of Operations and Human Rights Advisor met with Mr J. Leckey, Senior Coroner, regarding deaths in custody.

25 February, attended, as guest speaker, a breakfast seminar facilitated by Asitis Management Consultancy.

25 February, along with Director of Operations, Head of Estates Services and Head of Information Management attended a meeting with representatives of DHSSPS and the five HSC Trusts on the theme of registration of day centres.

26 February, along with Dr Carson, attended a meeting with the Chief Medical Officer and Director of Performance Management DHSSPS.

1 March, along with Director of Operations met with Mr E Kerr and Mr H Mills of the Independent Health Care Providers (IHCP) network.

4 March, along with Director of Operations and Director of Service Improvement met with representatives of DHSSPS concerning the review of Intrapartum Care.

5 March, along with Director of Service Improvement met and director of Operations met with the Chief executive of GMC and attended the launch of the consultation on revalidation of doctors.

8 March, along with the Director of Operations and the Human Rights Advisor attended a workshop on the theme of prison health and social care hosted by Minister Paul Goggins and the Criminal Justice Inspectorate.

8 March, along with the Director of Operations and representatives of the RQIA Children's Services Team attended a meeting with the Chief Social Services Officer and other representatives of the DHSSPS and HSC Board in respect of children and young people residing in supported accommodation.

2.0 RQIA Business Plan 2009-2010

As a result of continuing monitoring of the financial position the RQIA Board approved a voluntary reduction of the Revenue Resource Limit (RRL) of £650,000 on a non-recurring basis.

The financial projection to 31 March 2010, based on the January Budget Report, indicates that RQIA is set to achieve break even, subject to all anticipated expenditure having been incurred.

The position as at January 2010 is shown in the finance report (ref Paper G/02/10).

2.1 RQIA Draft Business Plan 2010 – 2011

The DHSSPS wrote to RQIA on 22 February requesting confirmation of financial projections and anticipated savings for the financial year commencing 1 April 2010. The response was submitted on the due date of 8 March.

3.0 Operational Performance

During the period since the last Board meeting, the RQIA has progressed the following review and inspection work.

3.1 Review of Child Protection / Safeguarding

The Minister wrote to RQIA on 8 December requesting that in light of the findings of stages 1 and 3 of the review of Child Protection that specific follow up inspections be undertaken in respect of the findings of stages 1 and 3 of the review of child protection in both the South Eastern and Western Health and Social Care Trusts. These follow up inspections were completed in January and February 2010.

The Director of operations along with the Director of Quality Assurance met with Mr H Toner QC and with Mr J Devaney, QUB who will be undertaking a review of the Western Trust's implementation of the Toner Report.

Work on stages 4 and 5 of the Child Protection review is underway and this complex review should be completed by 30 April 2010.

3.2 Maternity Services Review

The final reports of the RQIA review of Intrapartum care, against the Safer Childbirth Standards, have been completed and are ready for RQIA Board approval.

3.3 Commissioned Review of Blood Safety

The commissioned review into the NPSA guidance "Right Patient, Right Blood" which was approved at the November Board meeting was published by the DHSSPS on 26 February. This report is now accessible on the RQIA website.

3.4 Commissioned Review of IV Sedation in General Dental Practices

This follow up review of the use of IV sedation in general dental practices is now complete and the final draft report is available for consideration and approval by the RQIA Board.

3.5 Review of General Medical Services (GMS) Out of Hours Services

The Review of GMS Out of Hours Services is complete and the report is currently being prepared for consideration and approval by the RQIA Board.

3.6 Commissioned Review of Hyponatraemia

The follow up of the commissioned review of Hyponatraemia is completed and the final report is currently being prepared for consideration and approval by the RQIA Board.

3.7 The 3 Year Review Programme 2010/11 - 2012/13

Work is currently on-going in respect of the scoping of a number of the planned reviews included in the 3 year Review Programme, which was approved by the RQIA Board in January 2010.

3.8 New Methodology for Inspection

During February 2010 RQIA facilitated four information sessions for representatives of both the statutory and regulated sectors in respect of the inspection themes and methodology for 2010/11. These sessions were well attended with over 100 delegates recorded as having attended each event.

3.9 Residential Facilities for Care Leavers operating within the Interim Joint Commissioning Framework.

There are currently 13 facilities across Northern Ireland, providing accommodation and support to young people on the leaving care pathway. These facilities are operating within an interim joint commissioning arrangement agreed with DHSSPS and NIHE, incorporating Supporting People funding.

Staff from RQIA met with representatives of Department of Health, Social Services and Public Safety (DHSSPS) along with representatives of the Health and Social Care Board (HSCB) on 28 August 2009 to consider issues associated with the regulation of these 13 facilities.

The Health and Social Care Board agreed to review the use being made of these facilities by the five health and social care trusts and that this work would be completed by December 2009. The DHSSPS agreed to complete work on draft standards for facilities providing accommodation and support to young people and operating under the provisions of the interim joint commissioning arrangement.

RQIA wrote to the Health and Social Care Board on 7 January 2010 requesting confirmation of the outcome of this work. A letter from Mrs F McAndrew, Director of Social Services, Health and Social Care Board was received by RQIA on 23 February enclosing legal advices and a copy of draft standards for the operation of supported accommodation.

The Children's Services Team carried out an inspection of one such facility on 3 February 2010 in response to concerns which had been raised by a whistleblower. The report of that inspection has been issued to the service provider. A written response was received on 3 March 2010.

A further meeting with the Acting Chief Social Services Officer took place on 8 March. A number of further actions were agreed which will include RQIA undertaking inspections of all 13 facilities.

3.10 Services New to Regulation / Day Care Services

As of 31 January 2010, 76 statutory day care services have failed to complete registration. A meeting with representatives of DHSSPS, HSC Board and the five HSC Trusts took place on 25 February. A series of bilateral meetings is now planned for March 2010 between RQIA and each of the four health and social care trusts operating day care centres which, to date, have been unable to meet the standards for registration. A further meeting will then be convened with DHSSPS and with the Commissioning Board to consider the implications of trusts failing to complete the registration of all remaining day care centres.

3.11 Enforcement Activity

Enforcement notices which have been issued by RQIA and which remain in force are detailed below:

<i>Enforcement Notices Issued</i>				
Name of Home	Nature of enforcement	Issue(s) Identified for improvement	Date Issued	Date Lifted/ Ongoing
Clifton House Private Nursing Home	Conditions of Registration As outlined in the notice of decision dated 4 November 2009	Care Issues Staffing	4 Nov' 2009	Monitoring continues through a programme of announced and unannounced inspection
Rossneal Children's Home	Notice of failure to comply with regulations	Staffing levels Statement of purpose	3 March 2010	Ongoing
Cuan Court Children's Home	Notice of failure to comply with regulations	Statement of purpose	5 March 2010	Ongoing

3.12 Unannounced hygiene inspections

The Minister for Health, Social Services and Public Safety wrote to RQIA on 6 December 2009 advising of his intention to establish a new Regional Review Team to oversee the implementation of the trusts' action plans in response to the unannounced hygiene inspections. Consequently, there have been no unannounced inspections of statutory sector services since the January Board meeting.

The Minister has subsequently published revised version of the report "Changing the Culture" in which he reaffirmed the Department's commitment to the unannounced hygiene inspection programme.

At the first annual Healthcare Symposium organised by the Public Health Agency on 4 March 2010, Dr Michael McBride, Chief Medical Officer stated that RQIA's programme of hygiene inspections will continue and he reaffirmed the view that these inspections have helped to contribute to the overall decrease in health care associated infections.

RQIA intended to reconvene the unannounced inspection programme in mid February. However, following information received from DHSSPS concerning progress of the Regional Review Team's programme of work DHSSPS requested a postponement of the planned recommencement of the inspection programme to allow the Regional Review Team further time to complete this work.

Mrs E Colgan, Senior Inspector, Hygiene and Infection Control, is representing RQIA on the regional reference group to update and harmonise hygiene and infection control standards, which will form the basis of the trust's' assurance programme and RQIA's future inspection arrangements.

RQIA intends to recommence the inspection programme as soon as DHSSPS signals that the five health and social care trusts have complied with the necessary requirements notified to them by the Regional Review Team.

3.11 Mental Health and Learning Disability Issues

Activity of the Mental Health and Learning Disability Team are covered in the standing agenda item report at (M/02/10).

4.0 HR Issues

4.1 New appointments

The following members of staff have taken up appointments in RQIA since the November Board meeting: -

- Lorna Conn, Inspector/Quality Reviewer
- Catherine Wilkinson, Inspector/Quality Reviewer (Pharmacy)
- Kylie Connor, Inspector/Quality Reviewer

4.2 Internal appointments

The following internal appointments have been made:

- Kate Maguire, Regulation Improvement Officer
- Mark Lynch, Information Technician
- Bronagh Brannigan, CSCG, Administrator (Band 3)
- Cheryl Brophy, Personal Secretary
- Elaine Connolly will continue to act up in the Head of Programme (Nursing) role until 30 April 2010.

4.3 Advertised vacancies

The following posts have been advertised / re-advertised and are in the process of being recruited -

- Senior Finance Officer (Band 6)
- Registration Administrator (Band 3)
- Information Administrator (Band 3)
- Personal Secretary, Omagh (Band 3)
- Communications Officer (Band 5)
- Children's Team inspector (Band 7)
- Information Governance and Records Manager (Band 6)
- Senior Mental Health Officer (Band 8b)

4.4 Leavers

The following staff have left RQIA:

- Christina Wilson, Personal Secretary left on 26 February

5.0 Communications Update

During the period since the January Board meeting communications activities focused on a number of issues. RQIA provided responses to a series of written Assembly Questions raised by Mark Durkan, MP, MLA, Foyle, regarding the regulation of day care services. RQIA also responded to media queries in relation to the Human Rights Commission freephone on nursing home care.

Considerable work has taken place to upgrade RQIA's website, to allow the register and inspection reports to be accessible online.

The Public Participation Manager also led the organisation of the second annual user and carer conference, 'Is partnership Working', run jointly by RQIA, NISCC and SCIE, held in Lisburn Civic Centre on 10 March 2010.

6.0 Quality Assurance

6.1 Quality Strategy

The Director of Quality Assurance compiled and presented a scoping paper on Quality Improvement Models to inform the further development of the RQIA draft Quality Strategy for the Board (11/12/09). The Board agreed to conduct EFQM self-assessment. Meetings have been set up with the Centre of Competitiveness in Northern Ireland to agree the process to commence the initial diagnostic screening exercise across the 9 core elements of the Excellence Model.

6.2 Training and Development

Further training was undertaken in respect of the RQIA Enforcement Policy / Procedure.

Training was undertaken from 2 to 4 March 2010 for 6 staff in Action Learning. The purpose of the training is to enhance and extend general facilitation skills and encourage focused leadership in action learning.

6.3 Policies and Procedures

- Final draft of Zero Tolerance Policy and Procedure to be approved by Executive Team and training plan agreed as required
- A draft Research Strategy and associated Research Policy and Procedure is awaiting approval by the Policy Sub-group and endorsement by the Executive Policy Group in April 2010.
- An RQIA policy on Developing Policies was agreed in February 2010 and submitted to the Executive Policy Group. A Policy Sub-Group has been set up with Terms of Reference and will screen all new policies prior to approval of the Executive Team from March 2010.

7.0 Update on Complaints

An investigation has been completed internally concerning a complaint involving a member of staff which was not upheld.

An Action Plan has been put in place to disseminate the learning from this complaint to relevant staff within the Authority.

A Stage 2 draft report has been completed by the Board Complaints Review Panel and has been forwarded to the Chairman for his consideration.

7.1 Response to Proposed Safeguarding Board for Child Protection in Northern Ireland

A proposal to take forward legislation by the Minister of Health and Social Services and Public Safety on a Safeguarding Board for Northern Ireland (SBNI) was forwarded to the Assembly Committee earlier last year.

The Committee, in preparation for introduction of the legislation took evidence from the DHSSPS on 1 October 2009 regarding the policy proposal in respect of the introduction to the legislation.

The Committee subsequently identified a list of 12 potential key issues that the Committee wished to explore in further detail and forwarded these to a number of organisations, including RQIA. The RQIA response to these issues was forwarded to the Assembly Committee on 1 March 2010.

Recommendation

The Board is asked to **NOTE** the Chief Executive's Report.

GLENN HOUSTON
Chief Executive



RQIA Board Meeting – 11 March 2010

FINANCE REPORT

Author: Paul Gick
Presented by: Maurice Atkinson

Aim and Purpose

This report seeks to explain the variances between planned and actual expenditure at 31 January 2010 in the attached financial tables and to provide a forecast of the financial position at the end of the financial year on 31 March 2010.

Introduction

The funding of the agreed Business Plan for 2009/10 was confirmed by letter on 31 July 2009. Although indicative figures had been given in June, one third of the year had elapsed before recruitment of additional staff could actually begin. It also proved difficult to fill some of the additional posts. Consequently, the current year costs will be significantly less than those required for a full year. This has resulted in agreement with the Department to reduce RQIA's Revenue Resource Allocation (RRL) by a total of £650,000 in 2009/10 without prejudice to the full level of funding in 2010/11 and subsequent years.

Summary Financial Position (Table 1)

At 31 January 2010 there is a forecast surplus of £15,516 (Col F, line 7.0), 0.25% at 31 March 2010.

This is made up of the following variances against the budgets set using the initial RRL, together with the reduction in the RRL:

		£	Ref
Pay	Surplus	621,924	Col F, line 1.1
Non-pay	Surplus	51,791	Col F, line 1.2
Income	Under-receipt	-8,199	Col F, line 2.2
LESS	Reduction in RRL	-650,000	
Total	Surplus	<u>15,516</u>	

Revenue Resource Limit (Table 1a)

These are the revenue funds allocated to RQIA by the Department. The initial allocation of funds was £6,819,522 at 31 July 2009. This was reduced by agreement with the Department to £6,169,522 in December 2009 arising from the forecast surplus of funds at 30 November 2009.

Other Income (Table 2)

There is a forecast deficit of £8,819 (Col F, line 3.0) resulting from a small surplus on the budgeted annual fees (Col F, line 2.2) of £1,761 offset by a deficit on the expected total registration fees (Col F, line 2.3) of £10,000. The total receipts for registration fees are expected to be less than that at 31 January arising from a refund of a small number of fees which were overpaid by providers.

Annual fees of £725,891 have been billed for 2009/10. At 31 January 2010, £4,140 remained unpaid (0.6%) and these debtors have been referred to BSO for legal recovery action. There is a further amount of £20,504 due from South Eastern HSC Trust which is accepted by it but the changed organisational arrangements have delayed the approval and payment of it; it is expected that this amount will be received before the year-end.

The income received to date has been pro-rated for the period to 31 January 2010 to provide a proper comparison of the net expenditure with the budget for the year to date (Col A, line 3.0).

Analysis of Expenditure (Table 3)

Payroll expenditure There is a surplus for the period of £575,083 (Col C, line 1.6). Allowing for the filling of vacant additional posts in the latter part of the year there is a forecast surplus of £621,924 (Col F, line 1.6) at the year end.

Non-pay expenditure It is showing a surplus for the period of £265,513 Table 3 (Col C, line 4.2) and a forecast surplus to the year-end of £51,791 Table 3 (Col F, line 4.2). This reduction in the surplus arises mainly from the actual incidence of planned expenditure on non-recurrent items which tends to fall into the last quarter of the year. Significant items are:

£	
o Training and Professional Development	55,715
Additional requirements	
o Rent Rates Insurance & Water	11,091
Increased charges	
o Building and Engineering	82,012
o Commissioned work	2,500
o Furniture & Equipment for additional staff	12,359
o Computer & software developments	39,014
o Early retirement costs	16,500
o Fees for outsourced services	(11,500)
(Rebate from BSO for finance services)	

The following items should be noted:

- o RQIA has incurred much reduced advertising expenditure to date as compared with the previous year. This can be explained by there not being the requirement to advertise high level posts in expensive journals.

- Expenditure relating to transport and travel is less than predicted for the period. A comparison with the same period last year indicated a significant decrease in accommodation expenditure. The year end estimate figure allows for some increase in staffing in the latter part of the year.
- Expenditure relating to Public Participation Strategy and VOYPIC is significantly less than the budget.

Capital Expenditure (Table 4)

There is a capital allocation of £50,000 for 2009/10. Expenditure has been approved by Executive Team and by the Board at its meeting on 10 September 2009. Delivery of the items to be purchased is scheduled to take place before 31 March 2010.

Prompt Payment Compliance (Table 5)

A total of 948 invoices have been paid by BSO on behalf of RQIA in the year to date. 869 invoices (91.67%) were paid within 30 days or the contract terms. The guideline target is 95% and every effort is being made with BSO to improve the current performance.

Balance Sheet (Table 6)

The balance sheet gives a revenue deficit for the period (second item under Revenue I & E Reserve) of (£4,992,066) which agrees to the net expenditure shown on Table 1 (Col A, line 3). This proves the expenditure figures in the financial reports as being the same as those in the accounting records maintained by BSO.

The balance sheet for the period shows a balance of bank and cash of £8,709. Cash was drawn down from the Department and a transfer was made to clear the balance due to the Business Services Organisation (BSO) in January 2010. The balance due to BSO at 31 January is £67,789 in respect of cash payments made on behalf of RQIA for pay and non-pay items. This will be cleared in due course by a transfer of cash.

Recommendation

The Board is asked to **NOTE** the Finance Report as at 31 January 2010

MAURICE ATKINSON
Director of Corporate Services

FINANCIAL REPORT

RQIA

Period End:

Jan-10

TABLE 1 NET EXPENDITURE ACCOUNT	Year to Date			End of Year		
	Actual A	Budget B	Surplus/ (Deficit) C	Forecast Actual D	Budget E	Surplus/ (Deficit) F
	£	£	£	£	£	£
Expenditure:						
1.1 Staff costs	4,456,948	5,032,031	575,083	5,373,500	5,995,424	621,924
1.2 Other expenditure	1,122,286	1,387,799	265,513	1,557,307	1,609,098	51,791
1.4 Total expenditure	5,579,234	6,419,830	840,596	6,930,807	7,604,522	673,715
Income: (not deemed Grant-in-Aid)						
2.1 Income from activities						
2.2 Other income (Table 2)	657,167	654,167	3,001	776,801	785,000	-8,199
2.3 Reimbursements receivable						
2.4 Total income	657,167	654,167	3,001	776,801	785,000	-8,199
3 Net expenditure	4,922,066	5,765,663	843,597	6,154,007	6,819,522	681,914
6 Revised Revenue Resource Limit		5,141,268			6,169,522	
7 Surplus / deficit			219,202			15,515
% surplus / deficit			4.26%			0.25%

FINANCIAL REPORT

RQIA

Period End:

Jan-10

Table 1(a) - Reconciliation to Revenue Resource Limit		£
Opening RRL at 01/04/09		
Allocation of Funds	Letter 31/07/08	6,819,522
Reduction in RRL	e-mail 28/09/09	(250,000)
Reduction in RRL	e.mail 25/11/09	(300,000)
		(100,000)
RRL at 31/08/09		6,169,522

Must agree to RRL shown at line 4 in Table 1

FINANCIAL REPORT

RQIA

Period End:

Jan-10

TABLE 2 OTHER INCOME (not deemed Grant-in-Aid)	Year to Date			End of Year		
	Actual A	Plan B	Surplus/ -Deficit C	Actual D	Plan E	Surplus/ -Deficit F
	£	£	£	£	£	£
1.1 DHSSPS						
1.2 HSCB						
1.3 PHA						
1.4 HSC trusts						
1.5 Other - Miscellaneous	40		40	40		40
1.6 Other - please specify						
1.7 Total income from HSC sources	40	0	40	40	0	40
2.1 Other government departments						
2.2 Other - Annual fees	611,206	608,694	2,512	732,194	730,433	1,761
2.3 Other - Registration Fees	45,921	45,473	449	44,567	54,567	-10,000
2.4 Income from non-HSC sources	657,127	654,167	2,961	776,761	785,000	-8,239
3.0 Total other income (To Table 1)	657,167	654,167	3,001	776,801	785,000	-8,199

RQIA

Period Ended: 31-Jan-10

TABLE 3 PAY EXPENDITURE	Year to Date			End of Year		
	Actual A	Budget B	Surplus/ (Deficit) C	Actual D	Budget E	Surplus/ (Deficit) F
	£	£	£	£	£	£
1.1 Senior Management (SMT)	625,523	0		750,627		
1.2 Management (Senior Managers)	2,841,079	0		3,441,051		
1.3 Registration and Inspection - Admin & Clerical	889,137	0		1,066,964		
1.4 Agency Staff	101,210	0		114,857		
1.6 Total pay expenditure (to Table 1)	4,456,948	5,032,031	575,083	5,373,500	5,995,424	621,924

NON-PAY EXPENDITURE	Year to Date			End of Year		
	Actual A	Budget B	Surplus/ (Deficit) C	Forecast D	Budget E	Surplus/ (Deficit) F
	£	£	£	£	£	£
2.1 Other Fees	27,425	20,635	(6,790)	30,488	24,762	(5,726)
2.2 Internal Audit	0	10,258	10,258	14,053	12,310	(1,743)
2.3 Training & professional development	48,763	32,500	(16,263)	104,478	49,885	(54,593)
2.4 Rent, Rates, Insurance and Water	293,517	293,194	(323)	341,267	351,833	10,565
2.5 Heat, Light and Power	1,152	1,167	15	1,382	1,400	18
2.6 Cleaning, Catering and Hospitality	20,616	14,936	(5,680)	25,418	23,438	(1,980)
2.7 Building and Engineering	78,457	65,836	(12,620)	171,849	79,003	(92,846)
2.8 Printing, Stationary & Advertising	63,988	171,226	107,237	84,886	205,471	120,585
2.9 Postage & Telephone	64,465	52,850	(11,616)	77,358	70,970	(6,388)
3.1 Travel & Subsistence	172,747	237,239	64,492	207,296	284,687	77,391
3.2 Furniture and Office Equipment	25,548	12,718	(12,830)	26,348	15,262	(11,086)
3.3 Commissioned Work	49,525	93,193	43,668	63,781	113,131	49,350
3.4 Publications	1,409	3,841	2,432	1,691	4,609	2,919
3.5 Legal outlay	7,891	7,667	(225)	9,470	9,200	(270)
3.6 Central Computer Costs	110,225	75,722	(34,504)	163,495	111,866	(51,629)
3.7 Fees for outsourced services	103,122	112,483	9,361	124,149	134,979	10,830
3.8 Miscellaneous	10,018	11,532	1,514	12,022	13,839	1,817
3.9 Depreciation	43,418	47,991	4,573	52,102	57,589	5,487
4.1 Contingency	0	122,813	122,813	45,775	44,865	(910)
4.2 Total non-pay expenditure (to Table 1)	1,122,286	1,387,799	265,513	1,557,307	1,609,098	51,791

FINANCIAL REPORT

RQIA

Mth End:

Jan-10

TABLE 4 Capital Expenditure (excluding donated assets)	Forecast 2009/10 £
1 Gross capital expenditure - charge against grant*	0
2 Capital grant from DHSSPS (see below)	50,000
3 (Over)/Underspend against capital grant	50,000

* Excludes expenditure on donated assets

Disposals	Year to Date £	Forecast 2009/10 £
4. NBV of disposals		

Capital Grant from Department	£
Opening allocation per letter dated 27/03/09	50,000
Movements during the month	
Closing allocation per letter dated 27/03/09	50,000

FINANCIAL REPORT

Body:

RQIA	Mth End:	Jan-10
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TABLE 5 PROMPT PAYMENT COMPLIANCE	THIS MONTH (Number)	CUMULATIVE TO DATE (Number)
1. Total bills paid	106	948
2. Total bills paid within 30 day target	98	869
3. % bills paid within 30 day target	92.5%	91.7%

TABLE 6

BALANCE SHEET		31 Jan 10
Fixed assets		
	Cost	520,344
	Depreciation	(291,262)
		<u>229,082</u>
Stock		
	Stock	<u>0</u>
Debtors		
	HPSS Debtors	178,442
	Other Debtors	(8,812)
	Other Prepayments and accrued income	0
		<u>169,630</u>
Bank & cash		
	Bank & cash	8,709
	BSO Balance	(67,789)
		<u>(59,080)</u>
Current assets		
		<u>110,550</u>
Creditors due within one year		
	HPSS/NHS Creditors	192,065
	Income tax and National Insurance	0
	Other Creditors	(93,794)
	Accruals	0
	Miscellaneous Creditors	0
		<u>98,270</u>
Net Current Assets		
		<u>12,280</u>
Provisions for liabilities & charges		
	Pensions Former Directors	0
	Pensions Other Staff	0
	Legal Claims	0
		<u>0</u>
NET ASSETS		
		<u>241,362</u>
Represented by		
	Government Grant Reserve	88,059
	Revaluation Reserve	0
Capital I&E Reserve		
	Capital - Balance brought forward	0
	Capital Surplus/Deficit) in period	0
		<u>0</u>
Revenue I&E Reserve		
	Revenue - Balance brought forward	5,075,370
	Revenue Surplus/Deficit) in period	(4,922,066)
		<u>153,303</u>
		<u>241,362</u>

RQIA Board Meeting – 11 March 2010

QUARTERLY REPORT

Authors: RQIA Staff (Executive Team, Heads of Programme, Corp Services)

Presented by: Maurice Atkinson

Aim and Purpose

This paper presents an overview of RQIA's activities and progress against the 2009/10 business plan objectives until 31 December 2009.

This is the third quarterly report which reflects the three year Corporate Strategy for the period 2009-2012.

Recommendation

The Board is asked to **NOTE** the report.

MAURICE ATKINSON

Director of Corporate Services



Quarterly Report 3 (2009- 2010)

Reporting period from 01 October - 31 December 2009

CONTENTS

Executive Summary for the Quarter 01 October - 31 December 2009

Section 1 Core Activities from 01 October - 31 December 2009

Section 2 Value Drivers from 01 October - 31 December 2009

EXECUTIVE SUMMARY

About RQIA:

Staffing at 31 December 2009

At 31 December 2009 there were 137 staff member in post. This excludes 10 board members, 9 sessional staff and 23 bank staff. The WTE excluding board and sessional staff was 131.7.

Complaints against RQIA

One new complaint was received this quarter, the allegations of which were not upheld. Two complaints from previous quarters are currently being investigated by the NI Ombudsman.

About Regulated Establishments and Agencies:

The total number of establishments and agencies registered increased from 894 at 30 September 2009 to 927 at 31 December 2009. 56 adult placements have been de-registered.

Whilst significant progress has been made in the further registration of services new to regulation under the Transitional Order 2007, a significant number of day care services were identified as not meeting the standard for regulation. These issues have been reflected in the RQIA corporate risk register and have been brought to the attention of the Health and Social care Board and to DHSSPS.

During this quarter, 620 inspections of regulated sector services were carried out, compared with 607 in the previous quarter. Considerable inspection activity has focused on high risk agencies and establishments.

Whilst sickness absence levels within the teams has improved on the previous quarter the underlying figure still impacts on inspection volumes.

In this quarter the failure to comply notice issued in respect of Clifton Private Nursing Home was escalated to the imposition of conditions of registration on the home.

Reviews

Within this quarter, considerable progress was made with the following reviews:

- Child Protection arrangements (Phase 1, complete and published)
- Review of Maternity Services (complete awaiting approval and publication)
- Commissioned service review into Blood safety (complete and awaiting publication)
- Commissioned service review into Paediatric IV infusions - Hyponatraemia (in the process of being completed and awaiting Board approval)
- Review of the use of IV Sedation in Dental Practices (complete)
- Review of GP Out of Hours (complete - report being prepared for approval)
- Child and Adolescent Mental Health Services (planning completed)

Mental Health and Learning Disability

Significant progress has been made in respect of statutory functions outlined within the Mental Health Order 1986. This has been illustrated in the evaluation and commencement of Patient Experience Reviews

Rights Based Approach to Regulation

Significant planning work has also been undertaken in respect of developing a rights based approach to regulation this includes:

- Endorsement of the approach by RQIA Board and Executive Team
- Early Development work on Human Rights indicators for inspection of mental health and learning disability services
- Planning of capacity building workshop for advocates of mental health and learning disability services by the US National Institute for Trial Advocacy (NITA)
- Ongoing Human Rights inputs to the review of pathways to secure accommodation for children and young people
- Planning for the incorporation of a rights based approach into policies and training.

SECTION 1: CORE ACTIVITIES QUARTER 3 2009/10

CA1 **Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care**

CA1.1 Completed a prioritised and focused programme of service reviews & inspections to inform our overall assessment of health and social care in Northern Ireland

CA1.1.1 Information/ Registration

The Authority has the function of registering services delivered by statutory and independent (private and voluntary) providers to ensure they are of an acceptable standard and meet all legal requirements. The number and type of registered establishments and agencies at 31 December 2009 is presented in Table 1. This information has been derived from RQIA's central register. The total number of registered establishments and agencies increased from 894 at the 30th September 2009 to 927 on 31 December 2009. Details on additions and removals from the register can be found in Sections 1.1.1 and 1.1.2. Adult placement, nursing and domiciliary care agencies operate regionally and are not aligned to a Trust area.

Table 1: Establishments/agencies registered by Trust 31 December 2009						
Type of establishment	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Total at 30 September 2009	141	142	138	100	108	894*
Nursing homes	53	61	52	48	38	252
Residential care homes	47	59	62	28	46	237
Adult Placements						5**
Children's homes	13	12	9	10	10	54
Independent clinics	14	2	3	3	2	24
Independent hospitals / hospices	4	1	1	1	2	9
Nursing agencies						23
Day Care Settings	11	5	11	14	19	60
Domiciliary Care Agencies						257
Residential Family Centres	1	1				2
Adult Placement Agencies		3		1		4
Total at 31 December 2009	143	144	138	105	117	927***

* Total was presented as 894 in last quarterly report was sum of trust totals and 242 domiciliary agencies and 23 nursing agencies.

** Of the previous 61 adult placements only 5 remained on the Register at 31/12/09. These services were previously included within the residential care homes total - 1 in BHSCT, 3 in NHSCT and 1 in SHSCT.

*** Total is the sum of Trust totals and Adult Placements, Nursing Agencies and Domiciliary Agencies

SECTION 1: CORE ACTIVITIES QUARTER 3 2009/10

CA1 **Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care**

CA1.1 Completed a prioritised and focused programme of service reviews & inspections to inform our overall assessment of health and social care in Northern Ireland

Bed numbers in Nursing homes have increased by 10 places compared to the previous quarter whereas the bed numbers in Residential Care homes have decreased by 57 places and the total number of children's homes beds remains the same.

Table 2: Establishments/agencies registered places at 31 December 09

Type of establishment	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NI Total
Nursing homes	2160	2669	1981	2028	1622	10,460*
Residential care homes	1288	1025	1258	482	765	4818
Children's homes	84	83	78	56	69	370
Total	3532	3777	3317	2566	2456	15,648

* Includes 499 Residential care beds in Nursing Homes

Newly Registered Establishments/Agencies

Three new services registered during the last quarter include one Independent Clinic in the Western Trust area. RQIA is processing a substantial volume of registration applications in relation to the services new to regulation. The new registrations for this quarter related to 21 Domiciliary Care Agencies and 19 Day Care Settings.

Deregistration of Services

Eight services which have been de-registered this quarter include 2 large residential homes in the South Eastern Trust area and 6 Domiciliary Care Agencies. In total there have been 41 new services registered this quarter and 8 de-registered thus making a net increase of 33 (894 on the 1st October 2009 to 927 on the 31st December 2009).

SECTION 1: CORE ACTIVITIES QUARTER 3 2009/10

CA1	Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care
CA1.1	Completed a prioritised and focused programme of service reviews & inspections to inform our overall assessment of health and social care in Northern Ireland

CA1.1.2 Operations Regulation / Inspection Activity

Table 3: Inspections carried for Period 01 October - 31 December 2009 by Service and Speciality					
Category	Care	Estates	Finance	Pharmacy	Total
Boarding School					0
Children's (CH)	27	7		9	43
Day Care Setting (DCS)	25	20		1	46
Domiciliary Care Agency (DCA)	69			12	81
Independent Clinic	7	5		1	13
Independent Hospital	3			2	5
Nursing (NH)	119	31	12	73	235
Nursing Agency	10				10
Residential (RC)	120	26	12	29	187
Total	380	89	24	127	620

SECTION 1: CORE ACTIVITIES QUARTER 3 2009/10

CA1 **Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care**

CA1.1 Completed a prioritised and focused programme of service reviews & inspections to inform our overall assessment of health and social care in Northern Ireland

Table 4: Inspections carried out for period 01 October - 31 December 2009 by Type and Speciality

Type	Purpose	Care	Estates	Finance	Pharmacy	Total
Announced	Other	3				3
	Complaints Investigation			1		1
	Enforcement Monitoring (FTC)	1				1
	Follow up	4	3			7
	Incident Investigation	1				1
	Post Registration	2				2
	Pre Registration	12	11		2	25
	Planned	275	74	23	2	374
	Variation to Registration		1			1
Unannounced	Complaints Investigation	2				2
	Enforcement Monitoring (FTC)	3			3	6
	Follow up	5			7	12
	Incident Investigation	1				1
	Post Registration				5	5
	Pre Registration				3	3
	Planned	71			105	176
Total		380	89	24	127	620

CA1.1.2 Operations Regulation / Inspection Activity

For the new financial year the Inspection Activity Monitoring System (IAMS) was updated, introducing a tightening of the way the targets are calculated. Instead of a 20 working day target that takes account of bank holidays as well as annual and sick leave, the Key Performance Indicators are now calculated based on a fixed non moveable target based on 28 calendar days. The three main performance indicators remain as follows:

SECTION 1: CORE ACTIVITIES QUARTER 3 2009/10

CA1 **Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care**

CA1.1 Completed a prioritised and focused programme of service reviews & inspections to inform our overall assessment of health and social care in Northern Ireland

- Target 1. 90% of Inspections carried out on scheduled date;
 Target 2. 75% of draft reports issued within 28 days of completed inspection;
 Target 3. 80% of open reports issued within 28 days of draft report issue date.

RIQA continues to perform well in terms of these targets. From 1 October until 31 December 2009 Table 5 shows a 97% achievement within all teams of our target to carry out all inspections on the scheduled date. This compares with the same performance figure for the previous quarter of 91%. In relation to Target 2, draft reports completed within 28 days, the overall percentage of compliance with this target was 75% in comparison to 62% in the previous quarter. Target 3 shows a compliance rate of 99% for this quarter in comparison to 91% in the previous quarter.

Table 5: Inspections KPI Report for Period 01 October - 31 December 2009

Team	Specialism	Inspections			Draft Report			Open Report		
		Scheduled	On time	% on Time	Due	On time	% on Time	Due	On time	% on Time
Agencies	Care	71	71	100%	66	52	79%	90	90	100%
Residential*	Care	137	126	92%	130	101	78%	137	136	99%
	Estates	86	86	100%	98	96	98%	93	93	100%
Children's	Care	27	27	100%	27	27	100%	22	22	100%
Finance^	Finance	22	21	95%	23	10	43%	24	22	92%
Independent Health^^	Care	8	8	100%	12	5	42%	12	8	67%
Nursing***	Care	128	123	96%	134	54	40%	106	106	100%
	Pharmacy	125	125	100%	141	127	90%	126	126	100%
Total		604**	587	97%	631	472	75%	610	603	99%

* The Residential team also conducts Estates inspections (previously conducted by Agencies team).

** Additional inspections were carried out during the quarter which were scheduled to take place outside the reporting period, which accounts for the difference between the above figure and the total number of inspections carried out as per Tables 3 and 4.

*** The Care inspectors within the Nursing and Pharmacy Regulation team have been under pressure emanating from the inspection of high risk homes and three staff members on sick leave hence the delayed issue of draft reports.

^ Not currently performance managed as part of Operations Regulation

^^ Some activity relates to visits to establishments to determine the need for registration and this does not result in the requirement for an open report. It is anticipated that this activity may be removed from IAMS.

SECTION 1: CORE ACTIVITIES QUARTER 3 2009/10

CA1	<u>Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care</u>
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CA1.1	Completed a prioritised and focused programme of service reviews & inspections to inform our overall assessment of health and social care in Northern Ireland
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RQIA has committed to ensuring that a number of inspections are conducted out of hours in line with organisational Key Performance Indicators. Figures for out of hours inspections will be available from the IAMs system in subsequent quarters.

RQIA continues to circulate on a frequent basis copies of relevant circulars and alerts. As far as possible email is used to speed up the distribution and this has reduced the need for postage.

During 2009/10 RQIA committed to liaise with DHSSPS on the approach to the regulation of Early Years activities. There has been no further progress on this in the quarter.

RQIA has committed to the commencement of a process of registration and inspection of voluntary adoption and fostering agencies. A commencement order will be made in advance of the regulations in April - May 2010. The commencement order will contain transitional arrangements for the four voluntary and adoption agencies currently registered with the department. The voluntary adoption agencies will have a period of 2 months after commencement to submit an application to RQIA. There is no further progress to report on the regulation of fostering.

SECTION 1: CORE ACTIVITIES QUARTER 3 2009/10

CA1 **Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care**

CA1.1 Completed a prioritised and focused programme of service reviews & inspections to inform our overall assessment of health and social care in Northern Ireland

CA1.1.3 Operations Review Activity

Table 6: Health and Social Care Governance Reviews

Trust	Type of Review	Review Visit Dates	Status	Reporting Date
All HSC Trusts	Child Protection Review	Stages 1,2,3 Complete Stage 4 February 2010 Stage 5 April 2010	Stages 1,2,3 completed. Stage 4, self assessment completed visits pending.	Reports published.
All HSC Trusts	Maternity Services Intrapartum care Review	March/April 2009.	All stages completed.	Reports with DHSSPSNI with request for single NI report
All HSC Trusts	Blood Safety Review	Review visits completed.	Review completed.	Reports with DHSSPSNI
All HSC Trusts	Service review Paediatric IV Infusions- Hyponatraemia.	October 2009	Review completed.	Report drafted
All providers	Pathway to Secure Accommodation	Throughout 2009/10	Ongoing.	April 2010
Ambulance Trust	Governance Review	April 2010	Ongoing.	July 2010

RQIA is progressing the planned programme of reviews for the year and has developed a roll forward programme until April 2012.

Within the quarter , all CSCG and primary care reviews were completed in line with agreed terms of reference.

SECTION 1: CORE ACTIVITIES QUARTER 3 2009/10

CA1 **Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care**

CA1.1 Completed a prioritised and focused programme of service reviews & inspections to inform our overall assessment of health and social care in Northern Ireland

CA1.1.3 Operations Review Activity

Table 7: Primary Care Reviews

Trust	Type of Review	Review Visit Dates	Status	Reporting Date
All Trusts	Discharge information workshop	GAIN guidelines to be produced by March 2010	Discharge dataset agreed. Guideline being prepared. Implementation plan being developed.	March 2010.
HSC Board	Follow up review of intravenous sedation in general dental practices	Review visits October/November 2009	Practice visits completed 10/12/09.	To RQIA Board for approval March 2010. Publication April 2010.
All Trusts	IRMER	Inspections commence 2010	Awaiting final legislation. Planning. To transfer 15 March 2010.	Updates produced quarterly.
HSC Board	GP Out of Hours Services	Visits November 2009	Interviews with and visits to providers completed 29/12/09.	May 2010
All Trusts	Revalidation pilots	Visits June 2010	Work continues in conjunction with GMC.	September 2010
Primary Care	Controlled drugs prescribing*	Ongoing	System developed to allow for practitioners to prescribe privately schedule 2 and 3 controlled drugs. 0 requests in last quarter.	Updates produced quarterly.

* An amendment to the Misuse of Drugs Regulations (Northern Ireland) which came into force on 1 July 2006 made it a requirement that all private prescriptions for schedule two and schedule three controlled drugs must be written on a dedicated private controlled drug prescription form (PCD1) issued by the CSA. RQIA in conjunction with DHSSPS Medicines Inspectorate, CSA and Board Prescribing Advisors have final responsibility for deciding on validity of these requests.

SECTION 1: CORE ACTIVITIES QUARTER 3 2009/10

CA1 **Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care**

CA1.1 Completed a prioritised and focused programme of service reviews & inspections to inform our overall assessment of health and social care in Northern Ireland

Any other Business:	Status
Further Commissioned review of Paediatric IV Infusions against NPSA Alert 22 and the recommendations of the previous RQIA review in 2008/09	In progress
RQIA will pilot an assessment of approved working environments for medical staff in conjunction with the GMC	Ongoing

CA1.2 Improved local and national methods for the inspection and review of services

CA1.2.1 Service Improvement

Information Sourcing Project

The project has identified a wide range of relevant sources of information which can inform the work of RQIA. Access to the Queens University Belfast Health on the Net (HONNI) website has been promoted to all RQIA staff. RQIA is developing MOUs with a number of organisations and this will facilitate sharing of information. The next stage of the project will be to examine how to make effective use of external sources of information to inform an Overall Assessment of Health and Social Care. During each review it is planned to prepare a profile of trends and issues in relation to the services which will draw on available sources of relevant information.

Inspection Methodology

During Quarter the implementation of the 2009-10 improved inspection methodology has continued within inspection of Day Care Settings, Domiciliary Care Agencies, Nursing Homes and Residential Care Homes. For each type of service, four of the DHSSPS Minimum Standards were used to form the basis for announced inspections. Unannounced inspections of Nursing Homes and Residential Care Homes have also been carried out against a further selected standard from the relevant set of DHSSPS Minimum Standards.

The project has operated as two separate teams during this quarter, working to implement the revised project plan developed in the last quarter. This has included refining the process for the regulated services currently using the improved methodology and ensuring that development work is closely aligned to developments with other RQIA projects including CIMS and the overall health and social care assessment. One team has worked on developing good practice inspection approaches, while a support team has worked to develop the necessary tools to enable the inspection approach and associated gathering of information about inspection outcomes.

SECTION 1: CORE ACTIVITIES QUARTER 3 2009/10

CA1 **Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care**

CA1.1 Completed a prioritised and focused programme of service reviews & inspections to inform our overall assessment of health and social care in Northern Ireland

Using the Prioritisation Matrix, the four sets of regulated services currently using the new methodology have selected four minimum standards each against which to inspect in 2010-11 announced inspections. Work has commenced to review and adapt the language used in the inspection documentation to make it more accessible for those being inspected. A set of presentations for managers of Day Care Settings, Domiciliary Care Agencies, Nursing Homes and Residential Care Homes has been arranged for February 2010 with invitations issued during December 2009. These presentations will provide feedback to these regulated services about inspection outcomes during the 2009-10 inspection year and introduce the inspection focus for 2010-11.

Hygiene Inspection Programme

The following unannounced hygiene inspections were carried out in this quarter.

Facility	Trust	Inspection type	date	Status
Altnagelvin Hospital	WHST	Re-audit Acute	05/10/09	Complete
Downe Hospital	SEHST	Re-audit Acute	12/10/09	Complete
Causeway Hospital	NHST	Re-audit Acute	12/10/09	Complete
Craigavon Hospital	SHST	Re-audit Acute	14/10/09	Complete
Belfast City Hospital	BHST	Re-audit Acute	08/10/09	Complete
Mater Hospital	BHST	Re-audit Acute	12/11/09	Complete
Mid Ulster Hospital	NHST	Re-audit Acute	30/11/09	Complete

No hygiene inspection reports were published during Quarter 3. Following the establishment by the Minister, of a regional review team and receipt of correspondence from DHSSPS, dated 22 December 2009, RQIA agreed to defer further unannounced inspections pending the outcome of the work of the regional review team.

CA1.3.1 Impact of Operations Regulation**Enforcement**

On 24 June 2009 RQIA issued a notice of failure to comply with Nursing Homes Regulations to the Benn Suite, Clifton House Nursing Home. Subsequently a notice of decision was issued on 4 November 2009, placing conditions on the registration of the home. These conditions remained in place at the end of the quarter. RQIA continues to monitor the home through regular inspection to ensure the safety and wellbeing of residents at the Benn Suite.

SECTION 1: CORE ACTIVITIES QUARTER 3 2009/10

CA1	Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care
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CA1.1	Completed a prioritised and focused programme of service reviews & inspections to inform our overall assessment of health and social care in Northern Ireland
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CA1.3.2 Impact of Operations Review

In 2009/10 RQIA committed to plan and carry out an impact analysis of the work of RQIA. An assessment of the review programme's impact on improvements in care will be undertaken via a review of action plans submitted by relevant HSC organisations following publication of reports. These actions will be compiled into a composite report at the year end using the core activities as the key measures of impact. Following completion of the development of a planned and prioritised programme of inspection the planning group will commence work on benefits realisation for the review programme.

RQIA has also committed to further develop its information systems in assessing the impact of regulation in the quality and standard of service provision through:

- 1) New methodology of inspection (see CA1.2.1)
 - 2) Monitoring of incidents from regulated sector (see CA1.3.4)
 - 3) Monitoring of complaints from regulated sector services (see D2.1.1)
 - 4) Reviewing how the guidance issued by RQIA is being implemented by the regulated sector (e.g. *C difficile*, management of patients' finances).
- A planned review of the arrangements and implementation of the RQIA review recommendations is scheduled to take place as part of the agreed CSCG Review Programme in 2010/11.

CA1.3.3 Quality Assurance

A revised draft Quality Strategy for the Authority and exemplar of the associated Quality Framework that could be developed was shared with staff in the Authority and the Executive Team. Both documents were discussed at the Board workshop in October 2009. The Board asked at their December workshop that further work and costing be undertaken with regard to progressing an EFQM diagnostic screening exercise.

SECTION 1 - CORE ACTIVITIES QUARTER 2 2009/10

CA1	<u>Improving care</u> : We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care.
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CA1.3	Evidenced that the results of our programme of inspections and reviews is having a demonstrable impact on service improvement
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CA1.3.4 Service Improvement

Incident Reporting Project

New arrangements for the reporting, recording and analysis of incidents from the regulated sector to RQIA have been designed and will be rolled out across services in the period January to April 2010. New reporting templates have been developed and guidance prepared for provider organisations. Under the new arrangements all incidents will be entered onto a common database which has been developed and under the new system providers in the regulated sector are asked to return incidents into RQIA using email/fax. A full time dedicated central incident administrator has been recruited for one year in the first instance. All new incidents in the future will be risk assessed by the relevant inspector using a recognised tool which will determine whether the incident is to be closed or followed up by the inspector.

Deaths and Notifiable Incidents from Children's Homes

The notifications required from children's homes are very clearly defined within the Children's (NI) Order 1995. As a result they are presented separately in Table 8 overleaf so as to facilitate the level of detail required in terms of notifiable events. There have been no death notifications in children's homes.

SECTION 1 - CORE ACTIVITIES QUARTER 2 2009/10

CA1	Improving care : We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care.
CA1.3	Evidenced that the results of our programme of inspections and reviews is having a demonstrable impact on service improvement

Table 8: Notifications received from children's homes during period 01 October - 31 December 2009

Notifiable event	No of Events
Death of child accommodated in the home	0
Staff misconduct under POCVA: alleged abuse	0
Staff misconduct under POCVA: other unprofessional conduct	0
Serious illness or serious accident sustained by child	26
Outbreak of infectious disease: serious in nature	4
Allegation of serious offence by child	33
Involvement/Suspected involvement of child in sexual exploitation	3
Serious incident necessitating calling police to home	76
Serious complaint about home/employees	0
Child protection enquiry involving child accommodated	12
Child protection procedures followed	
Sub Total *	154

- *The high levels of police called to homes has been identified and raised at inspections re the development of strategies to reduce these figures.*
- *There were several cases of swine flu within some homes. Trust procedures were followed on each occasion.*
- *Young people requiring medical intervention relates to self harm. Referrals were made to CAMHS.*

SECTION 1 - CORE ACTIVITIES QUARTER 2 2009/10

CA2	<u>Informing the Population</u> We publicly report on the safety, quality and availability of health and social care
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CA2.1	Make available our register of regulated establishments and agencies, our programme of work, and all inspection and review reports on in easy, accessible and available formats
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CA2.1.1 Information / Registration

Web-based Register - KPI CA2.1

RQIA has developed a specification and proposal for the development of a web-based version of the register of regulated establishments which will support RQIA in meeting its strategic objective of making sure that all inspection reports (both announced and unannounced) are made accessible to the public through the RQIA website. It is anticipated that the development of this functionality will be completed during Quarter 4 2009/10, allowing open inspection reports for 2010/11 to be made available online.

Freedom of Information / Data Protection

There were 5 FOI requests in Qtr 3 and they were all responded to within 20 working days.

CA2.2	Use our information to provide an overall assessment of the state of health and social care in NI.
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CA2.2.1 Service Improvement

RQIA has established a project to develop an overall assessment of the state of health and social care. This will build on the findings of the review programme for the period 2009-12 and the results of our inspection programmes. The project group is considering possible approaches to the presentation of an overall assessment and the potential to include information from a wide range of external sources on care quality such as the Northern Ireland Cancer Registry and national audits to which Northern Ireland contributes. The project group completed a draft of a planned and prioritised programme of reviews using a range of tools developed since April 2009. The draft programme will be taken to the January 2010 Board meeting for final approval. Thereafter the project group will commence work on benefits realisation from the review.

SECTION 1 - CORE ACTIVITIES QUARTER 2 2009/10

CA3 **Safeguarding Rights: We act to protect the rights of all vulnerable people using health and social services**

CA3.1 Ensure all RQIA work takes account of the principles and legislative basis of Human Rights and Equality

CA3.1.1 Equality Issues

RQIA continues to meet requirements under section 75 of the Northern Ireland Act (1998) by:

- carrying out equality screening on all new policies and procedures
- monitoring the implementation of recommendations from Mental Health (conducted by MHC prior to April 2009) Equality Impact Assessment. A meeting is scheduled for late February between BSO Equality Unit, Head of Mental Health and HR Manager to map progress against the delivery plan.
- working in partnership with other HSC agencies to progress the equality and human rights agenda.

Human Rights

Having taken up post in mid August the Human Rights Advisor has presented a programme of work which outlines engagement with a variety of equality and human rights experts both individually and within oversight bodies both locally and internationally. To date, since August the Human rights Advisor has engaged RQIA with for example the NIHRC, CJI, Prisoner Ombudsman, PSNI, Police Ombudsman for Northern Ireland, Equality Commission, Queens University, University of Ulster, Institute of Professional Legal Studies, the Law Society, The Danish Institute of Human Rights, the former United Nations Special Rapporteur, the Royal College of Psychiatrists, the National Institute for Trial Advocacy USA, Trinity College Dublin, Patient Client Council, a variety of academics and NGO's. The Human Rights Advisor has further provided legal training for the Department Five Nations Event and the Institute of Professional Legal Studies. This work promoted the work of the RQIA and the organisation was praised for its contribution.

Further progress continued in this quarter this included:

- Endorsement of the approach by RQIA Board and executive team
- Early Development work on Human Rights indicators for inspection of mental health and learning disability services
- Planning of capacity building workshop for advocates of mental health and learning disability services by the US National Institute for Trial Advocacy (NITA)
- Ongoing Human Rights inputs to the review of pathways to secure accommodation for children and young people
- Planning for the incorporation of a rights based approach into policies and training.

The Human Rights advisor also represents RQIA on the National group of National preventative Mechanisms (NPM) under OPCAT). Work on a coordinated multi-agency approach to deaths in custody also commenced in this quarter.

SECTION 1 - CORE ACTIVITIES QUARTER 2 2009/10

CA3 **Safeguarding Rights: We act to protect the rights of all vulnerable people using health and social services**

CA3.2 Effectively discharged our functions under the Mental Health (Northern Ireland) Order 1986

CA3.2.1 Responsibilities under Mental Health Legislation (KPI CA3.2)

The Mental Health and Learning Disability Team's function is to monitor governance and service reviews undertaken in mental health and learning disability services in HSC Trusts, Boards and Agencies. From April 2009 the team assumed responsibility for the discharge of those functions as outlined under the Mental Health (Northern Ireland) Order 1986. During the quarter the following work streams have been progressed:

AREA OF WORK	STATUS						
Serious Adverse incidents	Desktop review of serious adverse incidents has been initiated and remains ongoing. From 1st April until end of December 2009 there were 104 cases in total. Table 9 below shows the number of serious adverse incidents reported from 1st October 2009 to 31 December 2009 and the number of episodes of under 18 admissions to Adult inpatient units.						
Table 9: Serious Adverse Incidents for Period 01 October - 31 December 2009							
Trust	Deaths				Other Serious Adverse Incidents	Number of under 18 admissions to inpatient units	Total Serious Adverse Incidents
	Suicide/Suspected Suicide	Natural Causes	Other	Unknown			
BHSCT	5			3		16	8
NHSCT	4			4		4	8
SEHSCT	8		1	1		3	10
SHSCT	3				1	2	4
WHSCT	4			1	1	3	6
TOTAL	24	0	1	9	2	28	36

SECTION 1 - CORE ACTIVITIES QUARTER 2 2009/10

CA3 Safeguarding Rights: We act to protect the rights of all vulnerable people using health and social services

CA3.2 Effectively discharged our functions under the Mental Health (Northern Ireland) Order 1986

CA3.2.1 Responsibilities under Mental Health Legislation (ctd)

AREA OF WORK	STATUS								
Monitoring of errors in prescribed forms and guardianship applications	<ul style="list-style-type: none"> A process has been established to monitor and capture details of accuracy of detention forms and guardianship applications being received from Trusts. Table 10 below shows the status of detention forms received from Trusts in over the past 3 quarters since transfer of functions. 								
	Table 10: Status of Detention Forms Received for period 01 April - 31 December 2009								
	Total Number of Forms Received			% Forms - Late Submissions			% Forms - Unsatisfactory		
	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3
TOTAL	2291	2506	2469	69%	61%	62%	7%	3%	3%
<ul style="list-style-type: none"> Errors have been identified and a significant number had not been copied to RQIA immediately as is required under Mental Health (Northern Ireland) Order 1986. In some cases the late submission meant that patients had been improperly detained because the timescales for Trusts to amend the forms (where permitted) had expired. Trust Chief Executives have been informed of these significant failings and the issue has been raised during ongoing meetings with each Trust. As a result late submissions have in the main been decreasing as have the proportion of unsatisfactory forms. This Information will also be reported by RQIA as the National Preventative Mechanism Under OPCAT 									

SECTION 1 - CORE ACTIVITIES QUARTER 2 2009/10

CA3 Safeguarding Rights: We act to protect the rights of all vulnerable people using health and social services

CA3.2 Effectively discharge our functions under the Mental Health (Northern Ireland) Order 1986

CA3.2.1 Responsibilities under Mental Health Legislation (ctd)

AREA OF WORK	STATUS
Meetings with Trust Directors	<ul style="list-style-type: none"> The post of Head of Mental Health and Learning Disability Review was filled on 1 December 2009. Further meetings with the directors and senior managers were planned for January/February 2010 to introduce the new post holder and introduce further developments in the programme of work under the related legislation
Mental Health Surgeries	<ul style="list-style-type: none"> An RQIA pilot programme of open surgeries has been completed and, following a successful pilot in which 40 detained patients were interviewed it is planned to roll this out across all trust facilities where patients are detained for treatment. Following evaluation of the work the programme will be renamed Patient Experience Reviews and will commence a substantive roll-out in January 2010 in mental health facilities. Detained patients in learning disability hospitals will commence Quarter 1 2010/11.
Guardianship Panel	<ul style="list-style-type: none"> Guardianship panel has met on 7 occasions. Since 1 October 2009 there have been 5 new applications for guardianship and 15 renewals. There were 83 current guardianship files in total at the end of the quarter.
Medical Panel	<ul style="list-style-type: none"> Medical panel has met on three occasions and plans to meet quarterly. The issues which have been discussed are:- <ul style="list-style-type: none"> Appointment of Part II and Part IV Doctors Update of training to ensure competent practice Electronic transfer of forms Capacity Consent to treatment Clozapine Therapy Covert Medication Appraisal of sessional Medical Officers
Governance Review	<p>Project planning for the review of Child and Adolescent Mental Health Services was completed in the quarter. A profiling questionnaire was distributed to all trusts for completion. The terms of reference for the review were agreed and project documentation completed. Update as follows:</p> <ul style="list-style-type: none"> Questionnaire sent to trusts and Boards Returns currently being analysed Independent Reviewers currently being contacted re dates
Expert Advisory Panel	<p>Project plan to populate this panel has been agreed and a competency framework developed. The first meeting is planned for 10th March 2010 and will be chaired by Mr Richard Adams.</p>

SECTION 1 - CORE ACTIVITIES QUARTER 2 2009/10

CA3	<u>Safeguarding Rights:</u> We act to protect the rights of all vulnerable people using health and social services
CA3.2	Effectively discharge our functions under the Mental Health (Northern Ireland) Order 1986

CA3.2.1 Responsibilities under Mental Health Legislation (ctd)

AREA OF WORK	STATUS
Learning from queries	Process has been established to capture range of incoming queries with a long term objective being the development of an FAQ section on the RQIA website. Legal advice has been sought following receipt of queries which require specialist advice and regular meetings are held with Legal Services department.
Key Performance Indicators	Key performance indicators have been developed in relation to the monitoring of prescribed forms, the evaluation of treatment plans, provision of second opinions and inspection activity.
Advocacy Forum	3 meetings of the Advocacy Forum have been held and the terms of reference have been agreed for the future work plan.

RQIA has also committed in its business plan to (a) ensure that the RQIA is fully compliant with its legislative duties under the Mental Health (NI) Order 1986) and (b) Maintain a register of all Part II and Part IV Doctors. This work has been completed in December 2009 for 2009/10 register.

Letters were issued to Trusts to request updated information relating to Patients finances in relation to the Authorities role in (a) Preventing or redressing loss or damage to patients' property - Maintaining a register of all detained patient finances in excess of the limits specified within the 1986 Order and (b) Undertaking appropriate and timely review of any concerns relating to patient finances.

SECTION 1 - CORE ACTIVITIES QUARTER 2 2009/10

CA4	<u>Influencing Policy:</u> We influence policy and standards in health and social care
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CA4.1	Contributed to the development and improvement of regional policies and standards
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CA4.1.1 Policy, Procedures and Protocols development within RQIA

RQIA prepared a report to DHSSPS on areas of legislation, regulations and standards requiring review in the light of our experience. This report was forwarded to the Department after consideration and approval by EMT. The issue is due for discussion at the monthly liaison meeting with DHSSPS in January 2010.

RQIA has committed to producing guidance leaflets / booklets to support implementation of standards and regulations for the regulated sector and guideline documents have been prepared for dissemination to all registered providers at a series of road-shows in February 2010. These will also be placed on the RQIA website.

RQIA activity has also impacted the following regional policies and guidance in the last quarter.

- DHSSPS guidance on the management of mastitis
- Guidelines for care homes on the care of residents with diabetes
- Regional standards for environmental hygiene and infection control

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D1 We engage effectively with our stakeholders

D1.1 Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public

D1.1.1 Communications

Media

During the quarter the work of RQIA received a high profile in the media through extensive coverage of key inspection and review activity. This included significant coverage of the unannounced hospital hygiene inspection and child protection review through the publication of review reports and subsequent Assembly Committee evidence sessions. In addition, ad hoc queries were received on independent health care and enforcement activity in residential care and nursing homes.

Swine Flu

A business continuity plan and communications plan was prepared to deal with the potential impact of swine flu on RQIA's activities. RQIA continued to ensure that its staff and service providers are fully informed through regular written and verbal communications, and via RQIA's website.

Public Affairs

During the period the RQIA Chief Executive and Director of Operations, supported by relevant staff, attended the NI Assembly's Health, Social Services and Public Safety Committee on two occasions. On 26 November the Chief Executive, Director of Operations and Head of Hygiene and Infection Prevention Team attended an evidence session on hygiene and infection control in the Belfast Trust, while on 10 December 2009 the Chief Executive, Director of Operations, Director of Quality Assurance and Head of Children's Services provided evidence on child protection in Northern Ireland.

Annual Report

The Annual Report and Accounts were prepared for publication. The document was laid before the NI Assembly on target in November 2009.

Communication Strategy

During Quarter 3 2009/10 initial work commenced on the development of a new communication strategy for RQIA to reflect the priorities identified within the Corporate Strategy 2009-2012. A working group to include board membership will be established during Quarter 4 2009/10.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D1 We engage effectively with our stakeholders

D1.1 Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public

D1.1.2 Public Participation

RQIA continues to progress its public participation action plan. The Public Participation Manager presented a progress report to RQIA Board in December 2009.

The report outlined key achievements that have been met including:

- engaging with "looked after" young people and their families as part of Child Protection review
- engaging with older people, long term conditions groups and parents as part of Out of Hours service review
- working in partnership with NISCC, SCIE and service users to plan our second joint user and carer conference

In the coming months there will be a focus on mainstreaming robust monitoring mechanisms to systematically measure the success of public participation activity.

RQIA is committed to providing information to a wide range of stakeholders, and endeavours to do so in a timely manner to meet the needs of the audiences.

In addition to external communication, RQIA has identified Sharepoint as a potential platform for the development of a corporate intranet to improve internal communication. This project will be jointly developed by the ICT, information and communications teams on the appointment of a Communications Officer.

During the quarter RQIA worked in partnership with NISCC, SCIE and service users on the planning for the second joint user and carer conference scheduled for 10 March 2010.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D1	We engage effectively with our stakeholders
D1.1	Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public
D1.1.3 RQIA Corporate Strategy The report entitled "Public Consultation on the RQIA Corporate Strategy 2009/10 - 2011/12 - Summary of feedback" was presented to and approved by the RQIA Board on 12 November 2009. The report was also uploaded onto the RQIA website and hard and electronic copies of the report were forwarded to all consultees that participated in the workshops and also provided written feedback.	

D1.1.3 RQIA Corporate Strategy

The report entitled "Public Consultation on the RQIA Corporate Strategy 2009/10 - 2011/12 - Summary of feedback" was presented to and approved by the RQIA Board on 12 November 2009. The report was also uploaded onto the RQIA website and hard and electronic copies of the report were forwarded to all consultees that participated in the workshops and also provided written feedback.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D1 We engage effectively with our stakeholders

D1.2 Developed strategic partnerships with stakeholder bodies to support improvement in the quality of health and social care in Northern Ireland

D1.2.1 Operations Regulation

RQIA commenced joint work with VOYPIC to establish and improve the input of young people as peer reviewers in the inspection of children's services. A number of peer reviewers underwent training which includes shadowing exercises with inspectors.

VOYPIC has also been approached for work on service user feedback as part of the review of CAMHS.

RQIA has commenced work in gaining service user feedback in learning disability services using expertise from the group the Association for Real Change (ARC).

An advocacy forum has been set up for advocacy in mental health and learning disability services.

By December 2009 to have established effective liaison forums with each of the five health and social care trusts. Quarterly liaison meetings continue with all 5 health and social care trusts. Liaison meetings also commenced with the HSC Board and plans are in place for liaison meetings with the public Health agency and the Patient Client Council. A programme of liaison meetings is also underway with key representative groups from the independent voluntary sector. These include the Association for Real Change and the Independent Health Care Providers.

RQIA has committed in its business plan to establish a forum for effective joint working with other regulatory oversight and training bodies. Work has commenced in relation to revising the joint information sharing protocol with the NI Commissioner for Complaints and Memorandums of Understanding (MOUs) with NISCC and SCIE are being revised.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D2 We maintain a robust governance framework

D2.1 Met legislative requirements and best practice in relation to governance, risk management and independent assurance

D2.1.1 Complaints

RQIA believes that a robust and accessible complaints procedure is an important part of its duties as a fair and effective regulator. It recognises that the information gathered through complaints activity provides important information on the quality of services and the experience of service users. Complaints help to identify areas and aspects of services which need regulatory action.

The role of RQIA is to ensure that providers have in place and operate an appropriate complaints procedure. RQIA will follow up any alleged failure by a provider to comply with regulations and standards.

The Complaints Procedure is currently being redrafted for consultation with staff and Board. This is completed in draft form and is awaiting comment by the Policy Group and thereafter will be brought to the Board for approval.

Complaints against the RQIA

One new complaint has been received during Quarter 3 2009/10. This complaint related to the inspectorial approach of a member of staff during an unannounced inspection. This complaint was investigated and a detailed response of the findings was forwarded to the complainant. The allegations in this complaint were not upheld.

Six complaints remain under investigation from previous quarters:

- Two of the complaints related to concerns regarding alleged poor delivery of care within nursing homes and continue to be investigated in accordance with Stage 2 of the previous RQIA complaints policy and procedure (as they were received prior to publication of the DHSSPS complaints procedure on 1 April 2009).
- The third complaint related to the publication of an inspection report by RQIA. This complaint remains under investigation by the Board Complaints Review Panel;

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D2 We maintain a robust governance framework

D2.1 Met legislative requirements and best practice in relation to governance, risk management and independent assurance

Complaints against the RQIA (ctd)

- The fourth complaint related to the actions taken by Inspectors in following up alleged breaches of regulation by a Domiciliary Care Agency. This was investigated by the Board Complaints Review Panel and a response of the findings sent to the complainant. RQIA developed an action plan to address the recommendations which was approved by SCG and is being monitored for implementation.
- The fifth complaint, continuing from Quarter 2 of 2008/09, relates to the inspection process used by RQIA staff. This is currently being investigated by the NI Ombudsman;
- The sixth complaint relates to the actions taken by the RQIA during an inspection of a facility in the September 2006 period and also remains under investigation by the NI Ombudsman.

D2.1.2 Protection of Children and Vulnerable Adults

All staff employed by RQIA have had the relevant standard and enhanced POCVA checks in advance of employment. A database of all professionally qualified and registered staff is maintained and updated on a monthly basis. As at end December 2009 the profession by category was:

Nursing	38
Social Work	28
Psychology	1
Pharmacy	6
Medical	4
Dental	1

D2.1.3 Corporate Risk Register

An updated version of the Corporate Risk Register was prepared in December and will be presented to the Board on 14 January and Audit Committee on 28 January.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D2	We maintain a robust governance framework
D2.1	Met legislative requirements and best practice in relation to governance, risk management and independent assurance

D2.1.4 Controls Assurance Standards

Self assessments for the three core Controls Assurance Standards (CAS) i.e. Governance, Risk Management and Financial Management, have been completed in preparation for the audit on the week commencing 15 February 2010. Action Plans for the three core CAS have been developed in preparation for the audit. An additional self assessment against the CAS in Records Management has been planned for 2009/10.

D2.1.5 DHSSPSNI Assurance Framework

Work has been completed on the development of the RQIA Risk Assurance Report in order to ensure compliance with the requirements of the revised DHSSPS Assurance Framework. The first assurance report will be presented to the Board in January 2010.

D2.1.6 Audit plan for the Continuous Review of Inspection Activity

Two meetings were held with Director of Operations and one meeting with Heads of Programme to discuss and agree RQIA inspection audit planning progress. The current standard for inspection will be reviewed by the end of January 2010 and the Audit Plan will be agreed by 31 March 2010.

D2.1.7 Register of Policies / Policy Workshop

For a list of policies developed by RQIA within the quarter see below. A series of policy awareness workshops was conducted for all RQIA staff in December 2009 at which staff was encouraged to make comments in relation to policy needs at RQIA. The resulting action plan will be presented to EMT in January 2010.

A range policies and procedures within the RQIA were progressed during the quarter.

TITLE OF POLICY/PROCEDURE	STATUS
Review of Complaints Policy and procedure	This was revised and shared with staff for comment. However based on learning from recent complaints and subsequent legal advice this policy requires further revision and will be brought to the Board for approval.
Policy on the Rotation of Inspectors	This was approved by the Executive Team on 22 October 2009. Access to the policy is available to all staff through the RQIA shared folder.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D2	We maintain a robust governance framework
D2.1	Met legislative requirements and best practice in relation to governance, risk management and independent assurance

Vulnerable Adults Policy and Procedure	This is currently being revised before being brought to Executive team for approval.
Data Security Policy	A draft policy was shared with the Board at the workshop on 10 December 2009. Following comments from staff following the policy workshop on 15 December 2009, the policy is expected to be approved by the Board in January 2010.
Gifts and Hospitality	A draft policy was shared with the Board at the workshop on 10 December 2009. Following comments from staff following the policy workshop on 15 December 2009, the policy is expected to be approved by the Board in January 2010.
Zero Tolerance Policy	A draft policy has been developed and is expected to be approved by the Executive Team in March 2010.

D2.1.8 A Health and Safety Policy is being drafted and will be submitted to Executive Policy Group by March 2010.

D2.1.9 A Whistle Blowing Policy was approved by the Executive policy group within the previous quarter in August 2009.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D3	We use evidence and research to underpin all our activities
D3.1	Developed an evidence based culture to our practice across all the functions of RQIA
D3.1.1 Guidance Documents Work is underway to develop policy and procedure guidance for RQIA staff involved in Finance Inspections and will be brought to Policy Group for comment and approval in due course.	
D3.1.2 Research Policy and Procedure and Draft Research Strategy This was completed in draft form and forwarded to the Policy Group for review and requires approval by Executive Policy Group and Board.	
D3.1.3 Peer Review by Inspectors and Quality Assurance of Reports by Managers This is work in progress but due to staff vacancies this could not be completed this quarter.	

D3.1.1 Guidance Documents

Work is underway to develop policy and procedure guidance for RQIA staff involved in Finance Inspections and will be brought to Policy Group for comment and approval in due course.

D3.1.2 Research Policy and Procedure and Draft Research Strategy

This was completed in draft form and forwarded to the Policy Group for review and requires approval by Executive Policy Group and Board.

D3.1.3 Peer Review by Inspectors and Quality Assurance of Reports by Managers

This is work in progress but due to staff vacancies this could not be completed this quarter.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D4 We manage our finances and assets effectively

D4.1 Aligned the financial and business planning processes of RQIA to ensure our resources are focused on strategic priorities & we achieve Value for Money

Please refer to Agenda Item G/02/10 for Financial Report to 31 January 2010.

Funds have been allocated by the Department to meet recurrent costs for the 2009/10 Business Plan.

RQIA continues to extend and monitor the reporting system on budgetary and financial performance with monthly reports being presented to EMT & Board. More detailed reports on payroll have been provided to managers and non-pay elements are being developed as the next stage.

The annual report, statement of internal control and approved accounts were completed, audited and submitted to NIAO by 31 July as required.

The capital investment plan for 2009/10 has been developed by the Director of Corporate Services and a planned spending profile provided to the Department.

Cost reductions have taken place in the expenditure areas identified in RQIA's efficiency programme.

D4.2 Maintained and made best use of RQIA's non-financial assets

D4.2.1 Business Continuity Plan

A Business Continuity risk assessment exercise has been carried out and a Business Impact Assessment exercise is currently underway. Completion of Business Continuity Plan, Quarter 3, 2010/11. Work is ongoing in the area of ICT disaster recovery. RQIA have made progress in refining the DR proposal.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D5 We value and develop all our staff

D5.1 Continued to ensure that we have a professionally competent workforce delivering on the objectives set out in the Corporate Strategy

D5.1.1 Journal Club

Two Journal Clubs were arranged, one on 23 October and 20 November respectively. The 23 October workshop provided staff with an overview of the Independent Safeguarding Authority and this was attended by relevant staff from across all operational programmes. The 20 November event focused on the Belfast Trust Carers' Group and the support offered to carers in the community. 7 RQIA staff attended this event.

D5.1.2 Training and Development

Plans are being developed to conduct a number of short training sessions throughout February in the area of Attendance Management for both staff and line managers.

Training has continued to take place using RQIA's service level agreement with the Beeches Management Centre whereby several staff have availed of development programmes including:

- How to get that job
- Introduction to management
- Understanding projects
- ECDL

In the forthcoming Quarter and prior to year end, initial work will commence on the formulation of a Learning and Development strategy which will be linked to and flow from the Business plan for 2010/11.

D5.1.3 Sickness absence

RQIA is committed to the proper management of sickness absence and the achievement of the optimum attendance at work. All episodes of sickness must be managed to ensure that the appropriate level of support is in place to meet individual need. Table 11 below details short and long term sickness absence by quarter.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D5 We value and develop all our staff

D5.1 Continued to ensure that we have a professionally competent workforce delivering on the objectives set out in the Corporate Strategy

Table 11: Working days lost due to sickness

	Type of sickness	Number of sickness days lost	Occurrence	% sickness rate
2008-2009 Qtr 3	Short term	194	41	
	Long term	112	8	
	Total	306	49	4.43
2008-2009 Qtr 4	Short term	120	42	
	Long term	74	2	
	Total	194	44	2.66
2009-2010 Qtr 1	Short term	160	34	
	Long term	109	10	
	Total	269	44	3.63
2009-2010 Qtr 2	Short term	203	38	
	Long term	192	11	
	Total	395	49	5.12
2009-2010 Qtr 3	Short term	107.5	32	
	Long term	291	8	
	Total	398.5	40	4.7

* Short-term absenteeism is generally defined as an episode of sickness lasting between 1 day and 4 weeks.

** Long-term absenteeism is defined as an episode of sickness lasting more than 4 weeks.

The information in Table 11 demonstrates a marginal increase in the total number of working days lost due to sickness. However, the period has also seen a decrease in the number of occurrences. This quarter has seen a decrease in both long and short term absence occurrences, but quite a significant increase in the number of working days lost to long term absence. During Quarter 3 2009/10 a number of sickness absence staff awareness sessions are being conducted, as well as a number of half day workshops on Absence Management for those with

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D5 We value and develop all our staff

D5.1 Continued to ensure that we have a professionally competent workforce delivering on the objectives set out in the Corporate Strategy

line management responsibility.

D5.1.4 Action Learning

A scoping document and business case was sent to Executive Team for approval and a training course on Action Learning sets will be commissioned for 6 RQIA staff. Training will be undertaken on 2 - 4 March 2010 to enable the cascading of learning across staff groups within RQIA.

D5.1.5 HSC Staff Survey

The Director of Corporate Services represents RQIA on a regional group to develop and implement a new HSC-wide staff survey. The Staff Survey for RQIA was conducted in November/December 2009 and the results are expected in April 2010.

D5.1.6 Tele-Working Project

A project initiation document was produced and approved by both the Executive Team and the RQIA Board at its September meeting. Further progress has not been made due to competing workload priorities. The work of the Tele-Working project team will recommence during Quarter 4 with a base line of current provision and a staff questionnaire of current remote access usage.

D5.1.7 Performance Review and Appraisal System

RQIA continues to operate its performance review and appraisal system. As part of this system staff have been identifying their training needs through the development of a Personal Development Plan. Work will be initiated in Quarter 4 to commence the process of implementing KSF and its integration into the staff appraisal process.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D6 We plan effectively and actively manage organisational performance

D6.1 Developed a fully integrated planning and performance management cycle enabling improved organisational decision-making and learning

D6.1.1 RQIA Business Plan

RQIA continues to monitor performance against the objectives set out in the 2009/10 Business Plan with quarterly reports presented to the Board. The Business Plan for 2010/11 is currently under development.

D6.1.2 RQIA Corporate Strategy

The RQIA Corporate Strategy 2009//12 was revised based on the feedback received during a 13 week consultation period. The Strategy was subsequently approved by the Board and DFP Supply within the quarter.

D6.2 Improved our performance through benchmarking with other organisations involved in regulation and standard setting

D6.2.1 RQIA Networks

The Chief Executive contributed as a guest speaker at the IHCP Annual Conference in Ballymena on 7 October 2009.

The Chairman, Chief Executive and Director of Service Improvement attended the ISQUA Conference in Dublin on 12 & 13 October.

Representatives of RQIA met with the NI Ombudsman on 20 October to consider issues of mutual interest and concern.

Representatives of RQIA met with the Prisoner Ombudsman on 9 November 2009.

The Director of Quality Assurance and two senior staff provided expert advice and guidance to the Agency for Social Assistance and the Agency for Child Protection in Bulgaria in October 2009.

Representatives from the 4 Health and Social Care regulators are again to meet with General Medical Council representatives in January 2010 to discuss and agree an approach regarding revalidation of doctors.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D6	We plan effectively and actively manage organisational performance
D6.1	Developed a fully integrated planning and performance management cycle enabling improved organisational decision-making and learning

During the quarter RQIA continued to work with QIS on a joint GMC pilot looking at the processes to support medical revalidation and worked with other regulators on a consistent approach to IRMER regulation.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D7 We manage information and our information assets effectively

D7.1 Implemented a strategic approach to information management that supports RQIA's strategic and operational objectives

D7.1.1 RQIA Information Team

Strategic Improvements

RQIA's Information Strategy continues to be progressed by the information team as they support RQIA's strategic and operational objectives in areas such as the development of a new methodology for inspection and statutory notification of incidents. Ongoing improvement works in the areas of information, records, registration and ICT will be planned and managed in parallel as RQIA develop and implement an integrated informatics strategy in 2010.

Register

As per registration improvement plan, the validation of registration information continues, with the details of 70% of services now having been verified by inspection staff during inspections within the last twelve months. The overall aim of the ongoing validation checklist exercise is to ensure that the registration details of all registered services will be checked.

CIMS

Phase 1 of the Corporate Information Management System (CIMS) has identified and mapped corporate business needs and completed a draft of an output-based system specification. Market intelligence work is progressing in terms of identifying indicative costs following which a draft business case will be submitted to DFP in 2010/11.

EDRMS

Records management system options are being explored and work is ongoing in terms of the production of an EDRMS business case.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D7 We manage information and our information assets effectively

D7.1 Implemented a strategic approach to information management that supports RQIA's strategic and operational objectives

D7.1.1 RQIA Information Team (ctd)

IAMS

Usage of the new version of IAMS commenced at the beginning of April 2009. The updated system enables the more efficient monitoring of inspection activity against individual services to ensure that the minimum legislated number of inspections per service have been carried out. In addition the system also enables tighter management of key performance indicators by automatically generating a target date for the issue and publication of draft and open reports. In addition to this it was also agreed within the New Inspection Methodology Project to continue to use IAMS as a means of recording some information pertaining to the outcome of inspections relating to any requirements and recommendations made.

EU Services Directive

The project team established to assess the potential impact of the EU Services Directive continues to work with the DHSSPSNI and the Department for Business, Innovation & Skills (BIS) to ensure that the RQIA is able to meet its obligations under the Directive. The RQIA is awaiting further guidance from the department as to the scope of the Directive and in the interim continues to work with BIS.

D7.2 Complied with best practice and the highest standards of information governance

D7.2.1

RQIA have committed to develop a Data Protection/Confidentiality Policy in the context of the new Code of Practice on Protecting the Confidentiality of Service Users' Information. The RQIA Data Security Policy was approved by the Executive Team and will be introduced with training to all staff along with the RQIA Records Management Policy and the Retention and Disposal Schedule in the last quarter of 2009/10. File identification and tracking mechanisms are now being utilised by all staff.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D8 We optimise the use of ICT to support our work

D8.1 A reliable, appropriate and effective ICT infrastructure that makes best use of emerging technology & is aligned to RQIA's changing business needs

D8.1.1 ICT Infrastructure

RQIA's internal capacity for the management of ICT was enhanced with the recruitment of an ICT Delivery manager. Key tasks for this manager will be to review options for the future delivery of ICT support and to complete a Post Project Review of the benefits of the investment in the ICT infrastructure and support. The ICT Strategy will be developed following completion of these reviews.

RQIA continue to performance manage the Steria contract. This has resulted in regular progress meeting with our third party ICT provider, performance reporting, the development of a Service Definition Document with agreed KPIs. A more structured approach to the management of helpdesk calls has been developed. A plan for system improvement focusing on ICT security in particular is being progressed with improvements to the network configuration. An independent ICT security health check is planned for March 2010. Awareness raising of ICT security is ongoing with RQIA staff.

D9 Position RQIA as a respected, independent regulator

D9.1 Increased awareness of the work of RQIA & achieved public and peer recognition as an organisation leading regulatory practice

D9.1.1 Awareness of the work of RQIA

Awareness of the work of RQIA was raised considerably during the quarter through the publication of a number of major reports including the Child Protection Review and Infection Control and Hygiene Inspections. Several RQIA road-shows were also conducted to highlight developments in RQIA's Inspection Methodology and other developments.

RQIA has committed to designing an assessment template to monitor success in raising the organisation's profile. In future quarters, this may be considered as part of the development of a communications strategy for RQIA.

SECTION 2 - VALUE DRIVERS QUARTER 2 2009/10

D8 **We optimise the use of ICT to support our work**

D8.1 A reliable, appropriate and effective ICT infrastructure that makes best use of emerging technology & is aligned to RQIA's changing business needs

D9.1.2 External Accreditation

Work on scoping opportunities for external accreditation (such as ISO 9001:2008) continues to progress and a scoping paper was presented to the Board in December 2009.

The Regulation and Quality Improvement Authority is an independent organisation which aims to ensure the public in Northern Ireland has access to the best possible standards of health and social care.

The Authority was set up by the Department of Health, Social Services and Public Safety in 2005. It has a remit to regulate, inspect, and monitor statutory, private and voluntary sector bodies which provide health and social care services and to promote, and in certain areas enforce, improved standards wherever they are needed.

If you have any comments or complaints about the work of the Authority, you should contact:

Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel: (028) 9051 7500

Fax: (028) 9051 7501

Email:

Web: www.rqia.org.uk

RQIA Board Meeting – 11 March 2010

AUDIT COMMITTEE BUSINESS

Author: Maurice Atkinson
Presented by: Ruth Laird

Aim and Purpose

The Audit Committee met on 28 January 2010. An oral update on this meeting will be provided by the Audit Committee Chairman at the Board meeting on 11 March 2010.

Attached to this paper are copies of the approved minutes of the Audit Committee meeting of 22 October 2009 for noting by the Board.

Recommendation

The Board is asked to **NOTE** the minutes of the Audit Committee meetings of 22 October.

MAURICE ATKINSON
Director of Corporate Services

MINUTES

RQIA Audit Committee Meeting 22 October 2009 Board Room, 9th Floor, Riverside Tower, Belfast, 10.00am

Present

Allen McCartney (Chairman)
Richard Adams
Una O'Kane

Officers of the Board present

Glenn Houston (Chief Executive)
Maurice Atkinson (Director of Corporate Services)
Paul Gick (Finance / ICT Manager)
Robert Graham (Committee Services Manager)

Peter Cooper, Professional
Advisor
Ruth Laird, Chair Designate

In attendance

Roisin Convery, Northern Ireland Audit Office
Neil Gray, Northern Ireland Audit Office
Jennifer McCaw, Internal Audit, Business Services
Organisation

Apologies

Patricia McCoy
Colin Reid

Apologies

Catherine McKeown, Internal Audit, Business
Services Organisation

1 Apologies

- 1.1 The Chairman noted apologies from Patricia McCoy, Colin Reid and Catherine McKeown.

2 Chairman's Business

- 2.1 The Chairman advised that this was his final meeting as Audit Committee Chair and that the Board had approved the appointment of Ruth Laird to the role.
- 2.2 The Chairman noted the development of the Audit Committee since its inception in 2005 and that during the intervening period, excellent working relationships had been developed with both Internal and External Audit. He thanked the auditors and the officers of the Board for their work in ensuring that at the end of each financial year, RQIA had received an unqualified opinion on its accounts.

3 Minutes of previous meetings

- **Action List Review**
- **Notification of AOB**

- 3.1 The minutes of the meeting of 2 July were **APPROVED**, subject to an amendment on page 1, replacing "Beeches Management Centre" with "Business Services Organisation".

- 3.2 The minutes of the meeting of 10 September were **APPROVED**.
- 3.3 The Chairman referred Committee members to the Action List and sought updates on the outstanding action points. He proposed that in future, the Action List should be detached from the minutes and reviewed as a separate item.
- 3.4 With regard to Action 81, concerning Standing Orders, the Committee Services Manager advised that this would be dealt with under Item 9 of the agenda.
- 3.5 The Chief Executive advised the Committee that he had written to the DHSSPS concerning the lease of Lombard House (Action 104). He advised that he had yet to receive a response.
- 3.6 Neil Gray noted that Lombard House was currently an unoccupied asset of RQIA and therefore RQIA carried the risk. Committee members continued to express concern that the costs of the lease appeared as part of RQIA's operating costs and the Chief Executive **AGREED** to follow up on this matter. The Chair Designate asked that RQIA confirms that it will not be liable for any alterations which are required to be done prior to the premises being handed over to a new tenant. The Chief Executive advised that it was his understanding that all costs, including any associated with the relinquishing of the lease would be met by DHSSPS.
- 3.7 It was **AGREED** that an Action should be added to the Action List to reflect the discussion at paragraph 4.6 of the July minutes concerning the development of a list of financial procedures. The Finance Manager advised that this work was ongoing and would be brought to the Committee in January.

Resolved Actions

- **Committee Services Manager to amend the minutes of the 2 July meeting and bring both sets of minutes to the Board on 12 November for noting.**
- **Chief Executive to follow up correspondence to DHSSPS regarding Lombard House and to seek clarification around the costs of relinquishing the lease**
- **Committee Services Manager to add "Report on Financial Procedures" to the Action List from the July meeting**

4 Matters Arising

- 4.1 There were no others matters arising.

5 Update on Audit Action Plan - Director of Corporate Services

- 5.1 The Director of Corporate Services presented the updated Audit Action Plan to the Committee and explained that following discussions at the previous meeting regarding the format of the report, a new report had been

compiled which included a covering summary page.

- 5.2 The Chairman invited members to raise any queries they had regarding content. The first section related to recommendations from the Northern Ireland Audit Office.
- 5.3 The Finance Manager updated the Committee with regard to annual fee invoicing and the recovery of debt. He added that all outstanding debtors had been contacted. The Chairman asked if the DHSSPS could be consulted regarding this matter. The Chief Executive advised that RQIA could escalate bad debts and, where necessary, bring these to the attention of the Chief Executive or Director of Finance in each of the organisations concerned. He explained that this would be necessary and an appropriate step to escalation. He advised that if debts were required to be written off, the Audit Committee would be asked to approve the write offs. In response to a question from a Committee member, the Finance Manager confirmed that debt management procedures were in place.
- 5.4 The Chief Executive confirmed to the Committee that a Policy on the Rotation of Inspectors had been approved by the Executive Team Policy Group and that it was agreed that the rotation would be 20% of caseload per annum over a 5-year cycle.
- 5.5 The Chief Executive advised the Committee that the DHSSPS had asked RQIA to prepare a paper regarding registration fees. The Chairman expressed his concern that RQIA had been asked to take the lead in this. The Chief Executive noted his concern but felt the request was not unreasonable and Neil Gray noted that it strengthened RQIA's position if it was participating in the process.
- 5.6 The Audit Committee considered the findings of the Registration Audit. The Chairman noted that one of the audit findings had been rejected and sought Internal Audit's view. Jennifer McCaw confirmed that the finding had been rejected but had been included in the report to allow the Audit Committee to note the rejection.
- 5.7 The Chair Designate asked for an update on the appointment of a Planning and Corporate Governance Manager. The Director of Corporate Services confirmed that an appointment had been made and that a start date of 23 November had been agreed.
- 5.8 The Audit Committee **NOTED** the update from the Audit Action Plan

6 Mid Year Assurance Statement - Director of Corporate Services

- 6.1 Jennifer McCaw presented the Internal Audit's Mid Year Assurance Statement and began by noting that very little audit work had been undertaken thus far in 2009/10. She added that RQIA had not yet developed Action Plans for the three core Controls Assurance Standards.

- 6.2 The Director of Corporate Services explained that RQIA's priority had been to develop an Assurance Framework and that other work would be progressed during the last two quarters of 2009/10, following the appointment of the Planning and Corporate Governance Manager.
- 6.3 The Chairman noted that there was a possibility RQIA could slip below the level of substantive compliance with the three core Controls Assurance Standards. The Chief Executive took on board the concern of the Audit Committee but reiterated that the appointment of the Planning and Corporate Governance Manager would give this work greater momentum.
- 6.4 The Chairman asked if RQIA would be assessing itself against any other Controls Assurance Standards in 2009/10. The Director of Corporate Services confirmed that RQIA would be looking at the Records Management and ICT Controls Assurance Standards.
- 6.5 Jennifer McCaw confirmed that Internal Audit had also reviewed the Corporate Risk Register and noted that half of the actions in the Risk Register had been implemented and the remaining five had yet to be implemented.
- 6.6 The Chairman outlined his concern that there were gaps in information and suggested that the Audit Committee should be receiving reports on cases of fraud, whistleblowing, staff disciplinary cases, judicial reviews and near misses. The Chief Executive agreed to discuss some of the issues raised by the Chairman with the Director of Corporate Services with a view to identifying the most appropriate method of reporting to Audit Committee.
- 6.7 The Chair Designate suggested that a Fraud Register could be maintained, similar to the Corporate Risk Register. Neil Gray added that this was good practice and that there was guidance available.
- 6.8 The Director of Corporate Services queried the rationale for the Audit Committee receiving information about ongoing disciplinary actions. The Chairman explained that the Audit Committee had an oversight role over all functions of the organisation and that disciplinary action may arise from matters which are of direct interest to the Audit Committee. The Chair Designate added that the Committee would be interested if these actions which may have a reputational risk for RQIA. It was **AGREED** that the Chief Executive would bring a template for such a report to the next meeting.
- 6.9 The Director of Corporate Services presented the Mid Year Assurance Statement and noted that the layout followed a DHSSPS template. He drew members' attention to section 2 regarding the reporting arrangements whereby the Assurance Framework would be presented to the Board, instead of the Corporate Risk Register. The Chair Designate stated that the Board had agreed that the Risk Register would be reviewed annually by the Board and should always be brought to the Board.

- 6.10 Jennifer McCaw noted that the wording of Section 4 was inaccurate as no Action Plans had been developed. The Chairman suggested that Section 8 be reworded, as it needed to more accurately describe the Authority's performance against its key targets.
- 6.11 It was **AGREED** that the Mid Year Assurance Statement would be amended, following the comments made by the Audit Committee and that the final version would be shared with the chairman of the Audit Committee and forwarded to the DHSSPS prior to the 23 October deadline.
- 6.12 The Audit Committee **NOTED** the Mid Year Assurance Statement.

Resolved Actions

- **Chief Executive to bring template for report on "Matters of interest to the Audit Committee" to the next meeting**
 - **Chief Executive to amend Mid Year Assurance Statement and forward to DHSSPS on 23 October**
- 7 IFRS 'Shadow' accounts for 2009/10 - Finance Manager**
- **Briefing**
 - **Submission of Draft Accounts for Audit on 30 September 2009**

- 7.1 The Finance Manager advised the Committee that RQIA was now implementing the International Financial Reporting Standards. He explained that the only significant impact of this was the requirement to record untaken leave as a liability. This resulted in an additional amount of expenditure of £17,809.
- 7.2 The Finance Manager advised that RQIA had produced a set of shadow accounts for 2009/10 and that these accounts were currently being audited by the Northern Ireland Audit Office. He added that NIAO would produce a report of the audit and this would be brought to the Audit Committee in January.
- 7.3 Neil Gray noted that the NIAO had forwarded to RQIA an "IFRS Audit Strategy" and suggested that Committee members should consider this document.
- 7.4 The Audit Committee **NOTED** the IFRS Shadow Accounts.

8 Summary of Review of Finance Function - Director of Corporate Services

- 8.1 The Director of Corporate Services advised the Committee that the Executive Team had undertaken a review of the finance function in RQIA in order to consider the most appropriate use of RQIA's resources to carry out both internal finance work and financial inspection work. He added that the SLA with Internal Audit would have to be renegotiated as Internal Audit were currently conducting financial inspections on behalf of RQIA in the

Southern, Western and Northern Board areas. He advised that the new arrangements would take place from 1 November.

- 8.2 The Chairman noted that he had always been keen for RQIA to retain a high level of in-house financial expertise and he expressed his concern that this would be lost if the staff transferred to undertake financial inspections. The Director of Corporate Services explained that one of the staff would not transfer across until a replacement had been found.
- 8.3 The Chief Executive advised that there had recently been an increasing concern around financial irregularities in the regulated sector and that it was essential RQIA was able to respond appropriately to any issues which may arise.
- 8.4 The Chairman returned to his original concern regarding the in-house financial function and queried if there was a possibility of staff being rotated between the two functions. The Director of Corporate Services stated that there would not be rotation between the teams. The Chief Executive noted that in the event of a temporary loss of capacity on either side of the organisation, there is the potential to facilitate crossover. He also advised that if a vacancy were to arise in either team, this would be trawled internally and this would create an opportunity for an individual to transfer between the two functions.
- 8.5 A Committee member raised a concern as to whether the Audit Committee should be noting the review and questioned if it should be approved by the Board. The Chair Designate expressed her view that the review represented a significant structural change to warrant Board approval. The Director of Corporate Services advised that arrangements were already in hand to facilitate the changes.
- 8.6 The Chief Executive suggested that, if necessary, the process could be deferred to ensure there was full backing from the Audit Committee and the Board. Members expressed satisfaction with the principles surrounding the planned change but wished to be assured that it would not compromise any of the core functions surrounding financial management and/or controls assurance. The Chief Executive and Director of Corporate Services both expressed the view that the alternative arrangements were robust.
- 8.7 A Committee member asked if the current arrangement with Internal Audit for the provision of financial inspections was being renegotiated. The Director of Corporate Services confirmed that RQIA would be discussing this matter with the Head of Internal Audit in the next month and the Chief Executive added that the appropriate period of notice would be given.
- 8.8 It was **AGREED** that the Review of the Finance Function would be taken to the Board for noting following endorsement by the Audit Committee, and that in the meantime the outworking of the review should continue.

Resolved Actions

- **Director of Corporate Services to bring paper on the Review of the Finance Function to the Board meeting in November**

9 Update on Review of Standing Orders - Director of Corporate Services

9.1 The Chairman noted the update on Standing Orders and the requirement to detail terms of reference for working groups within Standing Orders. The Professional Advisor confirmed that if any short life working group is set up with delegated powers then it does need to appear within Standing Orders.

9.2 It was **AGREED** that a form of words should be inserted into Standing Orders which would allow the Chairman to establish short life working groups or committees but that these committees would not have any delegated authority or they would require to be formally constituted in standing orders. The revised Standing Orders will be brought to the Audit Committee in January.

9.3 The Audit Committee **NOTED** the update on the review of Standing Orders.

10 Update on Value for Money Work - Director of Corporate Services

10.1 Committee members noted that progress on Value for Money work was relatively slow and that other areas should be considered. The Director of Corporate Services advised Committee members that ICT was being proposed as a new VFM area.

10.2 The Chief Executive advised that RQIA was in an unusual position in that a large surplus was being forecast and that RQIA would shortly be handing back £250k to DHSSPS.

10.3 The Professional Advisor suggested that as RQIA is a staff organisation, a VFM study could be done to look at how staff are deployed and utilised and he suggested that the Audit Committee may need to consider approaching Internal Audit or an external body to conduct this type of VFM study. The Finance Manager noted that over the last number of years RQIA's staff costs had increased at a lower rate than the overall operating costs.

10.4 The Committee **NOTED** the update on Value for Money work.

11 Update on DHSSPS Circulars - Finance Manager

11.1 The Chairman considered the update on DHSSPS circulars and proposed that future reports should contain an additional column detailing the significance of the circular for RQIA and what actions were being taken to address the issues raised. The Director of Corporate Services **AGREED** this would be done.

11.2 The Chairman moved on to ask whether RQIA had complied with the requirements of the circular on hospitality registers. The Chief Executive

confirmed that RQIA had a register of gifts and was developing a policy on gifts and hospitality which would complement Standing Orders.

- 11.3 The Chairman asked if there were any issues within the new guidance on the use of management consultants for RQIA to consider. The Director of Corporate Services explained that RQIA would be issuing guidance to staff and that RQIA would work on the principle of consulting DHSSPS if there was any uncertainty.
- 11.4 The Audit Committee **NOTED** the update on DHSSPS Circulars.

Resolved Actions

- **Director of Corporate Services to ensure that future reports on DHSSPS Circulars contain further analysis on the implications of the circulars for RQIA**

12 Report on the Use of Management Consultants - Director of Corporate Services

- 12.1 The Director of Corporate Services presented the updated report on the use of Management Consultants to the Committee and noted that there were no occasions up to 30 September 2009 when external consultants had been used.
- 12.2 The Audit Committee **NOTED** the report on the use of management consultants.

13 Any Other Business

- 13.1 The Committee discussed meeting dates for 2010 and it was **AGREED** that the Committee Services Manager would share suggested dates in January, April, June and October with the Chair Designate and forward them to Committee members.

**Date of next meeting:
28 January 2010, 10am (To be confirmed)**

ACTION LIST

RQIA Audit Committee Meeting 22 October 2009

Action	Description	Assigned to	Date Issued	Date Due	Status
81	Amendments to be Standing Orders to be brought to the Board in December 2008	Committee Services Manager	28 Oct 08	12 Nov 09	Complete
106	Committee Services Manager to amend the minutes of the 2 July meeting and bring both sets of minutes to the Board on 12 November for noting.	Committee Services Manager	22 Oct 09	10 Sep 09	Complete
107	Chief Executive to follow up correspondence to DHSSPS regarding Lombard House and to seek clarification around the costs of relinquishing the lease.	Chief Executive	22 Oct 09	30 Nov 09	Complete
108	Committee Services Manager to add "Report on Financial Procedures" to the Action List from the July meeting	Committee Services Manager	22 Oct 09	22 Oct 09	Complete
109	Chief Executive to bring template for report on "Matters of interest to the Audit Committee" to the next meeting	Chief Executive	22 Oct 09	28 Jan 10	Complete
110	Chief Executive to amend Mid Year Assurance Statement and forward to DHSSPS on 23 October	Chief Executive	22 Oct 09	23 Oct 09	Complete
111	Director of Corporate Services to bring paper	Director of Corporate	22 Oct 09	12 Nov 09	Complete

Action	Description	Assigned to	Date Issued	Date Due	Status
	on the Review of the Finance Function to the Board meeting in November	Services			
112	Director of Corporate Services to ensure that future reports on DHSSPS Circulars contain further analysis on the implications of the circulars for RQIA	Director of Corporate Services	22 Oct 09	28 Jan 10	Complete

RQIA Board Meeting – 11 March 2010

RQIA COUNTER FRAUD POLICY AND PLAN

Author: Paul Gick
Presented by: Maurice Atkinson

Aim and Purpose

Governance in public sector bodies includes arrangements for preventing, countering and dealing with fraud.

Policy and Plan

The attached Counter Fraud Policy and Counter Fraud Plan document the arrangements for RQIA. These documents were approved by the Audit Committee on 28 January 2010 and by the Partnership Forum on 26 February 2010.

Guidance

The Policy and Plan have been drafted in accordance with guidance received from the Department. This includes:

Circular HSS (F) 38/2005 -	Fraud Reporting Procedures
Circular HSS (F) 69/2006 -	Management Checklist
Circular HSS (F) 73/2006 -	Memorandum of Understanding with PSNI
Circular HSS (F) 76/2006 -	Fraud Forum Best Practice Guidance
DAO (DFP) 14/06 -	Acceptance Criteria and Evidence Pack
Managing Public Money NI -	Section A 4.7 'Fraud'
Circular HSS (F) 45/2008 -	Good Practice Guide on Tackling External Fraud produced by the National Audit Office and HM Treasury.

Letter from Department's Counter Fraud Policy Unit dated 3 November 2009

Implementation

These documents will be placed on the shared drive of RQIA's electronic files and awareness training will be provided for all staff. New staff will be given training on induction and refresher training will be provided for all staff periodically.

Recommendation

It is recommended that the Board should **APPROVE** the Counter Fraud Policy and Plan.

MAURICE ATKINSON
Director of Corporate Services



The Regulation and
Quality Improvement
Authority

Counter Fraud Policy

Policy type:	Operational
Directorate area:	All Directorates
Policy author/champion:	Paul Gick
Equality screened:	19 January 2010
Date approved by Executive Team	20 January 2010
Date approved by Audit Committee	28 January 2010
Date approved by Board	TBC
Date of issue to RQIA staff	TBC
Date of review	19 January 2011

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DRAFT V1.2

1. INTRODUCTION

- 1.1 One of the fundamental objectives of the RQIA is to ensure the proper use of the public funds with which it has been entrusted. In pursuit of this objective, RQIA promotes an anti-fraud culture which requires all staff to act with honesty and integrity at all times and to take appropriate steps to safeguard resources.
- 1.2 The majority of people who work in RQIA and throughout the HSC are honest and professional and they rightly consider fraud to be wholly unacceptable. Nevertheless, fraud is an ever-present threat and must be a concern for all members of staff. Fraud may occur internally or externally and may be perpetrated by staff, external consultants, suppliers, patients/clients, contractors or development partners, individually or in collusion with others.
- 1.3 The purpose of this policy is to make explicit what constitutes fraud and to set out arrangements that RQIA has in place to manage suspected fraud.
- 1.4 This policy applies to Board members, permanent, temporary and agency staff, external contractors, peer reviewers and assessors who carry out or support the functions of RQIA.

2. DEFINITION

- 2.1 The Fraud Act 2006 was introduced on 15 January 2007. Under the Act fraud is now a specific offence in law. The Fraud Act 2006 supplements the Theft Act (Northern Ireland) 1969 and the Theft (Northern Ireland) Order 1978. The term 'fraud' is used to describe acts such as bribery, forgery, extortion, corruption, theft, conspiracy, embezzlement, misappropriation, false representation and collusion; the 2006 Act added fraud by false representation, by failing to disclose information and by abuse of position.
- 2.2 For practical purposes, fraud may be considered to be the use of deception with the intention of obtaining an advantage, avoiding an obligation or causing loss to another party. The criminal act is the attempt to deceive and attempted fraud is therefore treated as seriously as accomplished fraud.
- 2.3 Computer fraud can occur when information technology equipment has been used to manipulate programs or data dishonestly or where an IT system was a material factor in the perpetration of a fraud.

3. RQIA POSITION ON FRAUD

- 3.1 RQIA is absolutely committed to maintaining an anti-fraud culture in the organisation so that all staff who work in RQIA are aware of the risk of fraud, of what constitutes a fraud and the procedures for reporting it. The RQIA adopts a zero-tolerance approach to fraud and will not accept any level of fraud within the organisation. It is also RQIA policy that there will be a thorough investigation of all allegations or suspicions of fraud and robust action will be taken where fraud is proven in line with RQIA's Counter Fraud Plan.
- 3.2 Where there is strong evidence that fraud has occurred, whether involving an employee or an external party, the Director of Corporate Services will report the matter to the PSNI with a view to pursuing a criminal prosecution. RQIA will also seek to recover all losses resulting from the fraud, if necessary through civil court proceedings.
- 3.3 RQIA wishes to encourage anyone having reasonable suspicions of fraud to report them. It is the policy of RQIA, which will be rigorously enforced, that no employee will suffer in any way as a result of reporting reasonably held suspicions of fraud. For these purposes "reasonably held suspicions" shall mean any suspicions other than those that are raised maliciously. Further guidance on the protection afforded to staff is contained in RQIA's policy on Whistleblowing.
- 3.4 RQIA will, however, take a serious view of allegations against staff that are malicious in nature and anyone making such an allegation may be subject to disciplinary action.
- 3.5 After proper investigation of any allegation or suspicion of fraud, in line with RQIA's Counter Fraud Plan, RQIA will consider the most appropriate action or actions to take. Where fraud involving a RQIA employee is proven, RQIA will instigate disciplinary action against the employee which may result in dismissal.
- 3.6 RQIA has adopted the HSC Counter Fraud Strategy as the basis for its anti-fraud activities. The key elements of this Strategy are as follows:
- the creation of an anti-fraud culture
 - maximum deterrence of fraud
 - successful prevention of fraud
 - prompt detection of fraud
 - professional investigation of detected fraud
 - effective sanctions, including appropriate legal action against anyone found guilty of committing fraud
 - effective methods for seeking recovery of money defrauded or imposition of other legal remedies.

4. FRAUD PREVENTION AND DETECTION

- 4.1 RQIA wholeheartedly supports the role of the DHSS&PS Counter Fraud Policy Unit and will ensure that appropriate fraud prevention and detection measures are implemented in accordance with the Unit's guidance.
- 4.2 RQIA has implemented a range of policies and procedures designed to ensure probity, business integrity and minimise the likelihood and impact of incidents of fraud arising.
- 4.3 RQIA has also put in place a robust Internal Audit service that is actively involved in the review of the adequacy and effectiveness of control systems which act to deter fraud.

5. AVENUES FOR REPORTING

- 5.1 RQIA has available a number of avenues by which staff can raise suspicions of fraud. These are detailed in RQIA's Counter Fraud Plan and Whistleblowing Policy. Concerns should be raised initially with the appropriate line manager. However, staff can raise their concerns directly with their Director, the Director of Corporate Services or the Chief Internal Auditor if they so wish. Staff should also be aware that DHSS&PS has a fraud reporting hotline that can be used to highlight concerns in confidence and anonymously if preferred. The telephone number for the Hotline is 08000 963396.

6. CONCLUSION

- 6.1 Whilst the individual circumstances surrounding each fraud will vary, the RQIA takes all cases very seriously and adopts a zero-tolerance approach. All reported suspicions will be fully investigated and robust action will be taken where fraud is proven.

7. EQUALITY SCREENING

- 7.1 This Policy was screened to determine if it had if it required an Equality Impact Assessment. It was deemed to have a neutral impact.



The Regulation and
Quality Improvement
Authority

Counter Fraud Plan

Policy type:	Operational
Directorate area:	All Directorates
Policy author/champion:	Paul Gick
Equality screened:	19 January 2010
Date approved by Executive Team	20 January 2010
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INTRODUCTION

1. Fraud may be considered to be the use of deception with the intention of obtaining an advantage, avoiding an obligation or causing loss to another party. The term is used to describe acts such as deception, bribery, forgery, extortion, corruption, theft, conspiracy, embezzlement, misappropriation, false representation, concealment of material facts and collusion.
2. RQIA's Counter Fraud Policy states clearly that the RQIA adopts a zero-tolerance approach to fraud and will not accept any level of fraud within the organisation. It highlights that there will be a thorough investigation of all allegations or suspicions of fraud and robust action will be taken where fraud is proven.
3. The purpose of this Counter Fraud Plan is to provide guidance to RQIA staff on the procedures that must be followed when any of the acts detailed above is suspected or detected. The Director of Corporate Services has primary responsibility for this Counter Fraud Plan and will keep the Chief Executive apprised at all stages.

DISCOVERY

4. Standing Financial Instruction 13.2.2 requires any employee or officer discovering or suspecting a loss of any kind to inform his/her Head of Department/Line Manager who will in turn inform his/her Director and the Director of Corporate Services (see para. 9 for exceptions). Where the actions seem deliberate, the possibility of fraud should be considered.
5. There are three main ways in which a fraud may come to light:
 - discoveries by management, usually arising from management controls being broken or management suspicions;
 - routine systems audit checks or specific audit checks on high risk areas;
 - a "tip off" from a third party; either an internal member of staff or an external party.
6. Any initial report should be treated with utmost caution and discretion as apparently suspicious circumstances may turn out to have a reasonable explanation or the report could originate from a malicious source. On discovery of suspected fraud, it is essential that confidentiality is maintained at all times as the initial suspicions may be unfounded or the perpetrator(s) may be alerted.
7. The scope of suspected fraud might range from internal incidents (e.g. involving petty cash or employee claims for travelling and incidental expenses) to circumstances affecting third parties. A list of the most common types of fraud is included at Annex 1 as an aid to recognising fraud in its various forms.

ACTIONS TO BE TAKEN WHEN SUSPICION ARISES

Initial Enquiry

8. If an employee has a suspicion that a fraud is being or has been committed or attempted, he/she must report the matter in confidence to his/her Head of Department/Line Manager without delay. The Head of Department/Line Manager must in turn advise his/her Director and the Director of Corporate Services¹. The Director of Corporate Services should notify the Audit Committee and immediately activate an initial local discreet enquiry to ascertain the facts. Prompt action in these circumstances is essential. If professional advice is required to undertake the enquiry the Counter Fraud Policy Unit, the Northern Ireland Audit Office or Internal Audit should be contacted.
9. If a situation arises in which an employee suspecting fraud feels unable for whatever reason to raise a suspicion with his/her Head of Department/Line Manager, he/she should raise the concern with the next appropriate management level or alternatively the concern can be raised directly with the Director of Corporate Services or the Chief Internal Auditor. Staff should also be aware that DHSSPS has initiated a fraud reporting hotline that can be used to highlight concerns in confidence and anonymously if preferred. The telephone number for the Hotline is 08000 963396.
10. In normal circumstances, the Director of Corporate Services will consider who should conduct the initial enquiry and may decide at this point to nominate a Lead Officer to carry out the enquiry. The purpose of this initial enquiry is to confirm or refute the suspicions so that, if necessary, a formal investigation can be instigated. Staff or line management should not contact the Police Service of Northern Ireland (PSNI). The decision about when to involve the PSNI must be made by the Director of Corporate Services.

Protection of Documents

11. If the initial enquiry suggests that a fraud has been attempted or perpetrated, the Director of Corporate Services must immediately take steps to prevent the possible destruction of evidence and ensure that all original documentation is preserved in a safe place for further investigation. If the removal of documentation would impair the efficient operation of work, arrangements should be made to have copies available for continued use. The safe retention of original documents is essential for potential future legal action.

¹ Or the Chief Executive if applicable.

Proceeding to Full Investigation

12. The Director of Corporate Services will convene a meeting of the following staff as soon as possible to discuss how to proceed:
 - the relevant Director
 - the Human Resources Manager (if a member of staff is implicated)
 - the Chief Internal Auditor
 - lead Officer as appropriate

During the investigation process employees are entitled to be accompanied and/or represented by a Trade Union representative or a work colleague.

13. The Director of Corporate Services will review the findings of the initial enquiry and, where appropriate, in conjunction with the relevant Director and the Human Resources Manager, will decide whether to:
 - discontinue the investigation if initial suspicions are not confirmed, or,
 - continue with a full investigation.
14. The Human Resources Manager will determine whether suspension of any member of staff is appropriate given the specific circumstances of the case and, if so, will arrange for this to be carried out.

Contact with External Agencies

15. When the Director of Corporate Services is satisfied that the suspicion appears well founded or there is no other obvious explanation for the irregularity, he/she must immediately inform the Counter Fraud Policy Unit at DHSS&PS of the suspicion. Form CFPU 1 "Report of suspected or actual fraud" must be completed and submitted online, by fax or by post to the Counter Fraud Policy Unit, Room D3 at Castle Buildings (See Appendix A).
16. The Director of Corporate Services will discuss the circumstances of the case with the Counter Fraud Policy Unit and agree whether the case should be investigated by the RQIA locally or by the Counter Fraud Unit. A key consideration will be how to minimize any further loss to the RQIA. Where local investigation is determined, the Director of Corporate Services will appoint a Lead Officer to carry out the investigation and will agree the work to be completed.
17. A six monthly progress report on the case must be provided to the Counter Fraud Policy Unit using form CFPU 2 "Progress report of suspected frauds" (See Appendix B). This form should be used to advise the Counter Fraud Policy Unit of any significant developments in the case in the interim period. Once the investigation is completed, the outcome should be reported on form CFPU 3 "Outcome of suspected or actual fraud" (See Appendix C).

MANAGING THE INVESTIGATION LOCALLY

18. The Director of Corporate Services in conjunction with the Human Resources Manager and the relevant Director will ensure that adequate resources are provided to carry out the investigation. Should the involvement of officers in conducting the investigation give rise to the possibility of non-performance of other activities, the appropriate manager will approve the non-performance (for example, internal audit assignments) or if appropriate, arrange for the relevant activities to be performed by another officer.
19. The Director of Corporate Services and where appropriate the Human Resources Manager and the relevant Director will remain in contact with, and receive regular updates from, the Lead Officer throughout the investigation.

INTERVIEWING

20. Fraud investigation is a specialist area of expertise and staff tasked with carrying out an investigation should have appropriate experience and training. For the purposes of criminal proceedings, the admissibility of evidence is governed by the PSNI and Criminal Evidence (NI) Order 1989 (PACE). Documentary evidence must be properly recorded. It must be numbered and include an accurate description of when and where it was obtained as well as by and from whom. In criminal actions, evidence on or obtained from electronic media must have an accompanying document to confirm its accuracy.
21. In any investigation, there may be a need to interview staff, suspects or other persons involved. Interviewing is a specialist skill that is usually best carried out by or supported by the appropriate professionals.
22. When fraud is suspected, the need to interview can be for the purpose of disciplinary and/or criminal proceedings. When disciplinary action is necessary, interviews are usually carried out by the appropriate line manager in conjunction with the Human Resources Manager. In these circumstances it is essential that appropriate advice is sought on disciplinary procedures before interviewing takes place. The potential involvement of the PSNI in any investigation does not negate the need to ensure that the appropriate disciplinary procedures have been followed.
23. When a criminal offence is suspected, interviewing of suspects must not be carried out by RQIA staff but must be left to the PSNI. If the conditions of the PSNI and Criminal Evidence (NI) Order 1989 (PACE) are not complied with, evidence will not be admissible in Court.

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REFERRAL TO THE PSNI SERVICE FOR NORTHERN IRELAND (PSNI)

24. The Director of Corporate Services will decide when to inform the PSNI. A Memorandum of Understanding between the NI Public Sector and the PSNI has established Acceptance Criteria that must be met before a case should be referred to PSNI for action. The decision to accept a case for investigation rests fully with PSNI who will provide their decision in writing. The following circulars refer:
- HSS (F) 69/2006 - Management Checklist;
 - HSS (F) 73/2006 - Memorandum of Understanding between NI Public Sector and PSNI;
 - HSS (F) 76/2006 - Fraud Forum Best Practice Guidance
25. The Acceptance Criteria are as follows:
- it must be established that there are reasonable grounds to believe that a criminal offence has been committed;
 - deliberate criminal intent needs to be clearly identified.
 - the fraud needs to be more than an error or omission.
 - the allegations should concern recent events and should not have become stale by reason of age. Incidents that are over two years old before discovery need to be judged individually on their merits, including availability of documentary evidence and the reliability of witness statements.
 - to comply with the rules governing disclosure, the RQIA must identify and preserve all original documents and other exhibits relating to the intended complaint.
 - the RQIA must be prepared to supply all original documents and exhibits to the PSNI if an investigation is expected and commenced. Such evidential material should be securely held in accordance with PACE provisions before formal handover to the PSNI.
26. Evidential packages provided to the PSNI should contain a detailed summary of all relevant information surrounding the allegations made. This should include the nature of the allegations against the suspect, including the full name, address and date of birth. The package should also include the following:
- all available details of any other parties suspected of involvement in the alleged fraud, including the reasons for the suspicions;
 - a brief summary of the allegations including estimated values of the alleged crime and relevant dates;
 - a full description of the crime and the circumstances surrounding it. This should include full details of any investigations already undertaken by the RQIA or anyone acting on its behalf;
 - copies of all relevant documents, each individually numbered and identified in the summary;
 - copies of all statements obtained from suspects;
 - names and addresses of all witnesses identified at the time of reporting to PSNI, including copies of any statements;

- any PSNI reference numbers, that may already apply to any part of the case; and
- a name and contact point.

FINDINGS OF THE FULL INVESTIGATION

27. The Director of Corporate Services will regularly update the Audit Committee on progress and will formally report on the outcome of the investigation.
28. On completion of the full investigation, the Director of Corporate Services will determine whether it is necessary to inform the Northern Ireland Audit Office, the external auditor and/or any other bodies affected by the fraud.
29. The Human Resources Manager will determine whether any members of staff should be subject to disciplinary action as a result of the findings of the investigation and will initiate any such action.

RECOVERY OF LOSS

30. Preventing further loss and recovery of any losses incurred are the primary objectives of any fraud investigation. The Director of Corporate Services shall ensure that in all fraud investigations, the amount of any loss shall be quantified. Repayment of losses should be sought in all cases.
31. Where the loss is substantial, legal advice should be obtained without delay on the potential to freeze the suspect's assets through the court, pending conclusion of the investigation. Legal advice should also be obtained on the prospects for recovering losses through the civil court, should the suspect refuse to repay the loss. The RQIA should seek to recover costs in addition to any losses.
32. The Director of Corporate Services will ensure that any loss incurred as a result of the fraud is recorded in RQIA's Register of Losses in accordance with Circular HSS (F) 38/98.

ACTING ON LESSONS LEARNED FROM THE INVESTIGATION

33. The Director of Corporate Services shall discuss with the Lead Officer and where appropriate the Chief Internal Auditor, the effect of any system weaknesses identified by the investigation.
34. The Director of Corporate Services is responsible for ensuring that the appropriate changes in procedures and working practices to address any system weaknesses identified by the investigation are made promptly by the relevant officers. These changes must be set out in an action plan identifying the staff involved and specifying the relevant completion dates.

35. Where relevant, the Director of Corporate Services may initiate a follow-up examination of the relevant areas to ensure the revised procedures are operating effectively.

PUBLIC RELATIONS

36. The Director of Corporate Services will co-ordinate any public relations work arising from the findings of the investigation.
37. Where appropriate, the Director of Corporate Services, in conjunction with the Human Resources Manager, will decide whether the findings of the investigation need to be conveyed to other members of staff within the wider organisation.

TRAINING

38. Awareness training on the Counter Fraud Policy and Plan is mandatory for all staff.
39. The Director of Corporate Services shall arrange that training is provided for all new staff on induction, with refresher training provided as necessary on an annual basis.

EXAMPLES OF COMMON METHODS AND TYPES OF FRAUD

- Payment for work not performed
- Forged endorsements
- Altering amounts and details on documents
- Collusive bidding
- Overcharging
- Writing off recoverable assets or debts
- Unauthorised transactions
- Selling information
- Altering stock records
- Altering sales records
- Cheques made out to false persons
- False persons on payroll
- Theft of official purchasing authorities such as order books
- Unrecorded transactions
- Transactions (expenditure/receipts/deposits) recorded for incorrect sums
- Cash stolen
- Supplies not recorded at all
- False official identification used
- Damaging or destroying documentation
- Using copies of records and receipts
- Using imaging and desktop publishing technology to produce apparent original invoices
- Charging incorrect amounts with amounts stolen
- Delayed terminations from payroll
- Bribes
- Over claiming expenses
- Skimming odd pence and rounding
- Running a private business with official assets
- Using facsimile signatures for fraudulent or unauthorised purposes
- False compensation and insurance claims
- Stealing of discounts
- Selling waste and scrap
- Theft of clients/residents monies
- False or inappropriate use of client/resident monies

Counter Fraud Policy Unit

Report of Suspected or Actual Fraud - CFPU 1

(* Fields marked with an asterisk are mandatory)

Location * Departmental Non Departmental

Department / Directorate

Board

Trust

Agency

NDPB

Name of Reporting Officer *

Address *

Work Telephone no. *

Work E-mail *

Date of Report * (ddmmyyyy)

Previously Reported to CFPU * Yes No

If Yes, Date first reported (ddmmyyyy)

Status of Incident * Suspected Fraud Actual Fraud

Type of Fraud *

Other Fraud Type Details

Date of Discovery (ddmmyyyy)

How Discovered *

Estimated Amount £ Involved (if Known)

No of People Involved (if Known) Internal External



Nature of Incident *

How Carried Out (if Known) *


Reported to Police * Yes No

If Yes, date of report (ddmmyyy)

Date of Prosecution (if applicable) (ddmmyyy)

Action Taken / planned to avoid recurrence *

Additional Information

You may print this form prior to submitting 

Counter Fraud Policy Unit

Progress Report of Suspected / Actual Fraud

Name of Organisation

Date of Report

Reference

Nature of Incident

Progress Update


Name

Address

Telephone no.

E-mail

Date (dd/mm/yyyy)

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Appendix D

Counter Fraud Policy Unit - Reporting Fraud - Outcome

Appendix C

Counter Fraud Policy Unit

Outcome Report of Suspected / Actual Fraud

Name of Organisation

Date of Report

Reference

Nature of Incident

Outcome


Name

Address

Telephone no.

E-mail

Date (dd/mm/yy)

You may print this form prior to submitting 

Working for a Healthier People



SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY/DECISION

1.1 Title of policy/decision

RQIA Counter Fraud Policy

1.2 Description of policy/decision

The purpose of this policy is to set out RQIA's position on fraud and thereby set the context for the ongoing efforts to minimise the risk of fraud

1.3 Main stakeholders affected

RQIA staff

1.4 Other policies/decisions with a bearing on this policy/decision

The Fraud Act 2006 was introduced on 15th January 2007. Under the Act fraud is now a specific offence in law. The Fraud Act 2006 supplements the Theft Act (Northern Ireland) 1969 and the Theft (Northern Ireland) Order 1978.

DHSSPS Circular/letters detailing fraud reporting arrangements:

HSS(F)38/20/05 - revised fraud reporting procedures

HSS(F) 76/20/06 Fraud forum best practice guidance

HSS (F) 45/20/08 - Good practice guide - tackling external fraud

RQIA Whistle blowing policy

RQIA Standing Financial Instructions

(2) SCREENING THE POLICY/DECISION

2.1 In terms of groupings under Section 75, what is the make up of those affected by the policy/decision ?

Group	<i>Please provide details</i>
Gender	<p><u>RQIA Staff</u></p> <p>There are a higher number of women employed by RQIA. The staff survey indicated that 80% of staff was female.</p>
Age	<p><u>RQIA Staff</u></p> <p>The staff profile of RQIA indicates that there are a higher number of people who are middle aged with an average age of 45 across all staff. 10% of staff are 20-29 years old and 19% between 30 and 39 years old whereas 33% are aged between 40 and 49 years old and 32% are aged between 50 and 59 with 6% being 60 years or over.</p>
Religion	<p><u>RQIA Staff</u></p> <p>The religious composition is fairly balanced 49% indicated in the survey that they would describe themselves as Protestant, 46% Catholic and 5% neither Protestant or Catholic.</p>
Political Opinion	<p><u>RQIA Staff</u></p> <p>10% of staff chose not to disclose their political opinion, 24% described themselves as Broadly Unionist, 22% as Broadly Nationalist and 44% did not see themselves as either of these categories.</p>
Marital Status	<p><u>RQIA Staff</u></p> <p>The staff profile indicates that a higher proportion of staff 85% are married, this reflects the age profile of staff</p>
Dependent Status	<p><u>RQIA Staff</u></p> <p>A higher number of staff indicate that they have caring responsibilities 52% with caring responsibilities of these 41% have young dependants and 13% care for elderly dependants.</p>
Disability	<p><u>RQIA Staff</u></p> <p>There is a higher proportion of staff who do not have a disability, however a small number of staff 1% have declared a Disability.</p>
Ethnicity	<p><u>RQIA Staff</u></p> <p>The ethnic profile of RQIA staff is mainly white with a majority of local people from Northern Ireland, however staff from other</p>

	ethnicities and cultures do work within RQIA.
Sexual Orientation	<u>RQIA Staff</u> During the staff survey all those willing to provide information described themselves as heterosexual; only 22 % of respondents chose not to provide information on this question.

2.2 Is there any indication or evidence of higher or lower participation or uptake by different groups?

Group	Yes/No/ Don't Know	Please provide details
Gender	Yes	There are a higher number of women employed by RQIA. The staff survey indicated that 80% of staff was female. Therefore the uptake of this policy may be higher amongst this group
Age	Yes	Higher proportion of RQIA staff are aged between 20 and 59 and therefore this age range may use this policy more.
Religion	No	
Political Opinion	No	
Marital Status	Yes	The staff profile indicates that a higher proportion of staff 85% are married, this reflects the age profile of staff. Therefore the uptake of this policy may be higher amongst this group.
Dependent Status	No	
Disability	Yes	As only a small percentage of staff have a declared disability it this guidance may be used mainly by staff without a disability.
Ethnicity	No	
Sexual Orientation	No	

2.3 Is there any indication or evidence that different groups have different needs, experiences, issues and priorities in relation to the policy/decision?

Group	Yes/No/ Don't Know	Please provide details
Gender	No	
Age	No	
Religion	No	
Political Opinion	No	
Marital Status	No	
Dependent Status	No	
Disability	No	
Ethnicity	No	
Sexual Orientation	No	

2.4 Is it likely that the policy/decision will meet those needs?

Group	Yes/No/ Don't Know	Please briefly give details
		N/A

2.5 Is there an opportunity to better promote equality of opportunity or good relations by altering the policy/decision or working with others in government or in the larger community?

Group	Suggestions
None identified	

2.6 What changes to the policy/decision – if any – or what additional measures would you suggest to ensure that it promotes good relations?

Group	Suggestions
None identified	

2.7 Have previous consultations with relevant groups, organisations or individuals indicated that particular policies create problems that are specific to them? Also, please detail information used to answer any of the questions above (e.g. statistics; research reports; views of colleagues, service users, or other stakeholders).

Direction from DHSSPS and from Northern Ireland Audit Office has indicated that we need updated guidance and training in this area.

2.8 Please detail what data you will collect in the future in order to monitor the effect of the policy/decision on any of the groups under Section 75?

Awareness training is mandatory for all staff and will be provided on induction and refresher training will be given as necessary thereafter.

Any reporting of fraud will indicate the use of the policy and plan and therefore identify the usage in relation to s75 groups.

(3) SHOULD THE POLICY/DECISION BE SUBJECT TO EQUALITY IMPACT ASSESSMENT?

Equality impact assessment procedures are confined to those policies/decisions considered likely to have significant/major implications for equality of opportunity.

**If your screening has indicated that a policy/decision is likely to have an adverse differential impact, how would you categorise it?
Please tick.**

Significant/major impact	
Low impact	✓

Do you consider that this policy/decision needs to be subjected to a full equality impact assessment?

Yes	
No	✓

Please give reasons for your decision.

The policy does not appear to impact significantly or majorly on any of the categories listed.

(4) DISABILITY DISCRIMINATION

4.1 Does the policy/decision in any way discourage disabled people from participating in public life or does it fail to promote positive attitudes towards disabled people?

No.

4.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

N/A

4.3 Please detail what data you will collect in the future in order to monitor the effect of the policy/decision with reference to the disability duties?

N/A

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy/decision affect anyone’s Human Rights? [PLEASE COMPLETE THE TABLE BELOW]

ARTICLE	POSITIVE IMPACT	NEGATIVE IMPACT = human right interfered with or restricted	NEUTRAL IMPACT
Article 2 – Right to life			✓
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			✓
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			✓
Article 5 – Right to liberty & security of person			✓
Article 6 – Right to a fair & public trial within a reasonable time			✓
Article 7 – Right to freedom from retrospective criminal law & no punishment without law.			✓
Article 8 – Right to respect for private & family life, home and correspondence.			✓
Article 9 – Right to freedom of thought, conscience & religion			✓

Article 10 – Right to freedom of expression			✓
Article 11 – Right to freedom of assembly & association			✓
Article 12 – Right to marry & found a family			✓
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			✓
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 st protocol Article 2 – Right of access to education			✓

*If the effect you have identified is positive or neutral please move on to **Question 5.3.***

5.2 If you have identified a likely negative impact who is affected and how

None identified

At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy/decision.

Training/awareness sessions for staff and continual review and updating of policy at least on a 2 yearly basis.

Policy/Decision Screened by: Paul Gick (Finance Manager) and Roisin Kelly (Public Participation Manager)

Paul Gick _____

Roisin Kelly _____

Date: 19 January 2010

Please note that having completed the screening, you will need to ensure that a consultation on the outcome of screening is undertaken, in line with Equality Commission guidance.

RQIA Board Meeting – 11 March 2010

REVIEW OF STANDING ORDERS

Author: Robert Graham
Presented by: Maurice Atkinson

Aim and Purpose

This paper outlines the amendments that have been made to RQIA Standing Orders since the last review in November 2007. The Audit Committee approved these changes at its meeting on 28 January 2010.

Amendments to Standing Orders

The following changes have been made throughout the document:

- References to the "Authority" have been changed to "RQIA"
- References to the "Senior Management Team" have been changed to "Executive Team"
- Reference to the former Central Services Agency (CSA) have been updated to the Business Services Organisation (BSO)
- Reference to the former Regional Supplies Service (RSS) have been updated to the Procurement and Logistics Service (PALS)

In Standing Order 3.5.1, the Chief Executive's Scheme of Delegation, an insertion has been made to reflect the Board's decision that RQIA policies and procedures can be approved by the Executive Team Policy Group, unless the policy requires approval by the Board. The insertion is as follows:

	ITEM	RESPONSIBILITY	CONSTRAINTS	DELEGATED TO
3.5.1.6	Approval of RQIA policies and procedures	Executive Team Policy Group to approve RQIA policies and procedures.	Board approval of specified policies is required as designated in the "Scheme of Delegation for RQIA Policies"	Executive Team

The section which deals with non-pay expenditure (Standing Order 3.5.2.6) has been redrafted to reflect current DHSSPS circulars and guidance in the area of non-pay expenditure and the use of external consultants.

Standing Order 4.2.5 has been amended as set out below to reflect current practice at RQIA Board meetings.

Previous Version	Amended Version
<p>The order of business at each routine scheduled Board meeting shall be:</p> <ul style="list-style-type: none"> • Apologies • Chairman's Business • Minutes of the previous meeting • Matters arising out of minutes • Reports and minutes committee meetings • Notices of Motion • Items for information • Any other business 	<p>The order of business at each routine scheduled Board meeting shall be:</p> <ul style="list-style-type: none"> • Welcome and Apologies • Minutes of the previous meeting • Matters arising out of minutes • Declaration of Interests • Chairman's Report • Chief Executive's Report • Financial Report • Reports and minutes committee meetings • Notices of Motion • Items for information • Any other business

In Standing Order 5 regarding Board committees a sentence has been inserted as follows regarding the establishment of committees:
"The Chairman may also at any time establish committees but these committees should not have any delegated authority or they would require to be formally constituted in Standing Orders."

The terms of reference of the Audit Committee (Standing Order 5 Appendix 1) have been updated to reflect the new terms of reference agreed by the Committee in June 2009.

The terms of reference of the Governance and Risk Management sub-committee (previously Standing Order 5 Appendix 2) have been removed following the decision to stand down the sub-committee.

Recommendation

It is recommended that the Board should **APPROVE** the amendments to Standing Orders.

MAURICE ATKINSON
Director of Corporate Services

RQIA Board Meeting – 11 March 2010

UPDATE ON DRAFT RQIA BUSINESS PLAN 2010/11

Author: Stuart Crawford
Presented by: Maurice Atkinson

Aim and Purpose

The annual Business Plan sets out how RQIA intends to deliver its strategic objectives, the timescale for action and how it intends to use the resources at its disposal.

Development of Business Plan

The Executive Management Team has reviewed and updated the actions required and timescales for the achievement of RQIA's strategic objectives in 2010/11. Where appropriate the additional funding for the achievement of the actions is included in the attached draft plan, but actual figures are yet to be agreed. Key Performance Indicators (KPIs) will also be reviewed and updated as part of the review of the Quarterly Report by Quarter 1 2010.

The Financial Plan for 2010/11 is currently being negotiated with DHSSPS and an update on this will be provided to members of the Board at the meeting.

Recommendation

The Board is asked to **NOTE** the update on the draft RQIA Business Plan 2010/11.

MAURICE ATKINSON
Director of Corporate Services



The Regulation and
Quality Improvement
Authority

BUSINESS PLAN 2010-11

To be a driving force for positive change in health and personal social services in Northern Ireland

Version number	Purpose / Changes	Author	Date
Draft V0-1	Draft Business Plan 2010-11 created	Stuart Crawford	15/12/2009
Draft V0-2	Draft Business Plan 2010-11 updated	Stuart Crawford	04/02/2010
Draft V0-3	Draft Business Plan 2010-11 updated	Maurice Atkinson	15/02/2010

Key

BCP	Business Continuity Plan
CAS	Controls Assurance Standards
CIMS	Corporate Information Management System
DDO	Disability Discrimination Order
DHSSPS	Department of Health Social Services and Public Safety
DPA	Data Protection Act
EDRMS	Electronic Documents Records Management System
EFQM	European Foundation for Quality Management
FOI	Freedom of Information
FTE	Full-time Equivalent
HSC	Health and Social Care
ICT	Information Communications Technology
IIP	Investors in People
IR(ME)R	Ionising Radiation (Medical Exposure Regulations)
KPI	Key Performance Indicators
KPQ	Key Performance Questions
KSF	Knowledge and Skills Framework
MOU	Memorandum of Understanding
NIAO	Northern Ireland Audit Office
NPM	National Preventative Mechanism
OPCAT	Optional Protocol to Convention Against Torture
PDP	Personal Development Plan
TOR	Terms of Reference
VFM	Value for Money

Background to the Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA), was established on 1 April 2005. It is an independent, non departmental public body which monitors and inspects the quality and availability of health and social care services in NI. The mandate is set out in the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, which requires RQIA to inform the Department of Health Social Services and Public Safety (DHSSPS) of its findings.

From 1 April 2009, RQIA assumed additional responsibilities under the *Health and Social Care (Reform) Act (Northern-Ireland) 2009*. RQIA is now responsible for the delivery of a range of important functions for people with mental ill health and / or a learning disability. These functions were formerly carried out by the Mental Health Commission and are defined within the Mental Health (Northern Ireland) Order 1986.

In the 2009 RQIA was confirmed as one of four National Preventative Mechanism (NPM) under the United Nation's Optional Protocol to the Convention Against Torture (OPCAT). This status requires RQIA to act within its inspectoral functions in places of detention to ensure that service users are not subject to inhumane or degrading treatment.

During the course of 2010, DHSSPS will transfer to RQIA the responsibility to inspect services under the Ionising Radiation

(Medical Exposure) Regulations. It is anticipated that these responsibilities will take place in April 2010 following changes in primary legislation.

Development of new Corporate Strategy

RQIA has developed a three year corporate strategy for the period 2009-2012. A "*value mapping*" approach was adopted as the basis for developing RQIA's corporate strategy. At the heart of this approach and, as a first step, a strategic map was developed.

The RQIA Strategic Map (Figure 1) serves as our roadmap to guide the activities of the organisation for the period 2009 - 2012. It is a visual representation - **on one page** - of our strategy. It brings together the four key elements of the strategy, namely, what we are here to do and thus the value we deliver to our stakeholders; the core activities we need to excel at; the enablers of good performance; and the resources available to us.

Each of four elements of the map is explained in more detail below:

- The **Value Proposition (VP)** answers the question why RQIA exists and what our roles and deliverables are. Essentially it defines the value we are delivering to our stakeholders.
- **Core Activities (CA)** are the vital activities at which RQIA must excel in order to effectively deliver the value

proposition. The core activities define what we must focus on and what differentiates RQIA from other organisations.

- **Value Drivers (D)** represent activities linked to RQIA's financial, physical and intangible resources which need to be in place to deliver the strategy.
- **Resources (R)** which underpin the work of RQIA have been identified.

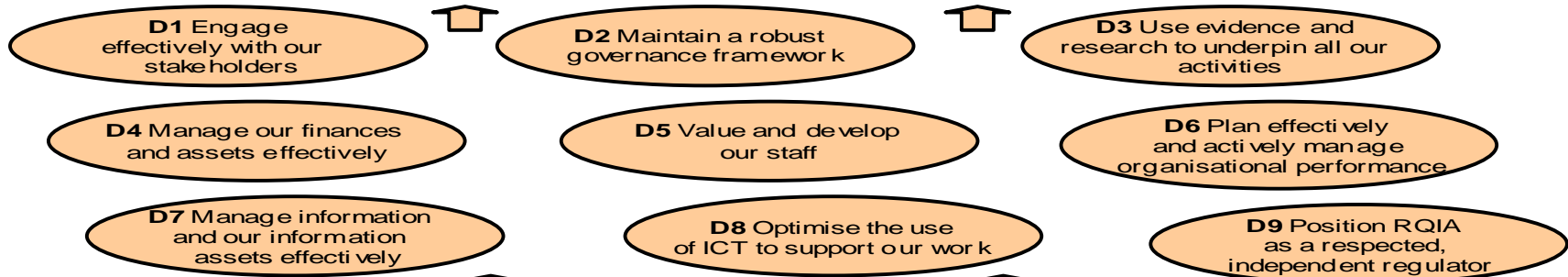
The strategic map shows a visual representation of the relationship between each of these four components and thus creates an integrated and coherent picture of RQIA's strategy.

The Business Plan 2010-11 has been developed within the context of the corporate strategy, which sets the strategic direction for RQIA.

Figure 1

RQIA Strategic Map 2009 - 2012

VP: RQIA provides independent assurance about the safety, quality and availability of health and social care services in Northern Ireland, encourages continuous improvements in those services and safeguards the rights of service users.



Key
 VP = Value Proposition CA = Core Activities D = Value Drivers R = Resources

Financial Context 2010-11

RQIA derives its income from a recurring allocation (revenue resource limit) from DHSSPS and through income generated from the fees and frequency of inspection regulations 2005. In addition RQIA receives a capital allocation each year from DHSSPS.

Details of RQIA's funding requirements in 2010-11 are set out in the Finance section of the Business Plan (see Appendix 1).

Business Plan 2010-11

The annual Business Plan sets out how RQIA intends to deliver its strategic objectives, the timescale for action and how it intends to use the resources at its disposal. In addition Key Performance Indicators (KPI) have been identified to measure our performance against our strategic objectives. Where appropriate, additional funding required is listed along side the action point.

[Drafting Note: Insert list of where additional funding is required in 2010-11]

RQIA will report on performance on a quarterly basis at public Board meetings, through the publication of an Annual Report and through annual accountability review meetings with the DHSSPS. (Quarterly Reports and Annual Reports can be found at www.rqia.org.uk)

This plan should be read in conjunction with the corporate risk register which includes risks in relation to the delivery of corporate objectives and how these risks will be managed.

[Drafting Note: Insert when the Business Plan was approved by the Board and when the Financial Allocation Letter for 2010-11 was received]

Further information

For further information on the Business Plan 2010-11 or Corporate Risk Register please contact Maurice Atkinson, Director of Corporate Services, RQIA tel. 028 90 517480 or email maurice.atkinson@rqia.org.uk.

CA1	Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
CA1.1	Completed a prioritised and focused programme of service reviews and inspections to inform our overall assessment of health and social care in Northern Ireland	<p>Manage and improve the registration process through the continued implementation of the registration improvement plan</p> <p>Complete the programme of thematic reviews set out in the programme agreed by the RQIA Board on 14 January 2010.</p> <p>Complete the full programme of regulated sector inspections set out in the fees and frequency of inspection regulations 2005 across all establishments and agencies against agreed inspection themes for 2010/11. (Anticipated inspection Volumes 3,000)</p>	<ul style="list-style-type: none"> ▪ Percentage of governance and service reviews and inspections completed in line with the agreed Terms of Reference each year 	<p>March 2011</p> <p>March 2011</p> <p>March 2011</p>	<p>Secure funding for a Band 7 Children's Inspector post</p>

CA1	Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
		<p>Develop a register and programme of inspections based on IR(ME)R</p> <p>Develop and implement a project for the registration of private dental treatment and care.</p> <p>Complete a programme of hygiene inspections in statutory HSC facilities.</p>		<p>June 2010 register / March 2011 inspection programme</p> <p>Subject to confirmation by DHSSPS</p> <p>March 2011</p>	<p>Subject to funding notified in correspondence</p> <p>Subject to approval of business case</p>
CA1.2	Improved local and national methods for the inspection and review of services	<p>Complete a review of the existing methodology and introduce a range of methodologies in carrying out the thematic review and hygiene inspection programmes</p> <p>Implement new arrangements for the</p>	<ul style="list-style-type: none"> ▪ Annual report of outcomes and recommendations of quality assurance activity 	<p>March 2011</p> <p>June 2010</p>	<p>Recurrent funding for incident administrator</p>

CA1	Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
		<p>statutory reporting of incidents to RQIA from the regulated sector</p> <p>Further refine and modify the methodology for the inspection of regulated sector services</p> <p>Develop and implement a robust inspection methodology for all services subject to IR(ME)R</p> <p>Develop and implement a robust inspection methodology to meet the specific needs of the regulations of private dental treatment and care using the DHSSPS dental standards and independent healthcare regulations</p>		<p>March 2011</p> <p>June 2010</p> <p>March 2011</p>	<p>(agreed temporary post for one year)</p>

CA1	Improving Care: We encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
		Pilot an initiative to improve RQIA's ability to seek and assimilate the views of service users in regulated services		March 2011	
CA1.3	Evidenced that the results of our programme of inspections and reviews is having a demonstrable impact on service improvement	Carry out an analysis of the impact of the 2009/2010 programme of inspections and reviews and report to the RQIA Board	<ul style="list-style-type: none"> ▪ Annual analysis of the impact of regulation and review activity on the improvements in the quality and safety of health and social care services 	June 2010	

CA2	Informing the Population We publicly report on the safety, quality and availability of health and social care				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
CA2.1	Made available our Register of Regulated Establishments & Agencies, our programme of work, and all inspection and review reports on in easy, accessible and available formats	Initiate a project to implement a web-based version of the register of regulated establishments and agencies to facilitate on-line access to regulated sector inspection reports	<ul style="list-style-type: none"> ▪ Percentage of establishments and agencies whose most recent reports are published through the web-based Register and in a range of accessible formats ▪ Outcomes of the survey to assess the extent to which people are using our information about the safety, quality and availability of health and social care 	As per project plan	
CA2.2	Use our information to provide an overall assessment of the state of health and social care in NI.	(ref. CA1.1)		March 2012 for overall assessment	

CA3	Safeguarding Rights: We act to protect the rights of all people using health and social services				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
CA3.1	Developed and implemented a human rights based approach to the work of RQIA	<p>Phased development and implementation of a rights based framework across the operational functions of RQIA to include mental health and learning disability programmes in the first instance.</p> <p>Implement a comprehensive awareness and education programme for RQIA and external stakeholders</p>	<ul style="list-style-type: none"> Annual report evidencing the operation of a human rights framework in RQIA 	<p>March 2011</p> <p>March 2011</p>	
CA3.2	Incorporated and discharged our functions under the Mental Health (Northern Ireland) Order 1986	Complete a programme of reviews, inspections and monitoring activities aimed at meeting the requirements set out in the Mental Health (NI) Order 1986	<ul style="list-style-type: none"> Quarterly report on the discharge of functions under the Mental Health (NI) Order 1986 by RQIA 	March 2011	

CA3	Safeguarding Rights: We act to protect the rights of all people using health and social services				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
CA3.3	Fulfilled RQIA's obligations as a National Preventative Mechanism (NPM) under the Optional Protocol to the Convention Against Torture (OPCAT)	Complete a critique of regulation and review activities and develop a range of specific review and inspection initiatives relevant to the agreed reporting arrangements to the UK Central Coordinating Body	<ul style="list-style-type: none"> ▪ Annual report to the United Nations Committee Against Torture 	March 2011	

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CA4	<u>Influencing Policy: We influence policy and standards in health and social care</u>				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
CA4.1	Contributed to the development and improvement of regional policies and standards	Complete an annual summary of the impact of the 2009/10 programme of work on policy standards and guidelines (ref. CA1.3)	<ul style="list-style-type: none"> ▪ Annual summary of RQIA's impact on policy, standards and guidelines 	June 2010	

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D1	We engage effectively with our stakeholders				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
D1.1	Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public	<p>Continue to implement RQIA's Public Participation Strategy and associated action plan.</p> <p>Finalise and implement the new Communications Strategy</p> <p>Develop the corporate intranet on a phased basis using SharePoint software</p> <p>Implement the revised RQIA complaints policy and procedure</p>	<ul style="list-style-type: none"> ▪ Six monthly progress report on the implementation of the Public Participation Strategy ▪ Six monthly progress Report on the implementation of the Communications Strategy 	<p>Ongoing</p> <p>Ongoing</p> <p>As per Project Plan</p> <p>June 2010</p>	
D1.2	Developed strategic partnerships with stakeholder bodies to support improvement in the quality of health and social care in Northern	<p>Develop effective working relationships with the new HSC organisations</p> <p>Develop effective</p>		<p>March 2011</p> <p>March 2011</p>	

D1	We engage effectively with our stakeholders				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
	Ireland	partnerships with other regulators/ inspectorates to ensure that RQIA works effectively in areas such as early years youth justice and criminal justice			

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D2	We maintain a robust governance framework				
	Strategic objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
D2.1	Met legislative requirements and best practice in relation to governance, risk management and independent assurance	<p>Finalise, agree and implement RQIA Risk Management Strategy</p> <p>Provision of risk management training to all staff</p> <p>Ensure the continued attainment of "substantive" compliance with the 3 core controls assurance standards</p> <p>Complete an initial assessment of the potential relevance and application of other controls assurance standards</p> <p>Develop new equality scheme based on revised guidance provided by the Equality Commission</p>	<ul style="list-style-type: none"> ▪ Mid-Year Assurance Statement and Statement of Internal Control 	<p>June 2010</p> <p>September 2010</p> <p>March 2011</p> <p>June 2010</p> <p>December 2010</p>	

D2	We maintain a robust governance framework				
	Strategic objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
		<p>Review and update the Disability Action Plan</p> <p>Prepare an annual progress report on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 to the Equality Commission for NI</p> <p>Conduct EFQM self-assessment and develop quality improvements plans based on findings</p>		<p>[Requirement for this to be discussed with BSO Equality Unit]</p> <p>March 2011</p> <p>March 2011</p>	

D3	We use evidence and research to underpin all our activities				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
D3.1	Developed an evidence based culture to our practice across all the functions of RQIA	<p>Establish a training initiative for RQIA staff in relation to evidence based practice</p> <p>Develop and implement a research strategy and policy</p>	<ul style="list-style-type: none"> ▪ % of reviews using a methodology appropriately referenced against an evidence-based framework ▪ % of recommendations in inspection reports which were based on appropriate evidence (information to be gathered via sample audit) ▪ Annual report on lessons learned in relation to RQIA's experience of using methodologies for inspections and reviews 	<p>December 2010</p> <p>June 2010</p>	

D4	We manage our finances and assets effectively				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
D4.1	<p>Aligned the financial and business planning processes of RQIA to ensure our resources are focused on strategic priorities and we achieve Value for Money</p>	<p>Secure funding for 2010/11 Business Plan, maintain the budgetary reporting system and provide regular financial management information</p> <p>Implement the agreed efficiency programme and identify further areas for VfM Assessments</p> <p>Produce an Annual Report (incorporating an approved set of Accounts and Statement of Internal Control approved by NIAO)</p> <p>Capital Investment Plan (see D8.1)</p>	<ul style="list-style-type: none"> ▪ Regular reports on financial performance ▪ Breakeven on income and expenditure ▪ Achievement of the necessary CSR efficiency savings and other cost reductions on a recurring basis 	<p>June 2010 / Ongoing</p> <p>March 2011</p> <p>September 2010</p>	

D4	We manage our finances and assets effectively				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
D4.2	Maintained and made best use of RQIA's non-financial assets	<p>Finalise and implement a corporate business continuity plan (BCP)</p> <p>Liaise with the Western Health and Social Care Trust concerning the replacement of leased office accommodation on the Tyrone and Fermanagh Hospital site</p>	<ul style="list-style-type: none"> ▪ Total property costs (occupancy, operational and management) per square metre (Audit Commission) ▪ Total office accommodation (square metre) per staff full-time equivalent (FTE) (Audit Commission) ▪ Space use efficiency: <ul style="list-style-type: none"> • Workstations per FTE • Area (square metres) per workstation 	<p>September 2010 / Ongoing</p> <p>March 2011</p>	

D5	We value and develop all our staff				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
D5.1	Continued to ensure that we have a professionally competent workforce delivering on the objectives set out in the Corporate Strategy	<p>Develop and initiate implementation of a Learning and Development Strategy and review organisational learning initiatives</p> <p>Develop an action plan based on the staff survey</p> <p>Initiate KSF implementation project linked to performance development review process</p> <p>Progress the tele-working project</p> <p>Initiate IIP implementation project</p> <p>Identify and prioritise appropriate organisational development initiatives</p>	<ul style="list-style-type: none"> ▪ % of staff who are satisfied with communication from the executive team ▪ % of staff who are satisfied with the opportunities available to engage with their line manager: <ul style="list-style-type: none"> • Access to line manager • Regular team meetings ▪ % of staff with PDPs linked to KSF ▪ Average days per full-time employee per year invested in learning and development 	<p>March 2011</p> <p>June 2010</p> <p>As per project plan</p> <p>As per PID</p> <p>March 2011</p> <p>Dependant on EFQM Diagnostic Exercise</p>	

D5	We value and develop all our staff				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
		linked to planned diagnostic exercise using the EFQM model	<ul style="list-style-type: none"> ▪ Average working days per employee (FTE) per year lost through sickness absence ▪ Stability Index 1 (the percentage of staff who were in substantive posts at [date] that year and who were still in substantive posts in RQIA a year later) ▪ Stability Index 2 (the percentage of staff who were in substantive posts at [date] that year and who were still in substantive posts in RQIA two years later) ▪ Turnover Rate (the 		

D5	We value and develop all our staff				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
			number of 'leavers' in the last year as a % of the average total staff)		

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D6	We plan effectively and actively manage organisational performance				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
D6.1	Developed a fully integrated planning and performance management cycle enabling improved organisational decision-making and learning	<p>Undertake quarterly reviews of progress against the key objectives set out in the Business Plan 2010/11</p> <p>Complete a programmed review of key performance questions (KPQs) and indicators (KPIs) linked to the Corporate Strategy/Business Plan and develop a revised quarterly performance measurement report</p>	<ul style="list-style-type: none"> ▪ Annual Business Plan aligned to three year Corporate Strategy ▪ % of staff with personal objectives clearly linked to RQIA's strategic objectives ▪ Regular reports to the Board on performance against strategic objectives 	<p>June 2010 / Ongoing</p> <p>September 2010</p>	
D6.2	Improved our performance through benchmarking with other organisations involved in regulation and standard setting	Identify the potential for partnership for benchmarking through engagement with established UK and European networks of regulatory and supervisory organisations		March 2011	

D7	We manage information and our information assets effectively				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
D7.1	Implemented a strategic approach to information management that supports RQIA's strategic and operational objectives	<p>Develop and initiate implementation of an integrated informatics strategy</p> <p>Continue to progress Phases 1 and 2 of the Corporate Information Management System (CIMS) project</p> <p>Finalise and seek approval for a business case for an Electronic Documents Records Management System (EDRMS)</p>	<ul style="list-style-type: none"> ▪ Six monthly progress Report on the implementation of the Information Management Strategy 	<p>September 2010 / Ongoing</p> <p>As per Project Initiation Document/ Business Case is subject to external approval</p> <p>June 2010 / Business Case is subject to external approval</p>	<p>As per Business Case</p> <p>As per Business Case</p>
D7.2	Complied with best practice and the highest standards of information governance	Establish our baseline position against the Data Protection Review Recommendations,	<ul style="list-style-type: none"> ▪ Compliance with relevant aspects of Controls Assurance 	March 2011	

D7	We manage information and our information assets effectively				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
		<p>identify gaps and develop/implement an action plan. Report level of compliance and progress against the action plan to the Board on a quarterly basis.</p> <p>Review and update ICT Security Policy</p> <p>Review and update FOI/DPA Procedures</p>	Standards	<p>March 2011</p> <p>June 2010</p>	

D8	We optimise the use of ICT to support our work				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
D8.1	A reliable, appropriate and effective ICT infrastructure that makes best use of emerging technology & is aligned to RQIA's changing business needs	<p>Complete a review to determine the most appropriate future ICT service delivery model for RQIA and initiate implementation of the outcomes of the review</p> <p>Test and maintain ICT contingency and disaster recovery arrangements and integrate into the corporate BCP</p> <p>Continue to performance manage the outsourced ICT service</p> <p>Develop, implement and monitor a Capital Investment Plan</p> <p>Complete a ICT user satisfaction survey</p>	<ul style="list-style-type: none"> ▪ Six monthly progress Report on the implementation of the ICT strategy (when developed) 	<p>June 2010/As per agreed Project Plan</p> <p>June 2010 / Ongoing</p> <p>March 2011</p> <p>June 2010/Ongoing</p> <p>March 2010</p>	Any potential one-off and/or recurring additional costs will be identified in the review

D9	Position RQIA as a respected, independent regulator				
	Strategic Objectives	Actions 2010/11	KPIs	Completion Date	Additional Resources Required
D9.1	Increased awareness of the work of RQIA and achieved public and peer recognition as an organisation leading regulatory practice	<p>Engage effectively with the media to raise the profile of the work of the RQIA</p> <p>Seek the views of service users, carers, service providers, elected representatives and other key stakeholders about the performance of RQIA as a regulator (ref. D1.1)</p>	<ul style="list-style-type: none"> ▪ Self-assessment against a defined template 	<p>March 2011</p> <p>March 2011</p>	

Finance section

[Drafting Note: Insert Financial Plan 2010/11 - format to be agreed with Paul Gick]

£m	£m

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The Regulation and Quality Improvement Authority is an independent organisation which aims to ensure the public in Northern Ireland has access to the best possible standards of health and social care.

The Authority was set up by the Department of Health, Social Services and Public Safety in 2005. It has a remit to regulate, inspect, and monitor statutory, private and voluntary sector bodies which provide health and social care services and to promote, and in certain areas enforce, improved standards wherever they are needed.

If you have any comments or complaints about the work of the Authority, you should contact:

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RQIA Board Meeting – 11 March 2010

MENTAL HEALTH AND LEARNING DISABILITY

Author: Patrick Convery
Presented by: Phelim Quinn

Aim and Purpose

This briefing note sets out quarterly activity of the Mental Health and Learning Disability Team as required by the RQIA Board following the transfer of the functions of the Mental Health Commission to the RQIA on 1 April 2009 .

Recommendation

The Board is asked to **NOTE** the developments on Mental Health and Learning Disability.

PHELIM QUINN
Director of Operations

MENTAL HEALTH AND LEARNING DISABILITY TEAM

This briefing note sets out the work currently being undertaken within the Mental Health and Learning Disability Team

1. Serious Adverse Incidents Review

From 1 April 2009 to 28th February there have been 117 cases reported as Serious Adverse Incidents (SAI's). The cases can be summarised as follows:

Trust	Deaths				Other Incidents	Stats		
	Suicide/Suspected Suicide	Natural Causes	Other	Not Known		Male	Female	Total No of SAI's
BHSCT	19		3	4	2	20	8	28
NHSCT	15	2	1	5	1	17	7	24
SEHSCT	22		1		3	18	8	26
SHSCT	14			1	3	10	8	18
WHSCT	16			4	1	13	8	21
Totals	86	2	5	14	10	78	39	117

All reports have been responded to and the Trust have been given dates in relation to the reviews and reporting within 12 weeks.

Delays in reporting to RQIA from Trusts have improved in the last quarter as this had been an issue previously.

As well as writing to Trusts the MHLTD team present this information on a regular basis during meetings with Trust Directors and Senior Managers. This will also be presented in an annual report to Trusts.

The process for reporting SAIs will change in April 2010 where there will be dual reporting to both the HSC Board and RQIA. The process of following up SAIs will be from the HSC Board with RQIA as a key input into the process. At present suicides or suspect suicides are reported through to RQIA and this process to continue but the letters will go to Trusts from the HSC Board following consultation with RQIA. This will streamline the process for communicating with trusts and will maintain RQIA's role as a regulator in the review of serious adverse incidents to monitor and improve care and treatment in Mental Health and Learning Disability.

2. Monitoring of errors in prescribed forms and guardianship applications

Since 1 April 2009 until 28 February 2010, the Mental Health and Learning Disability Team reviewed a total of 8850 forms.

Trust Area	Total Number of Forms Received	Percentage of Forms Late > 4 days	Percentage of Forms - Unsatisfactory
BHSCT	2588	79.60%	5.29%
NHSCT	1799	51.36%	3.67%
SEHSCT	1727	54.89%	4.11%
SHSCT	1391	66.21%	4.82%
WHsCT	1345	70.93%	4.24%
Total	8850	65.62%	4.50%

There has been a significant improvement in the percentage of forms which were unsatisfactory since the first quarter. This improvement has been as a result of feedback and communication with Trust Medical Records departments and working closely to reduce the error rate. The overall cumulative error rate from April to December was 4.92% and the overall error rate for end February is 4.5%.

Trust Chief Executives continue to be kept informed of any significant failings, and these issues are also being raised during ongoing meetings with each Trust.

3. Meetings with Trust Directors

Further rounds of meetings with Trust Directors have taken place in February 2010 place in order to communicate the ongoing work of the Mental Health and Learning Disability Team.

The aim of these meetings is to provide updates in relation to the work of the MHLDT team in relation to the Mental Health (NI) Order 1986 and key performance indicators e.g. reporting of Serious Adverse Incidents, the monitoring of prescribed forms and review/inspection work.

4. Patient Experience Review

Following the initial pilot of "Open Surgeries" during July/August, where detained patients were interviewed and asked specifically about their experience of detention and the care they receive in hospital the proposal was to run open surgeries in each trust facility on a regular basis.

There is substantial work ongoing at present in that 32 visits to facilities where patients are detained have been organised with input from full-time and sessional officers to undertake the interviews. These will be based on the Patient and Client Experience standards which were issued by DHSSPS. Each Trust area will be visited in order and there is an agreed format for reporting back after each visit.

A full Patient Experience Review questionnaire has been developed to ensure consistency in interviewing and in measuring against standards. This will enable the information to be collated and analysed and this will ensure consistency in reporting back to Trusts following each group of visits.

The updated list of dates are as follows:
Belfast HSC Trust 12th -22nd January 2010
Northern HSC Trust 26th January -11th February 2010
South Eastern HSC Trust 12th-23rd February 2010
Southern HSC Trust 2nd-9th March 2010
Western HSC Trust 10th-26th March 2010

There will be formal reporting to Trusts following each group of visits and this will be sent to Chief Executives and directors of Mental Health.

5. Guardianship Panel

The Guardianship Panel continues to meet regularly, bi-monthly at present to scrutinise forms and quality assure the guardianship process. The Panel is chaired by a Mental Health Officer with support from 2 social work sessional officers.

The review of all Guardianship files has concluded and the panel is completing its report and documenting recommended practice directives. This includes performance indicators and a Human Rights template to guide and enhance good practice.

The review report highlights trends within programmes of care across the region and has illustrated the need for a superior information system for data recording which is being developed as a consequence of the review. The profile of guardianship is being raised both within RQIA and externally by training sessions. Now that the information has been captured in more meaningful way there is a need to develop protocols

across internal work teams to promote and protect the welfare of individuals subject to guardianship.

6. Medical Panel

The Medical Panel has met on four occasions. The main issues relate to the appointment of Part II and Part IV Doctors and in particular training requirements to ensure they are competent to practice.

The Part II Status Register has been validated and updated to ensure that all details are current and that all doctors are facilitated and endorsed to fulfil the criteria outlined under Part II of the Mental Health (NI) Order 1986. All doctors whose Part II status is due to expire in 2010 have been completed and a new database created to ensure that registrations are updated accordingly.

A project manager has been assigned to source and identify training for Part II and Part IV doctors. An updated training schedule has been identified and it is anticipated that this will be delivered in early 2010 in conjunction with Royal College of Psychiatrists (NI). Additionally a review of detention forms will be undertaken to provide updated guidance on their completion as errors continue with these forms.

7. Child and Adolescent Mental Health Services (CAMHS)

During the first half of 2010, the Mental Health and Learning Disability Team will undertake a clinical and social care governance review examining the care provided by CAMHS. A project management approach has been implemented to drive the review. A Steering Group and Project Team have been appointed to manage the review, meeting fortnightly. A CAMHS advisor has been recruited to the Project Team, Dr McCune is a recently retired CAMHS Consultant from Northern Ireland.

The ToR focus on accessibility and availability of CAMHS, under 18s on adult inpatient wards, risk management and transition services from CAMHS to adult mental health services. The review will concentrate on Tiers 2, 3 and 4 of CAMHS.

The recruitment of the independent reviewers from England and Scotland is coming to a close, consultants, nurse consultants, a family therapist and a social worker, all from CAMHS, are all being invited to participate.

Negotiations have commenced with Voice of Young People in Care (VOYPIC) to gather the views of parents and children in relation to the ToR. VOYPIC is to present a proposal on the CAMHS consultation exercise in the immediate future.

A profile questionnaire has been distributed to the 5 Health and Social Care Trusts and the Board and the results are being analysed. In the

absence of any DHPSS standards for CAMHS, the review team is selecting standards and criteria to assess the trusts. Validation visits are being planned for early June and the report will be concluded in July 2010.

8. Expert Advisory Panel

As part of the transfer of functions from the Commission, it was agreed by the Project Board, that an Expert Advisory Panel would be constituted. The first meeting of the Expert Advisory Panel has been organised for 10th March 2010. The Expert Advisory Panel will be chaired by Mr Richard Adams and will meet regularly throughout 2010.

9. Meetings with Advocacy Services

The MHLD team has been proactive in meeting with User and Carer Advocates in relation to care and treatment of individuals with a mental illness. Meetings have also included Learning Disability and Dementia. This has been formalised in the establishment of an Advocates forum which will meet quarterly to progress ongoing issues and promote a positive working relationship.

The role of Advocates has been further developed in relation to the planning and further roll out of the Patient Experience Review and in most Trusts will facilitate the arrangements during the visits e.g. distributing leaflets, organising rooms, assisting MHLD officers during visits and encouraging patients to participate in discussions.

10. Inspection Methodology

Inspection methodology is being finalised at present which will allow us to have agreed measurements and performance indicators to undertake unannounced visits and inspections in Mental Health and Learning Disability Facilities in each trust area. These indicators will be based on the Patient and Client Experience standards and Royal College standards which are currently utilised in the work of the "Patient Experience Review". These will be shared with Trusts prior to Inspections.

Inspection reports will set out the findings from each individual facility/service visited. Composite and overview reports will also be produced setting out the key findings, challenges and examples of best practice within each trust and across the region.

RQIA Board Meeting – 11 March 2010

UPDATE ON A RIGHTS BASED APPROACH

Author: Virginia McVea
Presented by: Phelim Quinn

Aim and Purpose

In accordance with the Human Rights Strategy approved by the Board in December 2009 please note the following updates:

Operations

Pilot project MHL D

Work with the MHL D has facilitated the completion of a strategy and communiqué with the Steering Group for the drafting of the new legislation at Stormont. Our thanks to sessional experts Dr. Maria McGinnity and Mary O'Boyle have assisted in this work. A very considerable task has been the development of an inspection methodology as well as indicators. This work evidences fulfilment of the Handover Agreement from the Mental Health Commission. As RQIA engages with various stakeholders working in this field a meeting arranged with the Chair of the Mental Health Review Tribunal is worthy of particular note. The discussion with the Tribunal Chair has led to the development of new specific indicators to ensure that with the identification of rights of patients, benefits in relation to procedural safeguards can now be better realised e.g. we will monitor applications to, decisions of and implementation further to the Mental health Review Tribunal. The methodology and indicators should be available in draft form in April 2010 for further consideration prior to the Symposium referred to below.

Participants for a Symposium to consider the MHL D indicators has been agreed for the 10 May and we can confirm the attendance of, amongst others, the former UN Special Rapporteur Paul Hunt, Professor Peter Bartlett - the leading author in the field of mental health and human rights as acknowledged by the UK judge at the European Court of Human Rights Sir Nicholas Bratza, Professor Phil Fennel - a leading adviser to Northern Ireland agencies on mental health and learning disability legislation. The aim of this event is to secure support for our efforts as regulator in this sector as well as building confidence both internally and externally in the capacity of the organisation. This event will be held on RQIA premises.

The Lay Advocacy Training has been agreed with the American (NITA) and Northern Ireland trainers for the 16 and 17 May 2010 based in the Institute of Professional Legal Studies. An early Faculty pack has been developed and forwarded to NITA which won praise from the President of NITA for RQIA. Particular acknowledgement of the work of Rosaline Cahill should be noted

for her efforts in administration and to sessional expert Gerry Colgan around the supporting files for the case studies. Participants across the range of mental health, learning disability, carers, dementia, children's and prisoners have been confidentially agreed and this is due to be shared.

Pilot project Children's

Work with the Children's team has lead to the report on pathways into secure accommodation which is complete in draft form. A mentor from Queens University Belfast - Dr Aoife Nolan, an expert in children's law has been working with our inspector and the international specialist Dr Ursula Kilkelly is assisting with the project overall. In fulfilment of the Corporate Plan the identification of issues of concern has facilitated the articulation of recommendations which of themselves act as clarification of priority matters for the service and which when actioned will ensure better access to higher quality services.

Prisons

Prison Strategy and OPCAT

Further to identification of issues around OPCAT and engagement with Her Majesty's Inspectorate of Prisons (HMIP) a Prisons Strategy is under development for RQIA which will incorporate OPCAT. This should be available by June 2010. In order to facilitate the development of this strategy in advance of RQIA's first review in Prisons, a series of roundtable engagements has been initiated. The first meeting with ex prisoners and prisoners representatives in January was regarded by participants as an innovative and highly positive approach by a regulator and we are deeply grateful to Mrs Lillian Jennet for her advice and assistance in this project and facilitation of this first meeting. A further meeting with leading academics, and lawyers working in this field is underway and this should lead into meetings with other regulators. A format for our engagement with HMIP and the Criminal Justice Inspectorate (CJI) has been developed for the March inspection from their timetable.

A highly significant development for RQIA in terms of fulfilment of statutory duty and profile has been the development of a Roundtable to Review investigation of Deaths in Custody. This is an extremely sensitive area of work for RQIA but one in which we have already secured the kudos of highlighting and drawing all players together. Mr Justice Weir as High Court Judge responsible for Inquests in Northern agreed to work as out partner in this event when approached and a date has been agreed with participants of the 13 April with our Chairman co chairing with the Senior Coroner for Northern Ireland Mr John Leckey. The aim of this event chiefly for RQIA is to clarify the legal basis for investigation across the number of investigative bodies engaged in order to develop our own protocols. It is hoped however that a further highly significant public interest benefit will be to begin to work towards processes of primacy built upon a robust legal position. Our lead in this area has realised benefit in terms of profile, even prior to meeting.

Corporate

Centralisation of Legal work

A strategy for the centralisation of legal matters such as legislation, guidance, opinions, judgements etc has been agreed and is due to be operationalised. This will action a number of risks to the organisation and work towards a more proactive legal provision for RQIA.

A number of significant legal opinions have been and continue to be provided across the organisation on a range of subjects.

Policy

Quality Assurance

A human rights component for the master policy has been developed and is due to be rolled out through the internal oversight group working with the Policy and Procedure for the Development, Approval, Implementation and Review of Policies and Procedures.

Submissions have been prepared in relation to the consultations on a Commissioner for Older Persons and the Bill of Rights.

Training

Training has been prepared for the next Board workshop and is scheduled for both the Review team and Inspectors within Day care inspection. This work, as outlined within the Strategy document will be ongoing.

Supplemental

Future work streams have been identified through the new review programme and a process for a human rights based approach to review is to be developed. Additionally pilot projects for inspection services are to be identified.

It is encouraging to be able to report to the Board the large number of individuals across the organisation who are engaged with the aforementioned projects and to record my thanks for their enthusiasm and significant contributions.

Recommendation

The Board is asked to **NOTE** the update on a rights based approach in RQIA.

PHELIM QUINN
Director of Operations

RQIA Board Meeting – 11 March 2010

TRANSFER OF RESPONSIBILITY FOR IRMER TO RQIA

Author: Phelim Quinn
Presented by: Phelim Quinn

Aim and Purpose

Following the publication of the EU directive (Council Directive 97/43 Euratom), the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 came into force on 1 January 2001. This order sets out legislative measures for the protection of individuals against dangers of ionising radiation in relation to medical exposure.

In England responsibility for the enforcement of these regulations has been transferred to the Health Care Commission and in Wales to Health Inspectorate Wales and they have started to enforce the regulations through a programme of assessment and inspection.

Responsibility for monitoring, inspecting and enforcement of IRMER Regulations passes to RQIA on 14th March 2010.

RQIA has carried out a scoping exercise identifying the main responsibilities under the legislation, the models for inspection across the UK and the number of sites requiring inspection.

Following an options appraisal, in common with HIW, RQIA is developing a model which engages expertise from within the Health Protection Agency (HPA) to provide RQIA with specialist advice, support for a planned programme of inspection visits and investigation of relevant radiological incidents under IRMER. The model also includes the development of inspection capacity within RQIA which will enable the discharge of a planned programme of inspection across sites using ionising radiation.

The following is a breakdown of the number of sites using ionising radiation in Northern Ireland.

Nature of Service	Number
General Radiology, theatres and breast screening	37
Nuclear medicine	11
Radiotherapy	1
Community (Trust) Dental clinics	67
General Dental Practices	370
Chiropractors	30 approx

Assumption of duties under IRMER legislation is being progressed under the following headings

- Due diligence
- Clarification of legal framework
- Workforce and financial alignment
- Operational alignment
- Communications and public relations

Recommendation

The Board is asked to **NOTE** the paper and presentation on the transfer of responsibility for IRMER to RQIA.

PHELIM QUINN

Director of Operations

RQIA Board Meeting – 11 March 2010

BOARD NOMINATION FOR A SHORT-TERM WORKING GROUP TO DEVELOP A NEW COMMUNICATIONS STRATEGY FOR RQIA

Author: Malachy Finnegan
Presented by: Maurice Atkinson

Aim and Purpose

1. The purpose of this paper is to seek nominations for Board representation on a short-term working group for the development of a new communications strategy for RQIA. This paper outlines the stages involved in the development of an agreed strategy.

Background

2. The Board approved RQIA's first communications strategy in 2006. Significant progress has been made during this time, with the appointment of a communications manager; development of RQIA's website; strong relationships developed with key stakeholders including the media and political representatives; and increased public awareness of the work of RQIA. In addition, a public participation strategy has also been developed and implemented to support engagement with the public.
3. In November 2009 the Board approved RQIA's Corporate Strategy 2009-2012. Within this corporate strategy, value driver D1.1 states "By 2012 we will have: Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public." One initiative to achieve this strategic objective is to "Develop and implement a new communications strategy."
4. During 2009-10 initial preparation work has taken place to identify the scope of the emerging communications strategy; the communications needs of the organisation; key audiences; communication tools; and targets and evaluation.
5. To take forward the project, the Communications Manager will establish and lead a short-term working group with membership drawn from RQIA Board and staff. Staff membership may include representation from the Executive Team; a head of an operational programme; an inspector/quality reviewer; a project manager; mental health and learning disability team; an administration team leader.
6. It is anticipated that the group will meet on approximately four occasions. This group will support the Communications Manager in the development of an agreed communications strategy for RQIA.

Recommendation

7. The Board is asked to **nominate** a maximum of two members to join the working group, and to **note** the approach outlined for the development of a communications strategy for RQIA.

MAURICE ATKINSON
Director of Corporate Services