

AGENDA

RQIA Board Meeting
Medical Education Centre, Erne Hospital, Enniskillen
10 November 2011, 2:00pm

PUBLIC SESSION

Item	Paper Ref	
1		Welcome and Chairman's remarks 2:00pm
2	min/Sep11/ public	Minutes of the meeting of the Board held on Thursday 1 September 2:05pm APPROVE
3		Matters arising from minutes 2:05pm
4		Declaration of Interests 2:10pm
5	A/06/11	Chairman's report - Chairman 2:10pm NOTE
6	B/06/11	Chief Executive's Report - Chief Executive 2:20pm NOTE
7	C/06/11	Finance Report – Director of Corporate Services 2:30pm NOTE
8	D/06/11	Corporate Performance Report – Director of Corporate Services 2:40pm NOTE
9	E/06/11	Corporate Risk Assurance Framework Report - Director of Corporate Services 3:00pm NOTE
10	F/06/11	Audit Committee update - Committee Chairman To include: <ul style="list-style-type: none"> • Update on Meeting of 2 November • Approved Minutes of Meeting of 28 June 3:20pm NOTE NOTE
11		Any Other Business 3:35pm

Date of next meeting:
12 January 2012, Venue TBC

RQIA Board Meeting

Date of Meeting	10 November 2011
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	min / Sep11 / public
Author	Robert Graham
Presented by	Dr Ian Carson
Purpose	To share with Board members a record of the last meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the last Board meeting on 1 September 2011.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to APPROVE the minutes of the Board meeting of 1 September 2011.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

PUBLIC SESSION MINUTES

RQIA Board Meeting

Board Room, 9th Floor, Riverside Tower, Belfast

1 September 2011, 2:15pm

Present

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

Officers of the Board present

Glenn Houston (Chief Executive)
Maurice Atkinson (Director of Corporate Services)
Robert Graham (Committee Services Manager)
Phelim Quinn (Director of Regulation and Nursing)
David Stewart (Director of Reviews and Medical Director)

Apologies

Richard Adams

Apologies

Theresa Nixon (Director of Mental Health and Learning Disability and Social Work)

11.100 Item 1 - Welcome and Chairman's Remarks

11.100.1 The Chairman welcomed Board members, Officers of the Board and members of the public to the meeting. Apologies were noted from Richard Adams and Theresa Nixon.

11.101 Item 2 - Minutes of the meeting of the Board held on Thursday 7 July [Paper min/Jul11/public]

11.101.1 The Board **APPROVED** the minutes of the Board meeting held on 7 July.

Resolved Actions

- Minutes to be formally signed off by the Chairman

11.102 Item 3 - Matters arising from minutes

11.102.1 There were no matters arising from the previous minutes.

11.103 Item 4 - Declaration of Interests

11.103.1 The Chairman asked Board members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders. No declarations of interests were made.

11.103.2 The Chairman asked Board members to ensure that if they were

required to update their entry in the RQIA Register of Interests that they should advise the Committee Services Manager accordingly.

11.104 Item 5 - Chairman's report - Chairman [Paper D/05/11]

- 11.104.1 The Chairman presented his report to the Board and noted that he had attended 4 meetings on behalf of RQIA since the previous Board meeting.
- 11.104.2 The Chairman informed the Board that he, along with the Chief Executive, had met with the Chair and Chief Executive of the Patient Client Council (PCC).
- 11.104.3 The Chairman advised that he, along with the Chief Executive and the Chair of the RQIA Audit Committee, had met with 2 independent members of the DHSSPS Board including the Chair of the DHSSPS Risk and Audit Committee. He said that the members were interested in clinical and social care governance systems and the role of RQIA. He added that RQIA had asked if the DHSSPS Board monitors how recommendations made in RQIA review reports are implemented.
- 11.104.4 The Chairman said that he had attended a meeting of the NICON chairs and that Sir Keith Pearson, Chairman of the NHS Confederation had been in attendance. He added that the NHS Confederation had recently submitted evidence to the House of Commons Select Committee concerning CQC and that he would share this with Board members.
- 11.104.5 The Chairman told the Board that the Minister had recently announced that a team of independent experts would be working with the HSC Board Chief Executive, John Compton on a review of the HSC. He said that the final report would be available by the end of November 2011.
- 11.104.6 The Board **NOTED** the Chairman's Report.

11.105 Item 6 - Chief Executive's Report - Chief Executive [Paper E/05/11]

- 11.105.1 The Chief Executive presented his report to the Board and began by referring to some of the key meetings he had attended. He said that he had met with the Noelle Buick and Paul McAllister who had both recently taken up posts in the Education and Training Inspectorate (ETI). He added that he had recently met with the Prisoner Ombudsman, Pauline McCabe.
- 11.105.2 The Chief Executive told the Board that he attended a meeting in London of other regulatory bodies hosted by the Commission for Healthcare Regulatory Excellence (CHRE) looking at areas of joint

- mutual interest.
- 11.105.3 The Chief Executive updated the Board on the progress of various RQIA reviews. He advised that the report of Phase I of the RQIA Review of Radiology was now available on the RQIA website and that the fieldwork for Phase II was now under way.
- 11.105.4 The Director of Regulation updated the Board on the progress being made in the registration of private dental practices. He advised that to date, 288 practices out of 391 had made applications for registration and that a further 30 practices had been in contact with RQIA to advise that they would be registering in the immediate future. He went on to say that 56 inspections had been completed so far and a further 120 inspections had been scheduled. He added that RQIA had continued to meet with various stakeholders including the British Dental Association and the General Dental Council. He advised that the GDC was supportive of regulation and would be stressing to its members the legal requirement to register with RQIA.
- 11.105.5 The Chief Executive gave an update on human resources matters. He advised RQIA had advertised one vacancy since July and that, since the last Board meeting in July, no new members of staff had been recruited. He added that one member of staff had left RQIA. He informed the Board that the Executive Management Team has agreed to establish a Scrutiny Committee to look at vacant posts.
- 11.105.6 The Director of Corporate Services advised the Board that RQIA is in the final stages of obtaining approval from DHSSPS on the ICT Business Case.
- 11.105.7 The Chief Executive told the Board that since the last Board meeting, RQIA had received one new complaint and that the resolution of a further complaint was still with the Northern Ireland Ombudsman.
- 11.105.8 The Board **NOTED** the Chief Executive's Report.
- 11.106 Item 7 - Finance Report – Director of Corporate Services [Paper F/05/11]**
- 11.106.1 The Director of Corporate Services presented the Finance Report to the Board and explained that the projected fee income for 2011/12 was dependent on a number of factors including the recovery of all outstanding monies owed by the Southern Cross group which is in the process of an ordered wind down.
- 11.106.2 The Director of Corporate Services advised the Board that RQIA expected to achieve break even for 2011/12 but, at this point in time, projected there may be an underspend of £20k, but this was based on a number of assumptions.
- 11.106.3 The Director of Corporate Services explained that there were two

capital schemes under way and that RQIA's capital allocation was adequate to cover this expenditure.

11.106.4 A Board member sought an update on RQIA's Improvement and Efficiency Plan. The Chief Executive said that RQIA was working to balance demand and capacity in the current year, making the most of opportunities for non-recurring expenditure whilst focusing on the efficiency savings targets of the next couple of years. He said that a draft Plan would be available for the October Board workshop.

11.106.5 A Board member asked if RQIA's revenue resource limit (RRL) would be decreased in line with any projected increase in fees in 2011/12. The Director of Corporate Services said this would not be the case as the additional fees were non-recurrent. The Chief Executive added that RQIA needed to achieve break even by 31 March 2012 and would continue to provide monthly returns to DHSSPS.

11.106.6 The Chairman advised that the Public Appointments Unit would be advertising the vacant posts on the RQIA Board and for that reason, he was deferring the Board developmental workshop until January 2012.

11.106.7 The Board **NOTED** the Finance report.

11.107 Item 8 - Corporate Performance Report – Director of Corporate Services [Paper G/05/11]

11.107.1 The Director of Corporate Services presented the first Corporate Performance Report for 2011/12 to the Board. He explained to Board members that the traffic light system had been reviewed and that the report sought to contain further trend data and graphs and charts, where appropriate.

11.107.2 The Director of Corporate Services said that following the first quarter, only four of the actions were rated as "amber" with the remaining rated either "green" or "blue".

11.107.3 The Chairman said that these developments enhanced the report. A Board member suggested that in future reports, the exception reporting on the "red" or "amber" rated actions should be contained within the headline section. The Director of Corporate Services agreed to review this for future reports.

11.107.4 The Chief Executive expressed his thanks to the Planning and Corporate Governance Manager for the work done in preparing the report.

11.107.5 The Board **NOTED** the Corporate Performance Report.

11.108 Item 9 - RQIA Corporate Strategy 2012/15 – Director of Corporate Services [Paper H/05/11]

- 11.108.1 The Chairman advised Board members that following the pre-consultation events, meetings with stakeholders and the work done by the short life working group, the RQIA Corporate Strategy for 2012/15 was ready to go out to public consultation.
- 11.108.2 The Director of Corporate Services said that the work done in the pre-consultation phase was an important innovation and had helped to shape the draft Strategy. He thanked the three Board members for their work on the short life working group.
- 11.108.3 The Chairman drew members' attention to the four proposed consultation questions and asked if Board members had any comments. A Board member suggested that in the third question, it should be asked if the measures of success are "appropriate and adequate".
- 11.108.4 The Chief Executive pointed out that, following the August workshop, a glossary had been added to the document.
- 11.108.5 The Board **APPROVED** the RQIA Corporate Strategy 2012/15 to go out to public consultation.

11.109 Item 10 - RQIA Three Year Review Programme 2012/15 – Director of Reviews [Paper I/05/11]

- 11.109.1 The Director of Reviews presented the draft RQIA Three Year Review Programme and explained that the document contained a brief précis about each of the proposed reviews. He added that a list of reviews that RQIA had already conducted had been inserted into the document.
- 11.109.2 The Director of Reviews advised that the DHSSPS would be forwarding a list of commissioned reviews for inclusion in the document, but these reviews would not be subject to consultation.
- 11.109.3 A Board member asked how many reviews were being planned over the period. The Director of Reviews explained that there is capacity to undertake up to 7 RQIA reviews and 3 commissioned reviews per year.
- 11.109.4 A Board member asked if a review on nutrition would not solely focus on hospital settings. The Director of Regulation pointed out that RQIA had looked at nutrition in the residential sector as one of its inspection themes.
- 11.109.5 The Chairman suggested that the list of reviews should contain information about the dates the reviews were undertaken. This

amendment was **AGREED**. It was also **AGREED** that the list of consultation questions would be forwarded to Board members for comment before the consultation document was sent out.

11.109.6 A Board member asked if both the Corporate Strategy and the Three Year Review Programme consultations would be run concurrently. The Chief Executive confirmed that this would be the case.

11.109.7 The Board **APPROVED** the RQIA Three Year Review Programme 2012/15 to go out to public consultation.

11.110 Item 11 - RQIA Information and ICT Strategy – Director of Corporate Services [Paper J/05/11]

11.110.1 The Director of Corporate Services said that the completion of the Information and ICT Strategy was an important development for RQIA. He thanked the two Board members who had been involved in the short life working group which had completed this project.

11.110.2 The Director of Corporate Services drew members' attention to the strategy map and said that this showed how all of the initiatives outlined in the strategy were linked. He also referred to the project plan and explained that from this, specific work plans would be developed.

11.110.3 The Director of Corporate Services thanked the Head of Information for co-ordinating the preparation of the strategy. The Chairman echoed the sentiments on behalf of the Board.

11.110.4 The Board **APPROVED** the Information and ICT Strategy.

11.111 Item 12 - Annual Progress Report 2010/11 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 – Director of Corporate Services [Paper K/05/11]

11.111.1 The Director of Corporate Services presented the Annual Progress Report to the Board and explained that the document followed a template laid out by the Equality Commission. He said that the report had been completed jointly by the Equality Unit at BSO and by RQIA.

11.111.2 The Director of Corporate Services highlighted some of the key achievements during 2010/11. He said that RQIA had developed a new Equality Scheme and Action Plan following an "audit of inequalities". He said that a new screening template had been developed for RQIA policies and that RQIA staff had undertaken training in many areas of equality. Finally, he referenced that RQIA had engaged in a series of public consultations during the development of the Corporate Strategy.

- 11.111.3 The Director of Corporate Services advised that during 2011/12, RQIA would finalise its Equality Action Plan following consideration of feedback received from consultees.
- 11.111.4 Board members suggested some minor amendments to the report and the Director of Corporate Services undertook to amend the report accordingly.
- 11.111.5 The Board **APPROVED** the Annual Progress Report.
- 11.112 Item 13 - Policy and Procedure on the Management and Handling of Complaints against RQIA – Chief Executive [Paper L/05/11]**
- 11.112.1 The Chief Executive advised the Board that following the August workshop RQIA had sought further legal advice on the Complaints Policy, and in particular, paragraphs 2.7.8 and 2.7.10.
- 11.112.2 A Board member suggested that in the middle of paragraph 2.7.8, a minor addition should be made to clarify that the Stage 2 panel would only consider evidence available at Stage 1. This amendment was **AGREED**.
- 11.112.3 Board members expressed thanks to the Director of Mental Health and Learning Disability for her work in completing this policy and it was **AGREED** that the policy should be reviewed again in 3 years.
- 11.112.4 The Board **APPROVED** the Complaints Policy and Procedure.
- 11.113 Item 14 - Enforcement Policy – Regulated Sector – Director of Regulation [Paper M/05/11]**
- 11.113.1 The Director of Regulation told the Board that further minor amendments had been made to the Enforcement Policy following the August Board workshop. He invited queries from Board members on the final policy.
- 11.113.2 A Board member asked if the policy could contain information on the constitution of the Enforcement Panel. The Director of Regulation noted that this would be contained within the associated procedures but agreed to include it in the main policy.
- 11.113.3 A Board member queried the use of the word “attitudes” in paragraph 4.3 and it was agreed this usage should be reconsidered.
- 11.113.4 Subject to minor amendments the Board **APPROVED** the Enforcement Policy.

11.114 Item 15 - Any Other Business

11.114.1 The Chief Executive informed the Board that following extensive consultation the new organisational structure was being implemented from today.

11.114.2 There was no other business and the Chairman drew the public session to a close at 3:45pm.

Date of next meeting:

Thursday 10 November 2011, Erne Hospital, Enniskillen

Signed

Dr Ian Carson
Chairman

Date

RQIA Board Meeting

Date of Meeting	10 November 2011
Title of Paper	Chairman's Report
Agenda Item	5
Reference	A / 06 / 11
Author	Dr Ian Carson
Presented by	Dr Ian Carson
Purpose	To inform the RQIA Board of the Chairman's external engagements and key meeting since the last Board meeting of the Authority.
Executive Summary	Between 2 September 2011 and 10 November 2011, I attended 7 meetings on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to NOTE this report.
Next steps	Not applicable

CHAIRMAN'S REPORT

Meetings attended

- NICON/HSC Board Development Seminar, Harbour Commissioners' office – 4 Oct 2011.
- CIPFA/Chairs Forum- Raising the Bar- What does it take to be a really effective chair? – 6 Oct 2011.
- Shortlisting for RQIA Board vacancies – 12 & 14 Oct 2011.
- Meeting with John Compton & Pamela McCreedy from the HSC Review Team – 24 Oct 2011.
- Interviews for RQIA Board vacancies – 26 & 28 Oct 2011.
- European Partnership of Supervisory Organisations (EPSO) – Opening Welcome & Reception/Dinner Long Gallery, Stormont – 3 Nov 2011.
- EPSO Closing reception, Belfast City Hall – 4 Nov 2011.

DR IAN CARSON

Chairman

10 November 2011

RQIA Board Meeting

Date of Meeting	10 November 2011
Title of Paper	Chief Executive's Report
Agenda Item	6
Reference	B / 06 / 11
Authors	Executive Team
Presented by	Glenn Houston
Purpose	This report is to advise Board members of the key strategic issues and developments arising since the previous Board meeting, held on 1 September 2011, that have not been covered elsewhere in an individual report.
Executive Summary	This report provides an overview of key activities across each of the directorates of RQIA.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to NOTE this update.
Next steps	Not applicable

CHIEF EXECUTIVE'S REPORT

1.0 Chief Executive's Business

Key Appointments (1 September – 9 November 2011)

September 2011

2 September, BBC Radio Ulster – Good Morning Ulster interview (conduct issues in care homes)

7 September, Liaison meeting with DHSSPS Sponsor branch

8 September, Met with Mark H. Durkan, SDLP Health spokesperson

9 September, 5 Nations meeting, GMC offices, London

12 September, Along with Dr Stewart met with Civil Service Commissioners, Hillsborough Castle

14 September, Liaison meeting with Prisoner Ombudsman

16 September, Presentation to ERS (Portuguese Health Regulatory body) in Porto

20 September, Liaison meeting with Children's Commissioner

21 September, Visited Hutchinson Care Homes Group (Antrim and Randalstown)

22 September, Liaison meeting with DHSSPS and HSC Board (Social work & social care issues)

26 September, met with Michelle Gildernew; Sinn Fein Health spokesperson and Chair Assembly Health Committee and Dr Kathryn Bell, Committee Clerk

30 September, Age NI and Law Centre – Baroness Williams; Dilnot Commission)

October 2011

4 October, NICON event; Development seminar for HSC organisations (Harbour Commissioners offices)

6 October, First meeting of NI Enforcement Bodies Forum (Adelaide House, Belfast).

7 October, Visited Domestic Care Services Offices (Newtownards) and met with directors and staff

10 October, Liaison meeting with DHSSPS and HSC Board (Social work & social care issues)

12 October, Dissemination workshop – Pathways to Secure Accommodation Report

13 October, RQIA Board workshop

14 October, NIAMH (World Mental Health Day) event, Stormont Hotel.

14 October, Met with A. Bowser and H. Sneddon (Centre for Effective Services)

17 October, HIQA National Standards Advisory Group

18 October, Met L. King newly appointed Head of Beeches Management Centre.

19 October, Along with Dr D Stewart and Mrs E. Colgan presented evidence to Assembly Health Committee on Hydebank Wood and Ash House.

21 October, Met with Mr J. McCall, Chief Executive, Four Seasons Group
24 October, Met with J. Compton and P. McCready HSC Review Team
26 October, Attended launch of the GAIN Guidelines on the use of the Mental Health (NI) Order 1986.
26 October, Along with Director of Regulation and Director of Reviews met with representatives of Marie Stopes International.
28 October, Visited Kilwee Nursing Home (Brooklands) Dunmurry

November 2011 (to date)

2 November, RQIA Audit Committee
3 and 4 November, EPSO Conference (Belfast)

2.0 Operations Update

2.1 Review Activities

Progress in relation to governance, service and thematic reviews continues in line with the planned three year review programme.

The following reports have been published since the September Board meeting

- Unannounced Inspection of Healthcare facilities at Hydebank Wood and Ash House.

The following reports are being finalised for publication in line with the agreed publication protocol.

- Review of readiness for revalidation in primary care
- Review of sensory support services

The following set of draft review reports is being brought for consideration by the RQIA Board:

- Vulnerable Adults policy and procedures

The following reviews are currently in progress at planning, fieldwork or report writing stages

- Reporting Arrangements for Radiological Investigations (stage 2).
- Northern Ireland Single Assessment Tool (NISAT); baseline assessment
- Mixed gender accommodation
- Under 18's in adult wards
- Hospital at night and weekends to incorporate a focus on A&E
- Carers review
- Safeguarding arrangements in Mental Health and Learning Disability hospitals

- Risk Assessment in mental health services
- Implementation of the Regional Cardiovascular Disease Service Framework

2.2 Inspection Activities

Inspection activities across all registered agencies and establishments have been maintained in line with statutory requirements.

All 26 existing registered establishments within the Southern Cross portfolio in Northern Ireland transferred to new registered responsible persons with effect from 31 October 2011.

Since the September Board meeting the following enforcement action was taken in respect of the following registered agencies and establishments:

Service	Enforcement action/date	Issue	Current status
Greenvale Nursing Home Castlewellan	Notice of Failure to comply with Regulations 20 October 2011	Medicines Management	In Place
Croft Lodge Residential Care Home Ballymena	Notice of Failure to comply with Regulations 25 October 2011	Staffing Levels and Record Keeping	In Place
Rosemartha Private Nursing Home Ballymena	Notice of Failure to comply with Regulations 1 November 2011	Staffing Levels	In Place

Since the last board meeting the dental team has continued to work on the registration of private dental practices. The current status for dental practice registration is as follows:

As at 08/11/2011		
Status	Number	% total
Registered	60	15.4
Awaiting registration	233	59.9
Exempt	10	2.6
Address Unknown	4	1.0
Application not received	82	21.1
Total	389	100

3.0 Corporate Services Update

3.1 Human Resources

3.1.1 New appointments

No new external appointments have been made since the September Board Meeting.

3.1.2 Internal appointments

The following internal appointments have been made since the September Board meeting -

Clair McConnell, Band 5 User Consultation Officer
Lesley Kyle, Band 7 Senior Finance Officer

3.1.3 Advertised vacancies

The following posts have been advertised / re-advertised since the September Board meeting -

Band 3 Project Officer (Review directorate) temporary/secondment
Band 5 Directorate Assistant
Band 7 Finance Inspector

3.1.4 Leavers

There have been no leavers since the September Board meeting -

3.2 Communications

During the period since the last Board Meeting, there has been considerable media interest in the work of RQIA. This has included a range of issues including conduct in care homes; regulatory activity; and joint review activity with CJI.

There was also significant engagement with Northern Ireland Assembly members. This included meetings with Mark H Durkan, SDLP Health Spokesperson; Michelle Gildernew, Sinn Fein Health Spokesperson and Chair of NIA Health Committee (accompanied by the Health Committee Clerk, Dr Kathryn Bell). RQIA also presented evidence to the Health Committee on its reports into health care provision at Hydebank Wood Young Offenders' Centre and Ash House Women's Prison; and to the OFMNDFM Committee on proposal to update legislation to reform the Office of the Northern Ireland Ombudsman.

RQIA provided responses to assembly questions, including ten questions raised by Michelle McIlveen, MLA, in relation to the reporting of incidents in care homes.

Considerable preparation took place for the 12th European Partnership of Supervisory Organisations (EPSO) Conference, which was held in Belfast on 3-4 November. The conference was attended by 36 delegates from across Europe, and feedback on all aspects of the event was very positive.

The development of RQIA's website has also continued, with around 3,400 inspection reports available online. During September and October there were just under 25,000 unique visits to RQIA's website.

3.3 Planning & Performance Management

Public consultation on the draft Corporate Strategy commenced in September and is due to close on Friday 9 December 2011.

3.4 Information Management

Corporate Information Management System (CIMS)

The Corporate Information Management System (CIMS) Outline Business Case (OBC) has been submitted to the Programme Management Unit, DHSSPS. A response to initial feedback from PMU is currently being prepared.

ICT Business Case

The ICT Outline Business Case (OBC) has been approved by the Programme Management Unit, DHSSPS. Comments on the OBC have been received from DFP and a response is currently being prepared.

3.5 Financial Position

See Agenda Item 7 for information on the financial position as at the end of September 2011.

RQIA's Improvement and Efficiency Plan 2011-15 has been finalised. This Plan outlines how RQIA plans to achieve Comprehensive Spending Review (CSR) efficiencies in the period 2011-15.

4.0 Mental Health and Learning Disability POC

Since the September Board meeting, 20 patient experience reviews have been carried out on the Human Rights theme of Protection. Significant improvements have been noted by inspectors, which have been fed back to the HSC Trusts. To date, 76 inspections have been undertaken under the human rights theme of fairness.

Following inspections of a Mental Health and Learning Disability facility, two letters of escalation were required regarding management of patient finances, quality of the environment and child protection issues.

A launch of the GAIN Guidelines in respect of the Mental Health (Northern Ireland) Order 1986 was held on 26 October 2011. The Guidelines will be used to inform practice and a series of e-learning training programmes will be put in place by Trusts and RQIA to promote awareness of the Guidelines and to encourage application of same.

A number of external presentations have been delivered by the Director and the Mental Health and Learning Disability Team and various workshops and conferences in October as follows:

- a) The Releasing Time to Care Workshop held by HSC Board.
- b) The Monitoring of Serious Adverse Incidents by RQIA / Board and Trusts.
- c) Presentation to DHSSPS Workshop on the Tiered Model for the Commissioning and Delivery of CAMHS services.

Following a Directions Hearing in the High Court, RQIA was requested to review the Mental Health treatment of an individual in a trust. A review team was established to facilitate this request and a report will be provided to the Court by 28 November 2011.

5.0 Complaints

One new complaint has been received since the September Board meeting.

RQIA has now received a revised draft report of the NI Ombudsman's investigation of the 2008 complaint.

GLENN HOUSTON
Chief Executive

9 November 2011

RQIA Board Meeting

Date of Meeting	10 November 2011
Title of Paper	Finance Report
Agenda Item	7
Reference	C / 06 / 11
Author	Jonathan King
Presented by	Maurice Atkinson
Purpose	The purpose of this paper is to present RQIA's financial position as at 30 September 2011 and projected to year end.
Executive Summary	Forecast underspend of £245k
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to NOTE this update.
Next steps	Not applicable

FINANCE REPORT

Summary Financial Position

Revenue Position

As at the 30 September the forecast year end position was £245K underspend.

Capital Position

The Capital Resource Limit (CRL) allocation for 2010/11 is £33K. The current planned capital programme equals £25K.

Funding for 2011/12

RQIA's income Budget is made up as follows:

Table 1

	£
RRL	6,242,664
Fee Income (Excl Dental)	810,000
Fee Income (Dental)	382,000
Salary Recharges	43,511
Total Income Budget 2010/11	7,478,175

Revenue Resource Limit (RRL)

The initial RRL notified to RQIA on 1 April 2011 equalled £6,202K. This incorporated a 5% recurring saving (£319K) on the 2010/11 closing recurring allocation. Recurring uplifts of £146K were provided in relation to inescapable pay pressures (Incremental progression and National Insurance increase) and inescapable non pay pressures (Vat Increase and General inflation).

A non-recurring adjustment of £40K was subsequently received to fund a Clinical Excellence Award.

RQIA's RRL for 2011/12 therefore stands at £6,242,664.

Other Income

Annual Registration Fees for 2011/12 were calculated as £756K and billed for in June. Southern Cross Healthcare establishments accounted for £60K of this total. Southern Cross ceased to manage 26 establishments on the 31 October and RQIA raised a credit note for £25K. This reduction in Fee income was almost entirely offset by the registration fees paid by the organisations that took over the running of Southern Crosses establishments meaning the net effect on RQIA's income was negligible.

£5,057 (0.67%) of the current year annual fees remains outstanding. Second reminders have been issued and each debtor has been contacted by phone. We have verbal promises to pay in relation to £4658. The balance relates to two beauty clinics where debt collection remains problematic.

Outstanding Annual Fee Debtors from the previous financial year stands at £246.

Variation and Registration Fees (Excluding Dental) were budgeted at £49K for 2011/12, which is in line with prior year levels. Year to date we are significantly ahead of target due to the re-registration of Southern Cross Healthcare's establishments by other providers. In addition to this we are £6K over recovered as at 30th September. Receipt of these fees demonstrates no discernable pattern on which to base an accurate projection. A straight line projection based on current activity predicts an outturn of £87K representing a potential over recovery of £38K on Registration and variation fees.

Dental Registration fees were estimated at £382K for the full year. At September we had received £283,309. While calculating September's forecast position we anticipated full recovery. This assumption will be kept under review.

Salary Recharges

Currently we have 1 staff member on secondment with the BHSCCT.

Revenue Financial Position

The obligation to contain any surplus or deficit to within 0.25% of RRL remains (£15.5K).

The forecast position currently shows a £245K underspend which is dependent on a number of planning assumptions and contingencies in relation to income and expenditure items.

The majority of this underspend (£217K) emanates from the Salaries and Wages position generated by tight vacancy control. £13K relates to Goods and Services and £13K relates to the net over recovery in income.

Capital Financial Position

The capital programme for 2011/12 includes two schemes.

The first is the completion of the Disaster Recovery solution. All the Hardware and Software in relation to this scheme has been purchased (£11K). The link to the HSC intranet has now been established enabling Steria to complete the remaining installation work. This will occur in Q4.

The second scheme involves the installation of a second contingency link to the HSC intranet. A business case for this has been approved and the order placed. This work will be completed in Q4.

It is anticipated that the CRL of £33K is sufficient to cover our IT capital programme in 2011/12.

Prompt Payment Compliance

The prompt payment target requires the payment of 95% of invoices within 30 days of receipt or other agreed terms.

In September 97.4% of invoices received met the prompt payment target.

Cumulatively 95.4% of invoices received met the prompt payment target. From April to September BSO processed 454 invoices on our behalf.

MAURICE ATKINSON
Director of Corporate Services

RQIA Board Meeting

Date of Meeting	10 November 2011
Title of Paper	Corporate Performance Report
Agenda Item	8
Reference	D / 06 / 11
Author	Executive Team
Presented by	Maurice Atkinson
Purpose	<p>The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan linked to its strategic objectives and priorities as described in the Corporate Strategy 2009-2012.</p> <p>The report will present a cumulative picture of corporate performance and summarise key achievements and issues across the financial year.</p>
Executive Summary	At the end of the second quarter, 12% of the actions within the Business Plan were rated blue, 81% were rated green, 1% were rated amber and 6% of the actions were rated red.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to NOTE the Corporate Performance Report.
Next steps	The report for the third quarter of 2011/12 will be presented to the Board on 9 February 2012.



CORPORATE PERFORMANCE REPORT 2011/12

PERIOD ENDING SEPT 2011

Final Version – Board 10 November 2011

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1. Introduction

Purpose

The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan linked to its strategic objectives and priorities as described in the Corporate Strategy 2009-2012.

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

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

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



The Traffic Light rating operates as follows:

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

● = action completed.

Exception Reporting

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

Key Performance Indicators (KPIs)

Information on Supporting Key Performance Indicators (KPIs) is provided in the report. A KPI "answers" a Key Performance Question (KPQ) and helps us understand how well we are performing in relation to our strategic objectives. In the broadest sense, a KPI provides the most important performance information that enables us and our stakeholders to understand whether RQIA is on track or not. KPIs are a tool to enable us to learn, assist decision-making and improve future performance. RQIA's Strategic Map which outlines all of RQIA's vision and strategic objectives is available on page 44.

Summary of Progress to Date





The report also includes a high level summary of progress made to date and an analysis of the BRAG ratings for actions at the end of the reporting period.

Frequency of Reporting

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

2. Summary of Traffic Light Rating System (Period Ending 30 Sept 2011)

The table below shows a summary of the Traffic Light rating assigned to 69 Actions within the Business Plan for the period ending 30 Sept 2011.

Traffic light		Period Ending June 2011	Period Ending Sept 2011	Period Ending Dec 2011	Period Ending March 2012
Red		0	4 (6%)		
Amber		4 (6%)	1 (1%)		
Green		60 (87%)	56 (81%)		
Blue		5 (7%)	8 (12%)		

At the end of the second quarter of 2011/12, 93% of the actions within the Business Plan were reported as Green/Blue.

3. Headline Achievements (Period Ending 30 Sept 2011)

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

- During Q1 and Q2 RQIA completed 1331 inspections of regulated establishments and agencies. This constitutes 82% of the total required minimum inspections for the year and is reflective of the impact of RQIA's inspection planning approach, ensuring that inspection activity is directed at those services most in need of regulatory intervention. The figure also reflects the significant pre-registration inspection

activity in private dental practices. Reports of each of these inspections were published on RQIA's web-site with associated quality improvement plans and also in line with reporting timescales.

- By the end of Q2 RQIA issued 5 enforcement notices, 4 notices of failure to comply with regulations and 1 improvement notice. In July, RQIA placed conditions of registration on Origins Fertility Clinic, Belfast. In this instance conditions applied relate to the way in which the clinic report on and manage serious adverse incidents. In the four other enforcement actions all notices were lifted in line with services being reviewed as being compliant with identified regulations and standards.
- During Q1 11 hygiene inspections of 5 trusts were completed with associated quality improvement plans and during Q2 a further 9 hygiene inspections of hospitals were completed. In addition during Q2 5 hygiene inspections of Nursing Homes and 5 hygiene inspections of Children Homes were also completed.
- During Q2 RQIA participated in joint inspections of prisons with the Criminal Justice Inspection (CJI), including a follow-up of a previous report relating to vulnerable prisoners.
- 23 Mental health inspections were completed using the human rights theme of fairness by the end of Q2. As a result of these inspections quality improvement plans have been returned to RQIA detailing the Trusts' responses to RQIA's recommendations.
- In Q1 2 IR(ME)R inspections were completed in line with the planned IR(ME)R inspection programme. In Q2 a further 3 IR(ME)R inspections were carried out.

- From the 1 April 2011, RQIA commenced the process of registration of private dental practice in Northern Ireland. Application and guidance packs were sent to 396 practices with a view to them achieving registration by March 2012.
- By the end of Q2 301 applications had been received with 10 notifications of exemption from registration. Following a series of pre-registration inspections 38 practices were registered and RQIA continue to remind those practices who have not made application of their legal requirement to do so.

2.2 CA2: Informing the Population: We publicly report on the safety, quality and availability of health and social care

- During Q1 the findings of the Regional Complaints Monitoring Survey was placed on RQIA's website. The report was also shared with relevant HSC Organisations and stakeholders.
- During Q1 and Q2 RQIA continued to meet with Mental Health and Learning Advocates and as a result of recent Public Participation Events and also met with the Mental Health Users Forum.
- Regulated sector inspection reports were disseminated in line with RQIA's reporting targets. This included placing all open inspection reports onto the RQIA website within 35 working days.
- During Q1 and Q2 the following review reports were published:

- Report of the Inspection of the Care Pathways of a Select Group of Young People who met the Criteria for Secure Accommodation in NI.
- First phase of the Independent Review of Reporting Arrangements for Radiological Investigations.
- Overview report of the RQIA Review of Child Protection Arrangements in NI.

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

- RQIA continued to monitor all prescribed forms under Mental Health Order (MHO). The total number of forms examined by the end of Q2 was 4566. The error rate for period ending Q2 was 2.43%.
- By the end of Q2 RQIA monitored the reporting of 86 serious adverse incidents (SAIs) in relation to MHLD and sought clarification from Trusts regarding any areas of concern.
- During Q1 the process of scrutiny of Guardianship Orders of People living in Regulated Sector Services, Day Care, Residential, Nursing Care and Supported Living Settings commenced and during Q2 an analysis of the content and information was initiated.
- In Q1 RQIA was extensively involved in the monitoring and oversight of 2 Declaratory Orders issued by the High Court and the work on one of the Declaratory Orders was completed during Q2.
- As part of its oversight role in Prison Health and Social Care RQIA completed a joint inspection of Hydebank Wood Young Offenders Centre and Ash House Women's Prison

with CJI and Her Majesty's Inspectorate of Prisons (HMIP). The report of the inspections is due for publication during Q3.

2.4 CA4: Influencing Policy: We influence policy and standards in health and social care

- During Q2 the MHL D Director and HOP met with the author of the proposed new Mental Health Welfare and Capacity Bill to provide an update of the work completed to-date and also to influence the content of the policy. In particular RQIA's role in the monitoring and safeguarding was discussed.
- In Q2 RQIA finalised an approach for the oversight of jointly commissioned schemes for children and young people in leaving and after schemes with the HSC Board and DHSSPS. This approach was developed in response to prior inspection and policy work carried out by RQIA in 2010.
- During Q2 the suggestions for review topics were considered and a proposed list of reviews for completion during 2012-15 was issued for formal consultation.
- By the end of Q2 the following review of HSC organisations was completed with associated recommendations aimed at improving services:
 - Report of the Inspection of the Care Pathways of a Select Group of Young People who met the Criteria for Secure Accommodation in NI.
 - The report included four recommendations. One in respect of the DHSSPS and HSC Board and three in respect of the HSC Trusts.

- By the end of Q2 RQIA has responded to the following consultations, reviews and calls for engagement:
 - DHSSPS (NI) 10 Year Quality Strategy.
 - DHSSPS (NI) Physical and Sensory Disability Strategy.
 - DHSSPS (NI) HSC Framework document.
 - Consultation on Proposed Tools for Risk Assessment and Management in Dementia Services.
 - Review of the Code of Practice on Protecting the Confidentiality of Service User Information.

2.5 Value Drivers (D1 - D9)

- On 1st September 2011 RQIA's new organisational structure was implemented based on the following Department / Directorates:
 - Office of the Chief Executive
 - Directorate of Corporate Services
 - Directorate of Reviews
 - Directorate of Regulation
 - Directorate of Mental Health and Learning Disability.
- The Annual Report & Accounts for the year ended 31 March 2011 were approved by the Board in July 2011.
- During Q2 a baseline staffing budget was established for each of the Directorates aligned to the new Directorate structure.
- RQIA's indicative financial allocation for 2011/12 was confirmed on 1st April 2011, and included an indicative allocation for 2012-15. A range of actions have been implemented to narrow the recurring funding gap and a series of financial controls on expenditure remained in place

to facilitate the achievement of our efficiency targets and on-going ability to breakeven.

- An initial awareness session was held with 115 members of RQIA staff to provide guidance about the EFQM Excellence Model, Strategic Quality Improvement Map and the proposed EFQM Action Plan which was approved by the EFQM Steering Group on 22 June 2011.
- Following a series of pre-consultation events in May and June 2011, RQIA produced a draft Corporate Strategy 2012-15. A 12 week period of public consultation on the draft strategy is due to end on 9 December 2011.
- RQIA agreed its 3 Year Internal Audit Plan 2011/14 with BSO and this was approved by RQIA's Audit Committee on 26 May.
- RQIA self-assessed its compliance with the following Controls Assurance Standards for 2010/11: Governance, Risk Management, Financial Management, Health & Safety, ICT, Human Resources, and Records Management. During Q1 Internal Audit confirmed compliance with the 7 CAS as substantive.
- A draft Efficiency and Improvement Plan 2011-15 was submitted to DHSSPS on 30 Sept 2011 and will be considered by the Board at a workshop in October and the Board meeting in November.
- An Information and ICT Strategy was developed and approved by the Board in September 2011.
- ICT Security Policies and associated procedures were approved and launched at the monthly staff meeting in July



2011. Staff awareness of the policies was raised through a series of sessions at team meetings throughout Q2.


- An annual progress report on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 was prepared and submitted to the Equality Commission for NI.
- RQIA's new Equality Scheme was approved by the Equality Commission for NI.




4. PERFORMANCE & EXCEPTION REPORT

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



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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>																														
CA1.1.1	Agree and implement a suite of registration policies and procedures and confirm a range of meaningful registration targets. (September 2011)		At the end of September 2011, work had continued to progress in the development of a range of registration policies and procedures. It is anticipated that this work will be completed by the end of January 2012.																															
CA1.1.2	Implement the project for the registration of private dental treatment and care. (March 2012)			<p>Target of 100% (390 estimated) of registrations achieved in dental practices providing private dental treatment (Q)</p> <table border="1"> <thead> <tr> <th>Registration Status</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Awaiting Application</td> <td>124</td> <td>89</td> <td></td> <td></td> </tr> <tr> <td>Applications Received</td> <td>266</td> <td>301</td> <td></td> <td></td> </tr> <tr> <td>Notification of exemption received</td> <td>9</td> <td>10</td> <td></td> <td></td> </tr> <tr> <td>Registration Approved</td> <td>3</td> <td>38</td> <td></td> <td></td> </tr> <tr> <td>Registration Approved %</td> <td>1%</td> <td>10%</td> <td></td> <td></td> </tr> </tbody> </table>	Registration Status	Q1	Q2	Q3	Q4	Awaiting Application	124	89			Applications Received	266	301			Notification of exemption received	9	10			Registration Approved	3	38			Registration Approved %	1%	10%		
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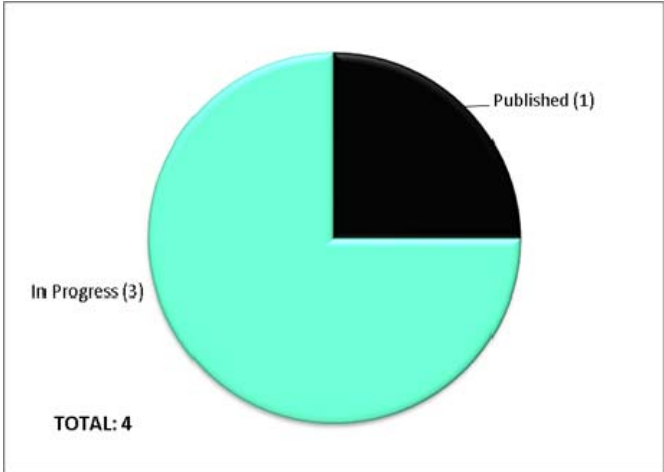
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CA1.1.3	Complete a programme of regulated sector inspections set out in the fees and frequency of inspection regulations 2005/2007 across all establishments and agencies against agreed inspection themes for 2011/12. (Anticipated minimum inspection Volumes 1630). (March 2012)			<p>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</p> <p>100% (1630) of inspections completed by year end (Q)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Boarding School</td> <td>7</td> <td>7</td> <td></td> <td></td> </tr> <tr> <td>Children's</td> <td>26</td> <td>51</td> <td></td> <td></td> </tr> <tr> <td>Day Care Setting</td> <td>65</td> <td>99</td> <td></td> <td></td> </tr> <tr> <td>Domiciliary Care Agency</td> <td>91</td> <td>173</td> <td></td> <td></td> </tr> <tr> <td>Independent Clinic</td> <td>8</td> <td>16</td> <td></td> <td></td> </tr> <tr> <td>Independent Hospital</td> <td>1</td> <td>6</td> <td></td> <td></td> </tr> <tr> <td>Independent Hospital Dental Treatment</td> <td>13</td> <td>102</td> <td></td> <td></td> </tr> <tr> <td>Nursing</td> <td>124</td> <td>257</td> <td></td> <td></td> </tr> <tr> <td>Nursing Agency</td> <td>6</td> <td>12</td> <td></td> <td></td> </tr> <tr> <td>Residential</td> <td>83</td> <td>192</td> <td></td> <td></td> </tr> <tr> <td>Residential Family Centre</td> <td>1</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Estates</td> <td>116</td> <td>210</td> <td></td> <td></td> </tr> <tr> <td>Finance</td> <td>10</td> <td>17</td> <td></td> <td></td> </tr> <tr> <td>Pharmacy</td> <td>109</td> <td>188</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>660</td> <td>1331</td> <td></td> <td></td> </tr> <tr> <td>Year End Percentage</td> <td>40%</td> <td>82%</td> <td></td> <td></td> </tr> </tbody> </table>	Category	Q1	Q2	Q3	Q4	Boarding School	7	7			Children's	26	51			Day Care Setting	65	99			Domiciliary Care Agency	91	173			Independent Clinic	8	16			Independent Hospital	1	6			Independent Hospital Dental Treatment	13	102			Nursing	124	257			Nursing Agency	6	12			Residential	83	192			Residential Family Centre	1	1			Estates	116	210			Finance	10	17			Pharmacy	109	188			Total	660	1331			Year End Percentage	40%	82%		
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CA1.1.5	Implement the recommendations of the NIAO and Public Accounts Committee (PAC) reports 'Arrangements for Ensuring the Quality of Care in Homes for Older People'. (March 2012)			100% of recommendations implemented from NIAO and PAC reports (A)																																																																																
CA1.1.6	Commence a pilot initiative to improve RQIA's ability to seek and assimilate the views of service users in regulated services (November 2011)		The post of service engagement facilitator was appointed in September 2011 with a view to commencing in the post during Q3. During Q3 and Q4 RQIA will initiate																																																																																	






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			a further programme to assimilate the views of service users in the nursing home sector in conjunction with Age NI.																																									
CA1.1.7	Complete the programme of thematic reviews agreed by the RQIA Board on 14 January 2010. (March 2012)	●		<p>Number of reviews completed as set out in the 3 year plan of programmed reviews (Q)</p> <p>The Review Programme is on schedule with the status of reviews as follows:</p> <table border="1"> <thead> <tr> <th>REVIEW STATUS</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Published</td> <td>10</td> <td>12</td> <td></td> <td></td> </tr> <tr> <td>In Progress</td> <td>9</td> <td>12</td> <td></td> <td></td> </tr> <tr> <td>To commence</td> <td>3</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Other RQIA Programme</td> <td>2</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>Next Review Programme</td> <td>3</td> <td>3</td> <td></td> <td></td> </tr> <tr> <td>Newly Commissioned</td> <td>3</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>30</td> <td>30</td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">Status Q2</p> <p>Total: 30</p>	REVIEW STATUS	Q1	Q2	Q3	Q4	Published	10	12			In Progress	9	12			To commence	3	1			Other RQIA Programme	2	2			Next Review Programme	3	3			Newly Commissioned	3	0			TOTAL	30	30		
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				<p>Three additional reviews have been commissioned by Q1 , namely:</p> <ul style="list-style-type: none"> • McDermott Brothers Review • Radiology Review (Phase I and II) • Safeguarding Review <p>No additional reviews have been commissioned in Q2.</p>																												
CA1.1.8	Undertake a public consultation and develop a programme of thematic reviews for the period 2012-15. (March 2012)																															
CA1.1.9	Complete a programme of announced and unannounced hygiene inspections in statutory Health and Social Care (HSC) facilities. (March 2012)			<p><i>Complete 100% of announced and unannounced hygiene inspections as set out in the planned programme (Q)</i></p> <table border="1"> <tr><td>Q1</td><td>100%</td></tr> <tr><td>Q2</td><td>100%</td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> </table> <p><i>% of fully compliant scores recorded by hygiene inspection team (by trust) (Baseline to be taken from first round of inspections)(Q)</i></p> <table border="1"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Compliant</td> <td>61.6%</td> <td>73.6%</td> <td></td> <td></td> </tr> <tr> <td>Partially Compliant</td> <td>24.8%</td> <td>18.6%</td> <td></td> <td></td> </tr> <tr> <td>Non-compliant</td> <td>14.2%</td> <td>7.8%</td> <td></td> <td></td> </tr> </tbody> </table>	Q1	100%	Q2	100%	Q3		Q4			Q1	Q2	Q3	Q4	Compliant	61.6%	73.6%			Partially Compliant	24.8%	18.6%			Non-compliant	14.2%	7.8%		
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Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs																																								
CA1.1.10	Complete an agreed programme of Ionising Radiation (Medical Exposure) Regulations IR(ME)R inspections in partnership with the Health Protection Agency in both statutory and non-statutory facilities. (March 2012)	●		<p>Q = KPI to be reported on quarterly basis S = KPI to be reported on six monthly basis A = KPI to be reported annually</p> <p>Complete 100% (8) IR(ME)R inspections in line with the planned programme (Q)</p> <table border="1"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Inspections Completed</td> <td>2</td> <td>5</td> <td></td> <td></td> </tr> <tr> <td>Percentage Completed</td> <td>25%</td> <td>62%</td> <td></td> <td></td> </tr> </tbody> </table>		Q1	Q2	Q3	Q4	Inspections Completed	2	5			Percentage Completed	25%	62%																											
	Q1	Q2	Q3	Q4																																								
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Percentage Completed	25%	62%																																										
CA1.1.11	Complete the agreed programme of reviews, aimed at meeting the combined requirements of the Mental Health Order and the HPSS Quality Improvement and Regulation 2003 Order. (March 2012)	●		<p>Number of completed MHLD reviews carried out in line with the 3 year plan of programmed reviews (Q)</p> <p>The Review Programme is on schedule with the status of Mental Health and Learning Disability reviews as follows:</p> <table border="1"> <thead> <tr> <th>MHLD REVIEW STATUS</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Published</td> <td>1</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>In Progress</td> <td>2</td> <td>3</td> <td></td> <td></td> </tr> <tr> <td>To commence</td> <td>0</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Other RQIA Programme</td> <td>0</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Next Review Programme</td> <td>0</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Newly Commissioned</td> <td>1</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>4</td> <td>4</td> <td></td> <td></td> </tr> </tbody> </table>	MHLD REVIEW STATUS	Q1	Q2	Q3	Q4	Published	1	1			In Progress	2	3			To commence	0	0			Other RQIA Programme	0	0			Next Review Programme	0	0			Newly Commissioned	1	0			TOTAL	4	4		
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Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
				<p>Status Q2</p>  <p>A pie chart titled 'Status Q2' showing the distribution of KPI reviews. The chart is divided into two segments: a large cyan segment representing 'In Progress (3)' and a smaller black segment representing 'Published (1)'. The total number of reviews is indicated as 'TOTAL: 4'.</p> <p>One additional review was commissioned by Q1, namely:</p> <ul style="list-style-type: none"> • Safeguarding Review <p>No additional MHLD reviews have been commissioned in Q2.</p>

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs																				
CA1.2.1	Maintain and Improve the arrangements for the statutory reporting of incidents to RQIA from regulated sector services. (March 2012)			<p>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</p> <p>70% of all incidents to be acknowledged and risk rated within 7 days (Q)</p> <table border="1"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Incidents received</td> <td>2488</td> <td>5428</td> <td></td> <td></td> </tr> <tr> <td>Risks rated in time</td> <td>1498</td> <td>3416</td> <td></td> <td></td> </tr> <tr> <td>% Risks rated in time</td> <td>60%</td> <td>63%</td> <td></td> <td></td> </tr> </tbody> </table>		Q1	Q2	Q3	Q4	Incidents received	2488	5428			Risks rated in time	1498	3416			% Risks rated in time	60%	63%		
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CA1.2.2	Expand and embed the Inspection Planning Approach (IPA) as outlined in RQIA's Inspection Improvement Programme. (March 2012)			Introduce full IPA in independent healthcare and children's services (A)																				
CA1.2.3	Provide overview report(s) of the overall performance of regulated agencies and establishments for 2010/11 inspection year. (July 2011)		The report is currently in production and will be presented to the Board during Q3.	<p>Complete 100% of overview report(s) of the overall performance of regulated agencies and establishments for 2010/11 inspection year (A)</p> <p>Completion of a range of information sessions on inspection outcomes for the year 2010/11 (A)</p>																				
CA1.2.4	Develop key skills for all inspectors involved in the inspection of regulated sector services. (March 2012)			Target of 80% of inspection staff to complete key skills training in inspection of regulated sector services (A)																				
CA1.2.5	Develop and embed a range of systems and methodological improvements to enhance the delivery of the RQIA Thematic Review Programme.			<p>% of post project evaluations completed within 3 months of the publication of each service review (Q)</p> <p>The introduction of Post Project Evaluations commenced in Q2 2010/2011 and of the 8 End of Project Reports which</p>																				




Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
	(March 2012)			have been produced, 6 were completed within 3 months' of the publication of each review, ie: 75%.
CA1.2.6	Develop and review the inspection methodology for all services subject to IR(ME)R. (March 2012)			<i>Report on the application of RQIA inspection principles introduced into inspection methodology (A)</i>

CA1.3 - Evidenced that the results of our programme of inspections and reviews is having a demonstrable impact on service improvement

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <small>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</small>
CA1.3.1	Report on the outcomes of regulated sector inspections on a six monthly and annual basis. (March 2012)	●		A target of 10% of services assessed as requiring high or medium intensity inspection will require a less intense inspection regime by year end (S) Of those services that were assessed as at 30 March 2011 as requiring high or medium intensity inspection by Q2 19% have improved.
CA1.3.2	Report on the outcomes of statutory sector reviews on a quarterly and annual basis. (March 2012)	●		Report on the impact of review activity on the improvements in the quality, safety and availability of health and social care services (A) 100% of quarterly reports completed within agreed timescales (A)
CA1.3.3	Report on the outcomes of hygiene and infection control inspections in statutory health and social care facilities on a quarterly and annual basis. (March 2012)	●		Completion of an annual overview report of the outcomes of the hygiene and infection inspections (A)
CA1.3.4	Report on the outcomes of IR(ME)R inspections on a quarterly and annual basis. (March 2012)	●		100% (8) outcomes of IR(ME)R inspection reports competed annually (Q) Q2 0% Outcomes reported orally at 2 Feedback Sessions on the day of inspection. Written reports due Q3.

CA2 - Informing the Population We publicly report on the safety, quality and availability of health and social care

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


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>								
CA2.1.1	Maintain a web-based version of the register of regulated establishments and agencies. (On-going)			<p>100% target to have the most recent final inspection reports made available through RQIA's web based register 35 days following issue of draft report (Q)</p> <table border="1"> <tr> <td>Q1</td> <td>100% All completed reports online</td> </tr> <tr> <td>Q2</td> <td>100% All completed reports online</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </table>	Q1	100% All completed reports online	Q2	100% All completed reports online	Q3		Q4	
Q1	100% All completed reports online											
Q2	100% All completed reports online											
Q3												
Q4												
CA2.1.2	Provide access on-line to relevant information for those intending to make application for registration as a registered responsible person and or registered manager. (September 2011)		Application forms and supporting documentation will be available on-line by the end of October 2011.	Evidence that the relevant policies and application forms are accessible on line (A)								
CA2.1.3	Produce summary reports to accompany each inspection report and make available online. (December 2011 / On-going)			<p>Target of 100% of new inspection reports to be completed with an accompanying summary report (S)</p> <p>Have commenced producing summary reports and will report progress from Q3.</p>								

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




Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>
CA2.2.1	Prepare and publish an overall assessment of health and social care in NI, based on the findings of the regulatory and review activity carried out by RQIA during the period 2009-12. (June 2012)			


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

CA3.1 - Developed and implemented a human rights based approach to the work of RQIA

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>								
CA3.1.1	Continue to apply the rights based framework, using human rights indicators, across the review and inspection functions of RQIA. (March 2012)			<p>Complete 100% inspections of MHLD facilities in line with the MHO and against the human rights inspection theme of protection completed (Q)</p> <p>Protection Theme Commences Q3</p> <table border="1"> <tr> <td>Q1</td> <td>Completed 15 Planned Inspections 100% (Fairness)</td> </tr> <tr> <td>Q2</td> <td>Completed 23 Planned Inspections 100% (Fairness)</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </table> <p>Evaluation of the implementation of the human rights approach initially in the following areas (A)</p> <p>(a) 1) MHLD 2) Children's services 3) Prison HSC 4) Agencies</p> <p>(b) Review activities</p>	Q1	Completed 15 Planned Inspections 100% (Fairness)	Q2	Completed 23 Planned Inspections 100% (Fairness)	Q3		Q4	
Q1	Completed 15 Planned Inspections 100% (Fairness)											
Q2	Completed 23 Planned Inspections 100% (Fairness)											
Q3												
Q4												

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>															
CA3.2.1	Complete a programme of planned inspections of establishments providing care and treatment to individuals with mental ill health and or learning disability. (March 2012)																		
CA3.2.2	Complete a programme of patient experience reviews of those people subject to detention under the Mental Health (NI) Order 1986. (Minimum volume of patients to be seen 200). (March 2012)			<p>100% (200) of planned patient experience reviews in facilities providing care and treatment to individuals with mental ill health and or learning disability completed by year end (Q)</p> <table border="1"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Completed</td> <td>69</td> <td>169</td> <td></td> <td></td> </tr> <tr> <td>Percentage</td> <td>35%</td> <td>84%</td> <td></td> <td></td> </tr> </tbody> </table>		Q1	Q2	Q3	Q4	Completed	69	169			Percentage	35%	84%		
	Q1	Q2	Q3	Q4															
Completed	69	169																	
Percentage	35%	84%																	
CA3.2.3	Complete an assessment of Guardianship under the Mental Health (NI) Order 1986 as part of regulated inspections (Assessment Volume 80 service users) and complete an analysis of the findings of those assessments. (March 2012)			<p>Complete 80 guardianship pro-formas as part of the inspection process for analysis by the MHL D team (Q) Currently 74 guardianship applications (figure may fluctuate during the year)</p> <p>Q1 - 74 Q2 - 74</p> <p>Analyse and follow-up as required of 100% (80) self-assessment and inspection returns in respect of guardianship (Q)</p> <p>Currently 74 guardianship applications (figure may fluctuate during the year)</p>															



Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs										
				Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually Q1 – 100% Q2 – 100%										
CA3.2.4	Continue to monitor all applications for detention and guardianship of patients and service users, in line with the provisions of the Mental Health (NI) Order 1986. (March 2012)			Monitor 100% of patient detention forms for evidence of reduction of error rate on prescribed forms to < 3.5% (Q) <table border="1"> <thead> <tr> <th></th> <th>Error rate</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>2.13%</td> </tr> <tr> <td>Q2</td> <td>2.43%</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table> 100% of all detected errors notified to HSC trusts within 72 hours (Q) Q1 – 100% Q2 – 100%		Error rate	Q1	2.13%	Q2	2.43%	Q3		Q4	
	Error rate													
Q1	2.13%													
Q2	2.43%													
Q3														
Q4														
				KPI(s) linked to the Strategic Objective 100% (5) returns of trust information relating to the protection of patient finance (article 116)(A)										

CA3. 3 - Fulfilled RQIA's obligations as a National Preventative Mechanism (NPM) under the Optional Protocol to the Convention Against Torture (OPCAT)

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
CA3.3.1	Report on the full range of activities completed by RQIA as a National Preventive Mechanism in monitoring loss of liberty in places of detention, in keeping with the expectations of the UK Central Coordinating Body. (June 2012)			Number of inspections completed in places of detention (A) Number of patients RQIA engaged with in places of detention (A)


CA4 - Influencing Policy: We influence policy and standards in health and social care

CA4.1 - Contributed to the development and improvement of regional policies and standards

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>										
CA4.1.1	Complete an annual summary of the impact of the 2010/11 RQIA programme of work on influencing regional policies, standards and guidelines. (June 2011)			<i>Documented evidence of RQIA's contribution to policy, standards and guidance on health and social care locally and nationally (A)</i> Annual documented evidence is provided in the introductory section of RQIA's Annual Report and Accounts which has been produced for 2010/11.										
CA4.1.2	Make representation as necessary to DHSSPS in respect of any matters of policy or standards requiring consideration and or revision. (March 2012)			<i>Creation of a quarterly list of issues and anomalies on regulations and standards – forwarded to DHSSPS for consideration (Q)</i> <table border="1" data-bbox="1355 817 1868 963"> <thead> <tr> <th></th> <th><i>Number of issues and anomalies</i></th> </tr> </thead> <tbody> <tr> <td><i>Q1</i></td> <td>1</td> </tr> <tr> <td><i>Q2</i></td> <td>1</td> </tr> <tr> <td><i>Q3</i></td> <td></td> </tr> <tr> <td><i>Q4</i></td> <td></td> </tr> </tbody> </table>		<i>Number of issues and anomalies</i>	<i>Q1</i>	1	<i>Q2</i>	1	<i>Q3</i>		<i>Q4</i>	
	<i>Number of issues and anomalies</i>													
<i>Q1</i>	1													
<i>Q2</i>	1													
<i>Q3</i>														
<i>Q4</i>														

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
D1.1.1	Continue to implement and review/update RQIA's Public Participation Strategy and associated action plan. (March 2012)			<p>95% of actions successfully implemented within timescale from the Public Participation Strategy (S)</p> <p>By the end of Q2 100% of actions have been successfully implemented within the agreed timescale.</p> <p>The number of instances of positive and negative feedback received from service users / stakeholders at RQIA events (S)</p> <p>95% of attendees who completed feedback forms at the series of four pre-consultation events scored the engagement as '5' (very good) or '4' (good).</p>
D1.1.2	Implement RQIA's Communications Strategy (2011). (March 2012)			<p>Target of 95% of actions successfully implemented within timescale from the Communications Strategy (S)</p> <p>Q2 - 95% of actions are on target.</p>





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


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
D1.2.1	Maintain and further develop effective working relationships with DHSSPS, other HSC Bodies and independent providers of Health and Social Care Services. (On-going)	●		Complete a range of liaison meetings with HSC trusts and other stakeholders (A) Complete an annual programme of regulation review and preparation road shows (A)
D1.2.2	Maintain effective working relationships with professional regulatory bodies. (On-going)	●		Number of memorandums of understandings (MOUs) reviewed and revised with agreed joint action plans (A)
D1.2.3	Maintain effective partnerships with other systems regulators and inspectorates. (On-going)	●		

D2 - We maintain a robust governance framework

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


Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>																																								
D2.1.1	Ensure the continued attainment of "substantive" compliance with Controls Assurance Standards (CAS). (April 2011)	●		<p>Achieve minimum of 70% compliance with controls assurance standards (A)</p> <table border="1"> <thead> <tr> <th colspan="2">Self-assessment Scores 2010/11 (Externally Verified)</th> </tr> </thead> <tbody> <tr> <td>Governance</td> <td>87%</td> </tr> <tr> <td>Financial Management</td> <td>84%</td> </tr> <tr> <td>Risk Management</td> <td>90%</td> </tr> <tr> <td>Records Management</td> <td>81%</td> </tr> <tr> <td>ICT</td> <td>74%</td> </tr> <tr> <td>Health and Safety</td> <td>81%</td> </tr> <tr> <td>Human Resources</td> <td>84%</td> </tr> </tbody> </table> <p>The bar chart below shows the variances of the CAS scores from 2010 to 2011:</p> <table border="1"> <caption>CAS Scores</caption> <thead> <tr> <th>Category</th> <th>2010 Scores</th> <th>2011 Scores</th> </tr> </thead> <tbody> <tr> <td>Human Resources</td> <td>-</td> <td>84%</td> </tr> <tr> <td>Health and Safety</td> <td>-</td> <td>81%</td> </tr> <tr> <td>ICT</td> <td>-</td> <td>74%</td> </tr> <tr> <td>Records Management</td> <td>72%</td> <td>81%</td> </tr> <tr> <td>Risk Management</td> <td>78%</td> <td>90%</td> </tr> <tr> <td>Financial Management</td> <td>83%</td> <td>84%</td> </tr> <tr> <td>Governance</td> <td>83%</td> <td>87%</td> </tr> </tbody> </table>	Self-assessment Scores 2010/11 (Externally Verified)		Governance	87%	Financial Management	84%	Risk Management	90%	Records Management	81%	ICT	74%	Health and Safety	81%	Human Resources	84%	Category	2010 Scores	2011 Scores	Human Resources	-	84%	Health and Safety	-	81%	ICT	-	74%	Records Management	72%	81%	Risk Management	78%	90%	Financial Management	83%	84%	Governance	83%	87%
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D2.1.2	Maintain Corporate and Directorate Risk Registers and annually review the Risk Management Strategy. (March 2012)			100% of new staff trained in risk management and governance (S) Q2 - 100%																				
D2.1.3	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. (September 2011)			Implement 100% of actions within agreed timescales from Audit of Inequalities Action Plan (A)																				
D2.1.4	Submit new Equality Scheme to the Equality Commission. (June 2011)																							
D2.1.5	Establish and maintain a central register of all complaints and actions taken to implement recommendations. (May 2011 / On-going)			<p>Number of complaints received about RQIA and addressed within the provision of the RQIA Complaints Policy and Procedure (Q)</p> <table border="1"> <thead> <tr> <th></th> <th>Number of Complaints Received</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>0</td> </tr> <tr> <td>Q2</td> <td>1</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table> <p>Report on lessons learned in relation to complaints against RQIA and action taken to disseminate this to staff (Q)</p> <table border="1"> <thead> <tr> <th></th> <th>Number of Lessons Learned</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>0</td> </tr> <tr> <td>Q2</td> <td>1</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table>		Number of Complaints Received	Q1	0	Q2	1	Q3		Q4			Number of Lessons Learned	Q1	0	Q2	1	Q3		Q4	
	Number of Complaints Received																							
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Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually										
				<p>% of relevant operational staff where lessons learned has been disseminated within agreed timeframe (Q)</p> <table border="1"> <thead> <tr> <th></th> <th>No of Lessons Learned Disseminated</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>0</td> </tr> <tr> <td>Q2</td> <td>100%</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table>		No of Lessons Learned Disseminated	Q1	0	Q2	100%	Q3		Q4	
	No of Lessons Learned Disseminated													
Q1	0													
Q2	100%													
Q3														
Q4														
D2.1.6	Develop and agree a new three year programme of audits and progress the implementation of 2010/11 audit action plan. (March 2012)			<p>Implement 100% of audit recommendations within agreed timescale (S)</p> <p>By Q2 85% of Audit Recommendations were implemented on-time (based on 3 actions not implemented out of 21).</p>										





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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>														
D3.1.1	Develop and implement RQIA's Corporate Research Strategy. (March 2012)																	
				<p style="text-align: center;">KPI(s) linked to the Strategic Objective</p> <p><i>Lunchtime Learning Club - Evidence of monthly communication to RQIA staff of schedule of presentations / research papers and evidence of attendance records (Q)</i></p> <p>The following Lunchtime Learning Clubs were held at RQIA and staff attendance records are recorded and materials produced are located in the RQIA Shared Area.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2" style="text-align: center;">Q1</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">11 April 11</td> <td>Medicines Management in Domiciliary Care</td> </tr> <tr> <td style="text-align: center;">9 May 11</td> <td>Issues and concerns raised by elderly people in the community.</td> </tr> <tr> <td style="text-align: center;">13 June 11</td> <td>Positive Futures aims and outcomes; engagement with service users</td> </tr> <tr> <th colspan="2" style="text-align: center;">Q2</th> </tr> <tr> <td style="text-align: center;">25 July 11</td> <td>Home Comforts Learning Resources. Living Matters Dying Matters EOLC Strategy.</td> </tr> <tr> <td style="text-align: center;">8 August 11</td> <td>Parkinson's Training for Professionals</td> </tr> </tbody> </table>	Q1		11 April 11	Medicines Management in Domiciliary Care	9 May 11	Issues and concerns raised by elderly people in the community.	13 June 11	Positive Futures aims and outcomes; engagement with service users	Q2		25 July 11	Home Comforts Learning Resources. Living Matters Dying Matters EOLC Strategy.	8 August 11	Parkinson's Training for Professionals
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8 August 11	Parkinson's Training for Professionals																	

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 and we achieve Value for Money

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>								
D4.1.1	Secure funding for 2011/12 Business Plan, maintain the budgetary reporting system and provide regular financial management information to the Board, EMT and budget holders. (May 2011 / On-going)			Breakeven on income and expenditure (+/- 0.25%)(Q) <table border="1"> <tr> <td>Q1</td> <td>0% on target to break even</td> </tr> <tr> <td>Q2</td> <td>0% on target to break even</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </table>	Q1	0% on target to break even	Q2	0% on target to break even	Q3		Q4	
Q1	0% on target to break even											
Q2	0% on target to break even											
Q3												
Q4												
D4.1.2	Finalise and implement the Improvement and Efficiency Plan 2011 – 2015. (September 2011 / On-going)			Attainment of CSR efficiency savings (A)								
D4.1.3	Produce an Annual Report (incorporating an approved set of Accounts and Statement of Internal Control approved by the NI Audit Office (NIAO)). (May 2011 / July 2011)											
D4.1.4	Develop, implement and monitor a Capital Investment Plan. (March 2012)											
				KPI(s) linked to the Strategic Objective % of invoices paid each month within 30 days - target 95% (Q)								






Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>																
				<table border="1"> <tr><td>Q1</td><td>92.38%</td></tr> <tr><td>Q2</td><td>95.81%</td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> </table> <p>% of outstanding debt (30 days after the date which the fee is due) - target reduce to nil within financial year (Q)</p> <table border="1"> <tr><td>Q1</td><td>26.2%</td></tr> <tr><td>Q2</td><td>7.2%</td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q1	92.38%	Q2	95.81%	Q3		Q4		Q1	26.2%	Q2	7.2%	Q3		Q4	
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Q1	26.2%																			
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Q3																				
Q4																				

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
D4.2.1	Maintain and review RQIA's Business Continuity Plan (BCP) (Annual Test). (February 2012)			Results of RQIA Business Continuity Plan annual test (A)

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>										
D5.1.1	Develop and initiate implementation of a Learning and Development Plan and review organisational learning initiatives. (March 2012)			100% of staff with agreed PDP by end of Q1 (A) % of staff who have fully achieved their agreed PDP by end of Q4 (A)										
D5.1.2	Continue the implementation of the Knowledge Skills Framework (KSF) project linked to performance development review process. (March 2012)			40% of AFC staff covered by a KSF outline (Q) <table border="1" data-bbox="1355 657 1944 805"> <thead> <tr> <th></th> <th>Number of Staff covered by a KSF Outline</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>0%</td> </tr> <tr> <td>Q2</td> <td>0%</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table>		Number of Staff covered by a KSF Outline	Q1	0%	Q2	0%	Q3		Q4	
	Number of Staff covered by a KSF Outline													
Q1	0%													
Q2	0%													
Q3														
Q4														
D5.1.3	Initiate a programme of work to achieve Investor in People (IIP) accreditation. (March 2012)													
D5.1.4	Conduct a Staff Survey using the regional HSC Questionnaire. (March 2012)													
D5.1.5	Develop and implement a Teleworking Policy. (December 2011)													
				KPI(s) linked to the Strategic Objective % lost time rate to sickness (target 4.8%) (Q) <table border="1" data-bbox="1355 1222 1736 1366"> <thead> <tr> <th></th> <th>% sickness Absence</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>2.8%</td> </tr> <tr> <td>Q2</td> <td>4.4%</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table>		% sickness Absence	Q1	2.8%	Q2	4.4%	Q3		Q4	
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Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually
				Assessment of learning outcomes of RQIA action learning sets for reviewers and inspectors (S) Will be reported in Q3. % turnover rate (A)

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



Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>																														
D6.1.1	Develop and agree RQIA's Corporate Strategy 2012-15. (January 2012)																																	
D6.1.2	Maintain and review RQIA's Performance Management Framework including the production of the Corporate Performance Report and Annual Business Plan. (March 2012)			<p>% of actions identified within the Annual Business Plan successfully implemented (Q)</p> <table border="1"> <thead> <tr> <th></th> <th>% Actions Implemented</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>7%</td> </tr> <tr> <td>Q2</td> <td>12%</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table> <p>Target of 100% of staff with personal objectives clearly linked to RQIA's strategic objectives (Q)</p> <table border="1"> <thead> <tr> <th></th> <th>% staff with objectives</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>76%</td> </tr> <tr> <td>Q2</td> <td>To be reported in Q3</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table> <p>100% of KPIs reported as being progressed within timescales (Q)</p> <table border="1"> <thead> <tr> <th></th> <th>% based on 78 KPIs</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>100%</td> </tr> <tr> <td>Q2</td> <td>94% (5 KPIs not reported within timescale)</td> </tr> <tr> <td>Q3</td> <td></td> </tr> <tr> <td>Q4</td> <td></td> </tr> </tbody> </table>		% Actions Implemented	Q1	7%	Q2	12%	Q3		Q4			% staff with objectives	Q1	76%	Q2	To be reported in Q3	Q3		Q4			% based on 78 KPIs	Q1	100%	Q2	94% (5 KPIs not reported within timescale)	Q3		Q4	
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D6.2 - Improved our performance through benchmarking with other organisations involved in regulation and standard setting



Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
D6.2.1	Strengthen our approaches to benchmarking through engagement with established UK and European Partnership for Supervisory Organisations in Health Services and Social Care (EPSO). (March 2012)			Comparative benchmarks results with European Regulators in key areas of performance (EPSO engagement (A))
D6.2.2	Introduction of RQIA Quality framework (EFQM) through the delivery of EFQM Actions as per agreed timescales. (March 2012 / On-going)			% of actions successfully implemented within timescale from the EFQM Action Plan (S) Will be reported in Q3.

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



Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>
D7.1.1	Develop an integrated informatics strategy aligned to the new Corporate Strategy. (September 2011)			% of actions successfully implemented within timescale from the integrated informatics strategy (subject to strategy approval in September 2011) (S) Informatics Strategy approved Sept and the actions are now due to commence from Q3. The first update of the actions will be provided by Q4.
D7.1.2	Further progress the Corporate Information Management System (CIMS) project through (i) the development and approval of a business case and (ii) initiation of the procurement process (subject to business case approval). (June 2011) (Approval of business case by Board and submission to DHSSPS)		Note: Progress rating refers to the achievement of Departmental Approval of the CIMS Business Case by March 2012.	Department approval of CIMS Business Case to be achieved by March 2012 (A)

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>																
D7.2.1	Develop and implement an Information Governance Action Plan. (March 2012)			<p>% of actions achieved within timescale from the Information Governance Action Plan (S)</p> <p>9 out of the 13 actions (69%) have been implemented since approval of the plan at the beginning of September 2010.</p>																
D7.2.2	Review and update ICT Security Policies. (June 2011)																			
				<p style="text-align: center;">KPI(s) linked to the Strategic Objective</p> <p>The number of subject access requests completed within 40 days (Q)</p> <table border="1" style="width: 100%;"> <tr><td>Q1</td><td>3 (100%)</td></tr> <tr><td>Q2</td><td>3 (100%)</td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> </table> <p>The number of freedom of information (FOI) requests responded within 20 working days (Q)</p> <table border="1" style="width: 100%;"> <tr><td>Q1</td><td>6 (100%)</td></tr> <tr><td>Q2</td><td>13 (100%)</td></tr> <tr><td>Q3</td><td></td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q1	3 (100%)	Q2	3 (100%)	Q3		Q4		Q1	6 (100%)	Q2	13 (100%)	Q3		Q4	
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Q4																				
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Q2	13 (100%)																			
Q3																				
Q4																				

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

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>																				
D8.1.1	Obtain external approval of the Future Provision of an ICT Service for RQIA Business Case. (Timescale for the implementation of the preferred option will be determined following formal approval of the Business Case)																							
D8.1.2	Complete implementation of the ICT disaster recovery arrangements and integrate into the corporate BCP. (September 2011)		Phase 2 is dependent on BSO Information Technology Services (ITS). The link to HSC WAN will be fully enabled before the end of November 2011. Following this the 3 rd party will implement the DR solution. It is likely that this action will not be fully completed until January 2012.																					
				<p style="text-align: center;">KPI(s) linked to the Strategic Objective</p> <p>Average time taken to resolve incidents and problems (Q)</p> <table border="1"> <thead> <tr> <th></th> <th>Q 1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Average Support Hours per month</td> <td>75.3</td> <td>38.4</td> <td></td> <td></td> </tr> <tr> <td>Average Calls per month</td> <td>98.6</td> <td>59.3</td> <td></td> <td></td> </tr> <tr> <td>Average time taken to resolve incidents & Problems</td> <td>46 mins</td> <td>38 mins</td> <td></td> <td></td> </tr> </tbody> </table>		Q 1	Q2	Q3	Q4	Average Support Hours per month	75.3	38.4			Average Calls per month	98.6	59.3			Average time taken to resolve incidents & Problems	46 mins	38 mins		
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				<p>Total number and type of calls logged with the outsourced provider (Q)</p> <table border="1"> <thead> <tr> <th></th> <th>Incidents</th> <th>Problems</th> <th>Change Requests</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>266</td> <td>2</td> <td>28</td> <td>296</td> </tr> <tr> <td>Q2</td> <td>170</td> <td>2</td> <td>6</td> <td>178</td> </tr> <tr> <td>Q3</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Q4</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Effectiveness level of RQIA's ICT service (as per staff survey)(A)</p> <p>Of RQIA's 150 staff, 89 staff members took part in the user satisfaction survey. Staff members were asked to rate the effectiveness of the ICT service. Of the 89 people who took part in the survey, 88 people responded to this question. The majority of respondents thought that the service was either good or excellent, The responses are demonstrated in the chart below:</p> <div data-bbox="1393 916 2007 1382" data-label="Figure"> <p>How effective do you find the IT support service?</p> <table border="1"> <thead> <tr> <th>Effectiveness Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Good</td> <td>47%</td> </tr> <tr> <td>Neither poor nor good</td> <td>32%</td> </tr> <tr> <td>Excellent</td> <td>11%</td> </tr> <tr> <td>Very poor</td> <td>3%</td> </tr> <tr> <td>Poor</td> <td>7%</td> </tr> </tbody> </table> </div>		Incidents	Problems	Change Requests	Total	Q1	266	2	28	296	Q2	170	2	6	178	Q3					Q4					Effectiveness Level	Percentage	Good	47%	Neither poor nor good	32%	Excellent	11%	Very poor	3%	Poor	7%
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D9 - Position RQIA as a respected, independent regulator

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

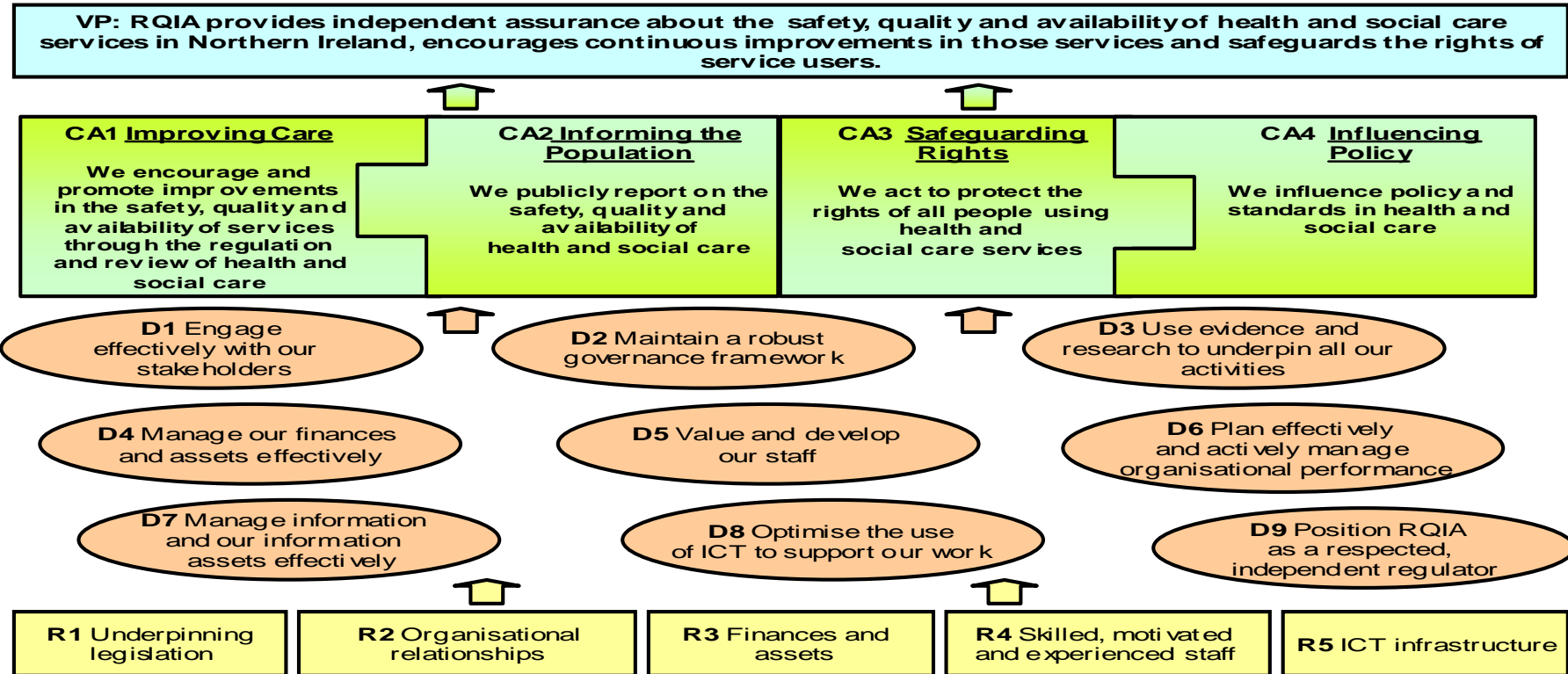
Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis S = KPI to reported on six monthly basis A = KPI to be reported annually</i>																																								
D9.1.1	Engage effectively with HSC organisations, the regulated sector, the media, elected representatives, and other key stakeholders to raise and maintain the public profile of the work of RQIA. (March 2012 / On-going)			<p><i>Frequency of contact with MLAs and with the Assembly Health Committee (A)</i></p> <p>On 8 June the Chairman and Chief Executive met with Minister Poots to provide an overview of the key strategic issues impacting on Health and Social Regulation in NI. During Q1 the Director of operations and Head of Primary Care met with S Dickson (MLA) regarding Dental regulation.</p> <p>During Q2 RQIA met with the Health Spokespersons Mark H Dirkan (MLA) for the SDLP and Michelle Gildernew (MLA) for SF. RQIA also met with the NI Assembly Health Committee Chair.</p>																																								
D9.1.2	Make effective use of RQIA's website as a medium of communication with our key stakeholders and the wider public. (March 2012 / On-going)			<p><i>Volume of hits and queries raised through www.rqia.org.uk (Q)</i></p> <p>Unique Visitor Numbers</p> <table border="1"> <thead> <tr> <th>Q1</th> <th>No of Hits</th> <th>Q2</th> <th>No of Hits</th> <th>Q3</th> <th>No of Hits</th> <th>Q4</th> <th>No of Hits</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>9,978</td> <td>July</td> <td>10,063</td> <td>Oct</td> <td></td> <td>Jan</td> <td></td> </tr> <tr> <td>May</td> <td>11,701</td> <td>Aug</td> <td>11,649</td> <td>Nov</td> <td></td> <td>Feb</td> <td></td> </tr> <tr> <td>June</td> <td>12,401</td> <td>Sept</td> <td>12,480</td> <td>Dec</td> <td></td> <td>Mar</td> <td></td> </tr> <tr> <td>Total</td> <td>34,080</td> <td></td> <td>34,192</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Q1	No of Hits	Q2	No of Hits	Q3	No of Hits	Q4	No of Hits	April	9,978	July	10,063	Oct		Jan		May	11,701	Aug	11,649	Nov		Feb		June	12,401	Sept	12,480	Dec		Mar		Total	34,080		34,192				
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Total	34,080		34,192																																									
D9.1.3	Use RQIA's public participation strategy to engage effectively with key stakeholders to raise the public profile of the work of the			<p><i>Number of presentations by RQIA staff made to audiences, for example at courses, conferences, training sessions etc. (Q)</i></p>																																								

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to be reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
	RQIA. (March 2012 / On-going)			<p>Between May and June the Chairman, Chief Executive, Director of Service Improvement and Director of Corporate Services presented at 4 Corporate Strategy and 3 Year Review Programme road shows held at Ballymena, Lisburn, Omagh and Armagh. They also presented at two workshops held with the Regulatory, HSC Bodies and Trust and one workshop with the Department.</p> <p>During Q2, the Chief Executive delivered a presentation, on behalf of the Chairman at the “Path of Independent Health Regulation” conference in Portugal.</p> <p><i>Number of media appearances by RQIA staff and analysis of press clippings referencing RQIA (Q)</i></p> <p>RQIA made 18 appearances in the print media in Q1. During this period, RQIA did not publish any review reports. RQIA responded to media queries on a range of issues including regulatory activity and issues relating to the potential impact of the difficulties being experienced by Southern Cross Health Care on services in NI.</p> <p>In Q2 RQIA made 13 appearances in the print media. RQIA staff also made two appearances in the broadcast media, highlighting RQIA’s role in the regulation of HSC services. During this period RQIA published a number of review reports. These included: the first phase of Independent Review of Reporting Arrangements for Radiological Investigations; an Overview Inspection Report on Young People Placed in Leaving Care Projects; and HSC Trusts’ 16 Plus Transition Teams. RQIA responded to media queries on a range of issues including regulatory and review activity, dental regulation and further issues relating to the transfer of Southern Cross Health Care establishments to new providers in Northern Ireland.</p>

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting KPIs <i>Q = KPI to be reported on quarterly basis</i> <i>S = KPI to reported on six monthly basis</i> <i>A = KPI to be reported annually</i>
D9.1.4	Develop a Sustainable Development Action Plan. (December 2011)			

Figure 1

RQIA Strategic Map 2009 - 2012



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

RQIA Board Meeting

Date of Meeting	10 November 2011
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	9
Reference	E / 06 / 11
Author	Executive Team
Presented by	Maurice Atkinson
Purpose	The purpose of the Corporate Risk Assurance Framework, which is a combination of the Corporate Risk Register and Corporate Assurance Framework, is to enable RQIA to assure itself that identified risks related to the delivery of key objectives are monitored and managed effectively. This will also remove duplication and streamline the presentation of risks to the Board and Audit Committee in one composite report.
Executive Summary	Since the last review, one additional risk has been added. A detailed change log is enclosed at pages 19 and 20 of the report.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to NOTE the Corporate Risk Assurance Framework Report.
Next steps	The next updated Framework Report will be presented to the Board on 9 February 2012.



CORPORATE RISK ASSURANCE FRAMEWORK

Executive Team Review: Sept 2011

Date of Review: Dec 2011

Version number	Purpose / Changes	Author	Date
V0-1	Approved by Audit Committee	Stuart Crawford	06/05/2010
V0-2	Framework Report revised EMT 09/06/10	Stuart Crawford	23/06/2010
V0-3	Framework Report revised EMT 11/10/2010	Stuart Crawford	11/10/2010
V0-4	Framework Report revised EMT 20/01/2011	Stuart Crawford	20/01/2011
V0-5	Framework Report revised EMT 20/01/2011	Stuart Crawford	11/05/2011
V0-6	Framework Report revised EMT 21/09/2011	Stuart Crawford	21/09/2011
V0-7	Amended EMT 05/10/2011	Stuart Crawford	05/10/2011

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Risk Likelihood Assessment	4
Risk Scoring Matrix	9
RQIA Strategic Map	10
Risk Activity Calendars	11
Corporate Risk Assurance Framework	12
Risk Logs	19

EXECUTIVE SUMMARY

The purpose of the Corporate Risk Assurance Framework, which is a combination of the Corporate Risk Register and Corporate Assurance Framework, is to enable RQIA to assure itself that identified risks related to the delivery of key objectives are monitored and managed effectively. This will also remove duplication and streamline the presentation of risks to the Board and Audit Committee in one composite report.

The Regulation and Quality Improvement Authority (RQIA) Corporate Risk Assurance Framework is drawn from the high level risks identified by the Risk Assessment processes within each directorate and at corporate level.

Extreme (red) and High level (orange) risks have been endorsed by each Director and forwarded for consideration of the Executive Management Team (EMT) for inclusion onto the Corporate Risk Assurance Framework. All other levels of risk (moderate and low) are managed within operational directorates at the relevant level.

Each risk identified is underpinned with a full risk assessment and is set in the context of:

1. A link to a corporate objective or value
2. The potential for serious harm to the organisations strategic business
3. The control measures in place to mitigate against the risk and their strength (low, medium, high, extreme)

An action plan to manage the risk has been devised with a nominated lead, review date and monitoring frequency as detailed in the Corporate Risk Assurance Framework.

RISK ASSURANCE

The development of the Framework has been mandated in "*An Assurance Framework: a Practical Guide for Boards of DHSSPS Arm's Length Bodies*" (DHSSPS, Mar 2009) and the report has been structured as follows:

Principal Objectives - these are the corporate objectives that are crucial to the achievement of RQIA's overall goals.

Principal Risks - defined as those risks that threaten the achievement of the Principal Objectives.

Key Controls - to manage the Principal Risks. Key controls have been documented and ideally they should be subject to scrutiny by independent reviewers e.g. internal/external audit.

Independent Assurance - the key components are ***assurances on controls, gaps in controls*** and ***gaps in assurances***. The most objective assurances are those derived from independent reviewers such as through internal and external audits. This process will enable RQIA to assess whether the assurances identified provide full assurance, reveal any gaps in control, or any gaps in assurance.

Board Reporting - provides an explicit framework for reporting key information to boards. Includes positive information on controls assurance, identification of inadequate controls or where insufficient assurance exists.

Action Plan - actions the organisation will take to narrow the gaps in controls and increase assurance that the principal risks are being effectively managed.

The overall aim of the Corporate Risk Assurance Framework is to put in place a system to demonstrate to the Board that the effectiveness of the controls identified by the EMT is *assured*.

RISK ANALYSIS AND EVALUATION

This risk assessment has been undertaken using:

- the impact that the risk would have on the business should it occur, and
- the likelihood of the risk materialising.

Each risk has then been placed on a risk map to show their relative positions. Further analysis for each risk is detailed including:

- the business impact,
- the controls currently in place to mitigate the risk, and

- any additional actions considered necessary by management.

The risks in the following risk register have been assessed using a risk rating matrix – what is the likelihood of an adverse event occurring given the current level of controls already in place? This has been done using the following table:

Risk likelihood assessment

	Probability	Description
Very High (Almost Certain)	1 in 10 chance	Likely to occur
High (Likely)	1 in 100 chance	Will probably occur
Medium (Possible)	1 in 1,000 chance	May occur occasionally
Low (Unlikely)	1 in 10,000 chance	Do not expect to happen
Very Low (Rare)	1 in 100,000 chance	Do not believe will ever happen


The risks have then been assessed in relation to the consequence of this event should it occur. This has been done using the following table:

Risk impact assessment

Level of impact	Quality/ system failure	Public confidence and reputation	Complaint or claim	Financial loss
Very Low (Insignificant)	Negligible service deficit, Minor non-compliance, No impact on public health or social care, Minimal disruption to routine organisation activity, No long term consequences	Issue of no public or political concern	Legal challenge, Minor out-of-court settlement	Less than £5,000
Low (Minor)	Significant failure to meet internal standards or follow protocol, No impact on public health or social care	Local press interest, Local public or political concern	Civil action – no defence Improvement notice	£5,000 - £50,000

Level of impact	Quality/ system failure	Public confidence and reputation	Complaint or claim	Financial loss
	Impact on organisation readily absorbed, No long term consequences			
Medium (Moderate)	Repeated failures to meet internal standards or follow protocols, Minimal impact on public health and social care, Impact on the organisation absorbed with significant level of intervention, Minimal long term consequences	Limited damage to reputation, Extended local/ regional press interest, Regional public or political concern	Class action, Criminal prosecution, Prohibition notice	£50,000 - £250,000
High (Major)	Failure to meet national/ professional standards, Significant impact on public health and social care, Impact on the organisation absorbed with some formal intervention by other organisations, Significant long term consequences	Loss of credibility and confidence in the organisation, National press interest, Independent external enquiry, Significant public or political concern	Criminal prosecution – no defence, Executive officer dismissed	£250,000 - £1m
Very high (Catastrophic)	Gross failure to meet professional/ national standards, Major impact on public health and social care Impact on the organisation absorbed with significant formal intervention by other organisations, Major long term consequences	Full public enquiry, Public Accounts Committee hearing, Major public or political concern	Criminal prosecution – no defence, Executive officer fined or imprisoned	More than £1m

Risk Scoring Matrix

IMPACT	<i>Risk Scoring Matrix</i>				
5 - Very High (VH)	High	High	Extreme	Extreme	Extreme
4 - High (H)	High	High	High	High	Extreme
3 - Medium (M)	Medium	Medium	Medium	Medium	High
2 - Low (L)	Low	Low	Low	Medium	Medium
1 - Very Low (VL)	Low	Low	Low	Low	Low
	A	B	C	D	E
	Very Low (VL)	Low (L)	Medium (M)	High (H)	Very High (VH)
	Likelihood				
					

Once the level of risk was assessed, an appropriate action level was established:

Action levels

Risk level	Action level
Low	Directorate
Medium	Directorate
High	Executive Team/ Board
Extreme	Executive Team/ Board

Inter-relationship between the Corporate and Directorate Risk Registers

The decision as to whether a risk is placed on the Corporate or one of the Directorate Risk Registers should be based on the "Level of Impact/likelihood" of the risk together with a judgement as how best to manage the risk.

1. If the risk is categorised as "low" or "medium" it should be placed on a Directorate Risk Register.
2. If the risk is categorised as "high" or "extreme" it should be placed on the Corporate Risk Register.
3. In some circumstances if the risk is categorised as "medium" the relevant Director should make a judgement as to whether it should be placed on the Corporate or Directorate Risk Register.

If a Director feels the risk and mitigating actions can be adequately managed within their span of authority and control, the risk should be placed on their Directorate Risk Register.

However, if a Director feels the risk and mitigating actions cannot be adequately managed within their span of authority and control and the risk has a genuine corporate dimension i.e. could damage the Authority's reputation, ability to deliver services or financial standing, they should highlight the risk to the EMT. The EMT will consider the risk for inclusion in the Corporate Risk Assurance Framework and decide whether or not it is appropriate to move the risk from a Directorate Risk Register to the Corporate Risk Assurance Framework.

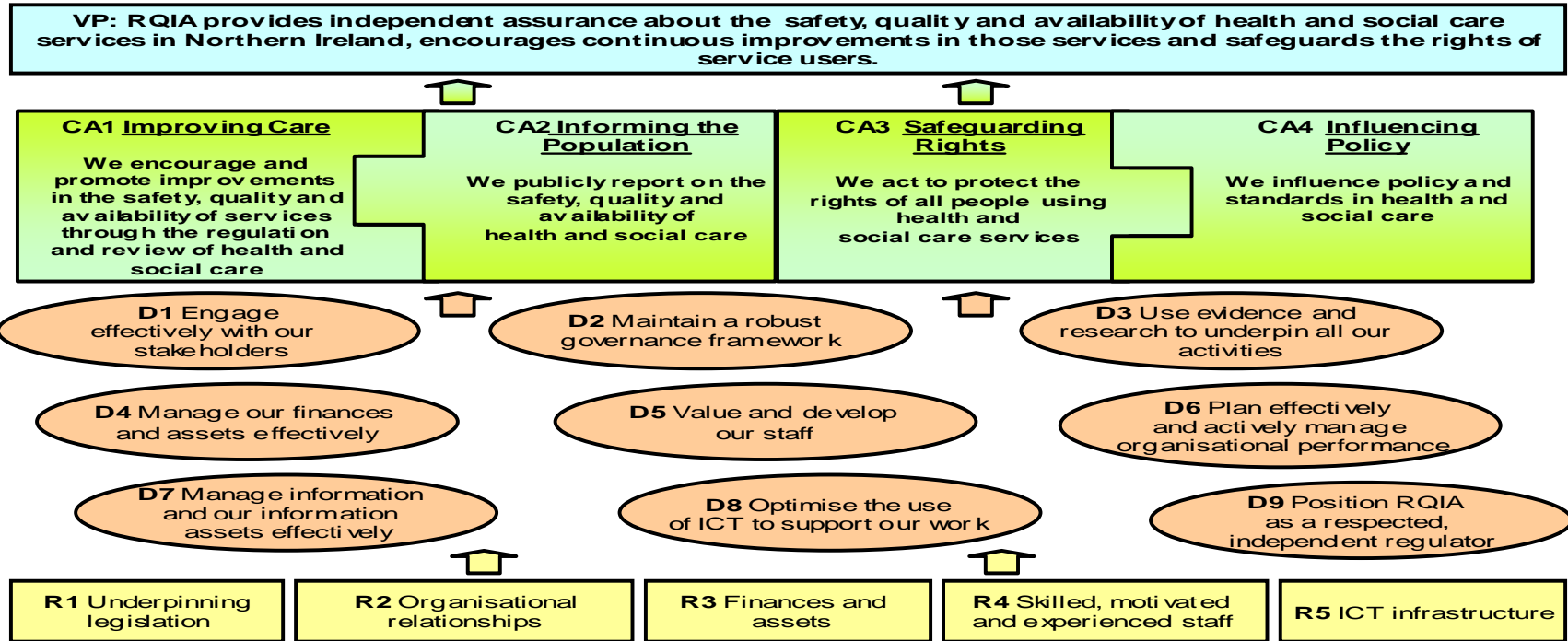
Decisions made by the Executive Team will be recorded in the minutes of EMT meetings and presented to the Audit Committee.

RISK Scoring MATRIX

IMPACT	<i>Risk Scoring Matrix</i>				
5 - Very High (VH)					
4 - High (H)		4		5	
3 - Medium (M)			2, 3	1	
2 - Low (L)					
1 - very Low (VL)					
LIKELIHOOD	A - Very low (VL)	B - Low (L)	C - Medium (M)	D - High (H)	E - Very High (VH)

- RISK1** There is a risk that an identified deficit in our capacity and capability to discharge financial inspections in regulated sector services may result in RQIA being viewed as not regulating effectively.
- RISK 2** Intelligence collected from various sources including inspections, complaints and external sources is not adequately processed and reviewed to inform decisions on appropriate actions.
- RISK 3** There is a risk that RQIA will fail to manage its budget effectively caused by the need to achieve significant efficiencies and uncertainties in future funding streams resulting in the organisation failing to break-even.
- RISK 4** There is a risk that the future provision of an ICT Service for RQIA outline business case will not be approved in time to put appropriate arrangements in place by September 2012. This may be caused by a delay in external approval from DHSSPS and DFP, which may result in RQIA being left with an insufficient ICT service.
- RISK 5** There is a risk that the legislation by which RQIA is enabled to access personal confidential information whilst undertaking its prescribed functions might limit the quality and safety assurances which RQIA can provide about services.

RQIA Strategic Map 2009 - 2012



Key

VP = Value Proposition

CA = Core Activities

D = Value Drivers

R = Resources

RISK ACTIVITY CALENDARS

Action by Date Calendar

Directorates	Sept-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	March-12	April-12	May-12	June-12	July-12	Aug-12	On-going
Chief Executive (CE)			2		2		3						
Corporate Services (CS)			3, 4, 5	4									
Regulation & Nursing (R&N)			2		1, 2					1			
MHLD & Social Work (MHLD)													
Reviews (R)													
Executive Management Team (EMT)													

Risk Review Calendar

Directorates	Sept-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	March-12	April-12	May-12	June-12	July-12	Aug-12	On-going
Chief Executive (CE)													
Corporate Services (CS)					5	4		3					
Regulation & Nursing (R&N)						2				1			
MHLD & Social Work (MHLD)													
Reviews (R)													
Executive Management Team (EMT)													

CORPORATE RISK ASSURANCE FRAMEWORK

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Principal Objectives: CA1.1 By 2012 we will have completed a prioritised and focused programme of service reviews and inspections to inform our overall assessment of health and social care in Northern Ireland, and CA3.1 By 2012 we will have ensured that all RQIA work takes account of the principles and legislative basis of human Rights and Equality												
1	There is a risk that an identified deficit in our capacity and capability to discharge financial inspections in regulated sector services may result in RQIA being viewed as not regulating effectively.	R&N	<ul style="list-style-type: none"> ▪ Options paper outlining model of delivery of internal finance management and financial inspection was presented to the Audit Committee and Board in 2009 and became operational in Nov 2009. ▪ Action plan developed in relation to the development of financial inspection functions in Operations Directorate. ▪ Guidance developed in relation to the conduct of financial inspections. ▪ Performance management of financial inspection activity and outcomes by designated Hops (inclusion in IAMS reporting). ▪ Developed a paper on the legislative and 	<ul style="list-style-type: none"> ▪ Application of Project Management structures to key control project (to include detailed action plan and timeframes e.g. Gantt Chart, review points and quality assurance arrangements) ▪ Ongoing monitoring and reporting of financial inspection activity to the EMT and Board (quarterly report) 	H	M	M	<ul style="list-style-type: none"> • Delay in appointing 2nd financial inspection post. 		<ul style="list-style-type: none"> ▪ Advertise and appoint the 2nd financial inspector. ▪ The requirement for a further financial inspection post to be kept under review. 	R&N R&N	Jan 2012 June 2012

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
			policy framework against which patient and resident finances should be managed.									
Principal Objectives:												
CA2.2 Used our information to provide an overall assessment of the state of health and social care in NI												
CA3.2 Incorporated and discharged our functions under the Mental Health (Northern Ireland) Order 1986												
D1.2 Developed strategic partnerships with stakeholder bodies to support improvement in the quality of health and social care in Northern Ireland												
D6.2 Improved our performance through benchmarking with other organisations involved in regulation and standard setting												
2	Intelligence received from various sources including from inspections, complaints and from external sources is not adequately processed and reviewed to inform decisions on appropriate actions.	R&N	<ul style="list-style-type: none"> Information about serious concerns is collected and processed as part of the Serious Concerns & Complaints Group agenda and actions. Programme of regular meetings with Trust Teams (information sharing). Review programme steering group established to oversee delivery of agreed reviews to inform overall assessment MoU with other organisations such as the Criminal Justice Inspectorate Established Joint Teams with relevant organisations to coordinate actions in response to issues such as outbreaks in 	<ul style="list-style-type: none"> Information on individual regulated services collected and maintained in facility files and managed by individual inspection staff. Records of Serious Concerns & Complaints Group decisions Inspection Planning Approach - Quarterly performance Report produced. 	M	M	M	<ul style="list-style-type: none"> Need for whistleblowing guidance to be reissued to staff and to be made available to the general public. 		<ul style="list-style-type: none"> Review impact of Guide to the Public Interest Disclosure (NI) Order 1998 (amended January 2011). Issue guidance on whistleblowing to RQIA staff and also RQIA's website. 	R&N CE R&N CE	Jan 2012 Nov 2011

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
			<p>care homes</p> <ul style="list-style-type: none"> • Established regular meetings with other organisations e.g. HSC Board, Public Health Agency, Patient and Client Council. ▪ Inspection Planning Approach established to collect and assess information from different sources and tailor inspection activity appropriately ▪ Monitoring of complaints management to be incorporate into the inspection regime. • Quarterly summary reports provided to EMT outlining the nature and frequency of reported incidents and concerns. • Recording of serious adverse incidents in MHLD has been developed. • Revised ToR for the Serious Concerns & Complaints Group 									

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Principal Objectives:												
D4.1 By 2012 we will have aligned the financial and business planning processes of RQIA to ensure our resources are focused on strategic priorities and we achieve Value for Money												
3	There is a risk that RQIA will fail to manage its budget effectively caused by the need to achieve significant efficiencies and uncertainties in future funding streams resulting in the organisation failing to break-even.	CS	<ul style="list-style-type: none"> •Costed Business Plan produced •Monthly financial reporting to DHSSPS and Executive Team (includes forecasting of deficit/surplus) •Monthly budgetary information on payroll provided to Directors •Payroll budgets developed at Directorate and team levels. •SIC and Mid-Year Assurance Statement produced. •Submission of unqualified RQIA and Mental Health Commission accounts 2008/09. •Review of Finance completed and presented to Audit Committee and Board (November 2009) •Bi-monthly reporting of financial position to Board from Jan 2010 •Savings Delivery Plan developed in August 2010 – and received confirmation of CSR 	<ul style="list-style-type: none"> ▪ Systems designed and documented to include controls to mitigate risks ▪ Operation of controls assigned to named staff as documented in procedures and reviewed through performance management of staff ▪ Supervision of controls by Finance Manager with routine assurances provided to Director of Corporate Services ▪ Annual review of financial systems by Internal Audit ▪ Annual assessment of compliance with Finance Core Control Assurance Standard by Internal Audit ▪ Annual Audit by NIAO ▪ Annual Audit Action Plan to implement recommendations agreed with both Internal and External 	M	M	M	<ul style="list-style-type: none"> • Need to secure recurring funding for dental regulation from 2012. 		<ul style="list-style-type: none"> ▪ Finalise and initiate the implementation of the improvement & efficiency Plan. ▪ Secure recurring funding for dental regulation. 	CS CE	Nov 2011 March 2012

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
			<p>efficiency savings 2011 – 2015</p> <ul style="list-style-type: none"> •RRL 2011/12 notified to RQIA in April 2011. 	<p>Auditors and reported to Audit Committee routinely</p> <ul style="list-style-type: none"> ▪ Review of risks and controls for Mid-year Assurance statement and for Statement on Internal Control at year-end which are both reviewed by the Audit Committee ▪ New Band 6 Senior Finance Officer appointed September 2010. ▪ Non-pay budget developed to Directorate level where possible based on 2010/11 RRL ▪ Draft Improvement & Efficiency Plan 2011 - 2015 developed and agreed by EMT Dec 2010. ▪ Have developed non-pay budgets, routine reporting to budget holders at team level and continuing training of budget holders. ▪ Submitted Planning Overview Report 								

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
				2012-15 to DHSSPS(NI) <ul style="list-style-type: none"> Initiated Vacancy Control Forum to meet on a regular basis. 								

Principle Objectives:

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

4	There is a risk that the future provision of ICT Support Services for RQIA as outlined in the business case will not be approved in time to put appropriate arrangements in place by September 2012 to replace the existing service. This may be caused by a delay in securing external approval from DHSSPS and DFP for the business case and in taking forward the actions required to facilitate the preferred option. This may result in RQIA being left with an insufficient ICT service.	CS	<ul style="list-style-type: none"> Project Board established. Project Manager and Senior Responsible Officer designated. Outline Business Case completed. Outline Business case approved by RQIA Board Nov 2010. Outline Business case submitted to DHSSPS/HSC Board Nov 2010. Comments from DHSSPS received January 2011 and HSC Board received March 2011. Revised the Business Case based on Departmental comments and approval to proceed with preferred options. 	<ul style="list-style-type: none"> Project is managed and controlled using PRINCE2 methodology. Outline business case is being developed in line with the Green Book for Economic Appraisal. Exception reports are provided to the Project Board. 	L	H	H	<ul style="list-style-type: none"> Business case requires approval from DFP. 		<ul style="list-style-type: none"> Updated project plan to be developed for consideration by the Project Board. Business case approved by DHSSPS, awaiting DFP approval. 	CS CS	Nov 2011 Dec 2011
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Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
			<ul style="list-style-type: none"> ▪ Meeting held with the Dept to discuss the response to initial comments. ▪ PALs issued letter to Steria extending contract to end of Dec 2012. 									
Principal Objectives:												
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												
CA1.2 Improved local and national methods for the inspection and review of services												
5	There is a risk that the legislation by which RQIA is enabled to access personal confidential information whilst undertaking its prescribed functions might limit the quality and safety assurances which RQIA can provide about services.	CE	<ul style="list-style-type: none"> •RQIA has sought legal advice on the legislation •RQIA has drafted a policy and procedure for managing consent •RQIA position paper sent to DHSSPSNI in respect of the impact on capacity to regulate and review 		H	H	H	<ul style="list-style-type: none"> • Need for guidance to RQIA staff and service providers/users • Need for further dialogue / action about the implications of the 2003 Order and Data Protection Act with sponsor branch 		<ul style="list-style-type: none"> ▪ Approve RQIA policy and procedure on consent to access personal information. ▪ Meeting with Legal Advisors to discuss the draft policy and procedure. ▪ Meeting to be held with the Dept to discuss the position Paper. 	Head of Info / CS Head of Info Head of Info / CE / R&N	Nov 2011 Nov 2011 Nov 2011

CORPORATE RISK ASSURANCE FRAMEWORK - RISK LOGS

Risk Log – September / October 2011					
LOW RISKS	MEDIUM RISKS	HIGH RISKS	EXTREME RISKS	TOTAL NUMBER OF RISKS	
0	3	2	0	5	
Risk ID	Description of Change	Details	Date Changed	Risk Rating	
1 There is a risk that an identified deficit in our capacity and capability to discharge financial inspections in regulated sector services may result in RQIA being viewed as not regulating effectively.	3 Actions Implemented	<ul style="list-style-type: none"> • RQIA will develop a paper on the legislative and policy framework against which patient and resident finances should be managed. • As part of the on-going execution of the saving delivery plans and organisational restructuring, priority will be given to the reinstatement of a 3rd financial inspector post. • Following appointment of the Head of Finance, RQIA will review arrangements for financial inspection and review. 	21-09-11	Unchanged H/M	
	2 Actions Added	<ul style="list-style-type: none"> • Advertise and appoint the 2nd financial inspection. • The requirement for a further financial inspection post to be kept under review. 	21-09-11		
2 Intelligence received from various sources including from inspections, complaints and from external sources is not adequately processed and reviewed to inform decisions on appropriate actions.	1 Action Implemented	<ul style="list-style-type: none"> • Quarterly summary reports to be provided to EMT outlining the nature and frequency of reported incidents and concerns. 	21-09-11	Unchanged M/M	
	2 Actions Added	<ul style="list-style-type: none"> • Review impact of Guide to the Public Interest Disclosure (NI) Order 1998 (amended January 2011). • Issue guidance on whistleblowing to RQIA staff and also RQIA's website. 	21-09-11		
	2 Controls Added	<ul style="list-style-type: none"> • Recording of serious adverse incidents in MHLD has been developed. • Revised ToR for the Serious Concerns & Complaints Group. 	21-09-11		
3 There is a risk that RQIA will fail to manage its budget effectively caused by the need to achieve significant efficiencies and uncertainties in future funding streams resulting in the organisation failing to break-even	1 Action Implemented	<ul style="list-style-type: none"> • Implement the Efficiency Plan and report through to the Programme Board. 	21-09-11	Unchanged M/M	
	2 Actions Added	<ul style="list-style-type: none"> • Finalise and initiate the implementation of the improvement & efficiency Plan. • Secure recurring funding for dental regulation. 	21-09-11		
	2 Controls added	<ul style="list-style-type: none"> • Submit Planning Overview Report 2012-15 to DHSSPS(NI). • Initiated Vacancy Control Forum to meet on a regular basis. 	05-10-11		
4 There is a risk that the future provision of ICT Support Services for RQIA as outlined in the business case will not be approved in time to put appropriate arrangements in place by September 2012 to replace the existing service. This may be caused by a delay in securing external	2 Actions Implemented	<ul style="list-style-type: none"> • Meeting held with the Department to discuss the response to initial comments. • Revised the Business Case based on Departmental comments and approval to proceed with preferred options. 	21-09-11	Unchanged L/H	
	2 Actions Added	<ul style="list-style-type: none"> • Updated project plan to be developed for consideration by the Project Board. • Business case approved by DHSSPS, awaiting DFP approval. 	21-09-11		
	1 Control Added	<ul style="list-style-type: none"> • PALs issued letter to Steria extending contract to end of Dec 2012. 	05-10-11		

<p>approval from DHSSPS and DFP for the business case and in taking forward the actions required to facilitate the preferred option. This may result in RQIA being left with an insufficient ICT service.</p>				
<p>5</p>	<p>New Risk Added</p>	<p>There is a risk that the legislation by which RQIA is enabled to access personal confidential information whilst undertaking its prescribed functions might limit the quality and safety assurances which RQIA can provide about services.</p>	<p>05-10-11</p>	<p>H/H</p>

RQIA Board Meeting

Date of Meeting	10 November 2011
Title of Paper	Audit Committee update
Agenda Item	10
Reference	F / 06 / 11
Author	Robert Graham
Presented by	Ruth Laird
Purpose	The purpose of this paper is to update the RQIA on the recent Audit Committee meetings.
Executive Summary	<p>The Audit Committee has met on one occasion since the last Board meeting.</p> <p>At the meeting on 2 November 2011, the minutes of the meeting of 28 June 2011 were approved and these are attached for noting by the Board.</p> <p>The Committee Chairman will verbally update the Board on the meeting of 2 November.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to NOTE the update from the Committee Chair.
Next steps	The Audit Committee is scheduled to meet again on 2 February 2012.

MINUTES

RQIA Audit Committee Meeting 28 June 2011

Board Room, 9th Floor, Riverside Tower, Belfast, 10.30am

Present

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

Officers of the Board present

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

In attendance

Patricia Brannigan, Northern Ireland Audit Office
Catherine McKeown, Internal Audit, Business
Services Organisation
Catherine O'Hagan, Northern Ireland Audit Office

1 Apologies

- 1.1 The Chairman welcomed everyone to the meeting and noted that there were no apologies.

2 Chairman's Business

- 2.1 The Chairman advised that the Board members of the Committee had met before meeting with the auditors to discuss some of the matters arising from the audit reports.
- 2.2 The Chairman congratulated Jonathan King on his permanent appointment as Head of Finance in RQIA.
- 2.3 The Chairman asked if, following consideration of the agenda items, any of the Committee members were required to declare any interests in line with Standing Orders. No declarations of interests were made.
- 2.4 The Chairman advised the Committee that one of the outstanding internal audit recommendations from 2010/11 which had been outstanding (relating to the approval of the ICT Security Policy) had now been completed.

3 Minutes of previous meeting

- Matters Arising
- Notification of AOB

- 3.1 The minutes of the meeting of 26 May 2011 were **APPROVED** and will be forwarded to the Board meeting of 7 July 2011 for noting by the Board.

- 3.2 The Chairman said that the Audit Committee looked forward to receiving the collated feedback from the self-assessment questionnaires completed by NDPBs (paragraph 4.3).
- 3.3 The Chairman advised the Committee that RQIA had received the Service Level Agreement for 2011/12 from BSO (paragraph 12.7).
- 3.4 The Director of Corporate Services advised that with regard to the de-escalation of a risk from the Corporate Risk Register (paragraph 14.7) that the Executive Team would shortly be dedicating a meeting to solely focus on the corporate and directorate risk registers.
- 3.5 The Chief Executive **AGREED** to follow up with DHSSPS the timescales for the RAIL Project (paragraph 12.4).
- 3.6 The Chairman asked if any members wished to add any items for consideration under Any Other Business. No additional items were nominated.

Resolved Actions

- **Committee Services Manager to bring minutes of the 26 May meeting to the Board on 7 July for noting**
- **Chief Executive to discuss RAIL Project at next RQIA/DHSSPS liaison meeting**

4 Action List Review

- 4.1 The Chairman considered the Action List and sought updates on the outstanding actions.
- 4.2 The Director of Corporate Services said that with regard to Action 158, the Head of Finance had agreed to undertake IFRS training for Board members at a future workshop. The Chairman was content with this approach.

5 External Audit:

▪ External Audit report on 2010/11 Annual Accounts [Paper AC/18/11]

- 5.1 Catherine O'Hagan presented the Report to Those Charged with Governance and began by expressing her thanks and appreciation to Jonathan King and Lesley Kyle for their assistance during the audit. She remarked that there were no issues of concern raised but reiterated the point raised in the previous year's audit that it was important that RQIA had a signed SLA with BSO prior to the beginning of the year. She moved on to give an overview of each of the key risks identified in the Audit Strategy which were looked at as part of the audit.
- 5.2 The first risk concerned the requirement to break even and no issues were found in that regard. The second risk concerned the SLA with BSO and the issue of a duplicate payment which had been discovered during the audit. However, it was noted that this had been picked up by RQIA and

immediately resolved.

- 5.3 The third risk was the accounting of capital expenditure, but no issues were raised by the audit. The fourth risk concerned the delay in receiving the confirmed funding allocation from DHSSPS and although the confirmed allocation letter was late, NIAO noted that RQIA had received confirmation of the funding on 1 April 2011.
- 5.4 The final risk identified in the audit strategy was with regard to the quality of the accounts. Catherine O'Hagan advised that the final accounts were of much higher quality than those of the previous year as they had been independently reviewed.
- 5.5 Catherine O'Hagan continued and gave an overview of the significant observations picked up during the audit. The first of these concerned declaration of interest forms where it was noted that, although RQIA had a process in place for the declaration of interests at Board meetings, it was important that signed declarations were held on file.
- 5.6 The second observation was the risk that a delay in the issue of an invoice may result in an invoice never being issued. The final observation was with regard to annual leave accrual and the requirement for RQIA to calculate this for the accounts, even though the figure may be too small to make a significant difference to the overall financial position.
- 5.7 Catherine O'Hagan advised that there were four adjusted differences made to the final accounts but stated that these did not materially affect the overall position. She said that overall RQIA had been given an unqualified opinion and that the draft certificate from the Comptroller and Auditor General was contained at the back of the report.
- 5.8 The Chairman thanked Catherine O'Hagan for giving an overview of a comprehensive report and she commended the work of the staff in RQIA for their assistance during the audit. She asked Committee members if they had any queries on the matters raised within the report.
- 5.9 A Committee member asked whether RQIA received any assurances from BSO, particularly in regard to the issues around the duplicate payment that had been found. Catherine O'Hagan said that NIAO also carries out the audit of BSO but NIAO could not provide an assurance to RQIA about BSO, this would have to come directly from BSO.
- 5.10 The Chairman advised that RQIA had received correspondence from BSO, dated 27 June, stating that its system of internal control had been found to be "satisfactory". The Head of Finance said that the issue of the duplicate payment had been picked up by RQIA and he added that the probability of such an error happening again was minimal.
- 5.11 The Chief Executive advised that he, along with the Chairman, had met with the Chairman and Chief Executive of BSO to raise some of the issues

around the SLA, value for money and the completion of the costing exercise. He said that he had passed on the reservations of the Board and the Audit Committee. He added that the Chief Executive of BSO had brought to the meeting the SLA for 2011/12 and that it had been signed off. He undertook to follow up the costing exercise with BSO.

- 5.12 A Committee member asked how BSO will demonstrate value for money following completion of the costing exercise. The Director of Corporate Services explained that BSO is planning to undertake a benchmarking exercise and this would also be shared with RQIA.
- 5.13 The Chairman expressed concern about any further delay in resolving these matters and said that the Committee would welcome, if required, the opportunity to raise these issues directly with the Chief Executive of BSO. The Chief Executive suggested that he would pick up on these matters with the Chief Executive of BSO directly. This approach was agreed.
- 5.14 A Committee member asked if there were elements of the SLA which RQIA could do in-house. The Head of Finance explained that within finance, RQIA would not have the expertise to do payroll or travel claims. He added that RQIA, with a small finance department, could not carry the risk of a member of staff going on sick leave.
- 5.15 The Chairman asked about the inclusion of ICT in the original SLA. The Chief Executive said that he had raised this issue with BSO and had explained that he had felt this to be inappropriate, as RQIA was currently finalising a business case for the provision of ICT. He said that he was assured that this was an oversight.
- 5.16 The Chairman asked if RQIA had been charged by BSO for the work undertaken to review the accounts. The Head of Finance said that there was no additional charge. He added that this was the first time RQIA would factor the time taken for this review into the timetable for the preparation of the accounts in 2011/12.
- 5.17 The Audit Committee **NOTED** the external audit report which will be forwarded to the Board on 7 July.

Resolved Action

- **Committee Services Manager to forward Report to Those Charged with Governance to the Board meeting on 7 July**
- **Chief Executive to follow up outstanding matters in respect of SLA with BSO**

6 Annual Report of Corporate Governance [Paper AC/19/11]

- 6.1 The Director of Corporate Services presented the Annual Report of Corporate Governance to the Committee and explained that the report followed a standard format. He gave an overview of the key developments over the last year which includes a review of the Corporate Performance

Report and the Key Performance Indicators. He moved on to say that RQIA had a “satisfactory” system of Internal Control and had received an unqualified audit opinion from NIAO. He cited the development of the Risk Management Strategy and the roll out of training for all staff as key factors in achieving these opinions.

- 6.2 A Committee member noted that RQIA Board members have attended inspection visits and also sit on short life working groups.
- 6.3 The Chief Executive said that, having set in place sound structures for performance management, the challenge for RQIA in 2011/12 is to prepare an Efficiency Plan for the period 2011/12 to 2014/15. The Chairman said that the Audit Committee would be keen to monitor the progress of this Plan.
- 6.4 The Chairman sought clarity on the reference to performance related pay for senior executives. The Chief Executive explained that the Appointments and Remuneration Committee had carried out the instructions issued in the recent DHSSPS circulars regarding remuneration for senior executives. He **AGREED** to forward a copy of the relevant circular to the Chairman.
- 6.5 The Chairman noted that the Audit Committee had a role in the review the Corporate Risk Assurance Framework Report and that this should be stated within the report.
- 6.6 Subject to minor amendments, the Audit Committee **APPROVED** the report on Corporate Governance for submission to the Board.

Resolved Action

- **Chief Executive to forward circular on Senior Executive Pay to Committee Chairman**
- **Planning and Corporate Governance Manager to amend Report on Corporate Governance before submission to the Board on 7 July**

7 Review of Annual Accounts [Paper AC/20/11]

- 7.1 The Director of Corporate Services advised the Audit Committee that between 2009/10 and 2010/11, RQIA’s pay costs had shown an increase of £534k but non-pay costs had shown a decrease of £47k. He explained that the opening revenue resource limit (RRL) was different as there had been a reduction to the RRL following a series of in-year adjustments.
- 7.2 A Committee member asked if RQIA sought additional funding from DHSSPS for commissioned reviews. The Chief Executive explained that RQIA would always consider if a commissioned review required additional funding, for example to cover the expenses of independent expertise but would not formally seek the funding unless there were additional pressures on RQIA’s financial situation.

- 7.3 A Committee member asked if RQIA provided support to other regulatory bodies on a *quid pro quo* basis. The Chief Executive noted that the Director for Service Improvement had travelled to Wales to work on a week-long review with Health Inspectorate Wales (HIW).
- 7.4 The Chairman noted the significant increase in staffing costs and requested that a breakdown of this be provided in advance of the Board meeting. The Head of Finance **AGREED** to do this.
- 7.5 A Committee member asked if the cost of laptops should be treated as capital expenditure rather than revenue. The Head of Finance confirmed that the expenditure could be treated as either but in this case, it was revenue expenditure. Catherine O'Hagan from NIAO added that in this case, the accounting treatment was correct.
- 7.6 The Audit Committee **NOTED** the review of Annual Accounts.

Resolved Actions

- **Head of Finance to prepare breakdown of staffing costs in advance of the Board meeting on 7 July**
- **Committee Services Manager to forward Review of Annual Accounts papers to the Board on 7 July**

8 Audit Committee Report [Paper AC/21/11]

- 8.1 The Chairman presented the Audit Committee Report to the Board and suggested that in 2011/12, one of the meetings of the Audit Committee should be held on an HSC site.
- 8.2 The Chairman suggested that the report should acknowledge the Committee's appreciation of the helpful advice from both internal and external audit.
- 8.3 The Chief Executive expressed his appreciation to the Audit Committee for the report and for their endorsement that RQIA had made significant progress with the implementation of all its audit recommendations.
- 8.4 Subject to minor amendments, the Audit Committee **APPROVED** the Audit Committee Report for onward submission to the Board.

Resolved Action

- **Committee Services Manager to forward Audit Committee Annual Report to the Board on 7 July**

**9 For submission to Board:
RQIA Annual Report and Accounts 2010/11 [Paper AC/22/11]**

- 9.1 The Director of Corporate Services presented the Annual Report and Accounts for 2010/11 to the Audit Committee and noted that the Board had had an opportunity to provide comment on the draft report. He explained

that the report outlined the key achievements against the core activities, as well as the information relating to the annual accounts.

- 9.2 A Committee member sought clarification on RQIA's role in relation to controlled drug prescribing. After some discussion it was **AGREED** that this section would be modified before the Report went to the Board.
- 9.3 The Audit Committee **APPROVED** the Annual Report and Accounts for onward submission to the Board.
- 9.4 The Committee considered the issue of corporation tax which had arisen during the preparation of the accounts. The Head of Finance explained that if RQIA were considered to be a trading organisation, then any profit made could be liable to tax. He said that the Northern Ireland Fire and Rescue Service had engaged a tax consultant to resolve this matter.
- 9.5 Catherine O'Hagan said that RQIA should clarify the matter with Her Majesty's Revenue and Customs (HMRC) but she appreciated that there may be a delay in getting an immediate response.
- 9.6 A Committee member asked if RQIA had acted on the outcome of the 2009 DHSSPS circular which raised this issue. The Director of Corporate Services explained that RQIA had written to DHSSPS but he could not confirm if RQIA had received a written response.
- 9.7 The Chief Executive noted that RQIA's sole income is derived from fees but this is offset by the revenue resource limit allocation and he felt that it was unlikely RQIA would be described as a trading body.
- 9.8 The Chairman said she was content that the matter was being dealt with and would await the outcome.

Resolved Action

- **Director of Corporate Services to bring Annual Report and Accounts 2010/11 to the Board for approval, following any amendment to the section on controlled drug prescribing**

10 Schedule of Audits 2011/12 [Paper AC/23/11]

- 10.1 The Planning and Corporate Governance Manager outlined the proposed schedule of audits for 2011/12 and advised that John Murray from Internal Audit would be meeting with Phelim Quinn, Director of Operations to finalise these.
- 10.2 The Chairman said she was pleased that there was more focus on the operational activities but noted that there was no audit days scheduled to look at ICT. It was also suggested that dental regulation could be looked at but it was noted that both of these audits were scheduled to take place in early 2012/13 when better or fuller information and evidence would be available.

- 10.3 The Director of Corporate Services noted his thanks to his team for their work in fulfilling the audit programme and for the preparation done in advance of each audit.
- 10.4 The Head of Finance expressed his thanks to the NIAO staff for their assistance in completing the audit.
- 10.5 The Audit Committee **NOTED** the schedule of audits for 2011/12.

11 Any Other Business

- 11.1 There was no other business.

**Date of next meeting:
27 October 2011, 10am**

ACTION LIST

RQIA Audit Committee Meeting 28 June 2011

Action	Minutes Ref	Description	Assigned to	Date Due	Status
156	May 11 (para 4.1)	Committee Services Manager to progress the review of the terms of reference of the Committee and the introduction of appointment letters in autumn 2011	Committee Services Manager	Oct 11	Outstanding
157	May 11 (para 4.5)	Committee Chairman to advise the Board of the main findings of the self assessment questionnaire	Chairman	Jul 11	Complete
159	May 11 (para 8.2)	Director of Corporate Services to look at the possibility of RQIA obtaining training on IFRS for Board members at a future Board workshop	Director of Corporate Services	Oct 11	Complete
160	May 11 (para 9.1)	Committee Services Manager to forward the minutes of the meeting of 27 January to the Board on 7 July for noting	Committee Services Manager	Jul 11	Complete
161	Jun 11 (para 3.1)	Committee Services Manager to bring minutes of the 26 May meeting to the Board on 7 July for noting	Committee Services Manager	Jul 11	Complete
162	Jun 11 (para 3.5)	Chief Executive to discuss RAIL Project at next RQIA/DHSSPS liaison meeting	Chief Executive	Jul 11	Outstanding

Action	Minutes Ref	Description	Assigned to	Date Due	Status
163	Jun 11 (para 5.13)	Chief Executive to follow up outstanding matters in respect of SLA with BSO	Chief Executive	Jul 11	Complete
164	Jun 11 (para 5.17)	Committee Services Manager to forward Report to Those Charged with Governance to the Board meeting on 7 July	Committee Services Manager	Jul 11	Complete
165	Jun 11 (para 6.4)	Chief Executive to forward circular on Senior Executive Pay to Committee Chairman	Chief Executive	Jul 11	Complete
166	Jun 11 (para 6.6)	Planning and Corporate Governance Manager to amend Report on Corporate Governance before submission to the Board on 7 July	Planning and Corporate Governance Manager	Jul 11	Complete
167	Jun 11 (para 7.4)	Head of Finance to prepare breakdown of staffing costs in advance of the Board meeting on 7 July	Head of Finance	Jul 11	Complete
168	Jun 11 (para 7.6)	Committee Services Manager to forward Review of Annual Accounts papers to the Board on 7 July	Committee Services Manager	Jul 11	Complete
169	Jun 11 (para 8.4)	Committee Services Manager to forward Audit Committee Annual Report to the Board on 7 July	Committee Services Manager	Jul 11	Complete
170	Jun 11 (para 9.3)	Director of Corporate Services to bring Annual Report and Accounts 2010/11 to the Board for approval, following any	Director of Corporate Services	Jul 11	Complete

Action	Minutes Ref	Description	Assigned to	Date Due	Status
		amendment to the section on controlled drug prescribing			