

AGENDA

RQIA Board Meeting
Board Room, RQIA, 9th Floor, Riverside Tower, Belfast
3 July 2014, 12.30pm

PUBLIC SESSION

Item	Paper Ref	
1 Welcome and Apologies		12.30pm
2 Minutes of the meeting of the Board held on Thursday 15 May 2014	min/ May14/ public	12.35pm APPROVE
3 Matters arising from minutes		12.40pm
4 Declaration of Interests		12.50pm
5 Chair's Report Acting Chair	E/04/14	12.55pm NOTE
6 Chief Executive's Report Chief Executive	F/04/14	1.05pm NOTE
7 Corporate Risk and Assurance Framework Report Director of Corporate Services	G/04/14	1.35pm APPROVE
8 Draft Corporate Strategy 2015/18 Director of Corporate Services	H/04/14	1.55pm APPROVE
9 Draft Review Programme 2015/18 Head of Programme	I/04/14	2.15pm APPROVE
10 Draft RQIA Improvement and Efficiency Operational Plan 2014/15 Director of Corporate Services	J/04/14	2.35pm NOTE
11 Draft Risk Management Strategy Director of Corporate Services	K/04/14	2.50pm APPROVE
12 Draft PPI Action Plan 2014/15 Director of Corporate Services	L/04/14	3.00pm APPROVE
13 Overview of Mental Capacity Bill Director of Mental Health and Learning Disability	M/04/14	3.10pm NOTE

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|----|---|---------|--------------------------|
| 14 | Audit Committee Business
Committee Chairman
To include: <ul style="list-style-type: none">• Approved Minutes of Meeting of 7 May 2014• Verbal update on Meeting of 26 June 2014• Audit Committee Annual Report 2013/14 | N/04/14 | 3.40pm
NOTE |
| 15 | Guidance Note for Members of the Public
Attending RQIA Board Meetings
Acting Chair | O/04/14 | 4.30pm
APPROVE |
| 16 | Any Other Business | | 4.35pm |

Date of next meeting: 11 September 2014
Boardroom, RQIA

RQIA Board Meeting

Date of Meeting	3 July 2014
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / May14 / public
Author	Katie Symington
Presented by	Professor Mary McColgan
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 15 May 2014.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to APPROVE the minutes of the Board meeting of 15 May 2014.
Next steps	The minutes will be formally signed off by the Acting Chair and will be uploaded onto the RQIA website.

PUBLIC SESSION MINUTES

RQIA Board Meeting

Board Room, 9th Floor, Riverside Tower, Belfast

15 May 2014, 1.50pm

Present

Ian Carson (Chairman)
Sarah Havlin
Lindsey Smith
Patricia O'Callaghan
Denis Power
Mary McColgan OBE
Dr John Jenkins CBE
Robin Mullan
Norman Morrow
Seamus Magee

Officers of RQIA in attendance

Glenn Houston (Chief Executive)
Maurice Atkinson (Director of Corporate Services)
Theresa Nixon (Director of Mental Health, Learning
Disability and Social Work)
David Stewart (Director of Reviews and Medical
Director)
Kathy Fodey (Director of Regulation and Nursing)
Malachy Finnegan (Communications Manager)
Katie Symington (Board and Executive Support
Manager)

Apologies

Daniel McLarnon
Stella Cunningham

1.0 Agenda Item 1 - Welcome and Apologies

- 1.1 The Chairman welcomed all Board members to the meeting and in particular welcomed new Board members to this meeting; Seamus Magee, Norman Morrow and Robin Mullan. Apologies were noted from Daniel McLarnon and Stella Cunningham.
- 1.2 The Chairman noted the useful lunch time meeting with the Minister and Chief Medical Officer.

2.0 Agenda Item 2 - Minutes of the meeting of the Board held on 11 March 2014 (min/Mar14/public)

- 2.1 The Board **APPROVED** the minutes of the Board meeting held on 11 March 2014. Board members noted the completed actions on the action plan and further noted that following this meeting actions 45 and 46 will be completed.
- 2.2 **Resolved Action (49)**
Minutes to be formally signed off by the Chairman

3.0 Agenda Item 3 - Matters arising from minutes

- 3.1 The Chairman noted under item 9.1 of the minutes, that the Corporate Risk Assurance Framework Report will be presented at the June Audit Committee meeting and July Board meeting.
- 3.2 The Chief Executive confirmed that he will review the Whistleblowing guidance, further to item 6.8 of the March minutes.

Resolved Action (50)

Chief Executive to review RQIA's Whistleblowing guidance

4.0 Agenda Item 4 - Declaration of Interests

- 4.1 The Declaration of Interests register was tabled for member's consideration. The Chairman asked Board members if, following consideration of the agenda items, any interests were required to be declared in line with Standing Orders.
- 4.2 Sarah Havlin declared a conflict of interest in relation to the Serious Adverse Incidents as detailed under item 10, Annual Report of the Mental Health and Learning Disability Directorate, 1 April 2013 to 31 March 2014.
- 4.3 The Chairman asked Board members to advise the Board & Executive Support Manager of any necessary updates to the Register of Interests and emphasised the importance of this update.

The Chairman agreed that the Chief Executive, Audit Committee Chair and Acting Chair will agree the process of maintaining the Register of Interests for Board members.

Resolved Action (51)

Process for the maintenance of the Register of Interests for Board members to be agreed

5.0 Agenda Item 5 - Chairman's Report (A/03/14)

- 5.1 The Chairman noted his attendance at the Patient Safety Conference on 12/ 13 March 2014 and the meeting of the Chairs Forum on 8 April 2014. The Chairman thanked those members of the Board who attended RQIA's pre-consultation events for the development of the Corporate Strategy and noted the workshop to further develop the themes identified at these events, on 16 May 2014.
- 5.2 The Chairman noted his involvement in the recent appointment panel for the Northern Health and Social Care Trust, Chief Executive post. The Chairman also noted his attendance at the NHS Confederation Conference in London, on 14 May; a note of this meeting was shared with the Chief Executive.

- 5.3 The Chairman welcomed a member of the public to this meeting, Mr David Irwin.
- 5.4 **Resolved Action (52)**
Chairman's note of NHS Confederation meeting to be circulated to Board members for information
- 5.5 **Resolved Action (53)**
The slides, as presented at the April Board workshop by PwC, to be circulated to Board members
- 5.6 The Board **NOTED** the Chairman's Report.
- 6.0 Agenda Item 6 - Chief Executive's Report (B/03/14)**
- 6.1 The Chief Executive noted the recent Corporate Strategy pre-consultation events, which were attended by over 200 members of the public. A further meeting will be held with the DHSSPS in relation to the development of the 2015-18 Corporate Strategy and Review Programme.
- 6.2 The Chief Executive informed Board members that work is progressing in relation to iConnect and user acceptance testing. An iConnect demonstration will be provided to Board members, at the June Board workshop. The Chief Executive also noted RQIA's Investors in People assessment, which will take place in June 2014.
- 6.3 The Chief Executive informed Board members that RQIA's Business Plan has been formally approved by DHSSPS, enabling RQIA's formal appraisal process for staff members to be finalised by the end of June.
- 6.4 The Chief Executive noted that 2643 inspections were undertaken by the Regulation team within the 2013/14 inspection year. The Regulation Team are also currently undertaking a piece of work in relation to charging for domiciliary care within some supported living domiciliary care agencies, the findings of this work will be presented to the DHSSPS. Board members were informed that the enforcement policy and procedures will be reviewed following the implementation of iConnect.
- 6.5 The Chief Executive informed Board members that following the recent recruitment exercise for lay assessors, 15 appointments have been made. The lay assessors will shortly undergo an induction process.
- 6.6 The Chief Executive noted that the commissioned reviews of Child Sexual Exploitation and the review to examine the implementation of actions set out in the Dental Hospital Inquiry Action Plan, are ongoing and highlighted his attendance at Trust visits with Kathleen Marshall, as part of the Child Sexual Exploitation Inquiry.

- 6.7 The Chief Executive noted that Child Sexual Exploitation stakeholder events will be held by the Review Team in June 2014.
- 6.8 The Chief Executive noted the review of the arrangements for the management and co-ordination of unscheduled care in the Belfast Health and Social Care Trust, chaired by RQIA's Medical Director and Director of Reviews. This report is due for completion on 15 June 2014.
- 6.9 The Chief Executive noted the publication of the report of the Implementation of the Independent Review of the Respiratory Services Framework, in March 2014 and also the ongoing work of the Review team in relation to the completion of specific recommendations from the 2011 Prison Review Report.
- 6.10 The Chief Executive highlighted to Board members the request by DHSSPS for RQIA to undertake the responsibility of providing second opinions by Part IV Medical Practitioners, on medical treatment plans. The Mental Health and Learning Disability Team are currently preparing a business case for submission to the DHSSPS.
- 6.11 The Chairman noted this additional piece of work, to be undertaken by RQIA, alongside the request by the Chief Medical Officer to undertake a rolling inspection of hospitals.
- 6.12 **Resolved Action (54)**
Letter from Chief Medical Officer to RQIA to be circulated to Board members
- 6.13 The Chief Executive noted the ongoing Landscape Review of RQIA, by RSM McClure Watters.
- 6.14 The Chief Executive noted eight new Freedom of Information requests. One RQIA decision in relation to a request was recently contested; however RQIA's decision was subsequently upheld. One new complaint has also been received in relation to a member a of RQIA staff.
- 6.15 The Chief Executive drew the Board's attention to the 100,000 page views (hits) of RQIA's website from 14,000 visitors.
- 6.16 The Chief Executive informed Board members that no formal representations have been received since the last Board meeting, while two appeals have been made to the Care Tribunal. The Board will be informed of the outcome of these appeals in due course.
- 6.17 The Chairman informed Board members that two committees of the Board require additional members; the Audit Committee and the Appointments and Remuneration Committee.

The constitution of these committees will be decided by the next RQIA Chair. One new member of the Board is also requested to join the Corporate Strategy Steering Group.

6.18 The Board **NOTED** the Chief Executive's report.

7.0 Agenda Item 7 – Finance Report (C/03/14)

7.1 The Director of Corporate Services presented the provisional summary financial position as at 31 March 2014. Board members were informed that the DHSSPS has agreed to increase RQIA's RRL in order to part cover the costs associated with two DHSSPS commissioned reviews. The capital underspend at year end is £5,000. It is projected that RQIA will achieve breakeven for 2013/14 annual accounts.

7.2 The Director of Corporate Services stated that prompt payment compliance at year end is 76.5%, which is below the 95% target set by DHSSPS. This target was however unachievable within this financial year due to the implementation of the new HSC finance system and the Business Services Organisation, Shared Services Centre.

7.3 All outstanding fees have been recovered for the 2013/14 financial year and a full recovery of pro-rata place increases is anticipated by the end of Quarter 1, 2014/15.

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

8.0 Agenda Item 8 – Corporate Performance Report (D/03/14)

8.1 The Director of Corporate Services presented the end-of-year Corporate Performance Report for 2013/14. An amended paper was tabled for Board members.

8.2 The summary position on page three showed that 88% of all actions are complete, while 12% of actions are outstanding for the 2013/14 year. Board members were asked to note the exception report on pages eight to ten, for 13 actions, two of which are now complete, 2.1.10 and 9.1.16. The incomplete actions will carry forward into the 2014/15 year and will continue to be reported on.

8.3 The Director of Corporate Services noted that the development of a corporate scorecard will help develop a more focused set of Measures of Success for RQIA.

8.4 The importance of communicating organisational improvements and the outcome of RQIA activities to the public was noted by a Board member.

- 8.5 Board members **APPROVED** the Corporate Performance Report.
- 9.0 Agenda Item 9 - RQIA Regulation Directorate, Inspection Activity and Impact Analysis (E/03/14)**
- 9.1 The Director of Regulation and Nursing presented the Regulation Directorate, Inspection Activity and Impact Analysis report to Board members. This report detailed capacity and workload issues for the Regulation Directorate.
- 9.2 Board members discussed the risks associated with the redistribution of activity, as detailed within this report.
- 9.3 Further to a Board member query in relation to the completion of inspection reports within 28 days, the Director of Regulation and Nursing stated that this area is impacted by the increasing regulatory activity including additional inspections and enforcement. Assurance was provided to Board members that should an issue be identified by an inspector during an inspection, this would be fed back to the organisation at the time of inspection.
- 9.4 **Resolved Action (55)**
A board workshop will be organised with a specific focus on how RQIA can deliver against their statutory requirements and the associated risks in relation to inspection footfall
- 9.5 Board members **NOTED** the RQIA Regulation Directorate, Inspection Activity and Impact Analysis.
- 10.0 Agenda Item 10 - Annual Report of the Mental Health and Learning Disability Directorate 1 April 2013 to 31 March 2014 (F/03/14)**
- 10.1 The Director of Mental Health and Learning Disability (MHLDD) presented the Annual Report of the Mental Health and Learning Disability Directorate 1 April 2013 to 31 March 2014, to Board members.
- 10.2 The Director of Mental Health and Learning Disability informed Board members that the inspection footfall of the MHLDD Directorate increased by 63% from the 2012/13 year. This report also highlighted findings made in relation to Iveagh Ward and the Beechcroft Treatment Ward. Escalation action undertaken by the MHLDD Directorate was also highlighted within this report.
- 10.3 The Director of Mental Health and Learning Disability informed the board that a further report will be undertaken by the MHLDD Directorate in relation to the delayed discharge of patients.
- 10.4 The Director of Mental Health and Learning Disability acknowledged the work of the Part II and Part IV Appointment Panels, a report on the work of these panels will be presented to the Board in September 2014.

- 10.5 The Director of Mental Health and Learning Disability noted that the MHL D Directorate continues to monitor treatment plans and Serious Adverse Incidents. The Director of Mental Health and Learning Disability highlighted her concerns in relation to the inconsistent reporting of Serious Adverse Incidents to RQIA.
- 10.6 The Director of Mental Health and Learning Disability highlighted the engagement of patients, by the MHL D Directorate and the production of easy read reports from this year onward.
- 10.7 Board members welcomed this annual report and suggested that it is disseminated to a key audience. The Chief Executive noted that the Director of Mental Health and Learning Disability is working with the Mental Health Commission (Ireland) to develop an all-Ireland conference. This conference will demonstrate the work of both the Mental Health Commission and RQIA and will be held on 5 December 2014, in Dublin Castle. The Chairman commended the work of the MHL D Directorate in the production of this annual report.
- 10.8 **Resolved Action (56)**
2013/14 Annual Report of the MHL D Directorate to be issued to Chief Executives of identified HSC organisations
- 10.9 Board members **NOTED** the Annual Report of the Mental Health and Learning Disability Directorate 1 April 2013 to 31 March 2014.
- 11.0 **Agenda Item 11 - Audit Committee Business (G/03/14)**
 - **Approved Minutes of Meeting of 24 February 2014**
 - **Verbal update on Meeting of 7 May 2014**
- 11.1 The Chair of the Audit Committee presented the minutes from the meeting of 27 February 2014 to Board members for noting. The Chair provided a verbal update to Board members following the Audit Committee meeting of 7 May 2014.
- 11.2 The Chair of the Audit Committee noted that the Committee is currently awaiting appointment of three new Board members.
- 11.3 The Chair of the Audit Committee noted that five actions on the Audit Action Plan are currently outstanding, three of which are dependant on the implementation of iConnect.
- 11.4 The Chair of the Audit Committee highlighted the Internal Audit reports presented at the meeting of 7 May; Procurement and Contract Management and a Board Effectiveness Audit. No priority one recommendations were identified within these audit reports. Internal Audit also presented their three year strategy plan for 2015-18, amounting to 52 days of Audit work within RQIA.

- 11.5 The Chair of the Audit Committee noted that the Audit Committee handbook has been updated and was circulated to Audit Committee members. Board members also noted that a workshop will be held in July/ August 2014 for training for Audit Committee members. The Chairman noted that new Audit Committee members will also receive external training for their role on this Committee.
- 11.6 The Chair of the Audit Committee noted that the draft governance statement was presented to the Audit Committee and is tabled for Board member information. This governance statement will be finalised for submission with final accounts. The next meeting of the Audit Committee will take place on 26 June 2014.
- 11.7 Board members **NOTED** the approved minutes of the Audit Committee meeting, 27 February 2014 and the verbal update of the Audit Committee meeting, 7 May 2014.
- 12.0 Agenda Item 12 – Any Other Business**
- 12.1 The Chairman, in this his last board meeting as Chair of RQIA, highlighted that future work should be undertaken in relation to the challenges faced by the organisation and also in relation to public awareness and expectation in terms of complaints and whistleblowing. The Chairman offered his thanks to Board members.
- 12.2 Denis Power, on behalf of all Board members thanked the Chairman for his leadership and commitment to RQIA. The Chief Executive also thanked the Chairman for his excellent stewardship of RQIA on behalf of all members of the Executive Team.
- 12.3 Mr Irwin, member of the public attending this Board meeting, sought clarification from the Board in relation to the categorising of Dental Practices as Independent Hospitals. The Chairman confirmed that the standards used by RQIA are set by the DHSSPS and that this issue has been highlighted to them. The Chief Executive informed Mr Irwin that he will agree a further meeting to discuss the issues raised.
- 12.4 As there was no further business the Chairman brought the public session of the Board to a close at 4.30pm.
- 12.5 Board members were asked to remain following this public session of the Board to appoint an acting Chair should no appointment be made before the end of tenure of the current Chair on 31 May 2014. The Chairman appointed Professor Mary McColgan, as acting Chair.

Date of next meeting:

Thursday 3 July 2014, Boardroom, RQIA.

Signed

Dr Alan Lennon
Chairman

Date

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Status
25	3 September 2013	The results of the Oval Mapping exercise will be shared with Board members	Chief Executive	Ongoing
34	14 November 2013	A paper on the implementation of RQIA recommendations following Review Reports will be provided to Board members	Chief Executive	Ongoing
48	11 March 2014	Agreement that the Chief Executive will arrange for a future external Board meeting, at a Trust facility	Chief Executive	Ongoing
49	15 May 2014	Minutes to be formally signed off by the Chairman	Chairman	Complete
50	15 May 2014	Chief Executive to review RQIA's Whistleblowing guidance	Chief Executive	Ongoing
51	15 May 2014	Process for the maintenance of the Register of Interests for Board members to be agreed	Chief Executive	Ongoing
52	15 May 2014	Chairman's note of NHS Confederation meeting to be circulated to Board members for information	Chief Executive	Ongoing
53	15 May 2014	The slides, as presented at the April Board workshop by PwC, to be circulated to Board members	Board & Executive Support Manager	Ongoing
54	15 May 2014	Letter from Chief Medical Officer to RQIA to be circulated to Board members	Chief Executive	Ongoing
55	15 May 2015	A board workshop will be organised with a specific focus on how RQIA can deliver against their statutory requirements and the associated risks in relation to inspection footfall	Chief Executive	Ongoing
56	15 May 2014	2013/14 Annual Report of the MHL D Directorate to be issued to Chief Executives of identified HSC organisations	Chief Executive	Ongoing

RQIA Board Meeting

Date of Meeting	3 July 2014
Title of Paper	Chairman's Report
Agenda Item	5
Reference	E/04/14
Author	Professor Mary McColgan
Presented by	Professor Mary McColgan
Purpose	To inform the RQIA Board of the Acting Chair's external engagements and key meetings since the last Board meeting of the RQIA.
Executive Summary	Between 2 June 2014 and 3 July 2014, I attended 1 meeting 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

1. Correspondence

- a) New 2014-16 strategy for the Royal College of Radiologists.
- b) Update from Chairman Mr John O'Hara QC, on Hyponatraemia – Related Deaths.

2. Meetings Attended

HSC Chairs Forum meeting on 17th June 2014; Guest speaker Dr Gavin Lavery, Clinical Director of Safety Forum.

3. Forthcoming

HSC Board member Risk and Resilience 3rd July 2014.

Professor Mary McColgan
Acting Chair

3 July 2014

RQIA Board Meeting

Date of Meeting	3 July 2014
Title of Paper	Chief Executive's Report
Agenda Item	6
Reference	F/04/14
Authors	Glenn Houston
Presented by	Glenn Houston
Purpose	The purpose of the Report is to update the Board on strategic issues which the Chief Executive and Senior Management Team has been dealing with since the May Board meeting, and to advise Board members of other forthcoming key developments or issues.
Executive Summary	<p>The matters highlighted in the Report include:</p> <ul style="list-style-type: none"> • Strategic Developments or Issues • Significant Operational Issues or Risks • Corporate Governance Issues • Resource Issues (Finance and Human Resources) • Communications
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to COMMENT on the Chief Executive's Report.
Next steps	Not applicable

CHIEF EXECUTIVE'S REPORT

1. Strategic Developments or Issues

1.1 Corporate Services

Corporate Strategy

Pre-consultation on the development of the new Corporate Strategy closed on 31 May 2014. This consisted of:

- A series of “conversations” with our stakeholders about our priorities which took place in April across Northern Ireland. In total 201 people attended these events from which we gleaned very useful feedback and ideas for improvement and change.
- A workshop with staff took place on 29 April and a further workshop with the Board and senior managers took place on 16 May.

The Planning & Corporate Governance Manager provided the Board with an overview of the feedback from these events at the Board Workshop on 12 June. The main themes are the need for more meaningful engagement with our stakeholders and identification of a range of areas in which we need to improve.

Furthermore, a roundtable event has been organised between RQIA and DHSSPS on 31 July to discuss both the Corporate Strategy and Review Programme.

The Strategy Steering Group met on 25 June to consider the final draft of the Corporate Strategy prior to approval by the Board.

iConnect

At the Board meeting in May Board members were made aware that significant issues had been highlighted to the iConnect Project Board in relation to the User Acceptance Testing (UAT) process e.g. continuing change control requests, limitations of testing scripts and delays in the provision of information to Sysco. A remedial Action Plan was agreed in April to address these issues and the timeline for UAT was extended.

At the meeting of the iConnect Project Board on 2 June a draft Internal Audit Report on the UAT process and a Summary Report on UAT prepared by the Project Manager were considered. The Project Board decided that iConnect should go-live as planned on 30 June. This decision was further confirmed at a meeting of the Project Board on 19 June following the successful completion of the UAT process. A demo of the new system was presented to Board members at a Board Workshop on 12 June.

On 20 June the iConnect project underwent an Internal Peer Review (IPR) 4 Health Check: Readiness for Service. The primary purposes of this Review are to confirm that contractual arrangements are up to date, that necessary testing has been done to the client's satisfaction and that the client is ready to approve implementation. The outcome of the review was "green" i.e. *"successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly."*

In June data was migrated from the old systems to the new system and users of iConnect were trained. It is planned that the system will go live on 30 June.

Investors in People (IiP)

RQIA underwent an IiP assessment against the core standard which concluded on Friday 6 June. We have received formal confirmation that RQIA has achieved IIP accreditation. Feedback from the independent IiP assessor will form the basis for an ongoing improvement plan over the coming years.

1.2 Regulation

Inspection Activity

First quarter inspection activity has been impacted by vacancies for inspectors across the Directorate. A successful recruitment exercise undertaken in June and vacant posts will be filled in the coming months. A recruitment exercise is ongoing for the appointment of Head of Programme for Nursing and Independent Healthcare to replace Mrs Muriel Dickson following her retirement.

Enforcement policy and associated procedures.

A training programme for administration staff on the revised enforcement policy and procedures has been completed. This included supervision sessions for all those who support enforcement meetings and take notes. Further updates will be required following a review of the procedure documents following the implementation of the new information management system: iConnect.

Stage 2: Services new to regulation

Phase 2 of the registration of Independent Hospitals/ beauty clinics operating Intense Pulse Light lasers, is underway. Thirteen of the 35 new services are yet to come forward for registration. These services may be liable to prosecution should they continue to operate without registration.

Enforcement Activity

An update on enforcement activity is included at Appendix A. To note that Board members were involved in three separate Decision Making Panels to consider a Notice of proposal:

- to refuse to register a dental practice in Dundonald
- to refuse to register a dental practice in Ballymena

All three practices belong to the same dental practitioner. An appeal has been made in relation to one Notice of Decision and is currently with the Care Tribunal for determination.

A Notice of Proposal to cancel registration of a registered provider of a Nursing Home was issued. A Decision Making panel will be required to convene at the end of July/ early August.

Enforcement Activity Update

An update on enforcement activity is included at Appendix A.

1.3 Reviews

RQIA has published three reviews since the last Board meeting in May 2014.

On 2 June 2014, RQIA published a report on a review of the Implementation of NICE Clinical Guideline 42: Dementia. The review examined progress in each health and social care trust and made eight recommendations for improvement to enhance the arrangements for implementation of NICE clinical guidelines.

On 6 June 2014, RQIA has published the findings of its review of oversight of service users' finances in residential and supported living settings, which assessed HSC trusts' arrangements to manage service users' finances and their compliance with departmental guidance. The review made seven recommendations to strengthen safeguards for residents' finances, including a call for guidance to be revised to provide greater assurance that service users' finances are being appropriately managed, and to reflect the changing structures of care delivery in Northern Ireland.

On 13 June 2014, RQIA published the findings of its review of the effective management of practice in theatre settings across Northern Ireland. The review team inspected the theatre departments in ten of the largest hospitals in Northern Ireland to assess compliance with guidance, including surgical safety and health care hygiene standards. The delivery of safe, effective surgical care is complex, involving many interventions, processes and safety checks that should be consistently applied for every patient.

RQIA assessed trusts' arrangements to meet a range of guidance including the World Health Organisation's Surgical Safety Checklist. While this checklist has been implemented in all hospitals inspected, further improvements are required to ensure that it is consistently applied, with full engagement, participation and completion by the relevant professional staff.

The overview report made 13 recommendations to improve compliance with standards. Separate inspection reports were prepared for each hospital inspected, making specific recommendations for improvement in individual hospitals.

RQIA has completed two commissioned reviews and forwarded reports of findings to the Minister for consideration, prior to publication. These include:

- Independent Review of the actions taken in relation to concerns raised about the care delivered at Cherry Tree House, Carrickfergus
- Review of Arrangements for Management and Co-Ordination of Unscheduled Care in the Belfast HSC Trust and related regional issues

Fieldwork is continuing in relation to the Inquiry into Child Sexual Exploitation in Northern Ireland with the planned date for completion remaining on course for November 2014.

During June 2014, RQIA participated in a joint inspection of Magilligan Prison with other regulators. The report of the inspection will be published later in 2014.

During April to June 2014, RQIA has carried out a pre-consultation exercise to inform the preparation of a draft three year review programme for 2015-2018. A draft consultation report will be brought to the Board meeting on 3 July 2014 for consideration.

1.4 Mental Health and Learning Disability

The draft Mental Capacity (Health, Welfare and Finance) Bill was issued for consultation by the DHSSPS on 27 May 2014.

This Bill will introduce a single, statutory framework governing all situations where a decision needs to be made in relation to the care, treatment (for a physical or mental illness) or personal welfare, of a person aged 16 or over, who lacks capacity to make the decision for themselves.

The Bill will ensure that where a person has the mental capacity to make a specific decision about their care or treatment or personal welfare, they are allowed and supported to do so; and it will strengthen protections for those vulnerable people in our society who lack capacity to make these decisions for themselves.

The Consultation will run from Tuesday, 27 May 2014 until Tuesday, 2 September 2014.

The Director of Mental Health, Learning Disability and Social Work has organised a workshop for all relevant staff from across the Authority to prepare a response; Board members are invited to attend the workshop on 1 August 2014.

Pre-Judicial Review (DHSSPS, Northern Health and Social Care Trust and Implications for RQIA)

RQIA received a notification from Dr McMaster, DHSSPS on 13 March 2014 concerning a prejudicial review hearing involving the Northern Health and Social Care Trust and DHSSPS.

The pre-judicial review hearing related to the continuing lawful operation of the second opinion appointed doctors in relation to Article 64 of the Mental Health (Northern Ireland) Order 1986.

Under Article 64 of the Mental Health (Northern Ireland) Order 1986, the administration of psychotropic medicine three months or more after its first administration, during any continuing period of liability for detention, requires consent or a second opinion. Consent, given by a detained patient, must be validated by the Responsible Medical Officer (Part II Medical Practitioner) or a Part IV Medical Practitioner and a Form 22 completed (see Appendix 1).

If valid consent is not given or cannot be given, a second opinion must be obtained from either a Part II or Part IV Medical Practitioner and a Form 23 requires to be completed (see Appendix 2). A Part II Medical Practitioner from another hospital/department can give the second opinion. To date in Northern Ireland this second opinion has been provided by a second doctor from the Trust.

In a Judicial Review pre-action review letter of 10 March 2014 from the Law Centre (Northern Ireland), the Law Centre contended that as a result of a decision of the European Court of Human Rights in *X v Finland* (Application no. 34806/04; judgment of 3 July 2012) it is highly doubtful that the approach in the Mental Health (Northern Ireland) Order 1986 and in the guide to the Mental Health (Northern Ireland) Order 1986, where compulsory treatment flows from detention automatically and with limited procedural and substantive safeguards, is consistent with Articles 5 and 8 of the European Convention on Human Rights.

The Law Centre (Northern Ireland) requested that DHSSPS take immediate steps to remedy the defects in the current system for obtaining a second doctor's opinion under Article 64 (4) of the Order.

In a letter dated 15 April 2014 DHSSPS has asked that RQIA take on responsibility to appoint Independent Part IV Medical Practitioners to provide all second opinions under Article 64 of the Order. The MHL D Directorate is currently drawing up a business case concerning the additional costs to RQIA of doing so.

Meeting of NPM Bodies in Belfast

A meeting involving all NPM bodies from Great Britain was held at the Northern Ireland Policing Board on 3 June 2014 and attended by the Director of Mental Health, Learning Disability and Social Work. Presentations were delivered by Dr Sharon Shalev and Dr Clive Meux concerning solitary confinement and segregation of prisoners/patients with a mental health illness. A subgroup of NPM Regulators was established to review recent concerns about the continued practice of de facto detention.

This will be led by Dermot Parsons, Head of Programme, RQIA in association with Colin McKay, Chief Executive of the Mental Welfare Commission for Scotland. A report will be brought to the next NPM meeting on this topic in November 2014.

2. Significant Operational Issues or Risks

Two recent enforcement actions have resulted in appeals to the Care Tribunal; dates for hearings have yet to be advised.

RQIA has initiated prosecution in respect of a registered provider of residential care services.

RQIA will be developing an action plan to take forward the recommendations of Cherry Tree House Review which is due for publication on 2 July 2014.

RQIA is establishing a project team to take forward the planning of a new programme of inspections of acute hospitals.

3. Resource Issues (Finance and Human Resources)

Finance

An allocation letter for 2014/15 has not been received and the financial outlook remains uncertain.

4. Corporate Governance Issues

Independent Review of RQIA

The independent review of RQIA commissioned by DHSSPS is ongoing. It is being undertaken by RSM McClure Watters and they are expected to provide a report to the Department in September 2014.

Freedom of Information & Subject Access Requests

Since 9 May there have been 9 new Freedom of Information requests.

Of these:

- Information was fully disclosed for 2 requests
- Partial exemption was applied to 4 requests
- No records were held in relation to 1 request
- 2 recent requests are under consideration

1 new subject access requests has been received since 9 May. This is still open as it is awaiting clarification.

No requests for internal review were received.

4. Corporate Governance Issues

Complaints

Since the last Board meeting, two complaints were received in relation to the work of RQIA. Both were addressed in line with RQIA's Policy and Procedure on the Management and Handling of Complaints, September 2011, and were resolved at the early local resolution stage.

Whistleblowing Disclosures

There have been five whistleblowing disclosures since the last Board meeting, which are being followed up in line with The Public Interest Disclosure (Northern Ireland) Order 1998 and relevant regulations. These related to: three regulated services raising concerns regarding the suitability of a care environment, management and staff recruitment practices; one mental health and learning disability service regarding care issues; and one HSC body regarding alleged bullying.

5. Communications

Since the Board Meeting on 15 May 2014, RQIA has responded to a range of media queries relating to its regulatory activities and associated enforcement action at a number of services. In each case RQIA's communications manager provided background briefings, and issued statements providing details of RQIA's activities and actions as required.

During the period, RQIA issued press releases to accompany the publication of two RQIA reviews: Service Users' Finances in Residential and Supported Living Settings; and Effective Management of Practice in Theatre Settings across Northern Ireland. These reviews attracted coverage in print, broadcast and online media outlets, with the Chief Executive appearing on a number of radio programmes, highlighting RQIA's key findings and recommendations.

On 11 June, RQIA's communications manager and communications officer attended Health and Social Care Regulation: Working Together to Keep People Safe, a reception for MLA's and NI Assembly officials at Parliament Buildings. There was strong interest in RQIA from attendees at this event. It provided an opportunity for engagement with a range of stakeholders on RQIA's role, and also clarity on the role of other systems and professional regulators working in health and social care at a Northern Ireland and UK-wide level.

Since the last RQIA Board meeting, www.rqia.org.uk received over 75,000 page views (hits) from over 10,000 visitors. Whilst inspection and enforcement activity continue to attract the majority of hits, RQIA's Mental Health and Learning Disability pages, which include the latest inspection reports, received some 2,500 visits during this period.

GLENN HOUSTON
Chief Executive

3 July 2014

Appendix A: Enforcement Activity: Update: 15 May to 25 June 2014

Conditions of Registration

There are currently there services subject to conditions of registration as a result of RQIA enforcement action.

Chester Nursing Home, Whitehead

With effect from 12 February 2014, two conditions were imposed on the registration of Chester Nursing Home:

- (1). The hours worked in the home by the nurse manager will be supernumerary and dedicated to undertaking management/supervisory duties.
- (2). The registered provider must ensure that Regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. This condition will continue until such times that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008.

Maine Nursing Home, Randalstown

On 24 June 2013, conditions were placed on the registration of Maine Nursing Home:

- (1). no new admissions to the home until RQIA is satisfied that there are robust governance and management arrangements of the home in place, and compliance with regulations and minimum standards.
- (2). The hours worked in the home by the nurse manager will be supernumerary and dedicated to undertaking management/supervisory duties.
- (3). The registered provider must ensure that regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. This condition will continue until such times that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008..

Following an inspection on 9 December 2013 the condition (1) relating to new admissions was removed. Two conditions of registration remain in place.

Lisburn Dental Surgery, Lisburn

On 19 June 2014 the following condition was imposed on the registration of Lisburn Dental Surgery:

- (1) A dental nurse proficient in the area of infection prevention and control and decontamination must be on site at all times whilst dental treatment is being provided at Lisburn Dental Surgery. The proficient dental nurse must continue to be on site until such times as the relevant staff are trained and deemed competent.

1. Ongoing Enforcement Activity

There is currently ongoing enforcement with respect to 17 health and social care services: nine private dental practices; and eight nursing homes: There is no ongoing enforcement action at children's services. One dental service has lodged an appeal to the Care Tribunal in respect of notices of decision to place conditions of registration. RQIA is awaiting the outcome of this appeal. See below for full details of current activity:

Enforcement Activity: Adult Services, as at 25 June 2014

Name of Service (Registered Provider)	Date of issue, and date compliance is required	Type of notice	Details of Notice
1. Donaghadee Dental Surgery, Donaghadee (R McMitchell Dental World Ltd)	23 January 2014: NOP to refuse an application for registration 4 March 2014: NOD to refuse an application for registration Appeal to Care Tribunal lodged: 18 March 2014	1 x NOP 1 x NOD	One notice to refuse application for registration.
2. Orchard House Nursing Home, Belfast (Cherryvalley Residential Ltd, Mr J A	12 March 2014: Compliance required by 12 May 2014; extended to 10 June 2014	1 x FTC	One notice relating to medicines management. Notice of proposal to impose

Baillie)	23 June 2014:NOP to place COR on home Period for making representation expires on 21 July 2014	1 x NOP	conditions of registration: No new admissions; Senior management monitoring visit reports and reg 29 monthly reports provided to RQIA
3. Bradbury Dental Surgery (Robert McMitchell, Dental World Ltd)	28 March 2014: Compliance required by 30 May 2014; extended to 29 June 2014	2 x FTC	Two notices relating to radiology and radiation safety and the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.
4. Leitch Dental Practice, Comber (Jonathan Leitch)	24 April 2014: Compliance required by 24 June 2014	1 x FTC	One notice relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.
5. Ann Street Dental Practice, Enniskillen (Christopher and Sinead Kelly)	2 May 2014: Compliance required by 2 July 2014	1 x FTC	One notice relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.
6. Bowen Dental, Stewartstown Road, Belfast (Bowen Dental)	12 May 2014: Compliance required by 11 July 2014	1 x FTC	One notice relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.
7. Bowen Dental, Springfield Road, Belfast (Bowen Dental)	12 May 2014: Compliance required by 11 July 2014	1 x FTC	One notice relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical

			devices.
8. Dundonald Dental Surgery, Dundonald (R McMitchell Dental World Ltd)	<p>13 May 2014: NOP to refuse an application for registration</p> <p>13 June 2014: NOD to refuse an application for registration. Period for appeal to Care Tribunal expires on 11 July 2014</p>	<p>1 x NOP</p> <p>1 x NOD</p>	<p>Notice of proposal to refuse to register Dundonald Dental Surgery</p> <p>Notice of decision to refuse to register Dundonald Dental Surgery due to a failure to make provision as to the fitness of the premises to be used as an establishment</p>
9. Ballymena Dental Care, Ballymena (R McMitchell Dental World Ltd)	<p>22 May 2014: NOP to refuse an application for registration</p> <p>25 June 2014: NOD to refuse an application for registration</p> <p>Period for appeal to Care Tribunal expires on 23 July 2014</p>	<p>1 x NOP</p> <p>1 x NOD</p>	<p>Notice of proposal to refuse to register Ballymena Dental Care due to a failure to make provision as to the fitness of the premises to be used as an establishment.</p>
10. PD McGuigan Dental Surgery, Craigavon, (PD McGuigan)	22 May 2014: Compliance required by 21 July 2014	1 x FTC	One notice relating to the cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices.
11. Cherry Tree House Nursing and Residential Care Home, Carrickfergus (Dr Harron, Cherry Tree House)	28 May 2014: Compliance required by 9 July 2014	2 x FTC	Two notices relating to staff training and breaches in notification of reportable events to RQIA.
12. Somerton Private Nursing Home, Belfast	5 June 2014: Compliance required by	3 x FTC	Three notices relating to

(Mr P and Mr H McCambridge)	5 August 2014		patient finances.
13. Our Lady's Home (General Unit), Belfast (Diocese of Down and Connor)	17 June 2014: Compliance required by 22 July 2014	2 x FTC	Two notices relating to selection and recruitment of staff.
14. Our Lady's Home, (Dementia Unit) Belfast (Diocese of Down and Connor)	17 June 2014: Compliance required by 22 July 2014	2 x FTC	Two notices relating to selection and recruitment of staff.
15. Castlevue Nursing Home, Belfast (Tona Enterprised Ltd)	18 June 2014: Compliance required by 30 July 2014	1 x FTC	One notice relating to notifiable events
16. Valley Nursing Home, Clogher (Valley Nursing Home (MPS) Ltd)	18 June 2014: Compliance required by 12 August 2014	8 x FTC	Eight notices relating to food and meal times, restrictive practices, patient finances, staff training, staffing levels and estates issues.
17. Maine Nursing Home, Randalstown (Adarra Developments Ltd)	24 June 2014: (Period for making representation to RQIA expires on 27 July 2014)	1 x NOP	Notice of proposal to cancel registration of Adarra Development Ltdt with respect to Maine Nursing Home due to a breach of a COR.

RQIA Board Meeting

Date of Meeting	3 July 2014
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	7
Reference	G/04/14
Author	Stuart Crawford
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.
Executive Summary	A detailed change log is enclosed at pages 2 and 3 of the report. The feedback received at the Horizon Scanning workshop was considered when compiling this risk register and will be used to inform future versions of this report.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should APPROVE the updated Corporate Risk Assurance Framework Report.
Next steps	The next updated Framework Report will be presented to the Board on 13 November 2014.



CORPORATE RISK ASSURANCE FRAMEWORK

Board Meeting July 2014

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EXECUTIVE SUMMARY

Risk Log – June 2014						
LOW RISKS	MEDIUM RISKS	HIGH RISKS	EXTREME RISKS	TOTAL NUMBER OF RISKS		
0	5	0	0	5		
Risk ID		Description of Change	Details		Date Changed	Risk Rating
Risk 1 There is a risk that in 2014/15 RQIA may not be able to fulfil its statutory requirements as set out in the 2003 Order and associated regulations. This may be caused by the need for additional activity for example responding to whistleblowing disclosures, additional services to be regulated, additional commissioned reviews etc. This may result in RQIA not being able to provide the required level of assurance.		Description of risk changed	Original Description There is a risk that in 2013/14 RQIA may not be able to fulfil its statutory requirements or its strategic objectives. This may be caused by additional regulatory activity including urgent unscheduled work being placed on the organisation and the need to achieve further efficiencies which may result in RQIA not providing an adequate level of assurance.		18/06/14	Unchanged
		1 risk implemented and moved to current controls	• A report was prepared and presented to DHSSPS at their request to set out an analysis of our current inspection methodology and the impact of the lack of investment			
		1 action added	• Reviews Directorate is establishing a project to plan for the implementation of the new programme of hospital inspections to commence in 2015/16			
(Removed) Risk 2 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.		Risk De-escalated	Risk reassessed and de-escalated to Regulation Risk Register. DHSSPS are now looking into reviewing and possibly amending the legislation.		18/06/14	Unchanged
Risk 2 There is a risk to RQIA's reputation that the existing regulatory and legislative framework fails to keep pace with the rapid introduction of new service delivery models. This may result in RQIA failing to take appropriate regulatory decisions		1 action added	Draft a paper detailing the gaps in legislative provision for DHSSPS.		18/06/14	Unchanged

<p>(Removed) Risk 3</p> <p>There is a risk that RQIA's function of carrying out inspections of statutory bodies and service providers will be compromised by the use of the DHSSPS Draft Minimum Standards particularly Independent Healthcare and Children's Services. This may result in a challenge to enforcement taken by RQIA on the basis of these draft standards.</p>	Risk De-escalated	<p>Children's services standards are approved and Independent Healthcare is currently with the Minister.</p> <p>The risk has been de-escalated to Regulation and Nursing Risk Register.</p>	18/06/14	Unchanged
<p>Risk 3</p> <p>There is a risk that the findings and recommendations of the independent review of the actions of the RQIA and other bodies involved with Cherry Tree House could compromise the reputation of RQIA as a fair and impartial regulatory authority. This may result in a loss of public confidence in RQIA inspection methodology.</p>	New Risk		18/06/14	M/M
<p>Risk 4</p> <p>There is a risk that members of the public may not bring appropriate issues to RQIA's attention due to a lack of awareness of our roles and responsibilities. This may result a lack of appropriate regulatory action being taken.</p>	New Risk		18/06/14	M/M
<p>Risk 5</p> <p>There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners.</p>	New Risk	Risk escalated from the MHLR Risk Register	18/06/14	H/M

INTRODUCTION

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

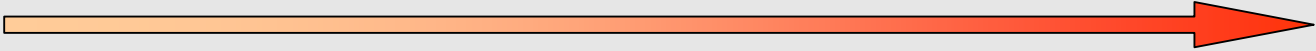
The risks have then been assessed in relation to the consequence of this event should it occur. This has been done using the following table:

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 Impact on organisation readily absorbed,	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
	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 Very Low (VL)	B Low (L)	C Medium (M)	D High (H)	E Very High (VH)
	Likelihood 				

Once the level of risk is assessed, an appropriate action level is 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.

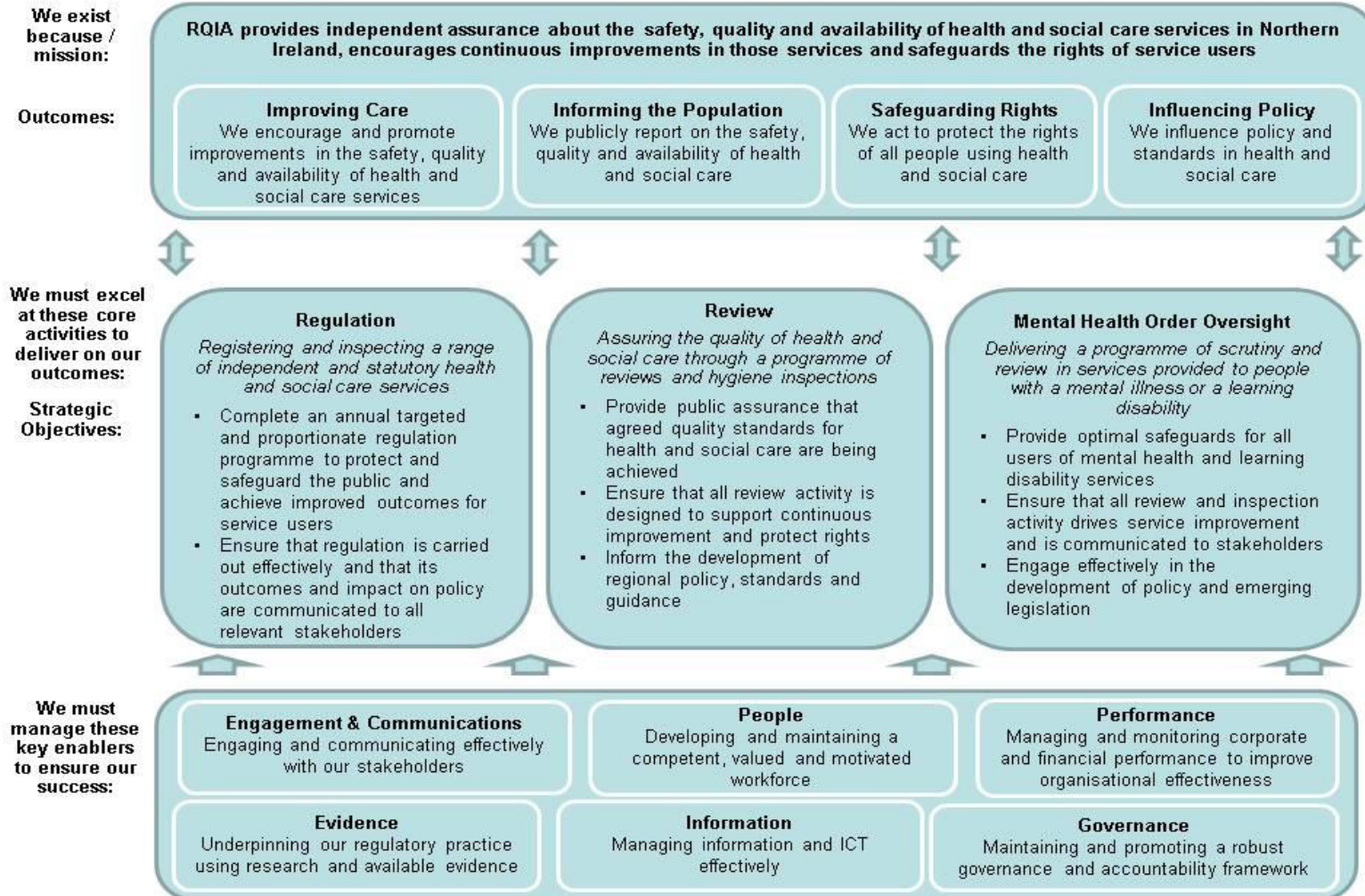
Decisions made by the Executive Team will be recorded in the minutes of EMT meetings and presented to the Audit Committee.

RISK SCORING MATRIX

IMPACT	<i>Risk Scoring Matrix</i>				
5 - Very High (VH)					
4 - High (H)					
3 - Medium (M)			1,2,3,4	5	
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)

- RISK 1** There is a risk that in 2014/15 RQIA may not be able to fulfil its statutory requirements as set out in the 2003 Order and associated regulations. This may be caused by the need for additional activity for example responding to whistleblowing disclosures, additional services to be regulated, additional commissioned reviews etc. This may result in RQIA not being able to provide the required level of assurance.
- RISK 2** There is a risk to RQIA's reputation that the existing regulatory and legislative framework fails to keep pace with the rapid introduction of new service delivery models. This may result in RQIA failing to take appropriate regulatory decisions.
- RISK 3** There is a risk that the findings and recommendations of the independent review of the actions of the RQIA and other bodies involved with Cherry Tree House could compromise the reputation of RQIA as a fair and impartial regulatory authority. This may result in a loss of public confidence in RQIA inspection methodology.
- RISK 4** There is a risk that members of the public may not bring appropriate issues to RQIA's attention due to a lack of awareness of our roles and responsibilities. This may result a lack of appropriate regulatory action being taken.
- RISK 5** There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners.

RQIA Strategy Map 2012-15



RISK ACTIVITY CALENDARS

Action by Date Calendar

Directorates	June-14	July-14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	March-15	April-15	May-15	On-going
Chief Executive (CE)		3	4	2									2
Corporate Services (CS)													
Regulation & Nursing (R&N)								4					1
MHLD & Social Work (MHLD)				5									1,5
Reviews (R)										1			
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: 1.1 Completed an annual targeted and proportionate regulation programme to protect and safeguard the public and achieve improved outcomes for service users 1.2 Ensured that regulation is carried out effectively and that its outcomes and impact on policy are communicated to all relevant stakeholders 2.1 Provided public assurance that agreed quality standards for health and social care are being achieved 2.3 Informed the development of regional policy, standards and guidance 3.1 Provided optimal safeguards for all users of mental health and learning disability services 3.3 Engaged effectively in the development of policy and emerging legislation 6.2 By 2015 we will have aligned resources to support RQIA's strategic priorities and maintained our financial performance												
1	There is a risk that in 2014/15 RQIA may not be able to fulfil its statutory requirements as set out in the 2003 Order and associated regulations. This may be caused by the need for additional activity for example responding to whistleblowing disclosures, additional services to be regulated, additional commissioned reviews etc. This may result in RQIA not being able to provide the required level of assurance.	CE	<ul style="list-style-type: none"> RPSG reviews on a monthly basis the delivery of the review programme against the planned schedule. If an additional review is commissioned this may result in rescheduling of planned activity. Regulation Directorate keep under regular review changes in the planned programme of inspection as a result of emerging risks in the sector. The Directorate will continue to place an emphasis on services identified as high risk. The MHL D 	<ul style="list-style-type: none"> Corporate Performance Report produced and presented quarterly to RQIA's Board. 	H	M	M			<ul style="list-style-type: none"> MHL D business case requesting funding for additional staff is produced. Continue to liaise with the Dept to seek approval of the business case. Regulation business case requesting funding for additional staff is produced. Continue to liaise with the Dept to seek approval of the business case. Reviews Directorate is establishing a project to plan for the implementation of the new programme of hospital inspections to commence in 2015/16. 	MHL D R&N R	On-going On-going March 2015

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
	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?	Likelihood	Impact	Risk Rating	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>Directorate reviews on a regular basis the delivery of its inspection programme against the agreed schedule and re-prioritises the work programme as required.</p> <ul style="list-style-type: none"> Established review arrangements for planning the review programme. Have completed a recruitment pool for sessional inspectors. Lean project in MHLD registration and inspection admin processes completed. Currently implementing RQIA's Improvement and Efficiency Plan 2011-2015. A report was prepared and presented to DHSSPS at their request to set out an analysis of our current inspection methodology and the impact of the lack of 									

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
	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?	Likelihood	Impact	Risk Rating	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
			investment									
Principal Objectives: 1.1 Completed an annual targeted and proportionate regulation programme to protect and safeguard the public and achieve improved outcomes for service users 1.2 Ensured that regulation is carried out effectively and that its outcomes and impact on policy are communicated to all relevant stakeholders 2.1 Provided public assurance that agreed quality standards for health and social care are being achieved 2.3 Informed the development of regional policy, standards and guidance 3.1 By 2015 we will have provided optimal safeguards for all users of mental health and learning disability services 3.2 By 2015 we will have ensured that all review and inspection activity drives service improvement and is communicated to stakeholders												
2	There is a risk to RQIA's reputation that the existing regulatory and legislative framework fails to keep pace with the rapid introduction of new service delivery models. This may result in RQIA failing to take appropriate regulatory decisions.	CE	<ul style="list-style-type: none"> RQIA has participated in the DHSSPS(NI) working groups to revise and update the minimum standards in: <ul style="list-style-type: none"> Children's Homes Independent Health Care Nursing Homes Have made formal response to DHSSPS/HSC Board on the 'Transforming Your Care: Vision to Action' consultation. Currently participating in a multi-agency group examining the regulatory framework in supported living services. 	<ul style="list-style-type: none"> Corporate Performance Report detailing progress against the Corporate Strategy is presented to the Board quarterly. 	H	M	M			<ul style="list-style-type: none"> Liaise with the Department to assess the impact of Transforming Your Care on regulation and agree actions to ensure a regulatory framework is in place which is fit for purpose. Draft a paper detailing the gaps in legislative provision for DHSSPS. 	CE CE	On-going Sept 2014
Principal Objectives: 1.1 Completed an annual targeted and proportionate regulation programme to protect and safeguard the public and achieve improved outcomes for service users 1.2 Ensured that regulation is carried out effectively and that its outcomes and impact on policy are communicated to all relevant stakeholders 2.1 Provided public assurance that agreed quality standards for health and social care are being achieved 2.3 Informed the development of regional policy, standards and guidance												

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					Action by Date
3	There is a risk that the findings and recommendations of the independent review of the actions of the RQIA and other bodies involved with Cherry Tree House could compromise the reputation of RQIA as a fair and impartial regulatory authority. This may result in a loss of public confidence in RQIA inspection methodology.	CE	<ul style="list-style-type: none"> Ongoing regulatory oversight of Cherry Tree House. The 3 members of the Cherry Tree Review team were independent of RQIA. 	<ul style="list-style-type: none"> ToR for the Cherry Tree Review was approved by the Dept and Health Minister. 	M	M	M			Group to be established to develop an action plan to take forward the recommendations of the independent review of the actions of the agencies involved with Cherry Tree House.	CE	July 2014
Principal Objectives: 1.1 Completed an annual targeted and proportionate regulation programme to protect and safeguard the public and achieve improved outcomes for service users 1.2 Ensured that regulation is carried out effectively and that its outcomes and impact on policy are communicated to all relevant stakeholders 2.1 Provided public assurance that agreed quality standards for health and social care are being achieved 2.3 Informed the development of regional policy, standards and guidance 3.1 Provided optimal safeguards for all users of mental health and learning disability services 3.3 Engaged effectively in the development of policy and emerging legislation												
4	There is a risk that members of the public may not bring appropriate issues to RQIA's attention due to a lack of awareness of our roles and responsibilities. This may result a lack of appropriate		<ul style="list-style-type: none"> RQIA have a communication strategy in place. Have produced information leaflets. Strategy on the website for support of whistle blowers. PPI action plan is in place 		H	M	M			Develop and undertake a survey to ascertain the public's perception of RQIA's role and responsibilities. Redesign the annual road shows to encourage greater engagement with service providers.	CE R&N	Aug 2014 Jan 2015

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
				Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	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
	regulatory action being taken.											
Principal Objectives:												
3.1 By 2015 we will have provided optimal safeguards for all users of mental health and learning disability services												
3.2 By 2015 we will have ensured that all review and inspection activity drives service improvement and is communicated to stakeholders												
5	There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners.	DR MHL D	<ul style="list-style-type: none"> 7 Part IV Medical Practitioners currently on list. Policy and Procedure updated and implemented Currently appointed Medical Practitioners invited to apply for reappointment 		H	M	M			<ul style="list-style-type: none"> Continue to pursue the business case with DHSSPS requesting additional funding to recruit and provide training and associated administration for an increased capacity of Part IV Medical Practitioners, and an increase in the payments to Medical Practitioners to attract applicants. Revision of the agreed minimum criteria for application for appointment to the RQIA List of Part IV Medical Practitioners Advertise for additional Medical Practitioners through other means such as the Royal College of Psychiatrists, Belfast telegraph etc. 	MHL D MHL D MHL D	Ongoing Sept 2014 Ongoing

RQIA Board Meeting

Date of Meeting	3 July 2014
Title of Paper	RQIA Corporate Strategy 2015/18
Agenda Item	8
Reference	H/04/14
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	<p>The purpose of this paper is to present the draft Corporate Strategy to the Board and obtain approval to initiate a 12 week period of public consultation on the strategy.</p> <p>In addition proposed consultation questions have been included in the paper for consideration by the Board.</p>
Executive Summary	<p>The purpose of the Corporate Strategy (attached) is to describe what RQIA aims to achieve between 2015 and 2018 and outline to people what they can expect the outcome of our work to mean for them.</p> <p>A Corporate Strategy Steering Group was formed to oversee the development of the strategy, and membership of the Group included 4 Board members.</p> <p>The development of the draft strategy has been informed by a process of pre-consultation which consisted of 6 pre-consultation events held across Northern Ireland, 1 board member/senior manager workshop and 1 workshop with RQIA's staff. A roundtable event has been arranged with our Sponsor Branch in July 2014.</p> <p>RQIA's vision – to be a driving force for improvement in the quality of health and social care in Northern Ireland – has been translated into a strategy map which provides a coherent picture of the interrelationship between RQIA's vision, purpose, stakeholder outcomes, core</p>

	<p>activities, strategic enablers and values.</p> <p>The strategy sets out in detail the strategic objectives for each of the 3 stakeholder outcomes and strategic enablers and how we will prioritise our activities in order to achieve our objectives.</p> <p>The 12 period of public consultation will seek to obtain feedback on the strategy using the following suggested Consultation Questions:</p> <ol style="list-style-type: none"> 1. What are your views on the overall strategic direction set out in the Corporate Strategy? Are there other factors that we need to take into account or priorities we need to consider? 2. What are your views on our plan to focus our work on the following Stakeholder Outcomes? <ul style="list-style-type: none"> • Is Care Safe? • Is Care Effective? • Is Care Compassionate? 3. What are your views on how we might most effectively measure our impact? 4. What are your views on the Strategic Enablers (p15-p18)? 5. Do you have any other comments or suggestions you would like to make?
FOI Considerations	None
Equality Impact Assessment	The draft Corporate Strategy has been Equality Screened and was found to have a neutral impact and therefore does not require an Equality Impact Assessment (EQIA) to be undertaken.
Recommendation/ Resolution	The Board is asked to APPROVE the RQIA Corporate Strategy 2015-18 and the proposed Consultation Questions.
Next steps	Following approval the draft Corporate Strategy will be issued for public consultation for a period of 12 weeks. After this period any revisions to the Strategy will be brought to the Board for final approval in January 2015.



Draft Corporate Strategy 2015-18

(Board Meeting 3 July 2014)

Assurance, Challenge and Improvement in Health and Social Care

Our Vision & Values

Vision

To be a driving force for improvement in the quality of health and social care in Northern Ireland

Values

RQIA has a shared set of values which define our culture and capture what we do when we are at our best:

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

All of this comes together in RQIA's Culture Charter which sets out the behaviours that are expected when employees are living our values in their everyday work.

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Foreword

[DN: Foreword to be developed by the Chief Executive and Chairman]

DRAFT

RQIA's Strategy Map

The one page representation of our strategy as a “strategy map” is an immensely powerful tool for RQIA. It provides an integrated and coherent picture of our strategy and acts as a framework for key management decisions across the organisation.

The strategy map (Figure 1) identifies three key stakeholder outcomes – Is Care Safe? Is Care Effective? and Is Care Compassionate? – which we will deliver through our programme of work in Regulation, Review and Monitoring Mental Health Legislation.

These stakeholder outcomes and the underpinning work programme represent the

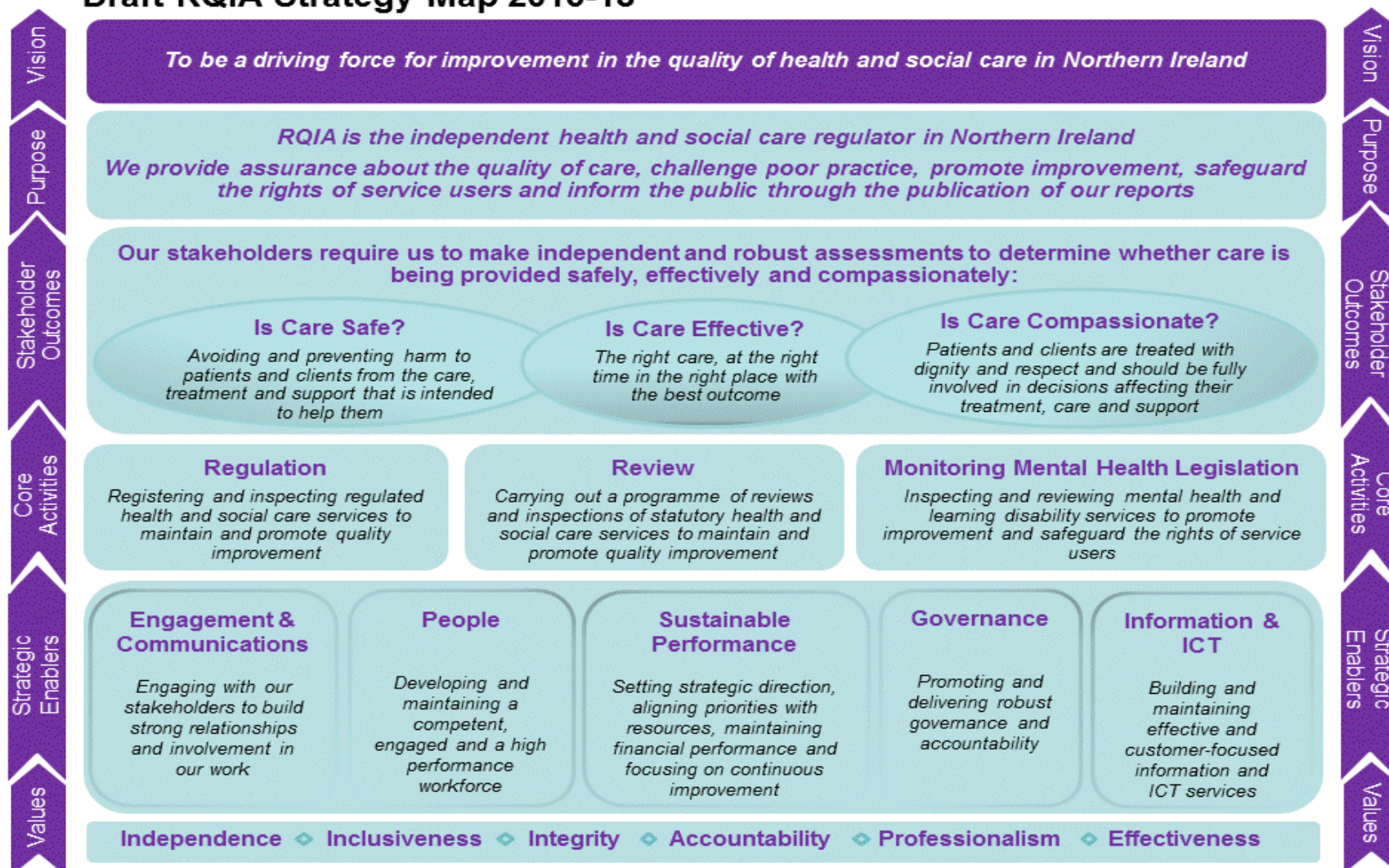
pillars on which we will continue to build our success and achieve our vision.

The development of the Strategy Map has been informed by an extensive consultation process, with all staff having the opportunity to contribute to its development. There is a strong sense of “ownership” of the Strategy Map by the whole organisation. Thus it continues to be a very powerful tool in guiding everything we do, helping us to communicate and achieve our vision to be a driving force for improvement in the quality of health and social care in Northern Ireland.

The Strategy Map will be kept under review to ensure that we can respond flexibly to emerging challenges.

Figure 1

Draft RQIA Strategy Map 2015-18



Role and Functions of RQIA

The Regulation and Quality Improvement Authority (RQIA) was established on 1 April 2005 as an independent non-

Vision

To be a driving force for improvement in the quality of health and social care in Northern Ireland

departmental public body, to monitor and inspect the availability and quality of health and social care services in Northern Ireland. RQIA is also responsible for encouraging improvements in the quality of these services.

RQIA works within a robust legislative framework. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, provides a statutory mandate to RQIA. The 2003 Order also defines the roles and functions of the Authority. RQIA has a statutory duty to inspect and review services and to report its findings to the Department of Health, Social Services and Public Safety (DHSSPS).

RQIA, through its programme of work, provides assurance about the quality of care, challenges poor practice, promotes improvement, safeguards the rights of service users and informs the public through the publication of our reports. Our core purpose is to make independent and robust assessments to determine whether care is being provided safely, effectively and compassionately.

RQIA has recourse to a range of interventions in the regulated sector, including enforcement and prosecution, which we use, as necessary, to ensure services comply with relevant standards and regulations.

Under the Health and Social Care (Reform) Act 2009 the Mental Health and Learning Disability (MHLDD) directorate perform a range of statutory responsibilities for people with mental ill health and / or a learning disability. These duties include: preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention in a hospital, or in respect of a guardianship order; and preventing or redressing loss or damage to a patient's property.

RQIA is designated as a National Preventive Mechanism (NPM) under the United Nations, Optional Protocol to the Convention Against Torture (OPCAT). In this capacity, RQIA is required to visit places of detention to ensure that those detained are not subject to inhumane or degrading treatment.

RQIA also has a responsibility for the inspection of services providing radiological procedures such as x-rays and radiotherapy. These regulations protect the public from

Purpose

RQIA is the independent health and social care regulator in Northern Ireland.

We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

inappropriate or unnecessary exposure to radiation in health care settings.

RQIA is committed to engaging effectively with the public and with our stakeholders in order to achieve improvements in the safety, effectiveness and experience of care. As part of our inspections and reviews of services, we listen to the views of people who use those services. These views form an important part of our reports on the quality of health and social care services.

RQIA would anticipate that over the course of the current strategy its role will increase further, taking account of changes in the pattern of service delivery and reflecting the public interest to ensure that health and social care services in Northern Ireland are subject to independent, proportionate and responsible regulation.

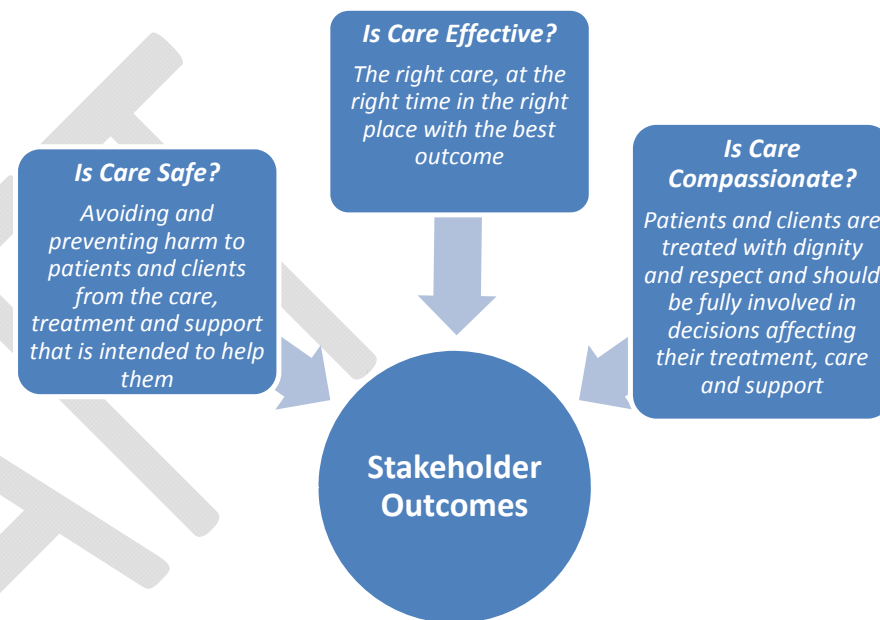
Stakeholder Outcomes

Three Stakeholder Outcomes (Figure 2) have been identified on our Strategy Map which define how we intend to measure our effectiveness and impact as a regulator i.e.:

- **Is Care Safe?**
- **Is Care Effective?**
- **Is Care Compassionate?**

The role of RQIA is to provide assurance about the systems, procedures and practices which deliver good health and social care rather than directly evaluating care outcomes for individual patients and clients.

Figure 2: Stakeholder Outcomes



These Stakeholder Outcomes have been aligned with the DHSSPS regional strategy Quality 2020, and articulate how we will act on behalf of our stakeholders to make independent and robust assessments to determine whether care is being provided safely, effectively and compassionately.

The following three sections of the Corporate Strategy demonstrate how we plan to focus our programme of work on these three Stakeholder Outcomes. Each section is structured in terms of how we have made a difference, the challenges ahead and strategic objectives together with associated priorities for the next three years.

Is Care Safe?

Safe Care may be defined as “*avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.*” (Quality 2020)

Making a Difference

Through our inspection and review functions, we seek to provide assurance to the public of Northern Ireland about the safety of health and social care services.

We have contributed to the development of regional processes to develop new standards for independent healthcare, children’s residential services and nursing homes, and new tools for the inspections of augmented care settings.

We have reviewed our enforcement arrangements to ensure that we take effective action when safety issues are identified in regulated services

The Human Rights Act (1998) underpins the methodology used by our teams of inspectors and reviewers. We have demonstrated improvements in safe care for patients and clients such as a reduction in the use of restrictive practices.

Our programme of planned thematic reviews in the past three years included areas focusing on safety including; hospitals at night and weekends; safeguarding arrangements; safe theatre practice; and risk assessment in addiction services. The Minister can commission reviews following safety concerns such as the 2012 RQIA review of pseudomonas outbreaks.

Through our programme of infection prevention and hygiene inspections in hospitals, we have observed significant improvements in performance. In 2013, we extended the programme to include settings such as intensive care.

We are the inspectorate for the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland), which are focused on ensuring patient safety. We have observed improvements in employers’ procedures during our inspections.

Challenges Ahead

Patient safety is a fundamental principle of health care. Every point in the process of care-giving contains a certain degree of inherent unsafety (World Health Organization).

We have identified emerging challenges to be addressed over the lifetime of the strategy. We will need to develop our inspection and review approaches to respond to new models of service delivery for patients living in the community, in line with the regional strategy, Transforming Your Care.

The new Mental Capacity Bill will fundamentally impact decisions about care and treatment for people with a physical or mental illness or personal welfare of a person aged 16, or over, who lacks capacity to make decisions for themselves. As the body responsible for oversight of the legislation, this will impact on our work.

We will need to review our processes in the light of recommendations from investigations into issues of patient and client safety, such as the Francis and Keogh reports in England and the Hyponatraemia Inquiry in Northern Ireland.

Strategic Objectives

Strategic Objective:

To provide assurance that services are delivered to recognised safe standards of care

Key priorities:

Undertake programmes of inspection and review of statutory services.

Undertake a programme of unannounced inspections of MHLD services.

Review deficiencies in care and treatment identified through reporting of Serious Adverse Incidents in MHLD services.

Strategic Objective:

To assess compliance and adherence with emerging national and regional priorities and new legislation relating to the safe delivery of care

Key priorities:

Embed new DHSSPS standards for services within our regulation activities.

Design new inspection methodologies to discharge our responsibilities under the new Mental Health Capacity legislation.

Develop a new programme of hospital inspections with a specific focus on standards relating to patient safety.

Undertake planned programmes of announced and unannounced inspections of all regulated services.

Strategic Objective:

To work effectively in partnership with other organisations to share information and intelligence relating to patient safety and to respond appropriately to any identified concerns

Key priorities:

Strengthen our links with other regulators and organisations to share intelligence to ensure that safety concerns are heard and acted upon.

Analyse and act on the wide range of information we receive about health and social care services.

Maximise the impact of learning arising from all our activities to promote safe care.

Figure 3 on Page 8 provides a visual representation of RQIA's key priorities in relation to the Stakeholder Outcome, "Is Care Safe?"

Figure 3: Is Care Safe?



Is Care Effective?

Effective Care may be defined as “*the right care, at the right time, in the right place with the best outcome.*” (Quality 2020)

Making a Difference

We have adopted new methods to assess the effectiveness of care delivered by services. These include:

- Designing and implementing a new inspection methodology for regulated services with specific themes identified for each year
- Involving staff across RQIA to carry out joint inspections and reviews, for example in prison health; MHL services for children; and the care of older people in hospitals
- Holding summits and learning events with organisations to share learning about how effective care can be delivered.

We have worked in collaboration with other organisations, including the Guidelines and Audit Implementation Network (GAIN), NICE and SCIE to promote evidence based practice, including developing new guidelines and reviewing the implementation of existing guidance.

We have strengthened our links to national and international bodies to learn from and share good practice in approaches to inspection and review. We are active members of national network forums including the European Partnership of Supervisory Organisations (EPSO) and the UK Heads of Inspectorate Forum.

We have worked collaboratively with the other National Preventive Mechanisms across the United Kingdom to monitor places of detention.

Challenges Ahead

We recognise that national and local investigations have highlighted concerns about care delivery systems. As the regulator for a wide range of independent and statutory, health and social care services we need to provide assurance that services are being delivered effectively

There is a rapidly growing body of evidence as to how health and care services should be delivered. In the next three years we will face particular challenges in responding to new legislation, new standards and new guidance. RQIA needs to be continually up to date with emerging evidence about the effectiveness of care.

Our corporate strategy has been designed to enable us to respond to these challenges by maintaining a strong focus on our assessment of whether services are delivered in keeping with agreed standards and guidelines.

Strategic Objectives

Strategic Objective:

Ensure health and care services are delivered in line with agreed clinical and social care standards and guidelines

Key priorities:

Focus our inspections and reviews on identified themes and standards to assess compliance and drive improvements.

Highlight good practice and

make evidence based recommendations for improvement in line with legislative requirements and best practice standards and guidelines.

Carry out thematic reviews to assess the implementation of agreed guidance, including regional service frameworks and NICE, SCIE and GAIN guidelines.

Increase our focus on measuring of service availability during thematic reviews.

Strategic Objective:

Employ methods of inspection and review which are in keeping with recognised best practice

Key priorities:

Compare different approaches to inspection and review and learn from other regulators about their experience in order that we discharge our functions more effectively.

Embed a dynamic improvement cycle where we continually design, test, refine and implement improvements in our approaches to inspection and review.

Strategic Objective:

Contribute to the development and dissemination of contemporary standards and guidelines for effective health and social care

Key priorities:

Maximise our contribution to regional processes, including Quality 2020, Transforming Your Care, designed to improve safety, effectiveness and compassion of health and social care.

Strengthen our links with education and training providers to share the learning from the findings from our inspections and reviews, when educational strategies and courses are being developed.

Contribute to the development and revision of standards and guidelines in those areas subject to our inspection and review, ensuring that they are fit for purpose.

Figure 4 on Page 11 provides a visual representation of RQIA's key priorities in relation to the Stakeholder Outcome, "Is Care Effective?"

Figure 4: Is Care Effective?



Is Care Compassionate?

Compassionate Care may be defined as “*patients and clients being treated with dignity and respect and fully involved in decisions involving their treatment, care and support.*” (Quality 2020)

Making a Difference

Through the activities of registration, inspection and review, RQIA makes an independent assessment of the quality and availability of health and social care services. Over the past three years, we have worked hard to embed the principles of Public and Personal Involvement into our activities through a range of initiatives and processes.

Through the development of agreements with a range of bodies, including professional regulators and patient and client representative bodies we have strengthened our working relationships.

In order to effectively hear the voice of service users, we have recruited a number of Lay Assessors who participate in inspections and reviews.

We undertake patient experience interviews in Mental Health and learning disability services. We have a User Consultation Officer whose remit is to engage with service users in receipt of domiciliary care services. We have engaged with

organisations and individuals to embed the voice of patients in our review programme.

A key priority for RQIA as regulator is to ensure that we publicly report on the safety, quality and availability of health and social care. We publish inspection and review reports on our website. More recently we have designed ‘easy read’ versions of inspection reports for people with a learning disability or mental ill health.

Challenges Ahead

Health and social care services in Northern Ireland are delivered across six Health and Social Care Trusts and over 1400 registered service and establishments. With almost every person in Northern Ireland affected either directly or indirectly, it can be difficult to find ways to adequately capture the voice of service users.

We are committed to continue to adopt and develop our approach to service user engagement in order to find ways to adequately measure compassionate care.

We need to become an effective user of innovative approaches to engage with the general public.

Strategic Objectives

Strategic Objective:

Evaluate the extent to which services are designed in partnership with patients, families and carers

Key priorities:

Assess the processes in place in organisations that we review and inspect to ensure they adequately capture and respond to concerns, complaints and compliments.

Evaluate service user involvement in care planning and delivery of services.

Strategic Objective:

Maximise patient and client involvement in our work

Key priorities:

Engage effectively with patients, carers, families and advocates.

Evaluate the role of the Lay Assessor in inspections and reviews.

Produce reports in a format that is easily understood by those who use the services we inspect and review.

Strategic Objective:

Focus on peoples' experiences when undertaking inspection and review

Key priorities:

Establish assessment criteria to measure the patient and client experience of the care they receive.

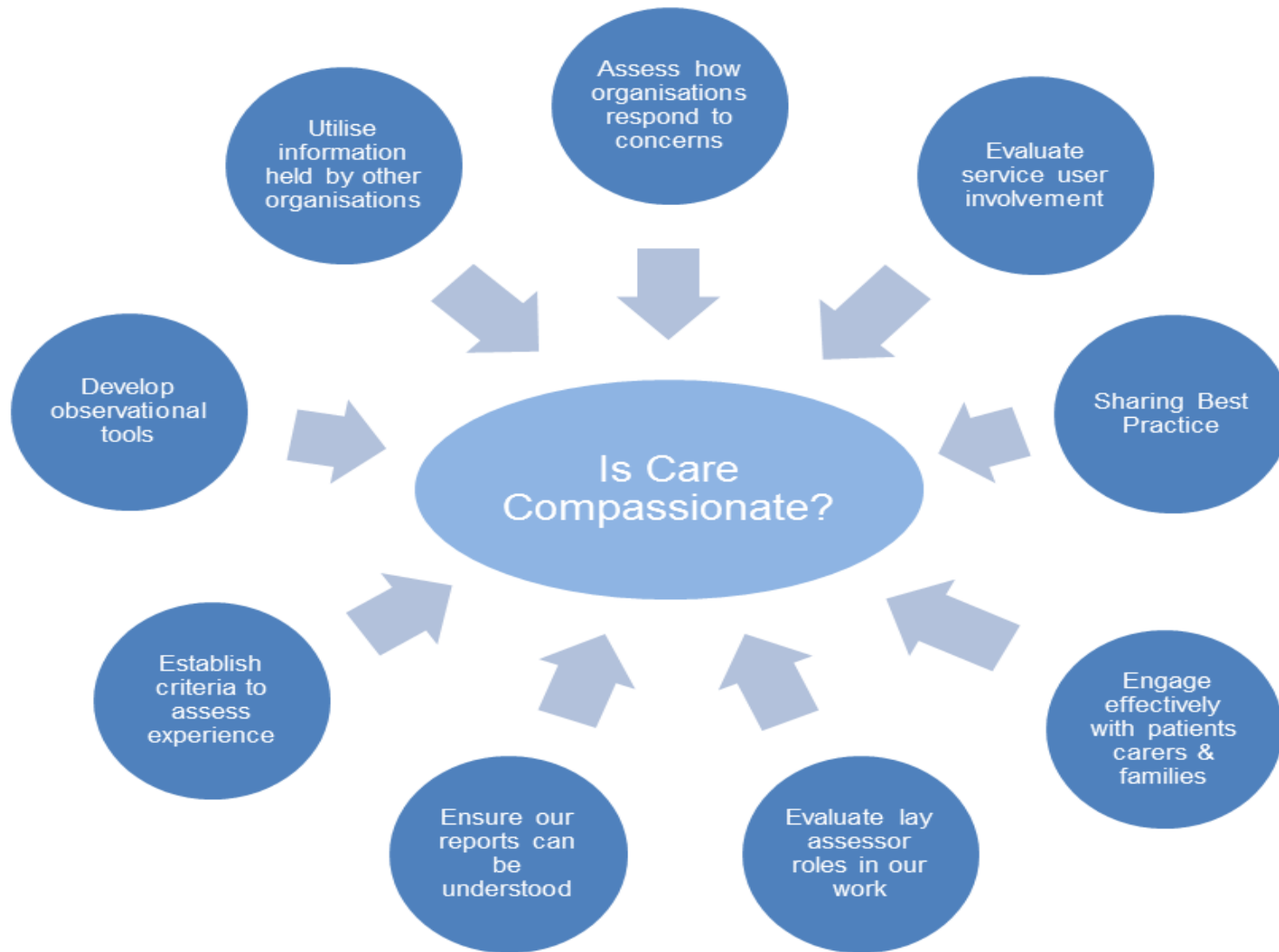
Develop a range of observational tools to assess the delivery of compassionate care.

Utilise information on patient and client experience available from systems established by other organisations to inform our work.

Disseminate examples of good practice in relation to the provision of compassionate care.

Figure 5 on Page 14 provides a visual representation of RQIA's key priorities in relation to the Stakeholder Outcome, "Is Care Compassionate?"

Figure 5: Is Care Compassionate?



Strategic Enablers

The overall delivery of the strategy and organisational success is enabled by Engagement & Communications, People, Sustainable Performance, Governance and Information & ICT.

Making a Difference

In the period 2012-15 we made very significant progress and created a foundation for developments and improvements over the next three years.

Looking back we were able to maintain financial balance in a period of austerity and begin a continuous improvement journey with the attainment of EFQM Bronze in 2013, use of Lean to optimise processes and achievement of Investors in People accreditation in 2014. Furthermore we have embedded robust approaches to strategic performance management and Personal and Public Involvement (PPI). ICT support is now provided in-house and we successfully implemented a major new information system (iConnect). We also implemented our first sustainable development delivery plan.

Challenges Ahead

The challenges for us over the next three years are to build on these achievements by continuing to improve and modernise as an organisation, work effectively and efficiently in an

environment of financial constraint and increasing demand, ensure a well led, capable and fully engaged workforce, evaluate and optimise new technologies, adopt best practice and innovative approaches and actively communicate and involve key stakeholders and the public in our work.

Strategic Objectives

The strategic objectives and key priorities are described below for each of the five Strategic Enablers identified on RQIA's Strategy Map.

Engagement & Communications

We aim to engage with our stakeholders to build strong relationships and involvement in our work.

Strategic Objective:

Ensure that we communicate effectively with our stakeholders and through engagement actively involve them in the planning and delivery of our work

Key priorities:

Ensure that clear and meaningful engagement processes are in place.

Engage with service users, carers and the public to ascertain their perspective on the standard of care provision within health and social care services.

Develop partnerships with independent, voluntary and community groups.

Continue to utilise appropriate tools to communicate and promote the activities of RQIA to all our stakeholders

People

We aim to develop and maintain a competent, engaged and a high performance workforce.

Strategic Objective:

Develop and maintain a competent and high performance workforce

Key priorities:

Build leadership capabilities through the development, articulation and embedding of an agreed leadership model.

Invest in and support the development of an innovative, high performance and skilled workforce ensuring the successful achievement of RQIA's objectives.

Enhance and maintain a positive employee relations environment through robust policy frameworks, effective management, and constructive partnership working.

Strategic Objective:

Embed a cohesive culture with a fully engaged workforce

Key priorities:

Foster an empowered, engaged and committed workforce.

Embed a positive organisational culture, building upon initial work

to apply RQIA's values in the way that we work and interact. Enhance staff engagement and performance via the review and adoption of innovative and fair means of recognising staff contribution to RQIA's vision and purpose.

Sustainable Performance

We aim to ensure RQIA has a clear strategic direction, align priorities with resources, maintain financial performance and focus on continuous improvement.

Strategic Objective:

Strengthen RQIA's approach to strategic performance management and build a culture committed to continuous improvement

Key priorities:

Implement and further develop RQIA's Performance Management Framework in order to ensure an integrated approach to strategic performance management at individual, team and organisational levels.

Promote a culture committed to continuous improvement using EFQM to drive our journey to excellence.

Ensure that organisational objectives are increasingly achieved in a sustainable manner.

Maintain an office environment which is fit for purpose and meets the changing needs of the organisation.

Strategic Objective:

Align our resources to support RQIA's strategic priorities and maintain financial performance

Key priorities:

Support RQIA's activities through the effective and efficient planning, management and control of its finances.

Develop and implement effective systems, processes and services to improve the operation of the finance function.

Maintain and review an effective system of internal control to satisfy accountability standards and internal or external reporting requirements.

Advise, monitor and report in relation to initiatives designed to deliver efficiencies managing the Service level Agreement (SLA) for finance services with BSO and Shared Services.

Governance

We aim to promote and deliver robust governance and accountability.

Strategic Objective:

Comply with legislative requirements and best practice in relation to governance and independent assurance

Key priorities:

Comply with DHSSPS processes and timescales for the production of all relevant governance reports and documentation.

Implement and review RQIA's Risk Management Strategy

and supporting documentation annually.

Ensure the continued attainment of substantive compliance with all relevant controls assurance standards.

Implement a programme of audits and implement recommendations for improvement.

Promote equality through the implementation of RQIA's Equality Scheme.

Maintain procedures for the effective management of complaints and dissemination of lessons learned.

Test and review RQIA's business continuity plan annually.

Information & ICT

We aim to build and maintain effective and customer-focused information and ICT services.

Strategic Objective:

Optimise the use of information and ICT to enable RQIA to deliver its current and future priorities

Key priorities:

Provide an information and ICT service that is effective, responsive and customer focused.

Improve information management, analysis and

systems combining information held by RQIA and others to produce shared intelligence.

Provide a stable and modern ICT infrastructure which supports RQIA's business and users.

Ensure investment in modern technology and systems are based on sound business decisions.

Extend the iConnect system to other areas of RQIA's business to meet new and changing needs.

Roll-out file registration mechanism to all areas of RQIAs business and use SharePoint for records management.

Provide and promote Information and ICT governance and security arrangements to mitigate the likelihood of governance and data breaches.

Corporate Scorecard

RQIA has developed a corporate scorecard (Figure 6) based on Outcomes, Processes and Organisational Capabilities.¹ The principal purpose of the scorecard is to help us measure and communicate our impact as a regulator.

A suite of Measure of Success (MoS) will be developed and incorporated into RQIA's Business Plan. Measures of Success are designed to help RQIA evaluate its impact, make better informed decisions and improve performance.

Organisational Performance will be reported to the Board on a quarterly basis using the Corporate Scorecard.

Figure 6: RQIA Corporate Scorecard



¹ This is based on the Public Sector Scorecard (PSS) developed by Max Moulin.

Delivering the Strategy

It is important that appropriate governance and accountability arrangements are in place in order to ensure that the strategy is effectively delivered. Furthermore, the successful delivery of the strategy is dependent on continuing to engage with key stakeholders, maintaining robust performance management and reporting processes, recruiting and retaining a skilled and dedicated workforce and the availability of adequate funding.

If there is a shortfall in staffing or financial resources, the implementation of this strategy will be adjusted accordingly. The impact of this will be carefully assessed and any changes to the corporate strategy will be agreed with the Board and discussed in detail with RQIA's Sponsor Branch.

The Corporate Strategy will be kept under continuous review to ensure that it takes account of changes in the external environment, best practice and the needs of our stakeholders.

RQIA Board Meeting

Date of Meeting	3 July 2014
Title of Paper	Draft Review Programme 2015/18
Agenda Item	9
Reference	I/04/14
Author	Dr David Stewart
Presented by	Hall Graham
Purpose	To present the proposed Three Year Review Programme 2015/18 document to the RQIA Board for approval, before it is released for public consultation.
Executive Summary	<p>RQIA facilitated a two month public pre-consultation to obtain the views of stakeholders on the Review Programme 2015/18. During this time, stakeholders made suggestions for potential review topics through various means, which resulted in 546 suggestions for potential review topics.</p> <p>These suggestions were reviewed and shortlisted against specific criteria. Initially, topics that related to reviews already undertaken or planned and topics that related to planned work associated with regulation were withdrawn; while topics that were similar were amalgamated into a single suggestion.</p> <p>The remaining topics were reviewed to assess: the availability of standards or guidelines to inform a review; and the level of public or media interest in the review topic.</p> <p>The final shortlist was then prioritised against the following criteria:</p> <ol style="list-style-type: none"> 1. The issue is a recognised and/or national priority for safety and/or quality 2. Variations in quality create a major risk for the population affected 3. The issue is an area of significant or

	<p>developing concern</p> <p>The final list of topics has been included in the review programme document, which will be released for public consultation from August to October 2014, to obtain stakeholder views on the planned programme.</p>
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the RQIA Three Year Review Programme 2015/18 consultation document.
Next steps	Following approval from the Board, the proposed Three Year Review Programme 2015/18 document will be issued for public consultation, for a period of 12 weeks. After the consultation, any comments will be considered and the document may be updated. A final Three Year Review Programme 2015/18 document, which will include the planned DHSSPS commissioned reviews, will be brought to the RQIA Board for final approval in January 2015.

The Regulation and Quality Improvement Authority Draft Three Year Review Programme 2015-18 Consultation Document

August 2014

Version Control

Note: Refer to RQIA Version Control Policy and Guidelines for Electronic Documents

Version number	Purpose / Changes	Author	Date
1.0	Initial Draft	Jim McIlroy	05/06/2014
2.0	Updated changes from David Stewart	Jim McIlroy	24/06/2014
Final	[Once the report has been finalised, the Version Control table will be removed]		

Distribution

This document has been distributed by the author (identified above) as follows:

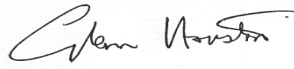
Version number	Name	Date of Issue
1.0	Project Team	18/06//2014
2.0	Project Team an Katie Symington (RQIA Board & EMT)	25/06/2014
Final	[Once the report has been finalised, the Version Control table will be removed]	

Foreword

A new Foreword needs to be drafted by Dr Alan Lennon and the Glenn Houston prior to the document being made available for public consultation.



Glenn Houston
Chief Executive

A handwritten signature in black ink that reads "Glenn Houston". The signature is written in a cursive, flowing style.

Dr Alan Lennon,
RQIA Chairman

**Dr Alan Lennon
Chairman**

**Glenn Houston
Chief Executive**

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1 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care services. RQIA was established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

RQIA has three main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the Health and Social Care (HSC) Board, HSC trusts and agencies through our programme of reviews.
- We undertake a range of responsibilities for people with mental health ill health and those with a learning disability.

By focusing on the delivery of a robust quality and regulatory framework, RQIA provides independent assurance about the quality of care, challenges poor practice, promotes improvement, safeguards the rights of service users and informs the public through the publication of our reports.

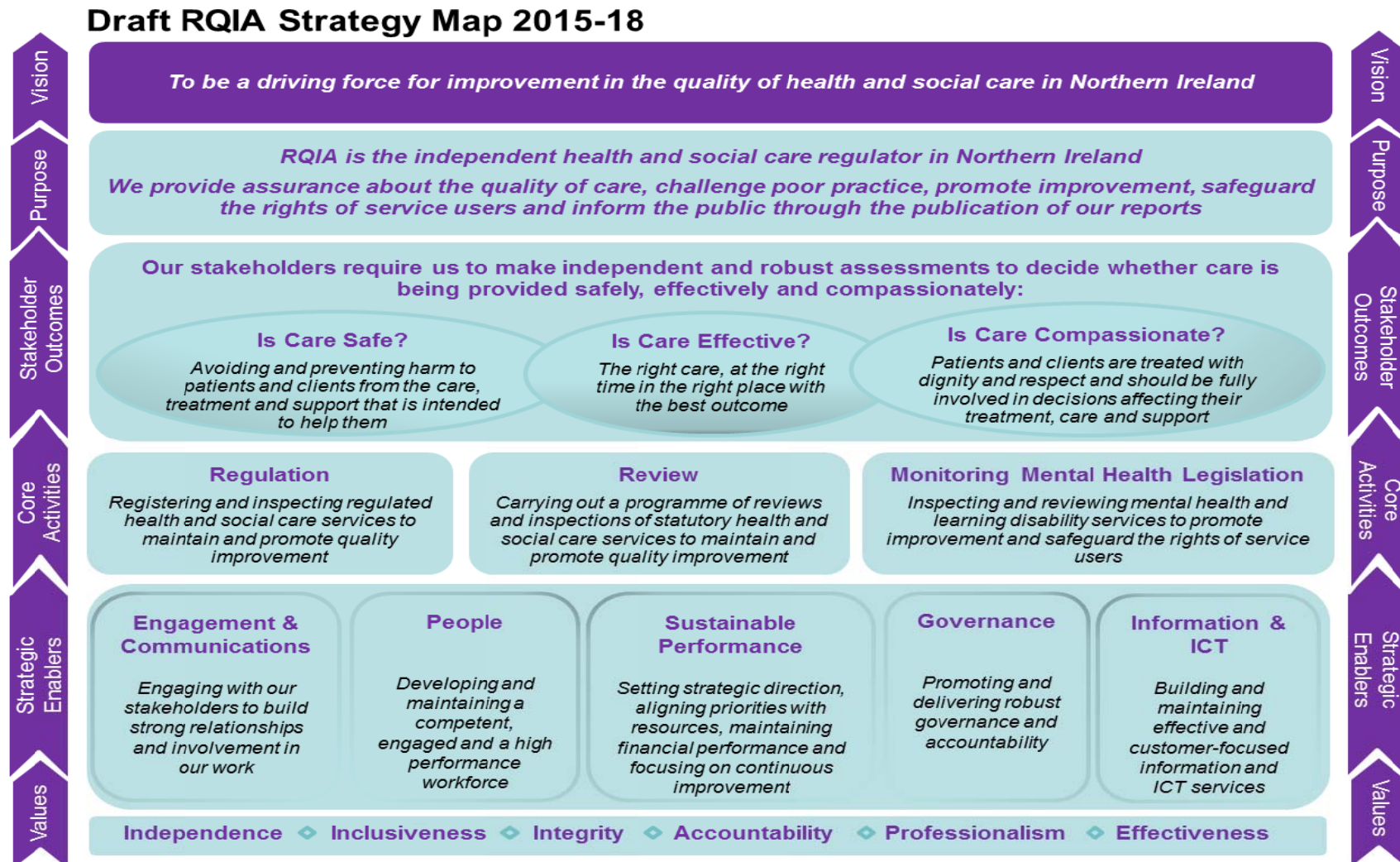
RQIA's Corporate Strategy 2015-18 identifies the key issues and challenges facing the organisation. This provides the context for the representation of RQIA's key stakeholder outcomes, through its core activities, in a strategy map (Figure (a) – see overleaf). Our key stakeholder outcomes are:

- **Is care safe?** - avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them
- **Is care effective?** - the right care, at the right time in the right place with the best outcome
- **Is care compassionate?** - patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

Achievement of these key stakeholder outcomes, through RQIA's core activities and key enablers, drives the delivery of the corporate strategy.

Figure 1: RQIA Strategy Map 2015-18

The final version will be included once the RQIA Board approve it



2 The Work Programmes of RQIA

RQIA carries out a number of programmes of work including:

- Registration and inspection of independent and statutory health and social care services.
- A programme of reviews to assure the quality of services provided by the Health and Social Care (HSC) Board, HSC trusts and agencies.
- Wide ranging responsibilities for people with mental health ill health and those with a learning disability.
- An infection prevention and hygiene inspection programme.
- A programme of radiological inspections in relation to Ionising Radiation (Medical Exposure) Regulations

2.1 Registration and Inspection

RQIA registers and inspects independent and statutory health and social care services. These include: nursing homes; residential care homes; children's homes; day care settings; independent health care providers; adult placement agencies; domiciliary care agencies; nursing agencies; residential family centres; voluntary adoption agencies; and school boarding departments.

RQIA inspects nursing, residential care and children's homes at least twice a year, while other services are inspected at least once a year. During our announced and unannounced inspections we assess the quality of the services provided against regulations and minimum care standards.

Through our inspections, we aim to ensure the safety, comfort and dignity of those using these services. Following an inspection, we ask the service provider to make any changes we consider necessary through a quality improvement plan, and we publish this information in a report of our findings on our website, www.rqia.org.uk.

Where necessary, RQIA may take enforcement action to drive improvements. This includes the issue of notices of failure to comply with regulations; placing conditions of registration; imposing fines; or closing a service.

2.2 Programme of Reviews

RQIA reviews statutory services across health and social care. Our review programme takes into consideration relevant standards and guidelines, the views of the public, health care experts and current research.

During our reviews we examine the service provided, highlight areas of good practice and make recommendations for improvements to the service provider. We report our findings and share any lessons learned across the wider health and social care sector.

In addition, when required, we carry out reviews and investigations in response to specific issues of concern or failures in service provision.

2.3 Responsibilities for People with Mental Health and Learning Disability

RQIA has a specific responsibility to assess health and social care services, under The Mental Health (Northern Ireland) Order 1986, provided to people with a mental illness or a learning disability. Our responsibilities include promoting good practice; preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention in hospital or guardianship; and preventing or redressing loss or damage to a patient's property.

We talk directly to patients and ask them about their experiences. This informs a wider programme of announced and unannounced inspections of these services. Using a human rights approach to inspection, we examine the quality of services and make recommendations for improvement.

RQIA is also responsible for the oversight of health and social care in prisons, children's secure accommodation and mental health and learning disabled facilities. Given this role, RQIA has been designated as a national preventive mechanism by the UK government to ensure the protection of the rights of those in places of detention.

During the period 2015-18, it is anticipated that new capacity legislation will replace the current mental health legislation, and may impact on how we carry out our functions.

2.4 Infection Prevention and Hygiene Inspection Programme

RQIA undertakes announced and unannounced infection prevention and hygiene inspections at a range of health and social care facilities, including hospital wards and clinical areas.

A rolling programme of announced and unannounced hygiene inspections in acute and non-acute hospitals has been developed to assess compliance with the DHSSPS - Regional Healthcare Hygiene and Cleanliness Standards. In 2013, these were extended to include augmented care settings, such as neonatal and adult intensive care.

The unannounced inspections focus on cleanliness, infection prevention and control, clinical practice, the fabric of the environment and facilities. The announced inspection process examines the governance arrangements and systems in place to ensure hygiene and infection prevention and control policies and procedures are working in practice. Inspections in neonatal and augmented care cover both these areas.

The inspection programme includes both acute hospital settings and other areas including: prisons, independent hospitals, primary care settings, the Northern Ireland Ambulance Service, and other regulated services, community hospitals and mental health and learning disability facilities, as and when required. Inspections may be targeted to areas of public concern or themed to focus on a particular type of hospital, area or process.

2.5 Radiological Inspections Programme

RQIA is responsible for monitoring, inspecting and enforcing the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 to protect service users against the dangers of ionising radiation in medical settings.

Our inspectors examine and report on arrangements in diagnostic radiology, nuclear medicine and radiotherapy departments in hospitals, dental practices and chiropractic services.

2.6 New Programme of Hospital Inspections

In April 2014, the Minister for Health, Social Services and Public Safety announced that RQIA would commence a new programme of hospital inspections. This area of work is currently being developed and is scheduled to start in April 2015.

3 Health and Social Care Review Programme

3.1 Introduction

RQIA reviews a wide range of services across health and social care. Our review programme takes into consideration relevant standards, guidelines, the views of the public, health care experts and current research.

During our reviews we examine the service provided using a range of approaches including self-assessment, validation visits by panels of independent experts, involvement of lay people and service user feedback. We highlight areas of good practice and make recommendations for improvement. We report our findings to the Minister for Health, Social Services and Public Safety and to the relevant HSC organisations, with lessons learned are shared across the wider health and social care sector. Reports from each review are publicly available on the RQIA website, www.rqia.org.uk.

Appendix A denotes a list of the reviews which have been carried out by RQIA since 2005.

The review programme is being developed using a tested methodology which ensures that reviews were comprehensively sourced, prioritised and appropriately balanced, across health and social care services.

3.2 Sourcing Potential Reviews

RQIA engaged with a wide range of stakeholders to develop the Review Programme 2015-18. During April and May 2014, stakeholders were given the opportunity to make suggestions for potential review topics at public events, organised workshops, by post, email or online through the RQIA website.

At the end of the pre-consultation a significant number of suggestions for potential review topics were received.

RQIA will also carry out reviews which are commissioned by DHSSPS, in specific areas and in response to emerging events. These reviews will be carried out in addition to those initiated by RQIA and details of the proposed reviews have been included in Section 4.

3.3 Shortlisting and Prioritising Potential Reviews

All suggestions received during the pre-consultation were considered and shortlisted against specific criteria to identify a list of potential review topics.

The prioritisation process involved consideration being given to the proposed topics in relation to: the availability of standards or guidelines to inform a review; the level of interest in the topic during the pre-consultations; and whether the topic has been an area of public or media interest.

The topics were also considered against the following criteria:

1. The issue is a recognised and/or national priority for safety and/or quality
2. Variations in quality create a major risk for the population affected
3. The issue is an area of significant or developing concern

The topics identified with the highest priority were proposed for inclusion in the Three Year Review Programme 2015-18.

3.4 Public Consultation

Having shortlisted topics, RQIA has produced this Public Consultation Document to engage with stakeholders and seek their views on the proposed Three Year Review Programme 2015-18. The consultation period will run from August to October 2014. Comments received during the consultation period will be given consideration to determine if any amendments are required to the proposed review programme.

3.5 Balancing the Review Programme

The final list of topics for the review programme, including the reviews commissioned by DHSSPS, will be examined to determine whether the reviews are balanced (see Figure 2) in terms of:

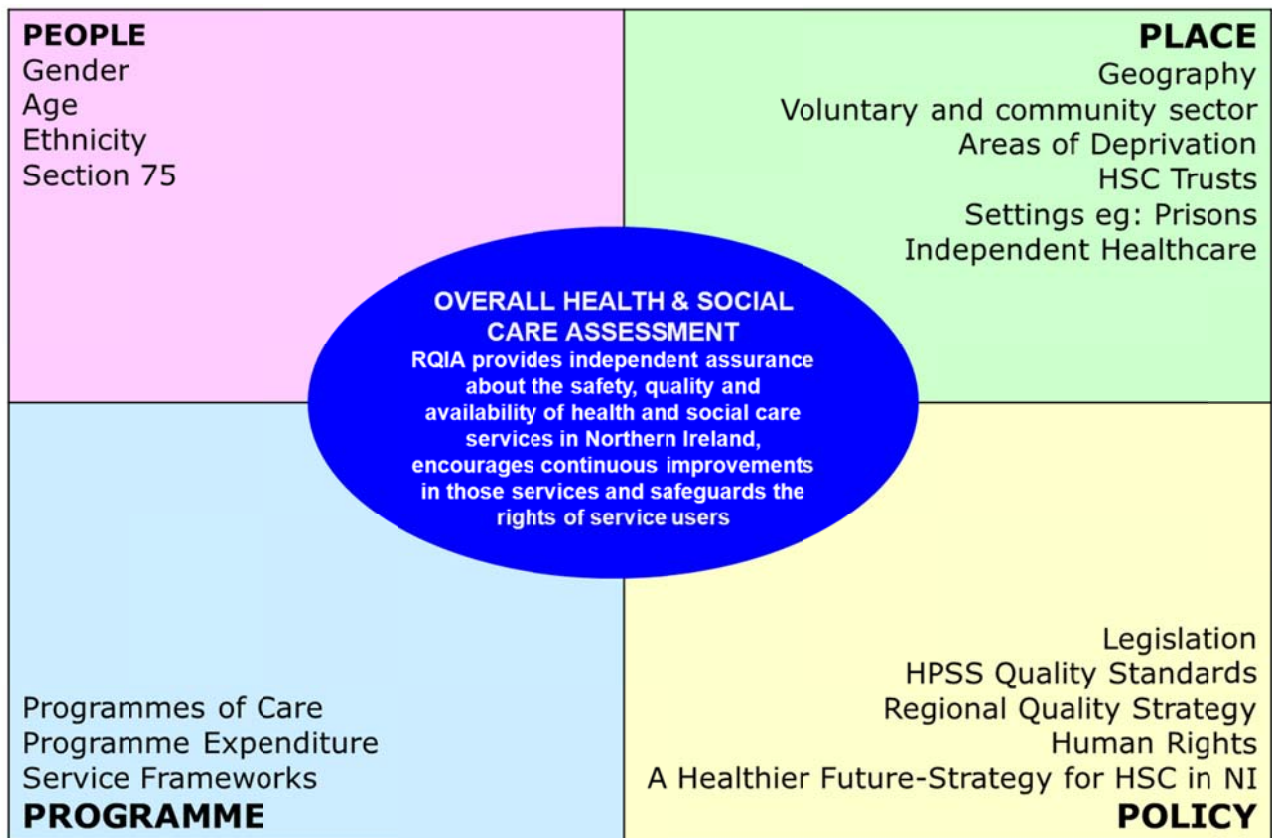
- **People** in respect of gender, age and ethnicity
- **Place** in respect of geography, areas of deprivation and different settings
- **Programme** in respect of programmes of care and service frameworks
- **Policy** in respect of legislation, HPSS Quality Standards and human rights

Balancing the review topics ensures the review programme focuses activity across all health and social care areas. This exercise will take into account RQIA's other work programmes, such as mental health and hygiene inspections, in order to avoid duplication of work. Details of the proposed review programme are outlined in Section 4.

3.6 Benefits Realisation

RQIA's Review Programme Steering Group will continuously assess the benefits realised from individual reviews and its programme of activity. End of project reports are completed and an analysis of the review programme is undertaken against the outcomes outlined in RQIA's corporate strategy. The analysis will assist in the development of all aspects of review activity.

Figure 2: Balancing the Review Programme



4 The Review Programme 2015-18

4.1 Reviews for 2012-15

The three year review programme will incorporate core review topics sourced by RQIA and review topics commissioned by DHSSPS. The DHSSPS commissioned reviews are not subject to consultation, so details are not included in this document.

DHSSPS can commission RQIA to undertake additional reviews as a result of unforeseen or emerging events. Capacity for these additional reviews will be built into the review programme. In the event of no additional reviews being commissioned by DHSSPS, the capacity will be used to review the supplementary review topics sourced by RQIA during the pre-consultation events, or additional new priority topics which arise.

The following section outlines the proposed review topics for the next three years. Both the core review topics and the supplementary review topics are included, along with a summary of the proposed focus for the review. Although a summary of the each has been indicated, the final terms of reference for each review will not be determined until the planning stage of each individual review commences.

Cancer Services

Cancer is a disease more common with increasing age, although people of any age can develop it. More than one person in three will develop cancer at some time in their lives, and one in four will die of the condition. In 2012 in Northern Ireland, 12,772 new incidences of all cancers were recorded and the number of cancer deaths recorded was 4,047.¹ This is an increase of 19% over the previous five years.

In February 2011, DHSSPS introduced the Service Framework for Cancer Prevention, Treatment and Care. This framework aims to improve the health and wellbeing of the population of Northern Ireland in relation to cancer care, and included standards linked to the quality of care.

RQIA has been commissioned by DHSSPS to carry out a review of the implementation of each service framework, three years after it has been developed. The review of the implementation of the Service Framework for Cancer Prevention, Treatment and Care will take into account the outcomes of audits conducted by the Northern Ireland Cancer Registry, which examine cancer services for individual cancers.

Primary Care Arrangements Relating to General Practitioner Services

Initial access to health and social care services is usually through a general practitioner (GP). They are the link to other specialist services in the community and in hospital. The Health and Social Care Board is responsible for commissioning GP services, and through Local Commissioning Groups, offer the potential for the provision of GP services to reflect local need.

¹ Northern Ireland Cancer Registry - <http://www.qub.ac.uk/research-centres/nicr/CancerData/OnlineStatistics/AllCancers/>

During the RQIA consultation, significant public opinion was expressed about GP's, particularly in relation to current waiting times and access. Meeting the future local need for GP services will be a challenge, particularly in meeting the requirements of Transforming Your Care and the changing health needs of the population.

RQIA plan to review the oversight and governance arrangements in relation to primary care, to ensure the effective delivery and development of GP services.

Suicide Prevention Services

Northern Ireland has witnessed significant increases in suicide rates in recent years. The number of deaths recorded as a result of suicide has almost doubled since the late 1990's. In response, DHSSPS released the Suicide Prevention Strategy - Protect Life, A Shared Vision. The strategy had an associated Action Plan with priority ratings for each action.

RQIA plan to review the progress of the actions within the Action Plan. To support the robustness of the review, the specific standards in the Service Framework for Mental Health and Wellbeing will also be reviewed to determine whether there is a coordinated approach to suicide prevention.

Allied Health Profession Services in the Community

The Allied Health Professions (AHP) in Northern Ireland consist of 12 distinct and unique disciplines. AHPs play key roles and add value to primary and secondary care services, through prevention, diagnosis, treatment and care.

Ensuring individuals have access to the right care in the right place at the right time, presents particular challenges for the planning and delivery of AHP practices. To assist with this, DHSSPS released Improving Health and Well-being through Positive Partnerships: A Strategy for the Allied Health professions in Northern Ireland. With the implementation of Transforming Your Care, the demand for AHP services in the community will increase. The strategy outlines a framework of how the best use of the AHP workforce could be achieved.

RQIA will review those AHP disciplines providing care to people in their own homes and in the community. The review will use the strategy as a baseline, to assess the implementation of the key actions to determine if they are meeting the challenges of planning and delivering services that are person-centred, safe and fit for purpose.

Safeguarding Vulnerable Adults in their Own Home

Everyone has the right to lead a life that is safe from abuse. However, there are times and circumstances when adults are exposed to exploitation, neglect or harm.

Health and social care services are provided to thousands of people in their own homes every day. Many people in receipt of these services would be vulnerable adults, and HSC organisations have a responsibility to ensure they are appropriately safeguarded from such abuse.

Significant guidance on safeguarding is available. In 2010, Safeguarding Vulnerable Adults – A Shared Responsibility was released to further improve safeguarding arrangements for vulnerable adults in Northern Ireland.

RQIA plan to review the effectiveness of the safeguarding arrangements to protect vulnerable adults in receipt of health and social care services in their own home. The review will also include an assessment of the HSC procedures for the effective management, support, supervision and training of staff, and the governance arrangements in relation to raising awareness of, responding to, recording and reporting concerns about actual or suspected incidents of abuse.

Review of the Recommendations from the Child Protection Review

In May 2008 the RQIA commenced a review of child protection services in Northern Ireland. The review assessed the systems and procedures in place to protect children from harm, and focused on arrangements for managing staff performance, access to services and interagency communication at the point of referral to child protection services. On completion, a report containing 28 recommendations was published to drive improvements across this vital service.

RQIA believe that adoption of the recommendations by all those with responsibilities for child protection in Northern Ireland can ensure the delivery of a consistently high standard service for this vulnerable group. It is proposed that these services are revisited to review the implementation of the recommendations from the previous child protection review.

Complaints Procedure within Health and Social Care

As a result of the Health and Social Care (Reform) Act (Northern Ireland) 2009 and the Health and Social Care Complaints Procedure Directions (Northern Ireland) 2009, DHSSPS launched the Complaints in Health and Social Care: Standards & Guidelines for Resolution & Learning, on 1 April 2009. Despite the standards and guidelines, issues relating to complaints and whistleblowing still attract much media attention.

The RQIA review of complaints will assess whether the five HSC trust have fully implemented the 2009 DHSSPS standards and guidelines, and review the effectiveness of the complaints procedures.

Consideration of the changing culture across health and social care will be undertaken, to determine whether the standards reflect the promotion of safety and quality, the need to be open, and applied learning from mistakes. The views and experiences of service users, using the complaints system will be incorporated into the review.

Autism/ Asperger's Services for Young People

Autism is a lifelong disability which affects the way an individual relates to people, situations and their immediate environment. The term Autism Spectrum Disorder (ASD) is

often used because the impact of autism varies from person to person. Asperger's syndrome is a form of autism that falls within the autism spectrum.

The DHSSPS Autism Strategy (2013-20) and Action Plan (2013-16) was developed to help improve access to services and support for people with autism, their families and carers, throughout their lives.

RQIA plan to review the progress of the implementation of the action from the Action Plan, and assess the improvements of the autism services.

Follow up Review of the Out-of-Hours GP Services

In September 2010, RQIA published a report on the Review of GP Out-of-Hours Services. RQIA plan to revisit the out-of-hours service to look at the implementation of the recommendations made in the 2010 report.

The review could also consider:

- work by the Regional Out-of-Hours Project, in relation to the future strategic direction for the service, the planned regional user survey, and the approach to quality performance monitoring
- the out-of-hours providers risk management arrangements
- assurance of doctors working hours
- arrangements for feedback on the performance of trainee GP doctors during the out-of-hours periods

Review of the Northern Ireland Ambulance Service

In 2011, RQIA reported on the clinical and social care governance arrangements within the Northern Ireland Ambulance Service (NIAS). The review identified: the need for improved appraisal and training; the potential for the introduction of clinical protocols to enable some patients with specific conditions to stay at home after assessment and treatment by paramedic staff; and improved infection and prevention control arrangements.

RQIA plan to carry out a follow up review of NIAS to assess the progress of the implementations of the recommendations from the previous review. Included within the review will be an assessment of the arrangements for the transfer of patients to and from hospital settings to their own home or to other facility. The DHSSPS transport strategy for Northern Ireland will be used as a baseline during the review.

Out-of-Hours Social Services

The majority of community based social work services are based on traditional weekday provision, during the hours of 9am to 5pm. This makes it difficult for many service users, including school-age children, to access the services.

Evidence confirms that personal or family crises, emergency admissions of children into care, attempts at self-harm, serious adverse incidents, emergency mental health

assessments and applications for secure accommodation for young people can happen at any time, but often at night or weekends. For crises that occur out-of-hours, they are often dealt with by the duty social worker who usually has little or no knowledge of the individual or their circumstances.

In April 2012, DHSSPS launched the first Northern Ireland Social Work Strategy. The strategy set out a framework for practice to support the delivery of the vision for social work. It focuses on prevention and early intervention as well as on protection and safeguarding. A key recommendation of the strategy included the development of a regional social work out-of-hours service.

RQIA plan to review the arrangements established for the social work out-of-hours service against the requirements from the Northern Ireland Social Work Strategy.

Regional e-Health and Care Strategy

Information technology has been used within healthcare for many years and the potential for further improvements is continually developing. Electronic Health (e-Health) technologies aim to improve peoples' health and enable them to have more control over their own health status. They are intended to improve the patient's information about their condition or health status and to provide an easier contact to health and social care professionals.

The Health and Social Care Board, the Public Health Agency and the five Health and Social Care Trusts in Northern Ireland are developing a new plan on how technology should be used in the delivery of health and social care services. This will culminate with the release of a Regional e-Health & Care Strategy during 2014.

After the release and implementation of the strategy, RQIA plan to review the implementation of the strategy in terms of patient access, governance, and safeguarding arrangements.

Acute Emergency Mental Health

The Mental Health (Northern Ireland) Order 1986 is the legislative basis for the care, treatment and protection of people who experience mental disorder. The Order provides a framework for the care, treatment and protection of all persons with a mental disorder. It establishes systems through which the statutory rights of individuals and their relatives are protected and the duties, responsibilities and powers of professionals regulated.

The Guidelines and Audit Implementation Network (GAIN) developed guidelines in relation to the implementation of the Order. These guidelines ensure that the relevant standard of care for people requiring assessment and treatment under the Order are to be met.

RQIA plan to review the arrangements in place for the assessment, treatment and management of patients requiring crisis response, and the subsequent arrangements for hospital admission. The GAIN guidelines and the Service Framework for Mental Health and Wellbeing will form the basis for assessment.

The format of this review may be subject to change, depending upon the release of new capacity legislation.

Parkinson's Services

Parkinson's disease is a progressive neurodegenerative condition. Although Parkinson's disease is predominantly a movement disorder, other impairments frequently develop, including psychiatric problems, such as depression and dementia. Parkinson's disease has a higher prevalence with age and a higher incidence of the disease in males. It is estimated that Parkinson's disease affects between 100-180 people per 100,000 of the population.

Treatment and care for Parkinson's disease should take into account the patients' individual needs and preferences. People with Parkinson's disease should have the opportunity to make informed decisions about their care and treatment. Good communication between healthcare professionals and patients is essential. It should be supported by the provision of evidence-based information offered in a form that is tailored to the needs of the individual patient.

NICE produced clinical guidance in relation to the diagnosis and management in primary and secondary care. RQIA plan to undertake a review of current service provision for the diagnosis and management of Parkinson's disease, based on NICE clinical guidelines.

Paediatric and Neonatal Surgery

In 2010, DHSSPS published the General Paediatric Surgery and ENT standards. Many changes have taken place since then. To ensure that treatment and care is of a high standard, DHSSPS conducted a review of healthcare services for children and young people in 2012. The purpose of the review was to produce recommendations which would provide a strategic direction for the future development and enhancement of healthcare services for children and young people over the next ten years, starting from 2014.

RQIA plan to undertake a review of paediatric and neonatal surgery based on this strategy. The review will also assess the implementation of the recommendations specific to paediatric and neonatal surgery.

Bereavement Services

In June 2009, DHSSPS launched the Northern Ireland Health and Social Care Strategy for Bereavement Care. The aim of the strategy was to promote an integrated and consistent approach to all aspects of care in supporting individuals and families who have been bereaved and those that support them. Specific standards and criteria for services provided by health and social care services were included in the strategy.

RQIA plan to review the arrangements for bereavement services in place within the trusts, and assess these services against the standards within the Strategy for Bereavement Care.

Supplementary Reviews

Eye Disease

Good eyesight is something most people take largely for granted. But that is not the case for everyone, and blindness or sight loss can have a profound effect on them and their families. As we get older we are increasingly likely to experience sight loss. As the population is ageing, the number of people in Northern Ireland with sight loss is set to increase dramatically. Age-related macular degeneration is by far the leading cause of blindness in adults.

Prevention and early detection of sight-threatening conditions, in both adults and children, are essential if we are to improve eye health. The treatment and management of acute, and long term eye conditions such as glaucoma, cataract and macular degeneration, can significantly contribute to independence of the individual and to leading a fulfilling life in the community.

In 2012, DHSSPS released an eyecare strategy, which set out the strategic direction for eyecare services in Northern Ireland. RQIA plan to review the implementation of the eyecare strategy with a specific focus on services for macular degeneration.

Urology Services

Urology is one of the most varied branches of surgery within the healthcare. It encompasses diseases of kidneys, bladder and prostate and includes incontinence, impotence, infertility, cancer and reconstruction of the genitourinary tract. Urology problems affect patients of both sexes and people of all ages, from new-born to older people.

In 2009, a review of urology services was undertaken by the Health and Social Care Board, which made 26 recommendations for improvements to the urology services. RQIA plan to review the implementation of the recommendations to determine whether the improvements to the service have been realised

Postnatal Depression

Postnatal depression can develop within the first six weeks of giving birth, but is often not apparent until around six months. It is estimated that postnatal depression affects around 1 in 10 women after having a baby. Teenage mothers are particularly at risk. Postnatal depression can sometimes go unnoticed and many women are unaware they have it. The symptoms of postnatal depression are wide-ranging and can include low mood, feeling unable to cope and difficulty sleeping.

The National Institute for Health and Care Excellence (NICE) have published several clinical guidelines in relation to the management, care and treatment of people with postnatal depression. RQIA plan to review the care of patients with postnatal depression

against the NICE clinical guidelines. The review will also include an assessment of the trusts' processes for implementation of the NICE guidelines.

Midwife Services in GP Practices and the Community

DHSSPS has carried out a review of policy focusing on the best available evidence for the care and treatment of mothers-to-be; quality, safety and service sustainability; wider workforce issues; and professional roles and responsibilities.

A strategy was developed, A Strategy for Maternity Care in Northern Ireland 2012-2018, and published on 2 July 2012.

The Strategy is outcomes focused on six areas:

- give every baby and family the best start in life
- effective communication and high-quality maternity care
- healthier women at the start of pregnancy (preconception care)
- effective, locally accessible, antenatal care and a positive experience for prospective parents
- safe labour and birth (intrapartum) care with improved experiences for mothers and babies
- appropriate advice, and support for parents and baby after birth

The strategy aims to provide women and their partners, HSC staff, commissioners and policy makers with a clear pathway for maternity care in Northern Ireland from pre conceptual care through to postnatal care. Within the document, twenty two objectives have been identified which link to the six outcomes identified above.

The HSC Board and Public Health Agency will co-lead on implementation. An action plan will be developed to take account of the outcomes and objectives listed in the document. The Department will receive an annual report on progress towards implementation.

RQIA will conduct a review of the implementation of the strategy and include the clinical and social care governance review of the services provided.

Induction of Medical Staff During the August Handover

Each year new medical staff are introduced into the healthcare system during the August handover. Junior doctors take on the responsibility for the care of hundreds of patients. Most have had limited patient care experience. Appropriate induction into the process is essential for familiarising new doctors to the organisations and reducing the potential for errors in patient care.

The DHSSPS Quality Standards for Health and Social Care highlight induction as an element of governance that underpins organisational accountability and corporate leadership. RQIA plans to assess the governance arrangements associated with the induction of new junior doctors into the healthcare system.

5 Conclusion

5.1 Management of the Programme

The review programme will be managed by RQIA's Review Programme Steering Group through a process whereby the benefits from each review are realised, to ensure the outcomes are delivered in line with RQIA's Corporate Strategy.

A project management approach will be adopted for each review and a range of tested methodologies will be applied to ensure the reviews focus on the central issues, involve key stakeholders and take advantage of opportunities to work in partnership with other regulatory bodies or organisations which represent particular interests.

Our reviews are carried out by teams of independent assessors most of whom are either experienced practitioners or experts by experience, as well as lay reviewers who have experience and/or interest in a particular service area.

While delivering this challenging programme, we will continue to examine our methods of review and make sure that we build on the learning from previous experience.

5.2 Improving the Patient and Client Experience

On 12 November 2008 DHSSPS launched new standards to promote patient and client dignity.

Improving the Patient and Client Experience is a set of standards defining what patients should expect from health and social care staff. The standards are designed to ensure that patients receive care and treatment from staff, whether clinical or non-clinical, who carry out their job in a considerate, caring and professional manner.

RQIA is committed to ensuring that user engagement is an essential element throughout the programme and, where appropriate, each review will employ a variety of methods to ensure the views and opinions in respect of quality of care are harnessed from service users and their carers'. In order to take forward the specific element of patient and client experience RQIA will build this in as a formal component of a number of appropriate reviews throughout the three year programme.

This will facilitate RQIA's aim of providing independent assurance about the safety, quality and availability of health and social care services in NI; encouraging continuous improvements in those services; and safeguarding the rights of service users.

5.3 Other Considerations

In conclusion, it is important to note that RQIA has, in the past, been commissioned by the DHSSPS to carry out specific reviews in response to emerging events. It is anticipated that the organisation will be commissioned to undertake further reviews of this nature. This, when it occurs, will result in the review programme being re-examined at that point to determine the impact upon the remainder of the programme.

Thus, flexibility will underpin the programme to ensure that in addition to the planned programme, there will be capacity to respond to these emerging issues. RQIA will keep the programme under review on a continuing basis.

RQIA is also committed to working in partnership with other regulators and with organisations which exist to represent the views of service users including the Patient Client Council.

APPENDIX A – Previous and Planned RQIA Reviews

2005 - 2009	Published
Review of the Lessons Arising from the Death of Mrs Janine Murtagh	October 2005
RQIA Governance Review of the Northern Ireland Breast Screening Programme	March 2006
Cherry Lodge Children's Home: Independent Review into Safe and Effective Respite Care for Children and Young People with Disabilities	September 2007
Review of Clinical and Social Care Governance Arrangements in Health and Personal Social Services Organisations in Northern Ireland	February 2008
Review of Assessment and Management of Risk in Adult Mental Health Services in Health and Social Care Trusts in Northern Ireland	March 2008
Reducing the Risk of Hyponatraemia When Administering Intravenous Infusions to Children	April 2008
Clostridium Difficile – RQIA Independent Review, Protecting Patients - Reducing Risks	June 2008
Review of the Outbreak of Clostridium Difficile in the Northern Health and Social Care Trust	August 2008
Review of GP Appraisal Arrangements in Northern Ireland	September 2008
Review of Consultant Medical Appraisal Across HSC Trusts	September 2008
Review of Actions Taken on Recommendations From a Critical Incident Review Within Maternity Services, Altnagelvin Hospital, Western Health and Social Care Trust	October 2008
2009 - 2012	Published
Review of Intravenous Sedation in General Dental Practice	May 2009
Blood Safety Review	February 2010
Review of Intrapartum Care	May 2010
Follow-Up Review: Reducing the Risk of Hyponatraemia When Administering Intravenous Infusions to Children	July 2010
Review of GP Out-of-Hours Services	September 2010
RQIA Independent Review of the McDermott Brothers' Case	November 2010
Review of HSC Trust Readiness for Medical Revalidation	December 2010
Follow-Up Review of Intravenous Sedation in General Dental Practice	December 2010
Clinical and Social Care Governance Review of the Northern Ireland Ambulance Service Trust	February 2011
RQIA Independent Review of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland	February 2011
A Report on the Inspection of the Care Pathways of a Select Group of Young People who Met the Criteria for Secure Accommodation in Northern Ireland	March 2011
An independent review of Reporting Arrangements for Radiological Investigations	March 2011

RQIA's Overview Inspection Report on Young People Placed in Leaving Care Projects and Health and Social Care Trusts' 16 Plus Transition Teams	August 2011
Review of Sensory Support Services	September 2011
Care Management in respect of Implementation of the NI Single Assessment Tool (NISAT)	October 2011
Revalidation in Primary Care Services	December 2011
Review of Implementation of Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults	February 2012
2012 - 2015	Published
RQIA Independent Review of Pseudomonas Final Report	May 2012
Mixed Gender Accommodation in Hospitals	August 2012
Independent Review of the Western Health and Social Care Trust Safeguarding Arrangements for Ralphs Close Residential Care Home	October 2012
Review of the Implementation of Promoting Quality Care (PQC) Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services	October 2012
Review of the Northern Ireland Single Assessment Tool Stage Two	November 2012
Review of the Implementation of the Cardiovascular Disease Service Framework	November 2012
RQIA Baseline Assessment of the Care of Children Under 18 Admitted to Adult Wards In Northern Ireland	December 2012
Safeguarding of Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals in Northern Ireland, Overview Report	February 2013
Independent Review of the Governance Arrangements of the Northern Ireland Guardian Ad Litem Agency	March 2013
Independent Review of the Management of Controlled Drug Use in Trust Hospital	June 2013
RQIA Review of Acute Hospitals at Night and Weekends	July 2013
A Baseline Assessment and Review of Community Services for Adults with a Learning Disability	August 2013
Review of Specialist Sexual Health Services in Northern Ireland	October 2013
RQIA Independent Review of Statutory Fostering Services	December 2013
Respiratory Service Framework	March 2014
Review of the Implementation of NICE Clinical Guideline 42: Dementia	June 2014
Overview of Patient Finances in Residential Settings	June 2014
Theatre Practice	June 2014
Review of Unscheduled Care	June 2014
Care of Older People in Acute Wards	In Progress
Risk Assessment: Addiction Services	In Progress

Access to Services by Disadvantaged Groups	In Progress
Care of Patients with Learning Disabilities in Acute Hospitals	In Progress
Discharge Arrangements from Hospital	In Progress
Respite Care/ Short Break Provision	In Progress
Review of Stroke Services	In Progress
Review of the Implementation of the Dental Hospital Inquiry Action Plan	In Progress
Review of Child Sexual Exploitation	In Progress
Medicines Management in Primary Care	Planned 2014/15
Governance Arrangements in HSC Organisations (including Professional Revalidation)	Planned 2014/15
Adverse Incident Management, Reporting and Learning	Planned 2014/15
Diabetic Retinopathy Screening Services	Planned 2014/15
Eating Disorder Services	Planned 2014/15
Maternity Services	Planned 2014/15
Nutrition in Hospitals	Planned 2014/15
Provision of Services for People with an Acquired Brain Injury	Planned 2014/15
Provision of Specialist Care Services for People in their Own Homes	Planned 2014/15



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RQIA Board Meeting

Date of Meeting	3 July 2014
Title of Paper	Draft Improvement and Efficiency Operational Plan 2014/15
Agenda Item	10
Reference	J/04/14
Author	Jill Munce / Jonathan King / Maurice Atkinson
Presented by	Maurice Atkinson
Purpose	This paper presents RQIA's Draft Improvement and Efficiency Operational Plan 2014/15.
Executive Summary	<p>The Improvement and Efficiency Operational Plan 2014/15 is described under the headings of:</p> <ul style="list-style-type: none"> • Review and Control of Staff Costs; • Review and Control of Non-Pay Spend; and • The Excellence Journey (Improvement Initiatives). <p>The Plan includes a financial gap analysis showing that Income and Expenditure budgets are in balance in 2014/15.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the Improvement and Efficiency Operational Plan 2014/15.
Next steps	Progress in implementing the Plan will be reported to the Board via the quarterly Corporate Performance Report.



Regulation and Quality Improvement Authority

**Improvement and Efficiency (I&E)
Operational Plan
2014-15**

Board Meeting: 3 July 2014

Improvement & Efficiency (I&E) Operational Plan 2014/15

1. Purpose

RQIA's Improvement & Efficiency Plan 2011-15 was approved by the Board in November 2011. The delivery of this Plan is built on three key strands of work:

- Review and Control of Staff Costs
- Review and control of non-pay spend
- The Excellence Journey (Improvement Initiatives)

The 4-year Plan has been translated into an annual Operational Plan which has been aligned with RQIA's Business Plan 2014/15.

2. Efficiency Targets and Gap Analysis

RQIA received a 4 year indicative allocation, including an efficiency savings target, in 2011/12 as detailed below:

Table 1: Revenue Resource Limit (RRL) 4 year Indicative Allocation

	2011/12 £	2012/13 £	2013/14 £	2014/15 £
C'Fwd Recurrent Baseline	6,374,782	6,202,045	6,224,182	6,354,954
Inescapable Cost Pressures	146,002	94,645	136,451	140,889
Baseline + inescapable costs	6,520,784	6,296,690	6,360,633	6,495,843
Recurrent Savings	(318,739)	(72,508)	(5,680)	(42,114)
Savings Rate	-5.00%	-1.17%	-0.09%	-0.66%
Opening Allocation	6,202,045	6,224,182	6,354,953	6,453,729

The total efficiency savings equalled £439K (-6.9%) and were heavily skewed towards years one and two of the four year allocation.

In 2012/13 RQIA's funding allocation was increased recurrently by £250K to cover the net cost of Dental Regulation. Therefore the revised baseline for 2013/14 was £6,604,895 and for 2014/15 is £6,703,729.

The gap analysis in appendix 1 looks forward 2 years covering 2014/15 and 2015/16. Details of the calculations and the important estimates used are included in appendix 1.

The gap analysis shows that in 2014/15 RQIA maintains a balanced financial position. This also demonstrates that RQIA will achieve the required overall efficiency target set. It should be noted that this predicted outturn is based on the indicative allocation provided previously by the Department as an RRL allocation letter has not yet been received for 2014/15. This uncertainty affects the robustness of the gap analysis as amendments to the indicative RRL will obviously upset the financial balance reported.

Indications from the Department are that the RRL allocation for 2015/16 will remain identical to 2014/15. Pay expenditure growth through unfunded pay awards and incremental drift in 2015/16 will see a gap of £77K develop. Again if the assumptions on the 2014/15 funding are wrong and the indicative RRL changes this will also impact on the position reported for 2015/16.

£77K represents 1% of our total budget and will be managed through a review of pay and non pay budgets in 2015/16.

3. Improvement and Efficiency (I&E) Operational Plan 2014/15

The I&E Operational Plan 2014/15 is described under the headings of Review and Control of Staff Costs, Review and Control of Non-Pay Spend, and the Excellence Journey (Improvement Initiatives).

Review and Control of Staff Costs

The approach adopted is to review and control management and administration costs to fully align this with the achievement of CSR efficiency savings and therefore integrate it within the Improvement and Efficiency Operational Plan. However, this needs to be seen within the context of the significant achievement of efficiency targets 2011-15 (£439K/-6.9%) and the requirement to bid for an increase in resources to meet the inescapable pressures facing the organisation.

Key facets of this approach include the following:

- Review of capacity and demand issues facing Directorates and the submission of two Business Cases to the Department which outline the need for additional resources to support our ongoing regulatory oversight of registered agencies and establishments and oversight of services provided to both adults and children who lack capacity. A third Business Case is currently being developed for funding required for Part IV Medical Practitioners to discharge the statutory function of providing a second opinion for treatment plans.
- Ongoing review of vacancies as they arise in order to decide if replacement is necessary or if the workload can be covered in a different way.

- Adhering to headcount controls (i.e. a maximum of 151.9 WTE) and administration cost limits (i.e. £6,703,729 in 2014/15).
- The management and monitoring of devolved staff budgets within each Directorate in order to ensure we manage our resources to best effect.
- The ongoing application of Lean methodology within the Regulation and Mental Health and Learning Disability Directorates to ensure we have the most effective and efficient processes in place.

Review and Control of Non-Pay Spend

The following areas of non-pay will be reviewed in 2014/15:

Areas of non-pay spend review	Outcome
<ul style="list-style-type: none"> • Telecoms • Mobile communications and 3G provision • Staff Travel 	<i>It should be noted that costs may increase in some areas as a result of new contractual agreements being entered into.</i>

Recurring savings from previous reviews of non-pay are shown below:

Recurring savings from previous reviews of non-pay	Outcome
<ul style="list-style-type: none"> • Car parking • Priority Post • Confidential waste • Lease/Rent Review (2012) • Home Broadband • MFD (Managed Functional Devices) 	£25K recurring savings £3K recurring savings £2K recurring savings Price held at current level £3.5K recurring savings £14K recurring savings

It is anticipated that through the review and control of Pay and Non-pay expenditure we will be able to control our costs and achieve the efficiency targets set in 2014/15. Efficiencies made in the 2014/15 non pay reviews should also help to reduce the £77K gap in 2015/16.

The Excellence Journey (Improvement Initiatives)

RQIA is on a journey of excellence and continuous improvement and in April 2010 adopted the EFQM excellence model as its quality framework. In January 2013, RQIA was awarded the **Steps to Excellence Bronze** Level of Recognition at the Ireland Excellence Awards Recognition Ceremony. RQIA seeks to continually improve and strives to achieve excellence in line with the EFQM model.

Following the EFQM assessment in 2012, the organisation agreed six high level improvement initiatives in order to take forward the areas that required improvement.

The improvement initiatives are as follows:

- Initiative A - Standardisation of measurements to evidence key results
- Initiative B – Promote A positive organisational culture and behaviours
- Initiative C - Implementation of Actions in the Human Resources and Organisational Development Strategy (HROD)
- Initiative D – Modernisation and standardisation of processes and procedures across the organisation
- Initiative E - Sustainability Plan
- Initiative F - Personal & Public Involvement (PPI) and RQIA's Public Profile/Reputation

The delivery of these initiatives will lead to a continuous improvement culture within RQIA. This will be communicated to senior staff (improvement leads) through the STEP bi-monthly meetings and to all staff in their team meetings. Progress on each initiative will be updated at the meetings and recorded in the Steps to Excellence Programme (STEP) Improvement Action Log. There is oversight and support from the Executive Management Team at quarterly STEP steering group meetings. All progress is reported on through the Corporate Performance Report.

The Table 2 overleaf outlines each improvement initiative and demonstrates how they are linked to RQIA's Corporate Strategy and the EFQM excellence model criteria.

Table 2 – Improvement Initiatives 2014-15

Improvement Initiative A	Link to RQIA Corporate Strategy 2012 - 15	Link to EFQM Excellence Model	Initiative Lead	Key Outcome	Organisational Benefit	Completion Date
Standardisation of measurements to evidence key results	RQIA's Mission Statement Strategy Map 2012-15 Key strategic objectives and measures of success	Strategy People Results Customer Results Society Results Business Results	Planning and Corporate Governance Manager and Named Leads	A clear set of measures that can be used by RQIA to monitor, understand, predict and improve the performance of the organisation.	Successful delivery of RQIA's Corporate Strategy	31.03.15

Improvement Initiative B	Link to RQIA Corporate Strategy 2012 - 15	Link to EFQM Excellence Model	Initiative Lead	Key Outcome	Organisation Benefit	Completion Date
Promote A positive organisational culture and behaviours	RQIA Strategy Map Core values within the RQIA Culture Charter	Leadership People People Results	HR Manager and Named Leads	The fostering of a positive, supportive and respectful culture in line with RQIA's values	Enhanced employee satisfaction and engagement.	31.03.15

Improvement Initiative C	Link to RQIA Corporate Strategy 2012 - 15	Link to EFQM Excellence Model	Initiative Lead	Key Outcome	Organisation Benefit	Completion Date
Implement actions in the Human Resources and Organisational Development (HROD) Strategy 2013-15	Strategic Objective 5.1 and 5.2	People People Results	HROD Manager and Named Leads	Effective line management, performance management and enhanced organisational capability through Learning & Development Attainment of liP Accreditation	Good people management practice, competent and skilled workforce and increased motivation.	31.03.15

Improvement Initiative D	Link to RQIA Corporate Strategy 2012 - 15	Link to EFQM Excellence Model	Initiative Lead	Key Outcome	Organisation Benefit	Completion Date
Modernisation & standardisation of processes and procedures across the organisation	Strategic Objectives 1-9 1.Regulation 2.Review 3.Mental Health Order Oversight 4.Engagement & Communications 5.People 6.Performance 7.Evidence 8.Information 9.Governance	Strategy Processes, Products and services	Named Leads	Effective standardised processes and procedures across all Directorates	Consistency in delivering the key objectives of RQIA across all staff within each Directorate The flow of information will be improved throughout RQIA.	31.03.15

Improvement Initiative E	Link to RQIA Corporate Strategy 2012 - 15	Link to EFQM Excellence Model	Initiative Lead	Key Outcome	Organisation Benefit	Completion Date
Sustainability Plan	Strategic Objective 6.1	Partnerships and Resources Society results	Facilities Manager & Named Leads	Deliver on measures of success as defined in Business Plan 2014/15 Demonstrate sustained good Society Results	Energy reduction resulting in economic savings Improved working conditions for staff Reduction in carbon footprint	31.03.15

Improvement Initiative F	Link to RQIA Corporate Strategy 2012 - 15	Link to EFQM Excellence Model	Initiative Lead	Key Outcome	Organisation Benefit	Completion Date
Personal and Public Involvement RQIA's Public Profile/ Reputation	Strategic Objective 4.1 Strategic Objective 4.2 Strategic Objective 9	Leadership, Strategy and Customer results	Corporate Improvement and Public Engagement Manager & Named Leads Communication Manager & Named Leads	Internal measures will be set to monitor, understand, predict and improve on RQIA's mission and the four key organisational outcomes as set out in the Corporate Strategy 2012 – 15. Clear targets will be set for PPI results based on the needs and expectations of service users Sustained evidence of good society results	Improvements in quality of care by involving people who have experience of using services subject to regulatory activity Customer/Public satisfaction will be improved Population will be better informed about RQIA	31.03.15

These initiatives are fully aligned with RQIA's Business Plan 2014/15.

4. Review

This Plan will be kept under review during the course of the year and progress will be reported via the Corporate Performance Report and the Finance Report.

Appendix 1 – Gap Analysis (June 2014)

The analysis overleaf has been produced to identify forecast income, forecast expenditure, and highlight any potential gaps in funding. The purpose of this gap analysis is to establish the minimum level of adjustment and action required to ensure that RQIA will continue to breakeven going forward.

This analysis looks forward 2 years to 2015/16 thereby covering one year beyond the Departments 4 year efficiency programme.

Income Budget

RRL – In the absence of a 2014/15 RRL allocation letter the RRL used is based on the indicative 4 year allocation provided by the Department in 2011/12 updated for recurring Dental Funding.

Based on verbal indications from the Department the 2015/16 RRL is based on the indicative allocation for 2014/15. No uplifts have been applied.

Fees – Annual fee income forecasts for 2014/15 are based on the annual fees applicable at the 1st April 2014. The full year effect of these fees is used to estimate the 2015/16 annual fees recoverable.

Registration and variation fee income is based on applying a prudent estimate to past performance.

Secondments – Known secondments are budgeted for here but are entirely off set on the expenditure side thereby having a nil effect on our overall financial position.

Expenditure Budget

Pay – forecast expenditure is based on a detailed analysis of RQIA's current workforce adjusted for variables in year which include Pay Awards, incremental drift, and secondments.

In the absence of Department guidance provision has been made for estimated pay awards based on national policy and previous experience. This includes Senior Management, Medical graded Staff, and staff on Agenda for Change contracts.

The estimates used in 2015/16 assume the same provisions in 2014/15 will re-occur in 2015/16. Increases in pay awards will significantly affect this estimate.

Incremental drift represents the progression of staff through pay scales. The figure in 2014/15 is calculate precisely using existing staff details while the 2015/16 figure is a less precise estimate and is therefore subject to change based on the staff composition at that time.

Non-Pay – the forecast on non-pay expenditure continues to include the elevated training budget as set in 2011/12, representing an appropriate investment in our staff and capability. Inflation has been calculated using current CPI figures and estimates.

It is estimated that RQIA can contain any growth in its non-pay spend in 2015/16.

Gap Analysis

Based on the analysis we are currently in financial balance and therefore forecast to breakeven in 2014/15. This position implicitly means we have achieved the 4 year efficiency targets set in 2011/12.

The Gap in 2015/16 of £77K represents the growth in Salaries resulting from unfunded pay awards and incremental drift partially mitigated by a small forecast growth in Fee income. £77K equates to 1% of our total budget and is manageable though budget setting in 2015/16.

Furthermore non-pay initiatives in 2014/15 will likely reduce the £77K gap in 2015/16.

Balancing the Budget

Summary By Financial Stream

INCOME BUDGET	2014/15	2015/16
	£	£
<u>RRL</u>		
C'Fwd Recurrent Baseline	6,604,895	6,703,670
Inescapeable Cost Pressures	140,889	0
Savings Required	(42,114)	0
Recurring RRL	6,703,670	6,703,670
N/R RRL - Clinical Exc Award	38,076	38,076
Total RRL	6,741,746	6,741,746
<u>Fees</u>		
Annual Fees (Incl. Dental)	797,089	814,711
Registration/Variation Fees	70,000	70,000
Fees Total	867,089	884,711
<u>Secondments</u>		
Secondments out	64,228	0
Total Income Budgets	7,673,063	7,626,457

EXPENDITURE BUDGET	2014/15	
	£	
<u>Pay</u>		
C'Fwd Adjusted Budget	6,219,170	6,289,857
Secondment	64,228	0
Incremental Drift	23,730	40,000
Pay Award	46,957	54,872
Total Pay	6,354,085	6,384,729
<u>Non-Pay</u>		
C'Fwd Recurring Budget	1,318,978	1,318,978
Total Non-Pay	1,318,978	1,318,978
Total Expenditure Budgets	7,673,063	7,703,707

Total Income Budgets (see above)

7,673,063

7,626,457

Gap

0

(77,250)

RQIA Board Meeting

Date of Meeting	3 July 2014
Title of Paper	Risk Management Strategy
Agenda Item	11
Reference	K/04/14
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of this document is to outline an overall approach to risk management that addresses the risks facing RQIA in pursuing its strategy and which will facilitate the effective recognition and management of such risks.
Executive Summary	As above
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	<p>The Risk Management Strategy was approved by the Audit Committee on behalf of the Board, on 26 June 2014.</p> <p>It is recommended that the Board should NOTE this Risk Management Strategy.</p>
Next steps	The Risk Management Strategy will be subject to annual review and approval by the Audit Committee.



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Risk Management Strategy 2014/15

Policy Type:	Strategy
Directorate Area:	Corporate Services
Policy Author / Champion:	Planning & Corporate Governance Manager
Equality Screened:	N/A
Date Approved by EMT:	
Date Approved by Audit Committee:	
Date of Issue to RQIA Staff:	
Date of Review:	March-June 2015

Definitions

Risk is an event or uncertainty that may enhance (i.e. opportunity) or impede our ability to achieve objectives effectively.

Strategic risks are those that need to be taken into account in decisions about medium to long-term key business objectives.

Operational risks are those that managers and staff will encounter in the daily course of their work.

Internal Control is a means of reducing a risk rather than living with it or transferring it to a third party. The whole system of risk management can be considered a system of internal control.

Risk management is the management of integrated or holistic business risk in a manner consistent with the virtues of best value, economy, efficiency and effectiveness. In essence it is about making the most of opportunities (making effective and consistent decisions) and about achieving objectives once those decisions are made. This is achieved through:

- *Treating risk (to avoid, eliminate or reduce)*
- *Transferring risk*
- *Tolerating or living with risk*
- *Terminating Risk*

Key

CAS	Controls Assurance Standards
DHSSPS	Department of Health, Social Services and Public Safety
EMT	Executive Management team
HSC	Health and Social Care
MHLD	Mental Health & Learning Disability
MoU	Memorandums of Understanding
NDPB	Non Departmental Public Body
NIAO	Northern Ireland Audit Office
SLA	Service Level Agreement

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1.0 Introduction

Managing Public Money states that 'embedded in each public sector organisation's internal systems there should be arrangements for recognising, managing and tracking its opportunities and risks'¹. The Regulation and Quality Improvement Authority (RQIA) and all other Non Departmental Public Bodies (NDPB) are required by Government to have in place a policy and strategy for the management of risk.

Risk management is the process by which risks are identified and the activities required to control exposure to uncertainty which may impact on the achievement of objectives. 'Risk management is the term applied to a logical and systematic method of establishing the context, identifying, analysing, evaluating, treating, monitoring and communicating risks associated with any activity, function or process in a way that will enable organisations to minimise losses and maximize opportunities', the Australia/New Zealand Standard 4360:2004 Risk Management.

2.0 Purpose

The purpose of this document is to outline an overall approach to risk management that addresses the current and potential risks facing RQIA in pursuing its corporate strategy and which will also facilitate the effective recognition and management of such risks.

Risk management should be embedded within the daily operation of RQIA from strategy formulation through to business planning and processes. Through understanding risks, decision-makers will be better able to evaluate the impact of a particular decision or action on the achievement of RQIA's objectives.

3.0 Risk Management

Risk Management is about:

- Ensuring delivery of RQIA's corporate and business objectives.
- Creating a safe working environment for all staff, visitors, stakeholders and service users.
- Maintaining the good reputation of RQIA by conducting all of our relationships with openness and honesty and delivering effective and efficient services.
- Ensuring compliance with all applicable legislation and relevant guidance.
- Providing a comprehensive approach to risk assessment and management within RQIA, that assists the Board in meeting its governance commitments.

¹ Managing Public Money Northern Ireland (June 2008), Section 4.3 'Opportunity and Risk'

For risk management to work at RQIA, it will be implemented in a systematic manner which makes best use of existing expertise and structures, and which provides clear direction, guidance and support through all levels of the organisation. This strategy and the supporting documents set out RQIA's objectives and a framework for achieving them. It clearly identifies where responsibility for risk management lies.

4.0 Risk Management Policy Statement

RQIA is committed to its vision, which is to provide independent assurance about the quality, safety and availability of health and social care services in NI. In achieving this vision, RQIA will face risks to its corporate strategy, operational risks and risks associated with the protection of its people, property and reputation. This document describes the policies and processes by which the entire spectrum of these risks is to be effectively identified, managed and mitigated.

RQIA defines risk as any potential event which could prevent the achievement of an objective. It is measured in terms of impact and likelihood. Risks arise as much from the likelihood that an opportunity will not happen, as it does from the threat or uncertainty that something adverse will happen.

Risk is inherent in every activity and process within RQIA. Failure to adequately identify and mitigate risk (including information security, data loss, business continuity, fraud etc.) could expose RQIA and its reputation to significant loss or damage.

RQIA's policy is to identify, analyse and respond appropriately to all risks. The risk responses selected are determined by RQIA's appetite and tolerance for risk. These will vary over time according to the specific business objectives, for example strategic, operational or asset protection.

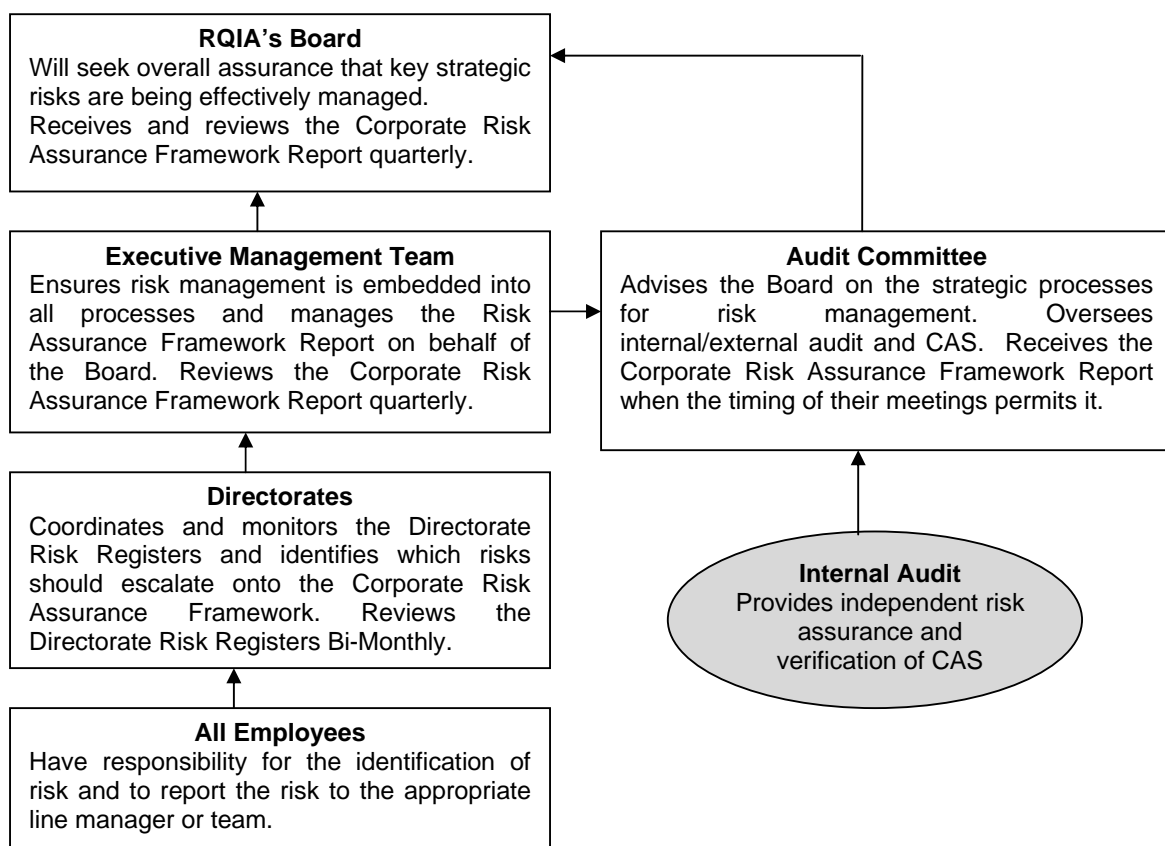
In order to minimise risks, RQIA is committed to ensuring that appropriate systems and processes are in place and subject to continuous review.

The risk management strategy and supporting documents will be used to inform RQIA's Annual Governance Statement and the Mid-Year Governance Statement. Supporting documents include:

- Risk Management Procedures
- Corporate Risk Assurance Framework Report
- Directorate Risk Registers

5.0 Roles and Responsibilities

A robust structure of accountability and responsibility is required as part of a control environment (i.e. governance, risk management and internal control). The respective responsibilities in relation to the Risk Management Process are detailed in the next page:



Within RQIA's organisational structure, it is important that individual accountability is clearly defined and that this is reflected in objective setting and performance review. Responsibility for risk at the different levels of the organisation is described below.

5.1 Board Responsibility

It is the role of the Board to demonstrate and maintain high standards of corporate governance at all times and in particular it plays a key role in:

- Determining the appropriate risk appetite or level of exposure for the RQIA.
- Identifying, assessing and reviewing of all corporate risks.
- Approving major decisions affecting RQIA's risk profile or exposure.
- Monitoring the management of significant risks to reduce the likelihood of potential hazards.
- Promoting a culture in RQIA, which it expects of all staff in their actions and words, integrity and their conduct of their service delivery.
- Annually review and approve RQIA's framework approach to risk management and approve changes or improvements to key elements of its processes and procedures.
- Ensuring that the framework is subject to comprehensive and effective internal audit.

5.2 Audit Committee Responsibility

The Audit Committee oversees internal audit, external audit and the implementation of the Controls Assurance Standards (CAS) including Risk Management. The Audit Committee advises the Board on the strategic processes for risk management. In addition, the Audit Committee is responsible for reviewing RQIA's ongoing arrangements for maintaining and updating the Corporate Risk Assurance Framework, and ensuring that these arrangements are robust and effective.

The Audit Committee is therefore well-placed to provide advice to the Board on the effectiveness of RQIA's system for the management of risk and also an assessment of the current risks identified within the Corporate Risk Assurance Framework Report.

5.3 Chief Executive Responsibility

It is the responsibility of the Chief Executive as Accounting Officer to ensure that a system of risk management is maintained and applied to inform decisions on financial and operational planning.

5.4 Executive Management Team Responsibility

The EMT consists of the Chief Executive and four Directors. It is the responsibility of the EMT to fulfil a strategic role in the coordination of risk management and has responsibility for identifying risk, implementing, monitoring any appropriate risk management control measures and ensuring that the strategy for risk management is implemented throughout the organisation. The team will coordinate the review and update the Corporate Risk Assurance Framework on behalf of the Board and will also take responsibility for the mitigation of identified risks that fall within their directorate.

As the Corporate Risk Assurance Framework is a live document subject to change, risk management will be included as a quarterly agenda item for meetings of the EMT however the Corporate Risk Assurance Framework report and actions will continue to be updated monthly.

5.5 Directorate Responsibilities

Risk Management should be an agenda item at Directorate meetings bi-monthly and any new risks that are identified recorded onto the Directorate Risk Register by the appointed person. Risk management responsibility of the Directorates is as follows:

- Ensuring that risks are captured on to Directorate Risk Registers.
- Implementing and monitoring any identified risk management control measures within their designated area and scope of responsibility.
- Considering which risks should be escalated onto the Corporate Risk Assurance Framework through the appropriate communications channel.

5.6 RQIA's Health and Safety Committee Responsibility

The role of RQIA's Health and Safety Committee is to promote co-operation between employers and employees to ensure the health, safety and welfare of all staff and others who use RQIA premises. The Health and Safety Committee meets twice a year and is responsible for ensuring:

- Health and Safety Issues are raised by directorates within RQIA
- Health and Safety and Fire Safety audit reports are completed
- Accidents/incidents are reported and reviewed
- Significant Health and Safety incidents and potential risks are entered into RQIA's risk management process.

5.7 Responsibility of All Staff

All staff should be aware of and apply the principles of risk management and risk assessment within their work environment. All staff are responsible for ensuring that they attend risk management training and have access to the Risk Management Strategy and Procedures.

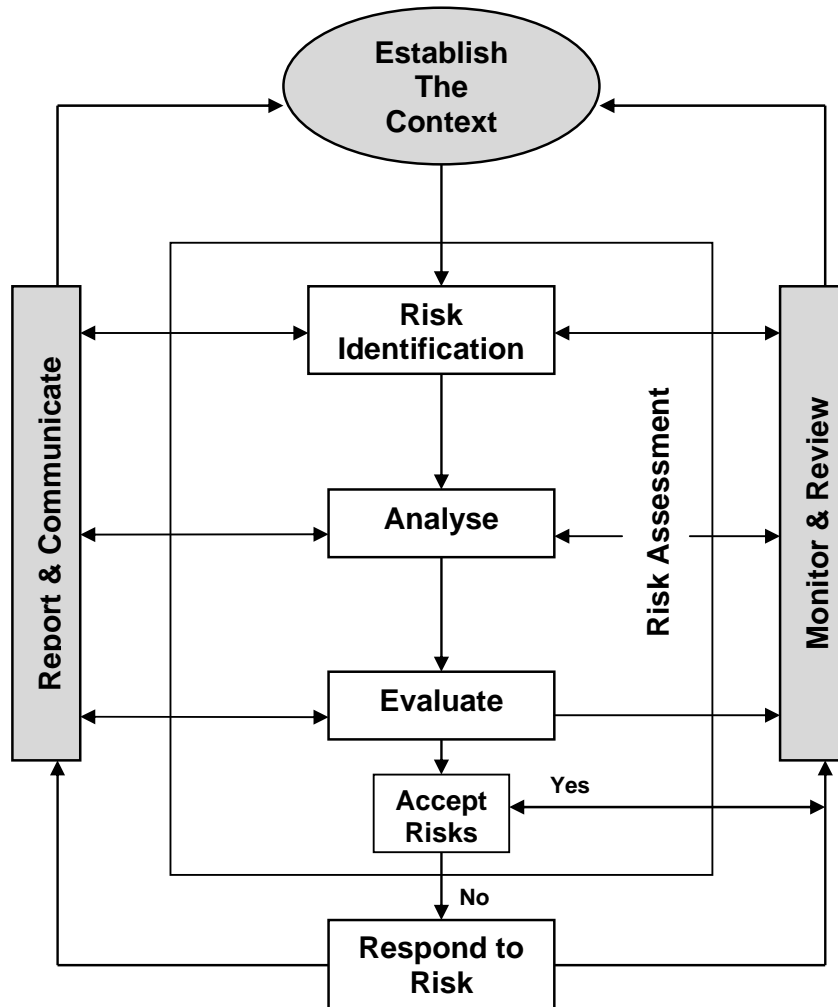
6.0 RQIA's Risk Management Process - Assessment & Review Cycle

The model in the following page describes the risk management process adopted within RQIA and has been adapted from the Australia/New Zealand Standard 4360:1999 Risk Management, Standards Australia 1999. It is important to note that there is a continuous 'cycle' to the risk management process.

In adopting this structured approach to the identification, analysis and control of risks the Board can be assured that risks are being properly managed and that public monies are being spent appropriately.

Each element of the assessment and review process is described in more detail in the following sections.

RQIA's Risk Management Process



6.1 Establish the Context

Risk management should be integral to the planning and achieving of objectives and to being accountable – it is not something that is done “on top of everything else we have to do.” The linking of risks to RQIA’s corporate objectives is inherent in the way RQIA plans and manages its business. RQIA's Strategy Map 2012-15 detailing the organisations corporate objectives is included in **Appendix 1**.

In order to deliver the strategy, RQIA produces an annual business plan, setting out our key business objectives and describes how we will deploy our staff and financial resources to best effect in achieving these objectives. Performance against the strategy is monitored on a regular basis and progress is reported to the RQIA Board quarterly through the Corporate Performance Report.

A strategic approach to risk management depends on identifying risks against key organisational objectives and activities. Risks relevant to these objectives

are then considered and evaluated allowing a number of key risks to be identified, analysed and evaluated.

6.2 Risk Identification

Risk identification sets out to identify an organisation's exposure to uncertainty. This requires an intimate knowledge of the organisation, the sector in which it operates, the legal, political, cultural environment in which it exists, as well as the development of a sound understanding of its strategic and operational objectives, including factors critical to its success and the threats and opportunities related to the achievement of these objectives.

Risk identification should be approached in a methodical way to ensure that all significant actions within the RQIA have been identified and all the risks flowing from these activities defined. Understanding the breadth of risks facing RQIA will help all staff with identifying all the potential risks associated with providing our services efficiently and effectively. Subdividing risks into the following categories provides a useful checklist:

At Strategic level – risks that need to be taken into account in judgements about the medium to long-term goals and objectives of RQIA. Managing corporate risks through the Corporate Risk Assurance Framework is a core responsibility of the Board in cooperation with the EMT in liaison with other key stakeholders.

RQIA's Board annually attend a horizon scanning workshop to identify a range of potential corporate risks that may impact the RQIA. The feedback received at the workshop is collated and used by the EMT to determine which potential risks should be included in the Corporate Risk Assurance Framework Report.

On an annual basis a workshop is held with Board Members from the Audit Committee to complete an Audit Committee self-assessment checklist. The workshop is used to determine if the Audit Committee has complied with all the principles within the Audit Committee self-assessment checklist and to identify any gaps or potential risks that require further action.

At Directorate level - managers and staff identify potential risks which may hinder the achievement of directorate objectives. All Directorate Risk Registers should identify the key risks faced by individual service areas in achieving their objectives as well as any measures and actions to manage these risks. The risks identified are:

- Those that could significantly impact on the achievement of RQIA's overall objectives and priorities.
- Recorded in each Directorate's Risk Register;
- Used to inform both corporate and directorate risk identification as appropriate.

At Partnership / 3rd Party Level – The successful delivery of our objectives also often depends on our partnership work (such as HSC Trusts, Department of Health, Social Services and Public Safety (DHSSPS) and organisations with agreed Memorandums of Understanding (MoUs) and Service Level

Agreements (SLAs)) with supporting the implementation of our policies on the ground. We must therefore; look beyond the boundary of the RQIA to identify risks to our objectives from these sources and recognise that good risk management requires stakeholder involvement.

A **systematic approach** to the identification and assessment of risks is essential and in RQIA this is an on-going process of self-assessment. This will ensure that RQIA has a better capability of identifying potential threats and opportunities in its business and establish appropriate responses. To help in ensuring that all potential risks are evaluated, RQIA has identified critical key risk categories as that shown below to give structure and support to the identification process.

Risk Categories	
Strategic	Operational
<ul style="list-style-type: none">• Political• Economic/financial• Social• Technological• Legislative• Environmental• Competitive• Customer	<ul style="list-style-type: none">• Professional• Financial• Legal• Physical• Contractual• Technological• Environmental• Information

For further details, including examples of risks from each category, see **Appendix 2**

6.3 Analyse / Evaluate the Risks

When risks are systematically assessed, it is common to find more problems than can be fixed at once. It is important to prioritise and tackle the biggest risks first. Two factors need to be considered when analysing risks.

Impact/Consequences

Impact is assessed on a scale of low (1) to very high (5) indicating increasing seriousness. The impact is assessed looking at credible scenarios (taking prevailing circumstances into consideration) and evaluating the impact of the risks that arise from these scenarios. The examples against each category are for guidance purposes and should be thought of as the consequences that would be likely to occur if things were left to go out of control. The guidance detailed below is based on the Australia/New Zealand Standard 4360:1999 Risk Management, Standards Australia 1999.

Impact Criteria

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 Impact on organisation readily absorbed, No long term consequences	Local press interest, Local public or political concern	Civil action – no defence Improvement notice	£5,000 - £50,000
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


Likelihood/Probability of Occurrence

Following the identification of a risk through looking at the impact of particular scenarios, the likelihood of the risk occurring is estimated on the basis of historic evidence or experience that such situations have materialised or are likely to. The following table gives example details of how the likelihood is assessed. The likelihood needs to be assessed in terms of has it happened before and is it expected to happen in the near future.

Impact Criteria

	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 result of the risk analysis process can be used with the Risk Scoring Matrix to give a significance rating to each of the risks. It also provides a tool for prioritising risk treatment efforts by ranking each identified risk so as to give a view of its relative importance. The Risk Scoring Matrix is shown below:

IMPACT	Risk Scoring Matrix				
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 Very Low (VL)	B Low (L)	C Medium (M)	D High (H)	E Very High (VH)
	Likelihood 				

6.4 Respond to Risks

There are numerous ways by which risks can be controlled, many of which require little or no financial outlay such as producing up-to-date policies and procedures and ensuring that management and staff know about and understand them by improving communication, training and induction.

Most risks present four possible courses of action (not exclusive):

Response	
Transfer	Some risks can be transferred to an insurer e.g. legal liability, property and vehicles etc. Service delivery risks can be

	transferred to a partner. Some risks cannot be transferred e.g. reputational risks.
Treat	Some risks will need additional treatment to reduce or mitigate their likelihood or impact. This response is most likely where the likelihood or impact is such that a risk has been identified as a high/red risk.
Terminate	In some instances, a risk could be so serious that there is no other option but to terminate the activity that is generating the risk.
Tolerate	This response will be appropriate where you judge that the control measures in place are sufficient to reduce the likelihood and impact of a risk to a tolerable level and there is no added value in doing more.

The relationship between the cost of controlling risk, and the benefits to be gained, must be considered, as there will always be a limited budget to address the issues. At this stage it is necessary to compare the estimated risks against criteria, which RQIA has established. The risk criteria may include associated costs and benefits, legal requirements, socio-economic and environmental factors, concerns of stakeholders etc. An evaluation of the risks therefore, is used to make decisions about the significance of risks to the RQIA and whether each specific risk should be avoided, accepted or treated. It is not possible to create an environment that is entirely risk free.

A properly implemented risk analysis process assists the effective and efficient operation of RQIA by identifying those risks, which require attention by management. They will need to prioritise risk control actions in terms of their potential to benefit and protect RQIA.

The proposed controls need to be measured in terms of potential economic effect if no action is taken versus the cost of the proposed action(s) and there may be occasions when the cost of reducing a risk may be totally disproportionate to the costs associated with the risk if it were to occur.

Compliance with laws and regulations is not optional. RQIA must understand the applicable laws and will implement a system of controls to achieve compliance.

6.5 Monitor and Review

The prime responsibility for ensuring there are adequate and effective controls to manage risk lies fully with all staff. Managers at all levels need, therefore, to ensure that monitoring of processes and systems that act as early warning signals takes place to highlight problems or changes in risks.

The kind of **Key Indicators** used to indicate that problems might be arising include:

- staff turnover by area
- customer complaints
- sick leave taken by staff group or directorate
- budget overspend / underspend
- not achieving performance milestones

- underachieving Measures of Success
- not meeting statutory requirements
- increase in SAls
- the number of disciplinary cases
- the number of unsuccessful recruitment programmes
- the number of H&S or fire incidents or outcomes of assessments
- level of complaints received against RQIA

Whatever indicators are used, the early warning signals should be brought to the attention of staff who need to take corrective or preventative action and escalated to the appropriate Director. All managers are responsible for identifying risk, implementing and monitoring any appropriate risk management control measures within their areas and scope of responsibility.

Risk management is not a one off exercise – it needs to become an integral part of the way we work. To achieve this, the following monitoring frequency has been agreed:

At a Corporate Level - The Executive Management Team will review and progress the Corporate Risk Assurance Framework on a quarterly basis, with the actions continuing to progress monthly. RQIA's Board will receive and review the updated Corporate Risk Assurance Framework and progress report quarterly and the Audit Committee will receive the reports when the timing of their meetings permits it.

At a Directorate Level - Monitoring is undertaken by individual directorate management teams supported by the directorate risk coordinator. The directorate management teams will meet bi-monthly to review and progress the Directorate Risk Registers and will feed updates on the progress of actions to the Directorate Risk Coordinator.

Annual Reviews – The Risk Management Strategy, Corporate Risk Assurance Framework will be subject to annual review and approval from RQIA's Board.

External Reviews - Assurance on the effectiveness of the risk management process will be sought through the annual review of the Risk Management CAS, annual Internal Audit of RQIA's Risk Management Processes and the compilation of RQIA's Governance Statement and Mid-Year Governance Statement.

6.6 Report and Communicate

Two key outputs from the implementation of RQIA's Risk Management Strategy are the Corporate Risk Assurance Framework Report and Directorate Risk Registers.

Corporate Risk Assurance Framework Report

As an output of its risk management arrangements, RQIA will maintain a robust Corporate Risk Assurance Framework with the aim of providing our Board with assurance that key strategic risks are being effectively managed.

These risks represent those that, if not managed effectively, could have serious consequences to RQIA achieving its high-level, strategic objectives.

The assurance process, which is driven by the Corporate Strategy objectives, is as depicted below:

1. Establish and approve RQIA's Corporate Strategy.
2. Identify potential risks impacting on achievement of corporate objectives.
3. Identify "controls" (systems and processes) in place to manage and mitigate risks (Terminate, Transfer, Treat or Tolerate)
4. Evaluate effectiveness of controls through a range of "assurances".
5. Identify any gaps in "controls" and "assurances".
6. Take action to address gaps in "controls" and "assurances".

The Corporate Risk Assurance Framework will be reviewed and scrutinised by RQIA's Board, Audit Committee and EMT on a regular basis.

Directorate Risk Registers

Each Directorate will establish, review and update their risk register bi-monthly. Each register will include the following information:

- Details of each individual risk, cross-referenced to the relevant corporate objective(s). A scoring for each risk, taking into account the impact that risk will have on RQIA if it is not effectively managed and therefore materialises, and the likelihood of the risk occurring if no action is taken.
- Details of the specific actions and controls in place to manage and mitigate each individual risk
- Details of the further action required to manage and mitigate each risk, including responsibilities and timescales.
- A separate risk log detailing changes to the register will be completed.

Inter-relationship between the Corporate and Directorate Risk Registers


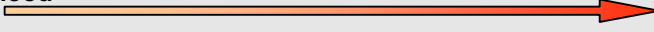
The decision as to whether a risk is placed on the Corporate or one of the Directorate Risk Registers should be based on the "Level of Impact/likelihood" of the risk together with a judgement as how best to manage the risk.

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 considered for escalation to the Corporate Risk Assurance Framework.

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.

The Risk Scoring Matrix below is used to demonstrate where a risk should be placed:

IMPACT	Risk Scoring Matrix				
5 - Very High (VH) 			Corporate Risk		
4 - High (H)	Corporate Risk				
3 - Medium (M)	Directorate Risk unless authorised				
2 - Low (L)				by EMT	
1 - Very Low (VL)	Directorate Risk				
	A Very Low (VL)	B Low (L)	C Medium (M)	D High (H)	E Very High (VH)
	Likelihood 				

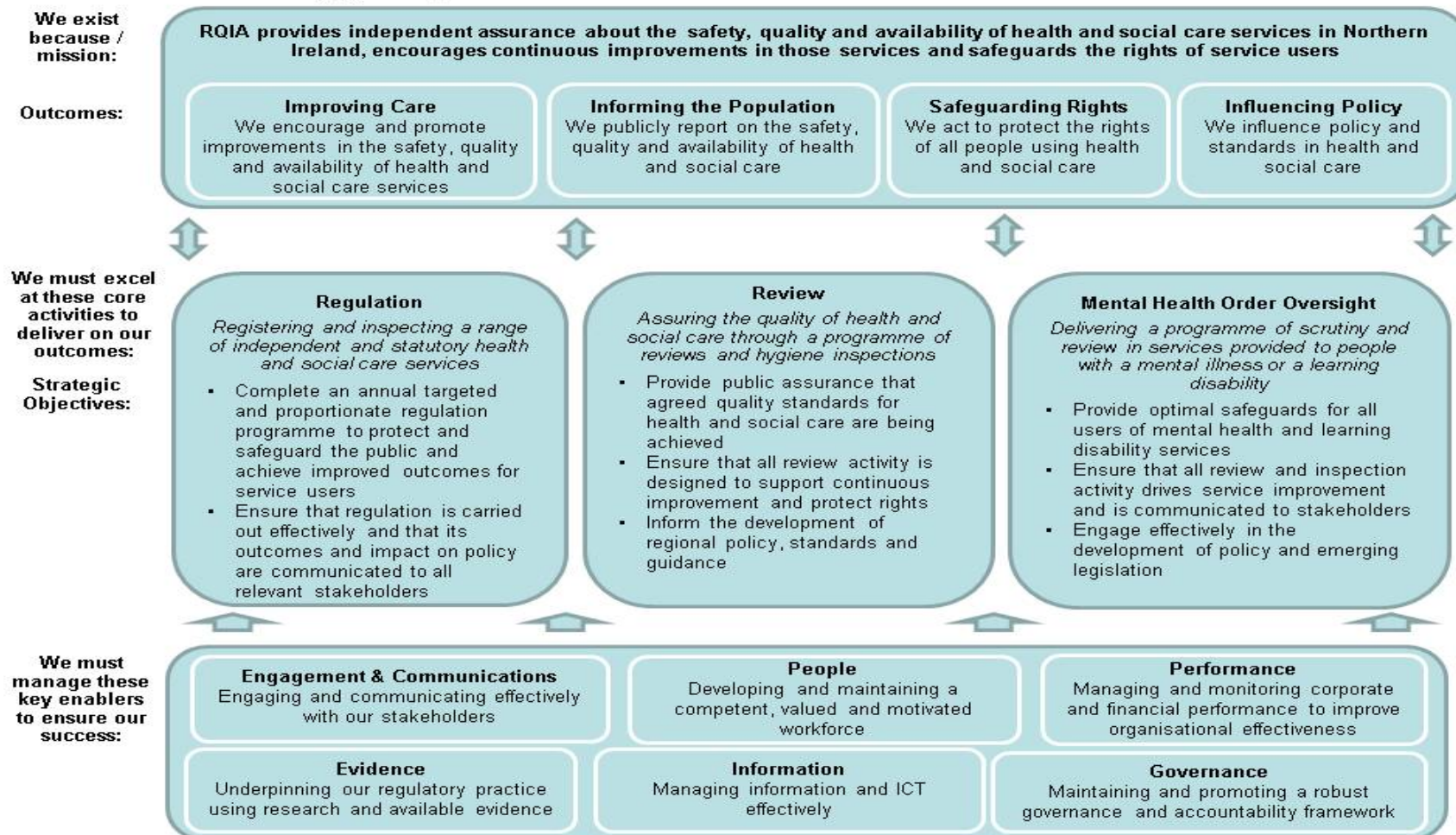
7.0 Training and Development

Knowledge of risk management is essential to successfully embed and maintain the risk management process. General awareness training will continue to be provided to all staff and board members at staff briefings, board workshops, during induction of new recruits and also through Elearning risk awareness training that has been rolled out to all staff. Risk Management Procedures have also been developed along with a summary of RQIA's Risk Management Process (Risk-On-A-Page) and provided to all staff. The Audit and Risk Assurance Committee Handbook has also been issued to all Board Members from the Audit Committee.

8.0 Review of Risk Management Strategy

The Risk Management Strategy is subject to board approval and annual review. Any revisions to the Risk Management Strategy will take account of on-going self-assessment, developments in the functions for which RQIA has responsibility, legislative changes, government initiatives, best practice and experience gained within RQIA.

RQIA Strategy Map 2012-15



Appendix 2

Checklist for Identifying Risks

Risks – Strategic	
These are examples of risks under each category	
Political	Financial/Economic
Wrong strategic priorities Not meeting government agenda Too slow to innovate/modernise Decisions based on incomplete or faulty information Unfulfilled promises to stakeholders Community planning oversights/errors	General economic problems Regional economic problems High costs of capital Treasury risks Missed business and service opportunities Failure of major project(s) Failure to deliver within budget
Social	Technological
Impact of demographic changes Employment challenges Lack of development Failures in partnership working Problems in delivering life-long learning Civil unrest	Obsolescence of technology Security policies: prevention of hacking, denial of use or corruption of data Breach of confidentiality Failure in communications
Legislative	Environmental
Judicial review Human Rights Act Breaches Inadequate response to new legislation Intervention by regularity bodies and inspectorates (Ombudsman, NIAO etc.)	Noise, contamination and pollution Impact of planning and transportation policies Domestic/Trade Waste
Competitive	Customer
Takeover of services by government/agencies Failure to show best value Failure of bids for government funds	Lack of appropriate consultation Impact of social policies Bad public and media relations

Risks - Directorate/Operational	
These are examples of risks under each category	
Professional	Financial
Failure to recruit/retain qualified staff Lack of training Over reliance on key officers Inefficient/ineffective management processes Inability to implement change Lack of employee motivation/efficiency Bad management of partnership working	Failure of project Failure to prioritise, allocate appropriate budgets and monitor Inefficient/ineffective processing of documents
Legal	Physical
Not meeting statutory duties/deadlines Breach of confidentiality/Data Protection Act Failure to comply with European Directives on procurement of works, supplies and services Failure to implement legislative change	Attacks on personnel Loss of intangible assets Non-compliance with health and safety legislation Loss of physical assets
Contractual	Technological
Over reliance on key suppliers/contractors Failure of outsource provider to deliver Quality issues Non-compliance with procurement policies	Failure of big technology-related project Crash of IT systems affecting service delivery Breaches of security of network and data Bad management of intranets and web site
Environmental	Information
Crime and Disorder Act implications Noise, contamination and pollution	Systems and management data not up to date Ineffective prediction of trends and forecasting of service needs

RQIA Board Meeting

Date of Meeting	3 July 2014
Title of Paper	Draft PPI Action Plan 2014/15
Agenda Item	12
Reference	L/04/14
Author	Jill Munce
Presented by	Maurice Atkinson
Purpose	The purpose of this draft Action Plan is to present the PPI actions for 2014/15.
Executive Summary	<p>The draft Action Plan outlines what actions will be taken to ensure that service users, carers and the public are actively involved in the planning and delivery of our work.</p> <p>The Plan has been divided into:</p> <ul style="list-style-type: none"> • Organisational PPI • Stakeholder Engagement <p>The draft Action Plan was considered by the PPI forum at its meeting on 19 June 2014.</p>
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should APPROVE this draft Action Plan.
Next steps	The RQIA PPI Forum will monitor the progress of actions within the 2014/15 Action Plan and will report on these through the Corporate Performance Report.

Personal and Public Involvement

Action Plan 2014-15

1.0 What is Personal and Public Involvement?

Personal and Public Involvement (PPI) is the agreed terminology used as an umbrella term to describe the involvement agenda in the Health and Social Care Services (HSC). It was introduced and defined in the DHSSPS guidance circular HSC (SQSD) 29/071, and reflects the integrated nature of services delivered by the HSC.

The key terms are defined below:

‘Personal’ refers to service users, patients, carers, consumers, customers, relations, advocates or any other term used to describe individuals who use HSC services either as individuals or as part of a group.

‘Public’ refers to the general population and includes locality, community and voluntary groups and other collective organisations.

‘Involvement’ refers to consulting, informing, engagement, active participation and partnership-working.

2.0 How does RQIA use PPI?

PPI plays an important role within the work of RQIA. RQIA will engage with service users, carers and the public in every aspect of our work. RQIA believes that through this engagement we will ensure that they make a meaningful contribution to our work.

Within RQIA's Corporate Strategy for 2012-15, four priorities have been identified for PPI. These priorities are as follows:

We will ensure that service users, carers and the public are actively involved in the planning and delivery of our work by:

- 1. Ensuring clear and meaningful engagement processes are in place**
- 2. Involving service users, carers and the public in the planning and delivery of our work**
- 3. Further developing partnerships with independent , voluntary and community groups to enhance our approach to regulation, review, protection and safeguarding**
- 4. Monitoring and evaluating of all PPI activity, focusing on outcomes and future learning**

An Action Plan has been developed to ensure that RQIA are achieving these key priorities and for each action the relevant priority has been identified.

The Action Plan for 2014/15 has been divided into two sections:

- i) Organisational PPI
- ii) Stakeholder Engagement

i) Organisational PPI

This section relates to how RQIA will engage with service users, carers and the public to shape the future work of RQIA. We will create an organisation that listens to and incorporates their views in a meaningful way.

ii) Stakeholder Engagement

This section will outline how RQIA engages with service users, carers and the public to obtain service users perspective on the care provided to them by the services subject to regulatory activity by RQIA.

ORGANISATIONAL PPI

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible
1.	<p>A RQIA PPI Action Plans for 2014-15 and 2015-16.</p> <p>Ensure the Action Plan is accessible to the public</p> <p>Ensure PPI Forum is updated throughout 2014/15 on actions within Action Plan.</p>	<p>Discussion and agreement at RQIA PPI Forum.</p> <p>Publication onto RQIA's website.</p> <p>Bi-annual progress update to PPI Forum on actions from PPI Annual Action Plan (reporting through the corporate performance framework)</p> <p>The Annual Action Plan will be updated in September 2014 and again in March 2015.</p>	<p>1</p> <p>4</p>	Corporate Improvement and Public Engagement (CIPE) Manager and Directors
2.	Obtain and incorporate the public and stakeholders views to develop the Corporate Strategy for 2015-18.	Pre-consultation events will take place from 7 April – 17 April 2014 across NI.	1, 2	Corporate Services
3.	Obtain and incorporate the public and stakeholders views to develop the Review Programme for 2015-18.	Pre-consultation events will take place from 7 April – 17 April 2014 across NI.	1, 2	Review
4.	Ensure that service users, carers, relatives and staff views on regulated services are taken on board to inform future RQIA inspection themes and methodology.	<p>Pre-inspection questionnaires will be sent out to staff within regulated services seeking their views on the service provided.</p> <p>During inspections the opinions and views of service users, carers, relatives and providers will be captured.</p> <p>Questionnaires will be issued to all registered managers following inspections to capture their views of the inspection process.</p>	1, 2	Regulation – All teams

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible
5.	Ensure that service users views are obtained and used to inform the themes and processes of inspection	The Domiciliary care supported living team will hold a focus group with service users.	2	Regulation – Supported Living
6.	Patients and their carers will contribute to the development of inspection statements, processes and inspection themes for MHLD inspections.	MHLD will formally consult with service user groups (MH, LD, Children, Dementia) to ensure that their views on inspection statements, processes and themes, will be included in the inspection focus and work of the team.	1, 2, 3	MHLD
7.	MHLD team will ensure that the views of advocates on MHLD inspection themes and processes are considered when planning inspections.	RQIA will meet formally with both children and adult service patient and carer advocacy groups twice per year.	1, 2, 3	MHLD

STAKEHOLDER ENGAGEMENT

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible
1.	Ascertain the views of service users as part of the domiciliary care agencies inspections (this excludes supported living services)	The UCO will carry out interviews with a sample of service users throughout 2014/15. A report will be completed that will identify concerns raised with inspector.	1,2	Regulation (UCO)
2.	Ensure that carers views on the quality of the service provided to them by the Adult Placement Agencies are taken on board and any areas of concern will be raised with the provider in order to drive improvement in the service quality.	The Agencies team will send questionnaires and hold interviews with all Adult Placement carers prior to announced inspections.	2	Regulation - Agencies
3.	Ascertain the views of young people living within children's homes.	RQIA children's team will hold discussions with QUB on the development of a young person's advisory group to the children's team or the recruitment of a sessional inspector.	2	Regulation – Children's
4.	Ascertain service user views during inspections of all regulated services. The information will be used to drive improvements in service quality.	Inspectors will engage with service users and carers as part of every primary inspection of regulated services. RQIA will send questionnaires to service users and relatives as part of the Nursing Homes primary inspections.	2	Regulation – All teams Nursing Team
5.	Ensure that areas of concern raised by our stakeholders are considered. Information from these meetings may also be used to inform future inspections.	RQIA will hold liaison meetings with all relevant stakeholders. This will include the HSC Trusts, PHA, HSC Board, DHSSPS, ARC, Four Seasons, IHCPF, DSD, NICCY, Supporting People and VOYPIC	3	Regulation – All teams

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible
7.	Patients in Mental Health and Learning disability inpatient settings across all five Health and Social Care Trusts (HSCs) will be better informed about the findings of RQIA inspections.	<p>The MHLD team will produce easy to read versions of all inspection reports / review reports from 1 April 2014.</p> <p>The MHLD team will request that all wards/trusts make copies of the easy read version of the inspection report accessible to patients on the ward.</p>	2	MHLD
8.	Ensure the rights of service users in receipt of care on an inpatient basis in mental health and learning disability inpatient facilities across Northern Ireland are upheld and promoted.	<p>A programme of patient experience interview inspections will be undertaken across all MHLD inpatient facilities in 2014/15.</p> <p>RQIA will produce reports to the Trust highlighting areas of good practice and any areas requiring improvement.</p> <p>Patient experience interview reports will also be provided in an easy read version via the ward manager.</p>	1, 2	MHLD
9.	Ascertain the views of service users regarding the quality of their experience following the administration of ECT throughout the 2014-2015 year to ensure the service is safe, effective and patient centred.	<p>RQIA will invite service users who have received ECT to provide feedback to RQIA via questionnaires.</p> <p>RQIA will promote and encourage learning and service improvement by disseminating areas of good practice. We will also highlight critical issues requiring improvement to the trust.</p>	2	MHLD

		The MHLD team will submit an article for publication on the views of service users.		
10.	The views of service users inspected by the regulation, MHLD and hygiene teams will be captured with the support of lay assessors.	RQIA will recruit, induct, train and support Lay Assessors to engage with service users as part of the inspection process.	1,2	Regulation Team MHLD Team Hygiene Team Review Team HR Manager
11.	Ensure that patient and relatives views are sought as part of reviews within the Three Year Review programme	During each review a range of appropriate methods will be used to engage with patients and relatives	1,2	Review Team
12.	Ensure that stakeholder groups are aware of the role of RQIA (proactively seek invitations)	RQIA will present at a number of events. This will include: <ul style="list-style-type: none"> • provider roadshows • conferences and events • courses and training programmes • public events 	3	All staff
13.	RQIA will continue to contribute to the regional HSC PPI Forum	Next meeting: 23 June 2014	3	CIPE Manager

RQIA Board Meeting

Date of Meeting	3 July 2014
Title of Paper	Overview of Mental Capacity Bill
Agenda Item	13
Reference	M/04/14
Author	Theresa Nixon
Presented by	Theresa Nixon
Purpose	<p>The purpose of the presentation is to advise the Board of the launch of a consultation document by the Health and Justice Ministers on proposals for new Mental capacity legislation in Northern Ireland (the draft Mental Capacity Bill for Northern Ireland).</p> <p>The draft Bill is intended to give effect to a major recommendation arising out of the Bamford Review of Mental Health and Learning Disability Services in Northern Ireland.</p> <p>The main provisions of the Bill and the implications for RQIA will be presented to the Board to help inform RQIA's response to the Consultation document.</p>
Executive Summary	As above
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should NOTE the overview of the Mental Capacity Bill.
Next steps	Director of Mental Health and Learning Disability to draft a response on behalf of RQIA, to the consultation document.

RQIA Board Meeting

Date of Meeting	3 July 2014
Title of Paper	Audit Committee Update
Agenda Item	14
Reference	N/04/14
Author	Katie Symington
Presented by	Denis Power
Purpose	The purpose of this paper is to update the RQIA Board 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 26 June 2014, the minutes of the meeting of 7 May 2014 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 26 June 2014.</p> <p>The Audit Committee Annual Report 2013/14 is also attached for noting by the Board.</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 16 October 2014.

MINUTES

RQIA Audit Committee Meeting, 7 May 2014
Boardroom, 9th Floor, Riverside Tower, Belfast, 2.00pm**Present**

Denis Power (Chair)
Patricia O'Callaghan
Lindsey Smith

Apologies

Glenn Houston (Chief Executive)
Stuart Crawford (Planning and
Corporate Governance Manager)
Catherine McKeown (Business
Services Organisation, Internal Audit)
Brian Clerkin (ASM)
Catherine O'Hagan (Northern Ireland
Audit Office)
Conrad Kirkwood (DHSSPS)

In attendance

Maurice Atkinson (Director of Corporate
Services)
Jonathan King (Head of Finance)
Katie Symington (Board & Executive Support
Manager)

Jenny McCaw (Business Services
Organisation, Internal Audit)
Craig Morrow, (Northern Ireland Audit Office)

1 Welcome and Apologies

- 1.1** The Chair welcomed all members to the Audit Committee meeting and noted apologies from Glenn Houston, Stuart Crawford, Catherine McKeown, Brian Clerkin, Catherine O'Hagan and Conrad Kirkwood.

2 Chairman's Business

- 2.1** The Chair noted that RQIA are awaiting appointment of new Board members, following these appointments, three members will be appointed to the Audit Committee, in accordance with Standing Orders.

The Chair also highlighted to members the receipt of the Audit Committee Self-Assessment Checklist 2013/14, from DHSSPS. This checklist will be completed with the new Audit Committee members in a workshop format, for submission to the DHSSPS before 26 September 2014.

- 2.2** The Director of Corporate Services provided an update to Committee members on behalf of the Chief Executive. The financial implication of the DHSSPS commissioned reviews was highlighted to members; with three reviews currently ongoing. The Committee was informed that the Cherry Tree House Review has now been completed.
- 2.3** The Director of Corporate Services confirmed that the DHSSPS have agreed to fund the financial gap resulting from the cost of commissioned reviews in order to ensure break-even at year end; this principle should also apply in the 2014/ 15 financial year.

The Chair noted the financial implications of future acute hospital inspections by RQIA.

2.4 Resolved Action

Audit Committee to be advised of when they will have sight of the Cherry Tree House Report

2.5 The Audit Committee **NOTED** the Chairman's update.

3 Minutes of previous meeting (AC/ Feb14/ Final)

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

3.1 The minutes of the meeting of 27 February 2014 were **APPROVED** for onward transmission to the Board on 15 May 2014, with one amendment to 7.1 of the minutes removing the "two staff from NIAO" in the completion of the end of year audit.

3.2 In relation to item 7.3 of the minutes, confirmation was provided that a debrief on the Landscape Review is scheduled for the end of May 2014, with the final report due in June 2014.

3.3 The Director of Corporate Services informed Committee members that in relation to item 8.1 of the minutes, the advisory visit by the Information Commissioners Office was very positive. The Information Commissioners Office has shared their report with RQIA, detailing suggestions for consideration, which will be taken forward under the new ICT Strategy.

3.4 The Chair advised Committee members that the revised Corporate Risk Assurance Framework Report which was scheduled for presentation at this Audit Committee meeting, will now be presented at the June Audit Committee and to the July Board meeting.

3.5 Resolved Actions

Board & Executive Support Manager to bring the Audit Committee minutes of 24 February 2014 to the May meeting of the Board for noting.

3.6 Resolved Actions

The revised Corporate Risk Assurance Framework Report to be presented at the June Audit Committee

4 Declaration of Interests

4.1 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.

5 Action List Review

- 5.1** The Chairman went through the action list and noted that actions 246-261 and 263 have been completed. Item 262 is now complete, as an iConnect Board workshop has been arranged for 12 June 2014. In relation to item 264, a paper will be presented to the Audit Committee in October 2014. The Director of Corporate Services noted that item 265 is also now complete.
- 5.2** The Audit Committee **NOTED** the Action List Review.

6 Update on Audit Action Plan (AC/01/14)

- 6.1** The Audit Committee noted that five actions are currently outstanding on the Audit Action Plan; to include the revision of finance policies and procedures, delayed due to the implementation of FPL systems. The Head of Finance stated that safeguards and controls remain in place for the work of the finance team. Three of the remaining actions relate to the delayed implementation of the iConnect system and the final action relates to the completion of the SLA with BSO. As the completion of the SLA with BSO relates to the 2013/14 financial year, this action should be marked as complete.
- 6.2** **Resolved Action**
SLA to be marked as complete on the Audit action plan as the recommendation relates to 2013/14 SLA.

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

7 Internal Audit Update (AC/02/14)

- Progress Report to Audit Committee
 - Procurement and Contract Management
 - Board Effectiveness & Performance Management
 - Year-end Controls Assurance verification
 - Draft Statement from Head of Internal Audit
 - Follow up of outstanding internal audit recommendations
 - Internal Audit Strategy incorporating the proposed Internal Audit Plan 2014-17
 - Briefing paper on Shared Services (for information only)
- 7.1** Jenny McCaw presented the progress report to the Audit Committee and confirmed that all assurance reports are now completed. One final audit completed in relation to consultancy work, will be issued to RQIA by 9 May 2014.
- 7.2** Confirmation was provided to the Audit Committee that satisfactory assurance was provided in relation to the Procurement and Contract Management audit, with no priority one weaknesses and five priority two weaknesses identified. The Head of Finance noted that RQIA's procurement is undertaken by PaLS and therefore in relation to the issue of a contract not being in place with Aramark, as stated within the audit report, this is covered under terms and conditions put in place by PaLS.

- 7.3** Confirmation was provided to the Audit Committee that satisfactory assurance was provided in relation to the Board Effectiveness and Performance Management audit, with no priority one weaknesses identified and six priority two weaknesses identified. The recommendations of this report were highlighted to the Audit Committee.

Jenny McCaw also confirmed that there was substantive compliance with four Control Assurance Standards; Governance, Risk Management, Financial Management and Purchasing and Supply.

- 7.4** The draft Statement from Head of Internal Audit provides RQIA with satisfactory assurance for the 2013/14 financial year.
- 7.5** The Internal Audit Strategy and Plan 2014-17, was noted by the Committee. This Strategy will be reviewed on an annual basis and will contain an annual financial review audit. The final page of this report provides a breakdown of audit days over the next three years, which totals 52 days. This plan has been agreed with RQIA's Executive Management Team and is focused on risk within RQIA's operational directorates. The Chairman noted that this report may require adaption to account for the new inspection process for acute hospitals. Confirmation was provided that this report can be modified year on year, as necessary. The Planning and Corporate Governance Manager will liaise with Internal Audit to plan the next sequence of audits.
- 7.6** A briefing paper on Shared Services was provided to the Committee which details the provision of Internal Audit assurance in the shared service context. It is anticipated that the completed shared service audit reports will be shared with client organisations. There is no impact to RQIA in relation to the provision of audit services to shared services.
- 7.7** The Audit Committee **NOTED** the update from Internal Audit.

8 External Audit Update

- 8.1** Craig Morrow, NIAO provided a verbal update to committee members. Confirmation was provided that ASM has set a timetable for final accounts. The Head of Finance noted that it may be necessary to move this timetable forward due to recent pressures on the finance team. Agreement that the Head of Finance will discuss this movement in dates with Dorinna Carville/ Catherine O'Hagan, NIAO.
- 8.2** The Audit Committee **NOTED** the External Audit update.

9 Audit And Risk Assurance Committee Handbook (AC/03/14)

- 9.1** The Chairman noted the revised Audit and Risk Assurance Committee Handbook, issued in March 2014. This handbook replaces the July 2007 document. This document was noted as a useful learning and training document for Audit Committee members and will be used as part of the Audit

Committee training workshop for newly appointed Committee members in August 2014.

- 9.2** The Audit Committee **NOTED** the revised Audit and Risk Assurance Committee Handbook.

10 Draft RQIA Governance Statement (AC/04/14)

- 10.1** The Director of Corporate Services tabled a revised draft Governance Statement to committee members. The Governance Statement notes RQIA's projected breakeven position at year end and the Head of Internal Audit's opinion that there is a satisfactory system of internal control designed to meet the organisation's objectives.

- 10.2** Section 10 of this statement details the priority one recommendation from Internal Audit, in relation to Information Governance as well as a data breach which occurred in September 2013. The Director of Corporate Services stated that a paper has now been approved by RQIA's Executive Management Team in relation to the agreed frequency and delivery of mandatory training for staff members.

- 10.3** Jenny McCaw, Internal Audit, noted an error on page 10 of this Governance Statement, as Internal Audit did not carry out the review of Controls Assurance Standards for Health and Safety and Security Management for RQIA in 2013/14.

- 10.4** Confirmation was provided by the Director of Corporate Services that three members of staff have not yet completed mandatory training.

- 10.5** Craig Morrow, NIAO, agreed to provide the Director of Corporate Services with additional comments on the Governance Statement. The Chairman noted that the final version will be submitted to the Board in July 2014 and requested sight of the final draft before submission to DHSSPS.

- 10.6** The Audit Committee **APPROVED** the draft Governance Statement, subject to amendment.

- 10.7** **Resolved Actions**
Governance Statement to be revised by the Director of Corporate Services. Chairman to receive sight of final draft.

11 BSO Service Level Agreement

- 11.1** A verbal update was provided to the Committee by the Director of Corporate Services in relation to RQIA's Service Level Agreement (SLA) with BSO. A meeting has been held with the Chief Executive and the Director of Performance and Customer Care, BSO, in relation to this SLA. The cost of legal services will be addressed with the Director of Legal Services, BSO.

- 11.2 The Audit Committee **NOTED** the update on the BSO Service Level Agreement.
- 12 **Single Tender Actions & External Consultancy (AC/05/14)**
 - 12.1 The Head of Finance confirmed that no external consultancy engagements occurred within the 2013/14 financial year.
 - 12.2 The Head of Finance confirmed that seven STA's occurred within the 2013/14 financial year; one STA within quarter one and six authorised STA's within quarter four. Five STA's within quarter four relate to the engagement of independent experts in relation to the Cherry Tree House Review, Child Sexual Exploitation Inquiry and Unscheduled Care Review.
 - 12.3 The Audit Committee **NOTED** the update on Single Tender Actions & External Consultancy.
- 13 **Update on DHSSPS Circulars (AC/06/14)**
 - 13.1 The Head of Finance noted four DHSSPS circulars, two of which are provided to Audit Committee members for information, the Annual Compliance Report on the use of External Consultants 2012-13 and the Annual theft & Fraud Report 2012/13; compliance with these circulars was confirmed.
 - 13.2 The Audit Committee **NOTED** the update on DHSSPS Circulars.
- 14 **Any Other Business**
 - 14.1 As there was no other business the Chairman brought the meeting of the Audit Committee to a close. Committee members were asked to note a revised start time for the next Committee meeting of 2.00pm.

Date of next meeting: Thursday 26 June 2014, 2.00pm, Boardroom, RQIA

ACTION LIST

RQIA Audit Committee Meeting 7 May 2014

Action	Minutes Ref	Description	Assigned to	Date Due	Status
264	Feb 14 (Para 11.4)	Chief Executive will review the context under which independent experts are engaged by RQIA	Chief Executive	October 2014	Ongoing
266	May 14 (Para)	Audit Committee to be advised of when they will have sight of the Cherry Tree House Report	Chief Executive	May 2014	Ongoing
267	May 14 (Para 3.5)	Board & Executive Support Manager to bring the Audit Committee minutes of 24 February 2014 to the May meeting of the Board for noting	Board & Executive Support Manager	May 2014	Complete
268	May 14 (Para 3.6)	The revised Corporate Risk Assurance Framework Report to be presented at the June Audit Committee	Planning and Corporate Governance Manager	June 2014	Ongoing
269	May 2014 (Para 6.2)	SLA to be marked as complete on the Audit action plan as the recommendation relates to 2013/14 SLA	Planning and Corporate Governance Manager	May 2014	Complete
270	May 14 (Para 10.7)	Governance Statement to be revised by the Director of Corporate Services. Chairman to receive sight of final draft.	Director of Corporate Services	May 2014	Complete

AUDIT COMMITTEE REPORT 2013/14

Introduction

This report highlights some of the key activities of the Audit Committee during 2013/14.

Membership of the RQIA Audit Committee

The RQIA Audit Committee was established in December 2006 and consists of 6 members of the RQIA Board. The Committee membership as at 31 March 2014 was:

Denis Power, Chairman
Patricia O'Callaghan
Lindsey Smith

With the appointment of new members to the Board, new appointments to Audit Committee are expected in the early part of 2014/ 2015 reporting year.

The Audit Committee met on four occasions during 2013/14. Meetings were held on 26 April 2013, 27 June 2013, 24 October 2013 and 27 February 2014. All of the meetings of the Audit Committee were held at Riverside Tower and were supported by Officers of the Board including the Chief Executive, Director of Corporate Services, Finance Manager, Planning and Corporate Governance Manager and the Board and Executive Support Manager.

New and existing members of the Audit Committee receive training and development appropriate to their role in order to keep abreast of best practice and developments in Corporate Governance.

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

Assurances to the Audit Committee

The Audit Committee considers and reviews the comprehensiveness, reliability and integrity of audit and governance systems and ensures that RQIA meets required standards of financial and statutory probity.

The Audit Committee provides the Board and Accounting Officer with assurances relating to the Corporate Governance requirements of the Authority. These assurances are provided in the various reports that are brought to the Committee during the year, namely:

- Governance Statement
- Mid Year Assurance Statement
- Corporate Risk Assurance Framework Report
- Internal Audit reports
- Report on Controls Assurance Standards
- External Audit reports
- Report on the use of External Consultants
- Update on DHSSPS Circulars

Governance Statement

The Governance Statement, which replaced the Statement of Internal Control, was presented to the Audit Committee on 7 May 2014.

The Governance Statement sets out the Accounting Officer's responsibility for maintaining a sound system of internal governance that supports the achievement of RQIA's strategic priorities, statutory obligations, and business objectives, whilst safeguarding public funds and assets.

Mid Year Assurance Statement

The Mid Year Assurance Statement was presented to the Audit Committee on 24 October 2013.

Corporate Risk Assurance Framework Report

During 2013/14, the Audit Committee considered the Corporate Risk Assurance Framework Report. At the beginning of the year, six risks were highlighted on the report and by the end of March 2014 the number of risks had reduced to four. The Audit Committee received updates on the actions being taken to mitigate the risks and considered the decision making process undertaken to remove, de-escalate or add risks to the register.

Audit Committee members participated in a Board workshop in February 2014 to conduct a Horizon Scanning review of current risks impacting on the Authority. An updated version of the Risk Register will be considered at the June 2014 Audit Committee.

Internal Audit reports

The Internal Audit work programme is developed by the Executive Management Team and the Audit Committee, in conjunction with Internal Audit, through an analysis of risk areas identified within the Corporate Risk Assurance Framework Report and any other areas where it is felt that audit work should be conducted. During 2013/14, a total of five internal audits were conducted and a series of recommendations made. Two additional audits were also undertaken by Internal Audit within the 2013/14 year. Progress in implementing these recommendations will be monitored by the Committee during 2014/15.

In the annual report, the Internal Auditor reported that there is a satisfactory system of internal control designed to meet the Authority's objectives. There was one (priority one) weaknesses in control identified in relation to the Audit of Information Governance. RQIA identified actions to address this recommendation

During 2013/14, the Audit Committee received reports on the progress made in implementing the recommendations from audits carried out in 2012/13; 87% of the recommendations made are now fully implemented, with 3.5 recommendations behind target.

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

Report on Controls Assurance Standards

The Audit Committee receives assurance on RQIA's systems and processes through the compliance levels achieved on the Controls Assurance Standards. In 2013/14, RQIA completed ten self assessments against the Controls Assurance Standards, four of which were externally verified by BSO Internal Audit, namely; Financial Management, Management of Purchasing & Supply, Governance and Risk Management.

RQIA achieved substantive compliance in all these areas.

External Audit Reports

Following the audit conducted by the Northern Ireland Audit Office in May/June 2013, a total of five recommendations were made. Through the updates provided at each meeting, the Audit Committee was advised that by the end of 2013/14 three of these recommendations had been implemented.

Of the remaining two recommendations, one recommendation is on target to be implemented, while the final recommendation has now been implemented.

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

Report on the use of External Consultants

In 2013/14, RQIA reported to the Audit Committee that there were no instances when external consultancy had been used.

The Committee receives these reports in order to be assured that if RQIA seeks the use of external consultancy that this is done in line with DHSSPS guidance on the use of external consultants and procurement.

Update on DHSSPS Circulars

The Audit Committee receives updates at each meeting of the relevant DHSSPS Circulars and the appropriate action required by RQIA to ensure that these are implemented.

Reports to the Audit Committee

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

In 2012/13 it was agreed that the standing agenda item “Matters for the Attention of the Audit Committee” would be discontinued and replaced by an appropriately augmented Chief Executive's Report to the Board.

The Chief Executive provides a verbal report to the Audit Committee on current key risk issues impacting RQIA at each meeting.

Financial Reporting

The Audit Committee was pleased to note that RQIA achieved a break even position on income and expenditure for the year 2013/14.

Assessment of Effectiveness

In order to assess its effectiveness, the Audit Committee completed the National Audit Office self-assessment checklist as mandated by DHSSPS. The Committee considered this a useful exercise and key learning points were progressed throughout 2013/14.

The Audit Committee was satisfied that they had met most of the requirements set out in the checklist, namely; Section One: Good Practice principles for Audit Committees, Section Two: The Role of the Chair and Section Three: Committee Support.

The Audit Committee has the opportunity to meet separately with Internal Audit and NIAO at each meeting if required. Usually this happens at least once a year, at the meeting in June when the Annual Report and Accounts are to be signed off. The Audit Committee can arrange other meetings outside of the normal schedule should any other matters arise.

Audit Committee in 2014/15

The Audit Committee has received notification from DHSSPS that a similar self-assessment questionnaire is to be completed during 2014/15. The Committee will commit to complete the questionnaire at a workshop scheduled for August 2014 and ensure that any further points of learning will be addressed.

A new Audit and Risk Assurance Committee Handbook (NI) was issued by DFP (DAO (DFP) 05/14 on 19 March 2014. The principles of the new Audit

and Risk Assurance Committee Handbook (NI) are to be applied for the 2014/15 financial year onwards. The new principles will be considered by Audit Committee members at the workshop scheduled in August 2014.

DENIS POWER

Chair of Audit Committee

RQIA Board Meeting

Date of Meeting	3 July 2014
Title of Paper	Draft Guidance Note for Members of the Public Attending RQIA Board Meetings
Agenda Item	15
Reference	O/04/14
Author	Malachy Finnegan
Presented by	Professor Mary McColgan
Purpose	The purpose of this paper is to present the revised draft Guidance Note for Members of the Public Attending RQIA Board Meetings.
Executive Summary	As above
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should APPROVE this draft Guidance Note for Members of the Public Attending RQIA Board Meetings.
Next steps	This guidance will be made available on the RQIA website and to members of the public attending RQIA Board meetings.

Guidance Note for Members of the Public Attending RQIA Board Meetings

1. Introduction

- 1.1 RQIA holds its Board meetings in public. These meetings are listed on RQIA's website, and advertised in the local press one week in advance of the meeting. Members of the public are invited to attend these meetings.

2. Etiquette and Speaking Rights

- 2.1 RQIA's Standing Orders¹ (4.2.9: Deputations and Speaking Rights) state:

"Deputations from any meeting, association, public body or an individual may be permitted to address a public meeting of the Board provided notice of the intended deputation and a summary of the subject matter is given to the Board at least two clear days prior to the meeting and provided the Chairman and Board agrees. The specified notice may be waived at the discretion of the Chairman."

"In normal circumstances this facility shall be confined to a short statement or presentation from the members of the deputation; a copy of any such submission should be made available to the Authority (RQIA) prior to the meeting. The Chairman shall determine the actual allotted time and if the deputation has sufficiently covered the issue."

- 2.2 Where members of the public attend a public meeting without prior notice, the Chair will welcome them to the meeting, and outline the order of business for the meeting. The Chair will advise those present that the agenda items will be considered by Board members.
- 2.3 At the end of the meeting there may be an opportunity, at the Chair's invitation, for members of the public to: address the Board; or inform the Board of their interest in the work of RQIA. Members of the public may also be afforded an opportunity to raise any questions they may have in respect of that day's business/agenda. In normal circumstances the amount of time available for any member of the public to speak shall not exceed 10 minutes except at the discretion of the Chairman.
- 2.4 Alternatively, members of the public may forward other queries to the RQIA Board and Executive Support Manager for a formal response from the Board.

3. Guidance

- 3.1 A guidance note for members of the public attending RQIA Board meetings is included at Appendix A. This will be made available to all members of the public attending a Board meeting.

Professor Mary McColgan, OBE
Acting RQIA Chair

¹ http://www.rqia.org.uk/cms_resources/RQIA_Standing_Orders%20-%20January%202014.pdf



Welcome to the RQIA Public Board Meeting.

Guidance Note for Members of the Public Attending RQIA Board Meetings

How RQIA Board Meetings Operate

1. RQIA's Standing Orders state²: "Deputations from any meeting, association, public body or an individual may be permitted to address a public meeting of the Board provided notice of the intended deputation and a summary of the subject matter is given to the Board at least two clear days prior to the meeting and provided the Chairman and Board agrees."
2. RQIA's Chair will welcome members of the public to the Board Meeting. The Chair will refer those present to the agenda for today's meeting, which outlines the items which will be considered by Board members.
3. The Chair will advise members of the public present of their opportunity, at the Chair's invitation and at the end of the meeting, to address the Board. They may also raise any questions they may have. At the discretion of the Chair, the specified advance notice for speaking rights may be waived.
4. The Standing Orders also state: "In normal circumstances this facility shall be confined to a short statement or presentation from the members of the deputation; a copy of any such submission should be made available to RQIA prior to the meeting. The Chairman shall determine the actual allotted time, and whether the deputation has sufficiently covered the issue."
5. Members of the public may also forward their queries to Katie Symington, RQIA Board and Executive Support Manager for a formal response from the Board. Katie Symington can be contacted at:

RQIA
9th Floor Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Tel: (028) 9051 7477
Email: katie.symington@rqia.org.uk

Professor Mary McColgan, OBE
Acting RQIA Chair

² http://www.rqia.org.uk/cms_resources/RQIA_Standing_Orders%20-%20January%202014.pdf