The Regulation and Quality Improvement Authority

AGENDA

RQIA Board Meeting
Boardroom, RQIA, 9th Floor, Riverside Tower, Belfast
12 November 2015, 11.15am

PUBLIC SESSION

	Item	Paper Ref	
1	Welcome and Apologies		11.15am
2	Minutes of the meeting of the Board held on Thursday 24 September 2015	Min/Sept15/ public	11.20am **APPROVE**
3	Matters arising from minutes		11.25am
4	Declaration of Interests		11.30am
5	Chairman's Report To include: • Board Self-Assessment Actions • Audit of Board Effectiveness **Chairman**	B/11/15	11.35am **NOTE**
6	Chief Executive's Performance Dashboard **Chief Executive**	C/11/15	11.50am **NOTE**
7	Director of Regulation's Report **Director of Regulation and Nursing**	D/11/15	12.05Pm **NOTE**
8	Finance Report **Director of Corporate Services**	E/11/15	12.15pm **NOTE**
9	Corporate Performance Report (Quarter 2) **Director of Corporate Services**	F/11/15	12.30pm **APPROVE**
	LUNCH		12.45pm
10	Risk Management Strategy **Director of Corporate Services**	G/11/15	13.30pm **NOTE**
11	Corporate Risk Assurance Framework Report **Director of Corporate Services**	H/11/15	13.45pm **APPROVE**
12	Quality Report 2014-15 **Director of Corporate Services**	I/11/15	14.00PM **NOTE**

13	Enforcement Policy and Procedure **Director of Regulation and Nursing**	J/11/15	14.15pm **APPROVE**
14	Hospital Inspection Programme **Director of Reviews and Medical Director**	K/11/15	14.30pm **NOTE**
15	RQIA Positioning and Communications **Chief Executive**	L/11/15	15.00pm **APPROVE**
16	Future model for inspections of Residential Care and Nursing Homes **Chief Executive and Director of Regulation and Nursing**	M/11/15	15.15pm **APPROVE**
17	Audit Committee Business **Committee Chairman** To include: • Approved minutes of meeting on 25 June 2015 • Verbal update on meeting on 22 October 2015 • RQIA Mid-Year Assurance Statement • Landscape Review – Progress Report • Audit Committee Terms of Reference • Proposed amendments to Standing Orders	N/11/15	15.45pm **NOTE** **ENDORSE** **APPROVE**
18	Strategic Improvement Steering Group Business **Steering Group Chair**		16.00pm **NOTE**
19	Any Other Business		16.15pm

Date of next meeting: 21 January 2016, RQIA Boardroom

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 November 2015
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Sept15 / public
Author	Hayley Barrett
Presented by	Dr Alan Lennon
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 24 September 2015
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the minutes of the Board meeting of 24 September 2015.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

PUBLIC SESSION MINUTES

RQIA Board Meeting
Boardroom, 9th Floor, Riverside Tower, Belfast
24 September 2015, 10.45am

Present

Dr Alan Lennon OBE (Chair)
Seamus Magee OBE
Norman Morrow
Patricia O'Callaghan
Mary McColgan OBE
Robin Mullan
Dr John Jenkins CBE
Stella Cunningham
Daniel McLarnon
Lindsey Smith
Sarah Havlin

Officers of RQIA in attendance

Glenn Houston (Chief Executive)
David Stewart (Director of Reviews and Medical Director)
Maurice Atkinson (Director of Corporate Services)
Kathy Fodey (Director of Regulation and Nursing)
Theresa Nixon (Director of Mental Health, Learning Disability and Social Work)
Malachy Finnegan (Communications Manager)
Cara Crockford (HSC Intern)
Jill Munce (Complaints and Representations Manager)
Dr Tom Trinnick (GAIN Chairman)
Nicola Porter (GAIN Manager)
Hayley Barrett (Board and Executive Support Manager)

Apologies

Gerry McCurdy
Denis Power

1.0 Agenda Item 1 - Welcome and Apologies

1.1 The Chairman welcomed all Board members and officers to the meeting. Apologies were noted from Mr Gerry McCurdy and Mr Denis Power.

1.2 The Chairman welcomed Miss Cara Crockford, HSC Intern to the meeting. The Chairman advised that Miss Crockford will be involved in a number of projects within the RQIA Business Plan over the course of the year.

2.0 Agenda Item 2 - Minutes of the meeting of the Board held on Thursday 9 July 2015 (min/July15/public)

2.1 The Board **APPROVED** the minutes of the meeting of the Board held on Thursday 9 July 2015.

3.0 Agenda Item 3 - Matters arising from minutes

3.1 Board members noted that all actions except 34, 101 and 105 are now

completed.

3.2 The Director of Reviews and Medical Director advised Board members that in relation to action 34 that RQIA is currently in discussion with other HSC Organisations in relation to the provision of assurances that recommendations are taken forward. The team has met with all trusts and a process for monitoring the implementation of review recommendations is currently being agreed with the HSCB.

3.3 <u>Resolved Action (34)</u>
RQIA will invite the HSCB to attend a future Board meeting to discuss arrangements for monitoring implementation of review recommendations.

3.4 The Director of Mental Health, Learning Disability and Social Work informed Board members that a paper will be disseminated to all Board members following the Board meeting in relation to action 89.

4.0 Agenda Item 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. Mr Robin Mullan declared a conflict of interest with item 13, as he is a member of the Board of the Equality Commission.

5.0 Agenda Item 5 - Chairman's Report (A/09/15)

5.1 The Chairman invited comments on his report from Board members.

5.2 The Chairman informed Board members that he attended an event with the Care Circle Group on the theme of excellence in the care sector.

5.3 The Chairman advised Board members that he and the Chief Executive attended a conference, on the theme of 'My Home Life', facilitated by Ulster University, Magee. The Chairman advised that this meeting was very engaging.

5.4 The Chairman informed Board members that he has been invited to speak at the Age NI Annual Conference. A number of challenges have been identified in the Age NI – 'Agenda for Later Life 2015' report.

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

6.0 Agenda Item 6 – Chief Executives Performance Dashboard (B/09/15)

6.1 The Chief Executive introduced his report and highlighted to Board members the new format from page 9 onwards. The Chief Executive informed Board members that high level performance indicators will be refined with the Executive Management Team.

6.2 The Chief Executive informed Board members that the Independent

Review of Brain Injury Services had been published on Wednesday 23 September 2015 which attracted media attention from the Belfast Telegraph and an interview with radio station U105.

6.3 The Chief Executive informed Board members that a revised Business Case for the extension of the iConnect Project Manager has been submitted to DHSSPS and DFP, and we are awaiting approval from DFP.

6.4 The Chief Executive advised Board members that the Vacancy Controls Forum has agreed to advertise the vacant HR&OD Manager post (Band 7).

6.6 The Chief Executive advised that the Band 8a and the Band 7 posts within the MHLD Directorate had been advertised. No applications were received in relation to the Band 8a post; applications were received for the band 7 post and interviews will be taking place. The Chief Executive advised Board members that the DHSSPS has advised that posts above Band 7 should not be advertised without first seeking approval from DHSSPS.

6.6 The Director of Corporate Services advised Board members that an HSC Staff Survey is due to take place in October with results issued in Quarter 4.

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

7.0 Agenda Item 7 – Director of Regulation and Nursing's Report (C/09/15)

7.1 The Director of Regulation and Nursing introduced her report and informed Board members that the report includes three sections; Registration, Inspection and Enforcement.

7.2 The Director of Regulation and Nursing referred to the enforcement activity which had taken place since the previous Board meeting. The Director of Regulation and Nursing advised Board members that The Graan Abbey Nursing Home has returned to compliance. The notices issued to Cregagh Nursing Home have been extended.

7.3 The Director of Regulation and Nursing referred Board members to the enforcement activity currently taking place in relation to Colinvale Court. During 2014/15 a total of sixteen inspections were completed and Colinvale Court had returned to compliance however, further concerns have been raised and RQIA is now in the process of taking enforcement action.

7.4 The Chairman advised that he attended a meeting with the Children's team who provided a systematic approach to inspection of children services; the Chairman asked that this is shared with Board members.

7.5 <u>Resolved Action (106)</u>
The Director of Regulation and Nursing will share the presentation from the Children's team in relation to a systematic approach to inspection to Board members.

7.6 Board members **NOTED** the Director of Regulation's report.

8.0 Agenda Item 8 – Finance Report (D/09/15)

8.1 The Director of Corporate Services informed Board members that RQIA is forecasting breakeven at year end.

8.2 The Director of Corporate Services advised Board members that the tendering process for the new website has started and is on track for completion in quarter 4. The Business Case in relation to the enforcement module on iConnect and the iConnect Project Manager is currently with DFP for approval.

8.3 The Director of Corporate Services informed Board members that although the 30-day prompt payment target has not been met, the compliance level is improved on the same period last year.

8.4 Board members **NOTED** the Finance Report.

9.0 Agenda Item 9 – Corporate Performance Report (E/09/15)

9.1 The Director of Corporate Services introduced the Corporate Performance Report and advised Board members that the format and layout of the report has been significantly improved.

9.2 The Director of Corporate Services advised that 89% of actions are green / blue at the end of Quarter 1, 9% of actions amber and 2% of actions remaining in red until Board approval is received for the Risk Management Strategy and the Corporate Risk Assurance Framework.

9.3 <u>Resolved Action (107)</u>
The Board will consider the revised Risk Management Strategy and the Corporate Risk Assurance Framework in November 2015.

9.4 Board members **APPROVED** the Corporate Performance Report.

10.0 Agenda Item 10 – RQIA Board Workshop – Summary Report (F/09/15)

10.1 The Chief Executive introduced the RQIA Board Workshop – Summary Report to Board members. The Chief Executive provided a summary of the four topics discussed at the workshop and the actions arising.

10.2 The Chief Executive advised that Miss Crockford, HSC Intern, will be working alongside the Head of Information and the Director of Reviews and Medical Director in the completion of actions relating to RQIA's use of external sources of information (Theme 3, Actions 2 and 3).

10.3 The Director of Reviews and Medical Director informed Board members that he attended an event, 'Making Life Better', in relation to improving the

health and wellbeing of people in Northern Ireland. This is a cross-departmental strategy. The Director of Reviews and Medical Director advised that RQIA's engagement in this strategy is important and will provide RQIA with information required on the health and wellbeing of people in Northern Ireland.

10.4 **<u>Resolved Action (108)</u>**
The Director of Reviews and Medical Director will arrange a presentation on the new 'Making Life Better' cross departmental strategy.

10.5 Board members engaged in a comprehensive discussion concerning each of the four workstreams and the following issues emerged:

- Positioning of RQIA will include stakeholder mapping and the development of an Influencing Strategy or Plan. A working group involving representatives of the RQIA Board and Executive Team will be established to take this forward.
- The Strategic Improvement Steering Group (SISG) will take the lead on Theme 2, Developing a robust approach to Quality Improvement; measuring and reporting outcomes
- Engage with the Professional Standards Agency to invite its Chief Executive to lead a discussion on the impact of the report 'Rethinking Regulation'
- RQIA will develop a robust workforce plan with the support from the HSC Leadership Centre. The workforce plan will identify the needs and requirements for the development of specific skill sets.

10.6

<u>Resolved Action (109)</u>
The RQIA Chief Executive will liaise with the Professional Standards Authority to invite its Chief Executive to lead a discussion on the impact of the report 'Rethinking Regulation'.

10.7 Board members **APPROVED** the RQIA Board Workshop – Summary Report.

11.0 Agenda Item 11 – Management and Handling of Complaints Policy and Procedure (G/09/15)

11.2 The Chief Executive outlined the main changes to the revised policy and procedure.

11.3 The Director of Regulation and Nursing advised Board members that there is guidance on RQIA website in relation to making a complaint about a registered establishment or agency.

11.4 The Complaints and Representations Manager advised that any complaints received in relation to a Board member will be notified to the Chairman and to the Public Appointment Unit (DHSSPS).

11.5 Board members **APPROVED** the revised Management and Handling of the

Complaints Policy and Procedure.

12.0 Agenda Item 12 – Guidelines and Audit Implementation Network (Presentation)

12.1 The Chairman welcomed Dr Tom Trinnick, GAIN Chairman and Nicola Porter, GAIN Manager to the meeting.

12.2 Dr Trinnick provided an overview of the work of GAIN and its purpose; to improve quality outcomes for patients, clients and carers through promoting a culture of quality improvement across the HSC. Dr Trinnick advised that GAIN supports regionally funded guidelines and audits.

12.3 Dr Trinnick advised Board members that people recognise the GAIN brand. The Chairman asked how the work of GAIN links with the review / hospital inspection programmes. Dr Trinnick advised that the work of GAIN is different as GAIN supports a wide range of people and assists people in completing audit to improve the provision of care. GAIN operate as an informal network across the HSC system.

12.4 The Director of Reviews and Medical Director informed Board members that before GAIN was established there were three groups and in 2006 it was agreed that the three groups would amalgamate and become one.

12.5 Board members **NOTED** the Guidelines and Audit Implementation Network Presentation.

13.0 Agenda Item 13 – Annual Progress Report 2014/15 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 (H/09/15)

13.1 Mr Robin Mullan, Board member left the meeting at this stage.

13.2 The Director of Corporate Services advised Board members that these reports are usually produced by the HR&OD Manager, however with this post currently vacant the Board and Executive Support Manager assisted him in the collation of the five documents provided,

13.3 The Director of Corporate Services provided a summary on each of the appendices; screening report, mitigation report, equality action plan progress and the disability action plan progress for 2014/15.

13.4 The Director of Corporate Services advised Board members that the RQIA Equality Scheme is due for review and submission to the Equality Commission NI by 31 March 2016.

13.5 Board members **NOTED** the Annual Progress Report 2014/15 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006.

14.0 Agenda Item 14 - Any Other Business

14.1 Mr Robin Mullan returned to the meeting.

14.2 The Director of Regulation and Nursing informed Board members that Professor James Anglin from Canada, has arranged to spend a day with RQIA on 11 November 2015. A symposium has been arranged for 2.30pm on 11 November 2015; Professor Anglin will present his methodology of inspection of Children's Homes. If Board members wish to attend they should email The Director of Regulation and Nursing.

14.3 The Director of Reviews and Medical Director informed Board members that the GAIN Annual Conference will take place on 22 October 2015. If Board members wish to attend they should complete the booking form and return to GAIN staff.

14.4 The Director of Reviews and Medical Director confirmed that the DHSSPS has formally asked RQIA and GAIN to take forward the review of whistleblowing and would welcome the input from two Board members.

14.5 The Chairman brought the public session of the Board to a close at 2.40pm.

Date of next meeting:

Thursday 12 November 2015, RQIA Boardroom

Signed _____

Dr Alan Lennon
Chairman

Date _____

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion
34	14 November 2014	RQIA will invite the HSCB to attend a future Board meeting to discuss arrangements for monitoring implementation of review recommendations.	Director of Reviews and Medical Director	24 September 2015.
101	9 July 2015	The Director of Regulation and Nursing will present the revised Enforcement Policy and procedures to the Board on 12 November 2015.	Director of Regulation and Nursing	12 November 2015
105	9 July 2015	The Director of Reviews and Medical Director will provide a further update on the preparations for the new hospital inspection programme in Quarter 3.	Director of Reviews and Medical Director	12 November 2015
106	24 September 2015	The Director of Regulation and Nursing will share the presentation from the Children's team in relation to a systematic approach to inspection to Board members.	Director of Regulation and Nursing	21 January 2015
107	24 September 2015	The Board will consider the revised Risk Management Strategy and the Corporate Risk Assurance Framework in November 2015.	Director of Corporate Services	12 November 2015
108	24 September 2015	The Director of Reviews and Medical Director will arrange a presentation on the new 'Making Life Better' cross departmental strategy.	Director of Reviews and Medical Director	21 January 2015
109	24 September 2015	The RQIA Chief Executive will liaise with the Professional Standards Authority to invite its Chief Executive to lead a discussion on the impact of the report 'Rethinking Regulation'.	Chief Executive	12 November 2015

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 November 2015
Title of Paper	Chairman's Report
Agenda Item	5
Reference	B/11/15
Author	Dr Alan Lennon
Presented by	Dr Alan Lennon
Purpose	To inform the RQIA Board of the Chairman's external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	Between 1 October 2015 and 23 October 2015, I attended 9 meetings on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable

CHAIRMAN'S REPORT

For the record I wish to note the completion of our Board self-assessment and the Board Effectiveness Audit. There are no actions arising from the Board self-assessment. There are four Priority 2 weaknesses identified from the Board Effectiveness Audit.

With Dr John Jenkins, I attended 2 days (1 and 2 October) of the CQC inspection of the Queen Elizabeth Hospital Gateshead, as observers. The purpose of the engagement was to better understand the CQC approach to inspection and quality assurance. The visit was very productive and I'll report separately on the detail.

I attended the AGE NI annual conference on 22 October and was given a short speaking slot and took part in a panel discussion. I used the opportunity to present the RQIA vision for the care home sector – raising our game beyond minimum standards and enhancing quality of life for residents. I received very positive feedback. Regrettably, I missed the GAIN conference on the same day.

With departmental officials, the CEO represented RQIA at the Assembly Health Committee. This was in response to evidence given the previous week to the committee by the Commissioner for Older Persons.

I attended an interesting presentation by Dr Tony Stevens, the CEO of the Northern Trust on 21 October. He described his approach to managing change and shared some useful insights. By coincidence, this coincided with the first day of an unannounced inspection of a department of the Antrim Hospital.

On 7 October I had a cordial meeting and exchange of information with Glynnis (known as Glen) Johnston, Chair of the Safeguarding Board NI.

Business Services Organisation

Providing Support to Health and Social Care

INTERNAL AUDIT UNIT – ARMAGH OFFICE

PINEWOOD VILLA, 73 LOUGHALL ROAD, ARMAGH

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TEL NUMBER: 028 37 412700

REGULATION & QUALITY IMPROVEMENT AUTHORITY

BOARD EFFECTIVENESS 2015/16

FINAL REPORT

Exit Meeting Held On:	25.08.15
First Draft Issued On:	26.08.15
Management Comments Received On:	18.09.15
Revised Draft issued On:	21.09.15
Management Comments Received On:	23.09.15
Final Report Issued On:	24.09.15

nqa ISO 9001 Registered Quality Management

INTRODUCTION

In accordance with the 2015/16 annual audit plan, BSO Internal Audit carried out an audit of Board Effectiveness at the Regulation & Quality Improvement Authority (RQIA) in July 2015.

Internal Audit previously carried out an audit of Board Effectiveness and Performance Management at the Regulation & Quality Improvement Authority (RQIA) in March 2014 when satisfactory assurance was provided.

The Board Governance Self-Assessment Tool is intended to help Arm's Length Bodies (ALBs) improve the effectiveness of their Board and provide the Board members with assurance that it is conducting its business in accordance with best practice. DHSSPS require Boards to carry out a board effectiveness evaluation annually and with independent input at least once every three years.

All ALBs are required to self-assess their current Board capacity and capability supported by appropriate evidence. The latest Self-Assessment was reported to DHSSPS on 31st March 2015 for 2014-15 following completion by the RQIA Board. Internal Audit reviewed the process for undertaking this Self-Assessment and ensured that there was evidence to support the self-assessed compliance.

Internal Audit also reviewed the effectiveness of the Board, through attendance at a Board meeting on 9th July 2015 and also checking that:

- The Board met in line with its terms of reference.
- Board meetings were well attended.
- There was evidence of Board challenge and scrutiny.
- Action points identified in Board meetings were carried forward to the next meeting and were resolved.
- The Board does not get involved in operational areas.
- The Board is able to consistently get through all items on the agenda.
- There are appropriate arrangements for development of Board members in respect of their role as Board members.
- The term of appointment for Board members is staggered to ensure that the organisation doesn't lose too many experienced members simultaneously.

There have been a number of changes to the operation of the Board since the previous audit, the most notable of which being the appointment of a new Chair in June 2014 and 9 new members. The Chair has introduced some changes including:

- A Board Agenda Setting Meeting which is arranged a few weeks prior to the Board meeting to include the Chair, the Chief Executive and another NED.
- Holding Board meetings monthly, as opposed to bi-monthly with workshops in alternate months.
- A time set aside for NED review of proceedings at the end of each Board Meeting.
- The implementation of Board Pad, where i-pad technology is utilised to make all papers available electronically to Board members in advance of board meetings.

LEVEL OF ASSURANCE

SUBSTANTIAL	**SATISFACTORY**	LIMITED	UNACCEPTABLE
In relation solely to the scope of this audit and the work performed by audit staff, Internal Audit can provide Management with satisfactory assurance in relation to Board Effectiveness within RQIA. Overall there is an adequate and effective system of governance, risk management and control. While there is some residual risk identified this should not significantly impact on the achievement of objectives. Some improvements are required to enhance the adequacy and/or effectiveness of governance, risk management and control.			

MANAGEMENT SUMMARY

Internal Audit can provide satisfactory assurance on the system of internal control over Board Effectiveness within RQIA. The RQIA Board holds monthly Board meetings and there is evidence of effective scrutiny and challenge. The quality of the information provided to the Board is also of an acceptable standard. The Board Governance Self-Assessment checklist for 2014/15 was completed appropriately and in a timely manner.

No Priority 1 weaknesses were identified.

The following Priority 2 weaknesses were identified during this audit:

- Board Members Terms of Office are currently not sufficiently staggered to prevent the organisation losing too many experienced members at the same time.
- Communication between the EMT and the Board was identified by the Chair as one area requiring further development.
- Discussions with Board Members indicated that while they were generally content with the quality of information provided to them, they felt that there was scope to further develop information provided for both performance management and risk management.
- The Board self-assessment for 2014/15 was not recorded as approved by the Board although all Board members were involved in its completion.

No Priority 3 weaknesses were noted.

SUMMARY OF AUDIT APPROACH AND RESULTS

The overall objective of the assignment was to provide management with a level of assurance as to the operation of controls to manage key risks in the system.

RISK/ RELATED AUDIT OBJECTIVES *(designed to ensure key controls are in place)*	SUMMARY OF AUDIT SCOPE AND TESTING	NUMBER OF FINDINGS		
		Priority 1	Priority 2	Priority 3
RISK 1: The RQIA Board is not operating effectively.				
1.1 To ensure that the RQIA has an appropriately functioning and effective Board.	Internal Audit confirmed the following in relation to the RQIA Board: • That it had considered implementation of the Corporate Governance in Central Government Departments: Code of Good Practice in NI 2013; • Tested compliance with Chapter 4 of the Code of Good Practice in NI. • That the Chief Executive's role as Accounting Officer was set out in the Management Statement. • That responsibilities were appropriately allocated to senior management team. • That the Authority had adopted implementation of Nolan Principles of Public Life. • Terms of Reference for RQIA Board, Audit Committee, Appointment & Remuneration Committee and Part II and Part IV Doctors Panels were up to date. • The Board, Audit Committee, Remuneration Committee and Part II Panels met in accordance with terms of reference. • There was regular attendance at these meetings by relevant members. • An appropriate record of all meetings had been maintained. • Through attendance at the July 2015 Board meeting Internal Audit observed the extent of challenge function exercised by board members. • Any interests in respect of items on the agenda for meetings were declared and, where this occurred, that appropriate action was taken. • Reviewed RQIA Board and Audit Committee minutes and checked whether there was evidence of scrutiny and challenge by Board members and sought evidence that the Board made decisions, rather than approved matters proposed to it. • Examined minutes of RQIA Board and Audit Committee meetings for the audit period April 2014 to June 2015 and reviewed these to determine Board members were not involved in operational areas. • Reviewed Board minutes and checked whether actions raised were appropriately carried forward to the next RQIA Board meeting. • Committees were able to consistently get through all items on the agenda and that the papers were of appropriate length to allow relevant issues to be easily identifiable	-	**3**	-

RISK/ RELATED AUDIT OBJECTIVES *(designed to ensure key controls are in place)*	SUMMARY OF AUDIT SCOPE AND TESTING	NUMBER OF FINDINGS		
		Priority 1	Priority 2	Priority 3
	(not too long or too short). • Committee papers were issued on a timely basis in advance of meetings. • That key RQIA objectives and risks were considered by the Audit Committee and that there were no significant gaps. • Strategic direction including policy, performance management, finance, risk management, control and governance were considered by an appropriate committee within RQIA. • There was evidence that sufficient attention was paid by Committees to quality / client & patient experience issues, and not too heavily focussed on performance to the detriment of such issues. • There was evidence that the Board spent appropriate time looking forward strategically as well as looking back at what had occurred. • There was evidence of formal regular reporting to the Board by key committees. • There were appropriate arrangements in place for the development of Board Members in respect of their roles. • The term of appointment for Board members is staggered to ensure that the Authority doesn't lose too many experienced members at the same time. • The Board consisted of an appropriate mix and balance of skills to match the organisation's business (as per code of conduct) and included Finance • The Board skills of RQIA had been periodically reviewed, including appraisals and personal development plans. • Succession management and talent development had been considered by the Board (for both Board Members and Executive Team members). • Considered the Authority's response to the Francis Report and considered what lessons had been learnt and what if any actions had been taken. • Internal Audit specifically considered the Board's alignment of the organisation to Transforming Your Care (TYC) and Quality 2020. • Discussed with the Board Chairperson, Chief Executive and two other Board members board effectiveness and development including whether the nature/quality of information received at Board level was appropriate to allow the Board to fulfil their objectives and whether there were any gaps or additional information that was required to improve the role of the Board.			

RISK/ RELATED AUDIT OBJECTIVES *(designed to ensure key controls are in place)*	SUMMARY OF AUDIT SCOPE AND TESTING	NUMBER OF FINDINGS		
		Priority 1	Priority 2	Priority 3

	• Discussed completion of the Board Self-Assessment checklist with a sample of three Board Members (inclusive of Chairperson) and obtained their views on the process.
	• There were up to date Standing Orders (approved by Board in January 2015) in place.
	• There was an up to date scheme of delegated authority in place and checked whether this was:
	  ○ sufficiently detailed
	  ○ consistent with the narrative in the Standing Orders and Standing Financial Instructions (e.g. did matters reserved for the Board reconcile with terms of reference of committees); and
	  ○ reflective of current DHSSPS guidance e.g. external consultancy, Single Tender Actions (STAs).
	• The updated Code of Conduct and Code of Accountability for Board members of Health and Social Care Bodies issued in July 2012 were embedded within RQIA's Standing Orders.			

RISK 2: The DHSSPS Board Effectiveness checklist is not appropriately completed or supported by evidence.				

2.1 To ensure that the DHSSPS Board Effectiveness checklist has been completed with appropriate evidence available to support the scores being awarded.	Internal Audit:
	• Obtained a copy of the final Board Governance Self-Assessment checklist that was approved by RQIA Board in March 2015 and submitted to the DHSSPS.
	• Interviewed RQIAs Chairman, Chief Executive and two Board Members to obtain details as to how the Board Governance Self-Assessment checklist was completed.
	• Reviewed evidence in support of the Self-Assessment tool held on the RQIA network, internet, intranet, etc.
	• For 2 core areas completed (Board composition and commitment, Board evaluation, development and learning, Board Insight and foresight and Board Engagement and Involvement), Internal Audit:
	  ○ Selected 1 red flag indicator question in each of 2 key core areas and checked that in both instances there was evidence that RQIA had correctly identified that there was no issue arising.
	  ○ Reviewed 1 good practice question in 2 of the key core areas (where no issues were recorded) to ensure there was evidence to support the responses provided.
		-	**1**	**-**

RISK/ RELATED AUDIT OBJECTIVES *(designed to ensure key controls are in place)*	SUMMARY OF AUDIT SCOPE AND TESTING	NUMBER OF FINDINGS		
		Priority 1	Priority 2	Priority 3

	• For a sample of 2 red flag indicators where issues were identified across 2 areas checked whether an action plan was put in place to remove or mitigate the risk of the Red Flag issue and that it is appropriate, implementation dates are recorded and action has been taken to implement the plan.
	• For a sample of 2 good practice questions where issues were identified across 2 areas checked that either:
	  ○ An action plan to achieve good practice has been developed, or
	  ○ An explanation if not complying with good practice has been documented and/or
	  ○ Areas where training or guidance is required and/or additional assurance is required has been documented.
	• Confirmed the response was appropriate and that there is evidence that action has been taken forward in line with the implementation dates.
	• Ensured the Summary of Results template was completed by the Board.
	• Confirmed for a sample of 2 the RAG scores in the summary that scoring was accurate in line with what was detailed in the checklist and in line with the definitions of how ratings should be allocated.
	• Reviewed the three mini cases submitted to DHSSPS.
	• Checked RQIA Board minutes for the audit period to determine whether RAG ratings on the self-assessment were debated and agreed by the Board at a formal Board meeting and documented in minutes.
	• Confirmed the organisation had provided a summary report to the DHSSPS confirming the self-assessment ratings, a brief description of the action plans arising, areas where the Board believes additional assurance is required.
	• Confirmed whether the Board had been kept up to date with the implementation of the action plan arising from the self- assessment.			

2.2 To ensure all previous recommendations have been implemented.	Followed up on the extent of implementation of recommendations made in the previous Internal Audit report of March 2014.	-	-	-

Note: We have reported by exception only, and where no issues and recommendations are made, the result of our work indicates that the key objectives and risks are being managed and that procedures are being adequately adhered to.

PRIORITISATION OF FINDINGS AND RECOMMENDATIONS

Internal Audit prioritises findings and recommendations using the following definitions:

Priority	Definition
Priority 1	An issue which requires urgent management decision and action without which there is a substantial risk to the achievement of key business/system objectives, to the reputation of the organisation, or to the regularity and propriety of public funds.
Priority 2	An issue which requires prompt attention, as failure to do so could lead to a more serious risk exposure.
Priority 3	Improvements that will enhance the existing control framework and/or represent best practice.

ACKNOWLEDGEMENT

Internal Audit wishes to thank RQIA Non-Executive Directors, Executive Management Team and other staff for their assistance and co-operation during the course of the audit engagement.

REPORT DISTRIBUTION

This report has been distributed to: -

Dr Alan Lennon, Chairman
Mr Glenn Houston, Chief Executive
Mr Maurice Atkinson, Director of Corporate Services
Mr Stuart Crawford, Planning & Governance Manager
Ms Hayley Barrett, Board Secretary

PRIORITY ONE AUDIT FINDINGS AND RECOMMENDATIONS
1.0 There are no Priority One Findings.

PRIORITY TWO AUDIT FINDINGS AND RECOMMENDATIONS	
2.1 SUCCESSION PLANNING FOR THE BOARD	**RELATED AUDIT OBJECTIVE: 1.1**
During 2013 and 2014 nine members of the Board finished their term of office, including the Chair – a new Chair took up office in June 2014. All vacancies have now been filled and the new Chair is well established in his role. However, due to a large number of Board Members being appointed at the same time (four in Spring 2013 and six in Spring 2014) a large number will also finish their term at the same time leaving the RQIA with the same issue in terms of lack of succession planning. The Terms of Office are currently not sufficiently staggered to prevent the organisation losing too many experienced members at the same time. Internal Audit acknowledges that the recruitment of Board Members and the length of their terms of office are outside the power of RQIA to change however it is a risk for the organisation.	
IMPLICATION	
The knowledge and expertise on the RQIA Board will be reduced where a significant number of Board members leave the organisation at the same time. This could impact on the effectiveness of the Board.	

RECOMMENDATION	MANAGEMENT COMMENT	RESPONSIBLE MANAGER	IMPLEMENTATION DATE
RQIA should further review its succession planning arrangements and continue to liaise with DHSSPS to ensure that appropriate arrangements are promptly put in place to minimise the impact of future loss of Board members.	**ACCEPTED**	**RQIA Chairman** However, there is a key dependency on the Public Appointments Unit, DHSSPS to manage this process in a timely and effective manner.	**Immediate**

PRIORITY TWO AUDIT FINDINGS AND RECOMMENDATIONS			
2.2 COMMUNICATION ISSUES			**RELATED AUDIT OBJECTIVE: 1.1**
Communication between the EMT and the Board was identified as one area of potential weakness by the Chair, as a result of recent media coverage on the back of a whistle blowing case in which the Authority was involved. The media coverage had not been promptly brought to the attention of Board members nor had EMT been made aware of planned coverage. The issue was subsequently discussed at the next Board Meeting. It was noted that the Authority agreed to review its Communication Policy and Processes as a result of issues identified.			
IMPLICATION			
Failure to ensure the quality and timeliness of communications between EMT and the Board could lead to confidence issues with Board Members and negatively impact the reputation of the Authority.			
RECOMMENDATION	**MANAGEMENT COMMENT**	**RESPONSIBLE MANAGER**	**IMPLEMENTATION DATE**
Communication Policy and processes should be promptly reviewed. This should include actions and responsibilities for a range of common scenarios which it is possible to be aware of in advance, opportunities or risks agreed, and when and how the Board Members are informed.	**ACCEPTED** • RQIA has revised and updated an operational protocol for notifying the Chair and Board members in advance where the RQIA Communications Manager is made aware of broadcast or paper media interest in reporting on RQIA activities. • RQIA is currently reviewing the wider Communications Action Plan with a view to strengthening arrangements for communication of relevant information to the RQIA Board.	• **Communications Manager** • **Chief Executive/ Communications Manager**	• **August 2015** • **December 2015**

PRIORITY TWO AUDIT FINDINGS AND RECOMMENDATIONS			
2.3 DEVELOPMENT OF INFORMATION PROVIDED TO THE BOARD			**RELATED AUDIT OBJECTIVE: 1.1**
Discussions with Board Members indicated that while they were generally content with the quality of information provided to them, they felt that there was scope to further develop information provided for both performance management and risk management.			
IMPLICATION			
The Board may not receive the information it requires in an appropriate format.			
RECOMMENDATION	**MANAGEMENT COMMENT**	**RESPONSIBLE MANAGER**	**IMPLEMENTATION DATE**
Management should carry out a review of both performance and risk management reports provided to the Board with a view to further developing it in line with member's needs.	**ACCEPTED** **Risk Management** The Risk Management Strategy will be reviewed and updated for approval by the Audit Committee and Board. As part of this review the format of the Corporate Risk Assurance Framework Report will be considered. **Performance Management** A new Chief Executive's Performance Dashboard has been developed together with a suite of KPIs which are reported on a monthly basis to the Board. This will be kept under review. A new Corporate Performance Report will be developed and introduced in September 2015. It will be subject to ongoing review and development based on feedback from the Board.	**Director of Corporate Services**	• **Audit Committee – 22 October 2015** • **Board – 12 November 2015** • **Board meeting – wef July 2015** • **Board meeting – 24 September 2015**

PRIORITY TWO AUDIT FINDINGS AND RECOMMENDATIONS	
2.4 FOLLOW UP OF THE BOARD SELF-ASSESSMENT CHECKLIST	**RELATED AUDIT OBJECTIVE: 2.1**

The Board Self-Assessment was tabled to be discussed at the March 2015 Board Meeting (Action 82 per the January 2015 board minutes). However on review of the March board minutes there was no record of discussion of the Self- Assessment. The Board Secretary explained that the Board accepted the Self-Assessment during their review period at the end of the Board Meeting. This section is confidential and not minuted.

Review of the Self-Assessment showed that there were no red flag indicators (RFG) identified, and therefore there were no outstanding actions due by RQIA.

IMPLICATIONS

There is a lack of formal evidence of Board agreement of the Board Self-Assessment.

RECOMMENDATION	MANAGEMENT COMMENT	RESPONSIBLE MANAGER	IMPLEMENTATION DATE
The Board should ensure that the approval of the self-assessment is formally approved and recorded in the minutes of a future RQIA Board meeting.	**ACCEPTED**	**RQIA Chairman**	**Immediate**

PRIORITY THREE AUDIT FINDINGS AND RECOMMENDATIONS
3.0 There are no Priority 3 findings in this report.

APPENDIX A

Definitions of Levels of Assurance

Level of Assurance	Definition
Substantial	There is a robust system of governance, risk management and control which should ensure that objectives are fully achieved.
Satisfactory	Overall there is an adequate and effective system of governance, risk management and control. While there is some residual risk identified this should not significantly impact on the achievement of objectives. Some improvements are required to enhance the adequacy and/or effectiveness of governance, risk management and control.
Limited	There is an inadequate and/or ineffective system of governance, risk management and control in place. Therefore there is significant risk that the system will fail to meet its objectives. Prompt action is required to improve the adequacy and/or effectiveness of governance, risk management and control.
Unacceptable	The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives. Urgent action is required to improve the adequacy and/or effectiveness of governance, risk management and control**.**

NOTE TO REPORT

This audit report should not be regarded as a comprehensive statement of all weaknesses that exist. The weaknesses and other findings set out are only those which came to the attention of Internal Audit staff during the normal course of their work. The identification of these weaknesses and findings by Internal Audit does not absolve Management from its responsibility for the maintenance of adequate systems and related controls. It is hoped that the audit findings and recommendations set out in the report will provide Management with the necessary information to assist them in fulfilling their responsibilities.

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 November 2015
Title of Paper	Chief Executive's Performance Dashboard
Agenda Item	6
Reference	B/11/15
Authors	Executive Team
Presented by	Glenn Houston
Purpose	To present a summary of performance and key risks across our core activities.
Executive Summary	Updates are provided in respect of the following – • Regulation • Reviews • Mental Health & Learning Disability • Quality Improvement Workstreams • Finance
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **COMMENT** on the Chief Executive's Performance Dashboard.
Next steps	Not applicable

CHIEF EXECUTIVE'S PERFORMANCE DASHBOARD

Performance Area		Commentary	
Regulation	***Is the programme of work in Regulation on track?***	***Update***	56% of 2015/16 scheduled inspections were completed at 30 September 2015, compared to 48% for the same period in 2014/15. The plan to complete the statutory minimum number of inspections remains on target at this time.
		***Significant risks, issues or concerns* for escalation to the Board**	The Independent Healthcare team is moving forward with prosecution of a number of independent clinics who have refused to date to come forward for registration in respect of the use of laser treatments.
Reviews	***Is the programme of work in Reviews on track?***	***Update***	Since the Board meeting in September 2015, one review reports has been published by RQIA: • Provision of Services for People with an Acquired Brain Injury (23 September 2015). Reports for the remaining reviews from the 2012/15 programme are being completed for publication. Fieldwork has been completed on five reviews from the first year of the 2015/18 programme, with reports now being prepared for publication.

Performance Area		Commentary	
			Planning is underway to complete a DHSSPS commissioned review on Whistle-blowing arrangements in HSC organisations by 31 March 2016. RQIA has provided advice to the Prison Review Report Oversight Group on the remaining recommendations which had been allocated for independent assessment. The new programme of acute hospital inspections has been launched following agreement by DHSSPS and the first inspection has been completed. The Board will be provided with an update on this programme at the Board meeting. The report of an unannounced inspection of Maghaberry Prison carried out by a joint team of inspectors from HMIP, CJI, ETI and RQIA was published on 5 November 2015.
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Mental Health & Learning Disability (MHLD)	***Is the programme of work in MHLD on track?***	***Update***	The new inspection methodology was introduced in September 2015. During September and October the team carried out seven inspections using the new methodology.

Performance Area		Commentary	
			Three serious concerns letters were issued to wards following inspections. These related to environment, staff training and incident reporting/recording. A plan for the evaluation of the new methodology led by Professor Roy McConkey has been agreed and is due to commence in December 2015. On 18 September Head of Programme MHLD delivered a presentation at the RCN Forensic Conference on inspection findings from 2014/15 entitled “Awareness and use of Restrictive Practice in MHLD Hospitals”. The Director of Mental Health and Learning Disability presented RQIA’s views in respect of Clause 254/255 of the New Mental Capacity Legislation to the Ad Hoc Committee meeting at Stormont on 5 October 2015. The Director of Mental Health Learning Disability and Social Work also attended the National Preventative Mechanism (NPM) meeting in Edinburgh on 2/3 November 2015. NPM members agreed that the Director of MHLD should continue to represent Northern Ireland on the National NPM Steering Group for a further two year period (November 2017). Interviews were held for the vacant Band 7 MHLD Inspector post on 2 November. An appointment has been made. Interviews for the vacant Band 3 MHLD Administrator post

Performance Area		Commentary	
			will take place on 5 November 2015.
		***Significant risks, issues or concerns* for escalation to the Board**	There are no significant risks that
Quality Improvement Programme	***Is the Quality Improvement Programme on track?***	***Update***	See Agenda item 18 – update on the work of the Quality Improvement Steering Group. The Quality Improvement Steering Group continues to oversee three strategic workstreams. The preparations for the new rolling programme of unannounced inspections of acute hospitals concluded its work when the inspection programme began in October 2015. Work is on-going across ten improvement projects within the regulation directorate focusing on inspection systems and processes. A paper outlining further proposed changes to inspection methodology will be presented to the RQIA Board at this meeting. The preparations for the introduction of the Mental Capacity legislation continue on schedule, with a report of progress included in the Corporate Performance Monitoring Report for Quarter 2.

Performance Area		Commentary	
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Finance	**Are we on target to achieve break-even?**	***Update***	RQIA is forecasting breakeven at year end. See Agenda item 8 – Summary Finance Report (as at 30 September 2015).
		***Significant risks, issues or concerns* for escalation to the Board**	None, subject to capital funding being made available for the iConnect Project Manager's contract.
Other significant issues or emerging risks for escalation to the Board	• Capital funding needs to be secured to extend the iConnect Project Manager's contract to March 2016. A business case has been submitted to the Programme Management Unit, DHSSPS and to DFP. We have responded to a series of comments from DFP, a revised version of the business case has been re-submitted to take the Project Manager's contract up to March 2016 taking account of the revised go-live date for the iConnect web portal (January 2016). We are therefore now awaiting approval of the business case by DFP. • On 9 October 2015 the Chief Executive wrote to RQIA regarding a draft Corporate Services Service Offering covering 4 areas i.e. Finance, Information Governance, Health& Safety and Premises Management. The Service Offering will be finalised and it is anticipated that we will be asked to make a final decision in November 2015. Subsequently we have been contacted by BSO about ICT service		

Performance Area	Commentary
	provision and by DHSSPS about Communications. HROD service provision will also have to be considered within the context of the potential outsourcing of management functions to BSO. This has been identified as a risk on RQIA's Corporate Risk Assurance Framework Report – see Agenda item 11.

The Regulation and Quality Improvement Authority

RQIA's Performance Dashboard - Monthly KPIs

Board Meeting – November 2015

Key Performance Indicator: Number of complaints about RQIA received and resolved

Reporting Frequency: Monthly

Owner: Chief Executive

How do we measure this:

Number of complaints about RQIA received

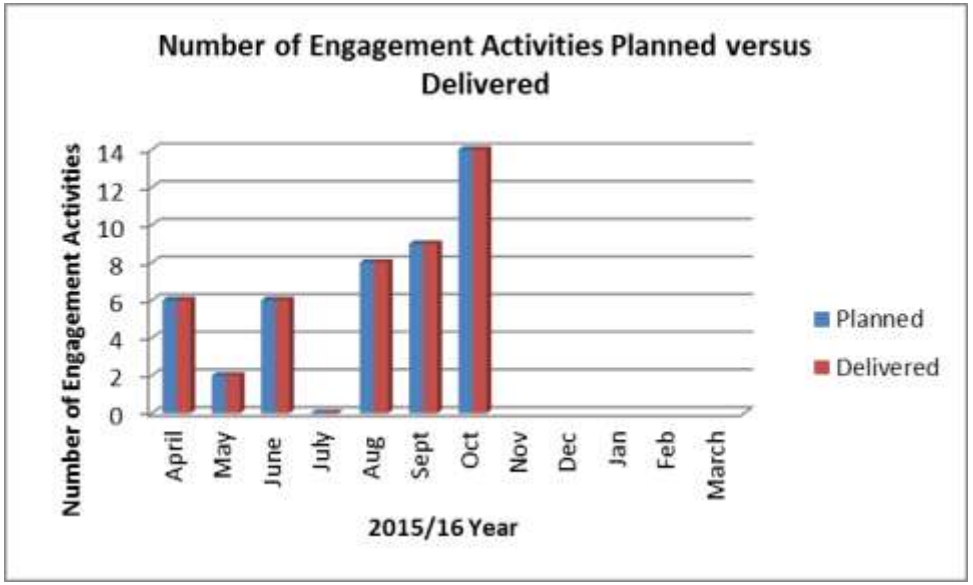
Number of complaints received and Resolved												
	April	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
Number received	0	1	1	0	0	0	1					
Resolved at stage 1	0	0	1	0	0	0	0					
Resolved at stage 2	0	0	0	0	0	0	0					
With Ombudsman	0	0	0	0	0	0	0					

Summary

An anonymous complaint in relation to a staff member was also followed up and closed in May. One complaint received about a member of RQIA staff received in June and was resolved at Stage 1 early resolution. In October a complaint was received about a member of staff, which is currently being dealt with in line with RQIA's Complaints Policy under Stage 1 early resolution.

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Public and professional engagement activities (including the public's perception of RQIA)	
Reporting Frequency: Monthly	**Owner:** Chief Executive
How do we measure this: Number of public and professional engagement activities planned versus delivered Annual omnibus survey	
RAG Rating:	**Summary** The graph above shows the number of engagement activities planned and delivered between April and October. Between April and October RQIA successfully delivered all planned engagement events.
Exception Report:	

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Progress on the delivery of the Business Plan	
Reporting Frequency: Monthly	**Owner:** Chief Executive
How do we measure this: Number of actions from the RQIA Business Plan that have been delivered or are on target for completion	 **Summary** There are a total of 43 actions within the RQIA Business Plan 2015-16 of which by the end of October 38 are on-target, 4 are unlikely to be achieved and 1 action has not been achieved

Exception Report:

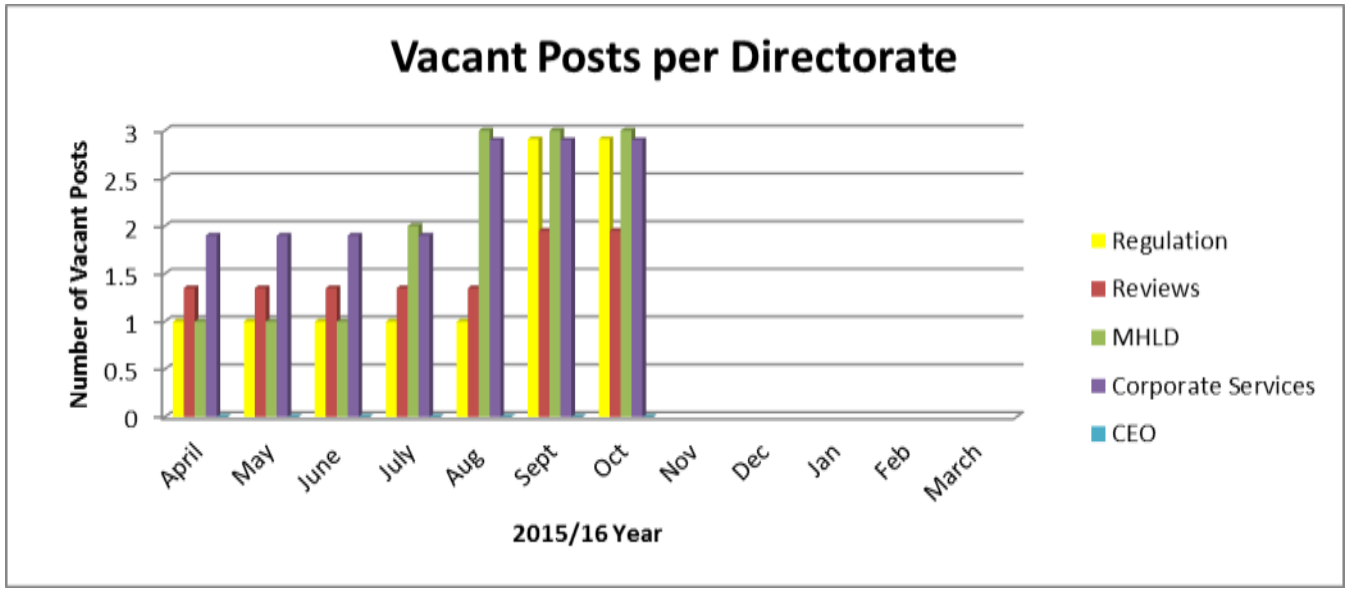
Unlikely to be Achieved - (2.2) RQIA is unable to report against this measure until the Department signals its intention to review the legislative framework.
(4.3) Good progress is being made in implementing the agreed actions. However a number of key actions are behind schedule.
(4.5) Two actions are currently behind schedule. Actions have been agreed to implement the actions by the year end
(6.5) This action reflects the content of RQIA's MSFM. It will require a significant investment of time and resource to deliver.

Not Achieved

(7.1) The Risk Management Strategy has been revised and will be submitted to the Audit Committee on 22 October and the Board on 12 November for approval.

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Vacancies per Directorate	
Reporting Frequency: Monthly	**Owner:** Director of Corporate Services
How do we measure this: Number of vacancies as per Directorate	 **Summary** October vacant posts: **Corp Services -** B3 Admin Officer – 1.0 WTE, B2 Receptionist - 0.5 WTE, B4 0.4 of a (job share) PA post, B7 HR Manager – 1.0 WTE **Reviews** - B3 Project Admin 1.5 WTE, B7 Project Manager 0.45 WTE **Regulation** - B8B Head of Programme 1.0 WTE (Due to be reconfigured), B3 Admin Officer 1.91 WTE MH&LD - B8a Senior MH Officer 1.0 WTE, B7 Inspector 1.0 WTE, B3 Project Assistant 1.0 WTE **CE's Office** - No Vacancies

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Sickness Absence

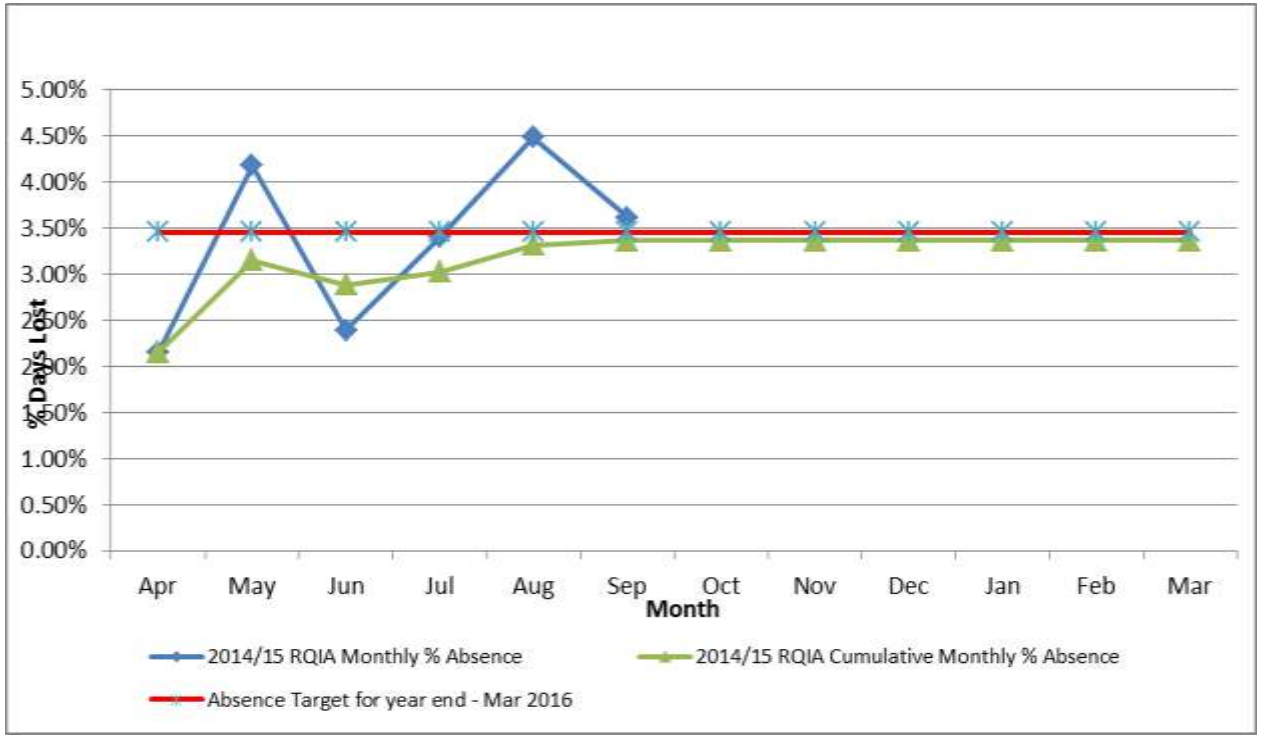
Reporting Frequency: Monthly

Owner: Director of Corporate Services

How do we measure this:

Sickness absence figures, achieved versus 4.6% target

RAG Rating:



Summary

By the end of September RQIA had a cumulative total of 3.37% which is below the sickness target of 3.46%.

Note: October's figures will not be made available by BSO until Mid-November.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Financial Position Forecast

Reporting Frequency: Monthly

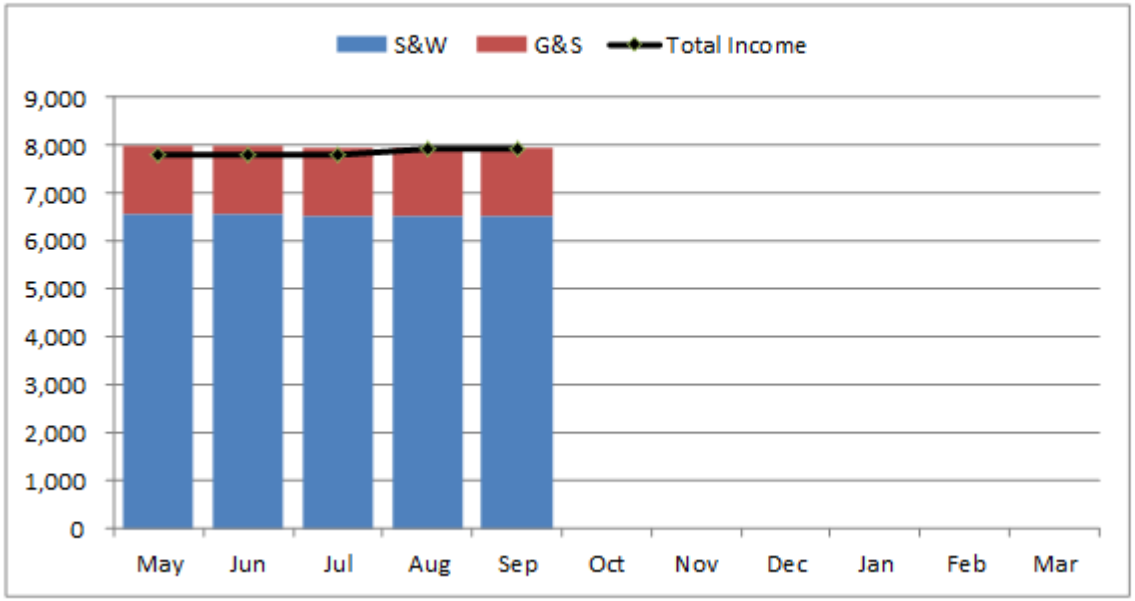
Owner: Director of Corporate Services

How do we measure this:

Forecast expenditure versus total authorised spend

RAG Rating:

Monthly Forecast of Year End Position



	Sep £'000
Expenditure	
S&W	6,533
G&S	1,435
Total Expend	7,968
Income	
Other Income	901
RRL	7,046
Total Income	7,947
Surplus/(Deficit)	(21)

Summary

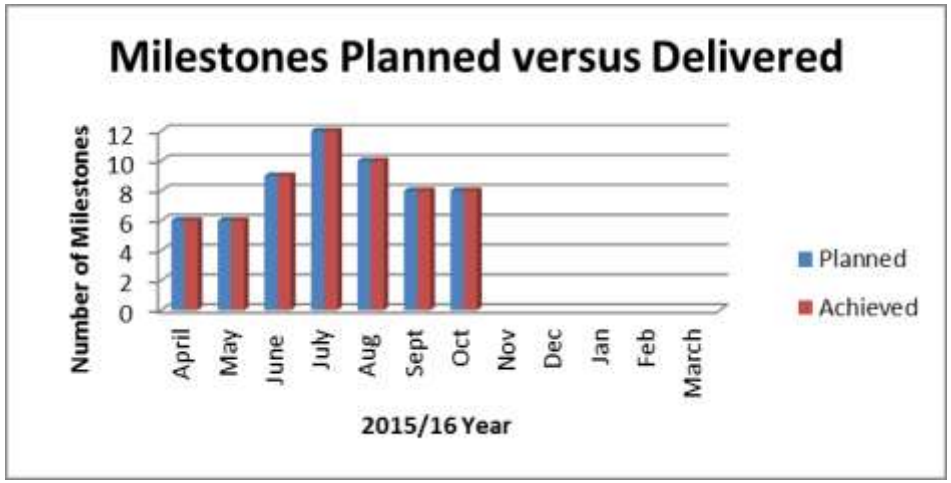
The current RRL funding excludes £38k in relation to a Clinical Excellence Award. Receipt of this anticipated funding will improve the financial position to breakeven.

Note: The figures for October's financial position will not be available until the middle of November.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Regulation Improvement Programme	
Reporting Frequency: Monthly	**Owner:** Director of Regulation and Nursing
How do we measure this: Number of milestones planned and met, monthly & YTD	
RAG Rating:	**Summary** Project Initiation Document was approved in August and has been dessiminated to all staff within the Regulation Directorate. Separate senior management (change managers) are now meeting fortnightly outside of the normal Senior Manager Team meetings to steer and deliver the Regulation Improvement Plan. All actions are on target. **Note:** The planned milestones for the remainder of 2015/16 year will be incorporated into the table in December.
Exception Report:	

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

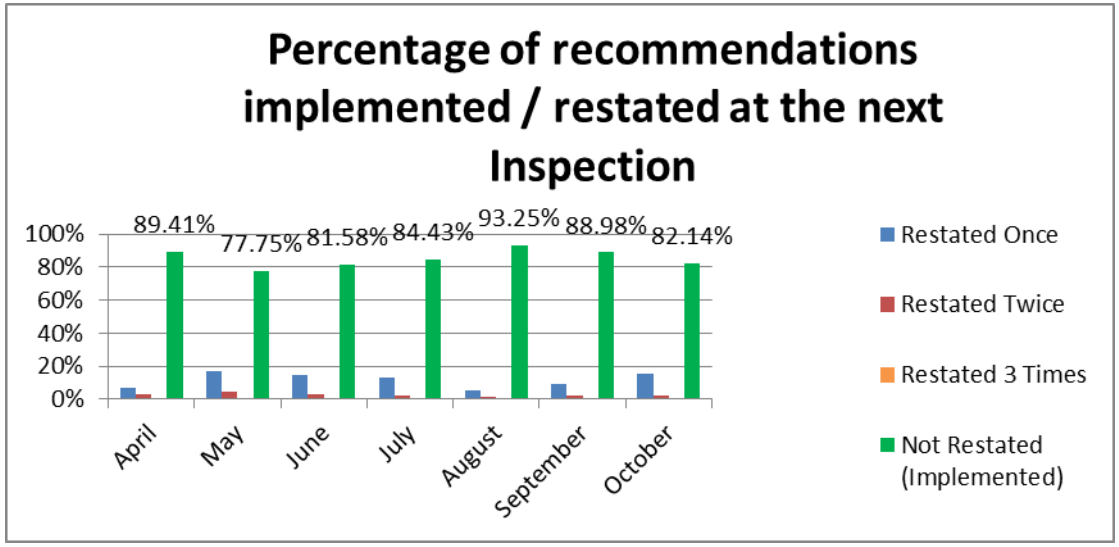
Key Performance Indicator: Percentage of recommendations and requirements restated at the time of the next inspection

Reporting Frequency: Monthly

Owner: Director of Regulation and Nursing

How do we measure this:

Total number of recommendations and requirements restated for the 1st, 2nd and 3rd time



Summary

A breakdown of the recommendations restated are:

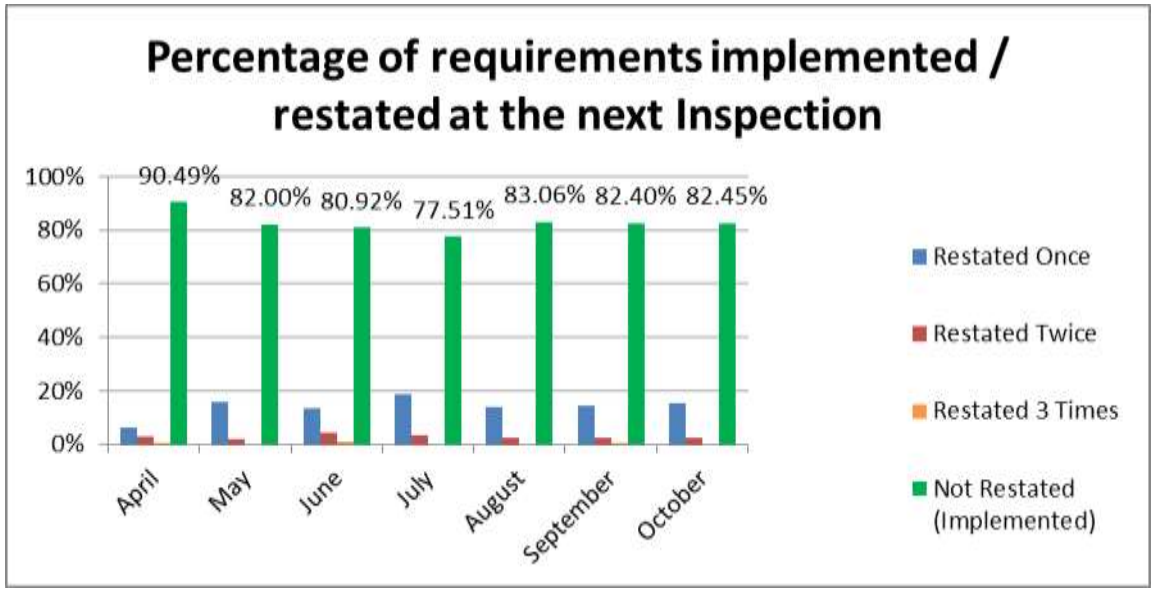
	Implemented		Restated Once		Restated Twice		Restated 3 Times	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
April	380	89.41%	30	7.06%	12	2.82%	3	0.71%
May	269	77.75%	59	17.05%	16	4.62%	2	0.58%
June	341	81.58%	61	14.59%	12	2.87%	4	0.96%
July	461	84.43%	71	13%	12	2.20%	2	0.37%
August	373	93.25%	20	5%	7	1.75%	0	0%
Sept	315	88.98%	32	9.04%	7	1.98%	0	0%

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Oct	400	82.14%	77	15.81%	10	2.05%	0	0%

The cumulative total for restated requirements at the end of October is implemented 2,239 (85.4%), once 350 (11.6%), twice 76 (2.6%) and three times 3 (0.4%)



A breakdown of the requirements restated are:

	Implemented		Restated Once		Restated Twice		Restated 3 Times	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
April	409	90.49%	29	6.42%	13	2.88%	1	0.22%
May	287	82%	55	15.71%	8	2.29%	0	0%
June	229	80.92%	38	13.43%	13	4.59%	3	1.06%
July	355	77.51%	87	19%	16	3.49%	0	0%
August	304	83.06%	52	14.21%	10	2.73%	0	0%
Sept	281	82.40%	50	14.66%	9	2.64%	1	0.29%
Oct	249	82.45%	46	15.23%	7	2.32%	0	0%

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

	The cumulative total for restated requirements at the end of October is implemented 1,430 (82.7%), once 286 (14.1%), twice 61 (3%) and three times 2 (0.2%)
Exception Report:	

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Regulation inspection progress on planned inspection activity for the year

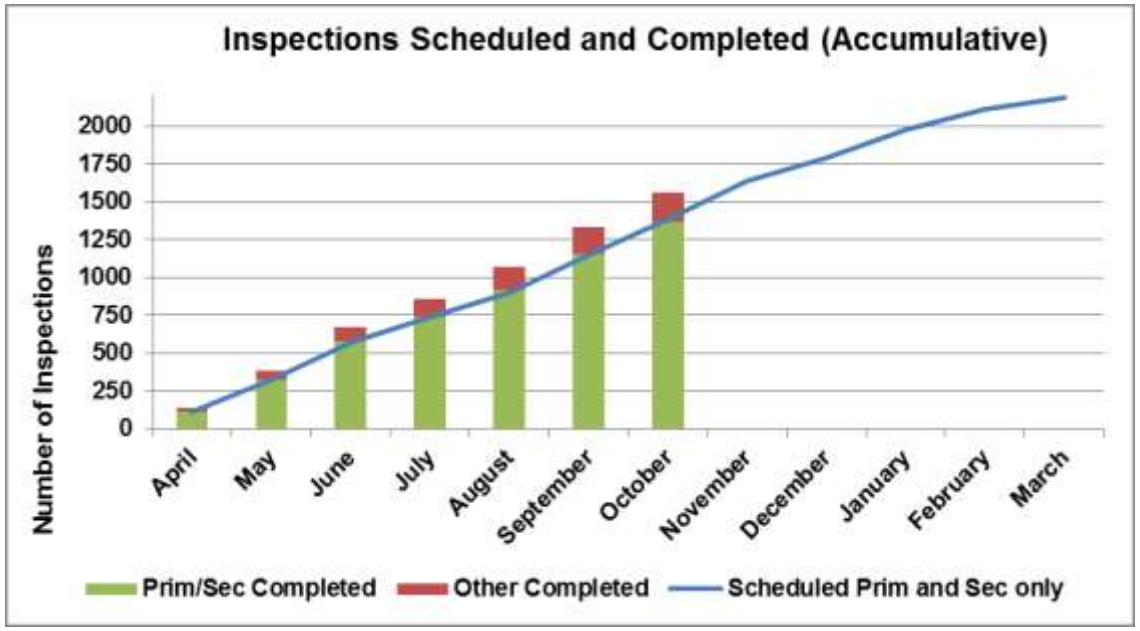
Reporting Frequency: Monthly

Owner: Director of Regulation and Nursing

How do we measure this:

Number of inspections completed planned versus completed

RAG Rating:



Summary

In September and October 523 inspections were planned and 453 in relation to primary and secondary inspections were completed and updated on iConnect.

There is a delay between the time of the inspection and when it is updated on iConnect which means a slight variance between the two figures is anticipated. This KPI is on target.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Hospital Inspection Project (HIP) progress on milestones

Reporting Frequency: Monthly

Owner: Director of Reviews and Medical Director

How do we measure this:

Number of milestones planned and met, monthly & YTD

This project is due to be completed in October 2015

RAG Rating:

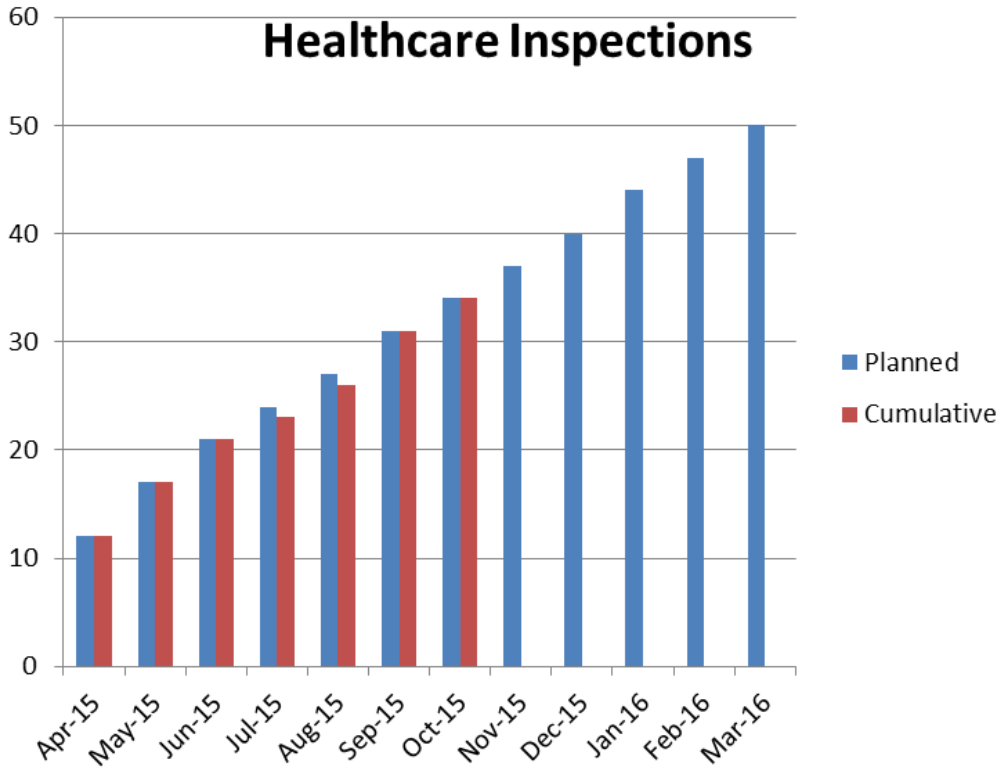
Summary

- There were 3 milestones scheduled to complete between September and October 2015.
- The project to design and deliver a new Acute Hospital Inspection Programme delivered in October 2015.
- The programme went live with the first Acute Hospital Inspection taking place on 21 – 23 October 2015
- This project is now closed.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Healthcare inspection progress on planned inspection activity for the year	
Reporting Frequency: Monthly	**Owner:** Director of Reviews and Medical Director
How do we measure this: Number of inspections planned and delivered (Infection prevention and hygiene)	
RAG Rating:	**Summary** By the end of October 2015, 34 planned inspections had been completed. It is anticipated that the overall plan of 50 inspections for the year will be achieved.
Exception Report:	

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Review Programme progress on milestones

Reporting Frequency: Monthly

Owner: Director of Reviews and Medical Director

How do we measure this:

Number of milestones planned and met, monthly & YTD

RAG Rating:

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Milestones Planned (Cumulative)	1	2	4	8	13	16	20	25	29	33	37	42
Milestones Achieved (Cumulative)	1	2	4	8	13	16	20					

Summary

Milestones of the RQIA Review Programme cover a Delivery Plan agreed for 2015/2016 and for individual reviews: Project Briefs agreed; Fieldwork commenced; First Draft of Review Reports completed and Review Reports being submitted to the DHSSPS. The Review Programme is on track.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

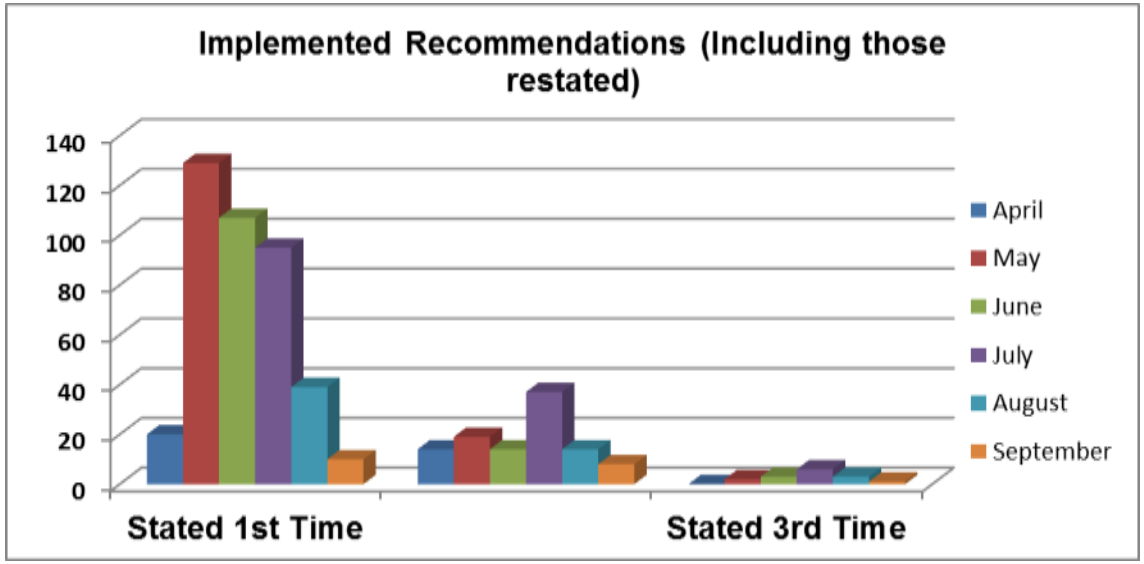
Key Performance Indicator: Number of MHLD recommendations implemented from previous inspection (includes recommendations restated more than once)

Reporting Frequency: Monthly

Owner: Director of MHLD

How do we measure this:

MHLD total number of recommendations restated and restated for the 2nd time



Summary

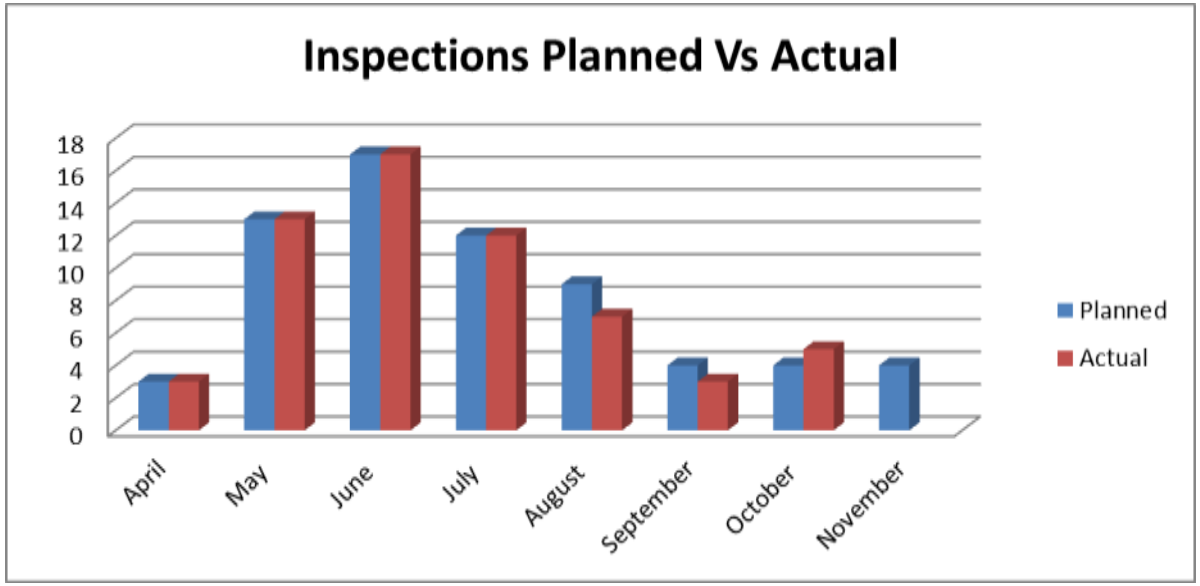
The chart and table show the number of inspections that were implemented after being stated once, twice and third time.

	1st Time	2nd Time	3rd Time
April	20 (44%)	14 (31%)	0
May	129 (63%)	19 (9%)	2 (1%)
June	107 (63%)	14 (8%)	3 (2%)
July	95 (52%)	37 (20%)	6 (3%)
August	39 (54%)	14 (19%)	3 (4%)
September	10 (43%)	8 (25%)	1 (4%)

Note: The figures for October are currently unavailable as the QIPs are not all due in.

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Exception Report:	
Key Performance Indicator: MHLD inspection progress on planned inspection activity for the year	
Reporting Frequency: Monthly	**Owner:** Director of MHLD
How do we measure this: Number of inspections completed planned versus completed	
RAG Rating:	**Summary** In August 2 planned inspections could not be undertaken due to operational and estates issues. Both inspections have been rescheduled to January 2016. One inspection was re-scheduled from September 2015 to November 2015 due to a reorganisation of the inspection schedule. For the period September to December 2016 12 pilot inspections will be undertaken using the new methodology.
Exception Report:	

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 November 2015
Title of Paper	RQIA Director of Regulation and Nursing Report on Registration, Inspection and Enforcement Activity
Agenda Item	7
Reference	D/11/15
Author	Kathy Fodey
Presented by	Kathy Fodey
Purpose	To inform the Board on relevant registration, inspection and enforcement activity since the last board meeting.
Executive Summary	An overview of registration, inspection and enforcement activity
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the updated RQIA Report from the Director of Regulation and Nursing.

Introduction

This report summaries the activity of Regulation Directorate. The report provides an overview of registration and inspection functions along with a review of current enforcement activity.

The report provides a synopsis of:-

- Registration
    - Overview of incidents reported to RQIA
    - Profile of residential and nursing home sector
- Inspection
    - Directorate Review and workforce
- Enforcement
    - Current enforcement activity

Executive Summary

As at 31 October 2015, we are on target to meet the statutory number of inspections as set out within the Fees and Frequencies of Inspections Regulations (DHSSPS 2005). Additional inspections beyond the statutory minimum have been focussed on establishments and agencies where concerns have been identified.

Kathy Fodey

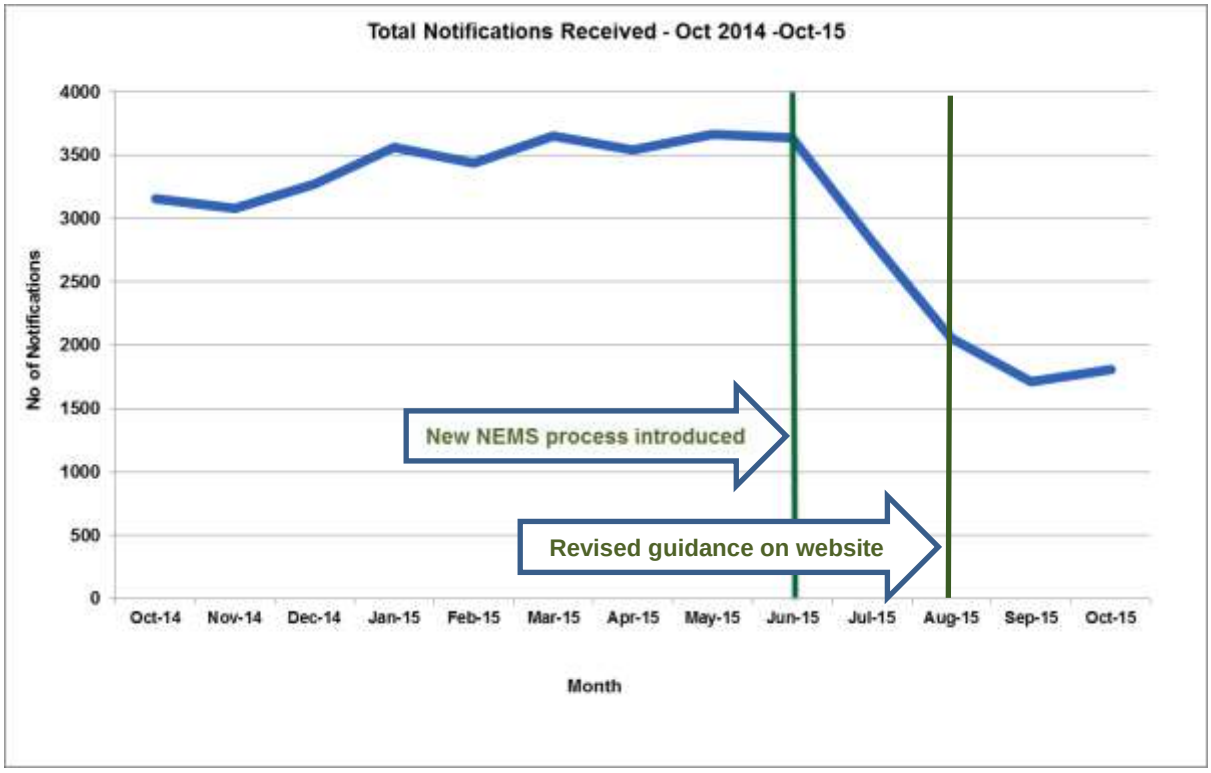
Director of Regulation and Nursing

Section 1: Registration

Incidents Management

The table below provides a further update on improvement achieved from the completion of an improvement work stream that focussed on Notifiable Events Management System (NEMS). A new streamline process was introduced for inspectors to manage notifications. This was followed by the publication of revised guidance on RQIA website. A reduction in the number of inappropriate referrals has been achieved through a managed process of communication between inspector and registered manager.

Table 1: Notifiable events reported to RQIA by month October 2014 to October 2015



Residential and Nursing Home Sector

Table 2: Profile of total number of registered places in residential care homes and in nursing homes 2009 to 2014

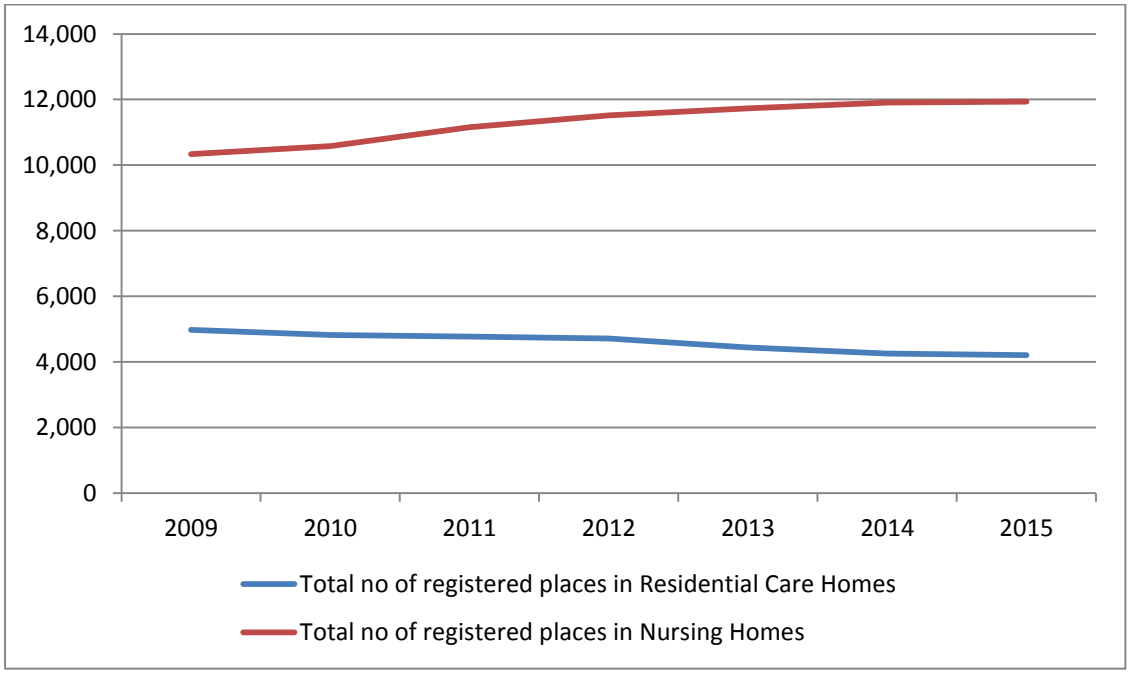


Table 3: Profile of the largest providers of nursing homes

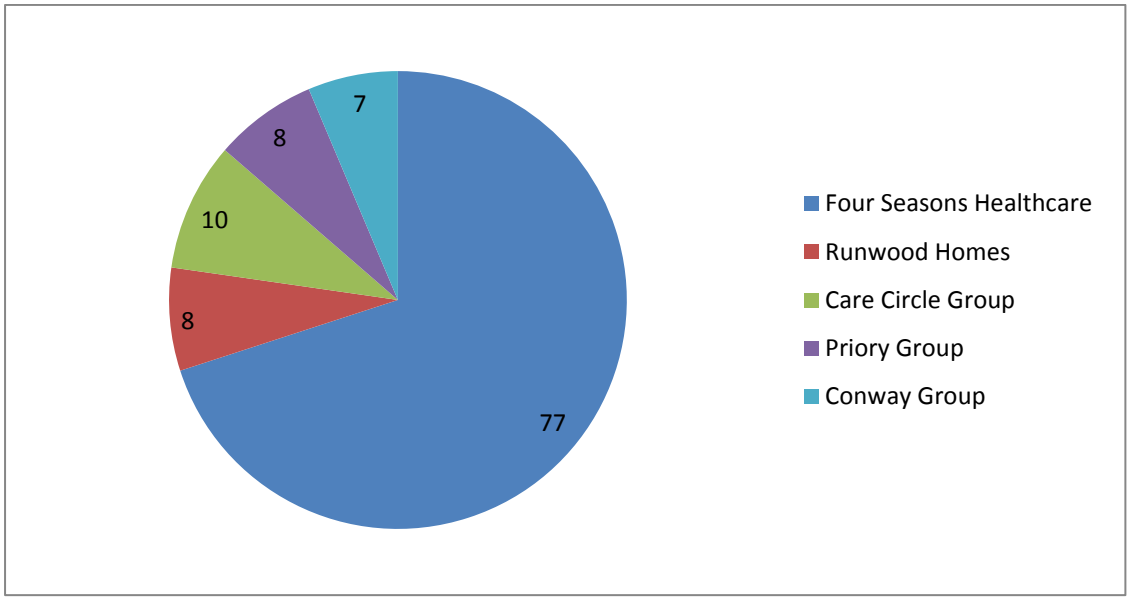


Table 4: Profile of Four Seasons Healthcare by HSC Trust

Trust Area	No. of Homes	No. of Beds
Belfast HSC Trust	21	881
Northern HSC Trust	14	695
South Eastern HSC Trust	26	1069
Southern HSC Trust	12	625
Western HSC Trust	9	422
Total	82	3,692

Table 5: Applications submitted for services pending registration

Service type	Number of applications	Range of bed size
Nursing Home	4	44 to 81
Residential Care Home	2	6 beds each

Section 2: Inspection

Regulation Directorate Workforce Review

The growth in services new to regulation, coupled with both a lack of investment and reduction to core funding has precipitated a need to achieve more with less. A fundamental review of registration and inspection system and process is underway through the Regulation Directorate Improvement Programme in order to reduce unnecessary bureaucracy and release capacity. This change programme is working effectively and recognises the limitations of affecting change whilst maintaining core service delivery.

This review of systems and processes is underpinned by taking forward the recommendations and outputs from Regulation Directorate Review completed by the HSC Leadership Centre over the course of 2014.

Head of Programme

Over the course of 2014/15 a reduction to RQIA budget allocation of 3% resulted in a series of budgetary control measures being introduced across the organisation to include vacancy control. This necessitated a further review of directorate structures and realignment of the allocation of regulated programmes under a model of three Heads of Programme.

- Head of Programme for Adult Residential and Children's Services
- Head of Programme for Day Care, Domiciliary Care and Agencies
- Head of Programme for Nursing Homes and Independent Healthcare

Responsibility for Specialist Inspection teams of Pharmacy, Estates and Finance are also embedded within this structure.

Senior Inspector

In order to make this structure more effective, a review of Senior Inspector level was completed and we are currently in the process of recruiting two permanent additional Senior Inspectors. These posts will be recruited internally to RQIA as the efficiency savings will only materialize if the posts are not backfilled. The net overall effect is a reduction in 1.0 wte. This strengthening of the Senior Inspector tier will support a drive for enhanced quality assurance and performance management to support Heads of Programme.

Inspectors

An improvement work stream is planned to take forward a review of the role of the Band 7 Inspector. The development of consistency across job descriptions, with core and specific elements of the role will provide a baseline against which required skills and competence can be mapped. This will facilitate learning needs analysis so that we may build upon the key knowledge and skills required to deliver a productive, effective and efficient service.

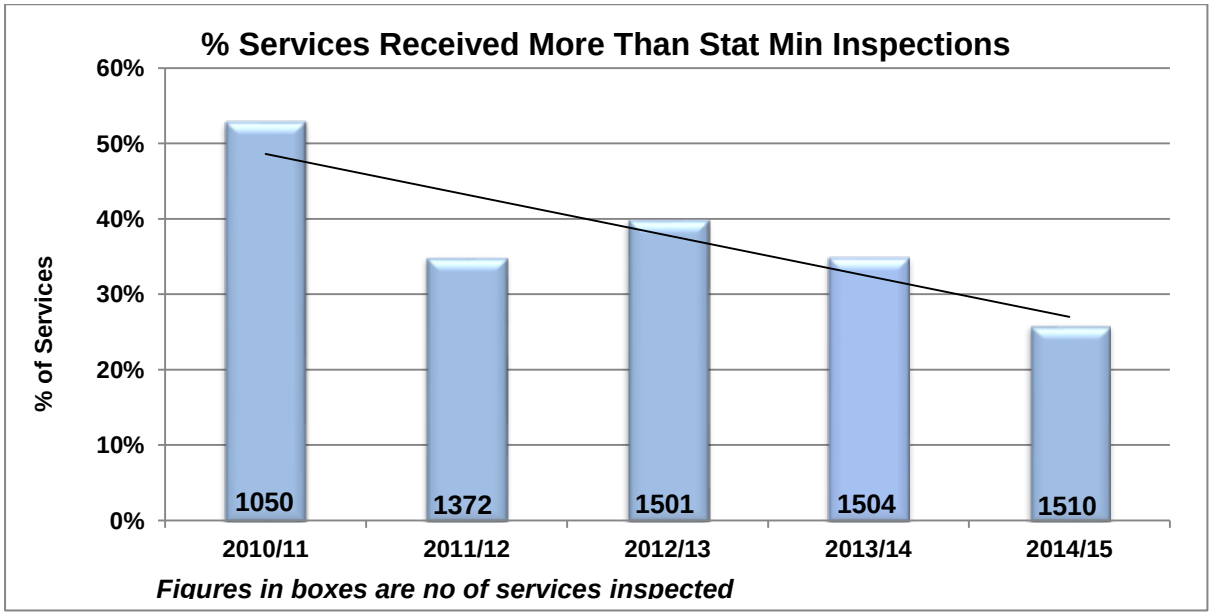
Administration
The review of admin structures is complete with three teams of admin staff aligned to the three programmes. A complete re organisation of seating within the office space has been undertaken and teams are now cohosted together.

Registration
The management of incidents has been alignment to registration and the team is leading on the development, design, testing and implementation of the Web Portal element of iconnect system.

Bank Inspectors
In addition, a review of bank staff is underway to validate the availability and capacity to draw upon a pool of bank inspectors. Induction and training will follow the validation exercise. This forward planning should enable a move effective and timely to workload pressures. To note that at this period in 2014 a number of contingency measures were put in place to address a projected shortfall in meeting the statutory minimum number of inspections.

Workforce / inspection activity
The impact of workforce reduction is described in the table below where the number of inspections conducted above the statutory minimum has reduced over time. The potential for any given establishment or agency to receive inspections focussed on: care, estates; pharmacy and finance is extremely limited. The minimum number of inspections as set out within the Fees and Frequencies of Inspection Regulations is the priority target to meet. Inspections above this limit are identified and coordinated in response to intelligence received and assessment of risk.

Table 6: Inspections above statutory minimum



Section 3: Enforcement

Overview of Enforcement Activity as at 31 October 2015

Enforcement Panels

No panels have been required since the last Board update

Children's Services

Establishment / service	Enforcement / Concern	Update
South Eastern Trust Area	28 July 2015 Three Failure to Comply notices issued relating to - Placement of child beyond stated 4 weeks / 90 days in 3 months - Breach of statement of purpose	Compliance achieved 1 September 2015 for Notice (02) Compliance achieved 29 October 2015 for Notices (01) and (03)
Western Trust Area	21 August 2014 Two Failure to Comply Notices issued relating to - Placement of child beyond stated 4 weeks / 90 days in 3 months - Breach of statement of purpose	Compliance not achieved on 2 October 2015 Notice (01) and (02) extended with compliance required by 6 November 2015
South Eastern Trust Area	28 September 2015 Three Failure to Comply Notices issued	Compliance achieved on 20 October 2015
South Eastern Trust / Regional Service	29/ 30 July 2015 Issues of concern escalated to HSC Trust / HSC Board and DHSSPS	Further inspection and a review planned

Dental Practices

Establishment / service	Enforcement / Concern	Update
Ballymena Dental Care, R McMitchell Dental World Ltd	25 June 2014 Notice of Decision issued to refuse an application for registration	Appeal lodged with Care Tribunal: 25 July 2014 Action: Further letter sent to Care Tribunal on 25 June 2015 requesting that case be listed for hearing Update: 24 June 2015: Interim Orders imposed on Mr McMitchell by General Dental Council
Donaghadee Dental Surgery, R McMitchell Dental World Ltd	4 March 2014 Notice of Decision issued to refuse an application for registration.	Appeal to Care Tribunal lodged: 18 March 2014 Care Tribunal deferred judgement until October 2014 on a commitment from the provider that he would achieve compliance with regulations. 23 October 2014. Necessary certificate obtained by RQIA. No further action permissible by RQIA until Care Tribunal made a determination or the case is withdrawn by Mr McMitchell. June 2014 RQIA submitted statements to Care Tribunal Action: Further letter sent to Care Tribunal on 25 June 2015 requesting that case be listed for hearing Update: 24 June 2015: Interim Orders imposed on Mr McMitchell by General Dental Council
Dundonald Dental Surgery, R McMitchell Dental World Ltd	13 June 2014 Notice of Decision issued to refuse an application for registration	Appeal lodged with Care Tribunal: 8 July 2014 Action: Further letter sent to Care Tribunal on 25 June 2015 requesting that case be listed for hearing Update: 24 June 2015: Interim Orders imposed on Mr McMitchell by General Dental Council

Bradbury Dental Surgery Belfast R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration 14 October 2015 Failure to Comply Notice issued relating to - Pre-employment checks	Appeal lodged with Care Tribunal 22 October 2015 against Notice fo Decision to place condition on registration FTC Notice (01) issued 14 October 2015 Compliance required by 16 December 2015
Crumlin Road Dental Surgery Belfast R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration	Appeal lodged with Care Tribunal 22 October 2015
Glen Dental Surgery, Belfast R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration	Appeal lodged with Care Tribunal 22 October 2015
Lisburn Dental Surgery, Lisburn R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration	Appeal lodged with Care Tribunal 22 October 2015
Mountpottinger Dental Surgery Belfast R McMitchell Dental World Ltd	6 August 2015 Notice of Proposal to place a condition on registration	Appeal lodged with Care Tribunal 22 October 2015
Ballynahinch Dental Care Dr Clare McGowan	1 October 2015 Notice of Proposal to place conditions on registration	Notice of Decision issued 4 November 2015 Period for appeal to Care Tribunal expires 4 December 2015

Domiciliary Care Agencies

Establishment / service	Enforcement / Concern	Update
MPA Home Care DCA Londonderry Mrs Mary Pat O'Kane	12 August 2014 Failure to Comply Notice issued relating to - quality monitoring of services	Compliance required by 11 November 2015
Connected Health DCA Ltd, Belfast Douglas Adams	26 October 2015 Failure to Comply Notice issued relating to - pre-employment checks	Compliance required by 12 January 2016

Nursing Homes

Establishment / service	Enforcement / Concern	Update
Maine Nursing Home, Randalstown Adarra Developments Ltd	June 2013: Two conditions on registration 1. hours worked by the nurse manager will be supernumerary 2. 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. July 2014, Notice of Proposal to cancel registration of Adarra Developments Ltd October 2014: Following consideration of representation on 15 August 2014 RQIA decision making panel decided not to implement the NOD and the NOP was withdrawn	October 2014 the proprietors of Maine Nursing Home appeared at Antrim Courthouse on 27 October 2014 to answer charges in relation to the death of a resident which occurred on 8 April 2013. Update: Court date 12 October 2015 unable to proceed, new date to be arranged

Colinvale Nursing Home, Belfast Mr Raymond Murphy	Previous enforcement activity 2014/15: 17 Failure to Comply Notices issued relating to breaches in care, estates, pharmacy and finance regulations. A total of 16 inspections were undertaken over the course of the inspection year and improvements were made in all areas sufficient to lift all Notices. Conditions were placed on registration of the home to include the cessation of admissions and these were removed in April 2015 14 September 2015 Four failure to Comply Notices issued relating to - care practice - care planning - management - staffing Conditions placed on registration to: (01) No new admissions (02) nurse manager to take control of the day to day management and control of Colinvale Court. (03) Reg 29 visit reports to be submitted to RQIA	Compliance achieved FTC Notices (02) and (03) on 20 October 2015 FTC Notices (01) and (04) extended on 20 October 2015. Compliance required by 16 November 2015 NOP Notice issued on 14 September 2015 Representation expired on 15 October 2015 NOD Notice issued on 16 October 2015. Appeal to Care Tribunal expires 16 November 2015
Cregagh Nursing Home Belfast Spa Nursing Homes Ltd	9 July 2015 One Failure to Comply Notices issued relating to: - Medicines administration	Compliance not achieved on 11 September 2015 and Notice (01) extended. Compliance achieved 12 October 2015

Residential Care Homes

Establishment / service	Enforcement / concern	Update
Bawn Cottage Residential Care Home, Hamiltonsbawn Mr N and Mrs M Wylie	31 January 2014 Prosecution action ongoing	Court date 01 December 2015
Hebron House Residential Care Home, Markethill Mr N and Mrs M Wylie	31 January 2014 Prosecution action ongoing	Court date 01 December 2015

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 November 2015
Title of Paper	Summary Finance Report
Agenda Item	8
Reference	E/11/15
Author	Jonathan King
Presented by	Maurice Atkinson
Purpose	To present RQIA's summary financial position as at 30 September 2015 along with other pertinent financial information.
Executive Summary	Forecast breakeven
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this update.

FINANCE REPORT

Funding / Revenue Resource Limit (RRL)

RQIA's current RRL position is summarised below:

	£
2014/15 RRL C'Fwd	6,703,729
Savings Requirement - 3.0% (Recurring)	(201,112)
GAIN transfer of Funding (Recurring)	400,000
Employer Pension contribution increase	148,202
2015/16 RRL	7,050,819

The Employer pension contribution increase funding was allocated non-recurrently on a budgeted staff position basis. As this allocation was specifically ring fenced for its intended purpose and as RQIA continues to carry several staff vacancies it is anticipated that we will be required to surrender £6-10K of this funding in year. This funding will be provided recurrently without ring fence in 2016/17.

It continues to be anticipated that a further £38K will be received non-recurrently to fund a Clinical Excellence Award.

Revenue Position

RQIA's expenditure up to and including September 2015 equalled £3.73 million compared to income of £3.98 million creating a year to date under spend of £254K. The year to date under spend is generated mainly through slippage on vacant posts and partly through the timing of non-pay expenditure.

The forecast outturn expenditure was £7.97 Million. At the 30th September confirmed funding, anticipated additional net funding, and anticipated income equalled £7.95 Million leading to a forecast surplus of £20K. This forecast position is based on a number of operational assumptions in relation to both expenditure and income.

Capital Resource Limit (CRL)

RQIA's current CRL allocation stands at £29,730 for 2015/16. This relates exclusively to the Website Replacement Project which has a total anticipated cost of £39,730. The supplier for this project has been selected and a timetable for delivery is being finalised. The in year CRL allocation for this project will be adjusted to match the delivery schedule.

A combined bid has been submitted for funding in relation to iConnect project management support and the implementation of an updated iConnect enforcement module totalling £128K. Confirmation of funding in relation to this business case addendum is anticipated imminently from DFP.

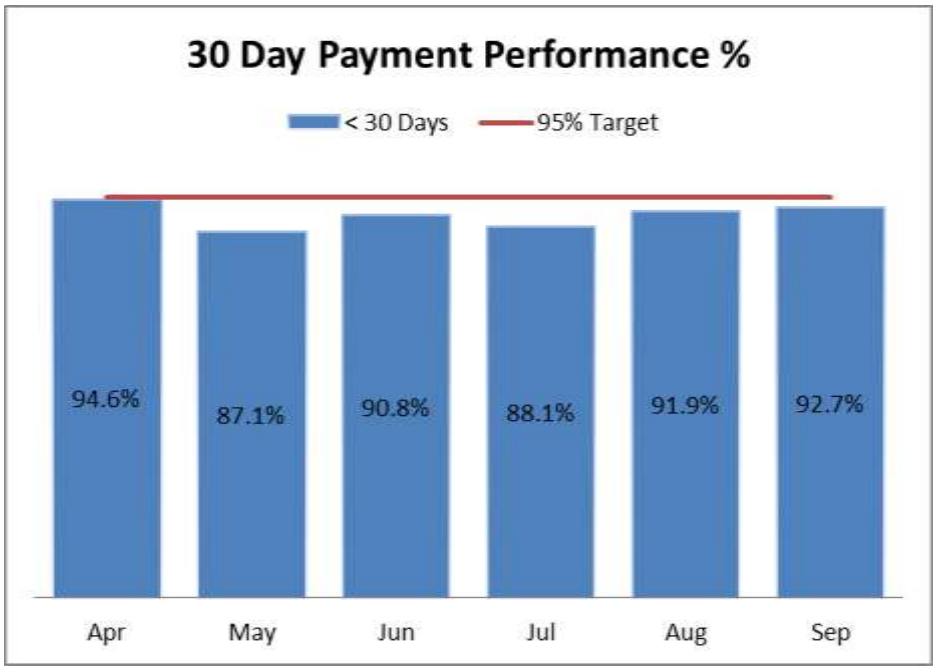
In relation to the 2015/16 ICT refresh programme the preliminary notification is that RQIA will receive £65K. Formal confirmation should be received by early Q4.

Prompt Payment Compliance

The prompt payment target requires the payment of 95% of invoices within 30 days of receipt of goods/service or receipt of invoice, whichever comes later. A second target was agreed with the Department to pay 70% of invoices within 10 days.

From April to September BSO Shared Service's (SS) paid 676 invoices on RQIA's behalf, of which 615 were processed within the 30 day target. Therefore cumulatively to August our prompt payment percentage equals 91.0%.

The following graph summarises the monthly 30 day performance:

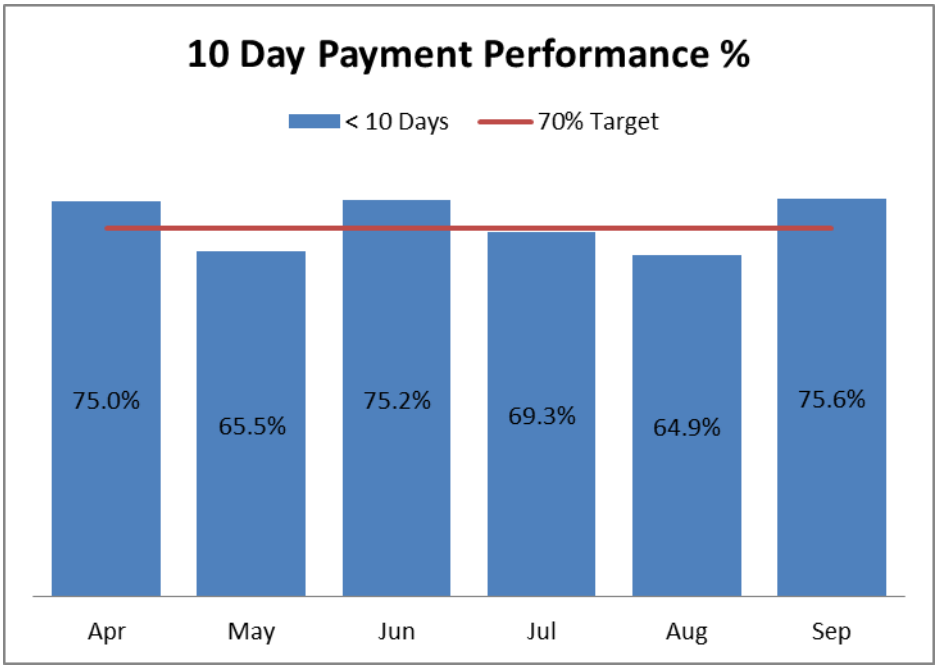


RQIA Finance continues to work internally to improve procurement performance and invoice turnaround times with Managers while also liaising with BSO Accounts payable to improve payment performance.

Although our performance remains below target the current cumulative position of 91% represents a much improved position from 2014/15 which on a monthly basis generally scored in the low eighties.

Of the 676 invoices paid by SS's over April to September 484 were paid within 10 days. This equates to a cumulative 10 day prompt payment performance of 71.6% meeting the required cumulative target. This position also represents a marked improvement from 2014/15.

The following graph summarises the monthly 10 day performance:



Outstanding Annual Fees (Debtors)

Annual Fee invoices for 2015/16 were issued in Quarter 1. As at the 30th of September just over 95% of Annual Fee income had been received leaving £38K still to be recovered. This performance is similar to previous years and final demands were issued on the 25th September.

Of the £38K outstanding almost £29K relates to two HSC Trusts. The residual £9K is spread across 31 establishments with an average debt of £290 each. Therefore the commercial risk to RQIA of non-payment is relatively low and I expect to fully recover all outstanding fees in advance of year end.

All outstanding Annual Fees for 2014/15 have been recovered.

Recommendation

It is recommended that the Board **NOTE** the Finance report including Procurement Assurance.

Maurice Atkinson
Director of Corporate Services

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 November 2015
Title of Paper	Corporate Performance Report
Agenda Item	9
Reference	F/11/15
Author	Stuart Crawford
Presented by	Director of Corporate Services
Purpose	The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan linked to its strategic themes as described in the Corporate Strategy 2015-18. The report will present a **cumulative** picture of corporate performance and summarise key achievements and issues.
Executive Summary	At the end of the second quarter of 2015-16, 89% of the actions within the Corporate Performance Report are on target for completion.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the Corporate Performance Report

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 November 2015
Title of Paper	Risk Management Strategy
Agenda Item	10
Reference	G/11/15
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 Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Risk Management Strategy was approved by the Audit Committee on behalf of the Board, on 22 October 2015. It is recommended that the Board should **NOTE** this Risk Management Strategy.
Next steps	Not applicable

Risk Management Strategy 2015/16

Policy Type:	Strategy
Directorate Area:	Corporate Services
Policy Author / Champion:	Planning & Corporate Governance Manager
Equality Screened:	N/A
Date Approved by EMT:	October 2015
Date Approved by Audit Committee:	October 2015
Date of Issue to RQIA Staff:	
Date of Review:	March-June 2016

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.

1.1 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 business objectives and which will also facilitate the effective recognition and management of such risks.

1.2 Corporate Governance

'Corporate Governance' is the system by which an Arms-Length Body (ALB) is directed and controlled, at its most senior levels, in order to achieve its objectives and meet the necessary standards of accountability, probity and openness.

Internal control is fundamental to the management of risk, with a sound system of internal control which depends upon thorough and regular evaluation of the nature and extent of risks that an ALB is exposed to.

1.3 What is Risk Management?

Risk is the possibility of an event or activity impacting adversely on an organisation, preventing it from achieving organizational objectives and outcomes. It includes consideration of what, when, where and how events and or activities could prevent, degrade, delay or enhance the achievement of organizational objectives.

Risk is the chance of something happening that will have an impact on RQIA's business or objectives

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

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

opportunities', the Australia/New Zealand Standard 4360:2004 Risk Management.

The process of identifying and managing risk in RQIA is to increase the probability of success and reduce the opportunity of failure

1.4 Why Manage Risk in RQIA?

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 thus ensuring:

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

1.5 Policy Statement on Risk Management

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 Northern Ireland. 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.

RQIA's Risk Management policy is to adopt best practice in the identification, evaluation and cost-effective control of risks, to ensure that they are either eliminated or reduced to an acceptable level.

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

2.0 Risk Management Strategy

Risk management in RQIA, 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.

It is important that the Risk Management Strategy does not focus upon risk avoidance but on the identification and management of an acceptable level of risk.

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.

2.1 Aims & Objectives

RQIA's Risk Management Strategy aims to:

- Integrate risk management into the culture of the organisation
- Manage risk in accordance with best practice
- Ensure compliance with DHSSPS guidelines
- Ensure compliance with legal and regulatory requirements
- Minimise the cost of identified risks and maximize the benefit of opportunities
- Anticipate and respond to changing social, political, environmental, technological and legislative requirements; and
- Raise awareness of the need for risk management and provide clarity on how risk is to be approached and managed

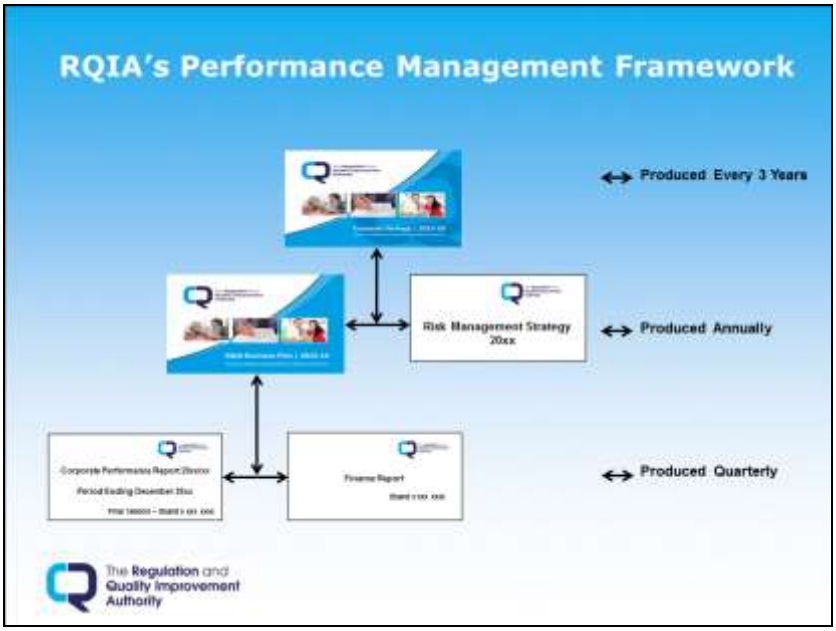
This will be achieved by:

- Establishing clear roles, responsibilities and reporting lines within RQIA for risk management
- Embedding risk management into organisational decision making processes, activities, programmes and all levels of planning
- Providing opportunities for training and shared learning on risk management across the organisation, including Board Members and Audit Committee
- Providing a framework to identify key risk areas, including the provision of risk registers at Corporate and Directorate level
- Implementing best practice risk management arrangements in accordance with Controls Assurance Standards (CAS) in the following areas; Corporate Governance, Financial Management, ICT, Risk Management, Records Management, Business Continuity and Health & Safety
- Holistic review of the risk profile of RQIA on a regular basis by Executive Management Team (EMT), Board and Audit Committee
  Independent validation of Risk Management processes by Internal / External Audit to ensure they are robust and in line with best practice

2.2 Benefit of a Risk Management Strategy

RQIA Risk Management Strategy provides assurance to the Accounting Officer, Board, Audit Committee and Management on the adequacy of arrangements for delivering RQIA services and programmes and the use and application of resources. The implementation of the strategy leads to a greater risk awareness, improved control environment and protection of RQIA's integrity and reputation with service users and the wider Health community.

The Risk Management strategy also supports RQIA with the successful delivery of its Corporate Strategy and is an integral part of RQIA's Performance Management Framework.



3.0 Risk Management Framework

A **robust structure** of accountability and responsibility is required as part of a control environment (i.e. governance, risk management and internal control).

In RQIA, the Accounting Officer (Chief Executive) has responsibility for maintaining a sound system of internal control that supports the achievement of policies, aims and objectives, whilst safeguarding public funds and RQIA's assets. This involves putting a system in place to ensure that all Directorates identify the key risks to the achievement of RQIA's objectives. The Accounting Officer reports annually on RQIA's system of internal control in the Statement on Internal Control.

Strong leadership and clear ownership at Accounting Officer level is essential in embedding an organisational risk management culture. RQIA's risk management strategy outlines the roles and responsibilities for the risk management process.

3.1 Risk Management in practice: Roles and Responsibilities

Accounting Officer:

- Retains ultimate responsibility for RQIA's system of internal control and ensures that an effective risk management process is in place and is regularly reviewed
- Provides clear direction to staff
- Establishes, promotes and embeds an organisational risk culture
- Reports to the Board and Audit Committee

Board:

- Establishes and oversees risk management procedures
- Approves the risk management strategy annually
- Ensures appropriate monitoring and management of significant risks within RQIA
- Challenges the Executive Management Team (EMT) to ensure that all key risks have been identified and managed appropriately
- Receives and approves the Corporate Risk Assurance Framework Report quarterly
- Ensures that an effective internal audit function is established and maintained

Audit Committee:

- Reports to the Board on the effectiveness of the system of internal control and alerts the Board to any emerging issues
- Recommends the risk management strategy for approval by the Board
- Takes responsibility for the oversight of the risk management process
- Oversees internal audit, external audit and the implementation of the Controls Assurance Standards (CAS)

- Reviews and recommends the Corporate Risk Assurance Framework Report for approval by the Board
- Engages with EMT to conduct annual horizon scanning of risk environment impacting on services of RQIA

Executive Management Team:

- Determines RQIA's approach to risk management
- Ensures risk management is embedded into all processes and manages / reviews the Risk Assurance Framework Report on behalf of the Board and Audit Committee
- Implements policies on risk management and internal control
- Identifies issues that significantly affect RQIA's risk profile or exposure
- Continually monitors the identification and management of significant risks and ensure that actions to remedy control weaknesses are implemented
- Reports to Audit Committee and the Board on risk management matters
- Annually reviews RQIA's approach to risk management and recommends changes or improvements to key elements of its processes and procedures to Board and Audit Committee
- Engages with Audit Committee to conduct annual horizon scanning of risk environment impacting on RQIA
- Consider which risks should be escalated to the Corporate Risk Register

Directorates:

- Ensure risk management is embedded into all processes and activities
- Identify and assess individual risks
- Ensure that actions to manage risks are carried out within their designated area and is adequately reflected in the directorate risk register with an appropriate risk rating
- Ensure that risks are captured appropriately on Directorate Risk Registers

Corporate Services (Risk Management Function):

- Facilitates regular review of the Corporate Risk Assurance Framework and Risk Management Strategy on behalf of the Board and Audit Committee
- Maintains the risk register under the direction of risk owners and updates or amends the risk register as necessary
- Regularly reviews the contents of risk registers with a view to ensuring that risk actions are being completed and monitored

Staff:

- Responsibility for the identification of risk and report the risk to the appropriate line manager or Director
- Carry out risk actions identified and delegated by the risk owners
- Maintains awareness of RQIA's risk management strategy and key risks faced by RQIA and attend risk management training
- Ensures that duties and responsibilities relating to controls are fully discharged

Internal Audit:

- Provides independent opinion on the overall adequacy and effectiveness of RQIA's framework of governance, risk management and Controls Assurance Standards (CAS) to the Accounting Officer, Board and Audit Committee
- Provides support and guidance on risk management best practice

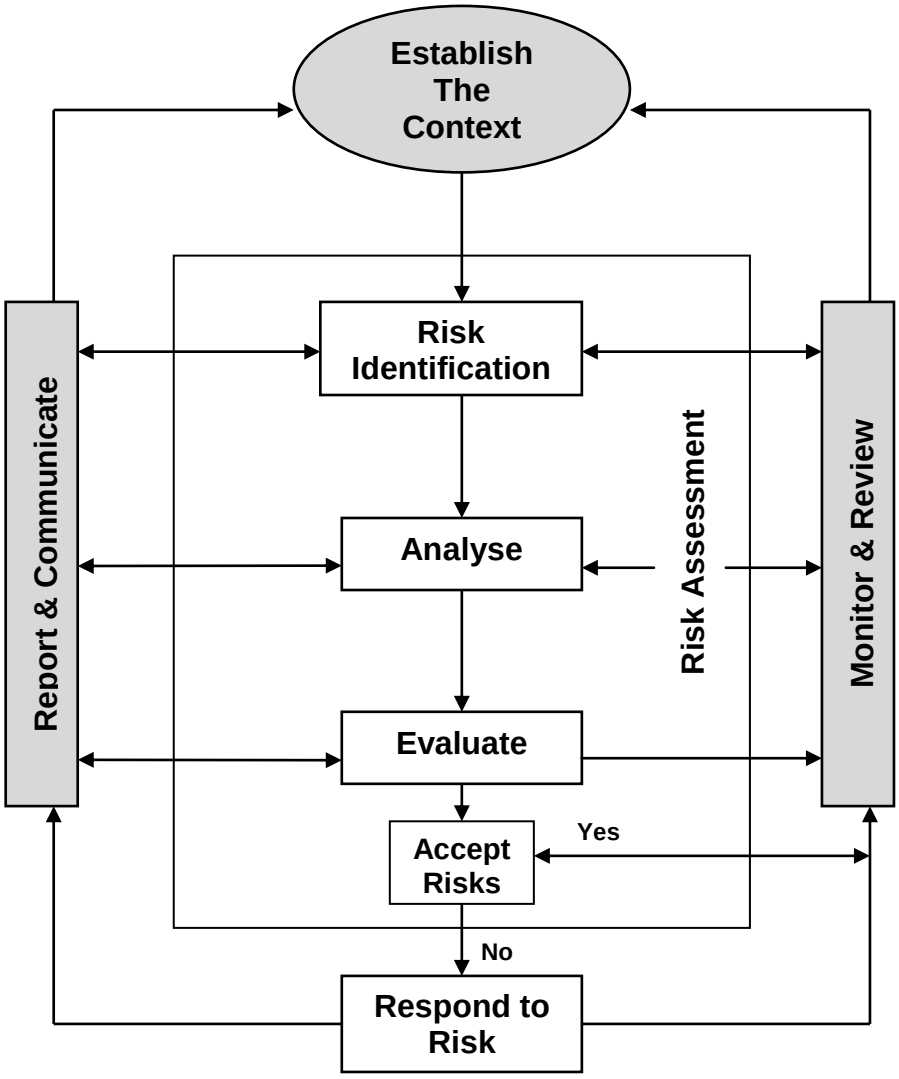
4.0 RQIA's Risk Management Process - Assessment & Review Cycle

The model in the next 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



4.1 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 strategic themes 2015-18 is inherent in the way RQIA plans and manages its business. RQIA's Strategy Map 2015-18 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.

4.2 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 Audit Committee members and EMT attend an annual 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. On an annual basis Board Members from the Audit Committee support by the EMT complete an annual horizon scan to identify and mange future risks. To help in ensuring that all potential risks are evaluated, **Appendix 2** includes a list of potential categories and example risks.

4.3 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	£20,000
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	£20,000 – £50,000
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	£50,000 – £250,000
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	Over £250,000

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				

4.4 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.

4.5 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.

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 SAIs
- 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.

4.6 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" is 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				

5.0 Risk Appetite

Through our programmes of inspections and reviews RQIA is concerned with monitoring and assessing a range of different risks to the safe, effective and compassionate delivery of health and social services to service users. We must also manage the risks to RQIA in terms of understanding and controlling the amount of risk the organisation can bear.

As part of managing risk it is important to clearly formalise and articulate RQIA's risk appetite. Risk appetite may be defined as the amount of risk an organisation is willing to accept in pursuit of its strategic objectives.

The RQIA Board is responsible for setting the risk appetite of the organisation. RQIA generally has a low tolerance for risk. This statement will inform all RQIA plans which must be consistent with it. The adoption of a low tolerance to risk is designed to ensure RQIA maintains its independence and high levels of public confidence in our regulatory and improvement activities. However, we do recognise that there will be occasions when we need to take risks to protect the public. We will take these risks in a deliberate and thoughtful way. RQIA's lowest risk tolerance relates to our statutory obligations and the health and safety of all employees, with a marginally higher risk tolerance towards our strategic, business and individual project objectives.

The range of risks which RQIA faces falls into five major categories:

- Financial
- Information
- Regulatory & Legal
- Operational
- Reputational

These risks can impact us strategically or operationally and they are not distinct. For example, taking risks to maintain our reputation as a regulator may expose us to legal risk.

Risk can never be completely eliminated in an organisation but high performing organisations ensure that they focus on the right risks and use consideration of risk to drive the decisions they make.

The Board will review this risk appetite statement and agree any changes on an annual basis, unless it requires revision in response to any significant risks being realised.

6.0 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.

7.0 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.

Appendix 1

Vision

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

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

Stakeholders Outcomes

Our stakeholders require us to make independent and robust assessments to determine:

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

Strategic Themes

To deliver our corporate strategy over the next three years, RQIA will focus on the following themes:

Delivering Operational Excellence
Improving the delivery of our core functions, taking account of best practices

Develop and Execute New Capabilities
Adapting our inspection and review programmes to address emerging needs and priorities

Use Resources Effectively
Concentrate our talents and resources where they are most required, in activities which have the greatest impact for service users

Continuously Improve Key Systems and Processes
Developing and delivering quality improvement workstreams

Focus Improvement Activities on Outcomes
Pursuing opportunities to drive quality improvement across health and social care

Develop and Enhance Effective External Relationships
Communicating effectively with all our stakeholders, and sharing information with other organisations

Actively Lead Change and Manage Risk
Implementing RQIA's strategic change programme, whilst managing known risks and maintaining a strong focus on our core activities

Values

Independence « Inclusiveness « Integrity « Accountability « Professionalism « Effectiveness

Vision
Purpose
Stakeholders Outcomes
Strategic Themes
Values

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

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 November 2015
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	11
Reference	H/11/15
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 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. The risks are now grouped into five major categories which RQIA faces: • Financial • Information • Regulatory & Legal • Operational • Reputational
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 in February 2016.

The Regulation and Quality Improvement Authority

CORPORATE RISK ASSURANCE FRAMEWORK

RQIA Board November 2015

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EXECUTIVE SUMMARY

Risk Log – July 2015				
LOW RISKS	MEDIUM RISKS	HIGH RISKS	EXTREME RISKS	TOTAL NUMBER OF RISKS
0	6	3	0	9

Risk ID	Description of Change	Details	Date Changed	Risk Rating
Operational Risks				
Risk 1 There is a risk that RQIA will be unable to meet the minimum frequencies of inspections of all regulated services in 2015/16, as set out in the Fees and Frequencies of Inspections Regulations (2005), caused by the increased demand for additional inspections in some regulated services in response to failings to meet minimum standards and investigations of whistleblowing disclosures.	**Reworded**	Risk description reworded from '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'.	10/06/2015	**L/M**
	Columns Updated	Key Controls and Assurance on Controls reviewed and updated.		
	1 Action Implemented	Regulation business case moved from Actions Proposed to a Key Control.		
Risk 2 There is a risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models. This may result in some new services not being registered and brought within an appropriate regulation framework.	**Reworded**	Risk description reworded from 'There is a risk to RQIA's reputation that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models. This may result some new services not being registered and brought within an appropriate regulation framework'.	10/06/2015	**M/M**
Previously Risk 4 There is a risk that RQIA fails to make use of appropriate information to inform an assessment of the safety and quality of all service providers. This may be caused by a lack of knowledge and understanding of the various sources of relevant information held by other regulators / bodies / trusts /	**De-escalated**	This risk was downgraded and it was agreed that it should be de-escalated and managed through the Corporate Services, Regulation and Nursing, MHLD and Reviews directorate risk registers.	10/06/2015	**Changed from M/M to L/M**

Risk Log – July 2015					
LOW RISKS	MEDIUM RISKS	HIGH RISKS	EXTREME RISKS	TOTAL NUMBER OF RISKS	
0	6	3	0	9	
Risk ID	**Description of Change**	**Details**		**Date Changed**	**Risk Rating**
service users & families etc. This may result in RQIA failing to take appropriate regulatory actions in response to inspections.					
Risk 4 There is a risk that RQIA fails to respond and learn from the recommendations from the 'Independent review of the actions taken in relation to concerns raised about the care delivered at Cherry Tree House Nursing Home' and to the recommendations in the 2014/15 Internal Audit special assignment. This may result in a failure to take appropriate regulatory action to protect and safeguard service users which in turn could lead to a loss of public confidence in the RQIA's delivery of its core activities.	**Reworded**	Risk description reworded from 'There is a risk that RQIA fails to respond and learn from the recommendations from the 'Independent review of the actions taken in relation to concerns raised about the care delivered at Cherry Tree House Nursing Home'. This may result in a loss of public confidence in the RQIA's delivery of its core activities'.		10/06/2015	**H/M**
Risk 5 There is a risk that RQIA may be unable to sustain and further develop a robust programme of unannounced inspections of acute hospitals, due to resource constraints and other extraneous factors beyond our immediate control, which may result in RQIA failing to provide the public with the necessary assurance that services in acute hospitals, are safe, effective and compassionate.	**New Risk**			14/10/2015	**L/H**

Risk Log – July 2015				
LOW RISKS	MEDIUM RISKS	HIGH RISKS	EXTREME RISKS	TOTAL NUMBER OF RISKS
0	6	3	0	9

Risk ID	Description of Change	Details	Date Changed	Risk Rating
Reputational Risks				
Risk 6 There is a risk that RQIA will not break even on income and expenditure at 31 March 2016 caused by significant financial pressures and a further recurring reduction of 3% in baseline funding for 2015/16 which was notified by the Director of Finance DHSSPS on 9 February 2015. This may result in RQIA's accounts receiving a qualified audit opinion and increased financial scrutiny from DHSSPS.	**Reworded**	Description of risk reworded from: "There is a risk that RQIA will not break even on income and expenditure at 31 March 2016 caused by a recurring reduction of 3% in baseline funding for 2015/16 which was notified by the Director of Finance DHSSPS on 9 February 2015."	10/06/2015	**L/H**
	Action Implemented	Action 'Development and implementation of a 2015-16 Savings Plan to meet the 3% reduction in RQIA's RRL (£201,112)' moved into Key Controls as 'Developed a 2015-16 Savings Plan etc'		
	2 Actions Added	• Continue to deliver the 2015-16 Savings Plan. • Seeking clarification from BSO HR about releasing the voluntary exit scheme.		
Financial Risks				
Risk 7 There is a risk that RQIA will not break even on income and expenditure at 31 March 2016 due to the significant financial pressures caused by the current climate of austerity. This may result in RQIA's accounts receiving a qualified audit opinion and increased financial scrutiny from DHSSPS.	**New Risk**		10/06/2015	**M/M**
Risk 8 There is a risk that the delivery of critical corporate functions may be compromised caused by the potential outsourcing of these functions to a BSO shared services centre. This may result in in less accountable, responsive and flexible service provision to RQIA.	**New Risk**		10/06/2015	**M/M**

Risk Log – July 2015					
LOW RISKS	MEDIUM RISKS	HIGH RISKS	EXTREME RISKS	TOTAL NUMBER OF RISKS	
0	6	3	0	9	
Risk ID	Description of Change	Details		Date Changed	Risk Rating
Information Risks					
Risk 9 There is a risk that the business case to secure capital funding for the iConnect Project Manager post from 1 April to 31 December 2015 will not be approved by DFP. This may result in serious problems in effectively progressing the implementation of Phase 1B of the iConnect project and the funding for the post will have to be sourced from RQIA's revenue budget from 1 April until the contract ends.	**New Risk**			18/06/15	**M/H**

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, No long term consequences	Local press interest, Local public or political concern	Civil action – no defence Improvement notice	£20,000
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	£20,000 – £50,000
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,	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	£50,000 – £250,000

Level of impact	Quality/ system failure	Public confidence and reputation	Complaint or claim	Financial loss
	Significant long term consequences			
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	£250,000

Risk Scoring Matrix

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				

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" is 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 Appetite

Risk appetite is defined as the 'amount of risk to which the organisation is prepared to accept, tolerate, or be exposed to at any point in time'[1] i.e. limiting exposure to an acceptable level for the expected gains, by identifying the amount of risk that can be tolerated.

The level of risk judged appropriate for RQIA to tolerate, is expressed at a corporate level, and for each of the key risk areas within the organisation. These key risk areas have been defined as: Financial; Information; Regulatory & Legal; Operational; and Reputational.

RQIA operates within a low overall risk range. RQIA's lowest risk appetite relates to our statutory obligations and the health and safety of all employees, with a marginally higher risk appetite towards our strategic, business and individual project objectives.

[1] HM Treasury Orange book

RISK SCORING MATRIX

IMPACT	*Risk Scoring Matrix*				
5 - Very High (VH)					
4 - High (H)		5,6	9		
3 - Medium (M)		1	2,7,8	3,4	
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 RQIA will be unable to meet the minimum frequencies of inspections of all regulated services in 2015/16, as set out in the Fees and Frequencies of Inspections Regulations (2005), caused by the increased demand for additional inspections in some regulated services in response to failings to meet minimum standards and investigations of whistleblowing disclosures.

RISK 2 There is a risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models. This may result in some new services not being registered and brought within an appropriate regulation framework.

RISK 3 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.

RISK 4 There is a risk that the delivery of critical corporate functions may be compromised caused by the potential outsourcing of Finance, ICT, Information Governance, Premises Management and Health &Safety to a BSO shared services centre. This may compromise RQIA's independence and result in a loss of operational capability and a service which is less accountable, responsive and flexible.

Risk 5 There is a risk that RQIA may be unable to sustain and further develop a robust programme of unannounced inspections of acute hospitals, due to resource constraints and other extraneous factors beyond our immediate control, which may result in RQIA failing to provide the public with the necessary assurance that services in acute hospitals, are safe, effective and compassionate.

RISK 6 There is a risk that RQIA fails to respond and learn from the recommendations from the 'Independent review of the actions taken in relation to concerns raised about the care delivered at Cherry Tree House Nursing Home' and to the

recommendations in the 2014/15 Internal Audit special assignment. This may result in a failure to take appropriate regulatory action to protect and safeguard service users which in turn could lead to a loss of public confidence in the RQIA's delivery of its core activities.

RISK 7 There is a risk that RQIA will not break even on income and expenditure at 31 March 2016 due to the significant financial pressures caused by the current climate of austerity. This may result in RQIA's accounts receiving a qualified audit opinion and increased financial scrutiny from DHSSPS.

RISK 8 There is a risk that RQIA will continue to lose critical posts, as a result of austerity measures, including the recurring 3% efficiency savings, Agenda for Change pay restraint, and opportunities for career progression outside RQIA, combined with increasing challenges which will impact on future workforce demands and internal capacity and capability. This may result in RQIA failing to deliver its core functions thus not being able to provide the required level of assurance.

RISK 9 There is a risk that the business case to secure capital funding for the iConnect Project Manager post from 1 April to 31 March 2016 will not be approved by DFP. This may result in serious problems in effectively progressing the implementation of Phase 1B of the iConnect project and the funding for the post will have to be sourced from RQIA's revenue budget from 1 April until the contract ends.

Vision

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

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

Stakeholders Outcomes

Our stakeholders require us to make independent and robust assessments to determine:

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

Strategic Themes

To deliver our corporate strategy over the next three years, RQIA will focus on the following themes:

Delivering Operational Excellence
Improving the delivery of our core functions, taking account of best practices

Develop and Execute New Capabilities
Adapting our inspection and review programmes to address emerging needs and priorities

Use Resources Effectively
Concentrate our talents and resources where they are most required, in activities which have the greatest impact for service users

Continuously Improve Key Systems and Processes
Developing and delivering quality improvement workstreams

Focus Improvement Activities on Outcomes
Pursuing opportunities to drive quality improvement across health and social care

Develop and Enhance Effective External Relationships
Communicating effectively with all our stakeholders, and sharing information with other organisations

Actively Lead Change and Manage Risk
Implementing RQIA's strategic change programme, whilst managing known risks and maintaining a strong focus on our core activities

Values

Independence « Inclusiveness « Integrity « Accountability « Professionalism « Effectiveness

Vision
Purpose
Stakeholders Outcomes
Strategic Themes
Values

ACTION BY DATE CALENDAR

Directorates	April-15	May-15	June-15	July-15	Aug-15	Sept-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	March-16	On-going
Chief Executive (CE)										6			2,6,7,8
Corporate Services (CS)												4,8	4,7,9
Regulation & Nursing (R&N)													1,5,6
MHLD & Social Work (MHLD)													3
Reviews (R)												5	5
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
	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
Operational Risks												
Strategic Theme : 1 - Deliver Operational Excellence												
1	There is a risk that RQIA will be unable to meet the minimum frequencies of inspections of all regulated services in 2015/16, as set out in the Fees and Frequencies of Inspections Regulations (2005), caused by the increased demand for additional inspections in some regulated services in response to failings to meet minimum standards and investigations of whistleblowing disclosures.	CE	• 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. • Available pool for sessional inspectors. • Increased availability to real-time information via iConnect. • Regulation business case requesting funding for additional staff has been submitted to DHSPPS. Continue to liaise with the Dept to seek approval of the business case.	• Director of Regulation Report presented at each Board Meeting • Monthly KPI showing planned versus actual inspection activity presented to the Board.	L	M	M			• Participate in DHSSPS working group to amend the Fees and Frequency Regulations to allow greater flexibility to focus inspections on higher risk providers. • Regulation Directorate has initiated an improvement plan to review the current inspection methodology.	R&N R&N	Ongoing Ongoing

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
Strategic Theme : 1 - Deliver Operational Excellence 2 - Develop and Execute New Capabilities												
2	There is a risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models. This may result in some new services not being registered and brought within an appropriate regulation framework.	CE	• Currently participating in a multi-agency group examining the regulatory framework in supported living services. • A paper detailing the gaps in legislative provision for DHSSPS was forwarded to DHSSPS in Sept 2014.		M	M	M			• Liaise with the Department to assess the impact of new and emerging service models and how they impact on the regulatory framework.	CE	Ongoing
Strategic Theme : 1 - Deliver Operational Excellence												
3	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.	MHLD	• 6 Part IV Medical Practitioners currently on list. • Policy and Procedure updated and implemented • Currently appointed Medical Practitioners invited to apply for reappointment. • Revision of the agreed minimum criteria for application for appointment to the		H	M	M			• Continue to pursue the revised 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	MHLD	Ongoing

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
			RQIA List of Part IV Medical Practitioners.							applicants. • There is an open advertisement for additional Medical Practitioners publicly.	MHLD	Ongoing
Strategic Theme : 1 - Deliver Operational Excellence 3 - Use Resources Effectively												
4	There is a risk that the delivery of critical corporate functions may be compromised caused by the potential outsourcing of Finance, ICT, Information Governance, Premises Management and Health & Safety to a BSO shared services centre. This may compromise RQIA's independence and result in a loss of operational capability and a service which is less accountable, responsive and flexible.	CE	• Completed a Corporate Services Shared Services questionnaire detailing the magnitude and complexity of the roles and responsibility of the CS Teams and individuals.		H	M	M			• Continue to Liaise with the Director of HR BSO who is leading the Shared Services scoping Study. • Respond to BSO service offerings in respect of a range of corporate functions	CS CS	Ongoing Oct-March

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
Strategic Theme : 2 - Develop and Execute New Capabilities 3 - Use Resources Effectively												
5	There is a risk that RQIA may be unable to sustain and further develop a robust programme of unannounced inspections of acute hospitals, due to resource constraints and other extraneous factors beyond our immediate control, which may result in RQIA failing to provide the public with the necessary assurance that services in acute hospitals, are safe, effective and compassionate.	R	• A robust inspection methodology has been developed. • Initial programme of inspections has been developed. • A panel of peer reviewers have been developed. • A number of lay assessors provide input into the inspection programme.	• Project Board including 3 Board members, has signed off the inspection methodology. • Inspection plan signed off by the Project Board.	L	H				• Internal review after 5 inspections to be completed. • Methods for external review need to be explored .	Director of Reviews Director of Reviews	March 2016 June 2016

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
Reputational Risks												
Strategic Theme : 1 - Deliver Operational Excellence												
6	There is a risk that RQIA fails to respond and learn from the recommendations from the 'Independent review of the actions taken in relation to concerns raised about the care delivered at Cherry Tree House Nursing Home' and to the recommendations in the 2014/15 Internal Audit special assignment. This may result in a failure to take appropriate regulatory action to protect and safeguard service users which in turn could lead to a loss of public confidence in the RQIA's delivery of its core activities.	R&N	• Director of Regulation and Nursing has developed an action plan to respond to each of the recommendations set out in the internal audit report. • Action plan is regularly reported to the EMT. • Regulation Directorate Improvement project to take forward actions in respect of inspection systems and processes. • Updated advice on RQIA's website on how to make a complaint and whistleblowing. • On 1 Aug RQIA met with family members affected by the review to discuss the outcomes of the report. • BSO Internal Audit completed an audit to address recommendations 19 and 21.	Update on achievement of actions reported to the Audit Committee	L	H	H			• Implement the action plan which was developed to take forward the recommendations of the independent review of the actions of the agencies involved with Cherry Tree House in respect of RQIA. • RQIA's management response to the BSO internal audit will be monitored via the Audit Committee. • Quality Improvement Steering group to oversee the implementation of the Regulation Directorate Improvement Work stream.	CE CE R&N	On-going Jan 2016 On-going

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
Financial Risks												
Strategic Theme : 1 - Deliver Operational Excellence 3 - Use Resources Effectively												
7	There is a risk that RQIA will not break even on income and expenditure at 31 March 2016 due to the significant financial pressures caused by the current climate of austerity. This may result in RQIA's accounts receiving a qualified audit opinion and increased financial scrutiny from DHSSPS.	CE	• Finance reporting structures are in place. • Developed a 2015-16 Savings Plan to meet the 3% reduction in RQIA's RRL (£201,112).	• Regular monthly reporting of the financial position to the EMT, RQIA Board and DHSSPS.	M	M	M			• Continue to use the Vacancy Control Forum. • Continue to deliver the 2015-16 Savings Plan. • Potential use of Voluntary Exit scheme (VES)	CE CS CE	Ongoing Ongoing Ongoing
Strategic Theme : 1 - Deliver Operational Excellence 3 - Use Resources Effectively												

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
8	There is a risk that RQIA will continue to lose critical posts, as a result of austerity measures, including the recurring 3% efficiency savings, Agenda for Change pay restraint, and opportunities for career progression outside RQIA, combined with increasing challenges which will impact on future workforce demands and internal capacity and capability. This may result in RQIA failing to deliver its core functions thus not being able to provide the required level of assurance.	CE	• Developed a 2015-16 Savings Plan to meet the 3% reduction in RQIA's RRL (£201,112).	• Regular monthly reporting of the financial position to the EMT, RQIA Board and DHSSPS.	M	M	M			• Continue to use the Vacancy Control Forum. • Produce a workforce plan which will identify the human resource requirements to successfully deliver the business objectives while meeting the efficiency savings. • Potentiall use of voluntary exit scheme Provide opportunities for staff to develop their experience, skills and knowledge in order to retain staff with the potential to take on additional responsibilities and fill critical roles in the future.	CE CS CE CE	Ongoing March 2016 Ongoing Ongoing

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
Information Risks												
Strategic Theme : 1 - Deliver Operational Excellence 4- Continuously improve key systems and processes												
9	There is a risk that the business case to secure capital funding for the iConnect Project Manager post from 1 April to 31 March 2016 will not be approved by DFP. This may result in serious problems in effectively progressing the implementation of Phase 1B of the iConnect project and the funding for the post will have to be sourced from RQIA's revenue budget from 1 April until the contract ends.	CS	• iConnect Project Board • Business case submitted to DHSSPS/DFP for capital funding April – March 2016 for iConnect Project Manager post		M	H				• Liaise with the Programme Management Group, DHSSPS to respond to their comments on the business case and secure approval from DFP.	CS	Ongoing

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 November 2015
Title of Paper	Quality Report 2014-15
Agenda Item	12
Reference	I/11/15
Author	Christine Goan
Presented by	Maurice Atkinson
Purpose	Quality 2020 is a 10 year strategy designed to protect and improve quality in health and social care in Northern Ireland. The roll out and production of Annual Quality Reports in trusts and arm's length bodies (ALB) is one of the tasks under strategic goal 3 'Measuring the Improvement' which states that 'the delivery of continuous improvement lies at the heart of any system that aspires to excellence, particularly in the rapidly changing world of health and social care.' The second RQIA Annual Quality Report 2014-15 has been written using the standardised DHSSPS ALB Annual Quality Report template (2015). The format of the report follows the concept of the five strategic goals of the strategy combined with guidance issued from Fergal Bradley Acting (*at time of issue of guidance*) Director Safety, Quality and Standards DHSSPS .
Executive Summary	RQIA's Annual Quality Report 2014-15 informs the reader that RQIA is committed to the Quality 2020 strategic vision which is "To be recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care" and describes, through evidencing best practice, how we deliver against the Q2020 five strategic goals: Strategic Goal 1: Transforming the Culture - • Improvements in Culture Charter behaviours • Development of RQIA's Corporate Strategy 2015-18 and three year review

	programme 2015-18 with service user and stakeholder engagement, • Adoption of the EFQM Excellence Framework and subsequent continuous improvement workstreams Strategic Goal 2: Strengthening the Workforce – • Appraisals • Evidence of RQIA working with education to deliver on Q2020 goals • Introduction of the Q2020 Attributes Framework • Management of Strategic Improvement Projects through the Strategic Improvement Steering Group • Management of the STEPs to Excellence Programme Strategic Goal 3: Measuring the Improvement – • Infection Control and Hygiene inspections in hospital settings have demonstrated over 3 years positive trend and sustained good performance • IR(ME)R (protect the public from inappropriate or unnecessary exposure to radiation in health care settings) inspections have demonstrated over 3 years positive trend and sustained good performance; • Attainment of Investors in People 2014; • External Audit Sustainable NI have demonstrated over 3 years positive trend and sustained good performance Strategic Goal 4: Raising the Standards – • Examples of involving service users • carers and relatives in our service development and delivery with associated improvements evidenced • examples of working with key stakeholders in the delivery of joint inspections with associated improvements evidenced • reviews and sharing best practice through delivery of summit events and seminars Strategic Goal 5: Integrating the Care –

	• Use of evidence from responses from the public (Public Perception Survey) to improve how we communicate and inform the public • Use of evidence of service user feedback (one to one interviews)to inform inspections and improve service delivery - conventional domiciliary agencies • Examples of external stakeholder collaboration The final paragraph 'Next Steps' describes how RQIA will build capacity in supporting leadership for quality improvement and safety through the adoption of the Q2020 Attributes Framework Level 1 into all staff appraisals in 2015. We also re-stated our commitment to the EFQM quality excellence model going forward, and to being recognised for excellence and embedding improvement in all that we do.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the Quality Report 2014-15.

The Regulation and Quality Improvement Authority

INVESTORS IN PEOPLE

Annual Quality Report 2014-15

STEPS TO EXCELLENCE · PUBLIC SECTOR

September 2015

Assurance, Challenge and Improvement in Health and Social Care

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Foreword

The Regulation and Quality Improvement Authority (RQIA) was established in April 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. We provide assurance about the quality of care, challenge poor performance, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.
RQIA is responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland.

Quality 2020 is the DHSSPS strategy to protect and improve quality in health and social care in Northern Ireland. We are committed to Quality 2020 and contribute to this by encouraging continuous improvement in the quality of health and social care services through our programme of inspections and reviews. RQIA has also adopted an ethos of continuous improvement as an organisation. This is evidenced in our achievements in being awarded the European Foundation for Quality Management (EFQM) Steps to Excellence Bronze Level of Recognition in 2013 and Investors in People (IiP) in 2014.

Our quality improvement agenda is being taken forward through our Steps to Excellence Programme (STEP). Continuous improvement relies on the commitment of all our staff and is fully supported by senior management and the RQIA Board. This is evidenced by the development of a Strategic Improvement Steering Group in October 2014 where membership includes two RQIA Board members and the Chief Executive. The Steering Group is chaired by one of the Board members. This group oversees and supports any identified strategic improvement projects and the STEP programme of work.

This report sets out improvement initiatives which relate to Q2020s five strategic goals.

Dr Alan Lennon OBE
Chairman

Glenn Houston
Chief Executive

Introduction

This is our second Annual Quality Report, which describes the progress we have made in the areas of quality and continuous improvement in 2014-15.

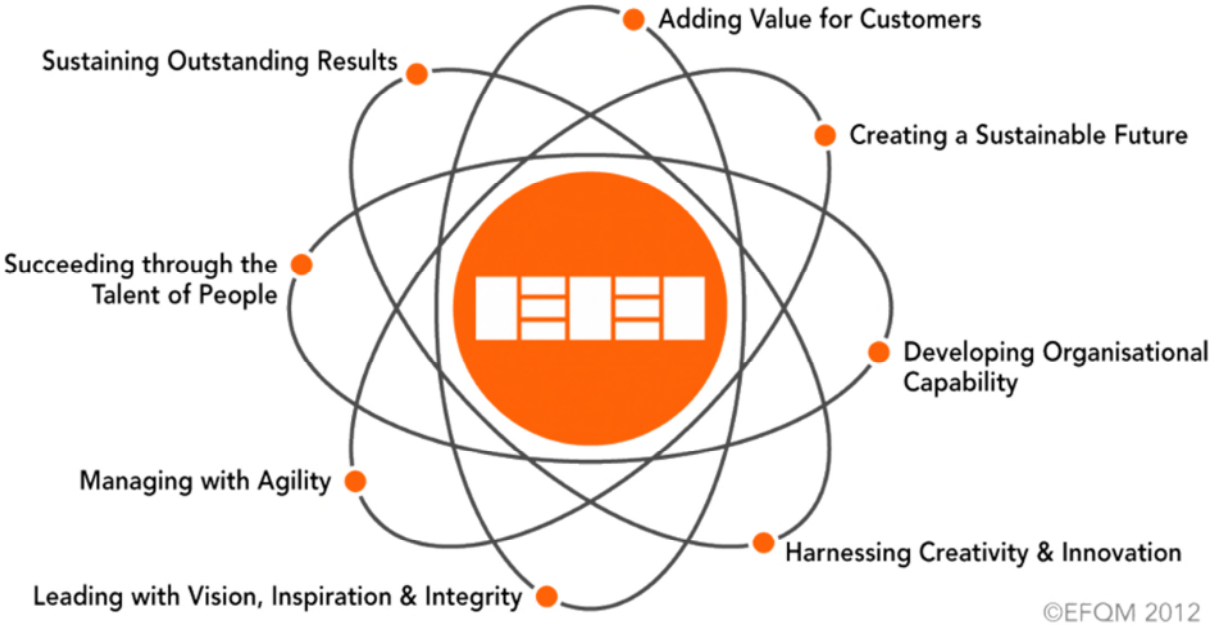
RQIA is taking this opportunity to share our approach to aligning our quality improvement activities to the five Q2020 strategic goals, highlighting examples of practice which we believe are significant in assuring and improving the quality of services provided to service users.

- Strategic Goal 1: Transforming the Culture
- Strategic Goal 2: Strengthening the Workforce
- Strategic Goal 3: Measuring the Improvement
- Strategic Goal 4: Raising the Standards
- Strategic Goal 5: Integrating the Care

Strategic Goal 1 Transforming the Culture

As stated in RQIA's first Annual Quality Report RQIA has adopted the EFQM Excellence Model as our quality framework (Figure 1).

Figure 1: EFQM Fundamental Concepts of Excellence



EFQM states that "Excellent organisations achieve and sustain outstanding levels of performance that meet or exceed the expectations of all their stakeholders". Our aspiration is to continue to be a high performing organisation, developing our workforce, continuously improving our systems and processes, and being open and transparent with the public.

RQIA's Three Year Corporate Strategy and Three Year Review Programme 2015-18

During 2014-2015 RQIA developed a new corporate strategy and thematic review programme for the three year period from 2015 to 2018. The strategy and review themes were selected following major public pre-consultation and consultation exercises.

Pre-consultation

RQIA held a series of pre-consultation events across Northern Ireland during April 2014. Six public events were held in various locations throughout Northern Ireland and were attended by representatives from HSC trusts, service providers and the general public. 96 organisations attended the public events with a total of 214 people (Appendix 1).

A further round table event was held with DHSSPS. A separate workshop was also held with RQIA staff. This valuable information was collated and used to inform the development of the draft corporate strategy 2015 -2018 and three year review programme 2015 -2018.

Consultation Process

The consultation exercise began on 8 August 2014 and lasted for a period of 12 weeks ending 31 October 2014. As part of the consultation RQIA used a number of methods to consult with stakeholders including:

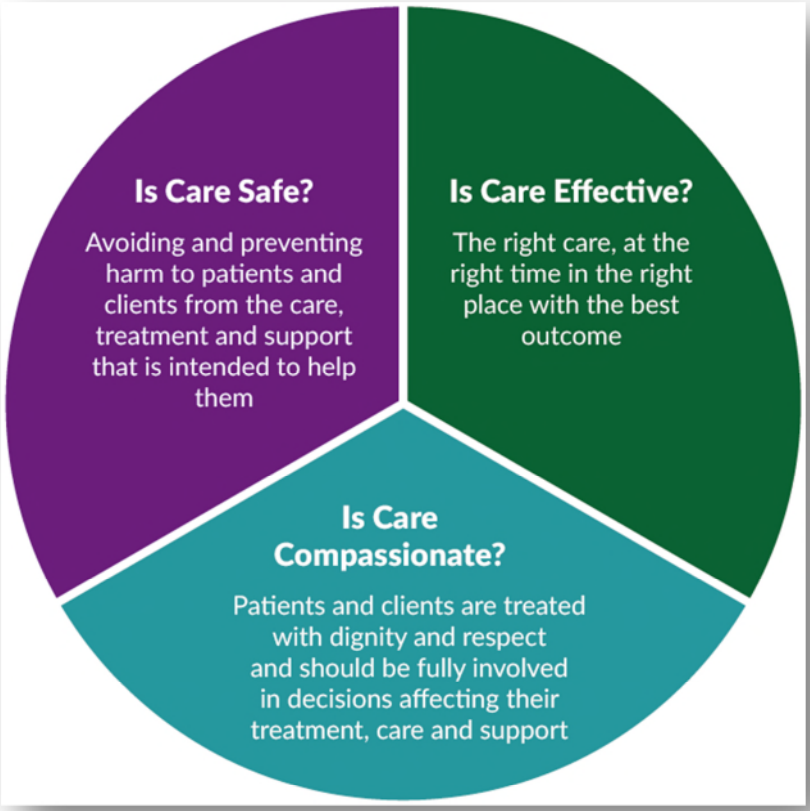
- consultation documents were made available on RQIA website
- letters were sent to:
    - Section 75 contacts
    - all independent sector providers
    - all Trusts
    - all agencies
    - all other regulators
    - DHSSPS
    - NI Assembly health spokespeople
    - other stakeholders via email

The feedback from stakeholders, staff, EMT and the Board delivered the subsequent Three Year Corporate Strategy 2015-12018 which will drive our programme of work from April 2015. There are three key stakeholder outcomes described in the new strategy aligned to Quality 2020.

These being:

- Is care safe?
- Is care effective?
- Is care compassionate?

Figure 2: RQIA Three Key Stakeholder Outcomes



RQIA is striving to deliver on its vision 'to be a driving force for improvement in the quality of health and social care in Northern Ireland' and as previously stated, in working towards this vision RQIA is also on a path of continuous improvement internally.

RQIA Culture Charter

Frances 2013[1] stated that 'Teams and organisations should develop ways to measure their cultural health, and act on these measures to improve. Cultural health is a matter for all staff groups; everybody who works in the health and care system is integral to improving and maintaining good cultural health'.

In 2013 RQIA staff considered how they could develop and support a shared leadership culture for the organisation in order that personal leadership behaviours could be role modelled by all, reviewed and improved upon on an ongoing basis.

A cross directorate group of staff (working at various levels within the organisation) were facilitated to develop a culture charter (Figure 3) with aligned behaviours to RQIA's six values:

- **Independence** – upholding our independence as a regulator;
- **Inclusiveness** – promoting public involvement 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.

[1] The Government Response to the House of Commons Health Committee Third Report of Session 2013-14: *After Francis: Making a Difference* November 2013

Figure 3 Culture Charter

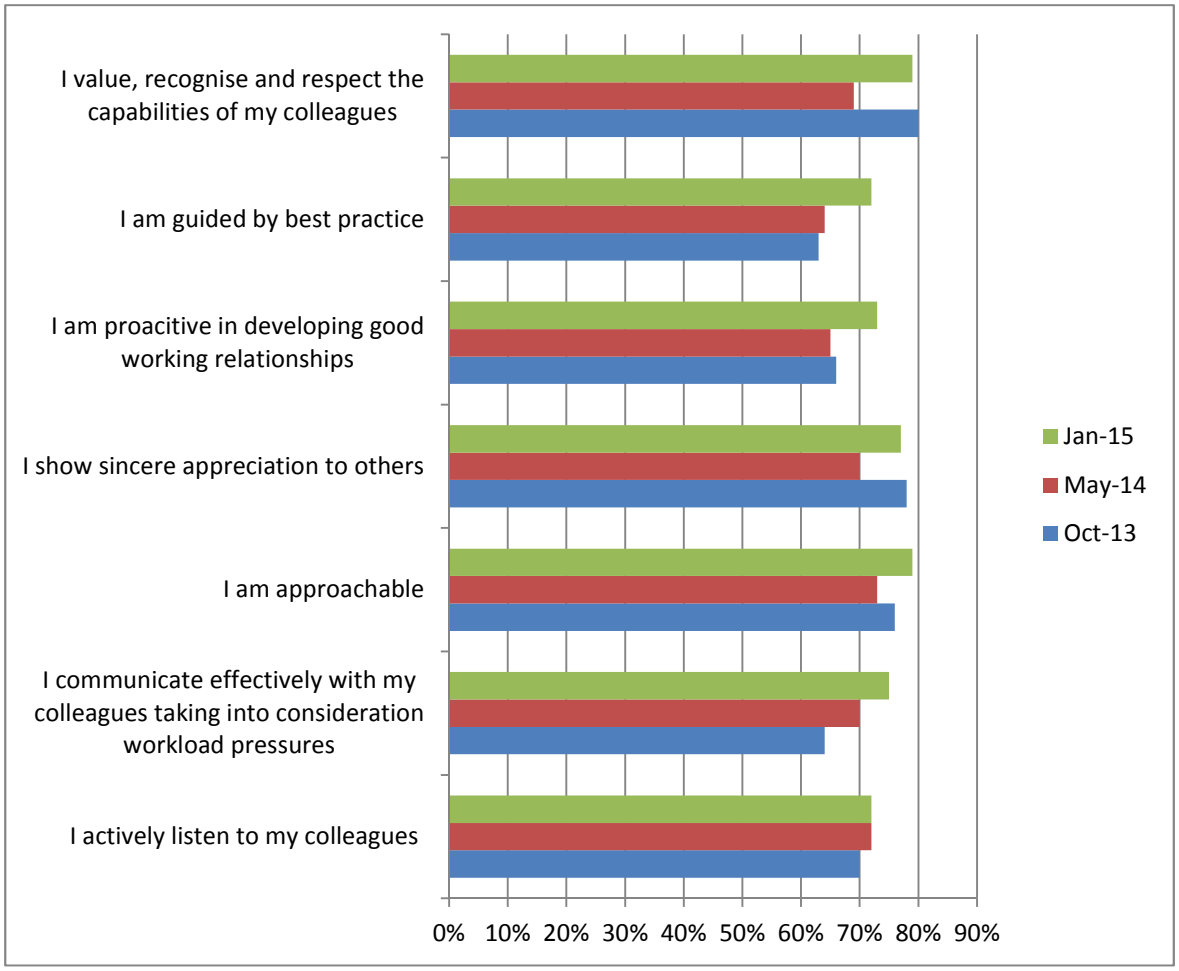
This was supported by the Executive Management Team and officially launched by the Chief Executive at a staff breakfast in October 2013. On the same day, a staff self-assessment culture e-survey (Survey Monkey) with specifically aligned behaviours (charter) was initiated to gather baseline information. Since then the self-assessment questionnaire has been sent to all staff on a six monthly basis with responses analysed to ensure continuous improvement and learning. The compiled responses are shared

with staff giving opportunity to achieve improvement in their behaviours which reflect that they are 'living our values everyday'.

As an example, Figure 4 demonstrates the ongoing improvement in behaviours aligned to the value of inclusiveness.

"I promote INCLUSIVENESS and build effective partnerships with my colleagues"

Figure 4



Mental Health and Learning Disability

The Mental Health and Learning Disability Team (MHLD) works in partnership with a variety of stakeholders to encourage and develop high quality care. This is achieved through monitoring patient care and treatment in accordance with statutory responsibilities as detailed in the Mental Health (Northern Ireland) Order 1986 and the Health and Personal Social Services (Quality, Improvement and Regulation (Northern Ireland) Order 2003 (the Order).

MHLD continually monitors the quality of mental health care and treatment provided to patients and their families through a range of processes from carrying out inspections which involve patients, carers and trust staff, to reviewing services and measuring the quality of care and treatment provided through audits and themed reviews. Patient and carer involvement remains a continued priority and is achieved through a robust patient experience process. This includes inspector interviews with patients and their carers and, in February and March 2015, the involvement of RQIA voluntary lay assessors who also provide feedback to inspectors following their meetings with service users.

The inspection process identifies good practice and challenges circumstances where there are deficiencies in care and treatment. This is achieved through our reports which contain Quality Improvement Plans (QIPs) detailing recommendations for improvement which the trust must address. Recommendations are presented against objective evidence gathered during inspections and measured against the standards required in accordance to Quality Standards for Health and Social Care (DHSSPSNI, 2006).

Planning for a new Programme of Acute Hospital Inspections

In October 2014 the Minister for Health, Social Services and Public Safety, commissioned RQIA to develop, design and pilot an agreed acute hospital inspection process and associated procedures which will conclude with the delivery of a fully tested process to deliver the programme of unannounced acute hospital inspections.
This rolling programme of unannounced inspections, will examine the quality of services in acute hospitals in Northern Ireland from 2015-16 onwards. Pilot inspections will be

initiated between April and July 2015 with the full programme to start in the autumn of 2015.

In designing the new programme RQIA has worked in partnership with other health and social care organisations. Following an invitation for staff from HSC Trust and other organisations to apply to become peer assessors, RQIA received an excellent response. Staff from different professional backgrounds have volunteered to take part in the new inspections. Inspection teams will also include lay assessors and the potential for nursing students to participate is also being explored.

Strategic Goal 2: Strengthening the Workforce

All staff are encouraged to develop their leadership skills relevant to their personal objectives and respective areas of responsibility. This is supported through continued one to one and group supervision and based on the assessed need of each staff member as agreed through the appraisal process. RQIA continually strives to support staff to develop their skills and knowledge and to take opportunities to challenge themselves in a positive and progressive manner. Staff are encouraged to pursue their personal learning objectives and all requests for training are considered and discussed.

Developing a Common Curriculum for Patient Safety

RQIA is an active participant in several work streams which are taking forward the implementation of the Quality 2020 strategic vision. One of these is the development of a common curriculum for patient safety for undergraduate and postgraduate students in Northern Ireland. This work is being undertaken by a partnership of several academic bodies and HSC organisations. The initial focus is on education and training in nursing, medicine and pharmacy.

The Attributes Framework Supporting Leadership for Quality Improvement (Attributes Framework)

In 2011, Charlotte McArdle and Dr Anne Kilgallen, the then co-chairs of the Quality 2020 Task 4 group, developed an outline proposal for a multi-professional leadership programme. This task was completed and in December 2014 the Attributes Framework was launched by DHSSPS. It has been designed to 'enable staff and those in training, to fulfil the requirements of their role and, as a result, put patients and service users where they are entitled to be – the first and foremost consideration of our service' (Francis, 2013).

In late December 2014 RQIA adopted the Q2020 Attributes Framework making this an organisational corporate 'Pledge' for HSC Change Day (March 2015).

"The purpose of this framework is to:

1. Assist individuals in assessing:

   a) their current attributes (knowledge, skills and attitudes) in relation to leadership for quality improvement and safety

   and

   b) their learning and development needs for their current role or for future roles.

2. Help organisations to build the capability and capacity of the workforce to participate in, and lead, initiatives which develop quality care and services."

Staff will self-assess against the twelve Level 1 attributes and their self-assessment will be discussed with line managers at appraisal meetings with training needs being identified. To facilitate a smooth introduction of the Attributes Framework awareness raising sessions took place in all team meetings January 2015 – March 2015 as preparation for completing the self-assessment and subsequent appraisals in Q1 2015-16. It is planned for the responses to be anonymised, collated and analysed corporately with the subsequent training needs analysis shared with the HSC Leadership Centre. From this RQIA and the HCC Leadership Centre will collaborate and develop a corporate plan in response to staff needs which will include either bespoke training or signposting to appropriate training already on offer. Targeting areas for improvement and developing a corporate training package will ensure RQIA is taking a consistent approach to supporting 'leadership for quality improvement and safety.' This will increase capacity and competency in the four attributes levels for staff and will ultimately support and drive improvement in health & social care services within Northern Ireland.

RQIA Strategic Improvement Steering Group

In October 2014 RQIA, focusing on improvement through identifying strategic improvement projects aligned to the corporate strategy, created a Strategic Improvement Steering Group composed of two Board members and the Chief Executive. All RQIA projects are programme managed and adopt a Prince2 approach to project management. The steering group identified a need to increase capacity in Prince2 accredited staff and so six nominated staff, (two from Corporate Services, two from MHLD, and two from Review Directorates) were trained in Prince2 Project Management Foundation and Practitioner level in February and March 2015.

Steps to Excellence Programme (STEP)

All improvement initiatives are communicated through the Steps to Excellence Programme (STEP) Managers meeting. This meeting was set up to enable staff to share experiences, both positive and challenging, within specific improvement initiatives held every other month. The group of staff identified to attend this meeting comprise of all staff with managerial responsibility, including all directors. The Chief Executive and directors have a designated role as improvement champions. The leads of identified improvement initiatives share progress, issues and triumphs. Managers consequently take this information (minutes) and in turn discuss updates with their own staff at subsequent team meetings. Improvement initiative groups are populated with a cross-section of staff throughout RQIA which encourages the continuous improvement ethos, encourages ownership, supports empowerment and allows for greater understanding and respect of each other's roles. These groups include:

- Performance measurements and outcomes improvement Group;
- iConnect Web portal development Group;
- Review Directorate Improvement Initiative;
- PPI Forum;
- Lay Assessor Corporate Group;
- Sustainability (inclusive of Health and Wellbeing improvement initiative) Group;
- ICT User group;
- Social Committee;
- Staff Newsletter 'The Standard' Editing Team.

Strategic Goal 3: Measuring the Improvement

Key achievements in RQIA 2014-2015:

Products and Services

RQIA's three primary functions are to provide independent assurance in relation to the safety, quality, and availability of Health & Social Care (HSC) services in Northern Ireland, encourage continuous improvement in these services and safeguard the rights of service users.

- The **service** RQIA delivers is to register services, inspect and review HSC services and inform the public and key stakeholders of outcomes.

- The **products** RQIA produce are the register, inspection and review reports (made available on the RQIA website to inform the public, service users, service providers, carers and key stakeholders) and supporting documentation.

Inspectors and reviewers use a service user centred approach when carrying out inspections and reviews and service user opinion is always taken into consideration using a standard approach. The subsequent Quality Improvement Plans, Reports and Recommendations ensure not only that care standards and legislation is followed but that improvement in the quality of service provision is encouraged. Two examples of where RQIA can evidence improvement over time as a result of their inspection processes are:

1. Infection Control and Hygiene Inspections

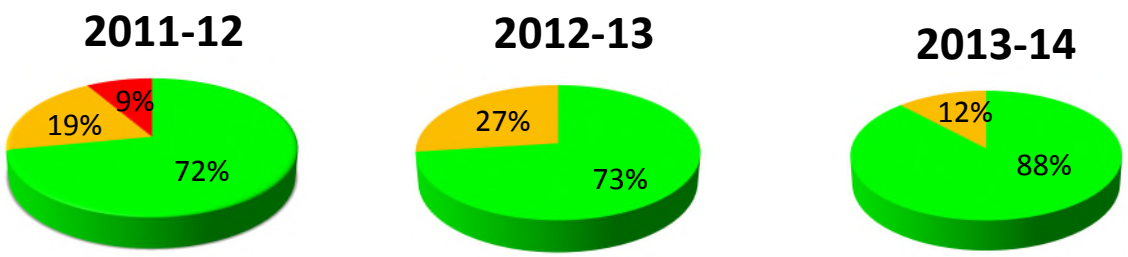
   and

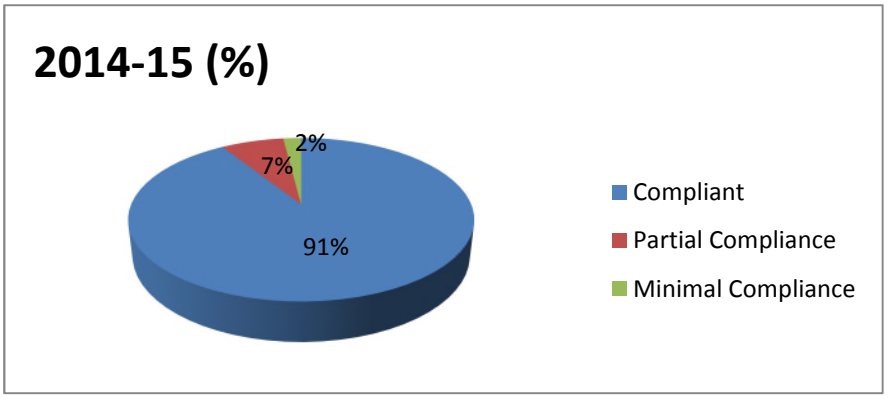
2. Inspection of services providing radiological procedures Ionising Radiation (Medical Exposure) Regulations IR(ME)R.

1. Infection Control and Hygiene Inspections

Since the introduction of RQIA's unannounced Infection Control and Hygiene inspection programme, RQIA has found significant improvement in the overall compliance rate evidencing a raised standard in cleaning; in the physical environment; and in hygiene practices across HSC facilities from 72% in 2011-12 to 91% in 2014-15.

Figure 5: Improved overall Compliance Rates for clinical areas during unannounced inspections carried out by RQIA in: 2012-13, 2013-14, and 2014-15.





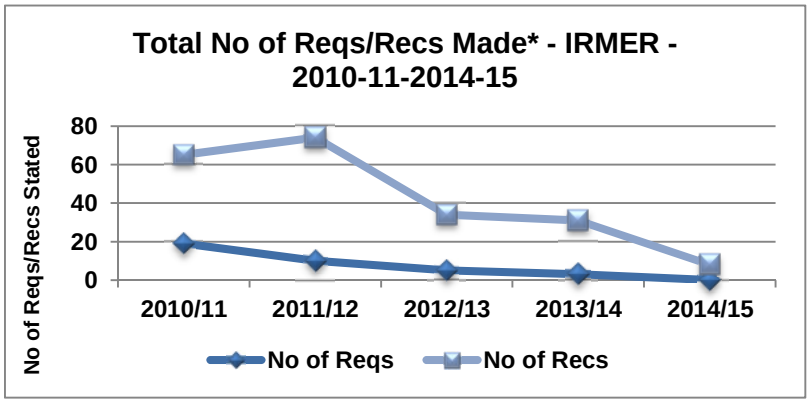
2. Ionising Radiation (Medical Exposure) Regulations IR(ME)R

Since 2010 RQIA has had responsibility for monitoring, inspecting and enforcement of Ionising Radiation (Medical Exposure) Regulations IR(ME)R. These regulations protect the public from inappropriate or unnecessary exposure to radiation in health care settings. The evidence over the past five years demonstrates that the processes employed by RQIA have contributed to improvement (Table 1) with a decrease in the number of requirements and recommendations needed to comply with legislation (Figure 6).

Table 1: Services which had repeat IRMER inspections 2010-2014

Requirements Made					Recommendations Made			
Site	Modality	2010-11	2014-15	% Increase/ Decrease	2010-11	2014-15	% Increase/ Decrease
Altnagelvin	Diagnostic Imaging	6	0	-100%	18	0	-100%
Daisyhill	Diagnostic Imaging	4	0	-100%	17	3	-82%
Downe	Diagnostic Imaging	3	0	-100%	16	2	-88%

Figure 6: No of Requirements/Recommendations made during IRMER Inspections 2010-2015



**2010-2013 based on 5 Trust inspections*

2013-2015 based on 6 Trust inspections

Serious Adverse Incidents

In April 2014, RQIA was asked by DHSSPS to provide independent assurance on the process undertaken by HSC Trusts to review the handling of all Serious Adverse Incidents reported between 1 January 2009 and 31 December 2013. To undertake this commission, RQIA developed a stratified sampling approach to examining a sample of records in each organisation. The report of the exercise was forwarded to the team led by Sir Liam Donaldson to inform their review process.

Investors in People (IiP)

In June 2014 RQIA was successful and achieved the Investors in People (IiP) core standard. The assessment revealed:

- Staff had a good knowledge and understanding of their mission and direction;
- There was a clear line of sight between individual contribution and achievement of RQIA objectives;
- Individual staff contribution aligned with team objectives;
- The organisation and staff had a strong commitment to learning and development;
- An alignment of directorate and team plans to the annual business plan and key activities to meet strategic objectives;
- Evidence of skill development and increased competence.

Fiona Stevenson, RQIA, Derek Baker, Permanent Secretary, Department of Employment and Learning and Theresa Nixon, RQIA

Sustainability

In late 2014, Sustainable Northern Ireland was invited by RQIA to meet with its Sustainable Development Project Group (SD) to review its progress, to help the group formulate the 2015-16 SD action plan and to explore some possible collaborations with other non-departmental public bodies within the health sector.

Specifically, the SD group was interested in examining these issues, which also align to various related aspects in the EFQM Excellence Model and therefore continuous improvement:

- More engagement with other groups, agencies, service users;
- Greater partnership working with landlords, BT and WHSCT;
- Ongoing sustainability awareness within RQIA;
- Devising realistic objectives and the means to measure sustainable improvement within RQIA;
- Influencing our stakeholders in the areas of sustainability;
- Seeking to raise awareness and promote health and wellbeing within RQIA;
- Transport audit within RQIA;
- Devising a means of demonstrating RQIA's contribution to sustainability in society.

At a workshop in January 2015, members of the SD project group were joined by colleagues from several other health agencies. A presentation from Sustainable NI was used to facilitate discussion around a suite of sustainability themes and it was agreed to establish a 'sustainability network', with an initial membership of the agencies attending that meeting. This network will be of real value to RQIA, through peer-to-peer learning opportunities and mutually supportive relationships that will be fostered among agencies with a shared agenda.

External Audit Sustainable NI

Following this seminar, RQIA invited Sustainable NI to conduct a Sustainable Audit Matrix (SAM) exercise. This was a tailored audit matrix (Sustainable NI) for RQIA. Sustainable NI facilitated a training programme for the SD group. In turn, in February and March 2015 the SD group accepted joint responsibility for conducting internal interviews engaging with over 25 colleagues at all levels of the organisation to complete the audit. The interviews constitute the primary source of evidence and were comprehensively supplemented by a virtual library of source material provided by RQIA. Sustainable NI carried out the audit resulting in a baseline SAM score for RQIA of 45 (54%). The maximum available score is 84.

Strategic Goal 4: Raising the Standards

Personal and Public Involvement (PPI)

It is enshrined in RQIA's values (Inclusiveness- promoting public involvement and building effective partnerships- internally and externally) that all staff ensure that they are working closely with service users first and foremost, as well as relatives, key partners and stakeholders to influence and support improvement in the quality of HSC services provided in Northern Ireland.

In 2014 -15 RQIA continued to involve patients and the public in a wide range of activities within its regulation, review and mental health and learning disability activities. This is strengthened through support from RQIA's PPI Forum, which includes all directors, an organisational PPI lead, nominated leads from each directorate, a board member and a carer representative member of the public. The Forum oversees and supports all RQIA's PPI activities providing strategic direction to RQIA's approach to PPI and ensuring the successful delivery of the PPI annual action plan which is aligned to the annual Business Plan, Corporate Strategy 2012-15, and best practice.
There are two broad strands to the implementation of personal and public involvement (PPI) in RQIA:

i. Actively engaging with stakeholders in the planning and delivery of our work;

ii. Directly engaging with service users and carers as part of the inspection and review programmes to hear their views on the quality of the care provided in order to help shape service improvements.

Work that RQIA staff carried out in 2014-15 that demonstrated this drive and commitment included:

Easy to Read Reports

In 2014 the Mental Health and Learning Disability directorate engaged with service users to develop an easy read inspection report following inspection of a ward in Muckamore Abbey Hospital. The response from service users to this report format was very positive. From April 2014, easy read versions of all RQIA's inspection reports for mental health and learning disability services will be produced. These are published on RQIA's website and also made available within the hospital wards.

MHLD Advocacy

RQIA met formally with both children and adult service patient and carer independent advocacy groups in June 2014 and November 2014. RQIA shared the findings from Patient Experience Interview inspections and primary inspections. Inspection themes and methodology were discussed and the views of the advocates considered when formulating the MHLD inspection theme and methodology for 2015-16.

The Way Forward in PPI

In 2015-16 RQIA will embed their PPI activities in the actions within its annual Business Plan. A key priority within this plan will be including recruited lay assessors to work alongside our inspectors and reviewers. Lay assessors will speak to/engage with service users ascertaining service user opinion as to:

Is care safe?
Is care effective?
Is care compassionate?

These three stakeholder outcomes are aligned with Quality 2020 and define how RQIA intends to demonstrate its effectiveness and impact as a regulator (Corporate Strategy 2015-18).

Joint Inspections of Prisons

RQIA has developed strong partnership arrangements with other regulators to undertake our respective roles in relation to inspection of prisons in Northern Ireland. RQIA's responsibility relates to the inspection of prison healthcare services.

In October 2014, RQIA and Criminal Justice Inspection Northern Ireland (CJINI) published the report of a joint inspection of The Safety of Prisoners held by the Northern Ireland Prison Service. The report set out recommendations to improve approaches to tackling issues of self-harm, suicide, bullying and drug misuse in local prisons.

In June 2014, RQIA participated in a joint inspection of Magilligan Prison along with inspectors from Her Majesty's Inspection of Prisons, CJINI and the Education and Training Inspectorate for Northern Ireland (ETI). The report of the joint inspection was published in February 2015. It recognised that there had been progress in some areas since the previous inspection in 2010 but called for improvements in areas including the need for purposeful activities for prisoners.

The Child Sexual Exploitation Inquiry

In November 2013 the then health minister, Edwin Poots, MLA, announced the appointment of Kathleen Marshall, former Commissioner for Children and Young People in Scotland to chair the Independent Inquiry into Child Sexual Exploitation in Northern Ireland. The inquiry, facilitated by RQIA, Criminal Justice Inspection Northern Ireland (CJI) and the Education and Training Inspectorate (ETI), submitted its report to the health, justice and education ministers in November 2014.

A key element of the inquiry was strong engagement with young people, parents, professional and community groups and a wide range of statutory and voluntary agencies across the health, social care, and justice and education sectors. The inquiry made 17 key recommendations and a further 60 supporting recommendations to the ministers for health, justice and education. This report was published jointly by ETI, CJINI and RQIA.

Child Sexual Exploitation Inquiry Team: Fiona Smith, RCN Children's and Young People's Advisor; Derek Williamson, CJI Inspector; Noelle Buick, ETI Chief Inspector; Kathleen Marshall, Inquiry Chair; Glenn Houston RQIA Chief Executive RQIA

Summit Events

RQIA is holding an increasing number of summit events to discuss the findings of reviews with key stakeholders and to help frame recommendations and share learning.

In May 2014, an example of a successful summit event was held for the review of stroke services. An expert review team was recruited, including a patient with experience of services in Northern Ireland, together with a range of professionals from outside Northern Ireland. The RQIA review team assessed evidence provided by organisations and then held a programme of visits with key staff in each trust involved in the planning and delivery of stroke services. Following consideration of their findings, the team led a one day summit for stakeholders including statutory and voluntary bodies to facilitate discussion on the findings and recommendations of the review.

RQIA Health and Safety Seminars

In November 2014, RQIA held two half-day seminars for nursing and residential care homes at Mossley Mill on emergency and contingency planning, and water safety.

The emergency and contingency planning seminar provided details of responsibilities, and practical steps in relation to business continuity following untoward events. The water safety seminar considered the practical elements of effective water systems management, including legionella risk, and responsibilities of providers in respect of safe management of water systems under health and safety legislation. The roles of organisations including RQIA, HSC trusts, the Health and Safety Executive were also highlighted. These events were attended by around 160 care home managers and providers, and feedback from those attending was highly positive.

Strategic Theme 5: Integrating the Care

Public Perception Survey 2014

In July 2014, a first public perception survey was piloted on RQIA's website from August to November 2014, and 45 responses were received.

Results

Responses were received from 25 women and 20 men from across Northern Ireland (one respondent from England), with the majority of respondents from the greater Belfast area and were as follows:

- 95% respondents were aware of RQIA;
- Over half worked in health and social care; others had friends/relatives using regulated services, or had checked with RQIA when looking for a care home;
- Under 20% heard of RQIA via the media;
- Around 90% of respondents were aware of our responsibilities in regulation, review and mental health (very slightly lower awareness of MHLD responsibilities);
- Almost two-thirds of respondents were confident in the abilities of RQIA to deliver on its responsibilities;
- 97% of respondents recognised the importance of RQIA's work, with 62% classifying it as very important;
- Almost two-thirds of respondents had contacted RQIA – almost 60% to seek advice, one third to raise a concern;
- 48% were satisfied or very satisfied with RQIA's response, whilst 14% expressed dissatisfaction;
- Almost 90% had used RQIA's website previously, half of respondents found it easy to use, while 20 % found it difficult
- 84% had read RQIA reports: 53% found inspection reports easy to understand; whilst 19% indicated they found them difficult to understand. The figures for review reports were 59% and 18% respectively; and for mental health and learning disability reports 57% and 14% respectively.

Response to Public Perception Survey 2014

RQIA responded by:

- Improving 'Duty Call Desk' by increasing the number of inspectors on the duty desk rota to allow optimum experience of responding to issues and concerns. A standard frequently asked questions (FAOs) paper was developed and inspectors trained to respond to the questions in a consistent manner. These FAOs are now available on the website to assist and inform the public further in relation to raising a concern.
- Improving the report format for all registered services developed with service providers.
- Initiating new website development (and business case) responding to need identified from staff, the public, trusts, and providers.
- Recruiting and training members of the public as Lay Assessors who accompany inspectors and reviewers on inspection and review to speak to service users in relation to the safe, effective, compassionate care with subsequent lay evaluation of the process of working with Lay Assessors
- Developing 'Easy to Read' Reports. All reports in MHLD are now written in 'Easy Read' in response to service user views and developed with service user input.

Service User Involvement as part of Conventional Domiciliary Agency Inspections

RQIA is committed to the involvement of service users in the inspection process; however this is a challenge for the conventional domiciliary care agencies team as the inspection takes place in the registered office, not the service user's home. The User Consultation Officer (UCO) post was created in April 2012 to consult with service users and their relatives.

Feedback is used both to determine the quality of care being provided by the individual agencies and informs the report which consequently shapes service delivery and

encourages improvement. It is also reviewed by the team when determining future inspection themes.

Between 1 April 2012 and 31 March 2015 there have been **1,588** service user interviews carried out by the UCO or inspectors either in the service user's home, by telephone or a paper questionnaire. A standard questionnaire is used to ensure consistency in the interviews. There are core questions included each year to allow for trend analysis as well as specific questions relating to the themes being inspected.

The Benefit of Involvement

- Findings influence the areas reviewed during the inspection;
- Issues identified are discussed with the registered manager;
- Service user's comments are included in the report which is open to the public – www.rqia.org.uk
- Requirements and recommendations are made.
- Findings are analysed by the team to determine the themes to be inspected during the next inspection year. For example, due to the high number of missed calls during the 14-15 inspection year, this was chosen as a theme for focus in the 15-16 inspection year.
- Issues relating to other services for example other domiciliary care agencies, nursing homes and residential homes are forwarded to the appropriate inspector to be addressed.

Outcomes from Interviews

- Due to the large number of issues arising from the interviews relating to documentation, the agencies team determined to make record management one of the themes for the 2014-15 inspection year.

- Guidance was also issued to all agencies regarding the common problems in relation to the documentation being kept in service users' homes.

- The focus on documentation has led to an improvement in standards as shown in the decline of issues raised in this area for 2014-15 and to ensure sustained good results documentation will continue to be reviewed as part of the 2015-16 inspections.

External Stakeholder Collaboration

RQIA continues to work collaboratively with other key stakeholders within the HSC to demonstrate leadership, encourage continuous improvements in HSC services and to safeguard the rights of service users.

In December 2014, RQIA and the Irish Mental Health Commission jointly hosted a conference at Dublin Castle, with approximately 160 attendees, on deprivation of liberty and implications of recent legal challenges in England and judicial reviews in Northern Ireland.

Rosemary Smyth, Irish Mental Health Commission,

Dr Colin Dale, Caring Solutions, and

Theresa Nixon, Director of Mental Health Learning Disability and Social Welfare, RQIA, at Dublin Castle, December 2014

In January 2015, RQIA, supported by the Royal College of Psychiatrists, held a workshop attended by some 80 medical practitioners to provide an overview of key RQIA activities during the year. These included: evaluating the service provision for the physical health needs of people with mental illness or learning disability; RQIA processes for second opinions; audit of treatment plans; and electroconvulsive therapy.

Appendix 2 gives some further examples as to the variety of organisations and stakeholders RQIA engaged with on a regular and on-going basis in 2014-2015.

Next Steps

RQIA is committed to being recognised for excellence and embedding improvement in all that we do and as part of our “good to great” journey, we use independent IiP and EFQM assessments to gauge our progress towards organisational excellence with a second EFQM external assessment planned for November 2015.

Going forward RQIA’s vision is to be a ‘driving force for improvement in the quality of health and social care in Northern Ireland’. RQIA has a continuous focus on building the capability and capacity of our staff providing them with the knowledge and skills in quality improvement. To demonstrate commitment RQIA has introduced the Q2020 Attributes Framework Level 1 into all staff appraisals in 2015. The subsequent training needs analysis will determine a tailored quality improvement training package that will support leadership for quality improvement and safety. This will enable staff to attain the knowledge and skill set they need to continuously challenge the quality of services provided and to support and encourage improvement in areas where improvement is required.

Appendix 1 Organisations represented at the RQIA Public Pre-Consultation Events

352 Healthcare
ACC Advocacy
Alzheimer's Society
Angels agency
Apex Housing
Ardavon House
Autism Initiatives
Ballynahinch Dental Care
Beechvale Nursing Home
Belfast Health and Social Care Trust
Belvedere
Bishop Street Dental Care
Bloomfield
Bluebird Care
Camphill Nursing Home
Care Circle
Carlisle House
Cassidy Dental
Cedar
Cherry Tree House
Clear Dental
Clifton Residential Home
Clogher Valley
East Eden
Elite Dental
Fold Housing
Four Seasons Health Care
Foyle Hospice
Gentle Dental Clinic
Gillbrooke Private Nursing Home
Glencairn
Glenmachan Tower House
Glens Residential Home
Glenshane Care Centre
Grandard Private Nursing Home
Great James Street Dental
Greenpark Private Nursing Home
Haypark Homes
MCH House
Mencap
Mindwise
Motor Neurone Disease Assoc (MNDA)
Mourne Stimulus
MRT
NI Association for Mental Health
NI Dental Practice
Northern Health and Social Care Trust
Northern Ireland Hospice
North West Independent Hospital (NWIH)
Origin
Parkanaur
Patient Client Council
Patients First UK
Parent Carers Council on Disability (PCCD)
Positive Futures
Praxis Care
Precious Life
Public Health Agency
Pulse Community Health Care
Queens University Belfast
Quigley and Martin
Rathmourne
RCAI
Resource Centre Derry
Rivers Beach House
Robinsons Dental
Rodgers Community Care
Rylands
Springfield Charitable Association (SCA) Day Care
Seafort House
Shalom Care
Shankill Lurgan Community Projects
Silverdale Care Home
Smiles
South Eastern HSC Trust
Southern Health and Social Care Trust
The Haven Private Nursing Home

Hollygate Nursing Home
Jark Healthcare
Karingmore
Kauna House
Killadeas Day Centre
Limetree Residential
Lowtherstown Court
Lydian Care
Marie Stopes
McElholm Dental Practice
The Somme Nursing Home
Three Islands Private Nursing Home
Towel House
Transform Medical
Victoria Private Nursing Home
Western Health and Social Care Trust
Wilson Group
Woodlands
Woodlodge Nursing Home

Appendix 2 Examples of RQIA External Stakeholder Collaboration

Job Title:	**Head of Programme Nursing Home, Independent Health Care and Pharmacy Regulation**
External Meetings	**Role/purpose**
CNMAC Strategic Workforce and Education Sub group member	Represent RQIA on DHSSPS strategic group looking at workforce and education in relation to the nursing workforce Chair: Deputy CNO on behalf of CNO
PHA Safety Forum, Nursing Home Collaborative - steering group member	To Liaise with the safety forum in terms of strategic planning Participate in Nursing home collaborative events and link to RQIA Themes for inspection Quarterly meetings attended along with Collaborative events as arranged
RCN Older Peoples Nursing Network OPeNN committee member	Committee member of RCN network to drive improvement in Older Peoples care Quarterly meetings to discuss strategic issues relating to Older people Arrangement and participation in annual conference
PHA SAI review sub group, delegated member Director of Regulation RQIA	SAI sub group member to review SAI's related to regulated services Provide information and discuss learning outcomes from SAI's and contribute to sharing learning through sector

Job Title:	**Senior Inspector Hygiene Team RQIA**
External Meetings	**Role/purpose**
CNMAC Safety, Quality and Experience sub group (DHSSPS)	Current stream of work is the new Nursing and Midwifery Strategy
Implementation of Revalidation for Nurses and	To assist with the implementation of revalidation

Midwives NI - Working Group (DHSSPS)	
	In addition to these groups, the Senior Inspector Hygiene Team takes part in the regular liaison meetings which have been established by RQIA with other relevant organisations. These include: • Public Health Agency • Prisoner Ombudsman • Criminal Justice Inspectorate - Liaison meetings with HSC trusts (twice yearly).

Job Title:	**Senior Inspector Pharmacy**
External Meetings	**Role/purpose**
The Local Intelligence Network (LIN)	The purpose is to share information regarding concerns about relevant persons relating to the management and use of controlled drugs. This network is set up under the Health Act;
Medicines Safety sub committee	This is a committee which looks at the overall learning from medicines incidents across healthcare

Job Title:	**Review Programme Manager / Senior Project Manager**
External Meetings	**Role/purpose**
Quality 2020 Group DHSSPS-led To review the HPSS Quality Standards (2006)	To revise the 2006 Standards RQIA use these standards as a baseline in reviews across the statutory services. The HPSS standards have not been reviewed since their publication in 2006. A group led by DHSSPS.

Job Title:	Information Governance & Records Manager
External Meetings	**Role/purpose**
'Information Governance Advisory Group'	This group consists of IG leads across the HSC network (Trusts, ALBs, etc.) to discuss and action regional initiatives and quality improvement mechanisms. Specifically, its terms of reference are to: • Provide Quality Assurance, including advice and support, to Projects and Groups to ensure best practice in information governance in line with appropriate legislation • Develop Strategic solutions to Common Information governance problems • Provide a forum to raise awareness and share experience and best practice in Information Governance • Manage the work of subgroups

Job Title:	Head of Programme MHLD
External Meetings	**Role/purpose**
Regional CAMHS Group	To monitor Bamford recommendations for child and adolescent mental health. Meets every 2 months (attendance from Head of Programme or designated inspector)
Learning Disability Healthcare & Improvement Steering Group	Meets quarterly to review and Update LD Service Framework Standards. Remit to review practice issues and health promotion in learning disability
Improving Health and Well Being Through Positive Partnerships DHSSPS Strategy Regional Implementation Board (RIB)	AHP forum meets quarterly to discuss AHP regional issues including structure, research and development and quality improvement. (Meets quarterly attended by Head of Programme)

Job Title:	Head of Day Care, Domiciliary Care and Nursing Agencies
External Meetings	**Frequency and role/purpose**
HSC Complaints Group	Every 3 months representing RQIA on this regional body at DHSSPS.
Commissioner for Older People Northern Ireland (COPNI)	Every 3 months – routine liaison meeting to discuss and share areas of mutual concern and developments.
Association for Real Change (ARC)	Every 6 months – routine liaison and information sharing meeting with a representative body of providers from the independent sector.
NHSC Trust – Developing guidelines for services in managing service user finances.	Monthly meeting leading towards the establishment of guidelines for providers and a workshop to provide information. N.B. Also includes Finance Inspector RQIA

Job Titles:	The Chief Executive RQIA (CEO) Director MHLD as stated
External Meetings	**Role/purpose**
Meeting with DHSSPS to review Quality Standards of Health and Social Care (2006)	To revise Standards RQIA use these standards to inspect statutory services. They have not been updated since 2006 and review regress. Director MHLD
DHSSPS Working Group (Mental Capacity Bill).	A Regional Group was established prior to the Bill being forwarded to the Assembly on 8 June 2015. Director MHLD
RQIA DHSSPS/HSCB Liaison Meetings	Every three months – routine liaison and information sharing meeting CEO
RQIA/DHSSPS Liaison Meeting with Sponsor Branch (monthly)	Issues of common concern shared with DHSSPS and action is agreed as required and progress reviewed at monthly meetings. CEO
RQIA / PHA meetings are held	Every three months – with the Chief Executive of PHA and staff to review mutual areas of interest and share progress in respect

quarterly	of work of both bodies. CEO
RQIA / PCC meetings	Held six-monthly by Chief Executive / Senior Staff from both organisations to share areas of interest / concerns. CEO
Quality 2020 Implementation Team	This group is responsible for coordinating the implementation of the programme of actions to take forward Quality 2020. It meets four times a year. The work is taken forward through specific task groups. Director MHLD
Meeting with Prisoner Ombudsman	Held six-monthly by the Chief Executive and the Director of Reviews and the Director of MHLD with Prisoner Ombudsman to share common areas of interest, serious concerns and any action required by either body.

Job Title:	**Medical Director & Director of Reviews**
External Meetings	**Role/purpose**
The Medical Leaders Forum	Every two months:- It is chaired by the Chief Medical Officer. It includes all Medical Directors of HSC organisations and other medical leaders (or their representatives) from regional organisations and groups such as QUB Medical School and GAIN. The agenda is divided into strategic issues, for example at the last meeting about medical workforce, and operational issues, for example RQIA Medical Director updated at the last meeting about the acute hospital programme.
The Director of Public Health (DPH) and Medical Directors Group	Every 2 months The DPH is chaired by the Regional Director of Public Health. This is a liaison group with the regional DPH and discusses a range of operational issues. Examples could include the processes to take forward safety alerts or progress on regional initiatives such as the development of mortality indicators.
The Quality 2020 Implementation Team	4 times a year This group is responsible for coordinating the implementation of the programme of actions to take forward Quality 2020. It meets four times a year. The work is taken forward through specific task groups. RQIA Medical Director is currently on two of the task groups: • Task Group 2 which is defining the content of annual quality reports by trusts (it meets about 4-5 days per year) • Task Group 13 which is reviewing the potential to develop a common curriculum for patient safety for undergraduate and postgraduate students.

Death Certification Implementation Working Group	Bi-monthly RQIA Medical Director is the RQIA representative on this group which is taking forward the development of new arrangements for death certification in Northern Ireland. RQIA as originally invited to this group due to the reporting arrangements for deaths as notifiable events in nursing and care homes but the work is becoming increasingly relevant as well to the roles which GAIN and RQIA have been asked to take forward in relation to SAIs. There is a significant programme of work underway at present and the group is meeting bi-monthly with occasional additional subgroup meetings.
Responsible Officers (RO) Forum	4-5 times a year This forum meets to bring together ROs from each organisation that are responsible for making recommendations for revalidation of doctors to the GMC. Under the RO regulations, RQIA is required to appoint a doctor as RO and the RQIA Medical Director carries out this role.
DHSSPS Revalidation Delivery Board	4 times per year This group is responsible for oversight of the arrangements for revalidation.
DHSSPS Safety in Health and Social Care Group	2 to 3 times per year RQIA was invited to attend this group early in 2015 to give an overview of our work in relation to patient and client safety. RQIA Medical Director attends this group on behalf of RQIA. It meets about 2 to 3 times per year.
• DHSSPS Sponsor Branch • Health and Social Care Board • Patient and Client Council • Public Health Agency • Prisoner Ombudsman • Reviews Directorate liaison meetings with HSC trusts	Bi-annually In addition, the RQIA Medical Director takes part in the regular programmes of liaison meetings which have been established by RQIA with other relevant organisations.

Job Title:	**Corporate Improvement & Public Engagement Manager**
External Meetings	**Role/purpose**
The Regional PPI Forum	Every 4 months. The Forum is chaired by the Executive Director of Nursing, Midwifery and Allied Health Professionals (AHP). It includes all PPI Leads of HSC organisations and service user representation from each of the HSC bodies. To support and drive the embedding of PPI in all HSC activities.
The Regional PPI Training Subgroup	Every 3 months. The subgroup is chaired by the Regional PPI Lead. This subgroup consists of a small group of PPI HSC leads and service user representatives and has been leading on the development of a HSC PPI Awareness Raising and Training Programme. 'Stellar Leadership' was commissioned to deliver the training package including a PPI e-learning programme. This is now complete.
The Regional PPI Communication Subgroup	Every 3 months. Contributing to the development of the design, format and content of the regional PPI Annual Report 2014-15.
The Regional PPI Measurements Subgroup	Every three months Continue to contribute to subgroup work in relation to development of regional PPI measurements of outcome for HSC staff.

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The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 November 2015
Title of Paper	Hospital Inspection Programme (presentation)
Agenda Item	14
Reference	K/11/15
Author	Liz Colgan & Dr David Stewart
Presented by	Liz Colgan & Dr David Stewart
Purpose	The purpose of the presentation to the Board is to provide an update for Board members on progress in the establishment and initiation of the new programme of RQIA Acute Hospital Inspections.
Executive Summary	Since the last meeting of the RQIA Board, the programme of acute hospital inspections has been initiated, The first inspection took place at Antrim Hospital from 21 to 23 October 2015. The inspections are carried out by a multidisciplinary team of inspectors using an agreed range of methodologies including: point of care inspections; review of records; focus groups and surveys of patient views. The presentation will describe the approach which is being used to carry out the inspections.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the progress on the initiation of the new Hospital Inspection Programme
Next steps	Further updates will be provided to the Board as the programme is taken forward.

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 November 2015
Title of Paper	RQIA Positioning and Communications
Agenda Item	15
Reference	L/11/15
Author	Glenn Houston
Presented by	Glenn Houston
Purpose	This paper outlines proposals to raise RQIA's public profile as an independent and responsible authority delivering effective regulation and promoting quality improvement in health and social care in Northern Ireland. The report builds of the actions proposed following the Board Workshop in June 2015 and sets out 10 further actions which the Board is asked to approve.
Executive Summary	To be an effective organisation RQIA must communicate effectively with key stakeholders and with members of the public. RQIA uses a range of approaches to communicating with the public, key stakeholders and with elected representatives. This paper describes the systems and processes in place presently to promote RQIA as an effective public authority and identifies a number of planed actions to help raise our public profile.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable

Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the RQIA Positioning and Communications paper.
Next steps	The Board is asked to consider this paper and to approve the ten proposed actions.

The Regulation and Quality Improvement Authority

Raising RQIA's Profile in Regulation and Quality Improvement within Health and Social Care

Discussion Paper RQIA Board

November 2015

Introduction

In 2001, the Northern Ireland Executive's Programme for Government included a commitment to raise the quality of public services. In 2002, Ministerial agreement to proposals in Best Practice - Best Care: A Framework for Setting Standards, Delivering Service and Improving Monitoring and Regulation in the HPSS (DHSSPS), meant that for the first time health and social care organisations had to fulfil a statutory duty of quality.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, created the enabling legislative framework for raising the quality of health and social care services in Northern Ireland, and extended regulation and quality improvement to a wider range of services.

In April 2005, the Regulation and Quality Improvement Authority (RQIA) was established as a non-departmental public body of the DHSSPS, bringing together four separate registration and inspection units located in the former Health and Social Care Boards.

RQIA's title, as listed in the 2003 Order, is The Health and Personal Social Services Regulation and Improvement Authority. RQIA's inaugural Board approved an operating title for the organisation as The Regulation and Quality Improvement Authority. This was title formally adopted in statute in the Health and Social Care (Reform) Act (Northern Ireland) 2009, with the organisation renamed the Health and Social Care Regulation and Quality Improvement Authority.

While, in the print and broadcast media, RQIA is often referred to as the health watchdog or health regulator, increasingly, it is referred to by name, acknowledging increased media recognition of RQIA, its role and responsibilities.

Developing RQIA's public profile

Since its establishment, RQIA has invested time and resource in communicating its aims, mission and purpose to its key stakeholders and to the wider public.

In June 2015, the RQIA Board convened a workshop to focus on four strategic objectives including positioning RQIA as an effective health and social care regulator.

Board members considered four key questions:

> How can RQIA position itself in the public domain as an effective and respected regulator of health and social care?
>
> How can RQIA ensure success in taking forward the six key actions in the Business Plan related to enhancing effective external relationships?

What else can RQIA do within capacity and available resource to enhance its public profile?

What partnerships and networks should RQIA actively build and participate in to strengthen its roles and functions in regulation?

Following the June Board workshop RQIA produced a summary report outlining key action points across each of the four strategic themes addressed on the day.

In relation to strategic theme 1 (Positioning RQIA) the following actions were agreed going forward:-

Implement the RQIA Communications Action Plan (2015-2016) to increase our public profile through effective use of print, broadcast and social media (see appendix a).

Position RQIA effectively in strategic discussions in respect of, for example, the Donaldson Report, Quality 2020 and Transforming Your Care (TYC).

Review the impact of our engagement with the wider public by undertaking regular surveys of how the public view RQIA's impact on driving improvements in health and social care.

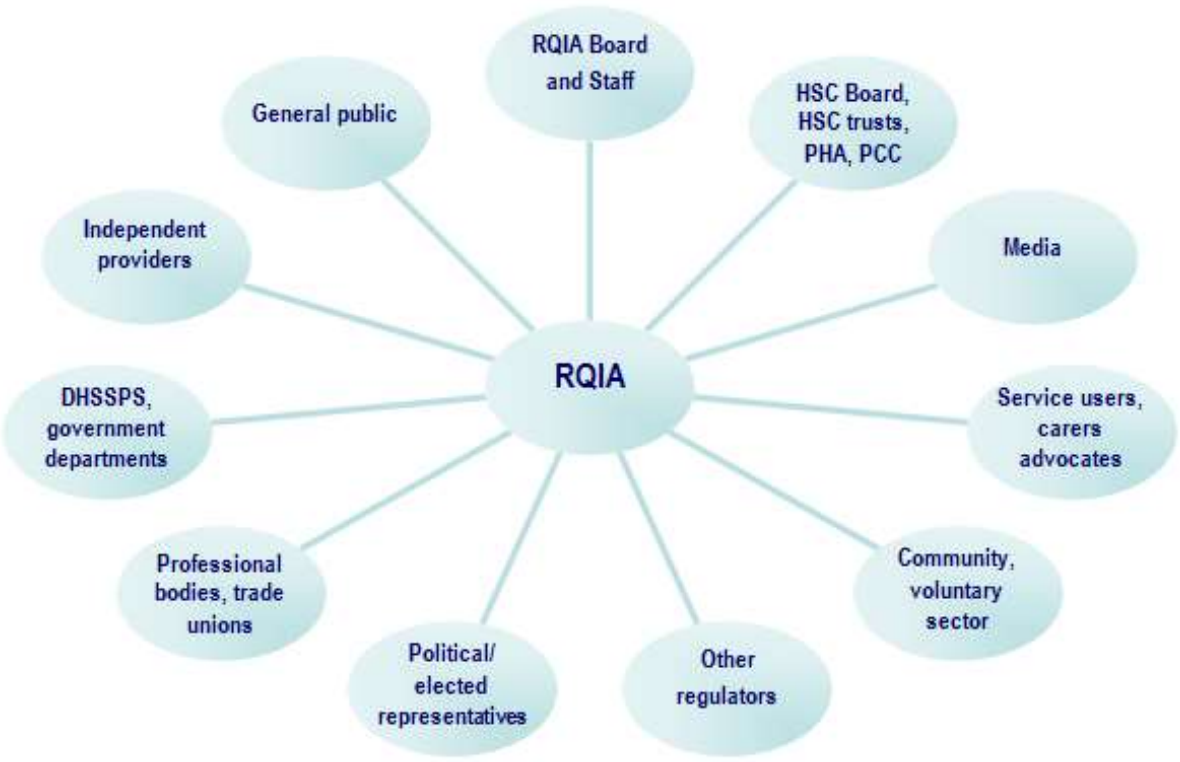
In October the Chair, Chief Executive and two Board members met to consider the outputs from the June Board workshop and to determine how best to take them forward.

The purpose of this paper is to describe additional activities which will facilitate RQIA in positioning itself as a respected independent authority with responsibility for regulation and quality improvement, and to identify further opportunities to increase RQIA's public profile, in keeping with its statutory remit.

RQIA's Key Stakeholders.

RQIA has a Communications Action Plan, updated on an annual basis. The Communications Action Plan, 2015-16 was approved by the Executive Management Team in June 2015. Copies of the RQIA Communication Action Plan were available to Board members at the June Board workshop.

The communication action plan identifies our key stakeholders: –



RQIA proposes to survey representative stakeholder organisations to determine the level of knowledge and awareness of RQIA's role and responsibilities. The feedback will enable RQIA to establish a baseline against which future survey results may be compared and will facilitate the provision of useful trend data. RQIA will engage an independent market research company to undertake an initial survey.

Action point

1.0 Undertake a stakeholder audit to identify the level of knowledge, awareness and confidence in the role of RQIA. This would establish a baseline position against which future audits may be undertaken.

RQIA's Public Profile in Northern Ireland

RQIA's roles and responsibilities are well known within HSC organisations and regulated services. However, the level of knowledge and understanding will vary across organisations and between staff groups within organisations.

Independent providers, who are required to register with RQIA are familiar with the organisation's remit and with the regulations and minimum standards which underpin the inspection process. Again, the level of knowledge and awareness of RQIA will vary between staff groups.

RQIA engages directly with party political spokespersons for health and social care on an annual basis and with the Assembly's Health Committee as and when required. We have presented evidence on all aspects of our work to Assembly committees, e.g. for health, justice and social development.

RQIA regularly receives correspondence from MLAs and councillors on constituency matters relating to the quality of health and social care services in Northern Ireland.

Many local politicians are aware of RQIA's responsibilities, but the level of awareness varies significantly. Awareness can be improved through face to face meetings with politicians and through attendance at party conferences.

RQIA proposes to take the following steps to increase knowledge and awareness of our roles and responsibilities with elected representatives:-

Action Points

2.0 Participate in and promote the work of RQIA at the main party conferences in Northern Ireland (RQIA commenced this new activity in October 2015).

3.0 Engage on an annual basis with the new local councils in Northern Ireland on the work of RQIA. (This is important given the role the new Councils have in community planning which incorporates aspects of health and social care).

4.0 Meet health spokespersons of the main political parties in Northern Ireland on an annual basis, or more frequently by request.

Public Awareness of RQIA

The volume of enquiries by telephone, email, in writing and visits to RQIA's website indicates a strong awareness of the organisation. During the past 12 months, there have been over 130,000 visitors to our website, viewing over half a million pages. Of these visitors, just over half are new visitors. It is likely that some members of the public are less aware and some may be entirely unaware of our work.

Since its establishment, RQIA has received significant media attention. This has included coverage of all aspects of our activities, including: regulatory activities and actions; mental health and learning disability, prison and infection prevention/hygiene inspections; and through the publication of RQIA's programme of review reports.

This has been as a result of proactive communication activities, responses to media enquiries and establishing effective links with local reporters. However, the media will, at times, cover aspects of our work without contacting us beforehand.

Examples, which have resulted in positive presentations, include coverage of: the outcomes of inspections; enforcement actions driving improvement; RQIA reviews, most recently the launch of the unannounced acute hospital inspection programme.

Media outlets also convey the narrative of who we are and what we do, through both proactive and reactive coverage. While RQIA has established positive working relationships with key media personnel, the focus and representation of a story or issue is primarily within the control of the journalist/media outlet.

Opportunities to maximise media interest are often time bounded, however they do provide a platform to promote our work and to present RQIA as a champion of quality improvement and patient safety.

There will be opportunities going forward to promote RQIA's work through proactive engagement with the print and broadcast media, particularly in respect of quality improvement. RQIA will seek out opportunities to proactively engage in media coverage of its work in promoting quality, and by profiling activities focused on protecting the rights and best interests of service users.

Action Point

5.0 Proactively explore opportunities to increase the public's awareness of RQIA through participation in magazine style programmes such as BBC Radio Ulster's On Your Behalf, and U105's Frank Mitchell Show.

Communicating with Stakeholders and with the General Public

RQIA is committed to communicating openly with stakeholders and with the public. As an organisation we use available resources to best effect in raising our profile through a series of planned events.

In 2014 we undertook a number of pre-consultation public events on the theme of the RQIA's Corporate Strategy and Review Programme. These events were attended by more than 200 delegates. These are not annual events but tie into the three year planning cycle.

Board meetings are open to the public, and may take place around Northern Ireland. However, in common with most public bodies, these meetings are rarely attended by members of the public. Board members do, however, participate in a range of activities and events for and on behalf of RQIA. Board members also use their network of contacts to represent RQIA's position on matters of strategic importance.

Further consideration needs to be given as to how to make best use of these opportunities to raise the public profile of RQIA.

Annual Roadshows

RQIA's Regulation and Mental Health and Learning Disability directorates host annual road shows, aimed at specific audiences of registered persons/managers mainly from the statutory and independent sectors, and mental health service staff. These events are held annually to inform the invited audience about key developments in RQIA, including inspection themes for the forthcoming year. They are well supported and feedback from participants is largely positive. Whilst these events follow a specific and well tested format, there are plans to make them more focused and to incorporate aspects of our quality improvement agenda.

Training Events

RQIA has organised a number of training events aimed at service providers on themes, including: fire safety, water safety and emergency planning. These events have attracted a high level of support and participation from the regulated sector. RQIA sees this as a useful means of improving engagement with regulated providers and increasing contact with key representatives of the regulated sector. They have also provided an opportunity for RQIA to increase its involvement in activities aligned to quality improvement.

Mental Health and Learning Disability Conference

There are annual events for those engaged in the delivery of services to adults and children with a mental health and learning disability. These events are well supported, bringing together managers and clinicians from the HSC across Northern Ireland. In addition, RQIA worked in partnership with the Irish Mental Health Commission to establish the first all-Ireland conference, which took place in Dublin Castle in December 2014. This conference will be organised on a biannual basis with the next planned event in Belfast in March 2017.

Review Programme

Increasingly, RQIA is making use of summit events as part of the approved methodology for thematic reviews. Summit events are targeted at those working in key areas of the service subject of review, and are useful in gathering and verifying information, and examining recommendations prior to publication of final reports. Depending on the nature of the review, these events may also involve the public/service users.

RQIA / GAIN

The Guidelines and Audit Implementation Network (GAIN) transferred to RQIA in April 2015. The GAIN annual conference took place in October and was attended by more than 100 delegates from across HSC organisations, most of whom are leading

quality improvement initiatives supported by grants from GAIN. This presents a further opportunity for RQIA/GAIN to engage HSC Trusts and other HSC arms length bodies in promoting and embedding a culture of quality improvement in service delivery

Action Points

6.0 Continue to organise a minimum of 10 open events each year such as roadshows, workshops and stakeholder summits aimed at engaging key stakeholders in respect of RQIA's core activities of inspections, investigations and reviews.

7.0 Provide speakers to events organised by partner organisations such as NICON.

RQIA's Website

RQIA uses its website as a tool to allow the public to find out more about the organisation and its duties and responsibilities.

The current website was designed and launched in early 2007, and reflected the range of duties undertaken by RQIA at that time. Since then RQIA's duties and remit have expanded very significantly to include a much broader range of services.

RQIA operates in an open and transparent manner, and works to ensure that all documentation, including: corporate publications; inspection/review reports; details of regulatory actions; and policies and procedures, are available to the public in a timely manner via our website.

RQIA recognises the need to upgrade the website to facilitate improved communication and information exchange, and to represent the organisation's wider duties and responsibilities. A project team is taking this forward.

Following the approval of a business case and a tender process, a web development company has been appointed to develop a new site. RQIA Board members are also engaged in supporting the development of the new website.

RQIA is examining how peer organisations make use of web-based technology to increase interactions with the general public. The plan to develop the new website will include arrangements for stakeholder consultation. RQIA will endeavour to ensure the new website is easy to navigate for the public and for service providers.

Action Point

8.0 Complete the redesign and facilitate a public relaunch of the RQIA website.

Use of Social Media

Increasingly, organisations are becoming more reliant on social media as a means of communicating key messages. Use of social media involves both risks and opportunities. In 2013 EMT approved RQIA's Social Media Policy and Procedure which was devised to support the development and usage of social media communications in engaging with a range of the RQIA stakeholders.

RQIA has had a presence on Twitter (@RQIANews) since 2014, and this year we have established a YouTube channel.

On Twitter, RQIA has over 630 followers; Care Inspectorate Scotland (CIS) and Healthcare Inspectorate Wales (HIW) currently have 400 and 260 followers respectively.

RQIA has established a process for generating and approving tweets in respect of our core business in order to improve knowledge about our current activities. We receive notifications of every reference to RQIA on Twitter. These are assessed, and, when required shared with relevant personnel. Any inaccurate assertions are corrected, however, RQIA does not have the resource or capacity to enter into twitter conversations with individuals or organisations.

RQIA has recently decided to follow a small number of corporate twitter accounts and will keep our use of twitter under regular review to determine how to make best use of this medium to increase our public profile.

Going forward RQIA will develop a social media policy to determine appropriate and proportionate use of social media.

> **9.0 Review the use of Twitter and the potential to use other social media to increase RQIA's profile with the public and key stakeholders.**

Building and Sustaining Public Confidence in RQIA

Building public confidence in a regulator, or in any public body, is a long-term strategic investment. It requires commitment of time and resource from those at all levels in the organisation, particularly at Board and Senior Executive level.

Every decision and associated action which can be cited publicly can also be judged publicly. This can enhance or detract from the reputation of a public authority. Reputation management helps to inform public perception.

Individuals who act for an on behalf of the organisation are ambassadors for its vision, mission and purpose and if the staff feel the organisation is competent and reliable they are more likely to reflect those values in their dealings with others. RQIA

has invested significant resource in internal communications, including monthly staff meetings, The Standard, RQIA's staff magazine and an intranet site.

A key aspect of reputational management is the culture of the organisation, i.e. what does it feel like to work for the organisation, what does it look like - not only from the outside looking in - but from the inside looking out.

The concept of public trust and confidence is important to any public authority. It is hard earned and can easily be lost.

> *'If we are to place trust with assurance we need to know what we are asked to believe or accept, and who is soliciting our trust.'*
>
> *'We place and refuse trust not because we have torrents of information (more is not always better), but because we can trace specific bits of information and specific undertakings to particular sources on whose veracity and reliability we can run some checks.'* ***(Onora O'Neill 'A Question of Trust: The BBC Reith Lectures 2002).***

If a public organisation loses the trust and confidence of the people it is meant to serve then its reputation is damaged. It can take a long time to rebuild public trust and confidence, a single action or inaction can result in a loss of public confidence.

> **Action Point**
>
> **10.0 Undertake regular surveys of public trust and confidence in RQIA as the independent regulator of health and social care.**

Protecting RQIA's reputation as a respected independent regulator

Establishing and maintaining a reputation as a respected, independent regulator combines two separate but interrelated factors i.e., corporate leadership, and communication with the public and key stakeholders. We have developed positive and effective working relationships with print, broadcast and online media outlets, and continue to engage on a proactive basis to sustain these links.

Regardless of how well RQIA manages the message and the narrative reported through the media, the fundamental building blocks of competence in reputation management is to make well- informed, logical and proportionate decisions which can be represented in simple straight forward language and are capable of withstanding media scrutiny.

Summary of Proposed Actions

1.0 Undertake a stakeholder audit to identify the level of knowledge, awareness and confidence in the role of RQIA. This would enable us to establish a baseline position against which future audits may be undertaken.

2.0 Participate in and promote the work of RQIA at the main party conferences in Northern Ireland (RQIA commenced this new activity in October 2015).

3.0 Engage on an annual basis with the new local councils in Northern Ireland on the work of RQIA. (This is important given the role the new Councils have in community planning which incorporates aspects of health and social care).

4.0 Meet health spokespersons of the main political parties in Northern Ireland on an annual basis, or more frequently by request.

5.0 Proactively explore opportunities to increase RQIA's media coverage through participation in magazine style programmes such as BBC Radio Ulster's On Your Behalf, and U105's Frank Mitchell Show.

6.0 Continue to organise a minimum of 10 open events each year such as roadshows, workshops and stakeholder summits aimed at engaging key stakeholders in respect of RQIA's core activities of inspections, investigations and reviews.

7.0 Provide speakers to events organised by partners such as NICON.

8.0 Complete the redesign and facilitate a public re-launch of the RQIA website.

9.0 Review the use of Twitter and the potential to use other social media to increase RQIA's profile with the public and key stakeholders.

10.0 Undertake regular surveys of public trust and confidence in RQIA as the independent regulator of health and social care.

The Board is asked to approve the ten action points outlined above.

Discussion Points

What do we currently do well in representing the profile of RQIA to the general public?

What could we do better to increase public awareness of and confidence in RQIA?

How could we measure awareness and build trend data in respect of:

(a) stakeholder and public knowledge of our role and responsibilities
(b) public confidence in our performance and capability

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	12 November 2015
Title of Paper	Audit Committee Business
Agenda Item	15
Reference	N/11/15
Author	Hayley Barrett
Presented by	Denis Power
Purpose	The purpose of this paper is to update the RQIA Board on the recent Audit Committee meetings.
Executive Summary	The Audit Committee has met on one occasion since the last Board meeting. At the meeting on 22 October 2015, the minutes of the meeting of 25 June 2015 were approved and these are attached for noting by the Board. The Committee Chairman will verbally update the Board on the meeting of 22 October 2015. Also attached are: • RQIA Mid-Year Assurance Statement • Landscape Review – Progress Report • Audit Committee Terms of Reference (amended) • Proposed amendments to Standing Orders
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 3 March 2016.

MINUTES

RQIA Audit Committee Meeting, 25 June 2015
Boardroom, 9th Floor, Riverside Tower, Belfast, 2.15pm

Present
Denis Power (Chair)
Patricia O'Callaghan
Lindsey Smith
Seamus Magee
Robin Mullan

Apologies
Gerry McCurdy
Glenn Houston (Chief Executive)
Jonathan King (Head of Finance)
Tomas Wilkinson (NIAO, External Audit)
Donna Ruddy (DHSSPS)
Richard Ross (NIAO, External Audit)

In attendance
Maurice Atkinson (Director of Corporate Services)
Stuart Crawford (Planning and Corporate Governance Manager)
Lesley Kyle (Senior Finance Officer)
Hayley Barrett (Board & Executive Support Manager)
Catherine McKeown (Business Services Organisation, Internal Audit)
Brian Clerkin (ASM)
Craig Morrow (NIAO, External Audit)

1.0 Welcome and Apologies

1.1 The Chair welcomed all members and officers to the Audit Committee meeting and noted apologies from Gerry McCurdy, Glenn Houston, Jonathan King, Tomas Wilkinson, Donna Ruddy and Richard Ross.

2.0 Chairman's Business / Declaration of Interests

2.1 The Audit Committee met with the representatives of the Northern Ireland Audit Office, Internal Audit and ASM in advance of the meeting to discuss key issues emanating from the end of year audit work.

2.2 NIAO and ASM noted the full co-operation of the RQIA Finance team in the completion of final accounts. Head of Internal Audit acknowledged the full support of Chief Executive, Executive Management Team and RQIA Management and supports in facilitating the work programme of Internal Audit and follow up.

2.3 The chair thanked the auditors for their feedback and acknowledged the work of the RQIA finance team in the completion of the end of year accounts.

2.4 The Chair of the Audit Committee asked Committee 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.

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

3.0 Minutes of previous meeting (AC/Min15/Apr)

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

3.1 Committee members **APPROVED** the minutes of the meeting of 23 April 2015 for onward transmission to the Board on 9 July 2015.

3.2 **Resolved Action (293)**
Board & Executive Support Manager to bring the Audit Committee minutes of 23 April 2015 to the July meeting of the Board for noting.

3.3 The Chair advised there was no other business for discussion.

3.4 The Chair went through the action list and advised that actions 289, 290 and 292 are now completed.

3.5 Actions 286 and 291 are ongoing. The Chair advised that in relation to action 286 that further clarity of completion dates should be included in the update from the Director Regulation and Nursing. Audit Committee members recommended that a traffic light system be introduced to this report. The chair committed to discuss with the Director Regulation and Nursing.

3.6 **Resolved Action (294)**
Further clarity of completion dates to be included in the update from the Director of Regulation and Nursing. A traffic light system is recommended for future reports to Audit Committee.

3.7 The Director of Corporate Services informed Committee members that following the Audit Committee meeting on 23 April 2015 the Internal Audit Charter was amended and recirculated to Committee members.

4.0 Update on Audit Action Plan 2014/15 (A/06/15)

4.1 The Planning and Corporate Governance Manager introduced the Update on Audit Action Plan 2014/15 and advised that the majority of the recommendations have been signed off and there are a number of recommendations carried forward from 2013/14.

4.2 Committee members were asked to note that in relation to the Implementation of New Financial Systems the Policy and Procedures will be drafted and presented in Quarter 3.

4.3 Committee members were asked to note that in relation to the development of the procedures in relation to contract management the deadline has been revised to the end of July 2015; this will be amended to red.

4.4 Committee members **NOTED** the Update on the Audit Action Plan 2014/15.

5.0 Audit Timetable 2015-16 (B/06/15)

5.1 The Planning and Corporate Governance Manager introduced the Audit Timetable 2015-16 and advised that the audits have now been scheduled.

5.2 The Planning and Corporate Governance Manager advised Committee members that the Board Effectiveness audit has been requested by DHSSPS and is scheduled for July 2015.

5.3 The Chair recommended that the Audit Timetable 2015-16 is presented to the Board on 9 July 2015 for noting.

5.4 <u>Resolved Action (295)</u>
The Audit Timetable 2015-16 will be presented to the Board on 9 July 2015 for noting.

5.5 Committee members **NOTED** the Audit Timetable 2015-16.

6.0 External Audit Update (D/06/15)

- **Draft Report to those Charged with Governance**

6.1 Brian Clerkin presented the Report to those Charged with Governance. The report stated that the 2014-15 financial statements are certified with an unqualified audit opinion and also noted RQIA's breakeven position.

6.2 Brian Clerkin, ASM, informed Committee members that there was one priority three recommendation made in relation to prompt payments. This recommendation was accepted by RQIA Management.

6.3 The Committee was asked to note page 8 of this report which detailed adjustments to RQIA's financial statements. The net effect of the adjustments on the SoCNE and the SoFP was nil.

6.4 Craig Morrow, NIAO informed Committee members that the final Report to those Charged with Governance will be presented at the Audit Committee on 22 October 2015.

6.5 Craig Morrow and Brian Clerkin thanked the finance team and management of RQIA for their work during the audit.

6.6 Committee members **NOTED** the Draft Report to those Charged with Governance.

7.0 Audit Committee Annual Report 2014/15 (E/06/15)

7.1 The Chair of Audit Committee presented the Audit Committee Annual Report 2014/15. The Chair advised that the report reflects positively on the work of the Audit Committee during the course of the year in providing the Board and the Accounting Officer with assurances relating to the Corporate Governance requirements of RQIA.

7.2 It was requested that page 3, progress made in implementing the recommendations from audits carried out in 2013/14 is revised, to reflect that 15% of internal audit recommendations were partially implemented.

7.3 <u>Resolved Action (296)</u>
Proposed amendment to page 3 of the Audit Committee Annual Report 2014/15 to reflect 15% of internal audit recommendations were partially implemented.

7.4 Committee members **NOTED** the Audit Committee Annual Report 2014/15 for onward distribution to the Board on 9 July 2015 for noting.

7.5 <u>Resolved Action (297)</u>
The Audit Committee Annual Report 2014/15 to be presented to the Board on 9 July 2015.

8.0 Annual Report and Accounts (F/06/15)

- Review of Annual Accounts
- Annual Report and Accounts 2014/15

8.1 The Senior Finance Officer introduced the Review of Annual Accounts and advised that there were two statements; Statement of Comprehensive Net Expenditure and a Statement of Financial Position.

8.2 The Senior Finance Officer informed Committee members that RQIA had a financial position of breakeven at year end 2014/15 with a surplus of £554.

8.3 Committee members were asked to note that the staff costs and operating costs had increased from the previous year, due principally to pay awards, incremental drift, additional funding for commissioned reviews and an increase in the amortisation charge in relation to iConnect..

8.4 Committee members **NOTED** the Review of Annual Accounts.

8.5 **<u>Resolved Action (298)</u>**
The Review of Annual Accounts is to be presented to the Board on 9 July 2015 for noting.

8.6 The Director of Corporate Services introduced the Annual Report and Accounts 2014/15 and highlighted the continuing and significant achievements of RQIA across all Directorates.

8.7 Committee members were asked to note that there are four new internal control issues ; Regulation Directorate Special Assignment (Priority 1 Recommendations), Landscape Review, BSO Shared Services and the Donaldson Review recommendations.

8.8 A number of minor revisions were requested to the Annual Report i.e. reference to the development of the Corporate Strategy 2015-18 to be added; the creation and remit of the Quality Improvement Steering Group to be added; and the joint work of the Executive Team and Audit Committee on horizon scanning should be included. NIAO advised that a statement in highlighting future financial uncertainty must be added to the Annual Report and Accounts.

8.9 **<u>Resolved Action (299)</u>**
The Planning and Corporate Governance Manager to take into account the proposed amendments, to the Annual Report and Accounts 2014/15.

8.10 Craig Morrow informed Committee members that a scanned signature is not acceptable for the sign off of accounts.

8.11 Following the proposed amendments, Committee members **APPROVED** the Annual Report and Accounts 2014/15.

8.12 **<u>Resolved Action (300)</u>**
The Annual Report and Accounts 2014/15 are to be presented to the Board on 9 July 2015 for approval.

9.0 Risk Management Strategy (G/06/15)

9.1 The Planning and Corporate Governance Manager introduced the Risk Management Strategy and advised that it follows a template that has been built over the last number of years.

9.2 The Chair of Audit Committee advised that this strategy should reflect that Audit Committee members participated in Horizon Scanning with EMT.

9.3 Following the proposed amendment, Audit Committee **APPROVED** the Risk Management Strategy for presentation to the Board on 9 July 2015 for noting.

9.4 **<u>Resolved Action (301)</u>**
The Director of Corporate Services will present the Risk Management Strategy at the Board meeting on 9 July 2015 for noting.

9.5 Internal and External Audit left the meeting.

10.0 Corporate Risk Assurance Framework Report (H/06/15)

10.1 The Planning and Corporate Governance Manager presented the Corporate Risk Assurance Framework Report to Committee members.

10.2 Committee members felt that the de-escalation of the risk relating to Cherry Tree House recommendations was not appropriate at this time and that the risks in relation to the Cherry Tree House review and the special audit assignment should be combined.

10.3 **<u>Resolved Action (302)</u>**
The risks in relation to the Cherry Tree House review and the special audit assignment should be combined.

10.4 Committee members advised that the wording of risk in relation to shared services needs to be simplified. The Director of Corporate Services will review and revise as appropriate.

10.5 **<u>Resolved Action (303)</u>**
The Director of Corporate Services will review and revise the language used in Risk 6 (Shared Services).

10.6 The Director of Corporate Services explained the risk in relation to the retention of the iConnect Project Manager. Committee members felt that the risk as currently described does not adequately reflect the full extent of the risk. The Director of Corporate Services agreed to review and revise this risk.

10.7 **<u>Resolved Action (304)</u>**
The Director of Corporate Services will review and revise Risk 8 (iConnect Project Manager).

10.8 Committee members requested that the description of Risk 5 should be strengthened in terms of workforce planning, skills gaps and deployment.

10.9 **<u>Resolved Action (305)</u>**
The Director of Corporate Services will review and revise the description Risk 5 (Capacity/Capability).

10.10 Following in-depth discussion, it was agreed that a revised version of

the Corporate Risk Assurance Framework Report would be circulated to Committee members prior to the Board meeting on 9 July 2015.

10.11 **Resolved Action (306)**
Following amendments the Corporate Risk Assurance Framework Report will be circulated to Committee members prior to the Board meeting on 9 July 2015.

11.0 Update on DHSSPS Circulars (I/06/15)

11.1 The Senior Finance Officer informed Committee members that there have been two circulars in relation to the Audit Review of Finance Payments 2014 and Procurement Guidance these have been noted and shared appropriately.

11.2 Committee members **NOTED** the update on DHSSPS Circulars.

12.0 Debt Write-Off

12.1 The write-off of debt £460 in relation to Bellcare Ltd which went into administration during 2014-15, was approved.

13.0 Any Other Business

13.1 As there was no further business the Chair of the Audit Committee brought the Audit Committee meeting to a close at 3.45pm.

Date of Next Meeting:
Thursday 22 October 2015; 2.00pm, RQIA Boardroom

The Regulation and Quality Improvement Authority

ACTION LIST

RQIA Audit Committee Meeting 25 June 2015

Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
286		The Director of Regulation and Nursing will produce a paper to update Audit Committee members of the progress of each recommendation.	Director of Regulation and Nursing	23 April 2015 (& all audit committee meetings in 2015-16)	Ongoing
291		The Chief Executive will provide an update to Audit Committee in relation to ongoing legal action.	Chief Executive	22 October 2015	Ongoing
293	3.2	Board & Executive Support Manager to bring the Audit Committee minutes of 23 April 2015 to the May meeting of the Board for noting.	Board and Executive Support Manager	9 July 2015	To be completed
294	3.6	Further clarity of completion dates to be included in the update from the Director of Regulation and Nursing. A traffic light system is recommended for future reports to Audit Committee.	Planning and Corporate Governance Manager	22 October 2015	To be completed
295	5.4	The Audit Timetable 2015-16 will be presented to the Board on 9 July 2015 for noting.	Chair of the Audit Committee	9 July 2015	To be completed

296	7.3	Proposed amendment to page 3 of the Audit Committee Annual Report 2014/15 to reflect 15% of internal audit recommendations were partially implemented.	Planning and Corporate Governance Manager	9 July 2015	To be completed
297	7.5	The Audit Committee Annual Report 2014/15 to be presented to the Board on 9 July 2015.	Chair of the Audit Committee	9 July 2015	To be completed
298	8.5	The Review of Annual Accounts is to be presented to the Board on 9 July 2015 for noting.	Director of Corporate Services	9 July 2015	To be completed
299	8.9	The Planning and Corporate Governance Manager to take into account the proposed amendments, to the Annual Report and Accounts 2014/15, by Committee members.	Planning and Corporate Governance Manager	9 July 2015	To be completed
300	8.12	The Annual Report and Accounts 2014/15 are to be presented to the Board on 9 July 2015 for approval.	Director of Corporate Services	9 July 2015	To be completed

301	9.4	The Director of Corporate Services will present the Risk Management Strategy at the Board meeting on 9 July 2015 for noting	Director of Corporate Services	9 July 2015	To be completed
302	10.3	The risks in relation to the Cherry Tree House review and the special audit assignment should be combined.	Planning and Corporate Governance Manager	9 July 2015	To be completed
303	10.5	The Director of Corporate Services will review and revise the language used in Risk 6 (Shared Services).	Director of Corporate Services	9 July 2015	To be completed
304	10.7	The Director of Corporate Services will review and revise Risk 8 (iConnect Project Manager).	Director of Corporate Services	9 July 2015	To be completed
305	10.9	The Director of Corporate Services will review and revise the description Risk 5 Capacity/Capability).	Director of Corporate Services	9 July 2015	To be completed
306	10.11	Following amendments the Corporate Risk Assurance Framework Report will be circulated to Committee members prior to the Board meeting on 9 July 2015.	Planning and Corporate Governance Manager	9 July 2015	To be completed

REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

MID-YEAR ASSURANCE STATEMENT

This statement concerns the condition of the system of internal governance in Regulation and Quality Improvement Authority (RQIA), as at 30 September 2015.

The scope of my responsibilities as Accounting Officer for RQIA, the overall assurance and accountability arrangements surrounding my Accounting Officer role, the organisation's business planning and risk management, and governance framework, remain as set out in the Governance Statement which I signed on 9 July 2015.

The purpose of this mid-year assurance statement is to attest to the continuing effectiveness of the system of internal governance. In accordance with Departmental guidance, I do this under the following headings.

1. <u>Governance framework</u>

The governance framework as described in the most recent Governance Statement continues in operation. The Audit Committee and the Appointments and Remuneration Committee have continued to meet and to discharge their assigned roles and responsibilities effectively. Minutes and Reports of Board and Committee meetings are available for Departmental inspection to further attest to this.

2. <u>Assurance Framework</u>

RQIA has a Corporate Risk Assurance Framework, which operates to maintain, and help provide reasonable assurance of the effectiveness of controls, has been approved and is reviewed by the board. The Corporate Risk Assurance Framework report is reviewed by EMT, Audit Committee and the Board. The report is a combination of the Corporate Risk Register and the Corporate Assurance Framework and enables RQIA to be satisfied that identified and potential risks relating to the delivery of RQIA's key strategic objectives are monitored and managed effectively. Minutes of board meetings are available to attest to this.

3. Risk Register

I confirm that the Corporate Risk Assurance Framework report is reviewed by RQIA's Board and that risk management systems/processes are in place throughout the organisation. As part of the board-led system of risk management, the Corporate Risk Assurance Framework report is presented to the Audit Committee and to the Board - most recently on 9 July 2015.

In addition I confirm that Information Risk continues to be managed and controlled as part of this process.

4. Performance against Business Plan Objectives/Targets

I confirm satisfactory progress towards the achievement of the objectives and targets set by out in the organisation's business plan as approved by the Department.

5. Controls Assurance

I confirm implementation of action plans arising from the year-end self-assessments of compliance with Controls Assurance Standards.

6. External audit reports

I confirm implementation of the external auditor's accepted recommendations which have an implementation date of 30 September 2015.

7. Internal audit

I confirm implementation of the accepted recommendations made by internal audit which have an implementation date of 30 September 2015, apart from 2 priority one and 3 priority two recommendations where the indicative date of implementation was not met. Relevant actions have been taken to ensure these recommendations are completed within a specified timeframe and progress is being monitored by the Audit Committee.

8. RQIA and other reports

I confirm implementation of the RQIA accepted recommendations, which have an implementation date of 30 September 2015, made by the independent review of the

actions taken in relation to concerns raised about the care delivered at Cherry Tree House Nursing Home.

DHSSPS appointed RSM McClure Watters to conduct a Landscape Review of the RQIA in April 2014. The purpose of the review was to assess the effectiveness of RQIA's statutory functions, core activities, financial and management systems and relationship between DHSSPS and RQIA. A total of 26 operational recommendations were made in relation to legislative change, operational matters, governance and resourcing.

RQIA has produced an action plan to address the recommendations from the RSM McClure Watters review and the progress of these actions is reported to DHSSPS and to RQIA's Audit Committee. The accepted recommendations, which have an implementation date of 30 September 2015, made by the RSM McClure Landscape Review of the RQIA have all been achieved apart from two recommendations where the indicative date of implementation was not met. Relevant actions have been taken to ensure these recommendations are completed within a specified timeframe and progress is being monitored by the Audit Committee.

Sir Liam Donaldson conducted a review of governance arrangements for ensuring the quality of care provision in Northern Ireland. The overall aim of the review was to examine the arrangements for assuring and improving the quality and safety of care, to assess their strengths and weaknesses, and to make proposals to strengthen them. The report contained ten recommendations for improvement of which one directly relates to the functions of the RQIA.

Recommendation 5 of the Donaldson Review is focused on regulation and the need to have a holistic system which impacts across the full spectrum of health and social care. RQIA has a well-established footfall into HSC Trusts and all independent regulated services and RQIA is capable of delivering robust inspections of all healthcare establishments. In 2015 RQIA commenced a new rolling programme of inspections of acute hospitals, based on the patient experience standards

DHSSPS has written to RQIA to request that RQIA undertake a review of whistleblowing arrangements across HSC. RQIA has been asked to report on the findings of this review by March 2016.

GAIN working within the RQIA, has been asked to undertake a review of the arrangements for reporting serious adverse incidents, including deaths by suicide. RQIA with GAIN will work closely in partnership with the HSCB, PHA, HSC Trusts and other stakeholders to consider a revised methodology/process to identify the regional learning arising from those of these incidents which are currently reported and reviewed as SAIs including suicide, homicide and cases of serious self-harm.

9. NAO Audit Committee Checklist

The annual NAO Audit Committee Checklist was not issued by the Department during 2015. However RQIA Audit Committee have updated the Checklist prior to the Audit Committee on 22 October 2015 and action plans have been agreed to address any issues. I also confirm that any relevant significant issues will be reported to the Department.

10. Internal Control Divergences

A recent BSO Internal Audit report of the RQIA Mental Health Order Responsibilities 2015-16 identified one Priority 1 weakness:

i-Connect is used within the MHLD Directorate for Inspections, Patient Experience Reviews and Escalation. There are an additional 15 standalone IT systems used for recording information, including FoxPro for recording detentions, which is currently unsupported. It is planned to move all standalone systems to i-Connect but it is expected to take two years before full implementation.

This is a known risk/business need and management has plans in place for the replacement of all MHLD systems in the context of the new mental Capacity legislation. As stated in the Information and ICT Strategic Framework and Action Plan 2015-16 a business case for MHLD will be developed as follows:

- Draft Strategic Outline Case (SOC)

- Draft Outline Business Case (OBC)

It should be noted that the timeline for the approval of the SOC and OBC is entirely dependent on DHSSPS and the allocation of capital funding is dependent on DHSSPS/HSCB. The project to replace MHLD systems is also likely to take circa two years or more from approval of business case to “go-live” and will require dedicated project management support.

In response to the independent review of the actions taken in relation to concerns raised about the care delivered at Cherry Tree House Nursing Home RQIA had produced an action plan. Progress made against the actions was monitored by the Executive Management Team and by the RQIA Board.

A number of actions are currently being taken forward through the Regulation Directorate Improvement Project 2015-16 where there is specific focus on the inspection methodology, use of intelligence to inform inspections and the reporting of key findings and recommendations.

In October 2014 Internal Audit identified four priority 1 audit recommendations in relation to Regulated Services – Special Assignment 2014/15:

- The quality assurance process for inspection reports within the Nursing Inspectorate Team is weak and the quality assurance is out of date.
- The recommendations made during inspections are frequently restated for up to five, six and seven times, and in one case eight times in inspection reports without enforcement action.
- Anomalies were identified in the quality improvement plans (QIPs) from inspections that were followed up at subsequent inspections.
- Some of the nursing homes reviewed had requirements restated at least three times and no enforcement action was initiated.

RQIA has established a Regulation Directorate Improvement Project 2015-16, which includes a review of our inspection methodology, and quality assurance processes.

All recommendations from the Internal Audit report continue to be implemented and their progress is reported to RQIA's Audit Committee quarterly through the Audit Action Plan 2015-16.

Business Services Organisation (BSO) is responsible for providing RQIA with a range of services through a Service Level Agreement (SLA). The Head of Internal Audit presented her draft Annual Report on the system of internal control for the year ended 31 March 2015 to the BSO Governance and Audit Committee on 14 April 2015. However, to date, significant weaknesses in control were identified in a number of audits in relation to Payments Shared Services, HRPTS Shared Services, Regional Interpreting Service and Information Management. Further audits completed in 2015/16 have revealed significant weaknesses in control in relation to Payroll and Business Services Team.

BSO's Management have accepted all of the recommendations in the 2014/15 internal audit reports and recommendations to address these control weaknesses have been or will be implemented. BSO's Mid-Year Follow Up on Outstanding Internal Audit Recommendations 2015/16 confirmed that 52% of the 21 priority 1 and 2 recommendations have been fully implemented.

11. Mid-year assurance report from Chief Internal Auditor

I confirm that I have referred to the Mid-Year Assurance report from the Chief Internal Auditor, which details the assurances the organisation has received from Internal Audit in the first six months of the year and reports on the accepted audit recommendations.

Signed

CHIEF EXECUTIVE & ACCOUNTING OFFICER

XX October 2015

The Regulation and Quality Improvement Authority
Action Plan to respond to the recommendations of:

RSM McClure Watters DHSSPS Review of the Regulation and Quality Improvement Authority
(November 2014)

April 2015

PROGRESS REPORT APRIL – SEPTEMBER 2015
(RQIA AUDIT COMMITTEE 22 OCTOBER 2015)

Key	Behind Schedule	
	In Progress	
	Completed or ahead of Schedule	

**Amendments made to the document have been made in italics*

Recommendations requiring legislative change / Ministerial Approval

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
1. We recommend that RQIA discuss with the Department the opportunity to change the Fees and Frequency Regulation and move to a risk based approach to inspection. ***Page 150***	DHSSPS and RQIA	DHSSPS has invited RQIA to participate in working group to review the Fees and Frequency of Inspection Regulations.	Glenn Houston, Chief Executive and Kathy Fodey, Director of Regulation and Nursing will represent RQIA on this group. Other members of RQIA will be invited to assist the working group in specific tasks, as and when required. *The Departmental led working group has met twice with a third meeting scheduled for October 2015.*	Chief Executive; Director of Regulation and Nursing	December 2015	
2. We recommend that RQIA moves to a single inspection that covers areas critical to patient safety. ***Page 150***	RQIA	RQIA conducts a wide range of inspections determined by the relevant legislation and standards. The need to continue with specialist inspections focusing on health and safety, finance and medicines management is an overriding consideration. The approach to each inspection is determined by the relevant legislation and standards.	RQIA notes but does not support this recommendation. *RQIA will continue to conduct a separate programme of inspections of registered establishments and agencies focusing on care, finance, estates and pharmacy practices.* In 2015/16 RQIA's inspection activities – irrespective of location or discipline - will be underpinned by the three stakeholder outcomes of safe, effective and compassionate care, as defined in RQIA's Corporate Strategy 2015-18. RQIA will work within the regulatory framework to make sure that all services are subject to the minimum number of inspections and that additional inspection activities are targeted effectively at the point of greatest need. *RQIA's new programme of acute hospital inspections will involve unannounced inspections with a focus on each of the domains of safe, effective and compassionate care.* *From 01 September 2015, MHLD Team have a programme of unannounced inspections using the new methodology for inspection using key indicators of safe, effective and compassionate care. A formal evaluation of the implementation of the new methodology will be undertaken and shared with the RQIA Board and DHSSPS.*	RQIA directors of Regulation and Nursing; Mental Health, Learning Disability and Social Work; and Director of Reviews and Medical Director.	March 2016	

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
3. We recommend that RQIA investigate with the Department the opportunity to review the current charging policy to move towards a long-term situation where the charges cover the costs of delivery. ***Page 151***	DHSSPS and RQIA	In June 2011 RQIA submitted an options paper to DHSSPS to move towards full cost recovery for inspection activity.	RQIA will meet with DHSSPS to consider options set out in the June 2011 paper and to agree a way forward. RQIA can only increase annual fees, should the relevant Fees and Frequency of Inspections regulations be amended. The scope to increase fees is being addressed by a Departmental Working Group (as per recommendation 1 above). *The decision to move to full cost recovery is contingent upon the impact of this for service providers. This would require a substantial increase in charges and is subject to Ministerial and Departmental approval.*	RQIA Chief Executive; and Director of Regulation and Nursing	September 2015	

Recommendations – Operational

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
4. To provide further assurance to stakeholders, merit may exist in clarifying the independence held by RQIA when conducting reviews and/or examinations albeit that such activities may be undertaken at the direction of the Department. ***Page 109***	RQIA DHSSPS	RQIA is an independent arms-length body (a non-departmental public body; NDPB). Its relationship with DHSSPS is prescribed in The Health and Personal Social Services (Quality, Improvement and Regulation) Order 2003 (the 2003 Order). All review reports refer to the independence of RQIA in carrying out reviews, and is often referenced in the report title. RQIA completed a public consultation on a proposed programme of reviews for 2015-18. The final review programme was approved by the RQIA Board in January 2015. The current DHSSPS led review of functions of organisations provides the opportunity for DHSSPS to reinforce the nature of the independence granted to RQIA as it is focusing on the implementation of the Organisational Framework document.	To ensure that any revisions to the framework document and associated accountability arrangements for HSC organisations reaffirms the extent of the independence of RQIA in relation to carrying out inspections and reviews. RQIA will continue to reaffirm its role as an NDPB and will act accordingly. RQIA will address any perceived conflict of interest openly and transparently in consultation with Sponsor Branch (DHSSPS). *RQIA has published a planned programme of reviews for the next 3 years, 2015-18. An end to end process has been developed that sets out the responsibilities of both RQIA and DHSSPS in relation to the review programme. RQIA affirms its independence by including individuals, from outside Northern Ireland, with competence in the areas under scrutiny.*	DHSSPS	June 2015	

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
5. RQIA should consider some form of a prioritisation or traffic light system for recommendations within Inspection Reports and Reviews; ***Page 150***	RQIA	While this has not been routine practice, in some recent reviews RQIA has introduced prioritised approaches to making recommendations. Inspection reports include recommendations and requirements, which are prioritised in accordance with timescales for achievement.	RQIA will consider approaches to prioritising review recommendations, and agree a standard approach for the 2015-18 review programme. *RQIA is taking forward a PDSA Cycle approach to the inclusion of prioritised recommendations in the reports for the 2015-18 review programme. The approach is being developed in cooperation with HSC Trusts.* RQIA will agree a format of prioritisation of recommendations for the new Acute Hospital Inspection Programme. *The reports of the inspections in the new Acute Hospital Inspection Programme will include a prioritised approach for recommendations into main recommendations and 'Housekeeping points'. This approach has been developed from the experience of RQIA inspectors taking part in joint inspections of prisons with other regulators.* MHLD inspection methodology has been reviewed and will be piloted in a new inspection methodology 2015-16. *The new inspection methodology has been implemented in 2015-16 and will be formally reviewed by 14 February 2016. Outcomes will be shared with EMT and RQIA Board.* *Areas for improvement have been prioritised into priority one, two and three recommendations:* ***Priority 1** – The timescale for implementation in full can be anywhere from 24 hours to 4 weeks from the date of the inspection – the specific date for implementation in full will be specified* ***Priority 2** – The timescale for implementation is up to 3 months from the date of the inspection* ***Priority 3** – The timescale for implementation is up to 3 months from the date of the inspection* *Within inspection reports of registered establishments and agencies, RQIA will continue to prioritise requirements and recommendations according to urgency with timescales for improvement. Where a matter is considered critical to patient safety, an 'urgent actions notice' can be issued'*	RQIA directors of Regulation and Nursing; Mental Health, Learning Disability and Social Work; and Director of Reviews and Medical Director.	September 2015	

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
6. RQIA should consider ways in which their Inspection process can take greater account of patients views in order to strengthen the voice of the patient; ***Page 150***	RQIA	RQIA inspectors currently speak to and engage with service users, relatives and carers. Lay assessors have been recruited to participate in inspections and reviews from 2015 onwards. RQIA employs a user consultation officer to capture the views of service users who are in receipt of services in their own home. MHLD has close links with user groups and representative groups such as the TiLii group, Bamford Monitoring Group, advocacy forums. MHLD team undertake annual patient experience inspections on all inpatient wards in MHLD hospitals. These inspections focus on patient experience in hospital, and care and treatment provided.	In 2015-16, RQIA will extend the involvement of lay assessors in inspections and reviews. RQIA will work with PHA to develop a plan to extend the 10,000 Voices campaign to include Nursing and Residential Care Homes. RQIA plans to make regular use of stakeholder events bringing together members of the public and special interest groups in specific conditions which are subject to RQIA reviews. RQIA will continue to use service user questionnaires in inspections of both statutory and independent services. Questionnaires will be distributed to patients in mental health settings who have received ECT, and RQIA will review and report on Patient Experience.	RQIA directors of Regulation and Nursing; Mental Health, Learning Disability and Social Work.	March 2016	

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
7. RQIA should consider ways in which their reports could be presented in a less technical format in order to increase accessibility for the patients and the general public; ***Page 150***	RQIA	RQIA prepares a wide range of reports which differ in format depending on the function being carried out, to which the report relates. RQIA has prepared easy read versions of inspection reports (MHLD Directorate). Regulation Directorate Improvement work stream on inspection report format will consider ways of making inspection reports less technical/easier to understand.	To continue to provide executive summaries in RQIA review reports. To reformat/streamline standard inspection reports of regulated services to highlight essential information. Introduce short summaries of review reports and overview reports to be placed on the Knowledge Exchange website. *The HSC Knowledge Exchange website now includes a brief update on each review report as it is published with a link to the main report on the RQIA website.* *The inspection report format for regulated services has been reviewed to make it less technical and more concise.* *A revised MHLD inspection report template has been developed which is shorter, clearer and easier to understand for the provider in terms of the improvements they need to make. The effectiveness of this will be reviewed as part of the evaluation of the new methodology.*	RQIA directors of Regulation and Nursing; Mental Health, Learning Disability and Social Work; and Director of Reviews and Medical Director.	September 2015	
8. Reports should be less reliant on anecdotal evidence and more on outcome based data. ***Page 150***	RQIA	RQIA's inspections are based on regulations and minimum standards. RQIA validates the evidence of compliance with regulations and standards using a variety of methods. This includes direct observation, pre- inspections surveys validated during inspection, and, where necessary, confirmed with third parties. Inspections rely on evidence provided by regulated services in the form of care records, complaints records and information from incident report.	The revised inspection methodologies will set out clear indicators of the evidence required to demonstrate safe, effective and compassionate care. Inspection reports will validate evidence obtained during inspections. *Inspection reports will triangulate intelligence received in advance of the inspection with observations made during inspections and taking account of the views of service users and staff employed in the service.*	RQIA directors of Regulation and Nursing; Mental Health, Learning Disability and Social Work.	March 2016	

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
9. Informatics: We recommend that a SLA is developed with DHSSPS/ HSC/ PHA so that RQIA can access data and information that will inform the preparation and planning needed for inspections. ***Page 150***	RQIA	RQIA engages directly with organisations holding information relevant to inspection and review processes. RQIA has Memoranda of Understandings (MOUs) and Information Sharing Agreements in place with a number of external organisations including professional regulators and the Health and Safety Executive (HSE). RQIA obtains information from HSC bodies, including the Public Health Agency and Patient Client Council. RQIA receives mandatory reports of notifiable events from Regulated Services.	RQIA will establish a formal information sharing agreement with HSC Board regarding specific information required to inform its inspections. If necessary, RQIA will consider whether formal SLAs/MOUs/data sharing agreements are appropriate with HSC bodies in these circumstances RQIA will make use of the web portal of iConnect, going forward, to gather and process information about serious incidents and other notifiable events, to inform future inspections. *iConnect web portal due to go live in January 2016* *Two workstreams have been agreed for 2015-16 in order to further enhance our capacity and capability to access and act on information and intelligence:* *1. Carry out an assessment of the sources of external information which would be of potential use to inform RQIA's review and inspection processes and establish links, where required, to secure access to relevant information, which is not already in the public domain.* *2. Establish a pilot project, potentially involving relevant statutory and academic partners, to explore the potential for access and analysis of data held within the Regional Data Warehouse which could inform the regulatory processes for nursing and care homes.*	Chief Executive and Director of Corporate Services	March 2016	

Recommendations – RQIA Governance

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
10. We recommend that RQIA develop their KPIs to include outcome measures that show how the organization is contributing to improving patient safety in Northern Ireland. ***Page 150***	RQIA	The new Corporate Strategy 2015-18 is based on three stakeholders outcomes i.e.: Is care safe? Is care effective? Is care compassionate?	RQIA will develop a suite of strategic measures aligned to the new Corporate Strategy 2015-18 and our three stakeholder outcomes. *New suite of KPIs introduced in July 2015 as part of the Chief Executive's Report*	Director of Corporate Services	September 2015	
11. The governance statement should only be agreed when all necessary assurances have been received. ***Page 113***	RQIA	The report highlights an exceptional circumstance in 2014 when BSO did not produce the required information with regard to financial services on time. It is normal practice to obtain any outstanding information from BSO in order to inform the development and approval of the Governance Statement in order to comply with Departmenta deadlines and the production of the Annual Report and Final Accounts.	RQIA will continue with current arrangements for obtaining the necessary assurances from BSO. Failure to receive information in a timely manner will be followed up through contract monitoring arrangement with BSO.	Director of Corporate Services	September 2015	

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
12. While the (information security) policy can communicate the commitment of the Board and the appropriate actions to be taken, it cannot ensure that the matters bullet pointed above (on page 114) will be fully addressed. This should be revisited. ***Page 114***	RQIA	This recommendation relates to the commitments and actions in the RQIA Information Security Policy. The RQIA Information Security Policy was developed and approved in 2012 and updated following a data incident in 2013. It was further reviewed and updated in 2015. Assurance on the delivery of the Information Security Policy is achieved through: Self-assessment against the ICT Controls Assurance Standard. This may also be subject to a verification audit by Internal Audit. In 2014 we achieved substantive compliance against this standard (82%) and the outcome of this assessment is reported to the Audit Committee annually. Self-assessment against the Information Management Controls Assurance Standard may also be subject to a verification audit by Internal Audit. In 2014 we achieved substantive compliance against this standard (86%) and the outcome of this assessment is reported to the Audit Committee annually. A risk-based approach to audit is adopted, and the areas of ICT and Information Governance have formed part of the audit programme. This programme is reviewed on an annual basis and, if required, ICT and/or Information Governance may be subject to audit.	RQIA will review the information security policy at the agreed review points. RQIA Board and Audit Committee will continue to receive the necessary assurances via self- assessment and internal audit processes. This policy is scheduled to be reviewed again in 2018. However, as is the current practice, if there is a change in guidance, legislation or best practice the policy will be updated as and when required, to take account of any such changes.	Director of Corporate Services	Action completed	

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
13. Given the pace at which the IT environment changes, a review period in excess of four years may not be appropriate. Management may wish to review this now given the roll out of the Business Services Transformation Project and subsequently every two years. ***Page 114***	RQIA	The Report makes reference to a review period in excess of four years which is incorrect. The agreed review period for policies is every three years (unless by exception). The RQIA Information Security Policy was developed and approved in 2012 and updated following a data incident in 2013. It was further revised and updated in 2015.	This policy will be subject to a further review in 2018. However, as is the current practice, if there is a change in guidance, legislation or best practice the policy will be updated as and when required, to take account of any such changes.	Director of Corporate Services	Action completed	
14. Best practice (based on the government information systems audit manual) should allow for the provision of an annual independent assurance on the IT systems and services provided by any third party. Without this, management cannot be assured as to the IT control environment. ***Page 115***	RQIA/BSO	RQIA's main 3rd party IT provider is BSO (ITS,) who have ISO9001 and ISO2000 accreditation, provide the following services: • Wide Area Network • Website Hosting Remote Access Service (VPN) • Firewall Services It is also worth noting that BSO (ITS) provides these services to all HSC organisations. Each year BSO (ITS) is required to achieve substantive compliance with ICT and Information Management Controls Assurance Standards.	RQIA will continue to monitor the service provided by BSO (ITS) against what is agreed in the SLA.	Director of Corporate Services	Action completed	

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
15. To provide assurance to the main board and to identify improvement opportunities, merit may exist in assessing the effectiveness of the HR subcommittee, as at present there is no means of confirming its effectiveness. ***Page 110***	RQIA	This recommendation relates to the Appointments and Remuneration Committee which is a sub-committee of the Board. The Terms of Reference for the Appointments and Remuneration Committee are set out in Standing Orders (Standing Order 5). The Committee meets twice each year principally to consider the appraisal and annual pay progression of RQIA senior executives. The sub-committee acts within the parameters of an annual circular issued by the Department in relation to Senior Executive Pay Award. The effectiveness of this sub-committee is assessed through: Completion of an annual Board self-assessment, which is submitted to DHSSPS and encompasses all of the Board's activities. The effectiveness of the Board and its' committees may form part of the audit programme, as was the case in 2014.	Audit of Board self- assessment to be carried out in 2015 which will include the role and function of the Appointments and Remuneration Committee. The RQIA Board Self-Assessment Audit was completed in Quarter 1 2015/16 in conjunction with internal audit.	RQIA Board	Action completed	

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	Rag Rating
16. While it is acknowledged that there is no choice over the appointment of external audit, as the Audit Committee has a formal responsibility for the review of this service, a means should be established to enable this to be done in a consistent manner. ***Page 111***	NIAO	NIAO is appointed under statute; (Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003). NIAO appointed ASM in accordance with its internal procurement policies. NIAO uses its own internal contract management procedures to monitor the performance of ASM and also has procedures built in to our audit review processes in terms of the level of contractor file review etc.	The NIAO Audit Strategy for the year ahead is noted by the RQIA Audit Committee each year at the February meeting.	NIAO	As per NIAO commissioning systems and processes	
	RQIA	Any issues with regard to performance or quality arising during an audit can be addressed informally on a professional to professional basis. However, unresolved issues may be escalated to the Director of Corporate Services and/or NIAO and/or the Chair of the Audit Committee and/or the Director of Finance, DHSSPS as necessary. This type of escalation has never arisen to date, but these arrangements are in situ if required.	Escalation processes will be applied as necessary.	Director of Corporate Services	Action completed	

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
17. Although internal audit states it delivers a risk based programme, a number of items on the plan are not evidenced within the risk register. This would call into question either the robustness of the risk management processes or the extent to which internal audit complies with the risk based approach mandated by HM Treasury and DFP. ***Page 111***	BSO Internal Audit	It is incorrect to state finance audits etc. as being additional to risk based assignments. The IA plan document makes it clear that although the plan may be split into various sections for presentational reasons the whole plan is risk based and indeed the risk linkage is clearly stated throughout the plan. There will always be assignments that are not directly linked to the risk register, however this is good practice rather than something to discourage. The Head of Internal Audit believes that some audit attention on basic areas of risk, control and governance and key functions of the organisation is good practice and does not take away from the plan and subsequent audit assignments being risk based and in line with HM Treasury and DFP mandated approach.	**The Head of Internal Audit has asked that DHSSPS / RSM consider the validity of this recommendation given the comments in column 3 (Current Status). Internal Audit do not believe their approach is non-compliant with mandated requirements.** The Audit Plan for the year is determined by the Executive Management Team and the Audit Committee. The plan for the year is formally approved by the full Committee. Any variation to the stated plan is agreed by the Audit Committee in response to matters arising during the course of the extant plan.	DHSSPS		
18. The presentation of the internal audit plan should take place at the spring meeting of the Audit Committee. ***Page 111***	RQIA/ BSO Internal Audit	Whilst the Agenda of the meeting of the Audit Committee in June 2013 states that the Audit Plan and Schedule are for Noting, it is clear from the Minutes that both were approved. It is normal practice for Internal Audit to seek approval for the plan from the Audit Committee and detailed discussions occur during Audit Committee before agreement is obtained. It is accepted as best practice that the presentation of the internal audit plan should take place at the spring meeting of the Audit Committee	Approval of internal audit plan at the April meeting of the Audit Committee	Head of Internal Audit / Director of Corporate Services	Action completed	

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
19. All internal audit work should be fully completed in year. In addition, relevant impacting guidance should be followed with regard to the reporting of recommendations ***Page 112***	BSO Internal Audit	Work may continue into April/early May for valid reasons – year end work such as follow up review can only be conducted at year end and also specific assignments may require work to extend into early new financial year e.g. the consultancy assignment on new IT system in 2013/14 (timing of project implementation required work to be extended into early May). Furthermore, it is unrealistic to have all audit work reported to audit committee by the end of the financial year, as work will continue right up to year end. DHSSPS annual reporting deadlines (submission of HIA Annual Report) are consistently adhered to. Use of relevant impacting guidance. This is inaccurate – recommendations made against priority one findings are priority one recommendations. The format of 2014/15 audit reports reflects that both findings and recommendations are prioritised.	The Head of Internal Audit has asked that DHSSPS / RSM consider the validity of this recommendation given the comments in column 3 (Current Status). ***This recommendation has not been accepted by Internal Audit***	DHSSPS		
20. Given the criticality of this area (enforcement action) to the reputation of RQIA, this is an area where the Board could benefit from some independent assurance. ***Page 112***	RQIA	RQIA's Enforcement Policy and associated procedures were approved by the RQIA Board in March 2013. An internal audit report in late 2014 recommended that the policy should undergo further review.	A review of the enforcement policy and procedures is currently underway. *A joint Board/ Executive Management Team working group has been established to review the enforcement policy. This work is being undertaken as part of the Regulation Directorate Improvement Plan.* *It is anticipated that the revised Enforcement Policy will be presented to the Executive Management Team and thereafter to the RQIA Board for approval* *Whilst the completion date of September 2015 has not been met, it is envisaged that this process will be completed by December 2015.*	Director of Regulation and Nursing	September 2015	

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
21. Management should continue to report issues with regard to BSTP and seek timelines for their resolution to assist the effective utilisation of resources. ***Page 113***	RQIA	Issues in relation to BSTP are managed as follows: • Escalated to the appropriate individual in BSO as they arise • Raised and discussed at various BSO/RQIA fora e.g. BSO and Regional Organisations Shared Services Customer Forum, BSO and Regional Organisations HR Forum • Highlighted within BSO Customer Surveys • Feedback to internal auditors carrying out audits of shared services • Feedback on audits of shared services by the Head of Internal Audit to the RQIA Audit Committee.	RQIA will continue to identify any issues with regard to shared services/BSTP directly through the established channels.	Director of Corporate Services	Action completed	

Recommendations – RQIA / DHSSPS Joint Protocol

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
22. The Department should issue guidance to provide greater clarity on roles and responsibilities of service providers and commissioners on the implementation of recommendations set out in RQIA Inspection Reports and Reviews; ***Page 150***	DHSSPS	Departmental priorities for business plan; Annual ALB Quality Report; HSC Board commissioning priorities; DHSSPS/ALB accountability review process	**DHSSPS to nominate a responsible person**	DHSSPS		

Recommendations – Resourcing

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
23. We recommend that option 3 (Additional known workload taken forward over time whilst further developing risk based approach to inspections) in this report section 7.4.3 (Should this be 7.4.2?) is reviewed as a potential way forward for RQIA to focus its resources on the highest risk organisations/ services with the emphasis on patient safety. ***Page 150***	DHSSPS and RQIA	Joint DHSSPS/RQIA working group to review fees and frequency regulations. Section 7 of the RSM McClure Watters report provides an assessment of capability and capacity analysis. The authors identified 3 options for moving onward on page 102. (Option 1 is the status quo). (Option 2 refers to the implementation of a risk based approach and associated impact on releasing resources for new work.) The authors recommend option 3 which is a combination of option 2, along with additional resources built in for new work. RQIA has already submitted business cases for additional capacity. RQIA is currently designing a new programme of unannounced inspections of acute hospitals RQIA has prepared a savings plan to address the 3% efficiencies required in 2015/16. A vacancy controls forum is in place.	RQIA will engage with DHSSPS to take account of the recommendation in this report, together with the recommendations in the Donaldson Review, to identify and agree an appropriate resource base for regulation of both statutory and independent providers going forward. RQIA will identify the resources needed to regulate health and social care organisations effectively, and will make sure that DHSSPS is fully apprised of the costs of any additional activities directed by Minister and/or by DHSSPS.	Chief Executive	March 2016	
24. RQIA should develop a resource model that will be used to calculate resources needed for all inspections; ***Page 150***	RQIA	RQIA has submitted business cases to DHSSPS for additional funding based on a review of activity and current funded establishment.	RQIA will develop a workforce plan for 2016-17 based on the Skills for Health workforce methodology and taking into consideration the impact of new workstreams such as the rolling programme of hospital inspections. Action 3.6 of the RQIA Business Plan 2015/16 is to establish a workforce plan to deliver the organisations key strategic and business objectives with an intended outcome of having a skilled and balanced workforce with the capacity to deliver on our business needs now and into the future.	Director of Corporate Services, in conjunction with Executive Management Team	March 2016	

Recommendation	Responsible Organisation	Current Status – April 2014	Planned Actions	Person Responsible	Completion Date	RAG Rating
25. Resources for new areas of work expected to come on stream for RQIA should be reviewed when there is clarity on the exact level and type of work required. ***Page 150***	DHSSPS and RQIA	RQIA has submitted fully costed business cases for areas of work required by DHSSPS, in response to new areas of risk, or areas new to regulation. The Part IV Business case (MHLD) was prepared to deliver on this recommendation (09 Dec 2014).	We will engage with the DHSSPS as new areas of work are identified and on the outcomes of the workforce plan referenced in 24 above. *RQIA will liaise with DHSSPS regarding the proposal to regulate independent fostering agencies. It is anticipated that preparatory work will commence in 2015/16 with a view to go live in April 2016.* *RQIA is awaiting a response from DHSSPS with regards to their decision about providing additional funding for Part IV doctors. A paper has been compiled outlining the additional costs to RQIA from 01 April 2015 to 30 September 2015.* *RQIA will identify this to DHSSPS as an inescapable cost pressure in our financial monitoring return.*	Chief Executive and Executive Management Team	This action is dependent on the outcome of the DHSSPS consideration of the Business Case	
26. Given the challenging funding requirements combined with the unanticipated demands that can be placed upon RQIA, merit may exist in moving to a zero based budgeting approach. Not only does this allow for more accurate prediction to be made but can increase accountability among cost centre managers. ***Page 113***	RQIA	Budget setting currently involves dialogue with Directors and Budget Managers to inform the budget build process, and adjustments are made each year, as required, within our overall funding envelope. This approach is consistent with our management arrangements and already effectively ensures that resources are allocated to the appropriate cost centres, based on priority and business need.	RQIA will produce a zero-based budget for 2016-17. This is a stated action (3.7) in the 2015/16 RQIA Annual Business Plan.	Director of Corporate Services, in conjunction with Executive Management Team	March 2016	

Standing Order Five: Board Committees and Panels

Appendix 1: Audit Committee Terms of Reference

1.0 Introduction

1.2 Membership

1.3 Quorum

1.4 Secretariat

1.5 Meetings

1.6 Reporting

1.7 Rights

1.8 Access

1.9 Responsibilities

1.9.2 Financial Reporting

1.9.3 Internal Controls and Risk Management Systems

1.9.4 Internal / External Audit

1.9.5 Other

2.0 Information Requirements

Standing Order Five: Board Committees and Panels

Appendix 1: Audit Committee Terms of Reference

1.0 Introduction

1.1 The Board has established an Audit Committee as a Committee of the Board to support it in its oversight and responsibility for risk control and governance. On behalf of the Board and the Accounting Officer 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.

1.1.1 The Audit Committee has delegated responsibility for ensuring that there is a framework for accountability and oversight; for examining and reviewing all systems and methods of control both financial and otherwise including risk analysis and risk management; and for ensuring that RQIA is complying with all aspects of the law, relevant regulations, good practice and governance.

1.2 Membership

1.2.1 The Audit Committee Chairman and members will be appointed to the Audit Committee as per Standing Orders 5.3 and 5.4.

1.2.2 The Audit Committee will have a Chairman who is a non-executive Board member.

1.2.3 The Audit Committee will have 5 other members who are non-executive Board members.

1.2.4 In the event that the Audit Committee Chairman is not available, he/she will nominate a Committee member to chair the meeting on their behalf.

1.3 Quorum

1.3.1 The quorum necessary for the transaction of business shall be any 3 of the 6 members of the Audit Committee. A duly convened meeting of Audit Committee at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

1.4 Secretariat

1.4.1 The Audit Committee will be provided with a secretariat function by the Director of Corporate Services.

1.5 Meetings

1.5.1 The Audit Committee will meet at least four times a year (at appropriate times in the reporting and audit cycle). The Chair of the Audit Committee may convene additional meetings, as deemed necessary.

1.5.2 The Board or the Accounting Officer may also ask Audit Committee to convene further meetings to discuss particular issues on which they may require the Audit Committee's advice.

1.5.3 Audit Committee meetings will normally be attended by the Chief Executive (as Accounting Officer), the Director of Corporate Services, the Head of Finance, the Planning and Corporate Governance Manager, the Head of Internal Audit, a representative(s) of External Audit. A representative from the Department of Health and Social Service and Public Safety (DHSSPS) has a right to attend the meeting as an observer.

1.5.4 Audit Committee may ask any other Director / official to attend to assist it with its consideration of any particular matter.

1.5.5 Audit Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank consideration of any particular matter.

1.6 Reporting

1.6.1 The Chair of the Audit Committee will report formally to the Board after each meeting.

1.6.2 The Secretary will minute the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance.

1.6.3 At the beginning of each meeting, the Audit Committee Chairman will establish and note any conflicts of interest.

1.6.4 The Audit Committee will make whatever recommendations to the Board or to the Accounting Officer it deems appropriate in relation to any matter within its remit where action or improvement is needed.

1.6.5 The Audit Committee will provide the Board with an Annual Report, timed to support the finalisation of annual accounts and the Governance Statement, summarising its conclusions from the work and activities that it has undertaken during the year.

1.7 Rights

1.7.1 The Audit Committee may co-opt additional members for a defined period to provide specialist skills, knowledge and experience.

1.7.2 The Audit Committee may commission specialist ad-hoc advice subject to budgets agreed by the Board.

1.8 Access

1.8.1 The Audit Committee Chairman will arrange to meet with the Head of Internal Audit and a representative of External Audit as appropriate.

1.8.2 The Head of Internal Audit and a representative(s) of External Audit will have free and confidential access to the Chair of the Audit Committee.

1.9 Responsibilities

1.9.1 The Audit Committee will provide the Board and Accounting Officer with assurances relating to the Corporate Governance requirements of the Authority in relation to:

1.9.2 Financial Reporting

The integrity and regularity of the financial statements of RQIA, with particular focus on the preparation of annual accounts and the Annual Report of RQIA. This will include the process for review of the accounts prior to submission for audit; the extent of adjustments arising from audit findings, interim management statements and any other formal announcement relating to its financial performance; and the review of significant financial reporting issues and judgements which they may contain.

Reviewing and challenging where necessary:

- the consistency of, and any changes to, accounting policies.
- methods used to account for significant or unusual transactions.
- whether RQIA has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of External Audit.
- the clarity of disclosure in RQIA's financial reports and the context in which statements are made.
- all material information presented with the financial statements, such as the operating and financial review and the corporate governance statement (insofar as it relates to the audit and risk management).

1.9.3 Internal Controls and Risk Management Systems

1.9.3.1 The strategic processes for risk management, the effectiveness of internal controls, Statement on Internal Control and the Mid-year Assurance Statement.

1.9.3.2 Anti-fraud policies, whistleblowing processes and arrangements for special investigations.

1.9.4 Internal / External Audit

1.9.4.1 The planned activity and recommendations of both internal and external auditors.

1.9.4.2 The adequacy of management response to issues identified by internal audit activity, and those included in external audit's management letter.

1.9.4.3 (As appropriate) proposals for appointments of Internal or External Audit services and for the commissioning of non-audit services from those who provide audit services.

1.9.5 Other

1.9.5.1 The consideration of write off of losses and authorisation of special payments before submission to the Board for approval.

1.9.5.2 A periodic review of its own performance and effectiveness and an annual review of its terms of reference.

1.9.5.3 Appropriate and timely training for all Committee members on appointment and thereafter.

2.0 Information Requirements

2.1 For each meeting the Audit Committee will be provided with:

2.1.1 A report summarising any significant changes and updates to RQIA's Risk Assurance Framework. In addition, the Accounting Officer will provide a verbal update to the Audit Committee in relation to any emerging issues or risks facing the organisation.

2.1.2 A progress report from the Head of Internal Audit summarising:

- Work performed (and a comparison with work planned)
- Key issues emerging from Internal Audit work
- Management response to audit recommendations
- Changes to the Internal Audit Plan
- Any resourcing issues affecting the delivery of Internal Audit objectives
- The extent of implementation of agreed recommendations

2.1.3 A progress report from External Audit summarising:

- Work performed
- Key issues emerging
- Management response to audit findings

2.1.4 As and when appropriate Audit Committee will be provided with:

- Internal Audit Strategy
- Head of Internal Audit's Annual Opinion and Report
- Draft statement on the adequacy of internal controls and compliance with the applicable Controls Assurance Standards (CAS)
- Draft annual accounts and audit certificate
- External Audit Management Letter
- Risk Management Strategy and updates to Corporate Risk Assurance Framework
- Report on any changes to accounting policies
- Report on any proposals to tender for audit functions
- Report on co-operation between Internal and External Audit
- Mid-year Assurance Report from Head of Internal Audit
- Draft reports from Head of Internal Audit re commissioned reviews or special investigations

The Regulation and Quality Improvement Authority

Appendix 1: Proposed Amendments to RQIA Standing Orders

A retrospective change has been made within the Standing Orders, as RQIA no longer has a role in 'Complaints Investigations'; reference Complaints in Health and Social Care Standards & Guidelines for Resolution & Learning, 1 April 2009. All references within Standing Orders of "Complaints Investigation" have been removed in the following sections:

- Appendices: ROLE OF THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (HEALTH AND PERSONAL SOCIAL SERVICES REGULATION AND IMPROVEMENT AUTHORITY) (*pages 146, 147, 172 and 173*)

STANDING ORDER	EXISTING	PROPOSED AMENDMENT
Appendices	Registration, inspection, complaints investigation and enforcement will be carried out to consistent standards across Northern Ireland with the regulated services provided by both the HSC and independent sectors being treated in the same way.	Registration, inspection and enforcement will be carried out to consistent standards across Northern Ireland with the regulated services provided by both the HSC and independent sectors being treated in the same way.
Appendices	The work of RQIA will make a significant contribution to improving the quality of health and social care services by identifying both good practice and deficiencies, poor performance, persistent problems and complaints.	The work of RQIA will make a significant contribution to improving the quality of health and social care services by identifying both good practice and deficiencies, poor performance and persistent problems.

Appendix D: Organisational Chart has been updated to reflect:

- Job titles only of all Executive Members

A retrospective change has been made following the transfer of functions from Mental Health Commission from 1 April 2009.

- The 'Status & Role of Organisation' (*pages 146 and 172*) has been amended to:

STANDING ORDER	EXISTING	PROPOSED AMENDMENT
Appendices	In delivering on this overall responsibility, the RQIA will exercise two main functions. Firstly, it will monitor the quality of health and social care services provided by Health and Social Care (HSC) bodies in Northern Ireland. This will be done through thematic and DHSSPS sponsored reviews of clinical and social care governance arrangements within HSC bodies. Secondly, the RQIA will regulate (register and inspect) a wide range of health and social care services delivered by HSC bodies and by the independent sector. The regulation of services is based on minimum care standards in order to ensure that service users know what quality of services they can expect to receive and providers have a benchmark against which to measure the quality of the services that they deliver. Registration, inspection, complaints investigation and enforcement are thus carried out to consistent standards across Northern Ireland with the regulated services provided by both the HSC and independent sectors being treated in the same way. The RQIA undertakes a range of responsibilities for people with mental illness and those	In delivering on this overall responsibility, the RQIA will exercise three main functions. Firstly, it will monitor the quality of health and social care services provided by Health and Social Care (HSC) Board, trusts and agencies through a programme of reviews. Secondly, the RQIA will regulate (register and inspect) a wide range of health and social care services delivered by HSC bodies and by the independent sector. The regulation of services is based on service specific regulations and minimum care standards in order to ensure that service users know what quality of services they can expect to receive and providers have a benchmark against which to measure the quality of the services that they deliver. Registration, inspection, and enforcement are thus carried out to consistent standards across Northern Ireland with the regulated services provided by both the HSC and independent sectors being treated in the same way. Thirdly, the RQIA undertakes a range of responsibilities for people with mental ill health and those with learning disability, having assumed the functions of the former Mental Health Commission in 2009.

	with learning disability, having assumed the functions of the former Mental Health Commission from 1st April 2009. (*this paragraph is to be included on page 146*)	