The Regulation and Quality Improvement Authority

AGENDA

RQIA Board Meeting
Board Room, RQIA, 9ᵗʰ Floor, Riverside Tower, Belfast
9 July 2015, 12.30pm

PUBLIC SESSION

	Item	Paper Ref	
1	Welcome and Apologies		12.30pm
2	Minutes of the meeting of the Board held on Thursday 14 May 2015	min/ May15/ public	12.35pm **APPROVE**
3	Matters arising from minutes		12.40pm
4	Declaration of Interests		12.50pm
5	Chairman's Report **Chairman**	E/07/15	12.55pm **NOTE**
6	Chief Executive's Performance Dashboard **Chief Executive**	F/07/15	1.05pm **NOTE**
7	Director of Regulation Update **Director of Regulation and Nursing**	G/07/15	1.20pm **NOTE**
8	Draft Risk Management Strategy **Director of Corporate Services**	H/07/15	1.35pm **APPROVE**
9	Corporate Risk and Assurance Framework Report **Director of Corporate Services**	I/07/15	1.50pm **APPROVE**
10	Draft PPI Action Plan 2015/16 **Director of Corporate Services**	J/07/15	**2.05pm APPROVE**
11	Update on the preparations for the new hospital inspection programme **Director of Reviews and Medical Director**	K/07/15	**2.35pm NOTE**
12	Quality Assurance on Reviews **Director of Reviews and Medical Director**	L/07/15	**2.50pm APPROVE**

13 Audit Committee Business   M/07/15   **3.05pm**
    Committee Chairman   **NOTE**
    To include:
      • Approved Minutes of Meeting of 23 April
        2015
      • Verbal update on Meeting of 25 June
        2015
      • Audit Committee Annual Report 2015/16
      • Audit Timetable 2015/16

14 Any Other Business   **3.20pm**

Date of next meeting: 24 September 2015
Boardroom, RQIA

RQIA Board Meeting

Date of Meeting	9 July 2015
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / May15 / 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 14 May 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 14 May 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
14 May 2015, 12.45pm

Present	**Officers of RQIA in attendance**
Dr Alan Lennon OBE (Chair)	Glenn Houston (Chief Executive)
Seamus Magee OBE	David Stewart (Director of Reviews and Medical Director)
Norman Morrow	
Patricia O'Callaghan	Maurice Atkinson (Director of Corporate Services)
Denis Power	Kathy Fodey (Director of Regulation and Nursing)
Lindsey Smith	Theresa Nixon (Director of Mental Health, Learning Disability and Social Work)
Mary McColgan OBE	
Robin Mullan	Stuart Crawford (Planning & Corporate Governance Manager)
Sarah Havlin	
Dr John Jenkins CBE	Malachy Finnegan (Communications Manager)
	Hayley Barrett (Board and Executive Support Manager)

Apologies
Stella Cunningham
Gerry McCurdy
Daniel McLarnon

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 Mrs Stella Cunningham, Mr Gerry McCurdy and Mr Daniel McLarnon.

2.0   Agenda Item 2 - Minutes of the meeting of the Board held on 25 March 2015 (min/Mar15/public)

2.1   Board members **APPROVED** the public session minutes of the Board meeting held on Wednesday 25 March 2015.

3.0   Agenda Item 3 - Matters arising from minutes

3.1   Board members noted that all actions, except 34, 89 and 91, are now complete.

3.2   The Chief Executive provided an update in relation to action 93, RQIA Savings Plan, and advised that DHSSPS has requested further information in relation to the plan.

3.3   Board members noted that updates in relation to RQIA recommendations following review report will be provided in Quarter 2.

3.4   In respect of action 89 the Chief Executive advised that the issues arising from the Board visit to the Shannon Clinic will be drawn to the attention of the Belfast Health and Social Care Trust in the first instance. RQIA will offer to assist the Trust in any action it intends taking in respect of changes of admissions and discharges, transfer of patients between the Unit and prisons.

3.5   The Director of Mental Health and Learning Disability services will arrange a briefing session for Board members in respect of aspects of forensic psychology, with particular reference to diagnoses.

3.6   It was noted that an RQIA inspection was ongoing at the time of the visit and that the inspection report will be published in due course.

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. Sarah Havlin declared interest in respect of her involvement in the Serious Adverse Incidents review role with the HSC Board. The Chairman noted that, if necessary, this would be addressed later in the meeting.

5.0   Agenda Item 5 - Chairman's Report (A/04/15)

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

5.2   The Chairman informed Board members that on 6 May 2015 he attended a meeting, accompanied by the Director of Reviews and Medical Director, with Mr Pedro Delgado from the Institute of Health Improvement. The Chairman advised that this meeting was very useful and suggested further engagement with the Institute of Health Improvement, particularly with regard to the Triple Aim prototypes in the Belfast and South Eastern HSC Trusts.

5.3   The Chairman advised Board members that on 13 May 2015 he attended and presented at the IHCP Annual meeting, the presentation included the future of RQIA, quality assurance, quality improvement, rating systems and changes to the Fees and Frequency legislation. The Chairman advised that this was all well received by the audience.

5.4   The Chairman informed Board members that annual appraisals and discussions in relation to the reappointment of Board members will be arranged by the Board and Executive Support Manager.

5.5   Resolved Action (94)
The Board and Executive Support Manager to arrange annual appraisals for Board members.

5.6	The Chairman reminded Board members that the Board workshop on 11 June 2015 will be in Cultra Manor and will be used to discuss three areas i.e. positioning of RQIA, internal capacity and capability and use of ICT / data.

5.7 The Chairman advised Board members that conversations will be led by a Board member and a member of the Executive Management Team. The Chairman informed Board members that a pre-meeting will be arranged for nominated Board members and Directors to discuss and prepare for the Board workshop; it is anticipated that Quintin Oliver will be in attendance for the theme relating to positioning of RQIA.

5.8 **Resolved Action (95)**
The Board and Executive Support Manager to arrange a pre-meeting with the Chairman, Chief Executive, nominated Board members, Directors and Quintin Oliver to discuss and prepare for the Board Workshop, 11 June 2015.

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

6.0 **Agenda Item 6 – Chief Executives Report (B/04/15)**

6.1 The Chief Executive invited comments on his report and highlighted to Board members the review of the Regulation Directorate structures and the intention to go forward with a revised structure based on three as opposed to four Heads of Programme.

6.2 The Director of Regulation and Nursing informed Board members that the Regulation Directorate will enhance the structure at Band 8A level to strengthen quality assurance. The Director of Regulation and Nursing also advised that an evaluation of the working arrangements will be conducted to ensure it is working positively.

6.3 The Chief Executive advised Board members that an inspectors post within the Mental Health and Learning Disability Directorate has been filled temporarily. Vacancy Controls are currently in place to review all vacancies against the 3% savings plan.

6.4 The Chief Executive updated Board members that Sysco has underestimated development time for the iConnect Web Portal and have provided a revised date of November 2015. It is anticipated that the Project Manager will remain until the system is live; this is subject to approval of a business case.

6.5 A Board member suggested a change in format of the Chief Executive's Report to ask the question what has been the impact of the programme of work in regulation, reviews, MHLD and quality improvement. The Chief Executive informed Board members that the format of the report was previously changed to highlight risks; however he welcomed suggestions to amend the format further.

6.6 A Board member asked if there was feedback in relation to the RQIA 10th Anniversary Staff Celebration Day. The Chief Executive informed Board members that there was an excellent turnout, positive feedback in relation to the Choir and guest speakers and the evaluation survey results will be shared with the Chairman after Friday 15 May 2015.

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

7.0 **Agenda Item 7 – Director of Regulation and Nursing's Report (C/04/15)**

7.1 The Director of Regulation and Nursing introduced her report and informed Board members that it is an end of year summary; no enforcement activity is included.

7.2 The Director of Regulation and Nursing informed Board members that two enforcement panels will meet in the afternoon to consider the registration of two establishments. Board members will be updated on the outcome of these panels at the Board meeting on 9 July 2015.

7.3 **Resolved Action (96)**
The Director of Regulation and Nursing will provide an update in relation to two enforcement panels at the Board meeting on 9 July 2015.

7.4 The Director of Regulation and Nursing informed Board members that there has been an increase in enforcement activity following the introduction of the new enforcement policy and procedure in 2013/14.

7.5 A Board member queried if there were any identified themes around nurse availability as it is perceived by some providers that RQIA is not concerned with the shortages of nurses in nursing and residential care sectors, as it is not reflected in inspection reports.

7.6 The Director of Regulation and Nursing advised that nurse staffing levels have been identified as a significant concern over the last year and she has written to the Chief Nurse to ensure student places are not reduced and to request funding to run the Nurse Managers course with the Royal College of Nursing.

7.7 A Board member requested information on the nursing workforce review. The Director of Regulation and Nursing advised that this information will be included in the next Board report presented on 9 July 2015.

7.8 **Resolved Action (97)**
The Director of Regulation and Nursing will include reference to the nursing workforce review in the next Board report presented on 9 July 2015.

| 7.9 | Board members **NOTED** the Director of Regulation's report. |

8.0 Agenda Item 8 – Key Performance Indicators (KPIs) (D/04/15)

8.1 The Director of Corporate Services introduced his paper to Board members and welcomed comments.

8.2 Board members welcomed the proposed introduction of this new suite of monthly KPIs.

8.3 A Board member asked if the cost/benefit of producing the KPIs had been considered. A number of Board members made suggestions for additional KPIs and the Chairman indicated that the KPI in relation to Failure to Comply Notices was not what he had originally suggested as an indicator. A Board member asked how these new KPIs fitted with other information provided regularly to the Board.

8.4 The Chief Executive advised Board members that the key performance indicators need to be tested and it is likely they will evolve over time.

8.5 Following discussion it was agreed that, subject to some revision, the 15 KPIs provided a useful starting point and would be reported to the Board from July onwards.

8.6 Board members **NOTED** and **APPROVED** the Key Performance Indicators (KPIs) subject to further discussion.

9.0 Agenda Item 9 – New MHLD Inspection Methodology (E/04/15)

9.1 The MHLD Senior Inspector, Rosaline Kelly joined the meeting.

9.2 The Director of Mental Health, Learning Disability and Social Work informed Board members that the Board paper and presentation set out the proposed changes to the MHLD Inspection Methodology.

9.3 The Director of Mental Health, Learning Disability and Social Work informed Board members the current inspection methodology required improvement. Following consultation with other UK Regulators and the emerging needs of regulation the development of the new MHLD Inspection Methodology has been presented.

9.4 The new MHLD Inspection Methodology is proposing to follow the theme of "Patient Centred Care", demonstrate safe, effective and compassionate care, stop self-assessments, request increased information from third parties, change the report format and include a quality rating system with four domains; excellent, good, requires improvement and does not meet minimum standards.

9.5 Board members recommended that the new inspection methodology is piloted and evaluated. The Director of Mental Health, Learning Disability and Social Work informed Board members that a formal evaluation will

be conducted in February 2016.

9.6   Board members queried the quality assurance process within MHLD. The MHLD Senior Inspector advised that there is a peer review process within MHLD Directorate. Board members recommended that this is included in appendix 1.

9.7   Board members congratulated the Director of Mental Health, Learning Disability and Social Work on the work that MHLD have put into the new inspection methodology.

9.8   Following proposed amendments, Board members **APPROVED** the new MHLD Inspection Methodology.

10.0   Agenda Item 10 – MHLD Overview / Performance Report (F/04/15)

10.1   The Director of Mental Health, Learning Disability and Social Work introduced the MHLD Overview / Performance Report to all Board members.

10.2   The Director of Mental Health, Learning Disability and Social Work informed Board members that there have been 13 letters of concern, four letters of escalation and five improvement notices issued in 2014/15.

10.3   The Director of Mental Health, Learning Disability and Social Work noted that there has been a 112% increase in serious adverse incident notifications received and the number of prescribed forms has increased from 6,000 to over 10,000.

10.4   The Director of Mental Health, Learning Disability and Social Work informed Board members that the MHLD team undertook a review of the use of restricted practice, physical health needs of mental health patients, administration of electro convulsive therapy (ECT) access to psychological therapies and the implementation of safeguarding recommendations by trusts since the RQIA review in 2012.

10.5   A Board member requested information on the number of young people admitted to adult wards. The Director of Mental Health, Learning Disability and Social Work advised that an increase has been noted in relation to this and found that 14 of the young people were 17 / 17 ½ year olds. The Director of Mental Health, Learning Disability and Social Work has brought this matter to the attention of the HSC Board.

10.6   Board members **NOTED** the MHLD Overview / Performance Report.

11.0   Agenda Item 11 – Finance Report (G/04/15)

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

11.2   The Director of Corporate Services informed Board members that the Chief Executive, Head of Finance and Chair of Audit Committee will meet in the afternoon of 14 May 2015, to discuss the draft final accounts. The Director of Corporate Services advised Board members of a £500 underspend in the financial year 2014/15.

11.3   Board members **NOTED** the Finance report.

12.0   Agenda Item 12 – Corporate Performance Report (Q4 2014/15) (H/04/15)

12.1   The Director of Corporate Services introduced the Corporate Performance Report up to the end of Quarter 4 2014-15 to all Board members.

12.2   The Director of Corporate Services informed Board members that nine actions are in exception and will be carried forward into 2015/16.

12.3   Board members **NOTED** the Corporate Performance Report (Q4 2014/15)

13.0   Agenda Item 13 – Audit Committee Business (I/04/15)

13.1   The Chair of the Audit Committee informed Board members that the minutes from the Audit Committee meeting held on 26 February 2015 were approved by Committee members on 23 April 2015.

13.2   The Chair of the Audit Committee advised Board members that actions 285 and 287 are now complete and action 286 is ongoing. A further horizon scanning exercise is due to take place on 20 May 2015.

13.3   The Chair of the Audit Committee informed Board members that Internal Audit provided an update to advise that all audits are completed. The Internal Audit Plan 2015/16 was discussed prior to and during the meeting. The Chair of Audit Committee advised that the draft Governance Statement was presented and Committee members are satisfied of the assurances provided.

13.4   The next Audit Committee meeting will be on 25 June 2015.

13.5   Board members **NOTED** the Audit Committee Business.

14.0   Agenda Item 14 - Any Other Business

14.1   As there was no further business the Chairman brought the public session of the Board to a close at 1.35pm.

Date of next meeting:

Thursday 9 July 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	A paper on the implementation of RQIA recommendations following Review Reports will be provided to Board meeting.	Chief Executive	14 May 2015
89	25 March 2015	The Director of Mental Health, Learning Disability and Social Work will arrange a workshop to discuss the issues arising from the visit to the Shannon Clinic.	Director of Mental Health, Learning Disability and Social Work	14 May 2015
91	25 March 2015	An update on the preparations for the new hospital inspection programme to be presented to Board members at a future meeting.	Director of Reviews and Medical Director	June / July 2015
93	25 March 2015	The Director of Corporate Services to revise the Savings Plan 2015-16 taking account of comments from Board members and the letter sent to the Permanent Secretary from the Chairman on 18 February 2015 and submit the Plan to DHSSPS by 31 March 2015.	Director of Corporate Services	31 March 2014
94	14 May 2015	The Board and Executive Support Manager to arrange annual appraisals for Board members.	Board and Executive Support Manager	Ongoing
95	14 May 2015	The Board and Executive Support Manager to arrange a pre-meeting with the Chairman, Chief Executive, nominated Board members, Directors and Quintin Oliver to discuss and prepare for the Board Workshop, 11 June 2015.	Board and Executive Support Manager	11 June 2015
96	14 May 2015	The Director of Regulation and Nursing will provide an update in relation to two enforcement panels at the Board meeting on 9 July 2015.	Director of Regulation and Nursing	9 July 2015

97	14 May 2015	The Director of Regulation and Nursing will include reference to the nursing workforce review in the next Board report presented on 9 July 2015.	Director of Regulation and Nursing	9 July 2015

RQIA Board Meeting

Date of Meeting	9 July 2015
Title of Paper	Chairman's Report
Agenda Item	5
Reference	E/07/15
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 18 May 2015 and 18 June 2015, I attended 6 meetings on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable

CHAIRMAN'S REPORT

Meetings attended below:

- 27 May 2015   5 Nations Heads of Inspectorates
- 9 June 2015   Desmond Wilson, Chester Nursing Home
- 11 June 2015   Board Workshop
Appointment and Remuneration Meeting
- 16 June 2015   Gillaroo Lodge Visit
- 16 June 2015   Mears Care Inspection

Matters covered or arising are as following:

Leadership

Quality Improvement begins and ends with leadership. Amongst other presentations from a range of regulators, the 5 nations conference was an opportunity to hear Dr Katie Stewart from the King's Fund speak about leadership culture, as applied in the CQC's approach to auditing leadership in hospitals. I have since committed to participating in a CQC inspection of a hospital, (in respect of leadership), and we have invited the King's Fund to speak with us about analyzing leadership culture.

Chester Nursing Home

The CEO and I visited Chester Nursing Home and had a wide ranging discussion with Desmond Wilson and his group management team. I was struck by their enthusiasm to engage on the subject of "what excellence looks like" ie quality improvement, and also struck by the interface issues with the acute sector which impacted negatively on the patient experience. For example sending and receiving elderly patients to and from hospital appointments, the role GPs and care staff, etc.

Gillaroo Lodge

On invitation, I spoke at the IHCP AGM and I through out the offer to meet care home owners at their premises. Elizabeth Rowan of Gillaroo Lodge in Larne responded and I met a thoroughly delightful family business management team. Again the issues for them were sub-optimal interfaces with the rest of the system: acute hospitals, GPs, etc. In discussion of quality improvement, they raised the interesting challenge: can a care home be excellent in aging premises which fall short of modern standards, eg en suite facilities? Good question.

Mears Care

I attended an unannounced inspection of Mears Care (Domiciliary Care) with Caroline Rix. I've no indication of the inspection outcome at this point, but I was pleasantly surprised by the quality of the approach by Mears. This is the first visit of several where I saw the provider use a quality manual – the very basics of quality assurance. As is now the pattern, the issues for Mears were with other parts of the system. The area manager described at length the idiosyncratic commissioning processes, which sounded to me to be of relevance to quality of outcomes for service users and which must be of interest to RQIA.

Observation

There seems to be plenty of evidence, so far, that we need strategically to audit wider systems, including commissioning approaches and patient pathways, if we are to get to the core of improving the patient experience.

Personal Reviews

I am part way through a process of conducting the annual appraisal of CEO and Board members. Thank you for your patience and commitment.

Board Workshop

Thanks for your contributions to the recent workshop. I was keen to keep it open ended to avoid producing proposals for Board approval, without full discussion of the issues. Next steps are summaries of the discussion, and proposals from the CEO on a) positioning RQIA b) service provider quality improvement c) capability & capacity, d) information sources and uses, which take account of the Board workshop discussion.

Graan Abbey

I've asked Kathy Fodey to reflect on the opportunity for learning from the Graan Abbey case in respect of media communication and inspection methodology.

DR ALAN LENNON

Chairman

RQIA Board Meeting

Date of Meeting	9 July 2015
Title of Paper	Chief Executive's Performance Dashboard
Agenda Item	6
Reference	F/07/15
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 **Appendix 1** RQIA's Performance Dashboard – Monthly KPIs
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*	The Regulation Directorate is on track at the end of Quarter 1 in terms of planned inspections and the number undertaken. On 1 April 2015 the Directorate implemented a number of improvement initiatives developed during 2014/15. The implementation of the new inspection report format, revised compliance levels and unannounced inspections has made the inspection process more efficient. Initial feedback from stakeholders has been positive. Evaluation of initial improvements is now being undertaken.
		Significant risks, issues or concerns **for escalation to the Board**	The new Directorate structures continue to be implemented and embedded. To date this has been well received but there is always the potential for issues to arrive from evaluation.
Reviews	*Is the programme of work in Reviews on track?*	*Update*	Since the last Board meeting, two reviews have been published by RQIA: • The Review of the Diabetic Retinopathy Screening Programme was published on 22 May 2015 • The Review of Risk Assessment and Management in Addiction Services was published on 3 June 2015

Performance Area			Commentary
			Work is progressing to complete and publish the remaining reviews from the 2012/15 programme and the first wave of reviews from the 2015/18 programme. RQIA participated in a joint prison review in May 2015 with other regulators and has participated in joint inspections of police custody suites. Planning and piloting for the new programme of hospital inspections is on course to introduce the new programme within agreed timescales.
		Significant risks, issues or concerns for escalation to the Board	No issues to report
Mental Health & Learning Disability (MHLD)	*Is the programme of work in MHLD on track?*	*Update*	The programme of inspections of hospital wards and patient experience inspections was completed on time and within budget. 13 inspections took place during the month of May. Three Lay Assessors were engaged on inspections and delivered key messages for improvement. Following approval at the Board Meeting of 14 May 2015, a proposal in respect of inspections of mental health and

Performance Area			Commentary
			learning disability hospitals with a quality rating system was forwarded to DHSSPS.
			A response was received on 4 June 2015 from the DHSSPS stating that RQIA should not progress the introduction of quality ratings in the absence of ministerial/departmental approval.
			An invitation has been extended to the Chief Executive, Dr Stewart and Theresa Nixon to meet with departmental officials on 4 August 2015 to discuss this matter further.
		Significant risks, issues or concerns **for escalation to the Board**	A Band 7 inspector post is currently vacant and has been filled temporarily, due to the need to respond effectively to our statutory functions under the Mental Health (Northern Ireland) Order 1986.
			A Band 8A Senior Inspector post will become vacant on 4 August 2015 due to promotion of current post-holder to an external appointment. This vacancy will be subject to the existing vacancy control measures.
			An unannounced inspection was undertaken of Cedar Villa, Gransha Hospital, Londonderry, on 9 June 2015. Deficits in staff training were noted. A letter of escalation was issued to the Trust Chief Executive on 12 June 2015. A meeting was held with Western Trust on 19 June 2015 to state the actions required to address these matters within

Performance Area			Commentary
			an agreed timeframe.
Quality Improvement Programme	*Is the Quality Improvement Programme on track?*	*Update*	On 30 March 2015 Minister Wells and Minister Ford jointly submitted the draft Mental Capacity Bill to the Executive for pre-introductory consideration. The Bill was introduced subsequently 8 June 2015 into the NI Assembly. RQIA received a letter from Dr Kathryn Aiken, Clerk Ad Hoc Joint Committee on the Mental Capacity Bill asking for comments on the contents of the Bill and any amendments RQIA propose by 7 July 2015. The MHLD Team is reviewing the Bill and RQIA will respond accordingly.

The Regulation Directorate has introduced year 1 improvements.

A new inspection methodology is in place resulting in the majority of inspection being undertaken on an unannounced basis.
All inspectors are now participating in the duty system within the regulation directorate.

The new report format has been introduced and has been well received within the directorate and the sector.

New guidance has been provided for the sector in relation to event notifications (NEMS) and the process has been remapped and improved. |

Performance Area			Commentary
			New compliance statements have been introduced.
			The regulation directorate has identified 10 improvement workstreams as part of this year's improvement plan. The project initiation document has been drafted and the workstream briefs have also been written and the change manager identified.
		Significant risks, issues or concerns **for escalation to the Board**	The HROD Manager is due to leave RQIA on 31 July 2015. A delay in recruiting to the vacant post of HROD Manager may compromise delivery of the actions in the new HROD Strategic Framework and Action Plan 2015-16 and HROD-related actions in the Business Plan 2015-16. It may compromise RQIA's capacityto meet statutory duties in relation to Equality and DDA.
Finance	**Are we on target to achieve break-even?**	*Update*	
		Significant risks, issues or concerns **for escalation to the Board**	The current RRL funding excludes £38k Clinical Excellence Award and £148k (est) to cover 3% increase in Employer Superannuation contributions (wef 01/04/15). Funding for both of these would allow RQIA to break even.

The indicative RRL allocation for 2015/16 has been set at £6,902,617. This may be subject to further reductions in |

Performance Area	Commentary
	year.
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 December 2015. A business case has been submitted to the Programme Management Unit, DHSSPS. We have responded to a series of comments on the business case and they have indicated that they are now content to share the business case with DFP. We are therefore now awaiting approval of the business case by DFP.

RQIA's Performance Dashboard - Monthly KPIs
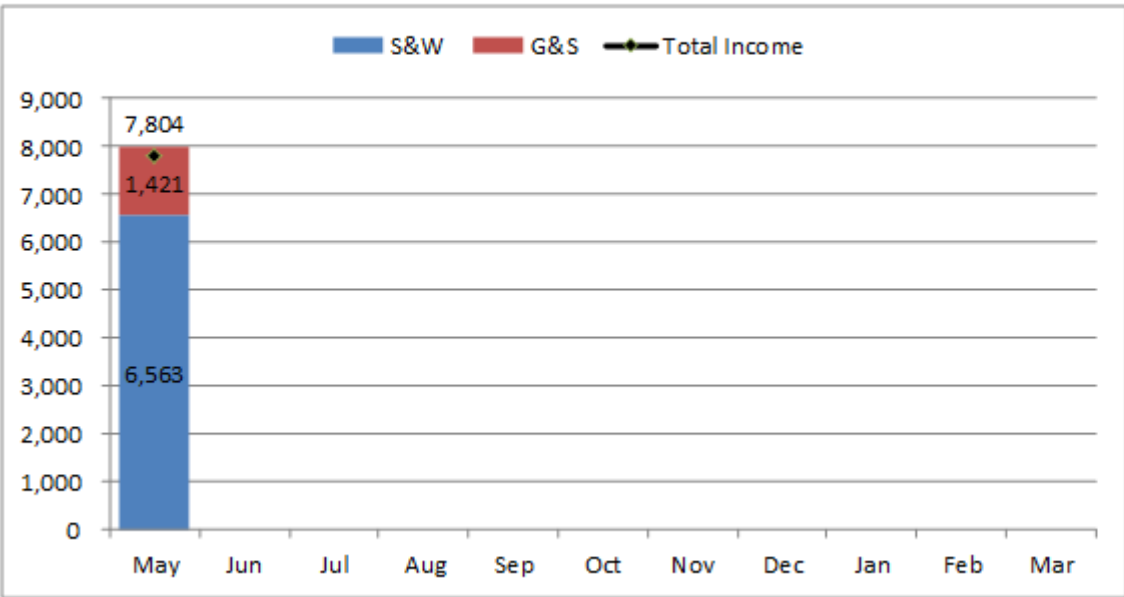
Key Performance Indicator: Number of complaints about RQIA received and resolved

Reporting Frequency: Monthly	**Owner:** Chief Executive

How do we measure this:

Number of complaints about RQIA received

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

Summary
One complaint received about a member of RQIA staff received in June and was resolved at Stage 1 early resolution.

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
In June, RQIA took part in six external engagement events, including the Northern Ireland Parliamentary Reception for Health and Social Care Regulators at Parliament Buildings.

Note: Planned activity for the remainder of the 2015-16 financial year will be incorporated into the table from August 2015 |
| **Exception Report:** | |

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	
	 Progrees on the Delivery of the Business Plan Actions
	Summary There are a total of 43 actions within the RQIA Business Plan 2015-16 of which by the end of June 40 are on-target, 1 is unlikely to be achieved and 2 actions have not been achieved

Exception Report:

Unlikely to be Achieved – (1.7) The introduction and pilot of a revised methodology remains on target. The introduction of a quality rating as an inspection outcome in this business year has not yet been agreed with DHSSPS. A meeting has been scheduled for 4 August 2015 with DHSSPS and members of EMT to further discuss the quality rating system.

Not Achieved – (3.4) A draft HROD Strategic Framework and Action Plan 2015-16 has been developed and issued to staff and trade union side for consultation. A final draft should be available by the end of July. The HROD Manager is leaving RQIA on 31 July 2015. A delay in recruiting the vacant post may compromise the delivery of the actions from the HROD Strategic Framework and Action Plan 2015-16.

(5.2) – A revised communications framework has been developed and will be presented to RQIA's Board in September for approval.
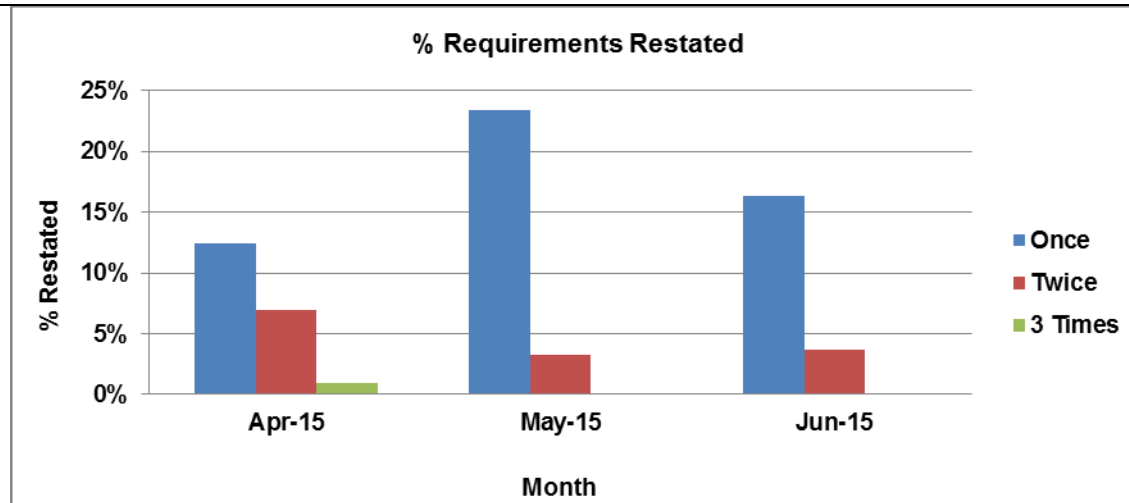
Key Performance Indicator: Vacancies per Directorate	
Reporting Frequency: Monthly	**Owner:** Director of Corporate Services
How do we measure this: Number of vacancies as per Directorate	 **Summary** **Regulation** – In April a 8B Head of Programme post was vacant **Reviews** – In April 0.45 of a Band 7 Project Manager post and 0.9 of a Band 3 Admin post was vacant. **MHLD** – In April a Band 7 Mental Health Officer post was vacant, in July a Band 3 Project Assistant post and in August a Band 8A Senior Mental Health Officer post will be vacant. **Corporate Services** – In April a Band 3 Admin post, 0.5 of a Band 2 Receptionist post and 0.4 of a Band 4 (job share) PA post was vacant and in August a Band 7 HR&OD Manager post will be vacant.

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 May RQIA had a cumulative total of 3.15% which is below the sickness target of 4.6%. **Note:** The statistics for June will not be available until salaries close-down which in the case of June will not occur until the middle of July.
Exception Report:	

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

	May £'000
Expenditure	
S&W	6,563
G&S	1,421
Total Expend	7,984
Income	
Other Income	901
RRL	6,903
Total Income	7,804
Surplus/(Deficit)	(180)

Summary

The current RRL funding excludes £38k Clinical Excellence Award and £148k to cover increase in Employer Superannuation Contributions. Funding for both of these would allow RQIA to break even at the year end.

Note: The figures for June's financial position will be available from the middle of July.

Exception Report:

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

In June all documents were drafted, change managers were identified, an improvement workshop was held and membership of the work-streams have been finalised.

Note: The planned milestones for the remainder of 2015/16 year will be incorporated into the table in July following approval of the Project Initiation Document.

Exception Report:

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: April - Once 30 (13%), twice 6 (3%), 3 times 1 (0.5%) May – Once 53 (14%), twice 11 (3%), 3 times 4 (1%) June – Once 18 (12%), twice 5 (3%), 3 times 1 (1%) The cumulative total for restated recommendations at the end of June is once 101 (13%), twice 22 (3%) and 3 times 6 (1%)

% Requirements Restated

Summary

A breakdown of the requirements restated are:

April - Once 25 (12%), twice 14 (7%), 3 times 2 (1%)

May – Once 57 (23%), twice 8 (3%), 3 times 0 (0%)

June – Once 18 (16%), twice 4 (4%), 3 times 0 (0%)

The cumulative total for restated requirements at the end of June is once 100 (18%), twice 26 (5%) and 3 times 2 (0.4%)

Exception Report:

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 June 299 inspections were planned and 275 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:	

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	**April 2015**
RAG Rating:	
	Summary • There were no milestones scheduled to complete between April and June 2015. • Those due to complete from July 2015 onwards are currently projected to be achieved. • This project is scheduled to complete in October 2015. **Note:** A full update on progress including milestones achieved since the project commenced will be provided to the RQIA Board by Dr Stewart.
Exception Report:	

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 **RAG Rating:**	 **Summary** To-date the cumulative total of completed inspections as per the planned schedule has been achieved.
Exception Report:	

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:**	 **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.

Review Programme Milestones (Cumulative)

	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									

Exception Report:

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	

Number of Recommendations Restated

Number Restated

	Safe	Effective	Compassionate

Apr-15
May-15

Summary
May - The progress made by HSC Trusts in implementing their recommendations from previous inspections was evaluated during inspections undertaken in May 2015:

- 77% (150) had been fully implemented;
- 38 recommendations had been stated once previously.
- 16 recommendations had been stated twice previously.

Note: June's figures will not be available until the middle of July.

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
To-date all scheduled inspections have been completed on target.

Note: MHLD are undertaking a pilot of inspections in 12 wards from September to December 2015. Therefore MHLD are currently unable to provide figures for planned activity from September.

Exception Report:

RQIA Board Meeting

Date of Meeting	09 July 2015
Title of Paper	RQIA Director of Regulation and Nursing Report on Registration, Inspection and Enforcement Activity
Agenda Item	7
Reference	G / 07 / 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.
Next steps	

Introduction

This report summaries the activity of Regulation Directorate over the year 1 April 2014 to 31 March 2015. The report provides an overview of registration and inspection functions along with a review of enforcement activity.

The report provides a synopsis of:-

- Registration
    - Overview of the process for cancellation of registration
- Inspection
    - Overview of improvements to inspection methodology from 2014/15 Directorate Improvement Programme
- Enforcement
    - Overview of enforcement activity

Executive Summary

At this point in quarter 1, 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 were focussed on establishments and agencies where concerns had been identified.

Kathy Fodey

Director of Regulation and Nursing

Section 1: Registration

Cancellation of registration where application is made by a registered person
The following information details the legislative framework and process for cancellation of registration by a registered person – also referred to as "voluntary cancellation of registration" and is outside of the enforcement process.

Reasons for cancelling registration:
- retirement of registered person
- change of entity carrying on the service e.g. from sole provider to limited company
- sale of business to another party
- change of type of service provision e.g. move from residential care to a domiciliary care agency.

Exemptions to voluntary cancellation:
As defined within the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- if RQIA has given the registered person notice under Article 18 of a proposal to cancel the registration
- if RQIA has given notice under Article under 20 of its decision to cancel the registration and the time within which an appeal may be brought has not expired or, if an appeal has been brought, it has not been determined.
(refer to 2003 Order for full text)

Requirements to cancel registration:
Regulation 15 (RQIA (Registration) Regulations (N.I.) 2005, as amended) details the requirements of the registered person regarding an application for cancellation of registration.
- An application is required to made, not less than 3 months before the proposed effective date. A shorter period may be considered subject to agreement with RQIA.
- The registered person is expected to provide details on:
    - the proposed effective date
    - statement as to the arrangements relating to service users who will continue to be provided with similar accommodation and services
    - the reasons for making the application
    - details of any notice given to each service user and their representative; staff; and the HSC Trust in whose area the establishment or agency is located
    - Arrangements for the retention of records.
- Where the registered person has not given notice as described above, they are required to provide a statement as to any circumstances that prevented this
- Should an application be made less than three months before the proposed effective date, the Registered person is required to report whether the establishment or agency has ceased or is likely to cease to be financially viable
(refer to 2005 Regulations for full text)

Impact on Residential Care Home sector in Northern Ireland over the past 10 years as the shift has been from residential care to care in a person's own home or supported living arrangements.

Residential Care Homes

A bar chart titled "Residential Care Homes" showing the number of homes at four dates. The y-axis ranges from 0 to 300 in increments of 50.

Date	Value (approx.)
As at 31/03/2006	266
As at 31/03/2009	241
As at 31/03/2012	235
As at 31/03/2015	203
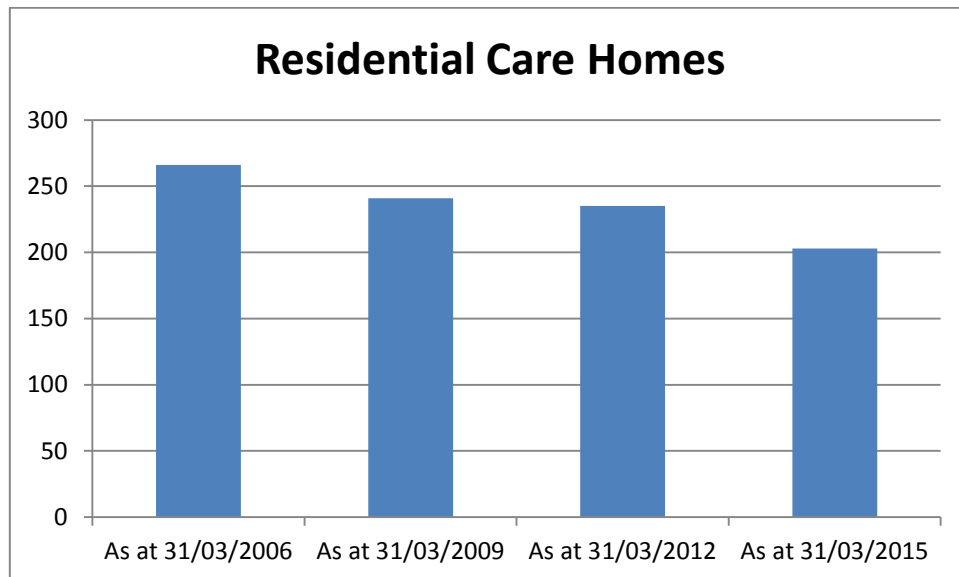
Section 2: Inspection

Improvement activity

The following summarises the outputs and outcomes from some of the Year 1 Regulation Directorate Improvement Programme.

REPORT FORMAT

Work stream Objectives:
- Review and critique of relevant literature review and other Regulator reports
- Survey of stakeholder perceptions (n= 53) via Survey Monkey
- Stakeholder consultation workshop
- Development of revised reporting format for all inspections

Outputs:
- More concise and informative report format devised
- Developed around stakeholder outcomes: Is Care Safe? Is Care Effective? and Is Care Compassionate

  New report format operational 1 April 2015

Reflections from consistency workshop June 2015		
What is working well?	**What could be improved?**	**How do we evaluate?**
- Shorter - Quicker to write - Positive feed back - Flows clearer - Clearer outcomes - QIP included - Plain English - Less repetitive (no long summary) - Admin – Quicker and easier processing	- Issue logs to be analysed - Profile was helpful - Peer Review needs to be specific - Questionnaire feedback - Admin consistency - Cover page - Standard statement if there are issued identified, concerns ref. paragraph	- Quarter I – survey monkey of providers - Staff – survey monkey - Public Survey – Website engagement with sector

DUTY SYSTEM

Work stream Objectives:
- Review and analysis of duty calls
- Review the recording processes to ensure effectiveness
- Production of guidance documents
- Review of duty resource including personnel and equipment

Outputs:
- New duty rota with all inspectors participating
- FAQs document developed and made available to inspectors and on RQIA website
- New guidance, policy and procedure documents developed and shared training undertaken

for those inspectors new to duty		
New desk layout with, noise reduction screens, ear phones for inspector		

Early evaluation June 2015		
What is working well?	**What could be improved?**	**How do we evaluate?**
• Works well • Workload spread across the teams • Easy to log • Tracking calls easier • Good support from teams • Increase awareness of other issues • iConnect working well • Skills increase for inspectors • Competent staff	• Rota organisation in advance • Frequently asked questions to be further developed • Still Noisy (screens to be moved) • Location of desk	• Survey Monkey • Inspector survey • Stakeholder survey

INSPECTION METHODOLOGY

Work stream Objectives:
- Process map of current inspection methodology
- Examine and modify the self-assessment framework
- Examine use of standards/themes or headings within the inspection process
- To review and determine best practice method of notification of inspection

Outputs:
- Majority of inspections to nursing residential and children's homes unannounced
- Self-assessment process discontinued
- Pre Inspection Assessment Tool introduced
- Hello My Name Is…….. poster introduced
- New inspection questionnaires developed
- Six stakeholder events delivered
  Themes and standards aligned to stakeholder outcomes: Is Care Safe? Is Care Effective? and Is Care Compassionate

What is working well?	**What could be improved?**	**How do we evaluate?**
• Unannounced working well • Questionnaire useful • Good feedback on the day • Well Linked to safe, effective, compassionate care • Posters useful • Self assessment not missed • Provider audit tool useful • Responding to public expectations	• Smiley faces can be miss-interpreted • Questionnaire delayed return • Review of assessment rating system • Issues with poster • Roadshows are needed	• Stakeholder survey of provider perceptions • Explore public survey

Communication

The following decision bulletin provides an example of the way in which the Improment programme and outputs resulting form it have been communicated to staff.

Pre Inspection Audit Template

A Pre Inspection Assessment Audit Template has been devised to support inspectors in their review of information prior to inspection. This template provides a comprehensive and useful overview of information and intelligence about a service.

All inspectors should be using it prior to undertaking an inspection. This template will give inspectors a concise but robust overview of the establishment/agency since the previous inspection and will provide valuable evidence to demonstrate that all information and intelligence held regarding the establishment/agency has been reviewed.

The introduction of this template will also help us to meet recommendations from the Reports and Audits arising as follows:

1) Inspectors should adequately prepare for inspections by gathering and analysing all available information in respect of complaints, untoward incidents and the concerns of whistle-blowers.
2) Inspectors should review all intelligence prior to inspection and be given the flexibility to deviate from the planned programme of inspection to address areas of concern.

Evaluate and Review

A consistency and issues workshop is planned on 22nd June 2015, so please refer any issues to your senior inspector to be logged for consideration at workshop.

Kathy Fodey
Director of Regulation and Nursing
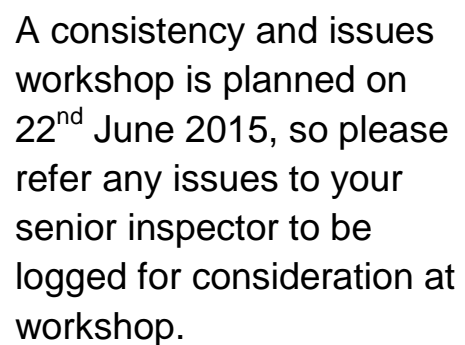
Section 3: Enforcement

Overview of Enforcement Activity as at 6 July 2015

Enforcement Panels

Two enforcement panels have met since the last Board update:

- Notice of proposal to cancel registration of a Registered Manager of Residential Care Home. Outcome: Notice of Decision issued
- Notice of proposal to cancel registration of Registered Persons in respect of Dental Practice. Outcome: Notice of Decision issued

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
Leitch Dental Practice	19 January 2015 NOP to cancel registration of registered person	8 April 2015: Registration of Jonathan Leitch as the registered person of Leitch Dental Practice cancelled.
Carryduff Dental Practice Mr and Mrs Irwin	31 March 2015 NOP to cancel registration of registered persons	12 June 2015: Registration of Mr and Mrs Irwin cancelled. New application for registration by Mr Irwin received and completed
Crutchley RJ Dental Practice	27 April 2015 Three Failure to Comply Notices issued relating to - Policies and procedures - Maintenance of equipment - Reusable medical devices	Compliance not achieved 28 June 2015 Notices extended Compliance required by 28 July 2015

Domiciliary Care Agencies

Establishment / service	Enforcement / Concern	Update
Ballyclose House DCA, Limavady WHSCT	05 March 2015 One Failure to Comply Notice issued relating to - safety and security of service user property	Compliance achieved 11 June 2015
Potens Domiciliary Care Agency, Derrygonnelly Mr Neill Wadge	01 May 2015 One Failure to Comply Notice issued relating to - safety and security of service user property	Compliance not achieved 8 June 2015 Notice extended. Compliance required by 16 July 2015
Support Care Recruitment Ltd DCA, Belfast	14 May 2015 One Failure to Comply Notice issued relating to - recruitment of staff	Compliance achieved 17 June 2015

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 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

	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	
Colinvale Nursing Home, Belfast Mr Raymond Murphy	8 August 2014 Conditions placed on registration to: (01). nurse manager to take control of the day to day management and control of Colinvale Court. (02) No new admissions (03) Reg 29 visit reports to be submitted to RQIA	Compliance achieved 23 April 2015, 3 x COR removed from registration.

Clifton Nursing Home Belfast Runwood Homes	19 December 2014
	Three Failure to Comply Notices issued relating to
	    - quality of nursing services
	    - food and fluids
	    - health and welfare of patients
		Compliance assessment undertaken on 23 February 2015
		
		Compliance achieved with notice (02) relating to food and fluids
		
		Notices (01) relating to quality of care and (03) relating to health and welfare were extended to the full 90 day limit: compliance required by 25 March 2015
		
		8 April 2015 Notice Of Proposal to impose two conditions on registration
		
		Compliance achieved 7 May 2015, NOP withdrawn

Karina Lodge Nursing Home, Kilrea Mr Thomas Girvan	25 February 2015
	
	Two Failure to Comply Notices issued relating to:
	    - fitness of workers
	    - staff records
		Compliance achieved 22 May 2015

Glenview Nursing Home, Portadown
Mr and Mrs Breen
	18 March 2015
	
	Two Failure to Comply Notices issued relating to:
	    - Cleanliness and infection control
	    - Furniture and equipment
		Compliance not achieved 22 May 2015
		
		Notice extended Compliance achieved 19 June 2015

Ard Mhacha House
Mrs Victoria Craddock,
Countrywide Care Homes Ltd
	24 March 2015
	Three Failure to Comply Notices issued relating to:
	    - Statement of purpose
	    - Health and welfare
	    - Medicines management
	
	26 June 2015
	Notice of Proposal to place conditions on registration
	    - Admissions to home will cease until compliance with specific actions stated in FTC(01) fully met.
	    - Provider must ensure reg. 29 reports are submitted to RQIA on a monthly basis until further notice.
		Notice 03 Compliance achieved 28 May 2015
		
		Notice 02 extended, compliance achieved 26 June 2015
		
		Notice 01 extended, compliance not achieved
		
		NOP to place 2 x COR. Period to make representation expires 27 July 2015

Rose Martha Court Nursing Home
Ballymena
Runwood Homes Ltd
	27 March 2015
	Three Failure to Comply Notices issued relating to:
	    - Staffing levels
	    - Nurse manager
	    - Record keeping
		Compliance not achieved 12 May 2015. Notices extended.
		
		Compliance achieved with all notices:10 June 2015

The Graan Abbey, Enniskillen Carewell Homes Ltd	16 June 2015 One Failure to Comply Notices issued relating to: - Restrictive practice	Compliance required by 18 August 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 30 September 2015
Hebron House Residential Care Home, Markethill Mr N and Mrs M Wylie	31 January 2014 Prosecution action ongoing	Court date 30 September 2015
Anniscliff Residential Care Home Maghera Bernadette McGilligan, Jacqueline Davies	13 February 2015 One Failure to comply notice issued relating to: - treatment and advice from healthcare professional	Representation received on: 23 February 2015 Enforcement review panel met on 18 March. Outcome: Not Upheld Compliance achieved 10 April 2015
Glasswater Lodge Residential Care Home Crossgar Mr LJ and Mrs S Reid	19 February 2015 Three failure to comply notices issued relating to: - safeguarding training - fitness of workers - staff records	Compliance achieved 23 April 2015
Ross Lodge/Ross House RCH, Dervock Mr and Mrs McKinney	26 March 2015 Two failure to comply notices issued relating to: - notifications - preventing harm	Compliance achieved on 28 April 2015
Ross Lodge/Ross House RCH, Dervock Mr and Mrs McKinney	27 March 2015 NoP To cancel registration of Mrs Joyce McKinney as registered manager	Notice of Decision confirmed by panel on 26 March 2015 New Registered Manger appointed and application made for registration
Ross Lodge/Ross House RCH, Dervock Mr and Mrs McKinney	07 May 2015 Two failure to comply notices issued relating to: - financial record keeping - preventing abuse	Compliance not achieved on 06 July 2015 Compliance required by 10 August 2015

RQIA Board Meeting

Date of Meeting	9 July 2015
Title of Paper	Draft Risk Management Strategy
Agenda Item	8
Reference	H/07/15
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 25 June 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:	N/A
Date Approved by Audit Committee:	
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

Contents

1.0   Introduction

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

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

2.0   Purpose

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

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

3.0   Risk Management

Risk Management is about:

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

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

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

4.0 Risk Management Policy Statement

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

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

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

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

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

The risk management strategy and supporting documents will be used to inform RQIA's Annual Governance Statement and the Mid-Year Governance Statement. Supporting documents include:
- Risk Management Procedures
- Corporate Risk Assurance Framework Report
- Directorate Risk Registers

5.0 Roles and Responsibilities

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

```
┌─────────────────────────────────────────┐
│              RQIA's Board                │
│ Will seek overall assurance that key     │
│ strategic risks are being effectively    │
│ managed.                                 │
│ Receives and reviews the Corporate Risk  │
│ Assurance Framework Report quarterly.    │
└─────────────────────────────────────────┘

┌──────────────────────────────┐     ┌──────────────────────────────┐
│  Executive Management Team    │     │       Audit Committee         │
│ Ensures risk management is    │     │ Advises the Board on the      │
│ embedded into all processes   │     │ strategic processes for risk  │
│ and manages the Risk          │     │ management. Oversees          │
│ Assurance Framework Report    │     │ internal/external audit and   │
│ on behalf of the Board.       │     │ CAS. Receives the Corporate   │
│ Reviews the Corporate Risk    │     │ Risk Assurance Framework      │
│ Assurance Framework Report    │     │ Report when the timing of     │
│ quarterly.                    │     │ their meetings permits it.    │
└──────────────────────────────┘     └──────────────────────────────┘

┌──────────────────────────────┐
│         Directorates          │
│ Coordinates and monitors the  │
│ Directorate Risk Registers    │
│ and identifies which risks    │          ╭────────────────────╮
│ should escalate onto the      │         (   Internal Audit     )
│ Corporate Risk Assurance      │         ( Provides independent  )
│ Framework. Reviews the        │         (  risk assurance and   )
│ Directorate Risk Registers    │         ( verification of CAS    )
│ Bi-Monthly.                   │          ╰────────────────────╯
└──────────────────────────────┘

┌──────────────────────────────┐
│         All Employees         │
│ Have responsibility for the   │
│ identification of risk and to │
│ report the risk to the        │
│ appropriate line manager or   │
│ team.                         │
└──────────────────────────────┘
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Within RQIA's organisational structure, it is important that individual accountability is clearly defined and that this is reflected in objective setting and performance review. Responsibility for risk at the different levels of the organisation is described below.

5.1   Board Responsibility

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

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

5.2   Audit Committee Responsibility

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

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

5.3   Chief Executive Responsibility

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

5.4   Executive Management Team Responsibility

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

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

5.5   Directorate Responsibilities

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

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

5.6 RQIA's Health and Safety Committee Responsibility

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

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

5.7 Responsibility of All Staff

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

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

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

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

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

RQIA's Risk Management Process

```
                    ┌─────────────┐
                    │  Establish  │
                    │     The     │
                    │   Context   │
                    └─────────────┘
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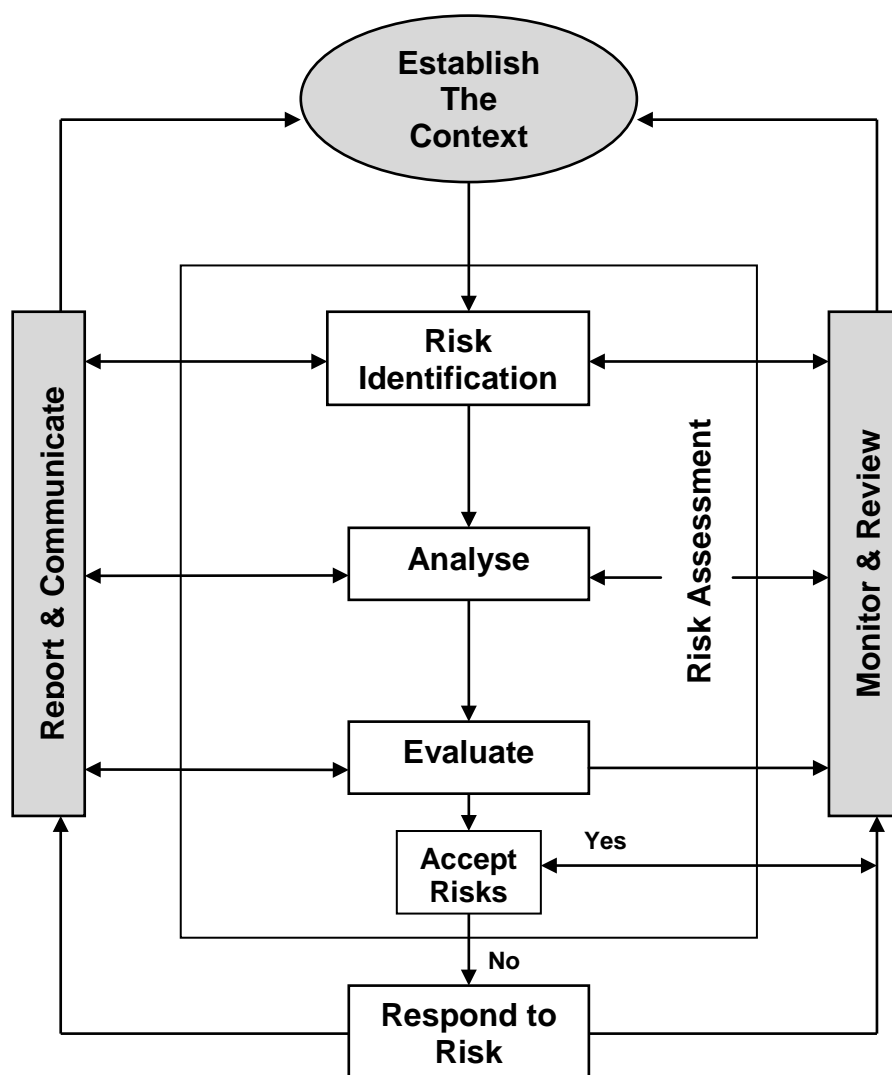

6.1   Establish the Context

Risk management should be integral to the planning and achieving of objectives and to being accountable – it is not something that is done "on top of everything else we have to do."   The linking of risks to RQIA's 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.

6.2   Risk Identification

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

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

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

RQIA's 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. To help in ensuring that all potential risks are evaluated, RQIA has identified critical key risk categories as that shown below to give structure and support to the identification process.

Risk Categories	
Strategic	**Operational**
• Political • Economic/financial • Social • Technological • Legislative • Environmental • Competitive • Customer	• Professional • Financial • Legal • Physical • Contractual • Technological • Environmental • Information

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

6.3   Analyse / Evaluate the Risks

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

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

Impact Criteria

Level of impact	Quality/ system failure	Public confidence and reputation	Complaint or claim	Financial loss
Very Low (Insignificant)	Negligible service deficit, Minor non-compliance, No impact on public health or social care, Minimal disruption to routine organisation activity, No long term consequences	Issue of no public or political concern	Legal challenge, Minor out-of-court settlement	Less than £5,000
Low (Minor)	Significant failure to meet internal standards or follow protocol, No impact on public health or social care Impact on organisation readily absorbed, No long term consequences	Local press interest, Local public or political concern	Civil action – no defence Improvement notice	£5,000 - £50,000
Medium (Moderate)	Repeated failures to meet internal standards or follow protocols, Minimal impact on public health and social care, Impact on the organisation absorbed with significant level of intervention, Minimal long term consequences	Limited damage to reputation, Extended local/ regional press interest, Regional public or political concern	Class action, Criminal prosecution, Prohibition notice	£50,000 - £250,000
High (Major)	Failure to meet national/ professional standards, Significant impact on public health and social care, Impact on the organisation absorbed with some formal intervention by other organisations, Significant long term consequences	Loss of credibility and confidence in the organisation, National press interest, Independent external enquiry, Significant public or political concern	Criminal prosecution – no defence, Executive officer dismissed	£250,000 - £1m
Very high (Catastrophic)	Gross failure to meet professional/ national standards, Major impact on public health and social care Impact on the organisation absorbed with significant formal intervention by other organisations, Major long term consequences	Full public enquiry, Public Accounts Committee hearing, Major public or political concern	Criminal prosecution – no defence, Executive officer fined or imprisoned	More than £1m

Likelihood/Probability of Occurrence

Following the identification of a risk through looking at the impact of particular scenarios, the likelihood of the risk occurring is estimated on the basis of historic evidence or experience that such situations have materialised or are likely to. The following table gives example details of how the likelihood is

assessed. The likelihood needs to be assessed in terms of has it happened before and is it expected to happen in the near future.

Impact Criteria

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

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

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

6.4   Respond to Risks

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

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

Response	
Transfer	Some risks can be transferred to an insurer e.g. legal liability, property and vehicles etc. Service delivery risks can be transferred to a partner. Some risks cannot be transferred e.g. reputational risks.
Treat	Some risks will need additional treatment to reduce or mitigate their likelihood or impact. This response is most likely where the likelihood or impact is such that a risk has been identified as a

	high/red risk.
Terminate	In some instances, a risk could be so serious that there is no other option but to terminate the activity that is generating the risk.
Tolerate	This response will be appropriate where you judge that the control measures in place are sufficient to reduce the likelihood and impact of a risk to a tolerable level and there is no added value in doing more.

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

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

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

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

6.5   Monitor and Review

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

The kind of **Key Indicators** used to indicate that problems might be arising include:
- staff turnover by area
- customer complaints
- sick leave taken by staff group or directorate
- budget overspend / underspend
- not achieving performance milestones
- underachieving Measures of Success
- not meeting statutory requirements
- increase in 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.

6.6 Report and Communicate

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

Corporate Risk Assurance Framework Report
As an output of its risk management arrangements, RQIA will maintain a robust Corporate Risk Assurance Framework with the aim of providing our Board with assurance that key strategic risks are being effectively managed. These risks represent those that, if not managed effectively, could have serious consequences to RQIA achieving its high-level, strategic objectives.

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

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

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

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

Inter-relationship between the Corporate and Directorate Risk Registers
The decision as to whether a risk is placed on the Corporate or one of the Directorate Risk Registers should be based on the "Level of Impact/likelihood" of the risk together with a judgement as how best to manage the risk.
1. If the risk is categorised as "low" or "medium" it should be placed on a Directorate Risk Register.
2. If the risk is categorised as "high" or "extreme" 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				

7.0   Training and Development

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

8.0   Review of Risk Management Strategy

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

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

Vision

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

Purpose

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

Stakeholders Outcomes

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

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

Strategic 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

Checklist for Identifying Risks

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

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

RQIA Board Meeting

Date of Meeting	9 July 2015
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	9
Reference	I/07/15
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, 3 and 4 of the report. The feedback received at the Horizon Scanning workshop was considered when compiling this risk register and will be used to inform future versions of this report.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the updated Corporate Risk Assurance Framework Report.
Next steps	The next updated Framework Report will be presented to the Board on 12 November 2015.

CORPORATE RISK ASSURANCE FRAMEWORK

Board Meeting July 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		2	0	8	
Risk ID	**Description of Change**		**Details**		**Date Changed**	**Risk Rating**
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**
Risk 3 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	**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	**L/H**

Risk Log – July 2015						
LOW RISKS	**MEDIUM RISKS**		**HIGH RISKS**	**EXTREME RISKS**	**TOTAL NUMBER OF RISKS**	
0	**6**		**2**	**0**	**8**	
Risk ID	**Description of Change**		**Details**		**Date Changed**	**Risk Rating**
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.						
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 / service users & families etc.. This may result in RQIA failing to take appropriate regulatory actions in response to inspections.	**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. However, see Risk 7 – a new risk has been added i.e. "There is a risk that RQIA fails to respond adequately to the recommendations in the 2015 Internal Audit special assignment. This may result in a failure to take appropriate regulatory action to protect and safeguard service users."		10/06/2015	**Changed from M/M to L/M**
Risk 5 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. 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 significant financial pressures on RQIA 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."		10/06/2015	**M/M**
	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.			

Risk Log – July 2015					
LOW RISKS	**MEDIUM RISKS**	**HIGH RISKS**	**EXTREME RISKS**	**TOTAL NUMBER OF RISKS**	
0	6	2	0	8	
Risk ID		**Description of Change**	**Details**	**Date Changed**	**Risk Rating**
Risk 6 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.		**New Risk**		10/06/2015	**M/M**
Risk 7 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	**H/M**
Risk 8 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	£5,000 - £50,000

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

Risk Scoring Matrix

IMPACT	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	B	C	D	E
	Very Low (VL)	Low (L)	Medium (M)	High (H)	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 SCORING MATRIX

IMPACT	Risk Scoring Matrix				
5 - Very High (VH)					
4 - High (H)		3	8		
3 - Medium (M)		1	2,5,6	4,7	
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 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 4   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 5   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. This may result in RQIA's accounts receiving a qualified audit opinion and increased financial scrutiny from DHSSPS.

RISK 6   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 7   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.

RISK 8   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.

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

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

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

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

Independence « Inclusiveness « Integrity « Accountability « Professionalism « Effectiveness

Vision | Purpose | Stakeholders Outcomes | Strategic Themes | Values

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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)										3			2,3,4,5,6
Corporate Services (CS)												6	5,7,8
Regulation & Nursing (R&N)													1,3
MHLD & Social Work (MHLD)													4
Reviews (R)													
Executive Management Team (EMT)													

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
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
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
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 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	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	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	CE	On-going

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Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
	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.		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.							monitored via the Audit Committee. • Quality Improvement Steering group to oversee the implementation of the Regulation Directorate Improvement Work stream.		On-going

Strategic Theme :
1 - Deliver Operational Excellence

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Likelihood	Impact	Risk Rating	Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
4	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 RQIA List of Part IV Medical Practitioners.		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 applicants. • There is an open advertisement for	MHLD MHLD	Ongoing Ongoing

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Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
										additional Medical Practitioners publicly.		

Strategic Theme :
1 - Deliver Operational Excellence
3 - Use Resources Effectively

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Likelihood	Impact	Risk Rating	Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
5	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. 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. • Seeking clarification from BSO HR about releasing the voluntary exit scheme.	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	Likelihood	Impact	Risk Rating	Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
6	There is a risk that RQIA will continue to lose critical posts, as a result of austerity measures, including the recurring 3%	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	CE CS	Ongoing March 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
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
	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.									successfully deliver the business objectives while meeting the efficiency savings. • Use of voluntary exit scheme under consideration by EMT. Clarification sought from BSO HR about the detail of the 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 CE	Ongoing Ongoing
Strategic Theme : 1 - Deliver Operational Excellence 3 - Use Resources Effectively												
7	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	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.	CS	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
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
	result in in less accountable, responsive and flexible service provision to RQIA.											
Strategic Theme : 1 - Deliver Operational Excellence 4- Continuously improve key systems and processes												
8	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.	CS	• iConnect Project Board • Business case submitted to DHSSPS/DFP for capital funding April – Dec 2015 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

RQIA Board Meeting

Date of Meeting	9 July 2015
Title of Paper	Personal and Public Involvement (PPI) Action Plan 2015-16
Agenda Item	10
Reference	J/07/15
Author	Christine Goan
Presented by	Maurice Atkinson
Purpose	The purpose of this Action Plan is to present the PPI actions for 2015/16.
Executive Summary	PPI is the agreed terminology used as an umbrella term to describe the involvement agenda in the HSC. It was introduced and defined in the DHSSPS guidance circular HSC (SQSD) 29/071. 'Personal' refers to service users, patients, carers, consumers, customers, relations, advocates or any other term used to describe individuals who use HSC services either as individuals or as part of a group. 'Public' refers to the general population and includes locality, community and voluntary groups and other collective organisations. 'Involvement' refers to consulting, informing, engagement, active participation and partnership-working. RQIA's Corporate Strategy 2015-18 strategic theme 5 is 'to develop and enhance effective external relationships'. The aligned business action 5.1 (RQIA Business Plan 2015-16) demonstrates an on-going commitment to 'embed Personal and Public Involvement into RQIA's core activities'. RQIA has a PPI Forum (comprising of board member, directors, RQIA PPI lead (CIPE manager), managers, staff, and carer representative). To date the staff representatives in this group have developed the actions in the annual PPI Action Plan for agreement at the Forum and then presented for approval to the

	Board each year.
	The 2015-16 PPI Action Plan is segmented into two broad strands:
	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.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the PPI Action Plan 2015-16.
Next steps	The PHA has initiated a monitoring exercise of PPI activities within RQIA (June 2015) assessing against the new PPI Standards (recently launched March 2015). A feedback Report documenting areas of good practice and areas for improvement will be available October 2015. Informed by this feedback and considering the regional PPI Standards (DHSSPS) RQIA directorates and teams will formulate actions for inclusion in the 2016-17 Business and Operational Plans. The terms of reference of the PPI Forum and membership will be reviewed and shaped in response to changes and to further embed PPI in RQIA core activities.

Personal and Public Involvement

Action Plan 2015-16

1.0   What is Personal and Public Involvement?

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

The key terms are defined below:

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

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

'**Involvement'** refers to consulting, informing, engagement, active participation and partnership-working.

2.0   How does RQIA use PPI?

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

Within RQIA's Corporate Strategy for 2015-18, four strategic priorities align to PPI. These priorities are as follows:

1	**Deliver Operational Excellence** Improving the delivery of our core functions, taking account of best practice	- Complete a strategic review of inspection systems and processes - Redesign our inspection and review reports to better demonstrate our assessment of the delivery of safe, effective and compassionate care - Strengthen our internal quality assurance systems and processes - Develop our external communications systems and processes so that the public understand our roles and responsibilities
4	**Continuously Improve Key Processes** We will develop and deliver quality improvement workstreams	- Make better use of information and intelligence from external sources - Improve analysis of available information to support our core functions - Optimise the use of information, communication and technology to enable RQIA to deliver its current and future priorities - Implement a programme of

			continuous improvement workstreams
5	**Develop and Enhance Effective External Relationships** We will communicate effectively with people who use services, and collaborate with other HSC bodies, regulated services, and other regulators to share information and intelligence		• Engage with service users, carers and the public to obtain their views on the standard of care provision within health and social care services • Develop strong partnerships with independent, voluntary and community groups • Strengthen our links with other regulators and organisations to share intelligence to ensure that safety concerns are heard and acted upon
6	**Focus Improvement Activities on Outcomes** We will pursue opportunities to drive quality improvement across health and social care		• Involve lay assessors to listen and understand the experiences of service users and describe this in our inspection reports • Use external expertise to identify areas of improvement in health and social care • Actively participate in regional and national initiatives to drive safe, effective and compassionate care • Strengthen our focus on quality improvement by disseminating the learning from our core activities

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

The Action Plan for 2015/16 has been divided into two sections:

i) Organisational PPI
ii) Stakeholder Engagement

i) Organisational PPI

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

ii) Stakeholder Engagement

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

ORGANISATIONAL PPI

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
1.	An RQIA PPI Action Plan for 2015-16.	Contribution to action plan from all directorates within RQIA. Discussion and agreement at RQIA PPI Forum. Action Plan sign off at PPI Forum 18th June.	4,5,6	Corporate Improvement and Public Engagement Manager/PPI Forum			June 2015
	Ensure the Action Plan is accessible to the public	Publication onto RQIA's website July 2015.	4	Communication Manager			
	Ensure PPI Forum is updated bi-annually or by exception throughout 2015/16 on actions within Action Plan.	Bi-annual progress update to PPI Forum on actions from PPI Annual Action Plan (reporting through the corporate performance framework) The Annual Action Plan will be updated in September 2015 and results for the year set out in the final progress report March 2016.		Directorate PPI Leads Corporate Improvement and Public Engagement Manager/PPI Forum			

2.	RQIA will evaluate the approaches to date to involving Lay Assessors in review and inspection work in order to learn and improve the approaches	Organise and facilitate a focus group with Lay Assessors in April 2015 and evaluate outcome of the day.	1,5	Corporate Improvement and Public Engagement Manager	Focus Group carried out 17th April. Results and evaluation information both qualitative and quantitative shared with Corporate Lay Assessor Group. 'Areas for improvement' evidence used to develop corporate procedures. This will ensure Lay Assessors are offered to go out on inspection at least once a month.		April 2015
3.	RQIA will hold a workshop with Lay Assessors to develop the core questions for service users in relation to: Is Care Safe? Is care effective? Is care compassionate?	Organise and facilitate a workshop with Lay Assessors in April 2015	1,5	Corporate Improvement and Public Engagement Manager	Workshop carried out 17th April. Outcome of workshop shared with Corporate Lay Assessor Group 26th May. Final meeting with corporate team		

					to determine 'core' questions will take place 16[th] July following 3[rd] pilot hospital care inspection.		April 2015
4.	Ensure that service users, carers, relatives and staff views on regulated services are taken on board to inform future RQIA inspection themes and methodology.	The Domiciliary care supported living team will meet or make contact with individual focus groups of service users throughout 2015 to assist in informing the following year's inspection themes	1,4,5,6	Regulation – Supported Living	It is planned that one focus group from within the groups of service users met will be held towards the end of 2015.		June 2015 update Final report end of 2015 inspection year.
5.	Stakeholders of in-patient Mental Health services will participate in the evaluation of the revised inspection methodology.	The Mental health and Learning Disability Directorate (MHLD) will formally invite stakeholders of in-patient Mental Health services to participate in the evaluation of the revised inspection methodology.	4,6	MHLD			
6.	MHLD team will ensure that the views of advocates in relation to patients' care and treatment on the Mental Health wards is captured and used to inform	MHLD will issue questionnaires to independent advocates prior to inspections to capture their views of care	4,5,6	MHLD			

	inspection processes.	and treatment on the wards. These views will be used to inform inspection processes.						March 2016
7.	Lay Assessors will contribute to inspections and reviews interviewing service users and gathering their views an opinions in relation to: • is care safe, • is care effective, • is care compassionate?	Lay Assessors will be recruited in January 2016. Resource requirement to embed lay assessor contribution in to inspection and reviews will be estimated to inform future costs. Lay assessors will contribute to the development and delivery of new programmes of work including the new programme of inspections of acute hospitals. Lay Assessor contribution to inspections and reviews will be externally evaluated to demonstrate added value to inspection and review.		Regulation, Review and MHLD Directorates			March 2016

STAKEHOLDER ENGAGEMENT

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
1.	Ascertain the views of service users as part of the domiciliary care agencies inspections (this excludes supported living services)	The User Consultation Officer (UCO) will carry out interviews with a sample of service users throughout 2015/16. Any concerns will be raised with the inspector and used by the team when deciding the 2016/17 inspection themes. Findings will be included in the agency's inspection report.	4,5,6	Regulation (UCO)			March 2016
2.	Ensure that carers views on the quality of the service provided to them by the Adult Placement Agencies are taken on board and any areas of concern will be raised with the provider in order to drive improvement in the service quality.	The inspectors will discuss with AP carers their view on the quality of service during the next inspections. These comments will be taken to individual providers as well as the local APA group.	4,5,6	Regulation - Agencies			March 2016

3.	Ascertain the views of young people living within children's homes.	The children's team are currently developing a proposal for the involvement of Council for the Homeless Northern Ireland in the inspection process. An incremental three year plan will include the recruitment of peer reviewers. These reviewers will be directly involved in the inspection of children's services.	4,5,6	Regulation – Children's		
4.	Ascertain service user views during inspections of all regulated services. The information will be used to drive improvements in service quality.	The agencies team will take on the views of service users during inspections. The agencies team will also meet with individual service user groups and gain information to help drive improvement.	4,5,6	Regulation – All teams		March 2016
5.	Ensure that areas of concern raised by our stakeholders are considered. Information from these meetings may also be used to inform future	All areas of concern raised will be discussed with stakeholders by the agencies team.	5	Regulation – All teams		

	inspections.						March 2016
7.	Ensure patients' experiences of their care and treatment are obtained and used to inform inspection processes.	As part of pre inspection information, patients who have recently been discharged will be sent a "your care your view" post card. Patients will be asked to comment on their experience of the ward during their period of admission. This information will be used to inform inspection processes.	4,5,6	MHLD			March 2016
8.	Evaluate the effectiveness of the role of lay assessors in improving inspection processes.	Lay assessors will speak to patients and observe care practice on a minimum 40% of mental health wards. The views of service users in the services inspected by the regulation, MHLD and hygiene teams will be captured, with the support of lay assessors.	4,5,6	Regulation Team MHLD Team Hygiene Team Review Team			

		Outcomes will be measured following evaluation of lay assessor input.					March 2016
9.	Ensure that patient and relatives views are sought as part of reviews within the Three Year Review programme	Several reviews will take place during 2015-16 which will incorporate elements ensuring that patients and relatives views are sought and harnessed. A wide range of appropriate methods will be used to obtain the views of patients, their families, carers and advocates, to include: • Questionnaires and Surveys • Focus Groups	4,5,6	Review Team			

		• One-to-One Telephone Interviews • One-to-One face-to-face Interviews • Workshops • Summit Events					March 2016
10.	Ensure that stakeholder groups are aware of the role of RQIA (proactively seek invitations)	• Key stakeholders that represent particular interest groups are invited to participate within the RQIAs programme of reviews. • New stakeholders identified through the planning of reviews are also invited to participate within the RQIAs programme of reviews. • We will continue to clearly define the role of RQIA before these working partnerships commence.	5	All staff			March 2016

| 11. | RQIA will continue to contribute to the regional HSC PPI Forum | Continue to attend and contribute to the Regional PPI Forum.

Continue to contribute to subgroup work in relation to development of a regional PPI training pack for HSC staff

Continue to contribute to subgroup work in relation to development of regional PPI measurements of outcome for HSC staff | 5 | Corporate Improvement and Public Engagement Manager | | | March 2016 |

RQIA Board Meeting

Date of Meeting	9 July 2105
Title of Paper	Update on the development of a new Acute Hospital Inspection programme
Agenda Item	11
Reference	K/07/15
Author	Dr David Stewart
Presented by	Dr David Stewart
Purpose	The purpose of this paper is to update the Board on progress in taking forward the development of a new Acute Hospital Inspection programme to commence in 2015/16.
Executive Summary	In April 2014, RQIA was commissioned by DHSSPS to put in place appropriate arrangements to deliver a rolling programme of unannounced inspections of the quality of services in all acute hospitals in Northern Ireland each year, from 2015/16 onwards.
	This paper provides an update to the RQIA Board on the work undertaken since the last update provided at the Board meeting on 25 March 2015.
	Four pilot inspections have been carried out during the past three months and a further is planned for early July 2015. The pilots have been very useful in informing the development and refinement of the tools which will be used during the inspections and the design of the inspections.
	RQIA staff have also had the opportunity to observe regulatory processes in England and Scotland and learning from these visits will be used to help design the programme.
	There has been a very positive response to the invitation for peer assessors from HSC organisations to participate in inspections.

FOI Exemptions Applied	None
Equality Impact Assessment	An equality screening document has been submitted to Equality Unit in BSO. From the screening exercise we have concluded that a full equality impact assessment is not required.
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the update on the development of the new acute Hospital Inspection programme.
Next steps	A further update will be provided to the RQIA Board in October 2015 at which time it is planned to initiate the programme of inspections.

Update on the development of a new Acute Hospital Inspection programme to be introduced in 2015/16.

Background & Context

This project has been commissioned from the RQIA by the DHSSPS. The Minister for Health, Social Services and Public Safety has tasked RQIA to carry out a series of inspections in acute hospitals across Northern Ireland. This rolling programme of unannounced inspections, will examine the quality of services in acute hospitals in Northern Ireland from 2015-16 onwards.

RQIA Process to establish the new programme of inspection

A project has been established by RQIA to design, develop and pilot an agreed hospital inspection programme and associated procedures which will conclude with the delivery of a fully tested process to deliver the programme of acute hospital inspections.

A **Project Board** oversees the delivery of the project and that all relevant stakeholders are appropriately engaged.

Project Plan

At the outset of the project 27 proposed products/outcomes were established relating to specific keys phases of development. We have since translated these into a series of milestones; these are outlined in the attached product flow diagram (Appendix A). Progress against each milestone is indicated using the RQIA BRAG Description Key (Appendix B).

The project is scheduled to complete by October 2015, at which point the programme of Hospital Inspections will complete with handover and implementation.

Work Completed to Date

- The project brief and the key deliverables were agreed by the Project Board.
- The need to subject the HIP to Equality Screening was discussed and it was agreed that screening was required. The Equality Screening document has been finalised and shared with BSO. It will be published on their website at the next available opportunity.
- The design of the programme well underway including the methodology, templates and processes.
- Templates have been designed for use on inspection (to include the core inspection tool, care planning tool, training matrix and documentation checklist).
- These tools are to be supplemented by patient experience questionnaires and staff interview/focus group questions.

- Recruitment of peer reviewers initially closed on 13th March 2015, however the inspection team continue to raise awareness of the new programme and to encourage nominations. In response to this continued interest the RQIA website has been updated to reflect an extended application date until the end of August 2015.

Pilot Inspection Programme:

- We have now completed 4 pilot inspections with the final pilot planned for early July 2015.
- The Project Team are using the learning from the pilots to finalise the inspection tools and processes. These will be kept under review during the first year of the programme
- An issues log is used to record any matters arising during the pilot inspections has been reviewed and taken into account when finalising the inspection tools and processes.
- It is planned that all the proposed inspection tools will be considered by the Project Board for approval in August 2015 prior to submission to DHSSPS for regional endorsement and distribution.

Links with other Regulators/Partners

- RQIA have secured the placement of a senior medical trainee from NIMDTA from August/September 2015. It has been agreed that the trainee will be available to participate in the HIP inspection programme; we have also secured the involvement of one senior trainee from NIMDTA in each of the pilot phase inspections.
- We are currently working with UU and QUB School of Nursing to discuss the development of the HIP and the possible involvement of student nurses in the delivery of the inspection programme. The universities have welcomed the opportunity and are participating in the pilot phase inspections with a view to taking this further.
- We had a learning day In RQIA with representatives from Healthcare Improvement Scotland (HIS). This allowed both organisations to consider how inspections are coordinated. We also had a representative from HIS accompany the team from RQIA on pilot inspection 4. The Director of Reviews has had the opportunity to observe a hospital visit by HIS in Scotland.
- Two of our inspectors have observed a Care Quality commission (CQC) inspection to a hospital trust in England The learning from this visit will be used to inform the final design of the inspection process.

Work Underway & Planned

The Inspection Process, Methodology & Tools

- The Project Team is to evaluate processes based on the outcomes of the pilot inspections. In doing so they will address each of the issues logged in the issues log.

- A list of proposed themes for additional inspection will be finalised, after consideration of comments from Project Board and NIMDTA rep. This is required to be finalised and presented to the Project Board for approval on the 4th August 2015.
- Inspection tools will continue to be refined based on the outcomes of pilot inspections. All inspection documentation, tools, process documents, inspection handbook are to be finalised and presented to the Project Board for approval by the 4 August 2015.

Peer Reviewer Recruitment

- The Project Team will continue to promote the new inspection programme and actively pursue opportunities to seek additional peer reviewer nominations.

Links with other Regulators/Partners

- We will meet with the Universities at the end of the pilot phase to discuss their involvement in the final inspection programme in more detail.

Handover & Implementation of the Programme

- The Project Team will design and deliver a training package for peer reviewers to reflect the learning from the pilots.
- The Project Team has started to look at the internal support required for the HIP including the admin requirements, development of policies and procedures, templates and databases to support the process. This is ongoing.
- The Project Team will consider approaches to raising awareness about the programme including among the public and staff.
- The Project Manager is compiling a follow on action log to ensure that information is not lost when the initiation project completes and is taken forward for implementation.
- The Project Board will be invited to consider possible approaches to have an external evaluation of the new inspection programme.
- The resource requirements to deliver the programme will be estimated including the opportunity costs of carrying out this work in place of other inspection and review activity.

Quality Assurance underpins the development of the programme throughout and we continue to explore any available options which will help us refine and improve the inspection process.

Summary

In summary the project to establish the new programme of unannounced hospital inspections remains on course to start the programme during October 2015.

Appendix A: Product Flow Diagram
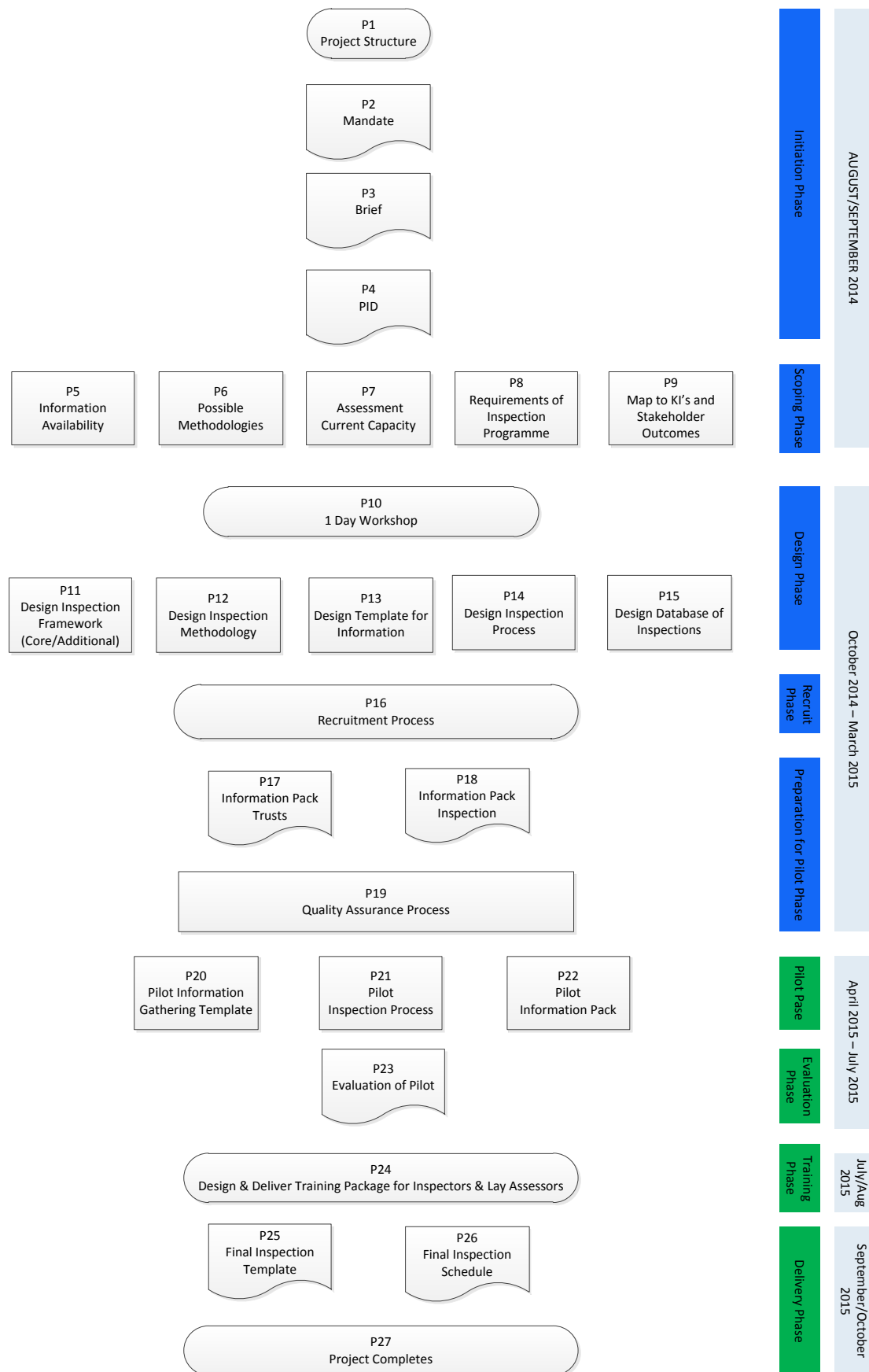
Appendix B: RQIA BRAG Description Key

BRAG DESCRIPTION KEY	
RED	Key milestones will be or have been delivered outside tolerance or to agreed baseline
AMBER	Forecasting that there is a significant risk that key milestones will be delivered outside tolerance or to agreed baseline
GREEN	All milestones forecast to be on time or early
BLUE	Task Complete

RQIA Board Meeting

Date of Meeting	9 July 2105
Title of Paper	RQIA Board Input into Reviews (Planned and RQIA Initiated) Process
Agenda Item	12
Reference	L/07/15
Author	Jacqui Murphy
Presented by	Dr David Stewart
Purpose	The purpose of this paper is set out the proposals of the RQIA short life working group which considered the arrangements for the involvement of RQIA Board members in review processes.
Executive Summary	A short life working group was established with the following terms of reference: 1. To agree a **role description** for RQIA Board Member input for individual reviews as part of the RQIA Three Year Review Programme 2. To agree a **process** (with associated process maps) outlining RQIA Board Member input into individual reviews. This will cover: • Review Allocation • Review Initiation • Review Progress • Review Reporting The group considered each step in the process of carrying out a review and agreed a role description and associated processes for consideration by the Board.
FOI Exemptions Applied	None

Equality Impact Assessment	None
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the proposed arrangements set out in the attached paper.
Next steps	Following approval, the proposed arrangements will be included in the Reviews Manual and implemented with immediate effect.

RQIA Three Year Review Programme

RQIA Board Input into Reviews (Planned and RQIA Initiated) Process

Terms of Reference:

1. To agree a **role description** for RQIA Board Member input for individual reviews as part of the RQIA Three Year Review Programme

2. To agree a **process** (with associated process maps) outlining RQIA Board Member input into individual reviews. This will cover:

   - Review Allocation
   - Review Initiation
   - Review Progress
   - Review Reporting

Short Life Working Group:

To be taken forward by a **Short Life Working Group** to include:

1. David Stewart, Director of Reviews and Medical Director
2. Hall Graham, Head of Programme
3. Jacqui Murphy, Review Programme Manager

The following RQIA Board members (as suggested by the Chairman):

4. Denis Power, RQIA Board Member
5. Daniel McLarnon, RQIA Board Member
6. Stella Cunningham, RQIA Board Member

RQIA Board Input into Individual Reviews

Development of the RQIA Three Year Review Programme

In the exercise of its functions under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, RQIA produces a three year review programme covering the same three year period as the Corporate Strategy. Operation of this programme is outlined in the Protocol for RQIA Programmed Reviews[1].

The topics for review include those commissioned by the Minister and those prioritised by RQIA after a process of consultation with representatives of the Department of Health, Social Services and Public Safety (DHSSPS) and the statutory, voluntary and independent sectors. The prioritised list of review topics is selected after careful consideration of all the proposals made during the consultation process in reference to a set of prioritisation criteria and to ensure that the overall programme is appropriately balanced.

Two RQIA Board members are identified by the Board and are actively involved in the Project Team, representing the Board and providing strategic input to the development of the three year review programme.

Additional RQIA initiated reviews only: RQIA may also add to the review programme at any time, in accordance with the procedures described in the protocol.

Additional Commissioned reviews only: At any time during the three year review period the Minister may request RQIA to carry out a review, subject to the procedures described in the protocol and this will then be included within the review programme. These requests may be for a single piece of work, a piece of follow-up work or for a rolling programme.

The following process, ie: RQIA Board Members: Input into Individual Reviews Process is applicable to:

- Individual reviews in the planned RQIA three year review programme

and

- Individual reviews initiated by RQIA

In relation to **additional commissioned reviews**: these are usually commissioned to be led by an independent expert or team of experts and delivered within very tight timescales. In these cases, the RQIA Board will be kept informed of progress via a verbal report to the Board by either the Director of Reviews and Medical Director or the Chief Executive.

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[1] DHSSPS and RQIA: Protocol for RQIA Programmed Reviews: Planned Three Year Review Programme, Additional Commissioned and Additional RQIA Initiated Reviews (November 2013)

RQIA Board Members: Input into Individual Reviews (Planned and RQIA Initiated) Process

Prior to the commencement of the review year, the Director of Reviews, Head of Programme for Reviews, Review Programme Manager and all Project Managers will meet to develop a delivery plan. This will usually take place in February/March, prior to the review year commencing in April.

A Review Initiation Document will be completed for each planned review and brought to the planning days for discussion.

A delivery plan is then developed and agreed.

Review Allocation

1. At least two identified RQIA Board members will be allocated to each review in the planned Three Year Review Programme or to an RQIA Initiated Review. Prior to commencement of the review year (or an RQIA Initiated Review), the Director of Reviews and Medical Director will write to RQIA Board members to invite them to put forward expressions of interest.

2. The responses to this invite will then be considered and allocations suggested to ensure balance.

3. Suggested allocations are confirmed via email from the Review Programme Manager.

4. RQIA Board members will then confirm acceptance of allocations.

Review Initiation

1. When allocations have been confirmed, the Project Manager will make contact with the identified RQIA Board members via email to introduce themselves and the review.

2. An Initial Planning Meeting will be held to discuss the:
   - Scope
   - Terms of Reference
   - Standards to be applied (where relevant)
   - Organisations subject to review
   - Methodologies
   - Potential Expert / Lay Reviewers
   - Reporting arrangements
   - Timescales

   An invitation to attend this Initial Planning Meeting will be extended to the RQIA Board member and a copy of the review's Initiation Document provided by the Project Manager.

This Review Initiation document will outline initial thinking in relation to:

- The availability of possible standards/guidance
- Known issues relating to the area (to include definitions, literature review, types of specialties / services, international/national/local context, UK or NI strategies, mortality / morbidity rates, population affected, current research, information from royal colleges / statutory bodies / voluntary and community organisations / GAIN / NIMDTA professionals / media / political / lobby groups, etc).
- Possible terms of reference (to include any exclusions)
- Possible methodologies
- Potential timescales
- Potential members of Project Organisational Team (POT) and Expert Reviewers
- Estimated costs
- Potential relevance to the three RQIA Stakeholder Outcomes: Is Care Safe, Is Care Effective, Is Care Compassionate?

3. A meeting will take place with policy and professional lead(s) at the DHSSPS in relation to information about the:
    - Terms of Reference
    - Standards to be applied (where relevant)
    - Organisations subject to the review
    - Reporting arrangements
    - Timescales

4. A meeting will take with affiliates from those organisations subject to review to inform them of:
    - Scope
    - Terms of Reference
    - Standards to be applied (where relevant)
    - Organisations subject to review
    - Methodologies
    - Reporting arrangements
    - Timescales

5. A Project Brief will be agreed and forwarded to:
    - RQIA Board members
    - DHSSPS policy / professional leads
    - Organisational affiliates
    - Expert / Lay Reviewers

Review Progress

1. Project Manager to engage with identified RQIA Board members to determine the level of their involvement in the review.

2. Project Manager to ensure identified RQIA Board members are updated on progress via monthly Highlight Reports.

3. If the review methodology includes a summit event, the Project Manager to ensure identified RQIA Board members are invited.

Review Reporting

A deadline for dissemination for factual accuracy will be set by the Core Internal Review Programme Steering Group (RPSG).

When the review report has been drafted and formatted appropriately, the following process should be followed:

1. Project Manager to ensure the draft review report has been approved by the expert review team and the internal Project Organisational Team (POT). The RQIA Communications Manager will also have reviewed the draft review report as part of internal quality assurance.

2. Project Manager to obtain go-ahead from Review Lead for dissemination of draft review report to organisations subject to review for factual accuracy purposes.

3. Project Manager to send email along with attached draft review report to identified **RQIA Board Members** (Email addresses are included at Appendix A) for consideration. A return date of not less than 2 weeks should be outlined in the email.

4. Date for return of comments will be noted and monitored by Project Manager.

5. Project Manager to liaise, as necessary, with identified RQIA Board Members. If required, Review Lead, Project Manager and identified RQIA Board Members to meet

6. Project Manager to ensure POT considers, records and makes necessary amendments following comments from identified RQIA Board members.

7. Draft Report: Submission to DHSSPS Process undertaken.

8. If appropriate, Review Lead and Project Manager to advise identified RQIA Board members of any major considerations from the DHSSPS.

9. Final Report: Publication Process undertaken.

10. Project Manager to liaise with RQIA Board and Executive Support Manager who will send letter and final review report (with embargo stated) from Director of Reviews to **all** RQIA Board members two days before publication date.

11. Project Manager to liaise with identified RQIA Board members to obtain input into the End of Project Report. End of Project Report to be completed approx. 8 weeks' after publication.

RQIA Board Member Input into Individual Reviews (Planned and RQIA Initiated)

Review Allocation

Prior to commencement of the review year (or an RQIA Initiated Review), Director of Reviews and Medical Director to write to RQIA Board Members to invite expressions of interest for planned (or RQIA Initiated) reviews

↓

RQIA Board Members to declare expressions of interest

↓

Suggested allocations to be confirmed via Review Programme Manager

↓

RQIA Board members to confirm acceptance

Review Initiation

Project Manager to contact RQIA Board member

↓

Initial Planning Meeting: RQIA Board member to be invited

↓

Project Manager to provide Review Initiation Document to RQIA Board Members

↓

Meeting with DHSSPS Policy / Professional Lead(s)

↓

Meeting with Affiliates from organisations subject to review

↓

Agreed Project Brief distributed by Project Manager

Project Manager to engage with RQIA Board member to determine their involvement

Project Manager to provide monthly Highlight Reports to RQIA Board members

If the review methodology includes a summit event, Project Manager to ensure identified RQIA Board members are invited

Review Progress

Project Manager to ensure draft review report has been approved and reviewed as per the process

Project Manager to obtain go-ahead from Review Lead for dissemination to organisations subject to review

Project Manager to send email, along with draft review report, to identified RQIA Board Members for consideration

Return date of not less than 2 weeks

Project Manager to monitor return from identified RQIA Board Members and liaise, as necessary

If required, Review Lead, Project Manager and identified RQIA Board Members to meet

Project Manager to ensure POT considers, records and makes necessary amendments following comments from identified RQIA Board members

Draft Report: Submission to DHSSPS

If appropriate, Review Lead and Project Manager to advise identified RQIA Board members of any major considerations from the DHSSPS

Review Reporting

Review Reporting (Continued...)

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                    Final Report:
                    Publication
                    Process
                        │
                        ▼
      ┌──────────────────────────────────────┐
      │ Project Manager to liaise with RQIA   │
      │ Board and Executive Support           │
      │ Manager who will send letter and final│
      │ review report from Director of        │
      │ Reviews to all RQIA Board members     │
      └──────────────────────────────────────┘
```

2 days before publication

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                        │
                        ▼
      ┌──────────────────────────────────────┐
      │ Project Manager to liaise with        │
      │ identified RQIA Board members         │
      │ to obtain input into the End of       │
      │ Project Report.                       │
      └──────────────────────────────────────┘
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8 weeks after publication

RQIA Board Members: Role Description for Input into Individual Reviews (Planned and RQIA Initiated)

The role of identified RQIA Board members in individual reviews (planned and RQIA initiated) will be:

GENERAL:
- To ensure individual reviews (planned and RQIA initiated keep a focus on the RQIA stakeholder outcomes of:
  - Is Care Safe?
  - Is Care Effective?
  - Is Care Compassionate?
- To represent the RQIA Board.

REVIEW ALLOCATION:
- To provide expressions of interest for individual reviews (planned and RQIA initiated) in the RQIA three year review programme.

REVIEW INITIATION:
- To develop an understanding of the review, as outlined in the Review Initiation document.
- To provide input into establishing the terms of reference for individual reviews.
- To actively engage in the initiation process.
- To agree the Project Brief.

REVIEW PROGRESS:
- To agree with Review Lead and Project Manager, his or her level of involvement in the review.
- To consider progress of the review, as outlined in the monthly Highlight Reports.
- To attend Summit Events, as appropriate.

REVIEW REPORTING:
- To provide a level of quality assurance from the RQIA Board perspective.
- To ensure recommendations made in the review report(s) are made appropriately in direct response to the evidence and findings and to provide input into recommendations, if required.
- To provide a risk assessment of issues arising which have impact for different audiences.
- To report to the RQIA Board any major considerations raised by the DHSSPS and the management of same.
- To provide input into the End of Project Report, as appropriate.

The RQIA Board will approve the RQIA three year review programme for the next three years. It will not become involved in operational activities of either the review programme or individual reviews. The RQIA Board will also ensure that the review programme continues to reflect the RQIA stakeholder outcomes of:

Is Care Safe?
Is Care Effective?
Is Care Compassionate?

to ensure RQIA continues to be seen as an effective healthcare regulator.

The following is a list of the RQIA Board members, along with their email contacts.

	RQIA BOARD MEMBER	EMAIL
1	Alan Lennon (Chairman)	Alan.Lennon@rqia.org.uk
2	Stella Cunningham	Stella.Cunningham@rqia.org.uk
3	Sarah Havlin	Sarah.Havlin@rqia.org.uk
4	John Jenkins	John.Jenkins@rqia.org.uk
5	Mary McColgan	Mary.McColgan@rqia.org.uk
6	Gerry McCurdy	Gerry.McCurdy@rqia.org.uk
7	Daniel McLarnon	Daniel.McLarnon@rqia.org.uk
8	Seamus Magee	Seamus.Magee@rqia.org.uk
9	Norman Morrow	Norman.Morrow@rqia.org.uk
10	Robin Mullan	Robin.Mullan@rqia.org.uk
11	Patricia O'Callaghan	Patricia.O'Callaghan@rqia.org.uk
12	Denis Power	Denis.Power@rqia.org.uk
13	Lindsey Smith	Lindsey.Smith@rqia.org.uk

RQIA Board Meeting

Date of Meeting	9 July 2015
Title of Paper	Audit Committee Update
Agenda Item	13
Reference	M/07/15
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 25 June 2015, the minutes of the meeting of 23 April 2015 were approved and these are attached for noting by the Board. The Committee Chairman will verbally update the Board on the meeting of 25 June 2015, Audit Committee Annual Report 2014/15 and the Audit Timetable 2015/16.
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 22 October 2015.

MINUTES

RQIA Audit Committee Meeting, 23 April 2015
Boardroom, 9th Floor, Riverside Tower, Belfast, 2.30pm

Present	**In attendance**
Denis Power (Chair)	Glenn Houston (Chief Executive)
Patricia O'Callaghan	Maurice Atkinson (Director of Corporate
Lindsey Smith	Services)
Seamus Magee	Stuart Crawford (Planning and Corporate
Gerry McCurdy	Governance Manager)
Robin Mullan	Jonathan King (Head of Finance)
	Hayley Barrett (Board & Executive Support
Apologies	Manager)
Conrad Kirkwood (DHSSPS)	Catherine McKeown (Business Services
Richard Ross (NIAO, External	Organisation, Internal Audit)
Audit)	Brian Clerkin (ASM)
	Tomas Wilkinson (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 Conrad Kirkwood and Richard Ross. The Chair welcomed Tomas Wilkinson to his first RQIA Audit Committee meeting.

2.0   Chairman's Business

2.1   The Chair informed Committee members that a letter was received on 10 April 2015 from Dorinnia Carville, Northern Ireland Audit Office, advising that Tomas Wilkinson will now be the director with responsibility for RQIA's audit.

2.2   The Chair advised the Committee that the Committee members met with the Executive Management Team and the Planning and Corporate Governance Manager prior to the meeting to discuss horizon scanning in the context of the Corporate Risk Assurance Framework. A further meeting will take place on 20 May 2015 and the outcome will be presented at the June Audit Committee and July Board meeting.

2.3   Resolved Action (289)
Audit Committee members will meet the Executive Management Team on 20 May 2015 for horizon scanning.

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

3.0   Minutes of previous meeting (AC/Min15/Feb)
- **Matters Arising**
- **Notification of AOB**

3.1   Tomas Wilkinson, Northern Ireland Audit Office, advised that section 9.1 of the minutes should reflect that the end of year audit will be led by ASM and reviewed by NIAO.

3.2   Following the proposed amendment Committee members **APPROVED** the minutes of the meeting of 26 February 2015 for onward transmission to the Board on 14 May 2015.

3.3   Resolved Action (290)
Board & Executive Support Manager to bring the Audit Committee minutes of 26 February 2015 to the May meeting of the Board for noting.

4.0   Declaration of Interests

4.1   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.

5.0   Action List Review

5.1   The Chair noted that a status column is to be added to the action list.

5.2   The Chair went through the action list and advised that actions 280, 283, 284, 285, 287 and 288 are now completed. In relation to action 288, the Chief Executive advised that a response was prepared in relation to actions involving RQIA, no formal response has been received from DHSSPS.

5.3   Action 286 is ongoing. The Chair advised that the Director of Regulation and Nursing will provide a separate update at each Audit Committee.

6.0   Chief Executive Update

6.1   The Chief Executive updated Committee members in relation to the ongoing legal action in respect of Hebron House and Bawn Cottage advising that the matter is not yet resolved and that the Court refused to grant a stay of proceedings.

6.2   The Chief Executive advised Committee members that third party disclosure has been directed by the Court to include the PSNI, BSO Counter Fraud and Probity Services, Southern Health and Social Care Trust and the Courts and Tribunal Service.

6.3   <u>**Resolved Action (291)**</u>
        The Chief Executive will provide an update to Audit Committee in relation to ongoing legal action.

6.4   The Chief Executive informed Committee members that there has been no further communication from the Care Tribunal in relation to two appeals submitted in July 2014 by Mr R. McMitchell regarding the dental practices at Dundonald and Ballymena. The Directorate of Legal Services has written on our behalf to the Care Tribunal expressing concerns in the delay of proceedings..

6.5   The Chief Executive informed Committee members that new concerns have been raised by a dentist in respect of the care and treatment provided by Mr McMitchell at his Ballymena practice. A referral has been made to the General Dental Council on the basis that the care and treatment of 15 patients is below the required standard. DHSSPS and the HSC Board have been notified of this action.

6.6   The Chief Executive advised Committee members that the Belfast HSC Trust inspection report is now published on RQIA website.

6.7   The Chief Executive informed Committee members that the draft report has been received from the Northern Ireland Human Rights Commission inquiry into Emergency Heath Care that was conducted in 2014; a response is due on 4 May 2015.

6.8   The Chief Executive updated Committee members advising that the Corporate Strategy 2015-18 and, following one amendment (action 7.4) the Business Plan 2015-16 have been approved by DHSSPS and DFP. The Savings Plan 2015-16 has been submitted to DHSSPS. The Chair acknowledged the work effort that has been put into these documents from Board members and officers.

6.9   The Chief Executive advised that vacancy controls are currently in place and that the BSO has been asked to prepare a business case for the operation of a Voluntary Exit Scheme in BSO and the regional ALBs.

6.10   The response to the Donaldson report has been submitted to DHSSPS and uploaded on RQIA website. The Chief Executive confirmed that GAIN transferred to RQIA on 1 April 2015 with the addition of 400K to RQIA budget.

6.11   The Audit Committee **NOTED** the Chief Executive's update.

7.0   Update on Audit Action Plan (AC/01/15)

7.1   The Planning and Corporate Governance Manager provided an update to Committee members on the Audit Action Plan. Committee members were asked to note that in relation to overdue invoices, Central Contracts Register and travel information available on HRPTS, RQIA continues to liaise with BSO in order to resolve these issues.

7.2   Committee members were asked to note that in relation to 4. Scheme of delegated authority (SoDA) for the Chief Executive's limit of £100K has been approved and signed by the Chairman.

7.3   The Planning and Corporate Governance Manager noted that a number of actions have been carried forward from the 2014/15 year. Committee members noted that revised policies and procedures following the implementation of New Financial Systems will be completed by June 2015.

7.4   Committee members **NOTED** the Update on the Audit Action Plan.

8.0   Internal Audit Update – Internal Audit (AC/02/15)
   - **Progress Report to Audit Committee (2014/15)**
     - o **Year-end Controls Assurance verification**
     - o **Internal Audit Follow Up**
   - **Head of Internal Audit Annual Report 2014/15**
   - **Internal Audit Charter**
   - **Internal Audit Plan 2015/16**

8.1   The Head of Internal Audit informed Committee members that all internal audit reports for RQIA are completed. The Head of Internal Audit advised that Internal Audit agree with RQIA's self-assessment of substantive compliance with three Controls Assurance Standards (Governance, Financial Management and Risk Management).
The Head of Internal Audit noted that in the Internal Audit Follow Up it was found that 81% of recommendations made in the 2014/15 audit year have been fully implemented and 15% are not yet implemented. It was noted that this is similar to the 2013/14 audit year.

8.2   The Head of Internal Audit provided an update to Committee members in relation to Shared Services. She advised that three audits of recruitment, two of payroll and two of payments and contracts have been conducted over 2014/15. Internal audit has provided the opinion of limited assurance as priority one findings have been identified and are not addressed in the recruitment and payroll audits and satisfactory assurance for the payments and contracts audit. Despite this, Committee members were reassured that there is no evidence of widespread payroll issues.

8.3   Committee members **NOTED** the Progress Report to Audit committee (2014/15).

8.4   The Head of Internal Audit presented the Head of Internal Audit Annual Report 2014/15 to Committee members. Catherine advised that there were four reports, 3 receiving a satisfactory level of assurance and 1 receiving limited assurance. The overall opinion from Internal Audit for 2014/15 is a satisfactory level of assurance, as there is detailed work ongoing in relation to the limited assurance.

8.5   The Head of Internal Audit informed Committee members that Internal Audit have largely achieved their KPI's in 2014/15.

8.6   Committee members **NOTED** the Head of Internal Audit Annual Report 2014/15.

8.7   The Head of Internal Audit presented the Internal Audit Charter to Committee members. She advised that Internal Audit is professionally required to review and obtain approval of their audit charter outlining the purpose, authority and responsibility. She noted that the professional standards have recently changed and requires the Committee to approve the Audit Charter.

8.8   Following proposed amendments in relation to right of access, Committee members **APPROVED** the Internal Audit Charter.

8.9   The Head of Internal Audit informed Committee members that the Internal Audit Strategy remains unchanged; however one KPI in relation to issue of draft reports has been increased from 75% to 80% of draft reports issued within 4 weeks.

8.10   The Head of Internal Audit advised Committee members that she met with the Chair of the Audit Committee and the Chief Executive to assess the audit need in line with the risk register. She also advised that she has since met with the Sponsor Branch and External Audit.

8.11   The Head of Internal Audit informed Committee members that the proposed internal audit assigned for 2015/16 will include: financial review, Children's Regulated Services / Adult Residential Care Home, Review of 2014/15 Regulated Services – Special Assignment Report, RQIA Responsibilities under the Mental Health Order, Year End Controls Assurance Verification and Board Effectiveness, taking approximately 52 audit days. Catherine noted that a Communications and Human Resources audit will take place in the 2016/17 audit year.

8.12   Following discussion Committee members **APPROVED** the Internal Audit Plan 2015/16.

9.0 External Audit Update – External Audit

9.1 Brian Clerkin informed Committee members that ASM await the receipt of RQIA final accounts. The audit will be completed in May and the findings will be presented to Audit committee on Thursday 25 June 2015. Brian advised that an update from KPMG in relation to BSO is due next week; additional testing may be required.

9.2 Committee members **NOTED** the External Audit Update.

10.0 Draft RQIA Governance Statement (AC/03/15)

10.1 The Chief Executive presented the draft RQIA Governance Statement to Committee members and advised that the format follows a template approved by DHSSPS.

10.2 Following proposed amendments Committee members **APPROVED** the draft RQIA Governance Statement.

10.3 Resolved Action (292)
The Planning and Corporate Governance Manager will forward the draft RQIA Governance Statement to DHSSPS.

11.0 Single Tender Actions & External Consultancy

11.1 The Head of Finance presented an update on single tender actions and external consultancy to Committee members advising that there are no new single tender actions and confirmed RQIA has not engaged in any external consultancy within the 2014/15 year.

11.2 Committee members **NOTED** the single tender actions and external consultancy update.

12.0 Update on DHSSPS Circulars

12.1 The Head of Finance noted on DHSSPS circular, annual accounts guidance and timetable.

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

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 4.30pm.

Date of Next Meeting:
Thursday 25 June 2015; 2.00pm, RQIA Boardroom

ACTION LIST

RQIA Audit Committee Meeting 23 April 2015

Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
286	8.5	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
289	2.3	Audit Committee members will meet the Executive Management Team on 20 May 2015 for horizon scanning.	Chief Executive	20 May 2015	To be Completed
290	3.3	Board & Executive Support Manager to bring the Audit Committee minutes of 26 February 2015 to the May meeting of the Board for noting.	Board & Executive support Manager	14 May 2015	To be Completed
291	6.3	The Chief Executive will provide an update to Audit Committee in relation to ongoing legal action.	Chief Executive	25 June 2015	To be Completed

292	10.3	The Planning and Corporate Governance Manager will forward the draft RQIA Governance Statement to DHSSPS.	Planning and Corporate Governance Manager	25 June 2015	To be Completed

AUDIT COMMITTEE REPORT 2014/15

Introduction

This report highlights some of the key activities of the Audit Committee during 2014/15.

Membership of the RQIA Audit Committee

The RQIA Audit Committee was established in December 2006 and consists of 6 members of the RQIA Board. The Committee membership as at 31 March 2015 was:

Denis Power, Chairman
Patricia O'Callaghan
Lindsey Smith
Gerry McCurdy
Seamus Magee
Robin Mullan

The Audit Committee met on four occasions during 2014/15. Meetings were held on 7 May 2014, 26 June 2014, 16 October 2014 and 26 February 2015. All of the meetings of the Audit Committee were held at Riverside Tower and were supported by Officers of the Board including the Chief Executive, Director of Corporate Services, Finance Manager, Planning and Corporate Governance Manager and the Board and Executive Support Manager.

New and existing members of the Audit Committee receive training and development appropriate to their role in order to keep abreast of best practice and developments in Corporate Governance. Induction training for new members was hosted by the Chair of Audit Committee in August 2014 and new and existing members attended Good Practice for Audit Committees – Public Accountability and Governance delivered by the Chief Executives Forum in March 2015.

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

Assurances to the Audit Committee

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

The Audit Committee provides the Board and Accounting Officer with assurances relating to the Corporate Governance requirements of the

Authority. These assurances are provided in the various reports that are brought to the Committee during the year, namely:

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

Governance Statement

The Governance Statement, which replaced the Statement of Internal Control, was presented to the Audit Committee on 23 April 2015.

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

Mid Year Assurance Statement

The Mid Year Assurance Statement was presented to the Audit Committee on 16 October 2014.

Corporate Risk Assurance Framework Report

During 2014/15, the Audit Committee considered the Corporate Risk Assurance Framework Report. At the beginning of the year, five risks were highlighted on the report and by the end of March 2015 the number of risks had increased to six. The Audit Committee received updates on the actions being taken to mitigate the risks and considered the decision making process undertaken to remove, de-escalate or add risks to the register.

Audit Committee members and the Executive Management Team participated in a Horizon Scanning review of current risks impacting on the Authority in April and May 2015. An updated version of the Risk Register will be considered at the June 2015 Audit Committee.

Internal Audit reports

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

During 2014/15, a total of three internal audits were conducted with a Satisfactory Level of Assurance achieved. A series of recommendations were made and Progress in implementing these recommendations will be monitored by the Committee during 2015/16.

Internal Audit conducted a Special Assignment of Regulated Services, which followed the 'Independent Review of the Actions Taken in Relation to Concerns Raised about the Care Delivered at Cherry Tree House'. A Limited Level of Assurance was advised by Internal Audit and 4 Priority One findings issued. RQIA have identified actions to address these issues and follow up of the Priority One findings will be monitored by the Committee during 2015/16.

During 2014/15, the Audit Committee received reports on the progress made in implementing the recommendations from audits carried out in 2013/14; 81% of the recommendations made are now fully implemented, with 3 (4%) recommendations not yet implemented.

In the annual report, the Internal Auditor reported that there is a **satisfactory** system of internal control designed to meet the Authority's objectives.

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

Report on Controls Assurance Standards

The Audit Committee receives assurance on RQIA's systems and processes through the compliance levels achieved on the Controls Assurance Standards. In 2014/15, RQIA completed ten self assessments against the Controls Assurance Standards, three of which were externally verified by BSO Internal Audit, namely; Financial Management, Governance and Risk Management.

RQIA achieved substantive compliance in all these areas.

External Audit Reports

Following the audit conducted by the Northern Ireland Audit Office in May/June 2014, a total of three recommendations were made. Through the updates provided at each meeting, the Audit Committee was advised that by the end of 2014/15 two of these recommendations had been implemented.

The final one recommendation is on target to be implemented.

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

Report on the use of External Consultants

In 2014/15, RQIA reported to the Audit Committee that there were no instances when external consultancy had been used.

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

Update on DHSSPS Circulars

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

Reports to the Audit Committee

Overall this comprehensive suite of reports provides the Audit Committee with a high level of assurance that RQIA has a satisfactory system of internal control and this was confirmed by Internal Audit in its year-end report. The Chief Executive provides a verbal report to the Audit Committee on current key risk issues impacting RQIA at each meeting.

Financial Reporting

The Audit Committee was pleased to note that RQIA achieved a break even position on income and expenditure for the year 2014/15.

Assessment of Effectiveness

In order to assess its effectiveness, the Audit Committee completed the National Audit Office self-assessment checklist as mandated by DHSSPS in August 2014

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

The Committee considered this a useful exercise and key learning points were progressed throughout 2014/15.

The Audit Committee met separately with Internal Audit and NIAO at the meeting in June when the Annual Report and Accounts were signed off. The Chair of Audit Committee hosted the annual Bi-Lateral meeting with Head of Internal Audit and Head of External Audit in October 2014. The Audit Committee can arrange other meetings outside of the normal schedule should any other matters arise.

DENIS POWER
Chair of Audit Committee

RQIA Board Meeting – 9 July 2015

Audit Timetable 2015-16

Author: Stuart Crawford

Aim and Purpose

BSO Internal Audit has produced RQIA's 3 Year Audit Plan for 2014/17 based on an assessment of RQIA's corporate and directorate risk registers. Below is an outline of the proposed schedule of audits for the period 2015/16.

2015/16 Internal Audit Schedule

Audit Assignment	Duration	Proposed Date	Quarter
FINANCIAL AUDITS			
Financial Review	8 days	November / December 2015	3
COMPLIANCE AUDITS			
Board Effectiveness	6 days	July 2015	2
CORPORATE RISK BASED AUDITS			
Regulation	12 days	January 2016	4
Follow-up of Special Assignment	3 days	January 2016	4
MHLD	8 days	September 2015	2/3
CONTROLS ASSURANCE			
Risk Management	1 day	March 2015	4
Financial Management	1 day	March 2015	4
Governance	1 day	March 2015	4
Mid-Year Follow up	1 day	October 2015	3
End of Year Follow up	1 day	March 2015	4

Recommendation

The Board is asked to **NOTE** the proposed schedule of Audits for 2015/16.

STUART CRAWFORD
Planning & Corporate Governance Manager