The Regulation and Quality Improvement Authority

AGENDA

**RQIA Board Meeting
HSC Leadership Centre
Thursday 22 March 2018**

PUBLIC SESSION

1	Minutes of the public Board meeting held on 11 January and matters arising	Min/Jan18/public	11.10am **APPROVE**
2	Declaration of Interests		
3	Acting Chair's Report **Acting Chair**	A/02/18	11.20am **NOTE**
4	Meeting Attended by RQIA Non-Executives **Acting Chair**		11.30am **NOTE**

OPERATIONAL ISSUES

5	Equality and Disability Action Plan and Consultation **Director of Corporate Services**	B/02/18	11.35am **APPROVE**
6	Corporate Risk Register **Director of Corporate Services**	C/02/18	11.40pm **APPROVE**
7	Gifts and Hospitality Policy **Director of Corporate Services**	D/02/18	11.45pm **APPROVE**
8	Business Plan 2018-19 **Director of Corporate Services**	E/02/18	11.50pm **APPROVE**
9	Chief Executive's Report **Chief Executive**	F/02/18	12.05pm **NOTE**
10	Finance Report **Director of Corporate Services**	G/02/18	12.15pm **NOTE**
11	GDPR Action Plan - Progress Update **Alan McCracken**		12.20pm **NOTE**

12 RQIA's Communication and Engagement   H/02/18   12.25pm
    Strategy 20018-2021   **APPROVE**
    Chief Executive

13 Corporate Performance Report   I/02/18   12.30pm
    Director of Corporate Services   **APPROVE**

Date of next meeting: 10 May 2018, Boardroom, RQIA

RQIA Board Meeting

Date of Meeting	22 February 2018
Title of Paper	Public Session Minutes
Agenda Item	1
Reference	Min/Jan18/public
Author	Saoirse Wilson
Presented by	Prof. Mary McColgan
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on11 January 2018.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the minutes of the Board meeting of 11 January 2018.
Next steps	The minutes will be formally signed off by the Chair and will be uploaded onto the RQIA website.

PUBLIC SESSION MINUTES

RQIA Board Meeting
Boardroom, RQIA
11 January 2018, 11.15am

Present
Prof Mary McColgan OBE
(Acting Chair) *(MMcC)*
Patricia O'Callaghan *(POC)*
Lindsey Smith *(LS)*
Gerry McCurdy *(GMcC)*
Denis Power *(DP)*
Robin Mullan *(RM)*
Sarah Havlin *(SH)*
Dr Norman Morrow OBE *(NM)*

Officers of RQIA in attendance
Olive Macleod OBE (Chief Executive) *(OM)*
Maurice Atkinson (Director of Corporate Services) *(MA)*
Theresa Nixon (Director of Mental Health, Learning Disability and Social Work) *(TN)*
Kathy Fodey (Director of Regulation and Nursing) *(KF)*
Dr Lourda Geoghegan (Medical Director and Quality Improvement Lead) *(LG)*
Malachy Finnegan (Communications Manager) *(MF)*
Saoirse Wilson(Acting, Board and Executive Support Manager)

Apologies
Seamus Magee OBE *(SM)*

Welcome and Apologies

MMcC welcomed all members and Officers of the Board to this meeting. MMcC acknowledged apologies from Seamus Magee.

MMcC acknowledged the sad passing of the Chair of the Board Dr Alan Lennon who passed away before Christmas. MMcC formally acknowledged the contribution he made to the work of RQIA and his involvement and engagement with staff and the Board and his commitment to quality improvement and needs of service users and carers.

MMcC along with members and Officers of the Board congratulated OM who has been awarded an OBE for her contribution to nursing.

MMcC informed that Stella Cunningham has resigned due to family commitments and noted her contribution to Board.

1.0 Agenda Item 1 - Minutes of the public meeting of the Board held on Thursday 6 November 2017 and matters arising

1.1 The Board **APPROVED** the minutes of the meeting of the Board held on Thursday 6 November 2017.

1.2 The Board noted that actions 159 and 170 are not due for completion until the next Board meeting. Actions 176 and 177 are not due to be presented until the March Board meeting.

2.0 Agenda Item 2 – Declaration of Interests

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

3.0 Agenda Item 3 – Acting Chair's Report

3.1 MMcC presented the Acting Chair's report and Board members noted the meetings attended since the last Board meeting.

3.2 MMcC informed the Accountability meeting with DoH was held on 12 December 2017 and a copy of the minutes have been circulated to Board Members.

3.3 MMcC noted the success of the learning together week held in November and found it very informative and a valuable opportunity to connect with staff. DP acknowledged the personal efforts of staff who delivered presentations and congratulated all involved.

3.4 NM expressed similar sentiments and noted his desire for follow up sessions with particularly reference to the research presentation which he felt the Board should look at from a strategic point of view. OM advised TN has recently reviewed and revised the RQIA research policy. GMcC asked if RQIA had a budget allocation for research. OM advised we do not.

3.5 KF advised that feedback from the learning week was very positive overall and a summary report is being developed which will be shared with the Board.

3.6 MMcC advised Board members that she and OM attended a meeting with the Patient Client Council and received an update on their work and discussed how RQIA can embed the patient voice in our activities and exchange information.

3.7 The Board **NOTED** the Acting Chair's Report.

4.0   Agenda Item 4 – Meetings attended by RQIA Non-Executives

4.1   Board members noted that no meetings were attended by RQIA Non-Executives since 6 November 2017.

4.2   The Board **NOTED** the Meetings attended by RQIA Non-Executives.

5.0   Agenda Item 5 – Inspection Policy

5.1   KF provided an update on the inspection policy presented to the Board for approval.

5.2   KF explained this policy was an effort to bring the disconnected inspection methodologies together with general core principles of inspection with each team being able to adapt inspection methodologies for the sector they inspect. The equality screening of this policy was a lengthy process including significant engagement with the equality commission. We have included within the inspection policy statements relating to our role to promote the equality agenda when on inspection.

5.3   DP noted this was version 17 and queried why there had been so many different versions of the inspection policy. OM advised that the development of this policy started 18 months ago with the aim to combine the principles of inspection from hospitals, care homes and mental health facilities together to support a common approach to inspection.

5.4   DP suggested that the well led domain needed to be more prominent in this policy.

5.5   GMcC noted there was no specific reference in this policy relating to intelligence from other regulators. KF advised of the significant amount of work with NISCC in terms of the workforce working within the regulated sector.

5.6   GMcC asked how RQIA establish if there are minority groups resident when inspecting homes to ensure equality and diversity is considered. KF responded that the Northern Ireland Statistics and Research Agency (NISRA) have this generic information but not specific to care homes.

5.7   Board members **APPROVED** the Inspection Policy.

6.0   Agenda Item 6 – Values

6.1   Kate Maguire delivered a presentation on RQIA's core Values to the Board. Kate explained the process and methodology used which resulted in the four values being agreed. This also included key words associated with each value, a definition of each value and expected behaviours.

6.2   SH queried if there was a meeting of minds in respect of the core values

selected by staff. Kate informed that staff were asked to vote on what they viewed as their top values, 80 staff completed the online survey and the four values that came out on top were; fairness, accountable, integrity and respect.

6.3   MMcC thanked Kate for her presentation and informed of the willingness of the Board to support the development of this values base. MMcC asked Kate what she viewed as important lessons for the Board. Kate advised that these are the values base that Board members must use in the oversight and scrutiny of the organisation and reminded that these are also the values that Board members must use to hold each other to account.

6.4   Kate explained that these values must be embedded in the organisation and used as a base for all interactions internally and externally, we want to be known for these values and ensure decision making reflects the values of the organisation. The culture charter will be rewritten to link in with these values and behaviours.

6.5   LS noted the importance of identifying behaviours behind these values and recruiting on the basis of values and behaviours. It is important values are translated into performance reviews. LS would encourage the development of negative indicators of behaviour as a tool to help managers and highlighted the need for this to be included in performance management culture.

6.6   RM queried if thought had been given as to how these values would be embedded in performance management. Kate explained that the appraisal process is currently being reviewed and advised that existing models are available.

6.7   NM noted that rewriting the culture charter is not enough to change the culture within the organisation and queried if the organisation had a cultural induction. Kate advised that now this work has been completed it will become part of the induction process and explained this work dovetails into the strategy for collective leadership and the expectation that leaders of the organisation will be role models and live the values of the organisation.

6.8   SH questioned the difference in the values coming out of this process compared to previous values. Kate advised that when meeting with teams in workshops staff spoke about aspects they were unhappy with in relation to the culture of specific teams and felt that staff speaking in such an open and honest manner reflects the calibre of staff and demonstrates the trust put in managers to begin to deal with these behaviours.

7.0   Agenda Item 7 – IIP Action Plan

7.1   Kate Maguire presented the IIP Action Plan and advised that RQIA successfully achieved the Investors in People award and are accredited until 2020.

7.2   Kate described the initial meeting of the steering group, how they developed each recommendation and how they plan to deliver on these. Through this work we will see more staff engagement and through that engagement comes staff empowerment.

7.3   MMcC advised that this process and the model should be showcased elsewhere outside of this arena.

8.0   Agenda Item 8 – Whistleblowing Policy

8.1   RQIA developed a Whistleblowing Policy and Procedure based on the regional template. The Whistleblowing Policy and Procedure was presented to the Board. An overview of this policy has been shared with staff including a summary of key messages.

8.2   The Board were asked to nominate a Board member to have responsibility for the oversight and culture of raising concerns in RQIA.

8.3   GMcC noted section four contains a double negative which required to be amended.

8.4   PO'C noted the Commissioner for Older People needs to be included on page 8.

8.5   SH queried if the policy should include other options available like being able to go to the chair of the Audit, in order to help people understand that whistleblowing may be appropriate however other options are available and there are other ways of highlighting concerns. MA informed the purpose of the initial discussion with the line manager was to tease out options available at that stage.

8.6   DP queried the need to include a section relating to the media but was advised by MA this was included as this is a regional template.

8.7   NM highlighted the importance of ensuring the whistleblowing process is not used when the concern can be covered by other procedures and felt this could be made more explicit in the policy.

8.8   LS was nominated to have responsibility for the oversight and culture of raising concerns in RQIA.

8.9   Board members **APPROVED** the Whistleblowing Policy, subject to minor amendments.

9.0   Agenda Item 9 – Chief Executives Report

9.1   OM presented her report to the Board. OM advised new legislation in relation to fees and frequency will not be in place in April 2018.

9.2   OM advised of ongoing work with Professor Taylor and Rachel Stewart to develop a mathematical approach to quantitative risk assessment to assist in scheduling inspections.

9.3   Discussion was held in relation to the two improvement notices currently in place for NIAS. LG advised that formal follow up inspections will take place after the notices have expired on 26.1.18. LG further informed of a meeting to take place with the DoH policy lead to update on work with NIAS.

9.4   DP queried if the onus can be put on care homes to have advocacy arrangements in place. LG advised that the expectation is that every care home has a winter plan, which would include vaccinations or if patients are deteriorating are the home contacting their practitioners rather than transferring to out of hours G.Ps.

9.5   LS enquired about the possibility of having a basic HR report regarding the movement of people, sickness, litigation, grievances, and basic statistics.

Resolved Action (178)
9.6   OM to share Rachel's paper with Board members

9.7   Board members **NOTED** the Chief Executive's Report

10.0   Agenda Item 11 – Finance Report

10.1   MA presented the RQIA finance report which reflects RQIA's financial position at 30 November 2017 and summarised the key messages.

10.2   In November a non-recurrent easement of was made of £300,000.

10.3   MA informed of a forecasted underspend of £166,458 and explained a decision will be needed regarding a second non-recurrent easement to the Department based on the 31 December 2017 position.

10.4   GM queried if there was significance in five staff leaving RQIA in December 2017 and was advised that these were due to promotions and one retirement.

10.5   Board members **NOTED** the Finance Report

11.0   Agenda Item 12 – Any Other Business

11.1   POC referred to ISO9001 project and noted the outstanding input on behalf of Ronan Strain.

11.2   **Resolved Action (17)**
        TN advised Power to the People – Proposal to Reboot Adult Social Care and Support in NI by Expert Advisory Panel will be discussed at the next Board meeting.

11.3   As there was no other business, MMcC brought the meeting to a close.

Date of next meeting:
22 March 2018, RQIA Boardroom

Signed   _____
          Professor Mary McColgan
          Acting Chair

Date   _____

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion	Status
159	23 March 2017	The Chief Executive will provide an update to Board members on the standardisation of questionnaires across the organisation	Chief Executive (OM)	22 February 2018	🟠
170	6 July 2017	The Corporate Risk Assurance Framework Report will be presented to a Board Workshop for further consideration.	Director of Corporate Services (MA)	22 February 2018	🟠
176	6 November 2017	Paper to be presented to the Board outlining developments in the use of ICT.	Director of Corporate Services (MA)	22 March 2018	🟠
177	6 November 2017	Inclusion of a headline section to be included in the Corporate Performance Report.	Director of Corporate Services (MA)	22 March 2018	🟠
178	11 January 2018	The Chief Executive will share Rachel Stewart's paper with the Board.	Chief Executive (OM)	22 March 2018	🟠
179	11 January 2018	Power to the People – Proposal to Reboot Adult Social Care and Support in NI by Expert Advisory Panel	Director of Mental Health, Learning Disability and Social Work (TN)	22 March 2018	🟠
180	11 January 2018	HR report to be devised regarding the movement of people, sickness, litigation, grievances, and basic statistics.			

Key

Behind Schedule	🟥
In Progress	🟧
Completed or ahead of Schedule	🟩

RQIA Board Meeting

Date of Meeting	22 March 2018
Title of Paper	Acting Chair's Report
Agenda Item	3
Reference	A/02/18
Author	Prof. Mary McColgan
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board of external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	External engagements and key meetings since the last Board meeting of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable

ACTING CHAIR'S REPORT

1   Accountability Meeting

CEO and Acting Chair attended Accountability Meeting on 1/3/18. There was a very constructive discussion about key issues and Permanent Secretary reiterated his view that RQIA was working well.

2   Workshops Attended

I attended two workshops facilitated by Westminster Training on 27/2 and 28/2. The first workshop focused on ALB'S; Driving better results through better relationships and understanding and ALB's : Reviewing , Reforming and Navigating Change. The workshops comprised representatives from other ALB's and sponsor branch Departments. PowerPoint inputs were supplemented by case study exercises. One of the main outcomes of the training was a commitment to develop a regional network of support for ALB's.

3   NICON meeting on 7 March 2018

I attended a recent NICON meeting which focused on the findings from O'Hara report, the specific implications for Boards and NED's. The Chair of NICON plans to take forward regional training program for NED's. There is a major NICON conference on 17/4 and all NED's have been invited to attend a session with Rt Hon Stephen Dorrell 'Top Tips for NED'S: the role of Non-Executive Directors in Healthcare Transformation.'

4   Joint RQIA and NISCC workshop in Mossley Mill

I attended this workshop with Patricia O'Callaghan and Gerry McCurdy. The event was part of a two day dissemination to managers of regulated services about key aspects of Social Care registration and standards, RQIA requirements for registered managers and fitness to practice issues. The workshop was well attended and offered opportunities for small group discussion involving service providers and regulators. The event was podcast and is available through RQIA website.

Mary McColgan

Acting Chair

RQIA Board Meeting

Date of Meeting	22 March 2018
Title of Paper	i. RQIA Equality and Disability Action Plans 2018-23 ii. Equality and Disability Action Plans: Joint Consultation Report
Agenda Item	5
Reference	B/02/18
Author	Director of Corporate Services
Presented by	Director of Corporate Services
Purpose	To present and obtain approval of RQIA's Equality and Disability Action Plans 2018-23.
Executive Summary	RQIA has developed new Equality and Disability Action Plans for the next five years – from April 2018 to March 2023. The Equality Action Plan relates to our duties under Section 75 of the Northern Ireland Act 1998 and the Disability Action Plan relates to our duties under the Disability Discrimination (Northern Ireland) Order 2006. RQIA's Equality and Disability Action Plans do not list everything we will do under our duties. Rather, they contain some key actions that we plan to take forward. Eight health and social care organisations with help from the Equality Unit in the Business Services Organisation, worked together in the development of their Equality and Disability Action Plans and consulted together on their plans. This exercise ran for 13 weeks between October and December 2017.
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable.

Recommendation/ Resolution	The Board is asked to **APPROVE** RQIA's Equality and Disability Action Plans 2018-23.
Next steps	Publish RQIA's Equality and Disability Action Plans 2018-23 on the website and commence implementation.

Equality and Disability Action Plans

Consultation Report

by

March 2018

If you need this document in another format or language please contact us at:

Equality Unit
Business Services Organisation
6th floor; 2 Franklin Street
Belfast BT2 8DQ
Phone: 028 9536 3961
Email: Equality.Unit@hscni.net

Contents

Introduction

This is a report of the consultation we carried out on our new Equality and Disability Action Plans. They are plans for the next five years – from April 2018 to March 2023.

Our Equality Action Plans relate to our duties under **Section 75 of the Northern Ireland Act 1998**. These are our equality duties. The law says that in our work we have to promote equality and good relations. We have to treat people fairly and based on their needs and to make things better for staff and people who use our services. It also says that we have to build better relationships between different groups of people.

There are nine different equality groups that the law requires us to look at:

- Gender (and gender identities)
- Age
- Religion
- Political opinion
- Ethnicity
- Disability
- Sexual orientation
- Marital status
- Having dependants or not.

There are three good relations groups we need to consider:

- Religion
- Political opinion
- Ethnicity.

The Disability Action Plans relate to our disability duties. They arise from the **Disability Discrimination (Northern Ireland) Order 2006**. It says that we have to:

- promote positive attitudes towards disabled people and
- encourage participation by disabled people in public life.

This includes people with any type of disability, whether for example, physical disabilities; sensory disabilities; autism; learning disabilities;

mental health conditions; or conditions that are long-term. Some of these disabilities may be hidden, others may be visible.

Our Equality and Disability Action Plans do not list everything we will do under our duties. Rather, they contain some key actions that we will take forward.

Information on other pieces of work is contained in our yearly report to the Equality Commission. This is called the 'Annual Progress Report to the Equality Commission' on implementation of Section 75 and the Disability Duties.

How we consulted

Eight health and social care organisations listed in Table 1, with help from the Equality Unit in the Business Services Organisation, worked together in the development of their Equality and Disability Action Plans.

Table 1: List of organisations

Blood Transfusion Service	www.nibts.org
Business Services Organisation	www.hscbusiness.hscni.net
NI Guardian Ad Litem Agency	www.nigala.hscni.net
NI Practice and Education Council for Nursing and Midwifery	www.nipec.hscni.net
Northern Ireland Social Care Council	www.niscc.info
Patient and Client Council	www.patientclientcouncil.hscni.net
Regulation and Quality Improvement Authority	www.rqia.org.uk
NI Medical and Dental Training Agency	www.nimdta.gov.uk

From previous work we have done we know that consultees are busy people. To avoid duplication therefore the eight organisations listed in Table 1 consulted together on their plans. This exercise ran for 13 weeks between October and December 2017.

When we started the consultation we informed all consultees on our consultation list of the details of the consultation and how people could engage with us directly or respond in writing. We invited consultees to attend one of two consultation events, one in Belfast and one in Derry/Londonderry. In addition, we offered to meet in person with anyone preferring to do so.

We engaged closely with Tapestry, our Disability Staff Network, in the development of our Disability Action Plans. We likewise drew on our learning from a survey that we carried out with staff who have a disability or who care for somebody who has a disability. The survey focused on what would make an organisation an Employer of Choice for them.

Range of responses received

Table 2 below outlines the organisations and individuals who responded. Table 3 presents the comments received and our responses. These relate to all eight Health and Social Care organisations, unless specified otherwise. We hope this reflects the views and comments raised and that our responses provide the necessary detail to better understand how we have considered any issues raised.

Table 2: Organisations who responded

Name of organisation	Type of response
Action on Hearing Loss	Written
Alzheimer's Society	Meeting
Cedar Foundation	Focus group and Written
Coalition on Deafness Partnership	Written
Department of Justice – Peter Grant	Focus Group
DUP MLA – Paula Bradley	Focus Group
Equality Commission for NI	Written
Focus the Identity Trust/ Gender Identity Panel	Focus Group
Lisburn and Castlereagh City Council	Written
Mencap	Focus Group
RNIB	Written

Individual Response – Charlie Warnock	Written
Individual Response – Paula O'Brien (Guardian Ad Litem)	Written
Individual Response –David Petticrew (HSCB)	Written

We would like to take this opportunity to say a sincere thank you to all consultees for taking time to provide comments and feedback.

Table 3 Equality Action Plans - Comments made by consultees and responses

Consultee Comment	Response
Action on Hearing Loss (report by Coalition on Deafness)	
Organisations need to set aside a realistic budget for communication support, provide information in alternative formats, and provide training and support on how to engage and participate effectively.	We have in place an approved Accessible Formats Policy, which outlines our commitment to provision of appropriate accessible formats, and the budgetary arrangements thereof. Arrangements in relation to participation are addressed under our Patient and Public Involvement (PPI) Strategy, for those organisations subject to the relevant duties. Please also see the section 'How people can be involved in our work' in our Action Plans. NISCC: Arrangements in relation to participation are addressed under our Patient and Public Involvement Strategy, our Participation Partnership Council Sub Committee and our Annual Participation Action Plan. RQIA: Arrangements in relation to participation are addressed in RQIA's annual Business Plans and in the Communications and Engagement Strategy aligned to HSC PPI Standards.

Organisations also need to measure the effectiveness of their inclusion and participation activities, and devise ways of reaching out to individuals who are deemed 'hard to reach'.	Arrangements in relation to participation are addressed under our Patient and Public Involvement Strategy. NISCC: Arrangements in relation to participation are addressed under our Patient and Public Involvement Strategy, our Participation Partnership Council Sub Committee and our Annual Participation Action Plan. NIBTS: NIBTS will consider further ways to include individuals who are hard to reach in their Patient and Public Involvement engagement activities. RQIA: Arrangements in relation to participation are addressed in RQIA's annual Business Plans and in the Communications and Engagement Strategy aligned to HSC PPI Standards.
When planning new developments or writing policy, the needs of people who are deaf, deafblind, have a hearing loss or tinnitus have to be considered from the outset and their needs 'designed into' the service, rather than being seen as an awkward add on after the rest of society's needs are met.	The equality screening commitments within our Equality Scheme put in place a process where the needs of all nine equality groups are taken into consideration as an integral part of the policy development process.
People involved in design, planning and management of services need to be trained to consider the needs of people with hearing loss	Screening training, which is aimed at those who are policy and decision makers in our organisation, includes scrutiny of the policy

and to involve them in their planning and reviewing processes. All frontline staff working in public services should be aware of how to communicate with people with hearing loss.	from the perspective of all nine equality groups, one of which is disability, which will include hearing loss. Our new equality training, which is mandatory for all staff, includes the needs of people with hearing loss. Where the need is identified we will provide bespoke training on hearing loss.
Services must provide a range of appropriate communication support and communication professionals where needed Services should recognise the right of a deafblind person to have appropriate and timely support	We have in place an approved Accessible Formats Policy, which outlines our commitment to provision of appropriate accessible formats. We are committed to provision of appropriate and timely support for deafblind person.
Public services should ensure that all interpreters and deafblind communicators booked through agencies are registered with a professional body such as NRCPD (National Register of Communication Professionals working with Deaf and Deafblind People)	Interpreters and deafblind communicators used by our organisation are registered with NRCPD.
Public services should carry out regular compliance checks of language professionals they employ.	Noted.

Organisations should take steps to create a culture that supports people with hearing loss through training, procedures and information for all staff.	Our new equality training, which is mandatory for all staff, includes the needs of people with hearing loss. We hold two awareness days per year for staff on particular disabilities. Hearing loss has been the focus of one of these days. We will continue to provide information for staff on hearing loss, through the website of our Disability Staff network.
Employers should ensure their recruitment practices are accessible, by ensuring that reasonable adjustments are made at the application and interview stage and that interview panellists are deaf aware.	We are committed to making reasonable adjustments in our processes. We ask any candidates who advise us that they have hearing loss specific questions relating to their needs. To date, we have made reasonable adjustments such as providing sign language interpreters at interview stage and providing additional time to candidates for aptitude tests.
Social workers should be trained in carrying out assessments of the needs of deafblind people.	NISCC: The Standards of Conduct & Practice for Social Workers require them to assess needs, circumstances, rights, strengths and risks in partnership with those involved and respond appropriately. The Standards also require Social Workers to identify learning and development needs arising out of their work.
Mental Health Generic Mental Health workers should be trained in the psychological, sociological and psychiatric aspects of deafness.	RQIA: Refresher training for RQIA mental health inspection staff will be arranged.

During an admission period, appropriate and accessible communication support must be provided within a maximum of 24 hours. All deaf service users should be enabled to give fully informed consent for their treatment, which includes the provision of qualified communication support.	RQIA notes this comment, but this is for Trust staff in mental health services. This is reviewed by RQIA on inspection i.e. measures are in place to ensure that staff consider that fully informed consent is obtained.
Long Term Conditions Services for people with dementia, cardiovascular disease, diabetes and sight loss must take into account the needs of people with hearing loss and deaf people.	NISCC: Social Workers are required to carry out a comprehensive assessment of need across all service user groups which should form part of all assessment practice. RQIA: RQIA report on communication mechanisms for people with hearing loss and deaf people in our inspection reports.
Action on Hearing Loss ('Hearing Matters' report)	
It is essential to ensure that audiology-quality standards are enforced and better tinnitus services are developed.	RQIA: There are no specific Department of Health audiology quality standards. As part of RQIA's inspections we review whether the premises and grounds are suitable for people with sensory impairments (Standard 27(3) of Residential Standards).

The DEL must actively promote the Access to Work scheme to people with hearing loss and employers.	The promotion of Access to Work and other employment support programmes to both staff and line managers across all the consulting organisations is a key action that BSO Human Resources will progress with support by our Disability Staff Network and the Equality Unit.
Employers and service providers must make sure their policies and practices do not discriminate against people with hearing loss. For example, people with hearing loss may not be able to use the telephone and services should offer alternative contact methods such as email or video-relay services.	We will review the contact methods we offer across all parts of our organisations to ensure that we do not restrict these to telephone contact.
Employers must also take steps to ensure recruitment and selection processes are accessible for people with hearing loss.	We are committed to making reasonable adjustments in our processes. We ask any candidates who advise us that they have hearing loss specific questions relating to their needs. To date, we have made reasonable adjustments such as providing sign language interpreters at interview stage and providing additional time to candidates for aptitude tests.

Alzheimer's Society	
Re. Business Services Organisation Procurement and Logistics Service action on delivery of appliances: 1. key is to ensure that appropriate training on use of appliances is provided when items are delivered 2. procurement of items should involve input from service users (example of furniture having clinical appearance when it may not be necessary)	1. It is important that necessary training on the use of an appliance is carried out by a member of the Trust's professional care team. BSO PaLS leave instructions for use of equipment where appropriate but are not qualified to train in its use. 2. BSO PaLS will consider how service user involvement might be achieved within the constraints of the regulations and will pass on the comments regarding product appearance to the Trust representatives involved in specifying the equipment to be procured.
Re. Regulation and Quality Improvement Authority actions relating to inspections: • RQIA should promote a better understanding of its role amongst patients; Patient Information materials on the role of RQIA must be in plain English	RQIA: • RQIA is developing a programme of engagement with the general public to improve the overall understanding of the role and functions of the Authority. It is our intention to launch an initiative to work directly with relatives and carers of people living in nursing and residential care homes to co-design and produce a range of materials and information in formats suitable to them that will help them understand the various aspects of regulation and quality improvement in the system.

• RQIA inspections of care for people with dementia focus too much on the medical side of care with too little attention paid to the social side	• The Regulations and Standards developed by the Department of Health refer specifically to the care of people with dementia in a social care setting. A Dementia Learning and Development Framework was launched in 2016 to support staff development and training. A number of free resources have been developed and RQIA have distributed these resources to care homes across NI.
• People with experience of dementia (ie. what it is like to be living with dementia as service user or as a carer) should undertake inspections	• RQIA has a programme to use lay assessors from a range of different backgrounds to assist us on inspections and reviews. Lay assessors bring their own experience, fresh insight and a public focus to our inspections and reviews.
• All inspectors should be trained on dementia – Alzheimer's Society willing to provide training	• RQIA has an annual 'Learning Together' programme for all our staff and we have provided Dementia awareness from the Dementia Together NI Project. RQIA would welcome input from the Alzheimer's Society for our next event and will contact the Alzheimer's Society to discuss such input.
• RQIA should inspect and enforce that all staff working in dementia units have been appropriately trained on dementia.	• This already forms part of the care standards used by RQIA as part of the inspection process.

Alzheimer's Society would be interested in engaging further with RQIA, NIMDTA and NISCC in the future	RQIA, NIMDTA and NISCC will arrange to meet with Alzheimer's Society.
Department of Justice, Peter Grant	
Re. Patient and Client Council Do PCC seek feedback from prisoners in view of significant physical and mental health issues within the prison population? Ensuring that their views are considered, for example, on issues about monitoring and administering medication.	PCC: The PCC offer free, confidential, support and advice to prisoners through the complaints support service. Prisoners have access to a Freephone helpline. Collective themes/issues arising from prisoners are shared with the Prison Director of Healthcare. PCC staff also participate in health promotion events in building up relations and acting a prisoner advocate on healthcare matters. PCC Personal and Public Involvement Staff have also visited prisons and held information stands to raise awareness of our role. In the past year focus groups with prisoners have been conducted jointly by the South Eastern Health and Social Care Trust and the PCC to hear from prisoners on the topic of prison healthcare.

| **Re. NI Blood Transfusion Service**

Has BTS ever considered blood donation from prisoners? | NIBTS: NIBTS ceased collecting blood donations from prison inmates from 1989. Our last collection event was June 1989 in Crumlin Road Gaol. A prison population is considered a high risk group for donation because of life style factors and information in relation to detection of infectious diseases which may be transmissible. None of the 28 countries which comply with the EU Directive 2002/98 transposed into UK law Statutory Instrument 2005/50 permit blood collection from prison inmates. As Medical Director for the service my opinion is that this is correct and should continue.

Please note the recent Penrose enquiry which was a judicial review into a number of aspects of the Scottish National Blood Transfusion Service and contamination of blood products leading to transmissible infection in haemophilia patients and others was critical of the service for continuing to collect blood from prison population inmates up until 1993. The rationale is that testing of blood donations is not full proof and there is a documented low risk of window period transmission i.e. donation is potentially infectious but infectious agent is not detectable in the assay.

The other relevant factor is NIBTS is applying a retraction model to its whole blood collection program as clinical demand for blood component transfusion has reduced and this is likely to continue. |

	If there is anything Mr. Martin wishes to discuss with me I may be accessed Kieran.Morris@nibts.hscni.net or Mobile telephone: 07721891398.
Re. Business Services Organisation In relation to BSO's action to develop protocols across HSC for changing gender identity on IT systems, suggest that the Information Commissioner could be contacted for their guidance/advice.	Following extensive engagement with relevant stakeholders the BSO are in the process of drafting guidance and protocols pertaining to the management and recording of Transgender demograhics on HSCNI clinical and information systems. When this process has been completed the BSO will engage with the Information Commissioner to seek their advice and guidance to ensure that it meets all the Information Commissioner's requirements.
DUP MLA Paula Bradley	
• Clear communication is vital particularly with regards to signposting for those who might be less familiar with HSC;	We will share this comment with equality colleagues in HSC Trusts; HSC Trusts are frontline service providers.
• Lack of joined up responses e.g. during a life event can be bombarded with information and signposting when some of this could be held back until a later stage – information overload;	We will share this comment with equality colleagues in HSC Trusts; HSC Trusts are frontline service providers.

• Advantage if you know the system e.g. worked in NISCC previously or as a social worker – otherwise the system can be daunting;	
• Welcome the example Cedar Foundation has given, of training members of their service user forums to sit on interview panels - shows the need for everybody's voice to be heard; a good example of coproduction.	Noted.
Re. Regulation and Quality Improvement Authority In relation to action on increasing the number of lay assessors, in particular those with a disability • RQIA are dealing with some of the most vulnerable people in society; • Welcome the action; utilising lay assessors is a key asset of RQIA's work; demonstrates the value of coproduction; at times feedback from service users differs from that of others.	RQIA: RQIA notes these comments. We are committed to increasing the use of lay assessors as an integral part of our work.

Re. Business Services Organisation In relation to action on changing gender identity on IT systems: • Digitisation will allow restricting and tracking access to information by staff – own experience as a social worker of having had access to information that nurses did not have access to when they should have.	Noted
Equality Commission for NI	
Re. NI Blood Transfusion Service We note from NIBTS's draft Action Plan, that you have included two actions relating to increasing ethnic minority participation in blood donation sessions. We welcome these actions, however, we are concerned about the scope and the proposed timeline for the actions. From the information presented in the draft Action Plan it is not clear how comprehensive the two proposed action measures will be in addressing the access issues in the complete blood donation journey,	NIBTS: NIBTS note the comments and have updated the actions accordingly.

in addition it appears that the actions may not be implemented until as late as 2019-2020.	

Focus: the Identity Trust

General Points - There is no such thing as the transgender 'constituency', these are all individuals. - Issues relating to transgender people must be considered as gender identity issues, must not be conflated with sexual orientation – hence need to separate out T from LGB (Lesbian, Gay and Bisexual); T added to LGB is confusing and unhelpful - Managers need to have an understanding that transgender people are extremely resilient and a highly valuable resource to draw on - Having policies in place is not sufficient in itself – they have to be real and staff need to be aware of them.	We note these comments. We will advise our staff of these fundamental points as part of any awareness raising initiatives relating to the gender identity policy and any ongoing training.

• Transgender people want to become invisible after transition, they wish to be treated just like anybody else.	
Training • Everybody needs to receive mandatory training on gender identity • Training requirements should be extended to third party contractors, not just cover own staff. • Important to consult transgender people when designing and delivering training on transgender issues. • Focus has developed a 1 day Institute of Leadership and Management accredited training package. To meet the needs of staff with very limited time for training, the training has been delivered as a 30 minute presentation alongside a 30 minute question and answer session – suitable for lunchtime learning. • Transgender people who are parents have historically been less likely to be	As part of the roll-out of our newly developed Gender Identity Employment Policy we will work with our colleagues in the Health and Social Care Trusts to devise an awareness and training programme for our staff. We will take these comments into account as we do so. NIGALA: The focus for NIGALA to date has been on considering LGBT issues from the perspective of young people involved in court proceedings. A group of staff recently attended a conference hosted by The Independent Guardian Ad Litem Agency 'Getting it

granted custody of children. There is a need for training of staff involved in the courts processes, including guardians and the judiciary.	Right-caring for LGBT children in care'. The Agency will engage with FOCUS to facilitate an input for staff to support Guardians understanding of parents perspective.
• There is a particular need for awareness training for staff working with people with dementia, if the person regresses to a time before they transitioned; this will be particularly important for older men who have not had full surgery.	NIMDTA: NIMDTA will consider this in awareness training. NISCC: NISCC has been centrally involved in the development of the Dementia Learning and development framework which was part of the work of the NI Dementia Strategy and we have been instrumental in its ongoing dissemination into the sector including the development of an App for Domiciliary Care workers RQIA: RQIA will ensure appropriate training is provided for inspection staff dealing with service users with dementia.
Service Provision • In relation to healthcare, including end of life care, transgender people do not want separate services. Transgender people are part of the community and do not want gender status to define them or their healthcare. Key is awareness of all	We note these comments. We will advise staff who are involved in the planning or delivery of services of these fundamental points as part of any awareness raising initiatives relating to gender identity.

mainstream service providers of transgender issues.	
• Needs of siblings of transgender children – siblings tend to be ignored as transgender child is the focus of attention. Siblings of transgender children, along with the transgender child themselves tend to be bullied.	
• Some transgender people have had a poor experience when accessing PCC's complaints support service. We would welcome working together to improve the experience for transgender people.	PCC: The PCC have arrangements in place to train complaints and personal and public involvement staff to improve the experience of transgender people in using PCC services.
• Only staff who really need to know should have access to information on gender change.	This underlines the importance of the work relating to the roll out of our newly developed Gender Identity Employment Policy as well as the work we plan to progress regarding the recording of gender identity and changes to it on Health and Social Care IT systems. Confidentiality issues are also highlighted in Making a Difference, our new eLearning resource. All staff are bound by confidentiality requirements, and in some organisations this is stipulated in an Code of Confidentiality.

Domestic violence • Important to review who identifies and provides advice on best practice. This should not be restricted, for example, to Women's Aid. • Key is awareness of support providers (Inspire is endorsed as a sensitive and good practice provider). • Need to look at both victims and perpetrators and both male and female. • In the main, it is transgender women who are the victim of domestic violence. Perpetrators are often former partners especially when children are involved. These are at times used as a weapon (withdrawing access to them is used as a threat). In the past, few trans men would have had children. Victims are extremely vulnerable and crimes are often not reported.	We will take these key points into account as we progress work on developing support mechanisms for staff.
Employment Monitoring	This is an important point that we will keep in mind when we review how we monitor gender identity in our organisations.

• While there may be a positive rationale for wanting to monitor on gender identity organisations have to be mindful that transgender people identify as male or female after they have completed transition so they do not wish to be identified as transgender.	
Regional HSC organisations using their influence • should influence PHA contracts for support for LGB&T people – the need to separate out services for transgender people from services for LGB people; currently the impact is that transgender people are poorly served by these services	We will share this comment with the Public Health Agency (PHA).
Other • 2014 Trans Manifesto should be included in all policies and training (Derry and Strabane Council as good practice example)	We note these comments.

• Appointment of a diversity champion (to include transgender) at Director level is key – to ensure that all policies are looked at through the equality lens including transgender and to commit sufficient resources (Derry and Strabane Council as good practice example).	

Lisburn and Castlereagh DC

Virtually all of the background/introductory text identical across all organisations. The breadth of organisations would indicate that they will be required to do things differently in order to function effectively.	Comment noted. To avoid duplication, and to streamline the consultation process, the eight organisations listed in Table 1 worked together to launch our consultation exercise on each of our plans. Relevant sections in the introduction ('Who we are and what we do') provide information about the specific functions of each organisation.
Little explanation why emphasis is placed on staff with a disability not disclosing that disability and/or a staff member caring for a person with a disability is core across all the organisations plans.	Our staff monitoring data and our staff survey on disability shows that individuals are reluctant to formally declare they have a disability. This however, is essential for staff members with a disability to access the range of support and policies available. It is equally important for the organisation to devise appropriate support measures.

Little explanation why staff who may have experienced domestic violence and providing support to them is prioritised for some organisations.	The emphasis on domestic violence reflects a regional work stream, collaboration across Health and Social Care organisations.
One organisation notes that one of the Health & Social Care Trusts they facilitate differs in their approach to the supply of appliances to service users in that service users must collect any appliance as opposed to this being delivered to them. This is noted as having a particular impact upon elderly and disabled service users.	Noted.
Organisations have identified various groups that they need to target in the future to ensure "equitable" service delivery. These include – ethnic groups, men, young people, the travelling community, those with learning disability, those with visual impairment and those for whom English is not their first language.	Noted.
Most of the organisations note the importance of accessible information and appropriate	Noted.

communications being available to service users, and have plans in place to improve these.	
Gender Identity Policy is referenced across all organisations, although emphasis is on staff.	Noted.
It is disappointing that there are no quantifiable and measureable outcomes given in any plan.	Action Plans have been reviewed and updated where possible to reflect more quantifiable and measurable outcomes.
Mencap	
In relation to accessibility of information, Mencap suggests use of easy-read hyperlinks in or alongside public documents. Commends organisations as leaders in Health and Social Care, showing the way Leadership should include paying people for placements as best practice; recognition is important. Placements are also an opportunity for the organisation, namely to get work done, so organisations should consider going that bit further.	We will add hyperlinks to easy read versions of all relevant public documents. Noted. The scheme is intended as a stepping stone to paid employment, providing opportunities for people with a disability to gain meaningful work experience. It includes a number of non-monetary benefits, including eligibility to apply for posts that are otherwise restricted to internal applicants, training on How to get that Job in Health and Social Care, mock interviews and references. The scheme includes cover of travel costs for

	participants from their home to the workplace, based on the principle that no one should be worse off for participating.
Disability training needs to be compulsory for all staff How will plans be monitored?	Disability training is mandatory for all staff. Our new e-learning module, Making a Difference, which incorporates disability, is mandatory for all staff. [Delete/amend as appropriate] Progress on Plans is monitored through the annual reporting process to the Equality Commission for NI. Further monitoring arrangements vary depending on specific actions, both qualitative and quantitative. For example, in relation to the action on Carers, monitoring will take the form of a survey with staff who are carers. In relation to our Placement Scheme, we evaluate the scheme each year; this evaluation is informed by focus groups with placement participants and their Employment Support Officers, and with placement managers. Learning from the evaluation is incorporated into the Placement Scheme for the following year.
Re. Regulation and Quality Improvement Authority RQIA should consider payment of lay assessors beyond just their expenses, as an	RQIA: RQIA's payment of Lay Assessors is set out in the "Interim Service User, Carer and Stakeholder Reimbursement Guidelines & Procedures" (July 2015) based on regional DoH guidelines. These guidelines do not make provision for payment of lay assessors.

acknowledgement of the contribution they are making.	
Re. NI Social Care Council Currently domiciliary care workers are paid at a similar rate to supermarket workers, but their role requires very specific skills and competencies to provide services to very vulnerable people in our society. How does NISCC ensure the domiciliary care workforce remains valued? Mencap have concerns regarding the duration of home visits. Fifteen minutes for a home visit is particularly short for someone with a learning disability.	NISCC have a statutory responsibility to register the social care workforce and working directly with Employers, Councils and the Department to raise the profile of the social care workforce. Engagement is underway with Community Planners in ensuring that the social care services provided in council areas feature in all action plans. NISCC are also part of the Departments workstreams in putting in place actions associated with the "Power to People Report – Rebooting Adult Social Care". Finally NISCC have oversight of the entire social care sector and are actively working with Employers and Stakeholders to ensure the delivery of a sustainable social care service in Northern Ireland. A December 2017 symposium held by NISCC raised the issue of 15 minute home visits and it was clear that this issue required further investigation as to the effectiveness of this control. It is anticipated that the work streams associated with the "Power to People" report will include this issue.
RNIB	
all 8 organisations should consider the RNIB Accessible Information campaign	While the 8 organisations are not healthcare providers – in the main they are one step removed from the provision of healthcare

In July 2016, the NHS Accessible Information Standard came into force in England. It mandates that all healthcare providers must provide information in a format their patients can read. RNIB calls for the introduction of such a Standard in Northern Ireland. It would ensure a consistent and specific approach to identifying, recording, flagging and sharing accessible information needs.	– they fully recognise the importance of the provision of information in accessible formats. Most consulting organisations have therefore put in place an Accessible Formats Policy and associated guidance materials for staff. In theory all information that is provided to the public should be made available in accessible formats. However given the quantity of information that is produced by the organisations on a daily basis and the fact that there are limited resources this is not possible or practical to do so. It is therefore necessary to ensure a robust decision making process is in place, for prioritising information provision in accessible formats. The policy thus includes criteria that are applied to decide which information materials should be produced in alternative formats. Ultimately, the introduction of such a Standard would fall under the remit of the Department of Health.
Individual Response – Charlie Warnock	
Re. NI Blood Transfusion Service Having read the plans put forward for this consultation period, I am just thrilled. However I remain sceptical about the reduction of the deferral period for MSM blood donations. (that	Thank you for your query. The other three UK blood services implemented a reduced deferral period for MSM of three months from date of occurrence on 27 November 2107.

is to say that I fear it may not be reduced sufficiently, I wholeheartedly believe that it must be reduced). Could you please advise to what extent this deferral period will be reduced?	NIBTS still applies a 12 months deferral period. Any change here requires a ministerial decision and Department of Health policy approval.

Individual response – David Petticrew (Health and Social Care Board)

Staff who are carers – awareness and promotion of existing policies/rights There are a number of policies already in place across the HSC to promote employee/ carers in terms of flexible working and provision for urgent absences from the workplace. The issue may be more about awareness and promotion of existing policies/ rights rather than the development of new material. Use of the intranet and other media (including internal notice boards) for the posting of information is important in terms of reaching carers.	We will seek to disseminate this information through a range of media, including intranets, notice boards, emails and 'pop ups'.

In an organisation that is going through change, it can be difficult for carers to communicate their specific needs because of uncertainty about job role, location etc and this needs to be considered in planning. In that context, proactive engagement with staff/ staff who are carers is particularly important.	This points to important training, awareness and information needs of both senior and line managers which we will consider in a further step.
An additional Key Performance Indicator could relate to a survey or other engagement (focus groups) with staff who are carers, specifically in terms of how well supported and informed they feel. The suggested KPIs are sufficient, but focus upon the negative aspect of carer contributions (ie number of days lost). The number of staff retained cannot be easily measured without directly engaging with and directly asking staff if they were planning to leave the organisation, but then decided to remain because of the employer support available.	We have amended the indicators accordingly.

Table 4 Disability Action Plans - Comments made by consultees and responses

Consultee Comment	Response
Alzheimer's Society	
Disclosing a disability/condition or status as a carer • overall, the culture of the organisation is essential in encouraging staff to disclose • highlighting the benefits of disclosing is important ie. access to support from line manager and the organisation • at times, concerns about privacy and the level of information that may have to be revealed act as a barrier – perception that line manager will want to know too much • reassuring staff that they only need to disclose that they have a disability or that they are providing care is important • line managers should make it easier for staff …	We will incorporate these very useful suggestions as we take action to • review our existing guidance for line managers on reasonable adjustments • build a central source on practical examples of reasonable adjustments and • encourage staff to disclose that they have a disability or that they care for a person who has a disability or is elderly.

o to disclose by asking open question at supervision meetings about wellbeing of the individual o to identify appropriate reasonable adjustments by referring to practical examples in conversations with the individual Language • many people don't self-identify with the term of 'carer' or 'informal carer' – seen as too functional and as taking away from the relationship with the person cared for • terms 'caring role' or 'looking after' may be more helpful	
Training for staff working in auxiliary health services 3. HSC organisations should take learning from good practice by companies such as Specsavers as well as community	We will look into this further as individual teams in our organisations identify training needs of any staff who may provide services to people with dementia.

pharmacies in providing services to people with dementia	
Re. NI Medical and Dental Training Agency • CPD for dentists should include mandatory training on dementia – patients and carers often report negative experiences	NIMDTA cannot mandate the requirements for CPD for dentists this needs to be a requirement of the General Medical Council.
Cedar Foundation	
• Clear communication is vital particularly with regards to signposting for those who might be less familiar with HSC	Our Accessible Formats Policy emphasises, to those managers and staff who are involved in the provision of information, the need to meet the information needs of individuals. This includes the need to produce information that is clear.
• When accessing services reflect on those who have speech and/or hearing difficulties; consider good practice in supporting these service users such as (hospital) passports which give information about a patient to staff	Our new equality e-learning resource for all staff includes consideration of the needs of service users who are deaf or hard of hearing. In 2015 we held an Awareness Day for all staff focussing on hearing loss. This involved information stands and speakers on the day, and an information leaflet on hearing loss was shared with all staff by email. We will consider further means of raising this issue with staff.

	We will share the suggestion to consider good practice such as hospital passports in the area of learning disabilities with colleagues in the Health and Social Care Board.
• Importance of respect	Respect is a key theme in our new equality e-learning resource, Making a Difference, which is mandatory for all staff.
• Stigma around mental health conditions e.g. bipolar – need to do more to address this • Lack of understanding by staff around mental health and employing people with mental health conditions	We refer to the action in our Disability Action Plan relating to our commitment to sign up to the Mental Health Charter, which will include commitments to: 1. Create an open and inclusive workplace culture which displays respect for those with mental ill health 2. To promote equality of opportunity and challenge discrimination in the workplace 3. To promote equality of opportunity in recruitment and selection for those with mental ill health 4. To identify and provide sources of information and support regarding mental ill health
• Cedar Foundation has trained members of its service user forums to sit on interview panels; very effective approach, brings a totally different perspective to the process, often views	Noted. We will engage with Cedar to learn further from this approach should an opportunity to adopt a similar approach arise in future.

differ between panel members (staff vs. service users)	

Lisburn and Castlereagh District Council	
While disability is noted in many of the action plans of these organisations, from the identification and removal of barriers faced by those with a disability to undertaking outreach work through to "reserving contracts" so that those in "sheltered employment type organisations" can apply for contracts, there is no detail provided in any of the above as to why they are prioritised.	Noted. In developing the plans, staff looked at equality issues across all the functions of our organisations. Staff were tasked with developing these equality issues and prioritise those that will have greatest impact.
It is disappointing that there are no quantifiable and measureable outcomes given in any plan.	Action Plans have been reviewed and updated where possible to reflect more quantifiable and measurable outcomes.

Paula O'Brien (Guardian ad litem)	
Work placements for people with disabilities: a laudable goal but not sure that the practice reflects what is actually required	We fully recognise that the work placement scheme by itself will not address the underrepresentation of people with a disability in HSC workplaces.

For example, 14% of all adults with a diagnosis of ASD are in full time employment. This is not to do with a lack of ability or skill but with a lack of flexibility on the part of HSC employers to provide appropriate support and to "think outside the box" as to how they could provide gainful employment for an individual with this disability. People with ASD have huge strengths and could contribute significantly but too often the lack of opportunity to provide a supported work environment means that these opportunities are missed.

many organisations can support an individual with disabilities within a work placement e.g. Stepping Stones/NOW; HSC organisations should be more proactive about promoting a truly equal work environment for those with disabilities, rather than pay lip service to this as a goal

With regards to employment support, we intend to build on the relationships we have developed with NOW and the six other voluntary sector organisations involved in Supported Employment Solutions in order to promote the use of Employment Support Programmes. This relates to support for both our staff who have a disability and line managers, such as through Workable NI and Access to Work.

Thereby, we want to increase the number of staff with a disability who remain in work and those gaining employment.

Conclusion

This report reflects the consultation exercise undertaken to capture feedback on the content of the organisations' Equality and Disability Action Plans. Senior Management Team and Board and Committee members have considered the submissions from each of the consultees and acknowledge the commitment of all those who responded.

Where it has been possible we have addressed comments raised and revised our Equality and Disability Action Plans. In other instances we feel that some comments raised can be better addressed by other methods.

In some instances we will attempt to bring comments raised to the attention of other organisations where they can be dealt with more appropriately.

The Equality and Disability Action Plans for each of the organisations named in Table 1 will be available on their websites. We will report on progress on delivering the actions in the plans every year, as part of our Annual Progress Report to the Equality Commission. This report will also be available on our websites.

Equality and Disability Action Plans 2018-2023

FINAL VERSION
MARCH 2018

Regulation and Quality Improvement Authority (RQIA)

We will consider any request for this document in another format or language.

Please contact us at:

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

Info@rqia.org.uk
02890517500

Introduction

As Professor Mary McColgan, Acting Chair and Olive Macleod, Chief Executive of RQIA we are committed to promoting equality and good relations. For people with a disability, we recognise that we have to do more to promote positive attitudes and to encourage their participation in public life.

We want to make sure we do this in a way that makes a difference to people. We will put in place what is necessary to do so. This includes people, time and money. Where it is right to do so, we will include actions from these plans in the annual business plans we develop for the organisation as a whole.

We will also put everything in place in RQIA to make sure we comply with legislation. This includes making one person responsible overall for making sure we do what we say we are going to do in our Equality and Disability Action Plans.

We let our staff know about what is in our plans and we will also train our staff to help them understand what they need to do.

The person in our organisation who is responsible for making sure that we do what we have promised to do is Maurice Atkinson, Director of Corporate Services. If you have any questions you can contact him at:

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

Telephone: 028 9051 7500 for text relay prefix with 18001

Maurice.atkinson@rqia.org.uk

Who we are and what we do

The Regulation and Quality Improvement Authority (RQIA) is part of health and social care in Northern Ireland.

RQIA is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

We do things like:

- Register and inspect a range of health and social care services in both statutory and independent sectors
- Encourage improvements in how services are delivered through our inspections
- Deliver a programme of scrutiny and review in services provided to people with a mental illness or a learning disability
- Via the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 we monitor, inspect and enforce these regulations to protect people against dangers of ionising radiation in relation to medical exposure
- Assure the quality of health and social care through a programme of reviews and hygiene inspections
- Listen to service users and act on these views
- Employ staff and manage our budgets to effectively conduct our duties.

Registration and Inspection:

- Register services
- Inspect services in statutory and independent sectors
- Assist in improvement in the access and delivery of services.

Mental Health and Learning Disability:

- Inspect the quality and safety of Mental Health and Learning Disability services delivered in the province and that people are detained in line with the requirements of Mental health legislation
- Provide safeguards for users of these services.

Ionising Radiation (Medical Exposure) Regulations :

- Conduct a programme of inspections to ensure compliance with legislative requirements.

Reviews:

- Undertake hygiene inspections, to assure the quality of health and encourage improvement in this area
- Carry out RQIA's review programme and commissioned reviews into a range of health and social care issues, and make recommendations for improvement.

Public Participation:

- Responding to existing and emerging issues within health and social care (HSC) through listening to and acting on the views and opinions of the public.

Corporate Services:

- Supporting the business of RQIA.

How people can be involved in our work

There are a number of ways in which people can be involved in the work of the RQIA, including:

- Applying to be a lay assessor

- Applying to be a peer reviewer

- Engagement with service users and carers as an integral part of RQIA's inspections and reviews of health and social care services

- Making available opportunities for co-production.

What the law says

RQIA has to follow the law under **Section 75 of the Northern Ireland Act 1998**. It says that in our work we have to promote equality and good relations. We have to treat people fairly and based on their needs and to make things better for staff and people who use our services. It also says that we have to build better relationships between different groups of people.

There are nine different equality groups that the law requires us to look at:

- Gender (and gender identities)
- Age
- Religion
- Political opinion
- Ethnicity
- Disability
- Sexual orientation
- Marital status
- Having dependants or not.

There are three good relations groups we need to consider:

- Religion
- Political opinion
- Ethnicity.

We also have to follow the law under the **Disability Discrimination (Northern Ireland) Order 2006**, which says that we have to:

- promote positive attitudes towards disabled people and
- encourage participation by disabled people in public life.

This includes people with any type of disability, whether for example, physical disabilities; sensory disabilities; autism; learning disabilities; mental health conditions; or conditions that are long-term. Some of these disabilities may be hidden, others may be visible.

Both pieces of legislation require us to develop an action plan: an Equality Action Plan and a Disability Action Plan. We have to send our plans to the Equality Commission for Northern Ireland and then report every year on what we have achieved.

How we reviewed our last plans and developed our new plans

We reviewed what we have done so far to promote equality and good relations, to promote positive attitudes towards disabled people and to encourage their participation in public life.

The Equality Forum in our organisation, with representation from each Directorate, thought through the following questions:

- What has worked well?
- What hasn't worked well?
- What lessons have we learned?
- Did we do what we said we would do?
- Has this made a difference for people in the way we thought it would?

For the new plans, we considered two questions:

- In your area of work, what are the key issues for people in the equality groupings?
- What can you do to address these issues?

We looked at a range of sources of information such as:

- new research or data
- equality screening exercises that have been completed
- their professional experience and knowledge
- issues raised in consultations or through other engagement with staff and service users.

We also learned from what we heard when we:

- held coffee mornings to talk with staff about important issues to consider for those who have a disability and those who care for somebody who has a disability

- ran a survey with staff to find out what they think an Employer of Choice for people who have a disability or those who care for somebody with a disability looks like

- spoke with the members of our staff disability network to find out what we should do to promote equality for those who have a disability and those who care for somebody who has a disability

- together with our colleagues in the Health and Social Care Trusts ran an engagement event with people from different equality groupings to find out what they think we could do to better promote equality.

We also read up on what the Equality Commission says would be good to do. All this helped us think about what else we could do to make a difference.

We then consulted publicly on our draft plans. When we started the consultation we informed all consultees on our consultation list of the details of the consultation and how people could engage with us directly or respond in writing. We invited consultees to attend one of two consultation events, one in Belfast and one in Derry/Londonderry. In addition, we offered to meet in person with anyone preferring to do so.

We engaged closely with Tapestry, our Disability Staff Network, in the development of our Disability Action Plans. We likewise drew on our learning from a survey that we carried out with staff who have a disability or who care for somebody who has a disability. The survey focused on what would make an organisation an Employer of Choice for them

What we have done so far

This is some of what we have done to promote equality:

- We produced a signposting resource for our staff. It provides information on support networks in the community for people from each of the nine equality groups. We update this resource every year

- We put in place an Accessible Formats Policy; this policy relates to all of the nine equality groups including age, gender, disability, ethnicity, sexual orientation, political opinion, dependants, religion and marital status. It addresses specific needs in relation to sensory impairment, learning disability, sexual orientation, older people, younger people, translation and interpreting for minority ethnic groups and more general literacy levels that are of particular importance

- We established an internal Equality Forum with representation from each directorate, to drive mainstreaming of equality and human rights within the organisation

- We added a prompt on equality screening to the template for all Board papers, and ensured that equality is considered in everything we do by screening our Corporate and Business Plans.

This is some of what we have done to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life:

Promoting positive attitudes towards disabled people:

- held seven disability awareness days for our staff. Each looked at different disabilities: Epilepsy, Sight loss and blindness, Depression, Hearing loss and deafness, Learning disabilities, Cancer, and Arthritis and Musculoskeletal conditions

- developed an elearning resource on disability. It is available to all Health and Social Care staff. All our staff have been asked to complete the programme at induction

- included the disability duties in all Equality Awareness and Equality Screening Training that the BSO Equality Unit delivers

- delivered training sessions on mental health awareness to our staff, including on mental health first aid, mindfulness and managing stress; and courses for staff who are carers

- developed a staff resource on disability etiquette, a resource and checklist on how to positively portray people with a disability in their work

- ensured accessibility standards W3C AA were met in the development of our new website. Users can use Browsealoud to access our website. We made every effort to ensure that our new website was more user friendly.

Encourage the participation of disabled people in public life:

- participated in a disability work placement scheme together with our Health and Social Care partner organisations. We provided a placement in 2016-17 and will do so again in future

- developed standards and guidance for the involvement of people with a disability and a checklist for organising inclusive meetings

- put in place a process for publishing screening templates as soon as they are completed, as suggested by a disability organisation We do the same for publishing our quarterly screening reports

- developed a resource for line managers on reasonable adjustments for staff with a disability

- set up a disability network for our staff. Part of the role of this network is to raise disability issues with decision makers in our organisation.

- introduced a 'Your Care, Your View' card to seek the views of service users on their experience of mental health and learning disability services

- Mental Health and Learning Disability inspectors developed a direct observation tool for use on wards for patients who have no capacity to answer or understand a structured questionnaire. The quality of interaction audit was a tool designed to help evaluate the type and quality of communication that takes place on a ward

- recruited a number of lay assessors with a disability, both learning disability and physical disability, to work alongside our inspection and review staff. Our recruitment materials are provided in an easy to understand format and people with disabilities were encouraged to apply.

What we have learned so far

Monitoring

Even with proactive encouragement, our staff seem reluctant to declare their disability. We will need to keep working on this, including trying to find out why staff do not declare their disability. We will work closely with our disability staff network on this.

Placements

We evaluated our placement scheme each year and made changes for next year's scheme to improve the experience for participants. We will carry this learning into our new plan. Managers and staff who have been involved in the scheme to date have told us that they have gained a better understanding of disabilities through working side by side a person who has a

disability. Many have been impressed by the attitude and performance of the individual we had on placement.

Awareness Days

We have found that attendance at awareness events is greatest when the subject is most relevant to staff. This can be because they have the condition themselves or they know or work with someone who has the condition. We will continue to ask staff which areas relating to disability they would like more information on.

Training

We have found that our e-learning training on Disability is a really useful resource to train our large numbers of staff. Sometimes we need to run specific training courses, for example on autism awareness or deaf awareness if a need is identified. We will continue to take a combination of e-learning and classroom based training approach. People have told us that they take away a lot from sessions that are delivered by people with a disability themselves.

What is in the new plans

There are two separate tables below. The first table lists all the actions that we will do to promote equality and good relations. This is our Equality Action Plan.

The second table describes what we will do to promote positive attitudes towards people with a disability and to encourage their participation in public life. This is our Disability Action Plan. In both plans we also say what difference we intend to make and when we will do these actions.

How we will monitor

Every year we write up what we have done. We also explain when we haven't done something. We send this report to the Equality Commission. We also publish this report on our website: https://www.rqia.org.uk/

We have a look at the plans every year to see whether we need to make any changes to them. If we need to, we write those changes

into the plans. Before we make any big changes we talk to people in the equality groupings to see what they think.

When we finish an action, we take it off the plans for the next year to keep our plans up to date. They will show what we still have to do.

After five years we will look at our plans again to see how we have done. We will also see what else we could do.

When we develop or look at our plans we will invite people who have a disability to help us.

The plans are also available on our website: https://www.rqia.org.uk/

We send our plans to all organisations and individuals on our consultation list when we have finalised them and also when we have made major changes to them.

To find out whether what we do makes a difference, we will do a number of things, for example:

- For training and awareness events, we ask our staff about what learning they are taking away with them and what they may do differently as a result of what they have learned

- We do a survey with people from a particular equality group after we have delivered an action targeted at them to ask whether they feel better supported as a result

- We check summary figures to see whether, for example, more people from a particular under-represented group are availing of a service after promoting it to them specifically.

You can find further information on how we will monitor each action in the plans themselves.

Equality Action Plan 2018-2023:
What we will do to promote equality and good relations

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
Carers 1. Promote information for staff who are carers on available policies and measures that might meet their needs; including sign-posting to relevant support organisations.	Staff who are carers feel more supported in the workplace and aware of options available to them	Baseline staff survey and after 3 years (quantifiable targets to be determined following baseline survey)	BSO HR with support by Equality Unit 2018/19
Gender Identity 2. Deliver awareness and training initiatives to relevant staff as part of the roll-out of the Gender Identity and Expression Employment Policy	Staff who identify as transgender and non-binary feel more supported in the workplace	Baseline staff survey and after 3 years (quantifiable targets to be determined following baseline survey)	BSO HR with support by Equality Unit March 2021

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
Training 3. Making a Difference – e-learning • Add module to suite of mandatory training for all staff • Deliver on training targets	Increased staff awareness of equality and human rights.	Making a Difference e-learning included in mandatory training for staff X staff have completed the e-learning module	BSO HR with support by Equality Unit EMT Annually
Domestic Violence 4. Undertake awareness raising relating to new support mechanisms (developed by BSO) to support staff with experience of domestic violence	Staff with experience of domestic violence feel better supported	Feedback from staff who have drawn support through the mechanisms indicates a positive experience.	BSO HR with support by Equality Unit March 2020
Inspection			
5. Review and equality screen Guidance relating to Inspection of Domiciliary	S75 has been considered in the Inspection process, resulting in improved outcomes for service users.	Screening Templates and Revised Guidance published	2018-19

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
Care Agencies.			
6. Review and equality screen Guidance relating to Inspection of Nursing and Adult Residential Care Homes	S75 has been considered in the Inspection process, resulting in improved outcomes for service users.	Screening Templates and Revised Guidance published	2019-20
7. Review and equality screen Guidance relating to Inspection of Independent Health Care.	S75 has been considered in the Inspection process, resulting in improved outcomes for service users.	Screening Templates and Revised Guidance published	2020-21
8. Review and equality screen Guidance relating to Inspection of Day Care Settings and Adult Placement Agencies.	S75 has been considered in the Inspection process, resulting in improved outcomes for service users.	Screening Templates and Revised Guidance published	2020-21
9. Review and equality screen Guidance relating to Inspection of Children's Services.	S75 has been considered in the Inspection process, resulting in improved outcomes for service users.	Screening Templates and Revised Guidance published	2019-20

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
10. Review and equality screen Guidance relating to Inspection of Mental Health and Learning Disability Wards.	S75 has been considered in the Inspection process, resulting in improved outcomes for service users.	Screening Templates and Revised Guidance published	2018-19
11. Review and equality screen the Audit Tool relating to Inspection of Acute Hospitals.	S75 has been considered in the Inspection process, resulting in improved outcomes for service users.	Screening Templates and Revised Guidance published	2019-20
12. As actions 5 - 11 are completed, roll out training on revised guidance/audit tools to inspectors.	Improved outcomes for health and social care service users.	Training reports and evaluations.	2018-19 and ongoing
13. Accessible Information and Communications - ensure checks for accessibility of information are built into all inspection procedures/provider guidance/audit tools in	Better access to information for service users	Evidence of checks in inspection reports through the process of audit	2018-19 and ongoing

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
accordance with: • BHSCT Making Communication Accessible (Disability) • Accessible Formats Policy (Language and Disability accessibility) • Corporate Style Guide			
Engagement			
14. RQIA will collaborate with NIGALA and PCC to explore ways to improve feedback from children and young people about the quality of services they receive. NIGALA will develop a website to facilitate this with links to PCC and RQIA information.	Improved engagement with children and young people.	Website operational and collation of feedback from children and young people about the quality of services they receive.	2018-19 and ongoing

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
15. Ensure that all our public engagement events include consideration of S75 in the organising of the events and in the information/questions asked at the events as appropriate.	Engagement events are more inclusive.	Evaluation of events indicates that needs have been met.	2018-19 and ongoing
Lay Assessors Appointment 16. In the appointment of new lay assessors • include a welcoming statement for people with disabilities • send advertisement to disability organisations	People with disabilities are more involved in public life.	Numbers of additional lay assessors with a disability.	2018-19 and ongoing

Disability Action Plan 2018-2023:
What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
Awareness Days 1. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day)	Increased staff awareness of the range of disabilities and needs	Two annual awareness days profiled >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days	RQIA Annually
Placement Scheme 2. Create and promote meaningful placement opportunities for people with disabilities in line with good practice and making use of voluntary expertise in this	People with a disability gain meaningful work experience	1 placement offered per year. Feedback through annual evaluation of scheme indicates that placement meets expectations	RQIA with support by BSO Equality Unit Annually

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
area.			
Tapestry 3. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	Staff with a disability feel more confident that their voice is heard in decision-making. Staff with a disability feel better supported.	Tapestry staff survey in 2022-23	RQIA Annually
Monitoring 4. Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and providing guidance to staff on the importance of monitoring.	More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.	Increase in completion of disability monitoring information by staff to 90%	BSO HR with support by Equality Unit Annually

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
Prompt staff to keep up to date their personal equality monitoring records (via self-service on new Human Resources IT system)			
Training 5. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on disability equality and disability legislation.	Increased staff and Board Member awareness of the range of disabilities and needs.	All staff trained (general and bespoke) within 2 years through eLearning or interactive sessions and staff awareness initiatives delivered	RQIA annually
6. Sign up to Mental Health Charter and Every Customer Counts	Staff with mental health conditions feel better supported in the workplace	Tapestry staff survey in 2022-23	BSO HR with support by Equality Unit End Mar 2023

Signed by:

_____   _____

Chair   Chief Executive

Date: Date:

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

Info@rqia.org.uk
02890517500

RQIA Board Meeting

Date of Meeting	22 March 2018
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	6
Reference	C/02/18
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	There are currently eleven risks which sit on the Corporate Risk Assurance Framework Report. The Corporate Risk Assurance Framework Report has been extensively revised and was considered by the Audit Committee on 18 March 2018. A detailed change log is enclosed in the report.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Corporate Risk Assurance Framework Report.
Next steps	The next updated Corporate Risk Framework Report will be presented to the Board on 5 July 2018.

CORPORATE RISK ASSURANCE FRAMEWORK

Board Meeting March 2018

Version Control:

Date of Review of Risk Register	Risk Coordinator
10/10/2017	Stuart Crawford
20/10/2017 (following Audit Committee on 19 October 2017)	Stuart Crawford
05/12/2017 (populated ISO template)	Stuart Crawford
25/01/2018 (revised template)	Stuart Crawford
23/02/2018 (Amended for EMT)	Stuart Crawford
01/03/2018 (Amended for Audit Committee)	Stuart Crawford
14/03/2018 (Amended for Board meeting)	Stuart Crawford

RQIA has adopted a four step approach for managing risk which incorporates all the elements of the risk management process to specifically suit RQIA"s requirements without being overly complicated. The four fundamental steps of the risk management cycle which need to be followed when completing the Corporate Risk Assurance Framework report are detailed below.
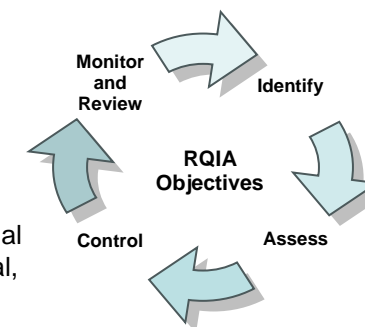
IDENTIFY

- What could go wrong?
- Ensure risks are structured
- What type of risk is it?
- What category is it?

- Use available documents, e.g. RQIA Strategy, Business Plan etc.
- **Strategic** – Financial, Information, Regulatory & Legal, Operational & Reputational
- **Operational** - Professional, Financial, Legal, Physical, Contractual, Technological, Environmental & Information

ASSESS

- How likely is the risk going to happen?
- What would the impact be?
- Probability x Impact = Risk Rating
- **Low** impact risks sit in the Operational Risk Registers
- **High & Extreme** impact risks sit in the Corporate Risk Assurance Framework Report
- **Medium** impact risks - EMT determines which register to locate the risk

IMPACT	Risk Quantification Matrix				
Very High (VH)	High	High	Extreme	Extreme	Extreme
High (H)	High	High	High	High	Extreme
Medium (M)	Medium	Medium	Medium	Medium	High
Low (L)	Low	Low	Low	Medium	Medium
Very Low (VL)	Low	Low	Low	Low	Low
	Very Low (VL)	Low (L)	Medium (M)	High (H)	Very High (VH)
	Likelihood				

CONTROL

- What should be done to reduce the risk?
- Who owns the risk?
- What else do you need to do about it?

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.

MONITOR AND REVIEW

- Are the controls effective?
- Have the actions implemented made a difference?
- Is further action required?

- Has the risk changed?
- Is there something new?
- Few risks remain static

- Existing risks may change
- New issues and risks may emerge
- New objectives or business actions may lead to new risks

The risk assessment criteria used to assess the corporate risks is located in the Risk Management Strategy 2017/18.

A referencing system for all RQIA Risks was introduced in May 2017. The following referencing codes have been introduced:

- Corporate Risk Assurance Framework Report - CR
- Chief Executives Office – CX
- Reviews – R
- Regulation and Nursing – RN
- Corporate Services – CS
- MHLD – M

The date of when the risk was added to the risk register is incorporated into the Risk Scoring Matrix section. All risks added prior to May 2017 will incorporate the May date.

RISK LOG					
LOW RISKS	**MEDIUM RISKS**	**HIGH RISKS**	**EXTREME RISKS**	**TOTAL NUMBER OF RISKS**	
0	8	1	1	11	
Ref No.	**Details of Change(s)**			**Date Changed**	**Risk Rating**
CR2 Risk of damage to reputation due to the failure to meet stakeholder expectations of RQIA's role, conduct, deliverables and performance	Action • Draft Stakeholder Engagement Plan and seek RQIA Board Approval Completion date changed from December 2017 to March 2018			23/02/18	Unchanged L/H
CR8 Risk we do not make accurate, reliable and timely regulatory decisions or respond quickly and effectively to public concerns or target inspection activity appropriately at high risk providers	2 actions implemented and moved to current controls • Re-design our questionnaires to capture stakeholders views • Collaborate with QUB to review and evaluate the evidence for an assessment framework in facilitating improvement 1 action added • A change request is in place with SYSCO to amend iConnect			23/02/18	Unchanged L/M

CR12 Risk that RQIA's reduced annual financial allocation or fees not being received in a timely way or costs not being reduced in line with budget may result in break-even not being achieved or insufficient funding for services and programmes	Action implemented and moved to current controls • Training in the use of collaborative planning for budget-holders Two actions added • 2nd non-recurring easement to DoH to be agreed • Management of underspend on ring-fenced VES allocation to be agreed with DoF, DoH	23/02/18	Unchanged L/M
CR14 Risk that the Commissioner for Older People (COPNI) investigation into care delivered at Dunmurry Manor Care Home may lead to recommendations that will adversely affect RQIA	New Risk Added	01/03/18	M/M
CR15 Risk that the Report of the Inquiry into Hyponatraemia related Deaths may lead to recommendations that will impact RQIA's Reputation	New Risk Added	01/03/18	M/M

IMPACT	RISK SCORING MATRIX				
Very High (VH)				CR13	
High (H)		CR2			
Medium (M)		CR6,CR8, CR9,CR12	CR7,CR10, CR11,CR14,CR15		
Low (L)					
Very Low (VL)					
	Very Low (VL)	Low (L)	Medium (M)	High (H)	Very High (VH)
	Likelihood				

Risk Reference	Description	Date Added
CR2	Risk of damage to reputation due to the failure to meet stakeholder expectations of RQIA's role, conduct, deliverables and performance	May 2017
CR6	Risk RQIA does not have the knowledge and skills to present high quality written reports relating to our work	Sept 2017
CR7	Risk RQIA is not collecting or processing information and intelligence needed to be an effective risk based regulator and to influence quality across HSC	Sept 2017
CR8	Risk we do not make accurate, reliable and timely regulatory decisions or respond quickly and effectively to public concerns or target inspection activity appropriately at high risk providers	Sept 2017
CR9	Risk we are not developing a high performance culture or embedding our values across the organisation	Sept 2017
CR10	Risk we do not meet our obligations to encourage quality improvement	Sept 2017
CR11	Risk to effective governance in discharging RQIA's responsibilities	Sept 2017
CR12	Risk that RQIA's reduced annual financial allocation or fees not being received in a timely way or costs not being reduced in line with budget may result in break-even not being achieved or insufficient funding for services and programmes	Sept 2017
CR13	Risk of cyber security incident which may result in RQIA's information, systems and infrastructure becoming unreliable, not accessible (temporarily or permanently) or compromised by unauthorised 3rd parties potentially causing significant business disruption and reputational damage	Sept 2017
CR14	Risk that the Commissioner for Older People (COPNI) investigation into care delivered at Dunmurry Manor Care Home may lead to recommendations that will adversely affect RQIA's reputation	March 2018
CR15	Risk that the Report of the Inquiry into Hyponatraemia related Deaths may lead to recommendations that will impact RQIA	March 2018

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	I Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
Strategic Theme 2: Use sources of information effectively											
2.4 - Strengthen arrangements to capture the voice of service users and their families/carers, to include stakeholder reference group, lay assessors and through engagement during inspections											
CR2	Chief Executive	Risk of damage to reputation due to the failure to meet stakeholder expectations of RQIA's role, conduct, deliverables and performance	• Proactive media engagement • Regular media monitoring • Governance framework, with Board-level oversight • Engagement with Department of Health in relation to Transformation / Programme for Government	• Communications work-plan in place and managed by the Communications Manager • Delivery of communications plan reported through the Corporate performance Report • Implications of media coverage reported through the Chief Executives Report to RQIA Board	L	H	H	• Draft Stakeholder Engagement Plan and seek RQIA Board Approval • Media analysis, surveys of stakeholders (customers, employees, focus groups, and public opinion polls)	Communications Manager Chief Executive	March 2017 March 2018	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
Strategic Theme 2: Use sources of information effectively											
2.4 - Strengthen arrangements to capture the voice of service users and their families/carers, to include stakeholder reference group, lay assessors and through engagement during inspections											
CR6	Chief Executive	Risk RQIA does not have the knowledge and skills needed to present high quality written reports relating to our work	• Workforce review completed • IIP accreditation achieved • Skills assessment completed • Personal Development Plans completed annually • Report Writing course completed • Directorate Quality Assurance systems are in place	• Individual performance managed through the annual appraisal and mid-year follow up • Corporate Performance – updates on progress in implementing the Workforce Review and Transformation Plan	L	M	M	• Peer review work with colleagues in Healthcare Improvement Scotland • Implementation of the Workforce Review and Transformation Plan	Reviews EMT	March 2018 March 2018	
Strategic Theme 2: Use sources of information effectively											
2.1 - Develop and implement a prioritised Plan aligned to the Information Scoping Exercise completed in 2016/17											
CR7	Chief Executive	Risk RQIA is not collecting or processing information and intelligence needed to be an effective risk based regulator and to influence quality across HSC	• Mapping information flows, including optimising the use of iConnect • Information sharing agreements-MOUs • External engagement	• The review and sign off of MoUs are managed through the EMT and reported through the Corporate performance Report • Dedicated duty	M	M	M	• Analysis of RQIA duty desks concerns / queries • Develop our intelligence and analytical capability • Delivery of the	EMT Chief Executive Corporate Services	March 2018 March 2018 March 2018	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
			• Quality of inspection reports and recommendations • RQIA duty desk operates 5 days a week • Employed a statistician • Centralised point of contact for reporting concerns • Provider web portal to collect provider information in place	desk operates 5 days a week				RQIA Information Plan			

Strategic Theme 1: Encourage quality improvement in health and social care services
1.1 - Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
CR8	Chief Executive	Risk we do not make accurate, reliable and timely regulatory decisions or respond quickly and effectively to public concerns or target inspection activity appropriately at high risk providers	• Enforcement Policy & procedures • Legal advice available from BSO • Serious Concerns Group • Schemes of delegation • Training development and	• Enforcement policy and procedures approved by RQIA Board • Serious Concerns Group terms of reference and procedures in place	L	M	M	• Develop a robust tool to enable a risk based and targeted model of inspection • A change request is in place with SYSCO to amend iConnect	Regulation and Nursing Head of Information	March 2018 May 2018	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
			supervision • Manned duty desk in operation • Escalation procedures in our inspection process • Re-designed our questionnaires to capture stakeholders views • Collaborated with QUB to review and evaluate the evidence for an assessment framework in facilitating improvement				M				

Strategic Theme 4: Deliver operational excellence

4.2 - Develop and implement an Organisational Development (OD) Plan aligned to the Investors in People (IiP) assessment

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
CR9	Chief Executive	Risk we are not developing a high performance culture or embedding our values across the organisation	• IIP accreditation • Appraisals completed annually • Monthly Staff meetings • Values based recruitment	• IiP accreditation through external assessment. • The completion of appraisals and mid-year follow up reported through EMT	L	M	M	• Development of RQIA Organisational and Development Plan to include a refresh of organisational values • Develop and design a	Reviews Chief Executive	March 2018 March 2018	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
								Transformation Modernisation Plan for RQIA			

Strategic Theme 1: Encourage quality improvement in health and social care services
1.2 - Review and evaluate the evidence for an inspection assessment framework in facilitating improvement

Ref No.	Owner	Description	Current Controls	Assurances on Controls	L	I	RR	Actions and Additional Assurances	Action Owner	Target Date	Comments
CR10	Chief Executive	Risk we do not meet our obligations to encourage quality improvement	• Corporate performance reports • Provider engagement during inspection and review • Annual quality report • Bi-monthly meeting with DoH • Membership of Q Community and Improvement Network NI • Active member of the Improvement Institute • Appointment of a Quality Improvement Lead	• Corporate performance Reports reported to and approved by RQIA's Board quarterly • Annual Quality Reported approved by RQIA Board and DoH annually	M	M	M	• Organisation wide QI self-assessment • Establishment of 'Lunch & Learn' Programme • Re-focus of Reviews and Inspection programmes • Refinement of peer reviewer programme • Participation in work to develop an improvement and innovation system in NI • Building internal capacity in improvement science	EMT EMT EMT EMT EMT EMT	March 2018 March 2018 March 2018 March 2018 March 2018 March 2018	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
Strategic Theme 4: Deliver operational excellence											
4.1 - Implement the Workforce Plan aligned to the Workforce Review carried out in 2016-17											
CR11	Chief Executive and RQIA Board	Risk to effective governance in discharging RQIA's responsibilities	• Governance review • Board and Audit Committee self-assessment • Commitment to Corporate Values • Internal Audit • External Audit • Board Committees • Accountability meetings with DoH • MSFM and Standing Orders • Policy and Procedures	• Governance statement and Mid-Year Assessment approved by RQIA's Board and DoH annually. • 3 Year Audit Plan and Annual Plan approved by EMT and Audit Committee.	M	M	M	• Implement agreed actions from the governance review	Chief Executive	March 2018	
Strategic Theme 4: Deliver operational excellence											
4.4 - Achieve financial balance and implement zero based budgeting											
CR12	Chief Executive	Risk that RQIA's reduced annual financial allocation or fees not being received in a timely way or costs not being reduced in line with budget may result in	• Revenue Resource Limit (RRL) 2017-18 received from DoH • Process in place for the recovery of fees • Finance reporting	• Annual finance audit • Assessment and audit of finance controls assurance standard	L	M	M	• Monthly monitoring of expenditure vs. budget and projected end-of-year position • 2nd non-recurring easement to	EMT Chief Executive	March 2018 March 2018	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	I Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
		break-even not being achieved or insufficient funding for services and programmes	structures are in place • Savings plan 2017-18 developed • 2017-18 budget developed and uploaded on to Collaborative Planning (CP) system • The Executive Management Team and two managers have been given access to Collaborative Planning (CP				🟨	DoH to be agreed • Management of underspend on ring-fenced VES allocation to be agreed with DoF, DoH	Chief Executive	March 2018	
Strategic Theme 4: Deliver operational excellence											
CR13	Chief Executive	Risk of cyber security incident which may result in RQIA's information, systems and infrastructure becoming unreliable, not accessible (temporarily or permanently) or	• Technical infrastructure including security hardware (e.g. firewalls), security software, server/client patching, data and system back-ups, 3rd party secure remote	• Self-assessment / substantive compliance against the ICT and Information Management Controls Assurance Standards achieved annually.	H	VH	VH	• Implementation of the 2017-18 HSC Cyber Security Programme by BSO designed to put in place a range of improved ICT security controls to improve the	Business Services Organisation (BSO)	March 2018	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
		compromised by unauthorised 3rd parties potentially causing significant business disruption and reputational damage	access • Policy/Process controls e.g. regional/local ICT Security Policies, Data Protection Policy, Business Continuity/Disaster Recovery Plans, regional and local incident management and reporting policies and procedures • User Behaviours including induction policy, mandatory training, Contract of Employment, 3rd party contracts/Data Access Agreements, HR Disciplinary Policy	• SLA with BSO ITS to provide ICT service provision and security				effectiveness in countering present day cyber-attacks from internal and external threats			

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
					Likelihood	I Impact	Risk Rating				
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	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?				What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
Strategic Theme 1: Encourage quality improvement in health and social care services											
1.1 - Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits											
CR14	Chief Executive	Risk that the Commissioner for Older People (COPNI) investigation into care delivered at Dunmurry Manor Care Home may lead to recommendations that will adversely affect RQIA's reputation	• Oversight arrangements in place to manage all recommendations accepted by RQIA from external reviews and investigations • RQIA's communication flow arrangements are in place	• Governance framework, with Board-level oversight	M	M		Working group established and action plan in place to address learning from internal review Member of working group with DoH and Trusts to address system wide learning	Chief Executive and EMT Chief Executive	Ongoing Ongoing	
Strategic Theme 1: Encourage quality improvement in health and social care services											
1.1 - Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits											
CR15	Chief Executive	Risk that the Report of the Inquiry into Hyponatraemia related Deaths may lead to recommendations that will impact RQIA	• Oversight arrangements in place to manage all recommendations accepted by RQIA from external reviews and investigations	• Governance framework, with Board-level oversight	M	M		Working group established and action plan in place to address learning from internal review	Chief Executive and EMT	Ongoing	

			Risks removed from the Corporate Risk Assurance Framework Report							
Ref No.	**Owner**	**Description**	**Current Controls**	**Assurance**	**Assessment**			**Risk Decision**	**Date Removed From Register**	**Monitoring Frequency**
CR1	Chief Executive	There is a risk if RQIA is directed to take on additional functions and responsibilities without new funding may result in RQIA being unable to deliver its current functions or provide the required level of assurances	• RQIA provides sponsor branch with information to facilitate consideration of the necessary resource requirements to enable RQIA to respond effectively to changes in legislative requirements. • RQIA can, in consultation with sponsor Branch, adjust aspects of its existing programme to release the time and capacity to undertake new tasks and responsibilities.		M	M	M	Risks CR1, CR3 and CR5 are captured in Risk CR12 and have been removed from the Corporate Risk Assurance Framework report	10/10/17	Monitored through Risk CR12

CR3	Chief Executive	There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, these efficiencies may impact the delivery of core functions and our ability to accept new work.	• Developed a 2016-17 Savings Plan to meet the 3% reduction in RQIA's RRL (£207,078). • Each Director continuously reviews vacancies which arise as a result of staff turnover to ensure that key posts are filled through the appropriate recruitment and selection processes. • EMT exercises corporate oversight of all senior and mid management vacancies to ensure continuity of RQIA's core business. • Financial Scenario Plan for 2017/18 produced in relation to 2/5/10/15% savings targets • Workforce review completed in June 2017.	• Regular monthly reporting of the financial position to the EMT, RQIA Board and DoH. • Regular review by the EMT of key vacancies at senior and mid-level.	M	M	M	Risks CR1, CR3 and CR5 are captured in Risk CR12 and have been removed from the Corporate Risk Assurance Framework report	10/10/17	Monitored through Risk CR12
CR4	Chief Executive	There is a risk to the safety and welfare of staff who are involved in inspections which could result in physical and or emotional harm.	• Implementation of the actions/guidance from relevant bodies for RQIA staff carrying out inspections. • Regular contact with key stakeholders for information on any identified risk to staff.		M	M	M	This risk is now managed at a Directorate level and is removed from the Corporate Risk Assurance Framework report	10/10/17	Monitored monthly through the Directorate Risk Registers
CR5	Chief Executive	There is a risk that RQIA will not achieve its financial target as set by the DoH.	• Finance reporting structures are in place.	• Regular monthly reporting of the financial position to the EMT, RQIA Board and DoH. • Submitted bid for VES monies for 2017/18.	L	M	M	Risks CR1, CR3 and CR5 are captured in Risk CR12 and have been removed from the Corporate Risk Assurance Framework report	10/10/17	Monitored through Risk CR12

RQIA Board Meeting

Date of Meeting	22 March 2018
Title of Paper	Gifts and Hospitality Policy and Procedure
Agenda Item	7
Reference	D/02/18
Author	Planning and corporate Governance Manager
Presented by	Director of Corporate Services
Purpose	To present and obtain approval of the RQIA Gifts and Hospitality Policy and Procedure
Executive Summary	The Gifts and Hospitality Policy and Procedure sets out:- • RQIA's compliance with the Prevention of Corruption Acts of 1906 and 1916 and UK Bribery Act 2010 • what can be accepted without disclosure • what cannot be accepted or given • what should be recorded • how staff seek further guidance
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Equality Screening completed
Recommendation/ Resolution	The Board is asked to **APPROVE** the RQIA Gifts and Hospitality Policy and Procedure
Next steps	Circulate RQIA Gifts and Hospitality Policy and Procedure to staff.

GIFTS AND HOSPITALITY POLICY AND PROCEDURE

Policy Type:	Governance
Directorate Area:	Corporate Services
Policy Author / Champion:	Stuart Crawford
Date(s) Equality Screened:	
Version Control	This policy supersedes the Gifts and Hospitality Policy issued on 4 October 2012
Date(s) Approved by EMT:	
Date(s) Approved by Board:	N/A
Date of Issue to RQIA Staff:	December 2017
Date(s) of Review:	

CONTENTS

1. Introduction

All Board members, RQIA staff and other staff contracted to work on behalf of RQIA have a responsibility, in the interest of public confidence, to exhibit high standards of propriety and carry out their role with dedication and commitment to the RQIA's core values of independence, inclusiveness, integrity, accountability, professionalism and effectiveness.

The Gifts and Hospitality Policy and Procedure sets out:-

- RQIA's compliance with the Prevention of Corruption Acts of 1906 and 1916 and UK Bribery Act 2010
- what can be accepted without disclosure
- what cannot be accepted or given
- what should be recorded
- how staff seek further guidance

2. Scope

This policy provides advice to Board members, RQIA staff and other staff contracted to work on behalf of RQIA who, in the course of their day-to-day work or as a result of their employment, either receive offers of gifts and hospitality, or provide gifts and hospitality to others, on behalf of RQIA.

3. The Policy Statement

All decisions by Board members, RQIA staff and other staff contracted to work on behalf of RQIA, on the provision or acceptance of gifts and hospitality must be able to withstand both internal and external scrutiny. Decisions must be defensible and in the direct interest of the organisation. They must be proportionate to that interest and within limits that are acceptable to the RQIA Board. Any breach of the rules of conduct may lead to disciplinary action and, in some circumstances, may constitute a criminal offence.

4. Legislative Framework

Under the Prevention of Corruption Acts of 1906 and 1916, it is an offence for an officer in his or her official capacity:-

- to corruptly accept any gift or consideration as an inducement or reward for doing, or refraining from doing, anything in that capacity; or
- to show favour or disfavour to any person; or
- to receive money, gifts or consideration from a person or organisation holding or seeking to obtain a Government contract.

The UK Bribery Act 2010 came into effect on 1 July 2011. In summary the Act introduces four new statutory offences:

- General offence covering offering, promising or giving a bribe (active bribery)
- General offence covering requesting, agreeing to receive or accept a bribe (passive bribery)
- Distinct offence of bribing a foreign public official to obtain or retain business
- New corporate offence for "commercial organisations" where they fail to prevent bribery by those acting on their behalf

The Act applies equally to individuals in the public service of the Crown as it applies to all other individuals. In practice this means that from 1 July 2011 any individual or employee who bribes another person or is bribed will be prosecuted under the Bribery Act 2010. Any offences committed before this date will continue to be prosecuted under the earlier legislation.

5.   Responsibilities

This policy has been developed to ensure compliance with the 7 Principles of Public Life, drawn up by the Nolan Committee (see Appendix 1) and with RQIA Standing Order Six: Code of Conduct (reference 6.7 and 6.8). All Board members, RQIA staff and other staff contracted to work on behalf of RQIA must therefore apply the following principles in the conduct of their employment:-

- they must not accept gifts, hospitality or benefits of any kind from a third party which might be perceived as compromising their personal judgement or integrity.
- they must not make use of their official position to further their private interests, or those of others.
- they must declare any personal interests relating to their public duties.
- they must base all purchasing decisions and negotiations of contracts solely on achieving best value for money for the tax payer.
- as with all public expenditure, hospitality expenditure should be value for money and incurred in accordance with the principles of regularity and propriety. Any hospitality offered, should further the Government or taxpayer's interest and involve no reasonable suspicion that personal judgment or integrity had been compromised (i.e. a common sense test).
- offering or accepting a gift is deemed inappropriate if the business relationship is likely to be influenced in some way.

The fundamental principle is that no Board members, RQIA staff and other staff contracted to work on behalf of RQIA, should do anything that might give rise to the impression that he/she had been or might be influenced by a gift or

hospitality, or other consideration, to show bias for or against any person or organisation, while carrying out official duties.

If you know of, or have good reason to suspect that, an unlawful or unethical situation or that you suspect that either an act of bribery or non-compliance with this policy has occurred, you must report the matter immediately under the procedures outlined in RQIA's "*Whistleblowing Policy and Procedure for Raising Concerns at Work.*"

Any concerns or queries in relation to gifts and hospitality should be raised with your Director or the Director of Corporate Services, Maurice Atkinson.

6. The Procedure

This procedure sets out guidance for Board members, RQIA staff and other staff contracted to work on behalf of RQIA in each of the following areas:

- Acceptance of Gifts / Hospitality
- Hospitality Received from Third Parties
- Awards or Prizes
- Sponsorship for Attendance at Courses and Conferences
- Register of Gifts, Hospitality and Invitations
- Provision of Gifts, Hospitality and Awards

6.1 Acceptance of Gifts / Hospitality

This section sets out the practice expected concerning the acceptance or rejection of gifts /hospitality and details the responsibilities and procedures for the authorisation and recording of such instances.

6.1.1 Cash or Cash Equivalents

Offers of cash or cash equivalents (for example, tickets to concerts, sporting events, lottery tickets, gift vouchers or gift cheques) made by suppliers, contractors, service users or their relatives, to individual Board members, RQIA staff and other staff contracted to work on behalf of RQIA should be declined.

6.1.2 Non Cash Gifts

The general principle is that all gifts offered should be refused. However gifts of a small or inexpensive nature (with an intrinsic value below £20) such as calendars or diaries, which bear the company logo and/or named or other simple or inexpensive items such as flowers and chocolates can be accepted. This type of gift can be easily distinguishable from more expensive or substantial items which cannot on any account be accepted. If there is any doubt as to whether the acceptance of such an item is appropriate, the matter should be referred to the Director of Corporate Services. All gifts offered,

except those that are trivial / inexpensive, even if they are declined/returned, need to be recorded in the gift register.

6.1.3 Exceptional Cases

It is recognised that there may be exceptional cases where refusal of a gift will clearly offend a donor, cause embarrassment or appear discourteous. In these cases, the donor should be advised that the permission of RQIA's Executive Management Team (EMT) has to be sought as to whether or not the gift can be accepted. In any situation of doubt as to the appropriateness of the gift the Director of Corporate Services should be asked to decide whether to:-

- allow the recipient to accept the gift; or,
- return the gift to the donor with a suitably worded letter explaining why the gift cannot be accepted;(see Appendix 2); or
- accept the gift on behalf of the organisation, and register the receipt of this, but donate the gift to various charity raffles.

The third party should receive a letter indicating that their gift was raffled and raised funds for a particular charity.

6.1.4 Gift received in recognition of work done e.g. Lectures, Conferences and Broadcasts

On no account should a gift or gratuity, be solicited or requested. However gifts of a small or inexpensive nature (with an intrinsic value below £20) by the way of ex gratia payments, vouchers or a book token for lectures, broadcasts or similar occurrences may be accepted with approval from the relevant director. All gifts offered even if they are declined/returned or donated to a charity raffle need to be recorded in the gift register.

If further guidance is needed in this area, the Director of Corporate Services should be consulted.

6.1.5 Trade, Loyalty or Discount Cards

Trade, loyalty or discount cards by which an officer might personally benefit from the purchase of goods or services at a reduced price are classified as gifts and should be refused or returned to sender.

Frequent flyer cards used by airlines can be used by staff to avail of special departure lounges and priority booking and check-in. They must not make private use of any flights/air miles, which derive from flights paid for from the public purse.

6.2   Hospitality Received from Third Parties

The receiving of offers of hospitality is an area in which staff must exercise careful judgment with the principles of openness and transparency. There is also a need to distinguish between simple, low cost hospitality of a conventional type, for example, a working lunch, compared with more expensive and elaborate hospitality. There is clearly a need for a sense of balance. There is concern that acceptance of frequent, regular or annual invitations to events or functions, particularly from the same source, and where a considerable degree of hospitality is involved, may severely test the principles stated earlier and should be refused. However, there may be instances where staff receive invitations to events run by organisations such as annual conferences or dinners. Attendance at such events is considered an integral element in building and maintaining relationships with these sectors and any hospitality received is likely to be reasonable and proportionate, and, therefore, acceptable.

In accepting hospitality, staff need to be aware of, and guard against, the dangers of misrepresentation or perception of favouritism by a competitor of the host. It is easier to justify meetings which relate directly to the work of RQIA but where these happen outside working hours, and on purely social occasions, they need to be justified as not being a personal gift or benefit. Where a contract is being negotiated, hospitality of any kind, including attendance of staff at seasonal events hosted by suppliers or contractors, should not be accepted.

As a general rule, invitations of hospitality which are extended to RQIA as a whole, can be accepted by a nominated officer and are less likely to attract criticism than personalised invitations to individual officers.

6.2.1. Hospitality which is not acceptable

Hospitality which is not acceptable would include invitations to frequent or more expensive functions where there is no direct link to official business e.g. sporting events, the theatre, opera etc. particularly where these come from the same source and involve travel, hotel or other subsistence expenses. Staff should refer to the guidance checklist (at Appendix 4).

In deciding whether hospitality can be accepted, staff should consider if it:-

- is likely to improve effectiveness / efficiency,
- places no obligations or perceived obligation on the recipient,
- is not frequent, lavish or prolonged,
- is unconnected with any decision affecting the individual offering it; and,
- can be justified and provides benefits to RQIA which outweigh the risk of possible misrepresentation of the hospitality.

In all instances where anything beyond conventional hospitality is offered, the approval of the Director of Corporate Services should be sought.

It is particularly important to ensure that RQIA is not over represented at a social event or function, and care should be taken to ensure that this does not happen, for example, by enquiring from the host and from colleagues as to whether other staff have received similar invitations.

6.3 Awards or Prizes

Staff should consult the Director of Corporate Services if they are offered an award or prize in connection with their official duties. They will normally be allowed to keep it, provided:-

- there is no risk of public criticism;
- it is offered strictly in accordance with personal achievement; or
- it is not in the nature of a gift nor can be construed as a gift, inducement or payment for publication or invitation to which other rules apply.

6.4 Sponsorship for Attendance at Courses and Conferences

The offer of financial assistance or sponsorship by commercial or other organisations to attend relevant courses or conferences must be highlighted to your Director in advance. Such sponsorship is permitted on the understanding that its acceptance will not compromise, in any way, future purchasing or regulatory decisions, either directly or indirectly, or lead to any other conflict of interest involving the individual or the RQIA. The Line Manager and / or Director must review the nature and level of sponsorship being offered before approving applications to attend courses or conferences. Any sponsorship that could be construed to be in direct conflict with the DoH aim of promoting the health and social well-being of the population should not be accepted in any circumstances, for example, from tobacco companies.

6.5 Register of Gifts, Hospitality and Invitations

In order to counter any possible accusations or suspicions of breach of the rules of conduct, a register of all offers of gifts, awards and prizes made to Board members, RQIA staff and other staff contracted to work on behalf of RQIA will be kept by the Board and Executive Support Manager. The register is subject to the Freedom of Information Act. It is the responsibility of each Directorate and the Chairman to ensure all staff and Board members are made aware of this guidance. Invitations to functions or events, where a considerable degree of hospitality is involved, should also be recorded. Details should include: where the offer originated, to whom it was made, and a note of the action taken, i.e. accepted / refused / returned. It is the responsibility of the individual RQIA Board member or officer to forward details of offers to the Director of Corporate Services for inclusion in the RQIA Gifts and Hospitality Register (see Appendix 3 and 4).

The register will be maintained by the Board and Executive Support Manager.

6.6 Provision of Gifts, Hospitality and Awards

Sections 6.6.1 – 6.6.4 below provide a guide for staff when considering the provision of hospitality, gifts or awards. Appendix 5 sets out maximum external expenditure limits that have been prescribed by the RQIA Board for such occurrences.

6.6.1 Internal Hospitality

This should only be considered in clearly defined circumstances. For example, where meetings outside of normal working hours cannot be avoided (early morning or after normal working hours), or where staff are required to travel to attend meetings in circumstances where a lunch time break is not possible, or where the meeting is likely to last for more than three hours.

Where hospitality is extended for internal meetings, it should be limited to light refreshments and written approval should be sought in advance from the RQIA Chief Executive, if expenditure is estimated to exceed the maximum limit set out in Appendix 5.

In relation to residential training courses / conferences, it is normal practice for meals and light refreshments to be provided for delegates.

In relation to non-residential events, lunch may be provided where it facilitates the running of the course, or where alternative provision is not available as per the RQIA Hospitality Procedure (appendix 6). Written approval should be sought in advance from the Chief Executive. Beverages provided with lunches should be restricted to tea, coffee, water or fruit juice.

All hospitality expenditure should be allocated specific financial coding to assist in the collation of management information and to facilitate the monitoring and control of the use of this facility.

6.6.2 Retirement Function

In accordance with Public Account Committee guidance, retirement functions for RQIA employees cannot be funded from the public purse and must be funded by donations from their colleagues.

6.6.3 External Hospitality

The provision of hospitality by RQIA to visiting delegations or representatives of other organisations should be modest and appropriate to the circumstances. In all instances, the expenditure involved must constitute good value for money.

Hospitality should not be offered solely as a return gesture or be automatically recurrent on a regular basis, unless circumstances indicate that it is appropriate to do so. The use of public monies for hospitality purposes at

conferences and seminars should be carefully considered. RQIA needs to be able to demonstrate good value in committing public funds.

Expenditure on external hospitality should be clearly identified as such and charged to a specific hospitality expense code.

6.6.4 Other Circumstances

If situations arise that are not covered by the foregoing guidance, prior approval should be sought from the Chief Executive or Director of Corporate Services before hospitality is provided, and such approval should be formally documented.

It is recognised that there may be cases when, in the interests of the service, flexibility in interpretation of the rules may be necessary. Prior approval for such situations should be obtained in writing from the Chief Executive. Any request for approval of such instances should state why the request falls outside the boundaries of what is normally allowable and why it is considered necessary to provide such hospitality.

6.6.5 Authorisation and Approval of Hospitality

The purchase of gifts and hospitality should follow the RQIA normal procurement procedures and should comply with the requirements of the Procurement and Logistics Services (PaLS) minicode.

Notwithstanding those circumstances indicated above, where approval is required from the Chief Executive, authorisation for, and approval of hospitality expenditure, should be obtained in accordance with the RQIA Hospitality Procedure as set out in appendix 6.

6.6.6 Provision of Gifts or Awards

Occasionally, RQIA may wish to make a small presentation to speakers or other volunteers, in acknowledgement of services provided to RQIA. Such gifts or awards should be of a token nature. Prior approval for the provision of gifts or awards is required from the Director of Corporate Services and such approval should be recorded in the register of gifts, hospitality and invitations.

6.6.7 Situations where further guidance is required

Board members, RQIA staff and other staff contracted to work on behalf of RQIA if faced with a situation of doubt or where there is no adequate guidance must seek advice from the Director of Corporate Services.

7.   Training

The Gifts and Hospitality policy and procedure will be explained to new staff and Board members during their induction.   Awareness training can be provided to individuals or teams on request by contacting the Planning and Corporate Governance Manager.   The policy and procedure is also located electronically in RQIA's shared area which is available to all staff.

8.   Equality

This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998.   Equality Commission for Northern Ireland Guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted by them.

Using the Equality Commission's screening criteria, no significant equality implications have been identified.   This policy will therefore not be subject to an equality impact assessment.

This policy has been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention of Rights contained in that Act.

9.   Monitoring / Evaluation

This policy and procedure is subject to review every three years or when new guidance is received from DoH or BSO in relation to gifts and hospitality.

10.   Review of Policy

This policy and procedure will be reviewed every three years or earlier if required, in the event of any amended guidance being issued from DoH or any other relevant body.

11.   Appendices

APPENDIX 1

THE SEVEN PRINCIPLES OF PUBLIC LIFE

The 7 principles of public life apply to anyone who works as a public office-holder. This includes people who are elected or appointed to public office, nationally and locally, and all people appointed to work in. The 7 principles are:

Selflessness: Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or their friends.

Integrity: Holders of public office should not place themselves under any financial obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity: In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability: Holders of public office are accountable to the public for their decisions and actions and must submit themselves to whatever scrutiny is appropriate to their office.

Openness: Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty: Holders of public office have a duty to declare any private interests relating to their public duties and take steps to resolve any conflicts arising, in a way that protects the public interest.

Leadership: Holders of public office should promote and support these principles by leadership and example.

APPENDIX 2

TEMPLATE FOR RETURN OF OFFER OF GIFT/HOSPITALITY

(The content of this template should be tailored to suit each circumstance)

Contact name
Name of company
Address of company

Date

Dear

The RQIA operates a Gift and Hospitality Policy to ensure high standards of propriety in the conduct of its business.

On account of public confidence, perception is as important as reality and because of this I am obliged to return your offer of <u>INSERT:</u> *Name of gift / hospitality.*

This is not in any way meant to offend or to imply that your [gift/hospitality] was offered in anything but the utmost good faith, but is designed to protect individual members of staff. I hope you will accept our response in that spirit and that we can look forward to continued effective working relationships.

Yours sincerely

APPENDIX 3

(Part 1 to be completed by recipient – part 2 overleaf to be completed by approving officer)

GIFT/HOSPITALITY FORM A1 (Part 1) DETAILS	
Offered to:	
Name of ultimate recipient if not as above (ie if gift or hospitality passed on to someone else):	
Date of event or gift offered:	
Who made the offer:	
Description of offer:	
Why was the offer made:	
Estimated/actual value of offer:	
State whether offer was accepted/declined or returned:	
Is there a current/potential contract with the donor? If yes provide details:	
Signature:	Signed: Date:

PLEASE TURN OVER FOR PART 2 TO BE COMPLETED BY THE APPROVING OFFICER

APPENDIX 3 (continued)

<table>
<tr><td colspan="2">GIFT/HOSPITALITY FORM A1 (Part 2)
OUTCOME</td></tr>
<tr><td>Decision:
(approved/Not Approved)</td><td></td></tr>
<tr><td>Reasons why approval has/has not been granted:</td><td></td></tr>
<tr><td>Is gift being returned? If so, a letter should be issued (template at Appendix 2 to be used)</td><td></td></tr>
<tr><td>Has the gift been used or disposed of? If so give details:</td><td></td></tr>
<tr><td>Has the gift been donated to a nominated charity?</td><td></td></tr>
<tr><td>Has the Gifts and Hospitality register been updated?</td><td></td></tr>
<tr><td>Signature of Approving Officer:</td><td>Signed:
Date:</td></tr>
</table>

NB: FORM NOT VALID UNLESS BOTH PARTS 1 AND 2 HAVE BEEN COMPLETED

APPENDIX 4

OFFERS OF HOSPITALITY CHECKLIST	
Type of gift / hospitality	**Approval required**
1. Modest conventional hospitality (e.g working lunch).	No
2. More formal lunch or dinner, by prior invitation.	Prior approval required from Director
3. Hospitality for a team	Prior approval required from Director or Chief Executive as appropriate.
4. Commemorative or similar occasion organised by contractor, consultant or supplier (e.g. to celebrate an anniversary, opening or handover).	Prior approval required from Director
5. Trade promotion on company's premises with meals or drinks.	Prior approval required from Director
6. Annual dinner of Professional Institute or Association: • where the officer is a guest of the Institution or Association • where the officer is a guest of a particular consultant, contractor or supplier.	Prior approval required from Director / Chief Executive as appropriate.
7. Overseas visits to inspect manufacturers' products/premises.	Prior approval required from Director / Chief Executive as appropriate.
Form A1: Gifts and Hospitality Approval Form and Gift and Hospitality Register must be completed on all occasions.	
Examples where hospitality may not be accepted (not a prescriptive list)	
* Leisure Events *Complimentary Tickets *Sporting Events * Weekend breaks or holidays, whether paid for or not. (very occasional acceptance of meals)	

APPENDIX 5

PRESCRIBED EXPENDITURE LIMITS FOR THE PROVISION OF EXTERNAL HOSPITALITY

The following are maximum limits require Chief Executive approval:

1.   Residential or non-residential events organised by the RQIA:

- Lunch   - £20 per delegate

- Evening meal   - £30 per delegate

2.   Extension of hospitality to individuals external to the RQIA:

- Lunch   - £20 per head

- Evening meal   - £30 per head

3.   Provision of nominal gifts to guest speakers, volunteers etc.

Small gifts or gift tokens may be provided to a maximum value or £50.

APPENDIX 6

RQIA Hospitality Procedure

The Regulation and Quality Improvement Authority (RQIA) must account for public money in an open and transparent way. It must be mindful of the need to ensure scrutiny in all aspects of its allocation. In order to provide guidance to staff, the following is a guide to what is appropriate and what is inappropriate when assessing whether or not hospitality should be provided at meetings and at other events.

If you have a query over a particular meeting or event, please consult with the relevant Director.

This procedure will be kept under review and reviewed every three years (or earlier if necessary).

1. Service Users and Carers
RQIA recognises the importance and value of engaging service users and carers in the development and delivery of its business, and as such will provide refreshments (tea/coffee/biscuits) at such meetings, which may include a light lunch (platters of sandwiches), where that meeting or event lasts over the lunchtime period (this is defined as 12 noon to 2.00pm).

2. Board Meetings
The Board will, on occasion, hold meetings or workshops which may continue over, and after, lunch time. In these cases, a light lunch (platters of sandwiches) may be provided. Refreshments (tea/coffee/biscuits) at such meetings may also be provided.

3. Committees / Panels
These meetings should be treated in the same way as Board meetings at Point 2 above.

4. Meetings involving External Attendees
These meetings should be treated in the same way as Committees / Panels at Point 3 above.

5. Internal Meetings
Refreshments and lunch will not be provided at any internal meetings. Should such a meeting extend over a lunchtime period, then individual attendees should plan this in advance and arrange their own lunch in the normal manner.

6. Provision of Tea and Coffee
i.   Refreshments (tea/coffee/milk sachets/biscuits):
a.   8 flasks have been purchased and are available in the kitchen for use at meetings. The flasks must only be filled with hot water.

b.   A supply of tea, coffee, sugar, milk sachets, biscuits and paper cups will be ordered from PaLS by the Executive Support Team for use at meetings
.
c.   No orders should be placed with Eurest who manage the BT Restaurant for tea/coffee/milk/biscuits/scones.

ii.   Light Lunch (Platters of Sandwiches):

a.   A Hospitality Request Form (Appendix 1) must be completed and approved by the Chief Executive or his/her deputy when ordering a light lunch (platters of sandwiches). Forms should be sent to the Board and Executive Support Manager or a Personal Assistant in the Executive Team for approval.

b.   No orders should be placed with Eurest who manage the BT Restaurant for light lunches, exception in exceptional circumstances.

c.   Platters of sandwiches (5 persons per platter) may be ordered by each Directorate from PaLS stock following approval of a Hospitality Request Form. Orders must be placed a minimum of 48 hours in advance of the meeting .
Endorsement and Review

This procedure was approved by EMT on 4 April 2017 and will be kept under review.

This procedure should be followed at all times.

RQIA HOSPITALITY REQUEST FORM

DATE OF HOSPITALITY:

JUSTIFICATION FOR HOSPITALITY:

APPROVED BY CHIEF EXECUTIVE: DATE:
ROOM:

NO OF ATTENDEES:

REQUESTED BY: DATE:

CONTACT NUMBER:

TIME   REQUIREMENTS   QUANTITY   COST

COST:

Cost Centre R0V120 and Expense Code 510B2310 should be used when ordering platters of sandwiches. Following approval of the Hospitality Request Form, sandwich platters (standard, 5 persons) should be ordered as a BSO Stock Order, Order Code AHB000034, £5.25 per platter. Allow a minimum of 48 hours for delivery. State delivery time and RQIA address on the order.

Copy to be retained, signed and dated by requesting officer when catering has been provided.

RQIA Board Meeting

Date of Meeting	22 March 2018
Title of Paper	RQIA Business Plan 2018-19 (Draft)
Agenda Item	8
Reference	E/02/18
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of this paper is to present to the Board the RQIA Business Plan 2018-19 for approval.
Executive Summary	The Business Plan sets out how RQIA intends to deliver its strategic themes, the timescale for action and how it intends to use the resources at its disposal for the period 2018-19. The Business Plan has built in a suite of outcome measures which are grouped under the following four categories: • People are aware of RQIA and our roles and responsibilities • Service users and their families/carers trust our independent judgements and advice • Organisations improve the way they deliver care as a result of our inspections, reviews and audits • We have developed and maintained a competent, engaged and high performing workforce
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the RQIA Business Plan 2018-19
Next steps	The Business Plan will be sent to DoH for approval.

The **Regulation** and
Quality Improvement
Authority

DRAFT

RQIA Business Plan | 2018-19

Assurance, Challenge and Improvement in Health and Social Care

Contents

Vision

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

Purpose

The Regulation and Quality Improvement Authority (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.

Values

RQIA has a shared set of values that define our culture:

F   **Fairness**

A   **Accountable**

I   **Integrity**

R   **Respectful**

Introduction

Everyone in Northern Ireland will come into contact with health and social care services at some point in their lives. RQIA's business plan sets our programme of work for 2018-19, which aims to put the people who use these services at the heart of our work.

Our business plan is outcomes focused, and is based on the four high level strategic objectives in our Corporate Strategy 2017-21.

These guide our work through a period of unprecedented change and challenge for health and social care in Northern Ireland. This plan is also underpinned by our shared values of fairness, accountability, integrity and respect.

Through our inspection and review activities we will build upon our expertise to support services in their quality improvement journey, to ensure that the care provided by every service continues to improve.

We are confident that this business plan is robust and will adapt to the ever-changing health and social care landscape
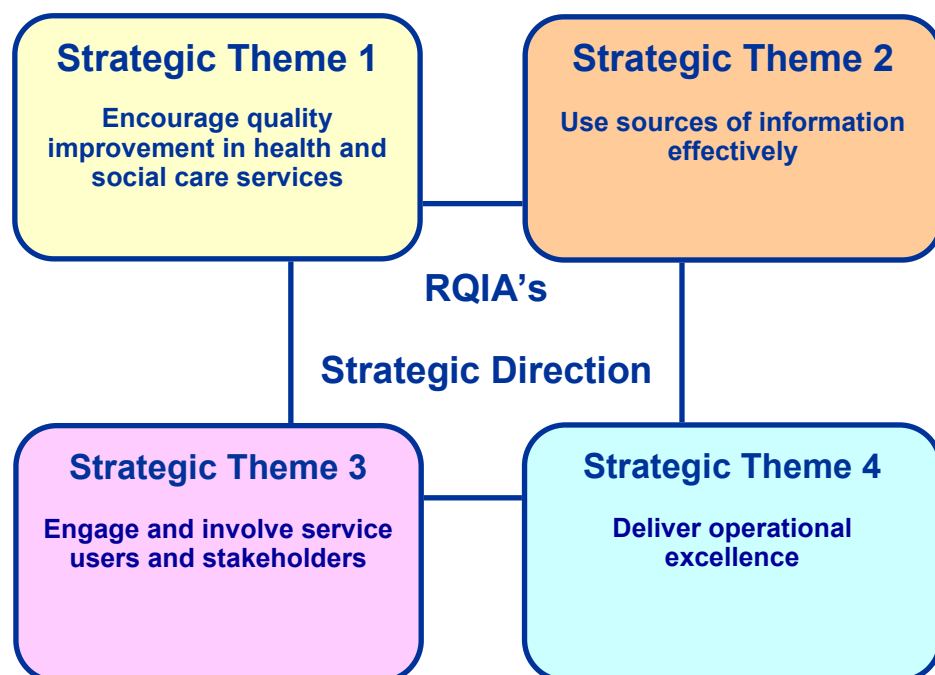

Photos and graphics to be added

Corporate Strategy 2017-21

This Business Plan has been developed within the context of the RQIA Corporate Strategy 2017-21.

The RQIA Strategy Map (Figure 1, Page 6) serves as a roadmap to illustrate the activities of the organisation for the period 2017-21. It brings together the key elements of the strategy: our vision and purpose, the strategic themes which drive improvement, the core activities we need to excel at, the business support functions to support our core activities and the values we uphold to ensure our success.

The strategy has been structured in terms of four overarching strategic themes i.e.:

Strategic Theme 1

Encourage quality improvement in health and social care services

Strategic Theme 2

Use sources of information effectively

RQIA's

Strategic Direction

Strategic Theme 3

Engage and involve service users and stakeholders

Strategic Theme 4

Deliver operational excellence

Financial Context 2018-19

RQIA derives its income from a recurring allocation (revenue resource limit) from the Department of Health (DoH) and through income generated from the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005. In addition, RQIA receives a capital allocation each year from DoH.

Confirmation of the 2018-19 indicative RRL was received from DoH on ?? 2018. A budget cut of ??% has been applied to the opening 2017-18 position which equates to a reduction of £??. The 2018-19 expenditure allocation for RQIA is £??.

The estimated income from fees in 2018-19 based on the current fees and frequencies regulations and estimates for registration fees is £??.

RQIA will develop a Savings Plan 2018-19 in order to achieve the savings target of ??% through workforce controls, review and control of non-pay expenditure.

Further Information

For further information on the Business Plan 2018-19 or the Corporate Risk Assurance Framework, please contact:
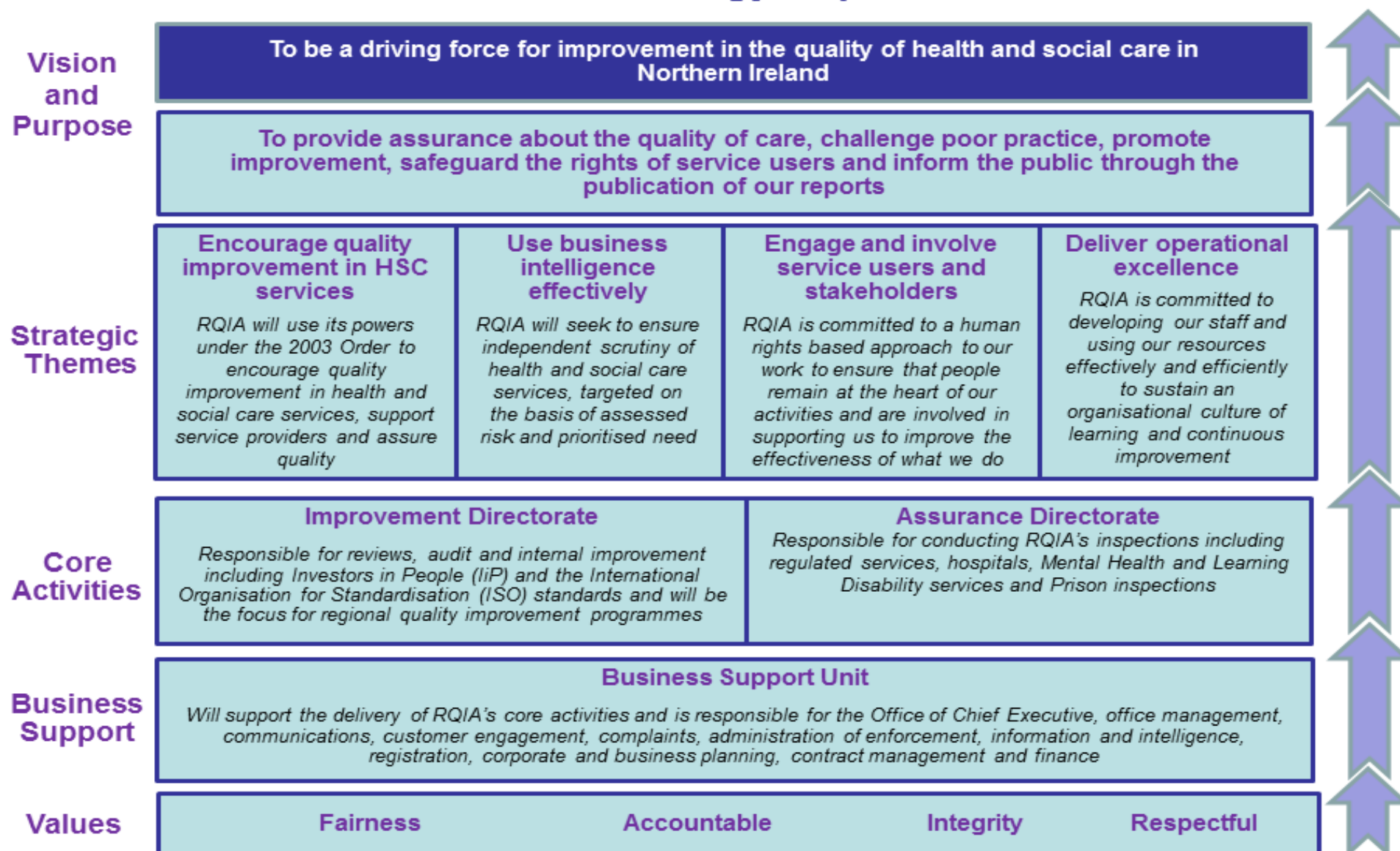
??????????, Head of Business Support
T: 028 92
E:

RQIA Strategy Map 2017-21

Figure 1

Vision and Purpose

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

To 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

Strategic Themes

Encourage quality improvement in HSC services	Use business intelligence effectively	Engage and involve service users and stakeholders	Deliver operational excellence
RQIA will use its powers under the 2003 Order to encourage quality improvement in health and social care services, support service providers and assure quality	RQIA will seek to ensure independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need	RQIA is committed to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do	RQIA is committed to developing our staff and using our resources effectively and efficiently to sustain an organisational culture of learning and continuous improvement

Core Activities

Improvement Directorate	Assurance Directorate
Responsible for reviews, audit and internal improvement including Investors in People (IiP) and the International Organisation for Standardisation (ISO) standards and will be the focus for regional quality improvement programmes	Responsible for conducting RQIA's inspections including regulated services, hospitals, Mental Health and Learning Disability services and Prison inspections

Business Support

Business Support Unit

Will support the delivery of RQIA's core activities and is responsible for the Office of Chief Executive, office management, communications, customer engagement, complaints, administration of enforcement, information and intelligence, registration, corporate and business planning, contract management and finance

Values

| Fairness | Accountable | Integrity | Respectful |

Strategic Theme 1 - Encourage quality improvement in health and social care services

RQIA will use its powers under the 2003 Order to encourage quality improvement in health and social care services, support service providers and assure quality

Key Priorities 2017-21

We will:
- analyse and report on the availability and quality of health and social care services
- scrutinise and report on service providers' approach to quality improvement
- drive forward and share best practice and learning from inspections, audits and reviews
- provide advice and guidance on quality assurance and improvement

Ref	Action	Intended Outcome / Output	Measures	Action Owner(s)	Timescale for Completion
1.1	Publish an annual summary of the quality of services inspected, reviewed and audited by RQIA in 2017/18	An overview of the quality of health and social care services describing the impact of RQIA's inspections, reviews and audit activity and sharing of best practice	• Annual summary published detailing the impact of RQIA's inspections, reviews and audit activity and sharing of best practice	Directors of Assurance and Improvement	June 2018
1.2	Provide advice and guidance to service providers on service improvement systems	Quality improvement systems are stronger as a result of our advice and guidance	• % of service providers who state that the quality and safety has improved as a result of our interventions	Chief Executive and Directors of Assurance and Improvement	March 2019
1.3	Participate as an active partner in an improvement institute/improvement system	RQIA will influence innovation, improvement and standardisation across the delivery of health and social care services	• Evidence of active participation in relevant working groups eg. Critical Friends, Leadership Alliance, Communities of Practice	Chief Executive and Directors of Assurance and Improvement	March 2019
1.4	Complete the planned programme of activity for 2018/19 in respect of registration, inspection, reviews and audits	A system of registration which ensures that only those persons fit to provide good quality care are authorised to do so Independent assurance as part of inspections and reviews, of the delivery of safe, effective, compassionate care in a service that is well led As part of inspections and reviews, areas of good practice are identified within each of the domains of safe, effective, compassionate care and well led service and recommendations for quality improvement are made when required Targeted and proportionate enforcement action to protect the public and ensure providers take action to improve	• Number of inspections, completed versus planned • Delivery and outcomes of the Audit programme • Delivery and outcomes of the Reviews programme • Enforcement Activity • Number and percentage of areas for improvement stated once and restated on further occasions • Number of areas for improvement identified within each of the domains of safe, effective, compassionate care and well led service (MHLD)	Directors of Assurance and Improvement	March 2019

Strategic Theme 2 - Use sources of information effectively

RQIA will deliver independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need

Key Priorities 2017-21

We will:
- strengthen data gathering and analysis within RQIA
- seek opportunities to collaborate with other regulators and share information with our stakeholders to better target reviews, investigations and inspections, based on need and potential impact
- improve the quality of information we gather from service users to prioritise the focus of our work

Ref	Action	Intended Outcome / Output	Measures	Action Owner(s)	Timescale for Completion
2.1	Implement an Intelligence Action Plan 2018/19 including: • Implementing a new MHLD information system • Compile intelligence to support the production of the annual quality report	Strengthened data gathering and analysis, optimal use of internal and external sources of information to inform an intelligence-led approach to targeting inspections, reviews and audits An integrated MHLD Information System and realisation of the benefits identified in the business case	• % of actions fully implemented in the Information Action Plan by target date	Head of Business Support	March 2019
2.2	Develop strategic alliances with other system regulators and improvement bodies both regionally and nationally	Working arrangements in place with relevant system regulators and improvement bodies to share information and work collaboratively	• Number of collaborations with system regulators and improvement bodies undertaken • Number of information sharing agreements and Memorandums of Understanding (MoUs) in place	Chief Executive	March 2019
2.3	Test and evaluate RQIA's Risk Adjusted, Dynamic and Responsive inspection framework (RADAR)	A robust methodology enabling a risk-based and targeted model of inspection	• Outcomes of tests completed • Final evaluation and approval of RQIA's RADAR inspection framework	Director of Assurance	Phase 1 Tests – June 2018 Phase 2 – Evaluation March 2019
2.4	Continue to strengthen arrangements to capture the voice of service users and their families/carers, to include stakeholder reference group, lay assessors and through engagement during inspections and reviews	The needs, values and experiences of individuals and their families have been taken into account in our inspection and review programmes	• Evaluation of the number and effective-ness of engagement activities to capture the voice of service users	Chief Executive, Directors of Assurance and Improvement and Head of Business Support	March 2019

Strategic Theme 3 - Engage and involve service users and stakeholders

RQIA is committed to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do

Key Priorities 2017-21

We will:
- engage service users and stakeholders in the co-design of our interventions (audit, review, inspection and investigations)
- involve service users as part of inspections and reviews
- develop and implement a communications and engagement strategy
- enable and encourage service users and the public to provide the intelligence needed to inform assurance and improvement activity

Ref	Action	Intended Outcome / Output	Measures	Action Owner(s)	Timescale for Completion
3.1	Implement a Communications and Engagement Strategy taking account of HSC Personal and Public Involvement (PPI) Standards to increase the publics' awareness of the role and function of RQIA	Increased stakeholder awareness and understanding of the role and functions of RQIA Improved collaborative relationships with stakeholders and evidence that we have engaged and involved them effectively in our work	• % of actions implemented in the Communications and Engagement Strategy	Chief Executive and Head of Business Support	March 2019
3.2	Improve the effectiveness of RQIA's engagement with stakeholders and lay assessors actively designing / participating in our programmes of work	The needs, values and experiences of individuals and their families have been taken into account in our inspection and review programmes Increased engagement and involvement of service users and stakeholders in the design of our work Broader representation and multidisciplinary participation in our inspections and reviews	• Number of inspections completed with lay assessor involvement (target to increase by 20% year on year) • Number of opportunities for service users and stakeholders to be engaged in the design of our work	Directors of Assurance and Improvement and Head of Business Support	March 2019
3.3	Partner with the Innovation Lab (Department of Finance) to explore opportunities to work with our stakeholders to collaboratively redesign our activities	Working partnership to deliver up to 3 prototypes testing concept and/or process	• Number of prototypes designed and commenced • Number of RQIA processes refreshed through collaboration with our stakeholders and facilitated by the Innovation Lab	Chief Executive and Director of Quality Improvement	March 2019

Strategic Theme 4 - Deliver operational excellence

RQIA is committed to developing our staff and using our resources effectively and efficiently to sustain an organisational culture of learning and continuous improvement

Key Priorities 2017-21

We will:
- develop a highly skilled and flexible workforce, capable of meeting existing and future challenges
- promote a culture of good governance, learning and continuous improvement focusing on better outcomes in the work we do
- benchmark our performance against regional, national and international standards
- efficiently and effectively manage our resources to demonstrate value for money

Ref	Action	Intended Outcome / Output	Measures	Action Owner(s)	Timescale for Completion
4.1	Implement the Workforce Review aligned to the Transformation, Modernisation and Reform Strategic Framework	The right people in the right place at the right time with the right skills to meet changing business needs	• % of actions in the Workforce Review implemented on target	Chief Executive, Directors of Assurance and Improvement and Head of Business Support	March 2019
4.2	Implement the Organisational Development (OD) Plan aligned to the Investors in People (IiP) assessment	An innovative, knowledgeable and skilled workforce, ensuring the successful achievement of RQIA's objectives Benchmarked improved leadership and management practices in RQIA using the Investors in People Framework	• % of actions in the OD Plan implemented on target	Chief Executive, Directors of Assurance and Improvement and Head of Business Support	March 2019
4.3	Achieve financial balance	Recurring savings and break even achieved at year end	• Savings Plan developed and approved by the RQIA Board and DoH • Projected and actual end-of-year financial position / Break-even	Head of Business Support	March 2019

Strategic Theme 4 - Deliver operational excellence

RQIA is committed to developing our staff and using our resources effectively and efficiently to sustain an organisational culture of learning and continuous   improvement

Key Priorities 2017-21

We will:
- develop a highly skilled and flexible workforce, capable of meeting existing and future challenges
- promote a culture of good governance, learning and continuous improvement focusing on better outcomes in the work we do
- benchmark our performance against regional, national and international standards
- efficiently and effectively manage our resources to demonstrate value for money

Ref	Action	Intended Outcome / Output	Measures	Action Owner(s)	Timescale for Completion
4.4	Implement RQIA's Digital Roadmap including: • iConnect upgrade • Microsoft Office upgrade • Exploration of Mobile Inspection Application • Boardpad Replacement	To ensure a strategic approach to RQIA's use of technology to support the business needs	• % of RQIA's Digital Roadmap actions implemented on target	Chief Executive, Directors of Assurance and Improvement and Head of Business Support	March 2019
4.5	Implement the General Data Protection Regulation (GDPR) Action Plan	Compliance with GDPR	• % of GDPR actions implemented on target • RQIA ready for the GDPR by 25 May 2018	Chief Executive and Head of Business Support	May 2018

Measuring What Matters

RQIA has developed a suite of financial and process performance measures which are monitored by the RQIA Board on a regular basis. Whilst these measures provide a useful view of organisational performance, RQIA recognises the need to move towards the greater use of outcome measures. We therefore have developed the following complementary suite of outcome measures.

In order to know whether we have achieved our vision, we have grouped our outcome measures under the following four categories:

- People are aware of RQIA and our roles and responsibilities
- Service users and their families/carers trust our independent judgements and advice
- Organisations improve the way they deliver care as a result of our inspections, reviews and audits
- We have developed and maintained a competent, engaged and high performing workforce

Category	Outcome Measure	Our Sources of Information
Are members of the public aware of RQIA and our responsibilities	**Measure 1:** % of respondents who are aware of RQIA	The publics' understanding of RQIA's responsibilities will be established through the Health Survey NI
	Measure 2: % of respondents who are aware of RQIA's responsibilities for inspections, reviews and audits	
Do members of the public trust our independent judgements and advice	**Measure 3:** % of people surveyed who have read our reports and state that they help them make choices	Statistical evidence from the Health Survey NI, questionnaires completed during inspections and the e-questionnaire pilot will inform these measures
	Measure 4: % of respondents who have interacted with RQIA seeking information or advice and who say they were satisfied with this contact	
Organisations improve the way they deliver care as a result of our regulation, reviews and audits	**Measure 5:** % of service providers who state that RQIA's inspection, review and audit activities have improved outcomes for patients.	Statistical evidence from inspection impact. RQIA's iConnect will inform these measures.
	Measure 6: Time taken to triage information (e.g. whistleblowing, concerns, complaints, notifications) and respond appropriately	
We have developed and maintained a competent, engaged and high performing workforce	**Measure 7:** Positive staff feedback in employee surveys	IiP and HSC Staff surveys. Sickness levels are provided by BSO HR.
	Measure 8: Sickness absence levels	

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

Belfast

BT1 3BT

Tel   028 9536 1111
Email   info@rqia.org.uk
Web   www.rqia.org.uk
        @RQIANews

INVESTORS
IN PEOPLE

For copies in alternative formats please contact RQIA.
When you no longer need this document, please recycle it.

RQIA Board Meeting	

Date of Meeting	22 March 2018
Title of Paper	Chief Executive's Update
Agenda Item	9
Reference	F/02/18
Author	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of the paper is to update the Board on strategic issues which the Chief Executive and EMT has been dealing with since the Board workshop in February and to advise Board members of other key developments or issues.
Executive Summary	This paper provides an update to the Board of the key developments for RQIA since the last board meeting.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the Chief Executive's Update.
Next steps	A further update will be provided at the April Board workshop.

Corporate Issues

1. RQIA's Online Presence

RQIA's Twitter account @RQIANews continues to attract significant interest. Since the last board meeting, RQIA's Twitter account attracted a further 250 followers, and 40 tweets have been posted providing details of our latest news, statements, publications; events; and training and learning opportunities.

2. Publications/about to be Published

In February RQIA published two guidance leaflets on how to raise concerns in relation to independent HSC services (ie regulated services) and services operated by trusts (hospital and mental health wards). In March, a new poster was issued to every care home in Northern Ireland highlighting the role of RQIA and to encourage service users and visitors to care homes to contact RQIA with their views on these services.

3. Media Interest

Since the last board, RQIA responded to a range of print and broadcast media queries relating to enforcement and public concerns in respect of regulated services. This included coverage in one media outlet of enforcement action at Craigavon Ambulance Station; and action in respect of a residential care home in Glengormley operated by Runwood Homes, which received considerable print and online coverage.

4. Engagement

Since January RQIA's Chief Executive and Communications Manager have met with a number of groups to discuss the role of RQIA and opportunities to increase engagement with those in receipt of health and social care services. These included: Sinn Fein's health team and the Newry and Mourne Older People's Forum. RQIA has also committed to attending the 2018 Pensioners Parliament programme, with events to be held in each council area across Northern Ireland. The first event took place at Belfast City Hall in early March, and provided RQIA with an opportunity to engage directly with older people and their representative organisations.

5. Current Legal Actions

Ashbrooke appeal to Care tribunal is ongoing.
Owenvale Court litigation by families is ongoing.

6. Workforce Review

Following the consultation in October/November 2017, the paper on the HR implications of the restructure proposals has been revised and circulated to staff. Work continues to implement the new structure by an amended date of June 2018.

The Director of Corporate Services will be leaving RQIA under the VE scheme at the end of March. The Director of Nursing and Regulation is take up a secondment in the PHA at the beginning of April.

7. ISO9001

On 28 February 2018, RQIA received the official certified status of the International Quality Standard ISO 9001:2015 Management System which RQIA is now operated by.

Our scope of certification is: - *The provision of registration, inspection and quality assurance of health and social care services to the Department of Health for Northern Ireland.*

Please note that our Registration Certificate number will be 11948.

We have also received the official certificate and scheme logos which can be used on all RQIA corporate material and emails (this is currently with our Communication Manager to take forward).

Overall, this is great news and is the outcome of a lot of hard work and team commitment, I am delighted for RQIA as this approval affirms the quality work which we know is undertaken.

The next steps will include:
- Update to Executive Management Team – June 2018
- Internal Audits to assurance continued adherence to the ISO 9001:2015 Standards
- Annual surveillance visit (audit) by the external certification body – July 2018

8. IiP Accreditation

IiP accreditation was achieved and work on a number of internal QI initiatives continues.

9. JNCF Update

I met with NIPSA on 27 February and RCN on 28 February to further discuss the implications of the restructure and reform programme.

10. Revised and Updated MOU

MOU with Human Rights Commission has been finalised in draft for approval by the Human Rights Commission in March 2018.

Regulation Directorate

11. Registration

Residential Care Beds in Nursing Homes

Position as at 28 February 2018	
Services still undecided (2 providers)	**5**
Application forms issued and still to be returned	**6**
Application forms received and being processed	**28**
Certificates issued	**73**
Applications withdrawn (homes closed)	**2**

A further letter has been issued to relevant providers on 23 February requesting that they complete the registration process and we have given a four week deadline to 23 March 2018. We will continue to work with the remaining two providers to reach a mutually agreeable solution.

12. Risk Assessment Framework / Fees and Frequency of Inspection

We have initiated a review of systems to identify factors that would signal services of higher risk. This Risk Adjusted, Dynamic and Responsive (RADaR) inspection framework will consider three separate but co-dependent elements of:

- Dynamic data modelling: data and intelligence available to us is analysed to identify signs of increasing risk. We have identified a number of relevant data sources and work is ongoing to quality assure the data. These indicators will be tested from April to October 2018.
- Scaled inspection tools: a series of eight key factors have been identified as relevant predictive indicators of risk. We are developing interval scales for each factor which will be used within a statistical model, which will be tested from April to October 2018 for nursing and residential care homes.
- Reactive and responsive element where the professional judgement of inspectors will continue to review emerging information and determine if an urgent unannounced inspection is required at any time.

15 Inspection

General

We are on target to meet the statutory minimum number of inspections

Four Seasons Healthcare

FSHC continue to provide regular update to RQIA in respect of their process of refinancing of debt which has received ongoing media attention. CQC who have a market oversight function, continue to closely track progress with the ongoing restructuring discussions until such time that they are satisfactorily concluded.

16 Enforcement

All enforcement action (except children's services) is published on our website. Recent enforcement included:

Failure to Comply Notices issued

Recruitment practice in Alpine House Residential Care Home

Three failure to comply notices were issued to Glenabbey residential home regarding non-reporting of notifiable events, incomplete competency and capability assessments of staff and a lack of robust governance and oversight arrangements in relation to monthly monitoring reports. A notice of proposal to cease admissions was issued on 27 February 2018

Serious concerns meetings

We held twelve meetings to discuss issues arising from inspection and received assurance from the registered providers on their action plan to deliver improvement. This included seven nursing homes, one residential care home, and one domiciliary care agency. Three meetings relating to medicines management were also held.

Appeal to the Care Tribunal

An appeal was lodged by Runwood Homes Ltd against a decision to cancel registration. This appeal is progressing through the Care Tribunal.

Representations and Decision Making Panels

No panels have been required since the last update.

Prosecution

There have been no prosecutions since last Board meeting.

In respect of the six historical services, we have determined that 4 are no longer providing the service and therefore there is no need to pursue prosecution. RQIA are continuing to pursue evidence in respect of the final two.

Reviews Directorate

17 NI Ambulance Service (NIAS)

Our HSC Inspection team has been working with NIAS from July 2017, two Improvement Notices (INs) relating to corporate governance and leadership have been in place since October 2017. Follow-up inspections to two ambulance stations (Bangor and Broadway), NIAS Head Quarters and an unannounced inspection to an additional station (Craigavon) were undertaken on 5, 6 and 8 February, resulting in decision to extend two INs already in place and to service two new INs in relation to Craigavon station. Fact-finding/monitoring visits were undertaken to 22 Ambulance Stations across the 5 operational divisions of NIAS on 22 February – stations and vehicles were examined, with mixed findings reported. A feedback meeting was held with NIAS and DoH policy representatives on 2 March. Following detailed discussion of findings of 22 February visits we have recommended to DoH that a special measure is required to support NIAS to achieve appropriate standards of infection prevention/control, hygiene and cleanliness (with particular emphasis on corporate governance, leadership and systems supporting robust assurance). RQIA wrote to DoH on 31 February to advise this recommendation. DoH advised through correspondence from Permanent Secretary on 12 March that RQIA's recommendation has been accepted, that NIAS should proceed with special measure as advised and that enhanced monitoring/oversight will now also be implemented through DoH.

18 Regional Improvement System (Improvement Institute)

We have continued to participate in work addressing a regional improvement system. Two HSC staff have been seconded (from NIAS and SE Trust) to work half-time on development of system infrastructure throughout 2017/18. Work is currently progressing on a draft paper for TIG (Transformation Implementation Group, DoH) meeting on 21 March, which will set out the main components of the 'improvement system' across the region. The two secondees (acting as Project Manages) are currently completing a series of semi-structured interviews with key stakeholders across the region, to inform the paper for TIG. RQIA Chief Executive and Medical Director/QI Lead participated in their interview on 27 February. The general/outline structure currently envisaged for the improvement system includes – a leadership alliance (to provide oversight and drive), a regional hub with a range of important functions (develop QI capacity, support scale and spread, be a repository of best practice, promote and develop collective leadership, assess improvement offers available across the region/through Trusts and or ALBs, co-ordination and support to innovation, progress learning emerging through SAI reviews, co-ordination of spokes/system offers to the regional infrastructure) and spokes comprising the groups and HSC staff working on improvement and QI across HSC organisations. Both secondees are expected to return to their substantive posts from 1 April 2018, feedback is awaited following discussion by TIG members.

19   Winter Pressures Contingency Planning with Care Homes

We have recently established a 'task and finish group' to progress improvement work to support care homes (nursing and residential) with contingency planning for winter pressures. The Medical Director/QI Lead is chairing this group with participation from the C EX, EMT and all Directorates within RQIA. To date the group has issued a short survey to care homes to ascertain the current level of contingency planning and to establish if further support and training would be welcomed (response rate is ~25% thus far, 100+ homes), a desire for additional support and training has been clearly articulated. A review of best practice guidance/evidence supporting contingency planning is also in progress. Planned outputs from this improvement work are – (i) a short resource/guide for care home staff to support contingency planning and preparation for winter, (ii) 2-3 regional workshops with multi-agency input, to support staff with education and training (in early Summer), (iii) established information/data flows providing intelligence on hospital admissions from care homes, and (iv) QI prototype work which will deliver direct support to 4-5 homes during the coming winter season with evaluation of the impact of the support provided. We will partner with other HSC organisations (Trusts and ALBs) as we deliver support and training to care homes to facilitate robust preparation and contingency planning for the 2018/19 winter season.

MHLD Directorate

20 Outline Business Case

A Project Manager has been appointed. The role of SRO is the Director of MHLD and Social Work. The project will be completed in December 2018.

21 Prison Healthcare

An announced joint CJI, ETI and RQIA inspection of Woodlands Youth Agency took place November 2017 with report expected by end of March.

A further inspection of Maghaberry will be undertaken in 2018 in addition to an inspection of The Safety of Prisoners involving visits to Magilligan, Hydebank Wood (YOC) and Ash House Women's Prison. The terms of reference for these inspections is being agreed currently with CJI.

The eighth annual NPM report on monitoring places of detention was issued by HMIP on 20 February 2018. In terms of custodial care for children in NI practice was found to be safe, unlike England and Wales. The next UK NPM meeting will be hosted by Northern Ireland in Belfast at the Policing Authority on the 25-26 April 2018.

22 Letter of Serious Concern Issued

One letter of serious concern was issued in relation to lack of progress in implementing areas for improvement regarding risk assessment and policies and procedures. These areas have been addressed in the quality improvement plan submitted by the Trust.

23 Annual joint RQIA/RCPSYCH conference involving part ii and part iv conference

The annual Joint Psych in NI and RQIA Part II and Part IV Consultant Psychiatrist Workshop was held in Belfast Castle and attracted a large attendance.

RQIA and Royal College of Psychiatrists are organising a further joint workshop on 6 June 2018 to address issues of consent and information sharing between professionals and families.

24 Review of former GAIN guidelines Mental Health (Northern Ireland) Order 1986

A working group was established by RQIA in early February 2018 involving representatives from ASW Forum, Belfast HSC Trust, South Eastern HSC Trust and RQIA to update the former GAIN Guidelines for use of the Mental Health (NI) Order 1986. A future workshop will be organised involving all relevant stakeholders to disseminate the revised RQIA guidelines in Spring 2018.

25 Unregistered Facilities Accommodating Looked After Children

RQIA is aware of an increasing number of unregistered facilities accommodating looked after children. This is a regional issue arising from the need to accommodate young people aged sixteen plus with complex needs who are unable to be accommodated in main stream children's homes. RQIA is working closely with the HSCB in a solution focused piece of work to explore how these young people can be effectively and safely cared for. The resultant outworking of this piece of work will be presented to the DoH for their consideration. RQIA met with the HSCB children's commissioners to agree an action plan to address key concerns identified jointly by both agencies. A project plan is being developed to take forward proposals currently, and this will be shared with DoH in due course. This matter is currently on the HSCB risk register and RQIA is checking if this is currently on the Trust risk register.

26 Financial Planning Scenarios 2018-19 and 2019-20 / Financial Allocation 2018-19

In December 2017 RQIA developed a range of savings proposals to provide for a reduction of up to 5% of the 2017-18 opening budget in 2018-19 increasing to 10% in 2019-20. We received no comments on RQIA's Financial Planning Scenarios 2018-19 and 2019-20 from the Department and we now await notification of our allocation in 2018-19 including the associated savings target. The Business Services Organisation missed the deadline for bidding for Tranche 1 VES monies for 2018-19 and we will therefore receive no ring-fenced allocation for this purpose. There may be an opportunity to bid for VES later in 2018-19 (if required).

27 General Data Protection Regulations (GDPR)

The Information Governance Manager (BSO) will attend the Board meeting in March to provide the Board with an overview of GDPR and actions being taken to ensure compliance, including awareness session for our staff.

28 Contributed to / responded to

Nothing new to note.

29 Workshops/Stakeholder Engagements

Two stakeholder events were held on 7th and 8th March in Mossley Mill and Killyhevlin Hotel. The events were targeted at managers of registered services and were organised and delivered in partnership with the professional regulator for nurses: Nursing and Midwifery Council and the professional regulator for Social Workers and Social Care Staff: Northern Ireland Social Care Council. Feedback from both events was very positive and the presentations and materials have been made available on RQIA website. A pod cast was made of the event at Mossley Mill and this will also be made available on the website.

30 Department of Health (DoH) Update –

The paper submitted in advance of the most recent DoH/RQIA liaison meeting has been shared with Board members for information.
The Chair and Chief Executive met with the Permanent Secretary on 1 March where we discussed the restructure and reform programme; the implications of the O'Hara report; and Delivering Together. The period of enhanced \departmental support has now ended.

Date of Meeting	22 March 2018
Title of Paper	Summary Finance Report
Agenda Item	10
Reference	G/02/18
Author	Lesley Kyle
Presented by	Maurice Atkinson
Purpose	To present RQIA's summary financial position as at 31 Jan 2018.
Executive Summary	The implementation of the Workforce Review has necessitated holding a number of vacant posts unfilled in order to ensure flexibility in re-structuring the organisation and achieving the benefits of the Review. This has created slippage in the pay budget which, coupled with non-pay slippage, will result in RQIA having a significant underspend at the year-end. A non-recurring easement £300k has been confirmed by DoH and a further surrender of £67k has been notified to DoH in order to achieve a break-even position at the year-end. RQIA has received HSC Voluntary Exit Scheme (VES) ring-fenced funding of £178,993 in 2017-18 to assist with the implementation of the workforce review. A balance of £55,000 remains unallocated which, based on current advice from DoH, cannot be returned to the Department. The DoH has been advised of this underspend and there is ongoing discussion with the DoH Director of Finance to confirm how this balance should be accounted for. However, if the current underspend remains unresolved there is a risk that RQIA may fail to break-even and, as a consequence, RQIA's accounts would be qualified.

FOI Exemptions Applied	None
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this update.
Next steps	The forecast income and expenditure will continue to be monitored and discussions will continue with the DoH Director of Finance regarding the VES underspend, to ensure a breakeven position is achieved at the year end.

FINANCE REPORT

Funding – Revenue Resource Limit (RRL) and other Income

The Department of Health (DoH) advised of an indicative Revenue Resource Limit (RRL) amount of £6,706,866 representing a recurrent reduction of £136,875 (2%) from the opening 2016/17 position. A non-recurring easement has been confirmed by DoH of £300,000. RQIA advised the DoH 14th March 18 of a further non-recurring easement of £67,000. The revised RRL will be £6,339,866.

Annual fee income generated through the charging of registered establishments has been estimated at £762k for the year. This is a reduction of £5.3k against budget. Additional pro-rata invoices will be issued in March 2018 and have been included in the year end forecast. Registration fee income is a variable income stream and the year-end forecast has been estimated at £129k, a £6.3k increase against budget.

RQIA has received HSC Voluntary Exit Scheme (VES) ring-fenced funding of £178,993 in 2017-18 to assist with the implementation of the workforce review. One member of staff has accepted VES leaving 31 March 18. A balance of £55,000 remains unallocated which, based on current advice from DoH, cannot be returned to the Department. The DoH has been advised of this underspend and there is ongoing discussion with the DoH Director of Finance to confirm how this balance should be accounted for. However, if the current underspend remains unresolved there is a risk that RQIA may fail to break-even and, as a consequence, RQIA's accounts would be qualified.

The table below summarises the VES financial position

	Year to Date - Jan 18			Year End Estimate		
	Actual £	Budget £	Variance £	Forecast £	Budget £	Variance £
Income - HSC Voluntary Exit Scheme	-	-	-	178,993	178,993	0
Expenditure - HSC Voluntary Exit Scheme	-	-	-	123,786	178,993	(55,207)
Surplus/(Deficit)				55,207		

Financial Position Year-to-Date (Jan 18) and Year-End Estimate

The table below summarises the financial position at January 2018 and the year-end forecast position. Following the second non-recurring easement a breakeven position is forecast at the year end. This excludes VES funding and expenditure which is ring fenced and has been reported separately.

	Year to Date - Jan 18			Year End Estimate		
	Actual £	Budget £	Variance £	Forecast £	Budget £	Variance £
Revenue Resource Limit	4,987,428	5,589,055	(601,627)	6,706,866	6,706,866	0
Non Recurring Easement				(300,000)		(300,000)
2nd Non Recurring Easement				(67,000)		(67,000)
Income - HSC Voluntary Exit Scheme ring fenced and reported seperately						
Annual Fees	754,303	759,632	(5,330)	761,657	766,987	(5,330)
Registration Fees	107,263	102,500	4,763	129,340	123,000	6,340
Other	(670)	-	(670)			0
Total Income	**5,848,324**	**6,451,187**	**(602,864)**	**7,230,863**	**7,596,853**	**(365,990)**
Pay	4,712,799	5,045,220	332,421	5,767,699	6,078,263	310,564
Pay	**4,712,799**	**5,045,220**	**332,421**	**5,767,699**	**6,078,263**	**310,564**
Expenditure - HSC Voluntary Exit Scheme ring fenced and reported seperately						
Non Pay	1,082,319	1,265,491	183,172	1,463,022	1,518,590	55,568
Non Pay	**1,082,319**	**1,265,491**	**183,172**	**1,463,022**	**1,518,590**	**55,568**
Total Expenditure	**5,795,118**	**6,310,711**	**515,593**	**7,230,721**	**7,596,853**	**366,132**
Surplus/(Deficit)	**53,206**			**142**		

> ### Other Income

To date Annual Fee invoices have been issued to a value of £754k. Additional pro-rata invoices will be raised in March 2018; the Annual Fee forecast position is £762k. Registration fee income received to date is £107k. This income stream is subject to sector movement and out of the control of RQIA. The forecast Registration Fee income has been estimated as £129k.

> ### Pay

The implementation of the Workforce Review has necessitated holding a number of vacant posts unfilled in order to ensure flexibility in restructuring the organisation and achieve the benefits of the review. This has largely contributed to the forecast year-end underspend of £310k. Other factors contributing to the year-end slippage include:
> - In year leavers
> - Temporary reduction in individuals' wte
> - Use of bank staff, agency staff and secondments (cost pressure)
> - Apprenticeship levy (cost pressure)

The forecast expenditure includes a 1% increase in respect of agenda for change and medical staff 2017/18 pay award. This increase has been confirmed by DoH and the 1% uplift has been implemented February 2018. The 2016/17 and 2017/18 pay award remains outstanding for the senior executive team, an estimate has been included in the forecast.

➢ **Non Pay**

The non-pay budget has been profiled evenly for the year; however the actual expenditure to date has not been incurred on the same basis. The forecast non-pay underspend has been estimated as £55k.

The following are the significant budget areas with a forecast underspend against budget:-

➢ Staff travel and Subsistence £(22)k
➢ Rent £(20)k
➢ Training £(12)k
➢ General Services - Part iv Doctors £(12)k
➢ General Services - AUDIT £(62)k

The following are additional one expenditure items to be incurred prior to year-end:-

➢ Legal QC costs £11k
➢ UU Risk Assessment £5k
➢ Investigation commissioned RQIA Chair £18k
➢ HR Investigation £3.6k
➢ Hyponatraemia Enquiry £10k
➢ Health & Wellbeing £1.6k
➢ Mis - Furniture, Fan Coils, Stationary, Equipment £23k

Operational assumptions have been included in both the pay and non-pay forecast and will be reviewed in March 18.

RQIA operates within a breakeven tolerance, a deficit is not permissible and a surplus cannot exceed £20k. The Feb 18 Monitoring Return to be submitted to DoH 22 March 18 will report a forecast break even position.

Capital Resource Limit (CRL)

RQIA has received notification of £25,200 CRL funding for 2017/18 in respect of Mental Health and Learning Disability Information System. To date no capital expenditure has been incurred. It is anticipated the full amount will be utilised by year-end.

Prompt Payment Compliance

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

The position as at 28 Feb 18 was as follows:

	Number Invoices			In Month		Cum	
	Total	10 Days	30 Days	10 Day %	30 Day %	10 Day %	30 Day %
Target				**70%**	**95%**	**70%**	**95%**
April	117	105	116	89.74%	99.15%	89.74%	99.15%
May	117	78	106	66.67%	90.60%	78.21%	94.87%
June	85	68	83	80.00%	97.65%	78.68%	95.61%
July	66	58	65	87.88%	98.48%	80.26%	96.10%
Aug	105	88	100	83.81%	95.24%	81.02%	95.92%
Sept	91	74	86	81.32%	94.51%	81.07%	95.70%
Oct	82	61	78	74.39%	95.12%	80.24%	95.63%
Nov	75	59	67	78.67%	89.33%	80.08%	94.99%
Dec	34	31	34	91.18%	100.00%	80.57%	95.21%
Jan	122	67	110	54.92%	90.16%	77.07%	94.52%
Feb	**110**	**92**	**101**	**83.64%**	**91.82%**	**77.79%**	**94.22%**
Total	**1004**	**781**	**946**				

Outstanding Annual Fees (Debtors)

At the end of February £745k (99%) of fee income has been received leaving £9.4k still to be recovered. This amount is currently being pursued and it is anticipated the full amount will be recovered. The additional pro-rata invoices to be issued in March 18 are unlikely to be paid prior to year-end and will be listed as debtors

Recommendation

It is recommended that the Board **NOTE** the Finance report.

Maurice Atkinson
Director of Corporate Services

Background

GDPR replaces the Data Protection Directive 95/46/EC and was designed to harmonize data privacy laws across Europe, to protect and empower all EU citizens data privacy and to reshape the way organizations across the region approach data privacy.

HSC Business Services Organisation

Background

- The General Data Protection Regulations ('GDPR') was adopted by EU Parliament in April 2016

- 2 year transition period for EU member states

- Current legislation (Data Protection Act) repealed in May 2018

HSC Business Services Organisation

GDPR vs DPA

- The basic principles remain, but have been condensed from 8 to 6

- Personal data is defined in a much broader sense:
    - Genetic
    - Economic
    - IP address (etc.)

- Privacy by design

HSC Business Services Organisation

GDPR vs DPA

The principles have been condensed from 8 to 6

- Processed lawfully, fairly and in a transparent manner in relation to the data subject
- Collected for specified, explicit and legitimate purposes
- Adequate, relevant and limited to what is necessary
- Accurate and, where necessary, kept up to date
- Kept in a form which permits identification for no longer than is necessary
- Processed in a manner that ensures appropriate security of the personal data

HSC Business Services Organisation

Evolution … Not Revolution

The fundamentals have about for a long time

- Fairness
- Transparency
- Accuracy
- Security
- Minimisation
- Rights of individuals

GDPR seeks to build on these principles through 'Privacy by Design'

HSC Business Services Organisation

Privacy by Design

- Lawful Processing

- Increased rights

- Processing conditions

- Rapid notification of breach(es)

- Significant fines

- Direct accountability for data processors

'Lawful Processing'

- Consent of the Data subject

- To perform in terms of a contract

- To comply with a legal obligation

- To protect a data subject's vital interests

- If it is in the public interest

- If it is in the controller's legitimate interests

HSC Business Services Organisation

Data Subject Rights

First principle: Information shall be ***processed lawfully, fairly and in*** ***a transparent manner*** ***in relation to the data subject***

- To receive information within a month, free of charge
- Correction of data which is wrong
- Restrict processing in certain circumstances
- Transfer to another data controller
- The Right To Be Forgotten
- Right to compensation

HSC Business Services Organisation

Fair processing

Existing fair processing notices should be re-examined. Notices must inform the data subjects <u>in a clear way and in an easily accessible format</u>:

- Precisely why the information is required

- The period for which the data will be stored

- Their rights (such as the ability to withdraw consent and the right to complain to the ICO)

HSC Business Services Organisation

Purpose Specification / Limitation

Second principle: *Collected for specified,* *explicit* *and legitimate purposes*

- **Purpose specification:** specify the purpose of data processing *at the moment of collection*

- **Purpose Limitation:** data shall not be processed in a way incompatible with the initially specified purposes.

HSC Business Services Organisation

Rapid Notification

- Data controllers must notify data breaches that are likely to result in risk *for the rights and freedoms of individuals* to the ICO within 72 hours of awareness.
- In some cases, the data controller must also notify the affected data subjects without undue delay.

HSC Business Services Organisation
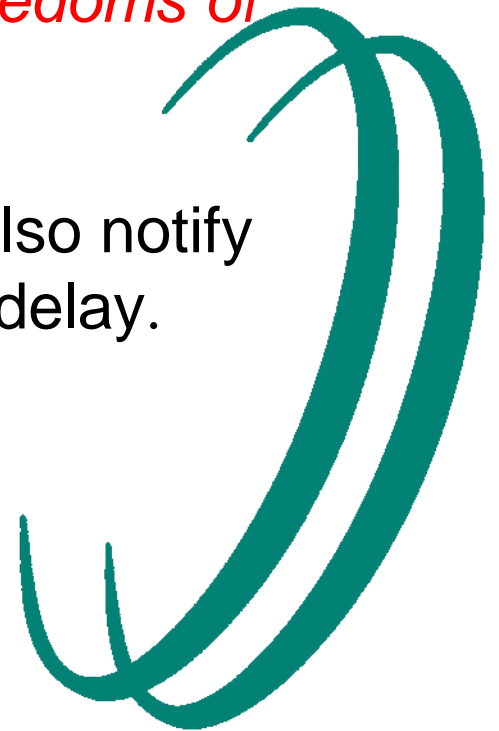
Penalties

The GDPR allows the ICO to take a range of actions:

- Issue warnings
- Issue reprimands
- Impose fines that will in each case be <u>effective, proportionate, and dissuasive</u>
  - ➢ Tier 1: Up to €10,000,000 or 2% of turnover
  - ➢ Tier 2: Up to €20,000,000 or 4% of turnover

Fines will be based on circumstance as well as actions to taken to mitigate the breach

HSC Business Services Organisation

Obligations on data processors

Data Controllers:
*   obligation to ensure contracts with data processors comply with GDPR

Data processors have direct obligations:
*   maintain a written record of processing activities carried out on behalf of each controller
*   notify the controller on becoming aware of a data breach without undue delay

THE GENERAL DATA PROTECTION REGULATIONS (GDPR) OVERVIEW AND ACTION PLAN FOR CUSTOMER ORGANISATIONS

Produced by the Human Resources and Corporate Services Directorate

Business Services Organisation

2 Franklin Street, Belfast, BT2 8DQ

Contents

1. Introduction

The EU Parliament adopted GDPR on April 14th 2016, coming into force on May 24th 2016, with a 2 year transition period for EU member states. In effect, this means that the existing Data Protection Act (1998) (DPA) will be repealed on May 25th 2018 and organisations are required to be compliant with GDPR by this date.

This paper is presented to advise of:
- The key elements of GDPR, including differences with DPA
- A suggested action plan to address potential gaps in compliance

Where applicable, actions have been suggested for each key element. This is then consolidated into an overall Action Plan (**Appendix 2**).

2. Key elements of GDPR

GDPR retains the Data Protection Principles, as set out in the Data Protection Act; however, they have been condensed into six as opposed to eight principles (**Appendix 1**).

Much of GDPR is similar to that of the Data Protection Act (1998), but applies the term 'personal data' in a much broader sense. **All** data that can be deemed to identify someone is classed as personal data under GDPR – this will include everything from genetic and economic information to IP addresses and so forth.

GDPR also places a strong emphasis on 'privacy by design'. 'Privacy by design' has been the recommended approach from the ICO for many years and as such is not a new concept; however, GDPR makes this approach mandatory to ensure that the following requirements are in place:
- Personal information is processed lawfully (Section 2.1)
- Individuals are adequately informed about what personal information is being used (Section 2.2)
- Data Protection Impact Assessments are carried out where appropriate (Section 2.3)
- The appointment of a Data Protection Officer (Section 2.4)
- Personal data breaches are reported to the Information Commissioner (ICO) within a statutory timeframe (Section 2.5)
- An internal record of the personal data held is maintained by the organisation (Section 2.6)
- Increased accountability of 'Data Processors' (Section 2.7)

GDPR also changes the statutory timeframe for providing a response to requests for personal information. Under DPA this is currently 40 calendar days. GDPR shortens this timeframe to one calendar month.

Fines for non-compliance are also significantly higher within GDPR. This is outlined within Section 2.8.

2.1 Lawful processing of personal data

GDPR places more emphasis on consent, putting data subjects more in control with what and how their data is used. Requirements around obtaining 'consent'

are clearer and more demanding. GDPR places a responsibility on data controllers to evidence and demonstrate that consent is explicit and freely given.

New rights have been introduced, which permits data subjects in certain circumstances:
- the 'right to be forgotten[1]'
- 'data portability' (i.e., the transfer of personal data between data controllers)

It is worth noting here that GDPR is not purely consent driven. Consent is not a requirement provided there is one, or more, other lawful basis for processing. These are defined within Article 6(1) of GDPR:
- to perform in terms of a contract
- to comply with a legal obligation
- to protect a data subject's vital interests
- if it is in the public interest
- if it is in the controller's legitimate interests

However, it should also be noted that under GDPR consent must be '*freely given, specific, informed and unambiguous indication of the individual's wishes'.*

Action Heading	Action Point
Processing Information Requests	Update Data Protection Policy to reflect new statutory timescale Revise existing procedure for processing information requests
Consent	Where applicable, review mechanisms for obtaining and recording consent to process personal data, in order to ensure it is robust and provides robust assurance. Where applicable, ensure there are robust mechanisms to verify individuals' ages and subsequently seek parental / guardian consent for processing
Right to be forgotten / right to portability	Assess whether the right to be forgotten / right to transfer data to another controller is applicable Where applicable, put in place and/or review mechanisms for deleting or transferring personal data.

2.2   Privacy notices

To ensure that consent (where applicable) is *"freely given, specific, informed and unambiguous indication of the individual's wishes"* under GDPR, and to ensure that individuals are aware of the types of information that may be processed via any other mechanism as referred to in Section 2.1, the new legislation requires organisations to publish more detailed and easily accessible fair processing ('privacy') notices to advise the data subject at *the moment of collection of*:

- Precisely why the information is required, including legal basis

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[1] Advice from BSO's Chief Legal Advisor has confirmed that the 'right to be forgotten' does not apply to health records. Please refer to Appendix 3 for further detail.

- The period for which the data will be stored
- Data Subject's rights, including the right to be forgotten and lodge a complaint with the ICO
- The recipients, or categories of recipients, of the personal data (i.e. who the information may be shared with)

Action Heading	Action Point
Privacy Notice	Development of standardised Privacy Notice Template
	Review existing privacy notices against updated IARs / Information Flows
	Where applicable, ensure privacy notices are written in a fashion that will allow the target audience (e.g. children) to fully understand them

2.3   Data Protection Impact Assessments (DPIAs)

Under Article 35 of GDPR, DPIAs are now mandatory for organisations with technologies and processes that are likely to result in a high risk to the rights of data subjects. It is important that DPIAs are conducted on new systems and/or processes *before* processing of personal data has started.

It should be considered good practice to incorporate DPIAs as part of the standard process within the planning, development, test and deployment of new systems, processes (whether developed in-house or outsourced).

Action Heading	Action Point
DPIA Policy	Develop a new Policy and Procedure for conducting DPIAs
	Assess existing systems / processes to determine whether a DPIA is required

2.4   Statutory appointment of a Data Protection Officer (DPO)

The minimum responsibilities of the DPO are defined in Article 39 of GDPR:
- To inform and advise the organisation and its employees about their obligations to comply with GDPR
- To monitor compliance with GDPR
- To be the first point of contact for the ICO and for data subjects

Action Heading	Action Point
Data Protection Officer	Employ a DPO

2.5   Data Breach Reporting

Data controllers must notify data breaches to the ICO within 72 hours of awareness. Failure to notify the ICO may result in significant fines.

In some cases, the data controller must also notify the affected data subjects without undue delay.

Action Heading	Action Point
Incident Reporting Policy	Develop a new Policy and Procedure for reporting data breaches

2.6 Information Asset Register (IAR)

An IAR is a catalogue of the information processed by an organisation. With GDPR in mind, there is a need to know what personal information is held, how it is processed (as well as the legal basis), who it is shared with and any associated risks, in order to assign a classification and appropriate technical and organisation protection.

Action Heading	Action Point
Information Asset Registers (IARs)	Review structure of IARs to ensure correct questions are asked and correct information is documented
	Ensure all Assets are identified and the Register completed
	Review all entries on IARs to ensure compliance with lawful processing
	Develop a new Policy and Procedure for recording and reviewing IARs
Information Flows	Ensure all flows are identified and documented
	Review all flows to ensure compliance with lawful processing

2.7 Accountability of Data Processors

Under DPA, only the data controller is held liable for compliance. Regardless of the existence of any data processing agreement between data controller and data processor, controllers remain legally responsible for any breaches caused by the actions of their data processors and the ICO has no direct enforcement powers against processors.

GDPR places direct statutory obligations on data processors. These obligations mean that data processors may be subject to enforcement, fines and compensation claims by data subjects for breach of GDPR. These obligations include ensuring that processors must:
- only process on behalf of a controller where a written contract is in place
- not engage a sub-processor without prior written authorisation of the controller
- only process personal data in accordance with the instructions of the controller
- maintain records of data processing activities and make these available to the ICO on request
- take appropriate security measures and inform controllers of any data breaches
- in specified circumstances, designate a data protection officer
- comply with restrictions regarding cross-border transfers

Action Heading	Action Point

Contracts	Identify all contracts / data access agreements in place that process personal data and that will run beyond May 2018
	Review above contracts to ensure GDPR compliance

2.8 Sanctions

Under DPA, the maximum fine that can be levied is £500,000. Fines under GDPR are significantly greater and are designed to be *effective, proportionate, and dissuasive* to organisations that breach GDPR.

Fines are divided into 2 tiers:

Tier 1: This is the 'lower' level of fine, up to €10 million or 2% of an organisation's global annual turnover, will be considered for infringements relating to:
- Integrating data protection 'by design and by default'
- Records of processing activities
- Cooperation with the ICO
- Security of processing data
- Notification of a personal data breach
- Communication of a personal data breach to the data subject
- Data Protection Impact Assessment
- Designation, position or tasks of the Data Protection Officer

The higher level of fine, up to €20 million or 4% of an organisation's global annual turnover, will be considered for infringements relating to:
- The basic principle for processing, including conditions for consent, lawfulness of processing and processing of special categories of personal data
- Rights of the data subject
- Transfer of personal data to a recipient in a third country or an international organisation

3. Awareness

It is important that organisational senior / executive management and/or Board are aware of the key elements of GDPR, and the actions that arise from it.

Equally, it is important that all staff are aware of the responsibilities incumbent upon them. BSO has in place a rolling bi-annual information governance training programme, which is mandatory for all staff to attend. This training incorporates key elements of GDPR, Records Management, Information Security and Freedom of Information. E-Learning packages are also available.

Action Heading	Action Point
Awareness	Overview of GDPR presented to organisation SMT / EMT / Board
	Ensure all staff attend classroom or e-learning training in all aspects of Information Governance

Appendix 1

Principles relating to processing of personal data

Personal data shall be:
- processed lawfully, fairly and in a transparent manner in relation to the data subject ('lawfulness, fairness and transparency');

- collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall, in accordance with Article 89(1), not be considered to be incompatible with the initial purposes ('purpose limitation');

- adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed ('data minimisation');

- accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay ('accuracy');

- kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) subject to implementation of the appropriate technical and organisational measures required by this Regulation in order to safeguard the rights and freedoms of the data subject ('storage limitation'); and

- processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures ('integrity and confidentiality').

Appendix 2

GDPR Action Plan: The below plan consolidates all required actions as set out within the paper. The action plan is supported by a BRAG Rating System in order to assist in monitoring progress.

Action Heading: Processing Information Requests						
Action Point	**Timescale**	**Responsibility**	**BRAG Status**	**Comment**	**BSO Status**	**RQIA Status**
1) Update Data Protection Policy to reflect new statutory timescale	December 2017	BSO	🔵	This policy has been amended by BSO and is ready for review	Standard policy provided	Made available on RQIA intranet, equality screening to go to EMT once received from BSO.
2) Review above Policy for approval and publication	January 2018	Customer Organisations	🔵		Standard policy provided	Made available on RQIA intranet, equality screening to go to EMT once received from BSO.
3) Revise existing procedure for processing information requests	February 2018	BSO	🟢		Provided to ALBs on 07.03.18 for comment	Comments provided on 08.03.18. To be presented to RQIA EMT with equality screening once received from BSO.
4) Review above procedure for approval and publication	March 2018	Customer Organisations	🟢			As above

Action Heading: Consent							
Action Point	**Timescale**	**Responsibility**	**BRAG Status**	**Comment**	**BSO Status**	**RQIA Status**
5) Where applicable, review mechanisms for obtaining and recording consent to process personal data, in order to ensure it is robust and provides robust assurance.	February 2018	All Organisations	🟢		BSO to be sent consent templates and advise if they meet GDPR requirements	Consent templates sent to BSO on 07.03.18.
6) Where applicable, ensure there are robust mechanisms to verify individuals' ages and subsequently seek parental / guardian consent for processing	February 2018	All Organisations	🟢		BSO to ensure new Info Governance Course on HSC ELearning site is GDPR compliant and covers consent and data impact assessment.	RQIA to issue consent templates to staff once agreed. RQIA to issue Data Impact Assessment procedure to all staff once agreed by EMT.
Action Heading: Right To Be Forgotten / Right To Portability							
Action Point	**Timescale**	**Responsibility**	**BRAG Status**	**Comment**	**BSO Status**	**RQIA Status**
7) Assess whether the right to be forgotten / right to transfer data to another controller is applicable	March 2018	All Organisations	🟢	This will be done in conjunction with the review of Information Assets / Information Flows	Not applicable to cerating information obtained by RQIA – see advice from Alphy McGuinness	
8) Where applicable, put in place and/or review mechanisms for deleting or transferring personal data.	April 2018	All Organisations	🟢			

Action Heading: Privacy Notices						
Action Point	**Timescale**	**Responsibility**	**BRAG Status**	**Comment**	**BSO Status**	**RQIA Status**
9) Development of standardised Privacy Notice Template	December 2017	BSO	🔵	This has been created and is ready for use by all Organisations. The BSO Corporate Services notice has been included for reference.	Privacy Notice for Staff produced Work with ALBs to advise on Privacy Notice for Public to be produced	Privacy Notice for Staff produced but must be issued Privacy Notice for Public to be produced by ALB, checked by BSO and issued by ALB
10) Review existing privacy notices against updated IARs / Information Flows	March 2018	All Organisations	🟢			Following agreement of PN for Public above
11) Where applicable, ensure privacy notices are written in a fashion that will allow the target audience (e.g. children) to fully understand them	March 2018	All Organisations	🟢			Easy Read version of privacy notice to public to be produced, checked by BSO and issued

Action Heading: Data Protection Impact Assessment						
Action Point	Timescale	Responsibility	BRAG Status	Comment	BSO Status	RQIA Status
12) Develop a new Policy and Procedure for conducting DPIAs	December 2017	BSO	●	This policy has been amended by BSO and is ready for review	DPIA policy available	
13) Review new Policy for approval and publication	January 2018	Customer Organisations	●			RQIA to provide comment and issue when agreed (by EMT) and equality screened
14) Assess existing systems / processes to determine whether a DPIA is required	March 2018	All organisations	●			Use short DPIA template in policy against all assets on the IAR and do long version on assets which are high risk.

Action Heading: Data Protection Officer						
Action Point	**Timescale**	**Responsibility**	**BRAG Status**	**Comment**	**BSO Status**	**RQIA Status**
15) Employ a DPO	April 2018	BSO	🟢	This post has now been advertised	Appointment Made	
16) Provide written confirmation on either: • Acceptance of BSO's DPO • Internal arrangement for own DPO	January 2018	Customer Organisations	🟢			RQIA accepted BSO's DPO via SLA addition but costs tbc
Action Heading: Data Breach Reporting						
Action Point	**Timescale**	**Responsibility**	**BRAG Status**	**Comment**	**BSO Status**	**RQIA Status**
17) Develop a new Policy and Procedure for reporting data breaches	December 2017	BSO	🔵	This policy has been amended by BSO and is ready for review		
18) Review new Policy for approval and publication	January 2017	Customer Organisations	🔵			Policy needs to come to EMT once equality screening is available from BSO
19) Establishment of dedicated email address for reporting data breaches	December 2017	BSO	🔵	A dedicated email address has been set up. Refer to policy (AP 17) for detail.		

Action Heading: Information Asset Register							
Action Point	**Timescale**	**Responsibility**	**BRAG Status**	**Comment**	**BSO Status**	**RQIA Status**
20) Review existing structure of IARs to ensure correct questions are asked and correct information is documented	February 2018	BSO	🔵		07.03.18 BSO advised columns on risk and legal basis for holding info should be added	RQIA to also add columns to date risk review by IAOs and DPIA outcome
21) Ensure all Assets are identified and the Register completed	March 2018	Customer Organisations	🟢			Review of IAR to be completed by end March 2018
22) Review all entries on IARs to ensure compliance with lawful processing	April 2018	BSO	🟢			
23) Develop a new Policy and Procedure for recording and reviewing IARs	April 2018	BSO	🟢		BSO to develop	
Action Heading: Information Flows							
Action Point	**Timescale**	**Responsibility**	**BRAG Status**	**Comment**	**BSO Status**	**RQIA Status**
24) Ensure all flows are identified and documented	March 2018	Customer Organisations	🟢		See status on actions 20-23	
25) Review all flows to ensure compliance with lawful processing	April 2018	BSO		🟢		

Action Heading: Contracts						
Action Point	**Timescale**	**Responsibility**	**BRAG Status**	**Comment**	**BSO Status**	**RQIA Status**
26) Identify all contracts / data access agreements in place that process personal data and that will run beyond May 2018	February 2018	Customer Organisations	🔵		Peter Wilson Letter to ALBs provides guidance BSO advice received on 07.03.18 BSO letter of assurance re all SLA services compliance with GDPR to be provided to all ALBs	
27) Review above contracts to ensure GDPR compliance, including documentation of liability for data controllers and data processors	March 2018	All Organisations	🟢			As above

Action Heading: Awareness						
Action Point	**Timescale**	**Responsibility**	**BRAG Status**	**Comment**	**BSO Status**	**RQIA Status**
28) Overview of GDPR presented to organisation SMT / EMT / Board	December 2017	BSO	⬤	BSO's Information Governance Manager has attended senior staff meetings at all organisations	Attendance at EMT and RQIA Board on 22.03.18	Presentation at staff meeting on Thursday 15.03.18
29) Ensure all staff attend classroom or e-learning training in all aspects of Information Governance	May 2018	Customer Organisations	⬤	Classroom / e-learning training solutions are available to all staff	HSC E-learning module being updated to reflect GDPR from 01.04.18 SIRO and IAO training modules will be available on E-Learning from 01.04.18	

Appendix 3

From:	Hugh McPoland
Sent:	08 December 2017 12:26
To:	Alan McCracken
Subject:	FW: Article 9 & Article 17
Attachments:	Article 9 & Article 17.docx

Please note

From: Alphy Maginness
Sent: 08 December 2017 10:50
To: Liam McIvor; Hugh McPoland; Karen Bailey; Wendy Thompson; Sam Waide; Diane Taylor; Caroline Lee; Gary Loughran
Cc: Helen Hanna; Amanda Mills; Hana Russell
Subject: FW: Article 9 & Article 17

Dear all

At last week's SMT, I mentioned that the "right to be forgotten" has limitations and is not applicable to health .
I attach relevant extracts from the GDPR which is effective from 25th May 2018.

Article 9 (1) sets out the basic principle that processing of personal data revealing certain personal information (including "data concerning health") " shall be prohibited".
However Article 9 (2) then sets out numerous exceptions including point (h) , where processing is necessary for the purposes of " preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management health or social care systems and services", subject to the conditions in paragraph 3.

Paragraph 3 provides that the data must be processed by or under the responsibility of a professional " subject to the obligation of professional secrecy " (ie confidentiality) or by another person also subject to an obligation of secrecy (eg admin support).
That condition would apply to all data relating to an individual in our health and social care system.

Meanwhile Article 17 establishes a "right to be forgotten"; but it is not universally applicable.
Article 17 (3) provides that the right shall not apply where processing is necessary for " reasons of public interest in the area of public health in accordance with points (h) and (i) of Article 9 (2) as well as Article 9 (3)."
You will note the exclusion of the right includes point (h), covering health and social care.
The right is also excluded where exercising the right of freedom of expression, when complying with a legal obligation, where archiving in the public interest or where establishing, defending or exercising legal claims.

I am happy to discuss further at SMT should you so wish.

Regards

Alphy

RQIA Board Meeting	
Date of Meeting	22 March 2018
Title of Paper	RQIA's Communications and Engagement Strategy 2018-2021
Agenda Item	12
Reference	H/02/18
Author	Malachy Finnegan
Presented by	Olive Macleod
Purpose	To present RQIA's Communications and Engagement Strategy 2018-2021 and seek its approval from board members
Executive Summary	This strategy provides a framework to support the further development of RQIA's communications and engagement to increase awareness of RQIA's role and achievements and to increase stakeholder involvement in our activities. A detailed annual workplan describing RQIA's communications and engagement activities will support the delivery of this strategy.
FOI Exemptions Applied	n/a
Equality Impact Assessment	n/a
Recommendation/ Resolution	Board members are asked to APPROVE RQIA's Communications and Engagement Strategy 2018-2021.
Next steps	Implement this strategy and associated workplan.

RQIA's Communications and Engagement Strategy 2018-2021

Assurance, Challenge and Improvement in Health and Social Care

The Regulation and Quality Improvement Authority's Vision and Values

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

Values: RQIA has a shared set of values that define our culture.

- fairness
- integrity
- accountability
- respect

Purpose: The Regulation and Quality Improvement Authority (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.

1 Introduction

RQIA was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, with responsibility for monitoring and inspecting the availability and quality of health and social care (HSC) services in Northern Ireland, and encouraging improvements in the quality of those services.

Our key responsibilities are:

- to register and inspect a wide range of HSC services
- to review the quality of services provided by the HSC Board, HSC trusts and agencies
- to undertake a range of responsibilities for people with mental ill health and those with a learning disability under the Mental Health (Northern Ireland) Order 1986
- manage a clinical audit programme to promote quality through clinical audit and guideline development

In support of these responsibilities, RQIA takes a human rights based approach, central to our role in encouraging continuous improvements in these services, and safeguarding the rights of service users.

This strategy provides an overview of the context within which RQIA works. It details our communications and engagement objectives, and how we identify and reach our target audiences.

2 How we communicate and engage

RQIA communicates with a wide range of stakeholders and target audiences. Each requires a specific approach, to ensure the needs of both RQIA and the target audience are addressed. In our work we use a wide range of methods of communication and engagement, including:

- writing: reports, publications, letters, press releases, statements
- face to face: meetings, events, inspections, reviews, focus groups
- verbal: presentations, addresses, phone calls, duty desk
- digital: email, website, intranet, social media

In planning our activities we assess how we can best meet the needs of our stakeholders. It is important that we communicate in an accessible way. We will continue to seek opportunities engage to further develop partnerships with relevant groups and organisations. These include representatives of: young people, older people, those with mental ill health or a physical, sensory or learning disability. We must ensure that our communication methods and materials meet their specific needs.

All communication and engagement activities will reflect the RQIA's values – fairness, integrity, accountability and respect.

3   Context

We want to raise the profile of the role of RQIA and its work. While there is an increased level of public, political and wider health and social care service interest in our work, there is an ongoing need to support further development of the profile of the organisation.   In support of this, there are a range of communication and engagement needs across the organisation for both staff and board members. These include:

- management of external communications on all aspects of our work with our key local, national and international stakeholders
- communications protocols for engagement with our stakeholders, including those who use and provide health and social care services.

RQIA's Management Statement and Financial Memorandum (September 2010), states:

> "The RQIA will work in partnership with its stakeholders and customers to deliver the services/programmes, for which it has clear responsibility, to agreed standards. It will consult regularly to develop a clear understanding of citizens' needs and expectations of its services, and to seek feedback from both stakeholders and customers, and will work to deliver a modern, accessible service."

RQIA's Communications and Engagement Strategy aligns with RQIA's Corporate Strategy 2017-21 (and annual business plans). It has been developed in response to feedback from stakeholders during our corporate strategy consultation, to support us in addressing the key issues and challenges facing RQIA.

With the increased communications demands placed on the organisation, this strategy identifies RQIA's key communications priorities to ensure the delivery of the corporate strategy objectives, and highlights the importance of working in partnership with our stakeholders.

In our inspection and reviews activities, we consider and report against four strategic outcomes:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

4 Where we are now

In common with all organisations, effective communication is key to the success of RQIA. Good communication is the responsibility of everyone within RQIA, and is achieved by ensuring that our objectives are clear to staff, board members and key stakeholders, including the public. RQIA's communications and engagement principles are set out below.

In our work, RQIA aims to:

- ensure we are fair, balanced and objective in our communications and engagement.
- engage with all interested and relevant stakeholders to gain feedback on and support for our work
- listen to stakeholders and take on board their views
- clearly communicate how and why we make our decisions
- ensure we communicate and engage with stakeholders in a manner that that meets their needs and ensures that our message is understood
- use plain English in all our communication
- publish our work in a timely manner

5 What RQIA wants to achieve

RQIA's Corporate Strategy 2017-21 sets out what we aim to achieve over this period.

During this period, RQIA will:

- maintain existing relationships, and seek to develop new relationships that focus on improving the safety and quality of health and social care services
- actively engage with the public and our stakeholders to communicate the work of RQIA, including publishing information in a clear and accessible manner.

We are committed to engaging with our stakeholders to ensure that their views are taken into account in our decision-making (see Appendix 1, Stakeholder Analysis).

We have identified three communications and engagement objectives to support the successful delivery of RQIA's Corporate Strategy 2017-21

- RQIA will communicate in an accessible manner to increase awareness of our role and our achievements in meeting our statutory duties, and driving improvements across health and social care services.
- RQIA will engage with our stakeholders to ensure that their views help to shape how we conduct our activities.
- RQIA will build upon existing relationships, and develop new partnerships to ensure we continue to develop and share learning and best practice.

We have conducted a stakeholder analysis to identify our key stakeholders (see appendix 1 for details on how we will communicate and engage with each grouping).
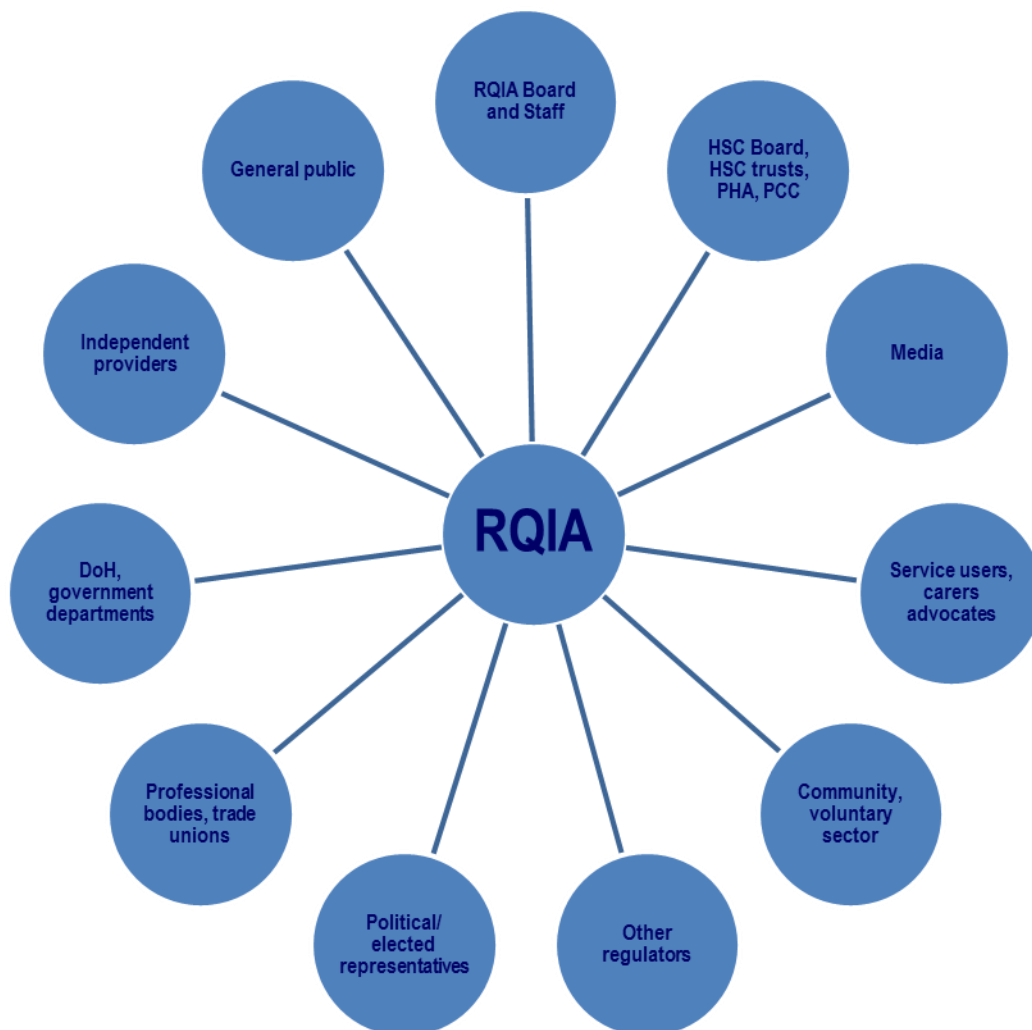
6   How will we achieve this?

In all our communications we aim to reinforce a clear understanding of our role. RQIA's key messages will link directly to support the delivery of our four strategic outcomes:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

Each year, RQIA will develop a communications and engagement work plan, outlining how we will meet our communications and engagement objectives to support the delivery of RQIA's Corporate Strategy 2017-21. This work plan will detail specific actions, measures, timescales and ownership.

It will also be responsive to the changing environment in which RQIA works. It is aligned with RQIA's resources, and will reflect the specific organisational objectives included in RQIA's annual Business Plan, with a focus on:

- Increasing awareness and understanding of the role and achievements of RQIA
- ensuring that RQIA's inspection and review reports are accurate, fair, balanced, accessible and reflect the experiences of those using services
- promoting the use of RQIA's website
- collaborating with relevant stakeholders to increase their involvement in RQIA's activities
- complying with relevant communications and stakeholder engagement guidance and obligations

7   Implementing RQIA's Communications and Engagement Strategy

This strategy aims to support RQIA's overall work programme and strategic objectives, on an annual basis, for the duration of the Corporate Strategy 2017-21. It will guide and direct staff and management in achieving these objectives in an open, coordinated and consistent manner. It also aims to be flexible to ensure it responds to and takes account of new and emerging demands and priorities throughout the year.

An associated communications and engagement work plan will provide detail on what we will do each year to support RQIA achieving its key strategic objectives. Performance against each action will be measured against the targets set.

RQIA's Communications and Engagement team will work in partnership with each directorate to review their stakeholder objectives and priorities, keep stakeholder lists up-to-date, and develop plans to ensure that all actions are delivered.

In implementing this strategy, RQIA will adopt a focused, project-based approach, and a system of continuous measurement will be undertaken to ensure its success. Delivery of the annual work plan will be monitored by RQIA's Executive Management Team and Board through RQIA's corporate performance reporting arrangements.

Appendix 1   Stakeholder Analysis

Stakeholder group	Members	How we communicate and engage
Department of Health, government departments and ministers	Permanent Secretary Sponsor Branch Health Minister	One-to-one meetings including liaison meetings Responding to information requests RQIA Corporate Plan 2017-2021 and other corporate documents
Health Committee and other NI assembly committees	Health Committee Social Development Committee All Party groupings	Evidence sessions, presentations Responding to parliamentary questions Regular meetings with MLAs, spokespersons, etc.
Political parties, elected representatives	DUP, SF, SDLP, UUP, Alliance	One-to-one meetings with spokespersons/policy advisors, MLAs, and attendance at party conferences
People using services, carers, relatives, advocacy groups and charities Community and voluntary groups	Those using regulated services, hospital patients, older peoples/ children's commissioners etc.	Feedback and meaningful engagement during inspections Invitations to participate in focus groups Concerns about services
The public	Interested members of the public	Interacting with RQIA's website Public consultation, surveys Engagement via print, broadcast and online media
HSC organisations, front-line staff	HSC Board, trusts, Public Health Agency, NISCC, PCC, NIPEC, NIMDTA, NIGALA	Regular meetings, Seminars and advisory groups memorandums of understanding (MOUs) and communication protocols
Independent service providers and staff	Individual service providers	Regular meetings, Information events and seminars Consultation sessions feedback during inspections
Representative bodies and trade associations	IHCP UKHCA	Meetings, targeted presentations/events, expert advisory groups, consultations, RQIA ezine

Media	Print, broadcast and online journalists/ commentators	Responding to media queries Statements and press releases media interviews press briefings
Professional bodies and trade unions	RCN, RCM, BMA, BDA UNISON, NIPSA etc.	JNCF meetings Publications RQIA ezine
Professional regulators	GMC NMC NISCC PSNI (Pharmaceutical Society)	Meetings Providing submissions Collaboration on legislation Strategic fora and interest groups Joint activities
Education	QUB, Ulster University, Open University, regional further education colleges	Presentations/lectures Joint research groups Expert advisory groups
Other Relevant Public Bodies	ETI CJINI NI Public Service Ombudsman, Information Commissioner, HM inspectorate of Prisons	Meetings Expert advisory groups MOUs and communication protocols
RQIA	Staff Board members	Staff meetings board meetings email internal newsletter intranet
Other bodies		

Appendix 2   Communications Team Structure (March 2018)

RQIA's Communications team has two members of staff who provide practical advice, guidance and support to the organisation in the following areas:
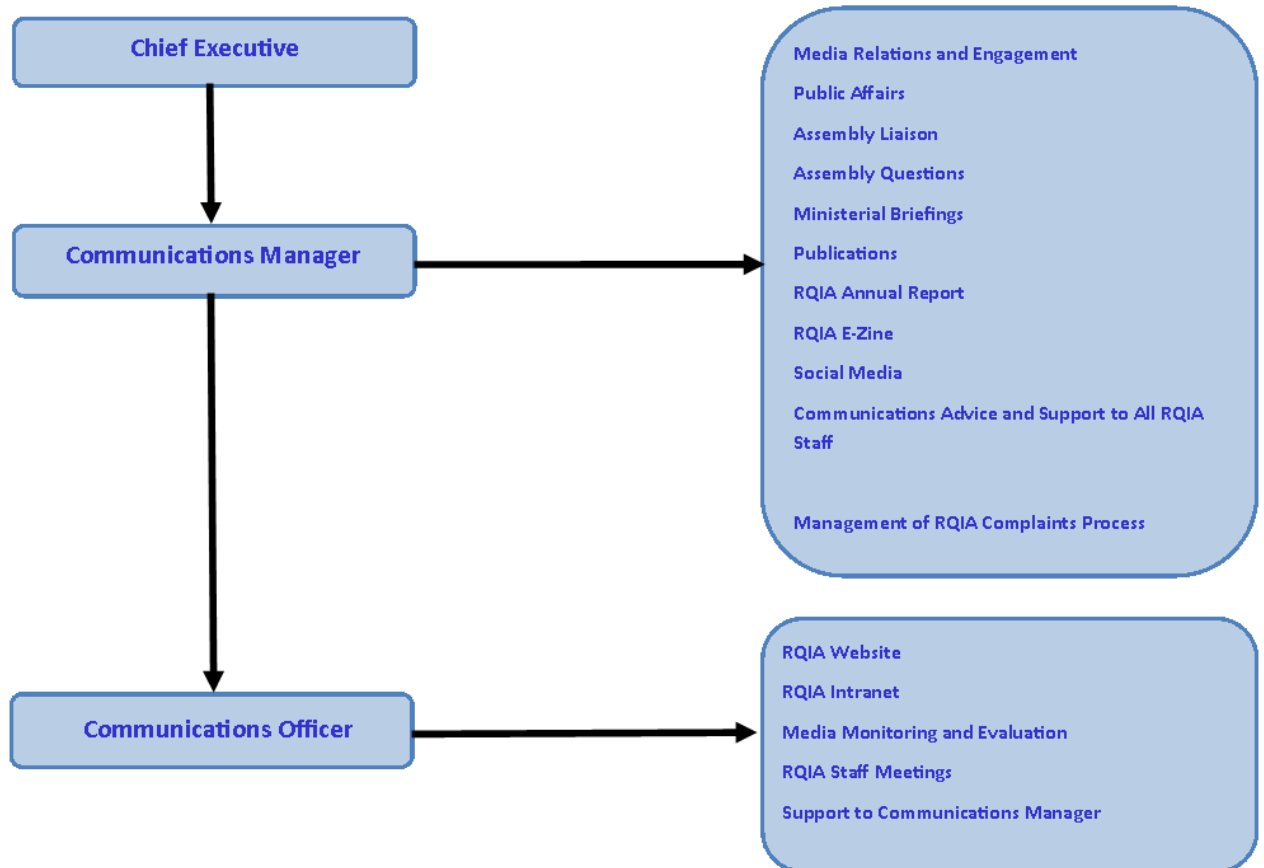
Chief Executive	
↓	
Communications Manager →	Media Relations and Engagement Public Affairs Assembly Liaison Assembly Questions Ministerial Briefings Publications RQIA Annual Report RQIA E-Zine Social Media Communications Advice and Support to All RQIA Staff Management of RQIA Complaints Process
↓	
Communications Officer →	RQIA Website RQIA Intranet Media Monitoring and Evaluation RQIA Staff Meetings Support to Communications Manager

The Regulation and Quality Improvement Authority
9th Floor, Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Tel:	**028 9536 1111**
Email:	**info@rqia.org.uk**
Web:	**www.rqia.org.uk**
Twitter:	**@RQIANews**

RQIA's Communications and Engagement Work Plan 2018-19

Assurance, Challenge and Improvement in Health and Social Care

Communications and Engagement Work Plan

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
1	Media relations	Position RQIA as the key, independent, well regarded regulator through the effective delivery of the communications work plan.	Communications Manager, Executive Team	Continue to manage RQIA's image and reputation, representing RQIA in a positive manner and proactively seeking opportunities to communicate key messages
		Communications forward planner of proactive media activity linked to key work areas. Social media, website, press releases, platform/position statements, media briefings.	Communications Manager	
		Responding to all media queries in a timely manner	Communications Manager	Around 120 media enquiries received each year
		Continue to build upon existing media relations. Brief all key health correspondents on a regular basis on matters relevant to RQIA's core business.	Communications Manager	Ongoing – liaison with all key media contacts on work programme.
		Meet key media contacts on an annual basis to brief on forthcoming plans/emerging issues. Seek feedback to support ongoing improvement in service provided.	Communications Manager	Regular proactive and reactive contact with health spokespersons
		Update regional media contacts.	Communications Officer	April 2018
		Produce regular analysis of RQIA media activity and coverage	Communications Officer	Media monitoring and evaluation takes place on an ongoing basis and reported quarterly

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
2	Media interviews	Communications Manager to provide RQIA spokespersons with preparation, support and briefing in advance of any media appearance. Identify training needs for staff in new roles following organisational restructure	Communications Manager	Provision of ongoing support from Communications Manager Support and training for Chief Executive and ongoing support/training for Executive Management team
3	Meetings with stakeholders, including: DoH; HSC organisations; independent providers; professional bodies	Agenda - targeted and used as opportunity to communicate key RQIA messages Ensure that the regular meetings which take place with key stakeholders communicate RQIA's key messages. Consider current communications protocols with DoH Communications Manager to continue to build constructive working relationship with counterparts in other HSC organisations	Executive Team/ HoPs/ Communications Manager/ Committee Services Manager Communications Manager	Bi-monthly liaison meetings with DoH; quarterly meetings with HSC Board, PHA, PCC; regular liaison with HSC trusts, NISCC, NIMDTA, NIPEC, NICCY, COPNI, NMC, GMC, Medical Directors' Forum, professional associations.

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
4	Events	In conjunction with directors, identify and provide support to programme of themed information events for service providers and service users and their carers - e.g. mental health/learning disability; inspection/regulation. Identify opportunities for RQIA to have a presence at events/conferences – provision of information stands; making presentations to delegates.	Communications Manager, EMT	Children's Services events NICON Regulators Forum Parliamentary Event Joint NMC, NISCC, RQIA
5	Board Meetings	To consider options for more effective engagement with key stakeholders around Northern Ireland	Communications Manager/ Board and Executive Support Manager	Use of social media to highlight board meetings and opportunity to attend
6	Networking opportunities	Continued membership of and participation at regulators forums - including UK/ROI health and social care and regulator networks; Heads of Inspectorate forum, and ad hoc meetings with key personnel in regulatory bodies in England, Scotland, Wales, Northern Ireland and ROI.	Communications Manager/ Executive Team	Heads of Inspectorate meetings; regular meetings with ETI, CJI, MHC Ireland, HIS, HIQA International
7	Information exchange	Develop MOUs/ information sharing protocols with relevant stakeholder organisations, including professional and systems regulators	EMT	MOUs/protocols published on RQIA website

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
8	Ezine (electronic newsletter)	Production of regular e-zine, focusing on work of RQIA and key achievements on a quarterly basis. Sent to RQIA key stakeholders, placed in RQIA's website and on Twitter. Provision of subscribe to ezine service on new website	Communications Manager	ezine published quarterly
9	Communication Plans	Develop specific communications plans to support specific actions, activities, and emerging priorities	Communications Manager/ relevant staff	
10	Publications/ publicity materials	Determine format(s) of publications to meet the needs of key audiences including users/consumers of service (e.g.: general information, easy read, etc. to ensure accessibility under DDA requirements); Identify timescales. Take HSC Board Making Communication Accessible for All guidance into account	Communications Manager	Summary leaflets published with each review report
11	Annual Report	To meet RQIA statutory requirements to produce an annual report, providing a detailed management commentary/ strategic overview on the work of RQIA for submission to NIAO in line with D guidance. On completion of Audit submitted to Board for approval and laid before the NI Assembly	Communications Manager	Report to be submitted to NIAO in May for external auditing and laid before the NI Assembly in July
12	About Us, RQIA Information Leaflets	To ensure appropriate distribution of About Us information leaflets at each registered service, MHLD facility, hospital subject to inspection. Provision of supplies to HSC trust health, social services and allied health professionals teams	Communications Manager/ Communications Officer	Ongoing

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
13	Information leaflets/posters	Develop, distribute and publicise information leaflets /posters to highlight RQIA's role and to provide guidance on how to make a complaint about HSC services	Communications Officer	
14	Journal articles and editorial	Identify key publications/journals focused at key stakeholders (public, service users/consumers, political representatives) and identify relevant topics for submission	Communications Manager/ Executive Team	Ongoing
15	Platform pieces	Identification and development of platform pieces/position papers on issues of relevance to RQIA and stakeholders, including the public.	Communications Manager	Ongoing
16	Public Survey	Annual survey of public opinion about awareness of RQIA's roles and responsibilities.	Communications Manager/ PPI lead	June 2018
17	Advice and Guidance	Provision of advice and guidance to RQIA's Chief Executive, EMT, staff, and board as required on any communications issue	Communications Manager	Ongoing: Attendance at all EMT and board meetings. Open door policy in provision of advice to all staff
18	Identification of Stakeholders	Research and develop a comprehensive, up to date list of RQIA's key stakeholder.	Communications Manager/ Communications Officer EMT	

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
19	RQIA Website	Work in partnership with ICT and i3 Digital to ensure RQIA's website continues to meet the needs of our stakeholders Ensure all (regulation, MHLD, healthcare) inspection reports are published online within 5 days of becoming open reports Continue to update and review website content and imagery to ensure content/information remains current Monitor and report on website traffic using relevant analytic tools Sharing examples of best practice via website	Communications Manager/ Communications Officer Communications Officer Communications Officer/ EMT/ HOPs	Ongoing
20	Social Media	In line with RQIA's Social Media Strategy support the development, and ongoing maintenance of RQIA's Twitter account. Consider options for increasing RQIA's social media presence.	Communications Manager	Regular news tweets. 950 followers as at 30 June 2016; 2,400 followers March 2018

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
21	RQIA Style Guidance	RQIA Style Guidance for all written communication: letters, emails, reports. Support introduction with staff training sessions.	Communications Manager	September 2018
22	Report Writing	Identify and organise tailored report writing training for relevant staff. Identify training options for staff training on report writing.	Communications Manager	Online training provision to be available for identified staff.
23	Quality Assurance	To quality assure reports published by RQIA and provide practical input and guidance to the content and layout of reports, and other information leaflets/publications	Communications Manager, Communications Officer	RQIA publications
24	Report templates	In line with the RQIA Style Guidance, develop standard templates for inspection and review reports.	Regulation Improvement Project/ Communications Officer	Continue to work via RPSG Communications Officer member of improvement working group
25	Phone/ verbal communication	In conjunction with admin/team managers to identify training needs for staff, including telephone refresher training; etc.	Communications Manager / Admin/team managers	Ongoing
26	Public/ Stakeholder Engagement	Identify opportunities for RQIA's presence at conferences/events run by partner/stakeholder organisations to showcase work of organisation and increase public/stakeholder engagement.	Communications Manager	Ongoing. NICON Conference Pensioners Parliament Regional Older People Forum meetings

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
27	Political engagement	Participate in annual Regulators Parliamentary reception in partnership with members of regulators forum (systems and professional regulators – RQIA, NISCC, GMC, PSNI)	Communications Manager	June 2018
28	Political engagement	Continue to develop public affairs activity through regular communication with key political party representatives and political advisers. Participate in main annual political party conferences (Alliance, DUP, Sinn Fein, SDLP, UUP) in partnership with members of regulators forum (systems and professional regulators: RQIA, NISCC, GMC, PSNI) Engage on an annual basis with the new local councils in Northern Ireland on the work of RQIA	Communications Manager	Ongoing
29	NI Assembly	Ensure RQIA staff/representatives are fully briefed and prepared in advance of attendance at NI Assembly committee meetings. Provision of comprehensive and accurate responses to all written and oral Assembly Questions (AQs) Maintain relationship with key NI Assembly staff - Health Committee, Research and Library Services	Communications Manager	NI Assembly currently suspended Ongoing
30	Presentation materials	Preparation of presentation materials for Chief Executive's attendance at external events	Communications Officer	As required

Ref	Area	Priorities	Responsibility/ Resource	Progress/ Completion Date
31	Communication with Staff	Encourage Board members, Executive Team and Heads of Programme where possible to communicate with colleagues/staff members face-to-face rather than by phone or email.	Executive Team/Heads of Programme	Staff meetings held on monthly basis; directorate and team meetings held on regular basis. Biennial staff conference/workshop
32	Communications and Engagement Planner	Develop an annual communications planner - with input from all teams via Executive Team	Communications Manager/ Communications Officer/ EMT	Ongoing
33	Internal Communication	Review current monthly staff meeting content and structure to improve interaction. Survey staff on content of monthly staff meetings Ensure opportunities provided for staff members to attend and present at Board meetings Provide opportunities for staff and board members to meet informally, at times when Board members are present in RQIA offices, or accompanying teams in review/inspection activity.	Communications Officer Executive Team/Heads of Programme	Regular review of programme and content to increase staff participation. Ongoing.
34	RQIA Staff Intranet	Maintenance of information held on intranet, to include: corporate documents; policies, procedures, and guidance; staff contacts staff meeting agendas and minutes; presentations.	Communications Officer	Updating intranet content and layout ongoing

Engagement Plan

Media

Organisation	Name	Date	Method / Frequency/RQIA Lead	Purpose	Desired Outcome
BBC NI /Radio Ulster	Marie-Louise Connolly Catherine Smyth				
BBC Radio Foyle					
Irish News	Seanin Graham				
Belfast Telegraph					
News Letter					
Freelance	Lisa Smyth				
Northern Visions TV (NVTV)					
Q Radio Network					
The Detail	Niall McCracken				
UTV					
U105					
Andersonstown News					
Antrim Guardian					
Ballycastle Chronicle					
Ballymena and Antrim Times					
Ballymena Guardian					
Ballymoney and Moyle Times					

Ballymoney Chronicle					
Carrick Times					
Larne Times					
Newtownabbey Times					
North Belfast News					
South Belfast News					
Ulster Star					
Lurgan Mail					
Portadown Times					
The Examiner NI					
Ulster Gazette					
Coleraine Chronicle					
Coleraine Times					
Derry Journal					
Derry News					
Derry Post					
Londonderry Sentinel					
Northern Constitution -					
Roe Valley Sentinel					
Derry People and Donegal News					
Banbridge Chronicle					

Banbridge Leader					
County Down Outlook					
County Down Spectator					
Down Recorder					
Dromore Leader					
Mourne Observer					
Newry Democrat					
Newry Reporter					
Newtownards Chronicle					
Dungannon Herald					
Mid Ulster Mail					
Strabane Chronicle					
Strabane Weekly News					
Tyrone Constitution					
Tyrone Courier					
Tyrone Herald					
Tyrone Times					
Ulster Herald					
Fermanagh Herald					
Impartial Reporter					

Political Parties

Organisation	Name	Date	Method / Frequency/RQIA Lead	Purpose	Desired Outcome
Democratic Unionist Party	Paula Bradley, MLA		One to one meetings Party Conference		
Sinn Fein	Pat Sheehan, MLA Ciaran O'Connor		One to one meetings Party Conference		
Ulster Unionist Party	Roy Beggs Jnr, MLA Robbie Butler, MLA		One to one meetings Party Conference		
Social Democratic and Labour Party	Mark H Durkan. MLA		One to one meetings Party Conference		
Alliance	Paula Bradshaw, MLA		One to one meetings Party Conference		

HSC Bodies

Organisation	Name	Date	Method / Frequency/RQIA Lead	Purpose	Desired Outcome
Department of Health	Health Minister Richard Pengelly Michael McBride Fergal Bradley Sean Holland Mark Timoney Charlotte McArdle Alaistair Campbell				
HSC Board	Valerie Watts				
Public Health Agency	Valerie Watts				
Belfast HSC Trust	Martin Dillon				
Northern HSC Board	Tony Stevens				
South Eastern HSC Board	Hugh McCaughey				
Southern HSC Board	Francis Rice/ Shane Devlin				
Western HSC Board	Ann Kilgallen				
NI Ambulance Service Trust	Shane Devlin / Michael Bloomfield				
Patient and Client Council	Maeve Hully Jackie McNeill				

NI Medical and Dental Training Agency	Prof Keith Gardiner				
NI Social Care Council	Colum Conway Patricia Higgins Kevin Mulhern				
NIPEC	Angela McLernon				
NIGALA	Peter Reynolds				
HSC Leadership Centre	Diane Taylor Will Young				
Business Services Organisation	Liam McIvor				

Other Public Bodies

Organisation	Name	Date	Method / Frequency/RQIA Lead	Purpose	Desired Outcome
Access NI					
Commissioner for Older People Northern Ireland	Eddie Lynch Evelyn Hoy				
Criminal Justice Inspectorate NI	Brendan McGuigan				
Education and Training Inspectorate	Noelle Buick				
Equality Commission	Evelyn Collins				
NI Public Service Ombudsman	Marie Anderson				
Northern Ireland Audit Office	Kieran Donnelly				
Northern Ireland Commissioner for Children and Young People	Kouala Yassouma				
NICON	Heather Moorhead				
NI Human Rights Commission	Les Allamby Dr David Russell				
Prisoner Ombudsman for NI	Brendan McGuigan (interim arrangement)				

Local Councils

Organisation	Name	Date	Method / Frequency/RQIA Lead	Purpose	Desired Outcome
Antrim and Newtownabbey Borough Council	Jacqui Dixon				
Ards and North Down Borough Council	Stephen Reid				
Armagh City, Banbridge and Craigavon Borough Council	Roger Wilson				
Belfast City Council	Suzanne Wylie				
Causeway Coast and Glens Borough Council	David Jackson				
Derry City and Strabane District Council	John Kelpie				
Fermanagh and Omagh District Council	Brendan Hegarty				
Lisburn and Castlereagh City Council	Theresa Donaldson				
Mid and East Antrim Borough Council	Anne Donaghy				
Mid Ulster District Council	Anthony Tohill				

Newry, Mourne and Down District Council	Jacqui Dixon				

Trade Unions/Representative Bodies

Organisation	Name	Date	Method / Frequency/RQIA Lead	Purpose	Desired Outcome
BMA	Dr John D Woods Dr Tom Black				
BDA	Tristen Kelso				
British Association of Dental Nurses					
Chartered Society of Physiotherapy	Tom Sullivan				
Independent Health and Care Providers	Pauline Shepherd				
NI Association of Social Workers/BASW	Colin Reid				
NIPSA	Alison Millar				
Royal College of Anaesthiatists	Carly Melbourne				
Royal College of GPs	Ashleigh Simpson				
Royal College of Midwifery	Breedagh Hughes				
Royal College of Nursing	Janice Smyth				
Royal College of Psychiatrists in NI					
Unison					

Regulators: Systems

Organisation	Name	Date	Method / Frequency/RQIA Lead	Purpose	Desired Outcome
Care Quality Commission	Sir David Behan Andrea Sutcliffe				
Care Inspectorate Wales	Gillian Baranski, Chief Inspector				
Health Inspectorate Wales	Dr Kate Chamberlain				
Health Improvement Scotland	Robbie Pearson				
Care Inspectorate (Scotland)	Karen Reid				
Health Improvement and Quality Authority	Phelim Quinn				
Mental Health Commission Ireland	Patricia Gilheaney				

Regulators: Professional

Organisation	Name	Date	Method / Frequency/RQIA Lead	Purpose	Desired Outcome
General Medical Council	Charlie Massey Alan Walker				
General Dental Council	Ian Brack				
Nursing and Midwifery Council	Jackie Smith				
Pharmaceutical Society Northern Ireland	Mark Neale				

Education

Organisation	Name	Date	Method / Frequency/RQIA Lead	Purpose	Desired Outcome
Further Education Colleges					
Open University					
Queen's University Belfast					
Ulster University					

Public Representative Groups

Organisation	Name	Date	Method / Frequency/RQIA Lead	Purpose	Desired Outcome
Carers NI					
NI Patients Voice	Aidan Hanna				
TILLI					

Charities/Voluntary/Representative Groups

Organisation	Name	Date	Method / Frequency/RQIA Lead	Purpose	Desired Outcome
Action Mental Health					
Age NI	Linda Robinson				
Age Sector Platform	Eamonn Donaghy				
Alzheimer's Association					
Action for Children					
Action for Mental Health					
Action on Medical Negligence					
Advice NI					

Association for Real Change					
Autism Network NI					
Barnardos					
British Association for Adoption and Fostering					
Cancer Focus NI					
Carers NI					
Children in Northern Ireland					
Children's Law Centre	Paddy Kelly				
Community Development and Health Network	Kathy Martin				
Community Pharmacy NI	S Leonard				
Disability Action	Una Reid				
Early Years					
Equality Coalition/ Committee on the Administration of Justice (CAJ)					
Fostering Network					
Mindwise	Gwynneth Wilson				
Institute of Public Health in Ireland	Helen McAvoy				

Macmillan Cancer Support	A Poole				
Marie Curie	Joan McEwan				
Maternal Mental Health Alliance					
Mindwise					
MS Society					
NI Chest Heart and Stroke Association	Declan Cunnane				
NI Patients Voice	Aidan Hanna				
NI Rare Disease Partnership					
North West Community Network					
NSPCC					
Participation and the Practice of Rights					
Stroke Association					
National Deaf Children's Society	Alan Sheeran				
Ulster Chemists Association					
VOYPIC	Vivienne McConvey				

The Regulation and Quality Improvement Authority
9th Floor, Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Tel: **028 9536 1111**
Email: **info@rqia.org.uk**
Web: **www.rqia.org.uk**

Twitter: **@RQIANews**

RQIA Board Meeting

Date of Meeting	22 March 2018
Title of Paper	Q3 Corporate Performance Report 2017-18
Agenda Item	13
Reference	I/02/18
Author	Planning and Corporate Governance Manager
Presented by	Director of Corporate Services
Purpose	The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan aligned to the four strategic themes in the Corporate Strategy 2017-21. The report presents a **cumulative** picture of corporate performance and summarises key achievements and issues.
Executive Summary	By the end of Quarter 3, 95% of the actions are on target for completion and 5% are implemented.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Corporate Performance Report.
Next steps	The next updated Corporate Performance Report for Quarter 4 will be presented to the Board on 10 May 2018.

RQIA Corporate Performance Report
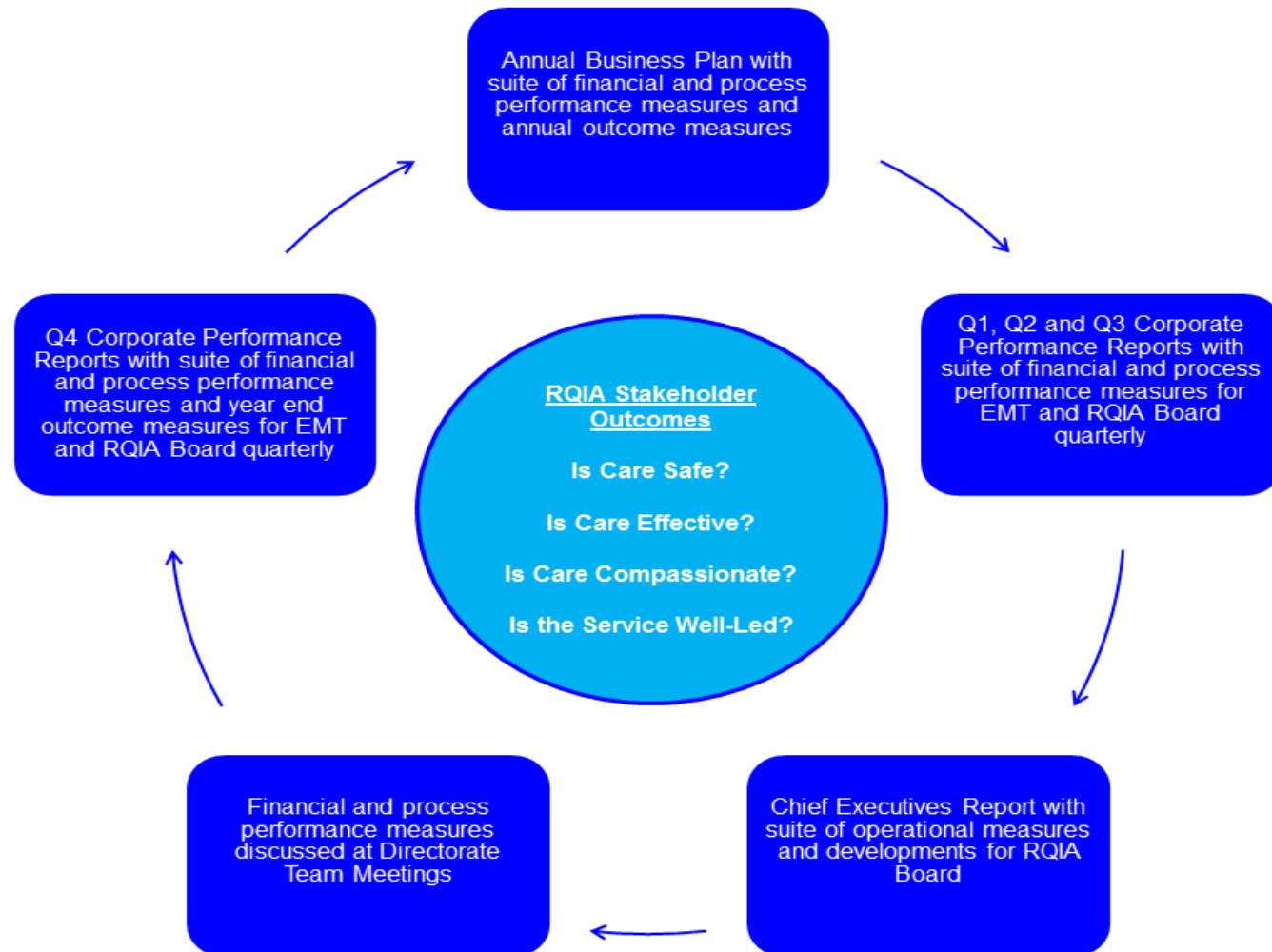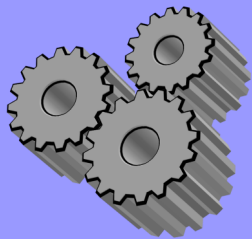
Quarter 3 - October to December 2017

The **Regulation** and
Quality Improvement
Authority

Table of Contents

Introduction

The purpose of the Corporate Performance Report is to provide evidence to the RQIA Board on how well RQIA is delivering the actions identified within the annual Business Plan, linked to its strategic themes and priorities as described in the Corporate Strategy 2017-21.

RQIA's Strategic Map as detailed in **page 19** is a visual representation on one page creating an integrated and coherent picture of the organisation's forward strategy.

Annual Business Plan with suite of financial and process performance measures and annual outcome measures

Q4 Corporate Performance Reports with suite of financial and process performance measures and year end outcome measures for EMT and RQIA Board quarterly

RQIA Stakeholder Outcomes

Is Care Safe?

Is Care Effective?

Is Care Compassionate?

Is the Service Well-Led?

Q1, Q2 and Q3 Corporate Performance Reports with suite of financial and process performance measures for EMT and RQIA Board quarterly

Financial and process performance measures discussed at Directorate Team Meetings

Chief Executives Report with suite of operational measures and developments for RQIA Board

This cycle illustrates how we intend to manage and report the progress of the RQIA measures at Directorate, Executive Management Team (EMT) and Board level. The Q1 - Q3 Corporate Performance Reports will cover all the financial and process performance measures. In Q4 the Board will receive a comprehensive operational and strategic performance report which incorporates a suite of outcome measures which are incorporated in the RQIA Business Plan 2017-18. Additionally these measures will be progressed at monthly team meetings throughout the directorates and through the EMT.

Traffic Light Rating System

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

R   Action has not been achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by year end.

A   Action unlikely to be achieved by the completion date. A brief exception report should be produced detailing the remedial action required to ensure achievement of action by the completion date or by when the action will be achieved.

G   Action forecast to be completed by the completion date.

B   Action completed.

Red

Amber

Green

Blue

Headline Achievements

Strategic Theme 1: Encourage quality improvement in health and social care services

- 99% of all planned inspection activity is completed on target
- Audit of the Use of Mid-Urethral Tapes for Stress Urinary Incontinence in Northern Ireland completed

Strategic Theme 2: Use sources of information effectively

- Hosted a Dementia Conference at Mossley Mill in Quarter 3, involving carers and key stakeholders from each of the 5 HSC Trusts
- MHLD Information System Outline Business Case was approved by DoH

Strategic Theme 3: Engage and involve service users

- RQIA website received around 36,000 individual visits by the end of Quarter 3 which is a 33% increase from the same period of 2016-17
- 31 inspections have been carried out with lay assessor involvement
- 100% of service providers have signed up to exchange draft reports and QIPs in Quarter 3
- Announced joint Criminal Justice Inspection, Education Training Inspectorate and RQIA inspection of Woodlands Youth Agency completed in Quarter 3

Strategic Theme 4: Deliver operational excellence

- RQIA successfully achieved Investors in People (IiP) accreditation using the new standard 'Generation 6'
- Achieved ISO9001:2015 certification
- RQIA Savings Plan 2017-18 was approved by the Board in September 2017

Traffic Light Ratings Quarter 3

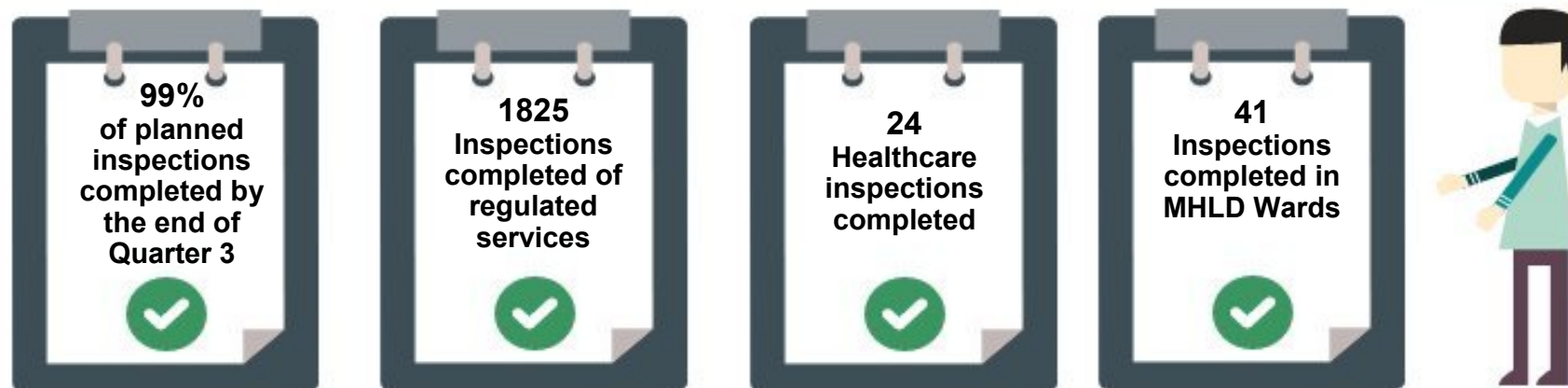|	
0 (0%)	
0 (0%)	
19 (95%)	
1 (5%)	

Actions that require exception reports are detailed below:

No actions required exception reports in Quarter 3

Strategic Theme 1 - Encourage quality improvement in health and social care services

Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

Number of Inspections completed versus planned (Cumulative Quarter 3)

99% of planned inspections completed by the end of Quarter 3 ✓

1825 Inspections completed of regulated services ✓

24 Healthcare inspections completed ✓

41 Inspections completed in MHLD Wards ✓

The Magilligan inspection report published in Quarter 3 highlighted the positive prisoner rehabilitation and progress made of the facility since the last inspection. The Inspection team also welcomed the innovative work undertaken to improve provision for disabled and older prisoners and improvements in relation to health care of prisoners.

RQIA's Children's Team have been engaged in improvement activity with trusts. One such piece of work has focused on reflective learning for both organisations on an episode of enforcement action. This piece of work has resulted in a review of monthly monitoring reports, which has been piloted by a Trust. This has led to major improvements in the effectiveness of the governance practices in relation to the operation of children's homes.

An environmental audit tool has been created to ensure all environment issues are addressed in a timely manner. Significant work has been undertaken by a number of Trusts to address the ligature points across a number of wards throughout NI. There is good evidence of support to patients to promote their recovery and re-integration into the community.

In MHLD areas of good practice was found in relation to the completion of patients' comprehensive risk assessments. There was evidence that all assessments had been transferred onto the patient electronic recording system (PARIS) and there was evidence that these had been completed with patient and carer involvement.

Strategic Theme 1 - Encourage quality improvement in health and social care services

Action 1.1

Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

Guidelines and Audit

The regional report on the Audit of the Use of Mid-Urethral Tapes for Stress Urinary Incontinence in Northern Ireland is complete. The report is currently with the legal team regarding Declaration of Interests.

Recommendations

Our audit included four recommendations which addressed:

- Consent
- Designation of surgeon and location of surgery
- Involvement in National Audits
- Review of OPCSA-4 codes
- Long-term outcome audit

Reviews

Quarter 3 saw the commencement of the one year revised review programme, with 3 reviews initiating:

- Review of the Out-of-Hours General Practitioner (GP) Service (RQIA Initiated)
- Review of Service Frameworks (DoH Commissioned)
- Review of the Implementation of NICE Clinical Guideline 174 (NG174) – Intravenous Fluid Therapy in Adults in Hospital (DoH Commissioned)

Strategic Theme 1 - Encourage quality improvement in health and social care services

Action 1.1

Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

Enforcement Activity (Cumulative Quarter 3)

Serious Concerns Meetings

34

Enforcement Intention Meetings

13 No enforcement action

22 Enforcement action
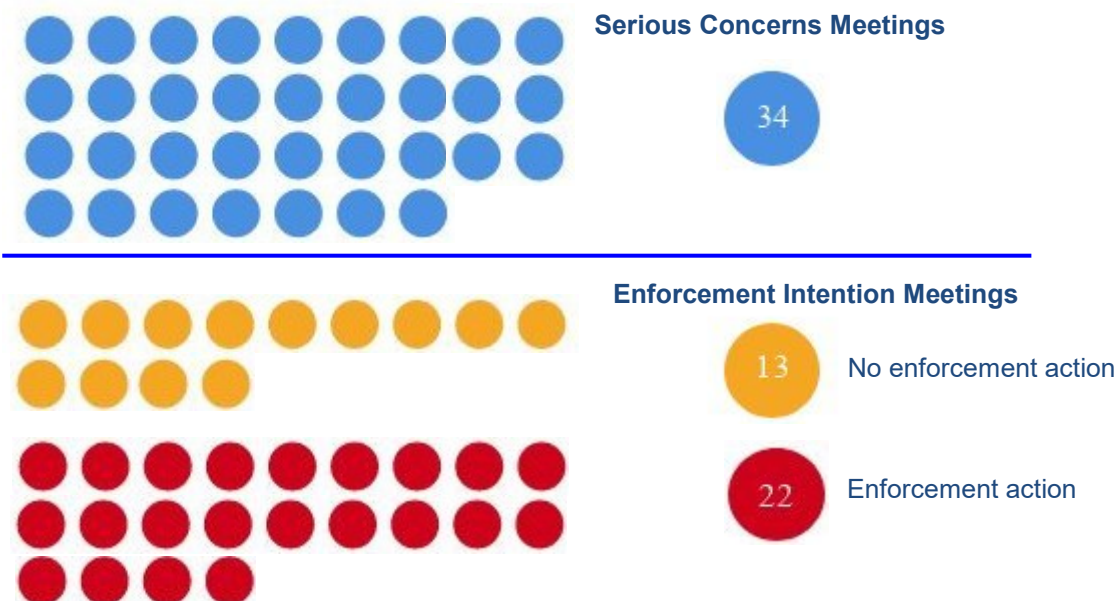
During Q1 – Q3, 34 serious concerns meetings took place to highlight RQIA's concerns about areas of potential noncompliance, and to discuss actions required to address these concerns. These meetings did not result in enforcement action.

During this period, RQIA held 35 enforcement intention meetings (including intention meetings to issue improvement notices, notices of failure to comply with regulations (FTC), or to consider moving to place conditions of registration on a service). These resulted in formal enforcement action against 14 services, comprising: 15 FTCs; 3 notices of proposal; 1 notice of decision; and 3 conditions of registration. Breaches in regulations identified related to: care; quality monitoring; management, staffing and recruitment issues; estates issues including fire safety and hygiene; and resident's finance. RQIA also issued 4 improvement notices to NI Ambulance Service in respect of infection prevention/control and governance in respect of two ambulance stations.

In August 2017, a service was closed as a result of RQIA making an application to a magistrate for an urgent closure order, following the identification of a significant number of regulation breaches.

In 13 cases the meetings did not result in formal enforcement action as the management of the service provided RQIA with assurance through comprehensive action plans to address the concerns identified. These action plans are monitored through RQIA's ongoing regulatory activities, and where further breaches are identified enforcement action may take place.

Strategic Theme 1 - Encourage quality improvement in health and social care services

Action 1.1

Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

Number and percentage of areas for improvement stated once and restated on further occasions (Cumulative Quarter 3)
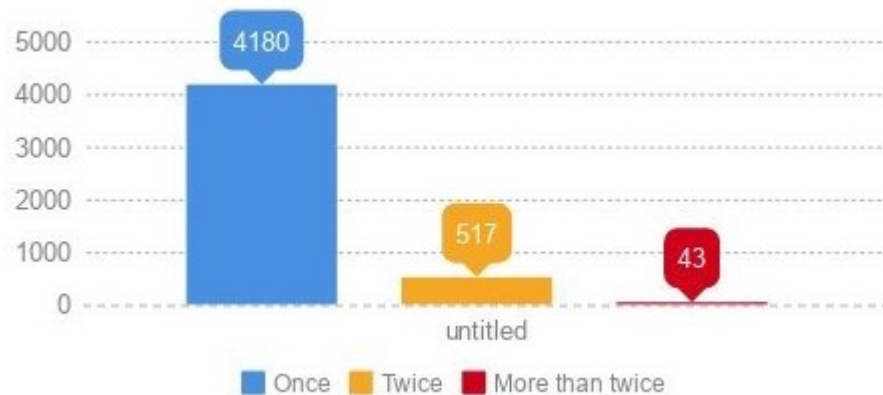
The number of areas for improvement (Regulation and Nursing and MHLD) stated once in Quarter 3 increased by 1339 bringing the cumulative total to 4,180. The number of areas for improvement stated twice in Quarter 3 was higher than in Quarter 2 at 175 bringing to the cumulative total to 517. The number of areas for improvement stated more than twice in Quarter 3 was however lower than in Quarter 2 at 8 bringing the cumulative total to 43.

The number of inspections which resulted in no areas for improvement (Regulation and Nursing and MHLD) increased in Quarter 3 by 234 bringing the cumulative total to 683.

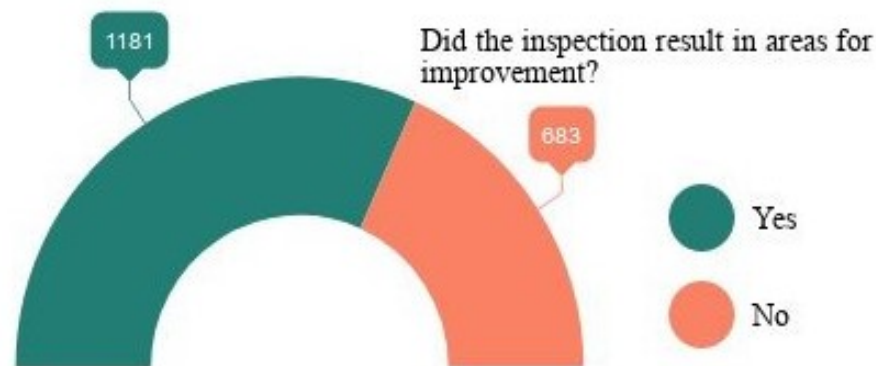# Strategic Theme 1 - Encourage quality improvement in health and social care services

Action 1.1

Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits

Number of areas for improvement identified within each of the domains of safe, effective, compassionate care and well led service (Cumulative Quarter 3)

179 areas for improvement were identified by the MHLD by the end of Quarter 3, with 40% (72) against the 'Safe' domain

- Safe Care
- Effective Care
- Compassionate Care
- Well-led Service
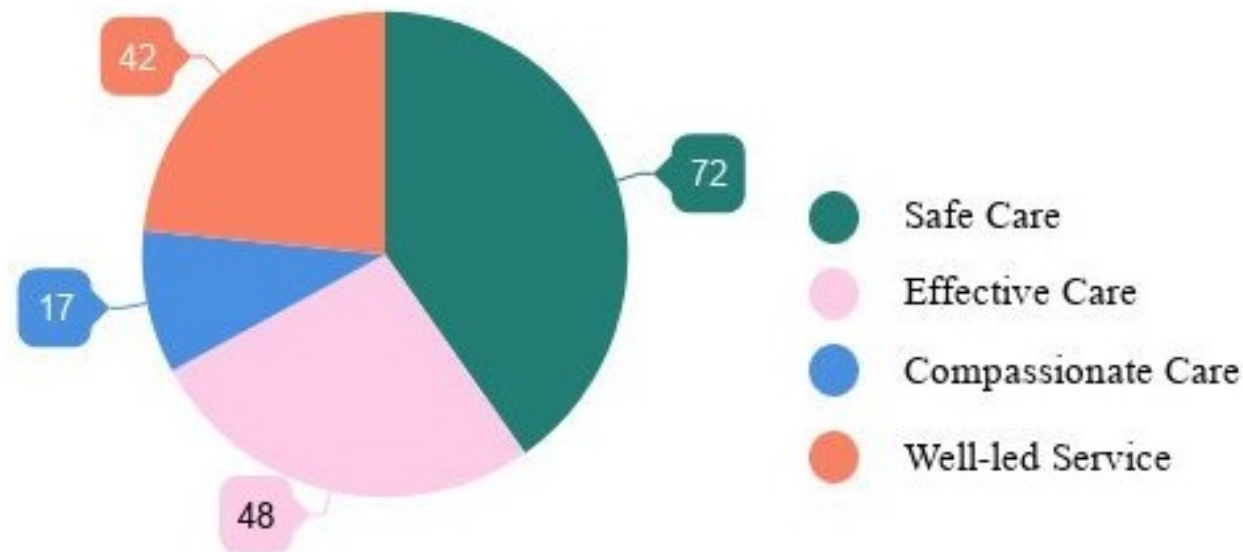
Under the 'Safe Care' Domain, inspectors identified a range of areas which required improvement including:

- Reduced staffing levels and non-adherence to Trust policy on enhanced observations
- Concerns were about the timely sharing of information in relation to admissions and discharges from two wards
- Lack of progress in implementing areas for improvement for example risk assessments

Brag Rating

G

Action on target

Strategic Theme 1 - Encourage quality improvement in health and social care services

Action 1.2

Review and evaluate the evidence for an inspection assessment framework in facilitating improvement

Submission of a proposal to the RQIA Board based on the findings of the review and agreement of a way forward for the inspection methodology

Partnership work with Queen's University, Belfast (QUB) continued with completion of a 'mapping exercise' to chart, categorise, and define the range of components used in inspection systems. Inspection component themes have been mapped to three core elements of Director, Detector and Effector in effecting change / improvement.

The systematic review then utilised the findings from the mapping exercise to update key research from the Health Foundation in order to appraise the effectiveness of inspection systems (and their various components) for improving quality of care outcomes in health and social care.

The systematic review was presented to the Project Board on 18 October 2017.

Findings from the project will be used to inform RQIA's inspection framework in the future, aligned to the new organisational structure, as well as other ongoing initiatives such as the review of the 2003 Order and the Fees and Frequencies Project.

Brag Rating

G

Action on target

Strategic Theme 1 - Encourage quality improvement in health and social care services

Action 1.3

Develop proposals for the Review Programme post-2018

Develop proposals for the Review Programme post-2018

Development of a shadow programme of reviews, audits and guidelines for the time period from September 2018 to September 2019 has commenced.

The following themes are being considered for inclusion:

- End of Life / Do Not Attempt Resuscitation (Adult and Children's Services): DoH Commissioned
- Deteriorating Patients (Across services / settings): DoH Commissioned

As part of RQIA's Communications and Engagement Strategy, RQIA will provide opportunities for stakeholders, including service users and the general public to inform and input into the design of the Review Programme from 2018 onwards.

Brag Rating

G

Action on target

Strategic Theme 1 - Encourage quality improvement in health and social care services

Action 1.4

Develop a template report to enable the publication of an annual summary of the quality of services inspected, reviewed and audited by RQIA (the first report will be produced in relation to 2017-18)

Approval of a report template and methodology by the RQIA Board and the Department

A meeting was held in June between Chief Executive, Medical Director and communications team, to commence work on the approach and outline format for this summary report.

The approach and format employed by other regulators was also sourced and reviewed.

The first annual quality summary report will be produced Quarter 1 2018-19 (end of June 2018) and will relate to the quality of services inspected, reviewed and audited during 2017-18.

A summary report template will be agreed by the end of March 2017-18.

Brag Rating

G

Action on target

Strategic Theme 1 - Encourage quality improvement in health and social care services

Action 1.5

Provide advice and guidance to service providers on quality improvement systems

Number of service providers who state that their quality improvement systems have been strengthened as a result of our interventions

In Quarter 2, the Executive Management Team approved the impact questions to be used in the service provider post inspection questionnaire. The effect of RQIA's interventions will be captured through common impact questions.

Follow-up with the service provider will happen between 6 - 8 weeks following the inspection.

A change request was made in Quarter 3 to amend iConnect to record the impact questions. It is anticipated that the new impact questions will commence in Quarter 1 2018-19.

Questions

Impact questions included in the service provider post questionnaire are based around two areas of improvement:

As a result of your RQIA inspection, have you made changes to the service to date which you expect to lead to improvements?

As a result of your RQIA inspection, have you planned any further changes to the service which you expect to lead to improvements?

Brag Rating

G

Action on target

Strategic Theme 1 - Encourage quality improvement in health and social care services

Action 1.6

Participate as an active partner in the design and development of an Improvement Institute / System for Northern Ireland

Brag Rating

G

Action on target

Summary of RQIA's participation in the Improvement Institute for Northern Ireland and the deliverables from the work of the Institute

RQIA is a member of the Critical Friends Group which was established to critically challenge and provide senior guidance and governance oversight to the design process of improvement.

RQIA's Medical Director participated in meetings of the Design Collaborative progressing work of the Improvement Institute/System.

A series of learning conversations with improvement experts in UK and Ireland, hosted by RQIA's Medical Director, continued during Quarter 3. The key themes arising were presented at a workshop in Quarter3.

The need for a collaborative and seamless approach for quality improvement and innovation across HSC in NI has been reiterated through a number of strategic reports, most recently the Bengoa Report.

We have continued to participate in work addressing a regional improvement system. Two HSC staff have been seconded (from NI Ambulance Service and South Eastern Trust) to work half-time on development of system infrastructure throughout 2017/18. Work is currently progressing on a draft paper for the Transformation Implementation Group (TIG) Department of Health meeting to be held in March, which will set out the main   components of the 'improvement system' across the region.

The two secondees (acting as Project Manages) are currently completing a series of semi-structured interviews with key stakeholders across the region, to inform the paper for TIG. The general/outline structure currently envisaged for the improvement system includes – a leadership alliance (to provide oversight and drive), a regional hub with a range of important functions (develop QI capacity, support scale and spread, be a repository of best practice, promote and develop collective leadership, assess improvement offers available across the region/through Trusts and or ALBs, co-ordination and support to innovation, progress learning emerging through SAI reviews, co-ordination of spokes/system offers to the regional infrastructure) and spokes comprising the groups and HSC staff working on improvement and QI across HSC organisations. Both secondees are expected to return to their substantive posts from 1 April 2018, feedback is awaited following discussion by TIG members.

Strategic Theme 1 - Encourage quality improvement in health and social care services

Action 1.7

Produce a proposal for the consideration by the RQIA Board regarding the independent evaluation of the Hospital Inspection programme

Proposal to RQIA Board Produced

An independent external review of the Hospital Inspection Programme was carried out by an EFQM assessor in 2016. This review evaluated the systems and process used as part of the inspection process.

It was agreed during the RQIA Board meeting on 6 July 2017 that a further external review was not required at this time.

Brag Rating

B

Action Implemented

Strategic Theme 2 - Use sources of information effectively

Action 2.1

Develop and implement an Intelligence Action Plan 2018/19

Number of actions fully implemented in the Information Action Plan by target

Arising from our review of Intelligence and information systems that there was clear potential to increase the use of clearly defined and targeted analysis to inform the work of the RQIA.

In response we have developed an Information Action Plan incorporating 30 actions.

Sixteen actions have been successfully implemented including :

Produced first control charts monitoring service risk indicators which will be presented to EMT in Q4

Built and tested new Web portal Modules (PIQs, Children's Monitoring Returns)

Increased update and usage of the RQIA web portal

Brag Rating

G

Action on target

Strategic Theme 2 - Use sources of information effectively

Action 2.2

Foster strategic alliances with other system regulators and improvement bodies both regionally and nationally

Brag Rating

G

Action on target

Number of information sharing agreements and Memorandums of Understanding

MoU activity for Quarters 1 - 3 includes:

- Northern Ireland Public Services Ombudsman MoU was signed off
- The HSC Honest Broker Service MOU was signed off
- A review and revision of the General Dental Council was initiated
- National Medical Council MoU has been signed off

Number of collaborations with system regulators and improvement bodies undertaken

In Quarter 3 RQIA was involved in the following events:

- Meeting with British Dental Association to discuss issues around AccessNI
- Hosted a Dementia Conference at Mossley Mill.
- Attendance at the General Medical Council, Medical Education Engagement Day
- Meeting at the Innovation Lab attended by all members of EMT and relevant staff
- Meeting with Brian Taylor, University of Ulster in relation to developing a risk matrix for inspections.
- Participated in the Medical Leaders Forum
- Meeting with the Cedar Foundation
- Hosted a workshop for senior managers in the Belfast Trust to explore and clarify the regulations governing Children's Homes
- Presented on 'Prescribed Forms - Achieving Best Practice' at the Royal College Of Psychiatrists in Northern Ireland training day
- Announced joint Criminal Justice Inspection, Education Training Inspectorate and RQIA inspection of Woodlands Youth Agency completed

Strategic Theme 2 - Use sources of information effectively

Action 2.3

Review and revise RQIA's Inspection Planning Tool (IPT) in the context of changes in Fees and Frequency of Inspection Regulations

Brag Rating

G

Action on target

% of Inspection Planning Tool (IPT) project milestones achieved

We are preparing to respond to the publication of revised Fees and Frequency of Inspection regulations which will make changes to fee structure and to the statutory minimum number of inspections. To-date all milestones are on target including:

We are currently working to develop an inspection planning and risk response tool that will afford us a revised risk assessment framework.

We have identified an expert resource of Professor Brian Taylor from University of Ulster whose area of expertise is around decision making, assessment, risk and evidence and we have engaged Professor Taylor to provide expertise around an evidence based weighting / mathematical model to our assessment of risk. This new risk framework will allow us describe an evidence base for our decision on which homes we will inspect only once and which we will plan to inspect above the statutory min.

A series of engagements are planned to take forward this work commencing with a workshop on Friday 3rd November in our Boardroom, where we will begin a conversation with Prof Taylor to describe the influencing factors, (across our four domains of inspection) that inform our decision to inspect.

We are on target to launch a new risk framework for the 2018-19 inspection year by the end of Quarter 4 2017-18.

Strategic Theme 2 - Use sources of information effectively

Action 2.4

Strengthen arrangements to capture the voice of service users and their families / carers, to include stakeholder reference group, lay assessors and through engagement during inspections

Evaluation of the effectiveness of engagement activities to capture the voice of service users

A work stream has been initiated and have and continue to meet regularly. The aim of the work stream was to ensure that the voice of the service user is heard, reported and acted upon. To-date all objectives have been achieved on target including:

- A new corporate questionnaire has been developed to be used by all directorates
- A template has been developed to record the views of service users, their relatives, and staff
- A survey monkey has been developed for staff to complete an online questionnaire
- An observational tool has been introduced across the organisation which will report on interactions between staff and service users
- A new module to record all of this information has been requested for iConnect
- The organisation should be able to report on satisfaction levels for the first quarter of 2018-19.

Brag Rating

G

Action on target

Strategic Theme 2 - Use sources of information effectively

Action 2.5

Commence implementation of a project to develop and implement an integrated MHLD information system to replace the existing legacy systems following approval of the Outline Business Case from DoH

Brag Rating

G

Business Case approved by DoH

% of milestones achieved on target from the Integrated MHLD Information System project plan

The MHLD Information System Outline Business Case was approved by DoH in November 2017. RQIA has made a bid to the HSCB e-Health Programme Board for capital monies in 2017-18 and 2018-19 to fund this initiative. A formal PRINCE2 project will be initiated, subject to the allocation of funding to allow the new information system to be implemented in 2018-19.

Strategic Theme 3 - Engage and involve service users and stakeholders

Action 3.1

Develop and implement a Communications and Engagement Strategy taking account of HSC PPI Standards to increase the public's awareness of the role and function of RQIA

Brag Rating

G

Action on target

% of actions implemented in the Communications and Engagement Strategy

During Q3 2017-18, the RQIA website received around 36,000 individual visits, which is a 33% increase from the same period of 2016-17. The cumulative total for Quarter 3 was 70,000 individual visits which is an increase of over 20% on the same period in 2016-17.

The number of clicks required to find the relevant information on the website reflects the impact of the improved design and streamlining of the new RQIA website, and an improved user experience.

The @RQIANews Twitter account continued to attract new followers.

1500 followers — March 2017
1664 followers — June 2017
1850 followers — September 2017
2100 followers — December 2017
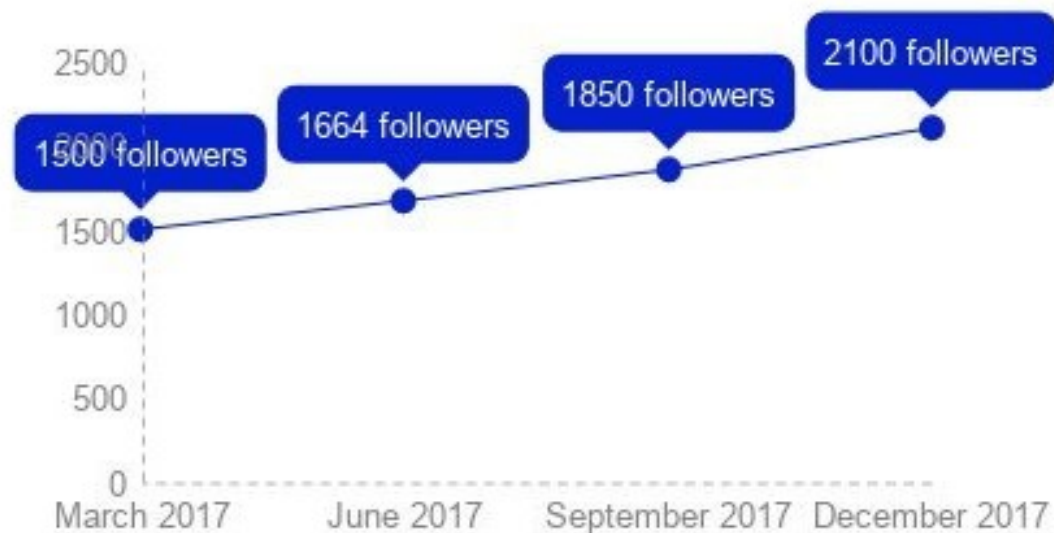
Strategic Theme 3 - Engage and involve service users and stakeholders

Action 3.2

Increase the number of stakeholders and lay assessors actively designing / participating in our programmes of work

Brag Rating

G

Action on target

Number of inspections completed with Lay Assessor involvement (Cumulative Quarter 3)
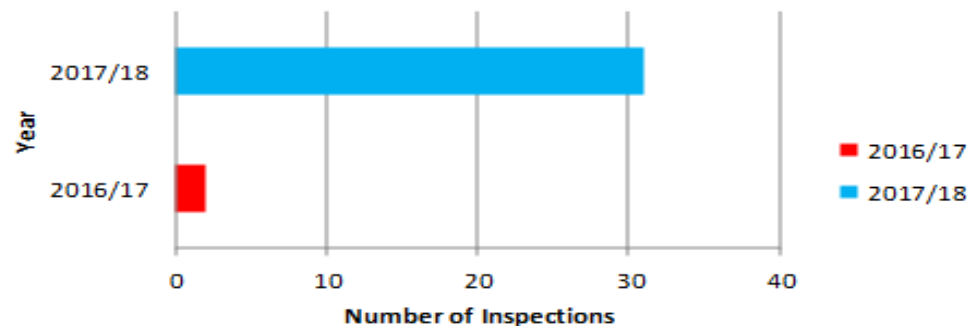
The target for 2017/18 is 58 inspections to include a lay assessor. By the end of Quarter 3, thirty one inspections had been completed with lay assessor involvement.

In Quarter 2-three inspections were completed within the Healthcare Team with Lay Assessor involvement.

In Quarter 3 – twelve inspections have been carried out in total. 4 within the Residential care homes team, four within the Nursing homes team and four in the MHLD team.

Number of opportunities for stakeholders to be engaged in the design of our work

RQIA have met twice with the Innovation Lab which currently sits within the Department of Finance.

The Innovation Lab hosted a workshop, with staff from RQIA during Quarter 3, to examine and explore how we can engage with our service users in a more meaningful and perhaps even in real time.

Strategic Theme 3 - Engage and involve service users and stakeholders

Action 3.3

Partner with the Innovation Lab (Department of Finance) to explore opportunities to work with our stakeholders to collaboratively redesign our activities

Brag Rating

G

Action on target

Number of prototypes designed and commenced

The Chief Executive met with the Innovation Lab Staff on 23 August 2017. A joint workshop with RQIA staff took place in October 2017. Further discussions are planned.

Number of RQIA processes refreshed through collaboration with our stakeholders and facilitated by the Innovation Lab

The Chief Executive met with the Innovation Lab Staff on 23 August 2017. A joint workshop with RQIA staff took place in October 2017. Further discussions are planned.

Strategic Theme 3 - Engage and involve service users and stakeholders

Action 3.4

Examine and explore opportunities to use technology to facilitate feedback from service providers, service users and their families / carers e.g. pilot the use of e-questionnaires

Brag Rating

G

Action on target

% increase in the use of the web portal by service providers (Cumulative Quarter 3)

The percentage of services who have registered with the web portal has increased from 94% in Quarter 2 to 98% by the end of Quarter 3. The percentage of service providers who have signed up to exchange draft reports and QIPs has also increased from 64% in Quarter 2 to 100% in Quarter 3 which was achieved in October.

Evaluation of the number and impact of the increased use of e-questionnaires

A work stream was initiated to consider the usefulness of e-questionnaires and concluded that this would be a much more effective manner to collect information from service users, relatives and staff.

A change request was made in Quarter 3 to amend iConnect to record the service users, relatives and staff questionnaires and a new observation tool to be used by RQIA's inspectors observe the environment and relationships in the service. The service users, relatives and staff questionnaires and observation tools have been agreed and built as an iConnect module.   It is anticipated that the new impact questions will commence in Quarter 1 2018-19.

Strategic Theme 4 - Deliver operational excellence

Action 4.1

Implement the Workforce Plan aligned to the Workforce Review carried out in 2016-17

% of actions in the Workforce Plan implemented on target

The workforce Review was completed in April 2017 with preliminary findings shared with EMT, and was presented to the Board in July 2017.

A meeting with the Joint Negotiation and Consultation Forum (JNCF) was held on 4 October to discuss the implications of the Workforce Review.

A 5 week consultation, with all RQIA staff, commenced in October and was completed on 10 November 2017.

Brag Rating

G

Action on target

Strategic Theme 4 - Deliver operational excellence

Action 4.2

Develop and implement an Organisational Development (OD) Plan aligned to the Investors in People (IiP) assessment

IiP staff survey results

The IiP online staff survey was completed in May 2017. 73% of staff responded, when 50% response rate was required. The survey results highlighted RQIA's areas of strength including:
* Areas of understanding values
* Performance management
* Structuring work

There were challenges identified as the organisation undertakes transformational change. Recommendations were made for all nine indicators of the IiP assessment model. However three areas have been identified as a priority:
* inspirational leadership and trustworthiness
* recognition and reward
* Building capacity

Recommendations from the IiP assessment have been mapped into an organisational development action plan and regular steering group meetings have been planned to ensure that recommendations are implemented over the next three years.

Level of IiP accreditation achieved

RQIA successfully achieved their IiP status using the new standard "Generation 6". The subsequent report with recommendations has been issued and disseminated to staff during a staff meeting.

% of actions in the Organisational Development Plan implemented on target

The recommendations from the IiP assessment have been used to form an action plan to support organisational development over the next three years. The initial focus will be around the areas of leadership, recognition and reward and learning and development.

Work has already commenced with regards leadership, this has been supported by the publication of the new leadership strategy document from the Department of Health. A new set of organisational values have been identified and a workshop has identified what these values mean for us and the expected behaviours associated with them. It is anticipated that this work will underpin the transformation of organisational culture.

Brag Rating

G

IiP ac-creditation achieved and organisation-al development actions on target

INVESTORS IN PEOPLE

Strategic Theme 4 - Deliver operational excellence

Action 4.3

Implement a project to prepare for ISO 9001:2015 assessment and achieve accreditation

Brag Rating

G

On target to achieve certification in December 2017

% of milestones achieved on target from the ISO9001:2015 Project Plan

The ISO9001:2015 Project Board continued to meet throughout Quarter 3.

By the end of Quarter 3 100% milestones were achieved on target.

Gap Analysis was completed over 2 stages 3 & 6 July

Internal auditor training completed on 3rd August

Internal audits completed across each directorate as per programme

Formal Assessment was completed in 2 stages, 14th Nov and 6-8 Dec
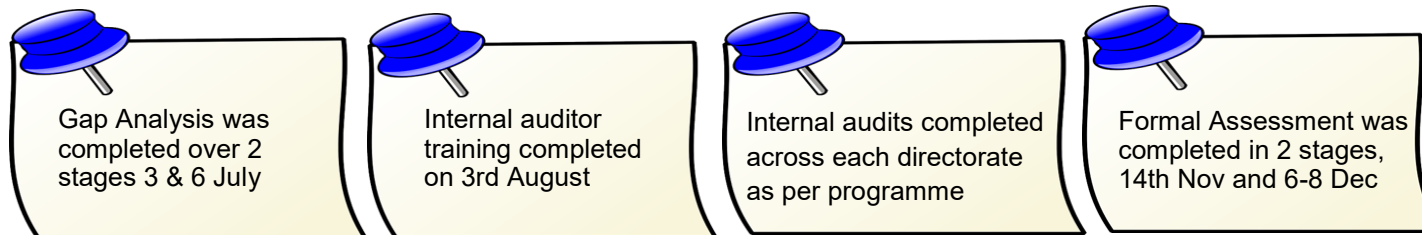
Achieved ISO9001:2015 accreditation

Achieved ISO9001:2015 certification in December 2017

Strategic Theme 4 - Deliver operational excellence

Action 4.4

Achieve financial balance and implement zero based budgeting

Savings Plan developed and approved by the RQIA Board and DoH

The RQIA Savings Plan 2017-18 was approved by the Board on 14 September 2017.

Projected and actual end-of-year financial position / Break-even

The implementation of the Workforce Review has necessitated holding a number of vacant posts unfilled in order to ensure flexibility in re-structuring the organisation and achieving the benefits of the Review. As a result of this RQIA will have a significant underspend at the year-end and a break-even position will only be achieved through a phased non-recurring easement to DoH. In November 2017 an easement of £300K was made to DoH and a second easement will be made in January 2018. As at 30 November 2017 the projected underspend is estimated to be circa £166.5K.

BSO did not meet the deadline for submission of a business case to DOH for VES funding. RQIA's bid for VES monies will now not be considered until January 2018.

Financial Outlook 2018-19 and 2019-20

On 28 November 2017 the DoH Director of Finance wrote to RQIA confirming that financial planning for 2018-19 and 2019-20 had commenced. The Director of Finance has indicated that it is unlikely that any budget settlement will be sufficient to meet all the increasing demands facing health and social care services. RQIA has therefore been asked to develop a range of savings proposals to provide for a reduction of up to 5% of the 2017-18 opening budget in 2018-19 increasing to 10% in 2019-20 i.e. £671K cumulatively across the two financial years. Costs pressures such as pay uplifts are to be absorbed within existing baseline budget allocations.

RQIA's Financial Scenario Plan 2018-19 and 2019-20 was submitted to DoH by the deadline of 13 December 2017.

Brag Rating

G

Action on target

RQIA Strategy Map 2017-21

Vision and Purpose

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

To 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

Strategic Themes

Encourage quality improvement in health and social care services

RQIA will use its powers under the 2003 Order to encourage quality improvement in health and social care services, support service providers and assure quality

Use sources of information effectively

RQIA will deliver independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need

Engage and involve service users and stakeholders

RQIA is committed to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do

Deliver operational excellence

RQIA is committed to developing our staff and using our resources effectively and efficiently to sustain an organisational culture of learning and continuous improvement

Core Activities

Regulation

Registering and inspecting a wide range of independent and statutory health and social care services to maintain and promote quality improvement

Reviews

Working to assure the quality of services provided by the HSC Board, HSC trusts and agencies through our programme of reviews, audit guideline development and healthcare inspections

MHLD

Identifying any ill treatment, highlighting gaps in care and treatment ensuring no-one is detained inappropriately

Values

Independence　　Inclusiveness　　Integrity　　Accountability

Professionalism　　Effectiveness