The Regulation and Quality Improvement Authority

AGENDA

RQIA Board Meeting
Boardroom, RQIA, 9th Floor, Riverside Tower, Belfast
13 November 2014, 2.00pm

PUBLIC SESSION

	Item	Paper Ref	
1	Welcome and Apologies		2.00pm
2	Minutes of the meeting of the Board held on Thursday 11 September 2014	min/ Sept14/ public	2.05pm **APPROVE**
3	Matters arising from minutes		2.10pm
4	Declaration of Interests		2.15pm
5	Chairman's Report **Chairman**	A/06/14	2.20pm **NOTE**
6	Chief Executive's Report **Chief Executive**	B/06/14	2.30pm **NOTE**
7	Director of Regulation's Report **Director of Regulation and Nursing**	C/06/14	2.45pm **NOTE**
8	Finance Report **Director of Corporate Services**	D/06/14	3.00pm **NOTE**
9	Update on Draft Corporate Strategy 2015-2018 **Chairman**		3.10pm **NOTE**
10	Corporate Performance Report (Quarter 2) **Director of Corporate Services**	E/06/14	3.55pm **APPROVE**
11	Corporate Risk Assurance Framework Report **Director of Corporate Services**	F/06/14	4.10pm **APPROVE**
12	Overview of Hygiene Visits 2013/14 **Director of Reviews and Medical Director**	G/06/14	4.25pm **NOTE**
13	Audit Committee Business **Committee Chairman** To include: • Approved Minutes of meeting of 26 June • Bi-lateral meeting of 1 October 2014	H/06/14	4.40pm **NOTE**

- Verbal update on Meeting of 16 October

14	Quality Improvement Steering Group **Steering Group Chair**	4.55pm **NOTE**
15	Any Other Business	5.10pm

Date of next meeting: 21 January 2015, Lecture Room 1, MDEC Building, Altnagelvin Hospital

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	13 November 2014
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Sept14 / public
Author	Katie Symington
Presented by	Dr Alan Lennon
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 11 September 2014.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the minutes of the Board meeting of 11 September 2014.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

PUBLIC SESSION MINUTES

RQIA Board Meeting
Board Room, 9th Floor, Riverside Tower, Belfast
11 September 2014, 12.35pm

Present	**Officers of RQIA in attendance**
Dr Alan Lennon OBE (Chair)	David Stewart (Director of Reviews and Medical Director)
Patricia O'Callaghan	Maurice Atkinson (Director of Corporate Services)
Denis Power	Kathy Fodey (Director of Regulation and Nursing)
Mary McColgan OBE	Theresa Nixon (Director of Mental Health, Learning Disability and Social Work)
Robin Mullan	Katie Symington (Board and Executive Support Manager)
Norman Morrow	
Daniel McLarnon	
Stella Cunningham	
Sarah Havlin	
Seamus Magee	
Lindsey Smith	
Gerry McCurdy	

Apologies
Glenn Houston (Chief Executive)
Dr John Jenkins CBE
Malachy Finnegan (Communications Manager)

1.0 Agenda Item 1 - Welcome and Apologies

1.1 The Chairman welcomed all Board members to the meeting and in particular welcomed Gerry McCurdy, new Board member, to the meeting. Apologies were noted from Dr John Jenkins, Glenn Houston and Malachy Finnegan.

2.0 Agenda Item 2 - Minutes of the meeting of the Board held on 3 July 2014 (min/July14/public)

2.1 The Board **APPROVED** the public session minutes of the Board meeting held on Thursday 3 July 2014.

2.2 <u>Resolved Action (63)</u>
Minutes to be formally signed off by the Chairman

3.0 Agenda Item 3 - Matters arising from minutes

3.1 Actions 57 and 59-63 were noted as completed.

The Director of Reviews and Medical Director updated Board members on the remaining actions detailed on the action list.

3.2 Papers have been tabled at this Board meeting in relation to Action 25, results of Oval Mapping. This action is now complete. Action 34 will be presented to Board members at the November Board meeting. Action 53; slides have been tabled at this meeting for Board member information. This action is now complete. Actions 55 and 56 have now been completed. A paper has been prepared for this Board meeting, as per action 58, this action is now complete. There were no matters arising from the minutes.

4.0 Agenda Item 4 - Declaration of Interests

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

4.2 The Chairman reminded Board members to complete their quarterly update of the Register of Interests form and return to the Board and Executive Support Manager.

5.0 Agenda Item 5 - Chairman's Report

5.1 The Chairman noted that he has participated in a number of introductory meetings since the July Board meeting.

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

6.0 Agenda Item 6 - Chief Executive's Report (A/05/14)

6.1 The Director of Reviews and Medical Director presented the Chief Executive's report to the Board. Board members were informed that the 2015-18 Corporate Strategy and Review Programme are currently out for public consultation.

6.2 The Director of Reviews and Medical Director noted both his and the Chief Executive's attendance at the Northern Ireland Human Rights Commission inquiry into Emergency Care, 10 September. RQIA awaits the outcome of this inquiry.

6.3 The Director of Reviews and Medical Director highlighted the meeting on 8 September with the Older Persons Commissioner. This was a positive meeting and RQIA have committed to keeping the Commissioner abreast of developments in relation to RQIA's review of the Cherry Tree House Report.

6.4 The Director of Regulation and Nursing drew the Board's attention to a tabled paper detailing enforcement activity from September 2013 - September 2014.

6.5 Board members requested that an executive summary is added to this document, along with key identifiers. The Director of Regulation and Nursing confirmed that enforcement issues can be escalated, where necessary to the relevant Trust, as the Commissioner of the service. Assurances are also sought from the Trusts, as Commissioners of the service. Board members noted that RQIA has the power to prosecute providers under the 2003 Order; however this can be a lengthy process.

6.6 Board members questioned the tolerance level of RQIA in relation to repeated enforcement proceedings. The Chairman confirmed that a piece of work will be taken forward in relation to enforcement procedures and RQIA's exercise of power.

6.7 At this point three members of the public joined the meeting, Mr Bennett, Mr Hanna and Ms McCullough. The Chairman welcomed the members of the public to the meeting.

6.8 Confirmation was provided by the Director of Mental Health, Learning Disability and Social Work that RQIA has met with the Belfast Health and Social Care Trust in relation to matters raised regarding Ward L, Mater Hospital. The issues raised will be reviewed at a RQIA follow up inspection.

6.9 A Board member requested more information to be made available at future Board meetings in relation to the Whistleblowing disclosures as detailed on page 8 of the Chief Executive's Report.

6.10 **Resolved Action**
Further information in relation to whistleblowing disclosures to be made available within the next Chief Executive's Report to the Board

6.11 A Board member raised the issue of Maine Nursing Home. The Director of Regulation and Nursing confirmed that RQIA are working with the Trust to ensure sufficient oversight and compliance of this home.

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

7.0 Agenda Item 7 – Finance Report (B/05/14)

7.1 The Director of Corporate Services presented the summary finance position as at 31 July 2014 to the Board. Board members were informed that in terms of prompt payment compliance, RQIA is required to meet a 95% payment target for invoices within 30 days and a 70% payment target for invoices within 10 days. Currently RQIA have 81% compliance for prompt payment within 30 days and 53.1% compliance for prompt payment within 10 days. The Director of Corporate Services noted that RQIA are reliant on the Shared Services Centre for the prompt payment of invoices.

7.2 The Director of Corporate Services noted that at the end of August 2014, 83% of RQIA's fee income had been received.

7.3 The Director of Corporate Services noted that RQIA's revenue position has changed following the production of this finance paper, due to the receipt of the RRL allocation letter from DHSSPSNI. The DHSSPSNI has reduced RQIA's funding by £167,593, which is a 2.5% non-recurring efficiency saving. The Director of Corporate Services highlighted a number of current cost pressures for RQIA, namely the two Commissioned Reviews by DHSSPSNI, Child Sexual Exploitation and the Unscheduled Care Review and also a BSTP maintenance cost of £14,500. The funding for the additional reviews has been agreed in principle but not confirmed, by DHSSPSNI.

7.4 The Director of Corporate Services highlighted to Board members that £57,000 of a budget contingency is available to RQIA, alongside a projected slippage in salaries and wages totalling circa £129,000, both of these savings are non-recurring. A deficit of circa £53,000 (efficiencies plus cost pressures) remains, should the DHSSPSNI agree to fund the two Commissioned reviews.

7.5 The Director of Corporate Services also confirmed that a memo has been issued to all staff detailing RQIA's financial pressures and noting financial controls which are now in place.

7.6 The Director of Corporate Services confirmed that RQIA must breakeven at the end of the 2014/15 financial year, with a tolerance of +/- £20,000. Board members will be kept informed of RQIA's financial position.

7.7 The Director of Corporate Services noted that in response to a Board member query, the issue of failure to meet prompt payment targets will be discussed at a future meeting of the Finance Forum, for regional organisations. This issue was also raised at the recent Accountability meeting with DHSSPSNI.

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

8.0 Agenda Item 8 – Update on RQIA's response to the Recommendations of the Independent Review of the actions taken in response to concerns raised about the care delivered Cherry Tree House, Carrickfergus

- **Review of inspection methodology: Project Brief**
- **RQIA action plan**

(G/05/14)

8.1 The Chairman informed Board members that further to a Freedom of Information request, a list of changes between the initial Cherry Tree House Report issued for factual accuracy checking and the final report, was prepared.

This list of changes was sent to the Review Team for consideration. The Review Team confirmed that the changes made to the report were made by them.

8.2 Board members reviewed the Action Plan to respond to the recommendations of the Independent Review of the actions taken in response to concerns raised about the care delivered Cherry Tree House, Carrickfergus.

8.3 Board members requested that a date for the completion of actions is included within this action plan. Clarification was also provided to Board members that the identification of a Non-Executive Director to act as a champion for whistleblowing issues, relates to internal whistleblowing only.

8.4 The Director of Regulation and Nursing confirmed that RQIA are working towards bringing all known information and intelligence together. The Chairman confirmed that he is confident that the project to respond to the recommendations of the Cherry Tree House Report will address the issue of information gathering to supplement inspections. The Chairman also noted that lay reviewers have now been recruited by RQIA and they will specifically speak to patients and families whilst out on inspection.

8.5 A Board member suggested that a Communication Strategy would be helpful within the context of this response. The Director of Regulation and Nursing confirmed that RQIA will produce, in the future, a three page leaflet, to include a tear off section at the back, which would be available to all Nursing Homes, and to all patients, families and staff. The Director of Regulation and Nursing also confirmed that the RQIA website has been recently enhanced with links to Trust complaint mechanisms.

8.6 The Director of Regulation and Nursing also presented the Directorate Improvement Project brief to Board members and noted that all activity arising from this work will form part of RQIA's total quality improvement planning.

8.7 Board members **APPROVED** the action plan, with amendments and the Directorate Improvement Project brief.

8.8 The Chairman invited Mr Bennett, member of the public, to make his comments to the Board. Mr Bennett noted that neither the families nor whistleblower have been consulted on RQIA's proposed actions, following the publication of the Cherry Tree House Report. Mr Bennett stated that abuse was ongoing within Cherry Tree House and questioned the independence of this review and the appointment of the Review Team. Mr Bennett noted that he had not received a response to his Freedom of Information request from RQIA.

Mr Bennett questioned why the families and whistleblower were not provided with an opportunity to comment on the report following its completion.

8.9 The Chairman thanked Mr Bennett for addressing the Board. The Chairman confirmed that a response would be issued to Mr Bennett, in relation to his Freedom of Information request, within the next week.

8.10 At this point in the meeting Mr Bennett, Mr Hanna and Ms McCullough left the meeting.

8.11 The Director of Regulation and Nursing advised the Board that further to comments made by Mr Bennett, in relation to the ongoing abuse of patients within Cherry Tree Nursing Home, she left the meeting to seek further clarification. Mr Bennett confirmed that he was not aware of any current abuse of patients.

9.0 Agenda Item 9 – Corporate Performance Report (C/05/14)

9.1 The Director of Corporate Services presented the Corporate Performance Report to Board members and explained the format of the report. Board members were asked to note the achievements in quarter one, detailed on pages two to six. The Director of Corporate Services also drew the Board's attention to those Actions and Measures of success which require exception reports. Board members were informed that the format of this report will change with the introduction of the Public Sector Scorecard and the new Measures of Success.

9.2 The Director of Regulation and Nursing confirmed that all staff Appraisals within the Regulation Directorate will be completed by the end of September, with the delays in completion due to sickness absence and structural changes within the Directorate.

9.3 The Director of Corporate Services noted that an update will be provided to the Board in relation to developments within Section 7, "Evidence" of the Corporate Performance Report, within the Headlines section.

9.4 The Chairman requested that the Volume of Inspection Activity detailed on page 11 of this report is revised. Board members noted the need for more performance outcome measures within this document.

9.5 The Chairman asked the Director of Regulation and Nursing to review the ISO Standard 17020, a standard for inspection, which is internationally recognised and audited against.

9.6 **Resolved Action (65)**
ISO 17020 to be obtained and analysed for use within RQIA

9.7 Board members discussed the frequency and quality of inspections undertaken by the Regulation Directorate. The Director of Regulation and Nursing confirmed that this matter had been discussed with the DHSSPSNI at a recent Accountability meeting and also brought to the Board, as an impact paper in May 2014.

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

10.0 Agenda Item 10 – Board Governance Self-Assessment Action Plan - Six Monthly Review (D/05/14)

10.1 The Chairman presented the Board Governance Self-Assessment Action Plan – six monthly review to Board members. Four of the red flags identified by Board members require no further action.
Board members noted one outstanding action in relation to RQIA's Business Cases as submitted to DHSSPSNI for approval.

10.2 Board members **NOTED** the Board Governance Self-Assessment Action Plan – Six monthly Review.

11.0 Agenda Item 11 – Update on work of Reviews Directorate

11.1 The Director of Reviews and Medical Director presented an update on the work of the Reviews Directorate to Board members. The Director of Reviews and Medical Director noted the ongoing Child Sexual Exploitation Inquiry, which was Commissioned by DHSSPSNI. The Director of Reviews and Medical Director also noted those planned Reviews which are currently in progress and also the development of RQIA's approach to undertaking Reviews.

11.2 The Director of Reviews and Medical Director highlighted to Board members that a letter will be issued shortly requesting expressions of interest, from Board members, for upcoming Reviews.

11.3 The Director of Reviews and Medical Director also noted the ongoing work of the Infection, Prevention and Hygiene programme. The compliance levels of organisations identified during these reviews will be reported to the Board at a future Board meeting.

11.4 RQIA's joint inspection role in Northern Ireland prisons was also highlighted alongside RQIA's role in relation to IRMER.

11.5 Board members **NOTED** the update on the work of the Reviews Directorate.

12.0 Agenda Item 12 – Update on development of new acute Hospital Inspection programme (E/05/14)

12.1 The Director of Reviews and Medical Director presented an update on the development of the new acute hospital inspection programme to Board members.

As part of the development of this new programme of inspections a project board will be developed and two/ three Board members will be invited to join this project board. This project board will also have input from DHSSPSNI.

12.2 RQIA has already engaged in discussions with DHSSPSNI in relation to the new inspection programme. The design of this programme will be built on existing work by the Review Directorate and the inspections will be piloted in 2015.

12.3 The Director of Reviews and Medical Director noted that some members of the Review Directorate have visited Salford Hospital, which uses a one day inspection tool. Salford Hospital has agreed to share this tool with RQIA.

12.4 Board members enquired as to the resource implications for this new programme of inspections. The Director of Reviews and Medical Director confirmed that a fewer number of Reviews will be carried out by RQIA and also more peer reviewers will be recruited, with DHSSPSNI agreement. These inspections will also draw on inspectors from the Regulation and Nursing team. Board members requested a man power planning model to be created and analysed, prior to the commencement of these inspections.

12.5 Confirmation was provided that peer reviewers are experts in their appropriate field. The Director of Reviews and Medical Director also confirmed that these inspections will be unannounced; however it is likely that the teams will inspect a facility for two to three days, providing the hospital with an opportunity to compile the information requested by RQIA.

12.6 Board members **NOTED** the update on the development of the new acute Hospital Inspection programme.

13.0 Agenda Item 13 – RQIA Annual Quality Report 2013/14 (F/05/14)

13.1 The Director of Corporate Services presented the Annual Quality Report to Board members. Board members were informed that the production of this report is a Departmental requirement. This Quality Report is produced to focus on internal quality.

13.2 Board members were informed that in relation to Theme Six, a public perception survey is currently being trialled and initial results will be available at the end of September 2014.

13.3 Board members **APPROVED** RQIA's Annual Quality Report.

14.0 Item 14 - Part II Panel Report (H/04/14)

14.1 The Director of Mental Health, Learning Disability and Social Work presented a Part II Panel update to the Board, on behalf of the Chair of the Part II Panel, Dr Jenkins.

14.2 The Director of Mental Health, Learning Disability and Social Work drew the Board's attention to page five of the report and asked the Board to approve the proposed amendments to Standing Order Five.
The Board approved the three changes to this Standing Order.

14.3 **Resolved Action (66)**
Standing Orders to be amended to reflect the changes to Standing Order Number Five

14.4 The Director of Mental Health, Learning Disability and Social Work informed Board members that 47 Part II Medical Practitioners have been appointed by the Part II Panel to date.

14.5 The Director of Mental Health, Learning Disability and Social Work requested that the board approve the current members of the Panel to continue to act as Part II and Part IV Panel members for the next year. Board members agreed to the continuation of these appointments. Board members also agreed to the additional appointment of one Board member to this Panel.

14.6 Board members **NOTED** the Part II Panel Report.

15.0 Agenda Item 15 – Investors in People (IiP)

15.1 Agreement that this presentation will be delivered at the November Board meeting.

16.0 Annual Progress Report 2013/14 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 (I/05/14)

16.1 The Director of Corporate Services presented the Annual Progress Report 2013/14 to Board members. This report is collated by RQIA and BSO.

16.2 Board members requested an addition to this document detailing RQIA's approach to Section 75 of the NI Act 1998.

16.3 Board members **APPROVED** this document subject to this amendment.

17.0 Any Other Business

17.1 As there was no further business the Chairman brought the public session of the Board to a close at 4.30pm.

Date of next meeting:

Thursday 13 November 2014, Boardroom, RQIA.

Signed _____

Dr Alan Lennon
Chairman

Date _____

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Status
34	14 November 2013	A paper on the implementation of RQIA recommendations following Review Reports will be provided to Board members	Chief Executive	13 November 2014
64	11 September 2014	Minutes to be formally signed off by the Chairman	Chairman	Complete
65	11 September 2014	Further information in relation to whistleblowing disclosures to be made available within the next Chief Executive's Report to the Board	Chief Executive	13 November 2014
65	11 September 2014	ISO 17020 to be obtained and analysed for use within RQIA	Director of Regulation and Nursing	13 November 2014
66	11 September 2014	Standing Orders to be amended to reflect the changes to Standing Order Number Five	Board & Executive Support Manager	Complete

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	13 November 2014
Title of Paper	Chairman's Report
Agenda Item	5
Reference	A/ 06/ 14
Author	Dr Alan Lennon
Presented by	Dr Alan Lennon
Purpose	To inform the RQIA Board of the Chairman's external engagements and key meeting since the last Board meeting of RQIA.
Executive Summary	Between 12 September and 7 November 2014, I attended 11 meetings on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable

CHAIRMAN'S REPORT

Meetings attended

- Chairperson's Forum re NI Political Overview, 17 September 2014
- Transforming your Care, Crumlin Road Gaol, 15 October 2014
- NICON Discussion series, 16 October 2014
- Introductory meetings; NISCC, Four Seasons, HSCB, PHA, NIAS, BHSCT, NIMDTA, Minister Jim Wells

As part of my general induction and briefing Glenn Houston and I met with the chair and CEO of the Belfast Trust. We had very useful discussions on the feedback process and content in respect of the inspections of A&E at the Royal Victoria Hospital.

The Quality Improvement steering group consisting of Glenn Houston, Daniel McLarnon, and chaired by Lindsey Smith has met for the first time. I attended to brief and hand over. The group is supported by Christine Goan who will provide focus and ensure progress in all the work streams within this remit. This oversight group will approve, guide, support and focus the work streams arising from the strategy and the emerging business plans. In effect, all the significant work streams in RQIA from now on will reference back to the strategy/business plan and to the EFQM model and will be overseen by this steering group. This will provide a coherent and focussed programme to optimise continuous improvement.

I have had a number of meetings on the draft corporate strategy culminating in a meeting of the re-constituted board grouping which helped progress the prior work. I've asked Lindsey Smith to join this group because of her Quality Improvement steering group role. We made excellent progress in refocusing the current draft. This is a significant item on today's agenda for information. Emailed comments have been received and are being worked on. This group needs to remain in place to see and assist in the 2015/ 2016 business plan's birth. (Very early next year)

Glenn Houston and I met with the new Minister. We discussed a range of topics from finance to inspection and review processes.

Glenn Houston and I met with Jim McCall, Chief Executive, Four Seasons Group. We had a short discussion about the sector and the issues emerging.

I attended a conference which provided an update on Transforming Your Care. We heard a number of views from inside and outside the Service. There was a debate about the pace of change and funding. There was widespread agreement that without radical change there is a large funding gap.

I attended a View from the Top seminar at which the new Minister was the key speaker. Some other board members attended. The Minister spoke with some levity but delivered a key message of very difficult decisions to come.
I sat next to the CEO of Praxis. We had an interesting exchange of experiences.

I attended the Chairs Forum which heard a presentation on the current political position and the ongoing difficulties.

Dr David Stewart and I met with Professor Gardiner and Alistair Joynes of NIMDTA. It was an extremely positive discussion around four areas where NIMDTA leadership feel we can add value to the system as a whole beyond defensive quality assurance. Dr David Stewart will meet further with NIMDTA to work up the ideas. These ideas include formal information sharing; a role for RQIA in providing opportunities for developing medical trainees in the field of quality improvement; sharing best practice; training trainers.

RQIA are currently operating in a particularly busy period. Meetings of note for me include:

- Quality 2020 event, jointly hosted by PCC and RQIA, 13 November 2014
- Visit from Care Inspectorate Scotland, 24 November 2014
- RQIA Senior Manager's workshop, 26 November 2014
- NICON Chair's Forum, 20 November 2014

DR ALAN LENNON
Chairman

13 November 2014

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	13 November 2014
Title of Paper	Chief Executive's Report
Agenda Item	6
Reference	B/06/14
Authors	Glenn Houston
Presented by	Glenn Houston
Purpose	The purpose of the Report is to update the Board on strategic issues which the Chief Executive and Senior Management Team have been dealing with since the September Board meeting, and to advise Board members of forthcoming strategic developments or issues.
Executive Summary	The matters highlighted in the Report include: • Strategic Developments or Issues • Significant Operational Issues or Risks • Corporate Governance Issues • Resource Issues (Finance and Human Resources) • Communications
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **COMMENT** on the Chief Executive's Report.
Next steps	Not applicable

CHIEF EXECUTIVE'S REPORT

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1. Strategic Developments or Issues

1.1 Corporate Services

Draft Corporate Strategy 2015-18

The public consultation on the draft Corporate Strategy ended on 31 October 2014. The final version of the Corporate Strategy, taking account of feedback from the consultation and comments from Board members will be presented to the Board in January 2015 for approval.

Business Plan 2015-16

Work has commenced on the development of the draft Business Plan 2015-16.

iConnect

Project Management support for Phase 2 of iConnect – the development of a web portal – has been approved until 30 March 2015. The Project Board continues to meet on a regular basis. Discussions continue with ITS to agree the Security Architecture Plan for the web portal. We are on target to go live with the web portal in March 2015, which will be implemented on a phased basis from March 2015 onwards.

Investors in People Accreditation

An event for staff to celebrate the achievement of IiP accreditation was held on 2 October. Fiona Stevenson, Human Resources & Organisational Development Manager and Theresa Nixon, Director of Mental Health & Disability represented RQIA at a prestigious Investors in People celebration event on 16 October at Hillsborough Castle. This event was organised by the Department for Employment and Learning to recognise the achievement of organisations having been recently accredited with Investors in People status.

Quality Improvement Programme

The new Quality Improvement Programme Steering Group chaired by Lindsey Smith met for the first time on 21 October 2014 (see Agenda item 14).

1.2 Regulation

Please see Director of Regulation's Report (Agenda item 7, C/06/14).

1.3 Reviews

The public consultation on the review topics to be included in the RQIA Review Programme for 2015 to 2018 ended on 31 October. Following consideration of the responses, a draft finalised programme will be brought for consideration by the RQIA Board in January 2015. This programme will include the planned reviews commissioned by DHSSPS.

Planning for the introduction of a new programme of inspections of acute hospitals to commence in 2015/16 is now taking place. The first meeting of the project improvement workstream to oversee this process took place on 30 October 2014. Meetings have taken place with organisations to consider access to possible sources of information which will inform the new inspection process.

On 22 October 2014, the report was published by Criminal Justice Inspection Northern Ireland (CJINI) of a joint inspection, by CJINI and RQIA, of 'The Safety of Prisoners held by the Northern Ireland Prison Service'. The report makes three strategic recommendations for improvement.

Fieldwork has now been completed for the Inquiry into Child Sexual Exploitation in Northern Ireland and the report of the review is to be forwarded for the consideration of Ministers in November 2014, prior to publication.

1.4 Mental Health and Learning Disability

1. Invitation to RQIA from Mr Justice O'Hara QC to provide a response to a recent judicial review judgment.

RQIA was invited to make a response to Mr Justice O'Hara by 13 October 2014 regarding a recent judgement pertaining to a guardianship order, made in accordance with the relevant articles of the Mental Health (NI) Order 1986.

The response considered guidelines set out by Sir James Munby (President of the Court of Protection, UK) following the decision of the Supreme Court in P v Cheshire West and Chester Council [2014] UKSC19, in their appropriateness for use in Northern Ireland.

On 23 October 2014 Mr Justice O'Hara invited specific submissions from the Trusts, the official Solicitor and the Human Rights Commissioner, and scheduled a one day hearing on 19 November 2014.

2. Serious Concerns and Whistleblowing

<u>Serious Concerns - Brooke Lodge</u>

RQIA raised serious concerns with the Western HSC Trust following an inspection of Brooke Lodge, an inpatient ward in Lakeview Hospital for people with learning disability.

Concerns regarding levels of restriction and deprivation of liberty, assessment and care planning, and failure to implement previously made recommendations were discussed at a meeting with senior Trust representatives on 21 October 2014.

The Trust has now provided a formal written response to RQIA to each of the eight areas of concern.

Whistleblowing – Beechcroft Unit, BHSCT

An anonymous whistleblowing telephone call from a person reporting to be a member of staff was received by RQIA on 20 October 2014.

RQIA inspectors undertook unannounced inspections of Beechcroft Wards 1& 2 on 20 October 2014.

Subsequent to the inspection, and following discussion with RQIA, the HSCB also visited the Beechcroft wards. The HSCB will monitor specific areas including staffing levels, risk assessment and management of incidents.

RQIA will liaise closely with the HSCB regarding these matters.

Whistleblowing – Bluestone Unit, SHSCT

RQIA received an anonymous letter on 23 October 2014, regarding Mental Health and Learning Disability Wards, Bluestone Unit, Craigavon.

The SHSCT has been asked to investigate the issues raised by the whistleblower and respond to RQIA by 24 November 2014.

2. Significant Operational Issues or Risks

Please see Corporate Risk Assurance Framework Report (Agenda item 11, G/06/14).

3. Resource Issues (Finance and Human Resources)

Please see Finance Report (Agenda item 8, E/06/14).

4. Corporate Governance Issues

Data Incident

The Information Commissioner's Office (ICO) wrote to RQIA on 1 November 2014 in relation to the data incident that occurred in July 2014. The ICO has decided that no further action is necessary at this stage.

Complaints

There have been no complaints about RQIA since the September Board meeting.

Freedom of Information & Subject Access Requests

Since 1 September there have been 17 new Freedom of Information requests.

Of these:

- Information was fully disclosed for 10 requests
- Partial exemption was applied to 3 requests
- No records were held in relation to 2 requests
- 1 request is awaiting clarification from requestor
- 1 request is under consideration

One request for internal review was received.

Three Subject Access Requests have been received since this time, two are awaiting clarification (ID required), and one is under consideration.

Whistleblowing Disclosures

RQIA has received seven whistleblowing disclosures since the September Board meeting. Two related to nursing homes; one each to a residential home; domiciliary care agency; a supported living service; a children's home; and a mental health and learning disability service.

The concerns related to a range of issues including: staffing levels, recruitment and management issues; nutrition; and safeguarding.

In each case, the concerns raised were followed up in line with RQIA's Whistleblowing Guidance, October 2013.

5. Communications

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

Following approval of RQIA's Annual Report and Accounts 2013-14 by the Northern Ireland Audit Office in early October, the Report was published on RQIA's website.

The Chief Executive addressed an audience of 50 delegates at the BSO Senior Staff Strategic Planning Workshop at Mossley Mill on 22 October 2014.

The presentation focused on the issues impacting on the delivery of health and social care in general, and the importance of maintaining good relations in the context of the outworking of the service level agreement between RQIA and BSO.

On 24 October, RQIA provided an information stand at Taking Charge of Change, the inaugural Northern Ireland Advancing Healthcare conference for allied health professionals, in Londonderry. During the conference there was positive engagement with delegates, and a strong interest shown in the work of RQIA.

On 28 October the Chief Executive addressed a seminar of 50 delegates organised by the United Kingdom Home Care Association (UKHCA) on the theme of regulation of domiciliary care agencies.

On 4 November the Chairman and Chief Executive met the Minister for Health Social Services and Public Safety and provided a briefing on current issues.

On 6 November the Chief Executive addressed a conference of 150 delegates on the theme of Transforming Your Care. This event was organised by the Northern Ireland Policy Forum.

During September and October 2014, www.rqia.org.uk received over 94,000 page views (hits) from some 14,000 visitors. This marks an increase in traffic to the website over the past year, and visitors are also spending more time on the site than in previous years.

GLENN HOUSTON

Chief Executive
13 November 2014

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	13 November 2014
Title of Paper	Report on Registration, Inspection and Enforcement Activity October 2014
Agenda Item	7
Reference	C/ 06/ 14
Author	Kathy Fodey, Director of Regulation and Nursing
Presented by	Kathy Fodey, Director of Regulation and Nursing
Purpose	To inform the Board on relevant registration, inspection and enforcement activity since the last board meeting.
Executive Summary	An overview of registration, inspection and enforcement activity as at 31st October 2014.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the updated RQIA Report from the Director of Regulation and Nursing.
Next steps	Not applicable

Section 1: Registration

The registration of establishments and agencies with RQIA is a requirement under Article 12 of the Health and Personal Social Services (Quality, Improvement & Regulation) (Northern Ireland) Order 2003. It provides a licence to operate for registered providers. Registration brings with it a commitment from the registered provider to adhere to the relevant regulations and standards and this is assessed through a process of inspection.

Table 1: Profile of the register

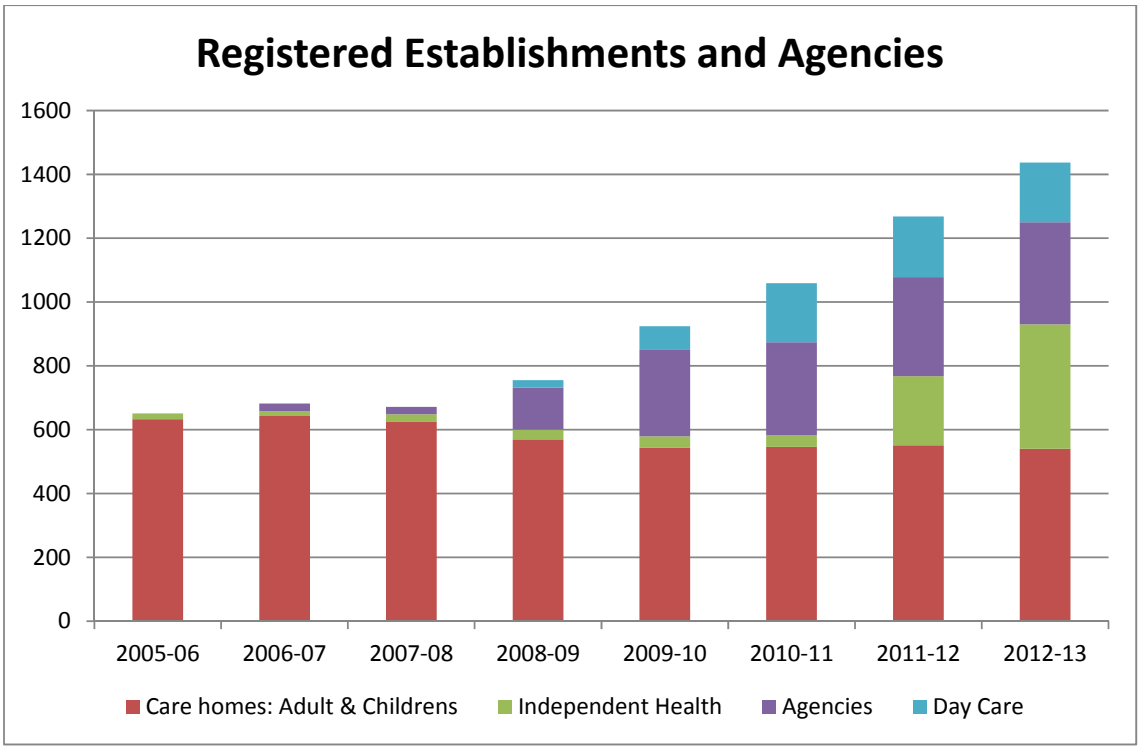
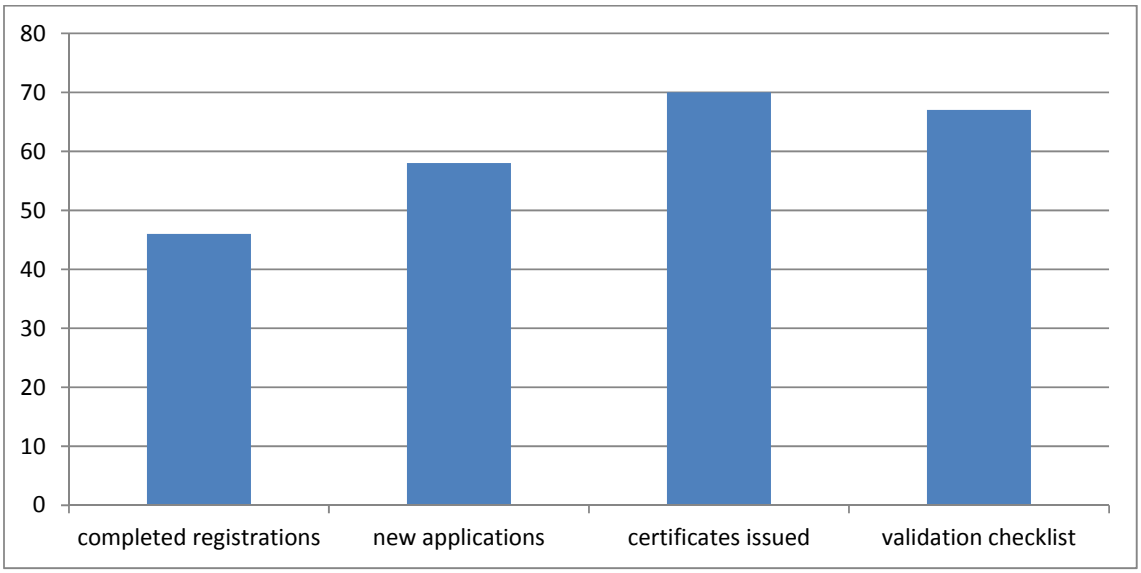


Table 2: Registration activity 9th Sep to 9th October



Registration profile of nursing home sector

Table 3: Profile of total number of registered places in nursing homes 2009 to 2014

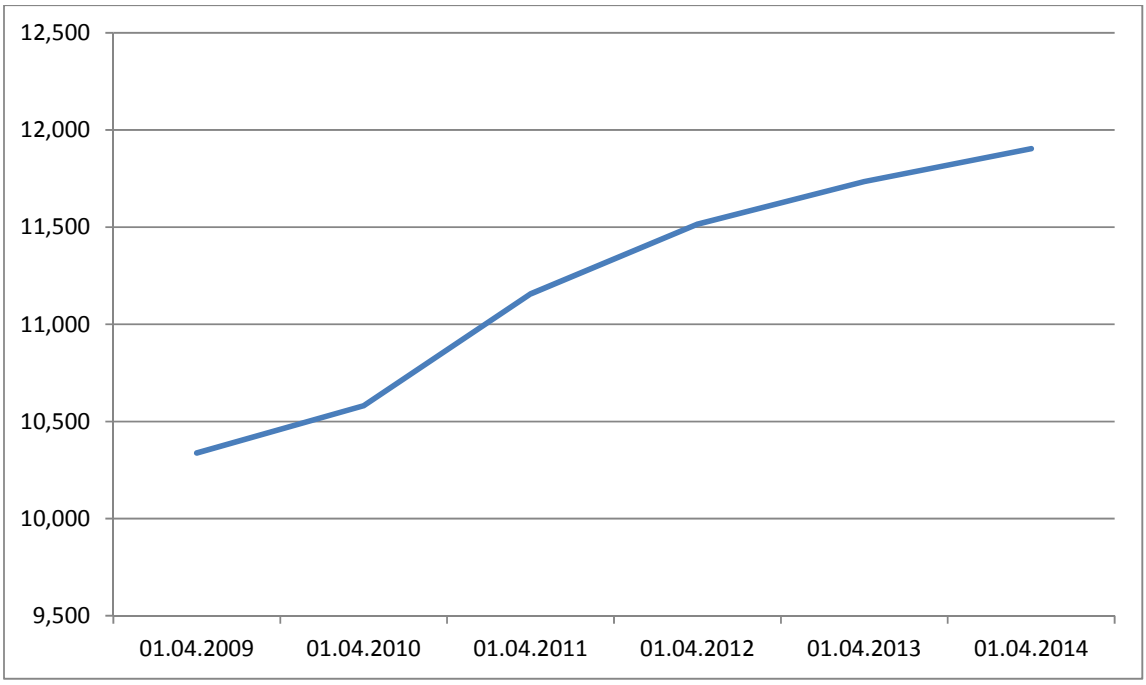


Table 4: Profile of providers of nursing homes

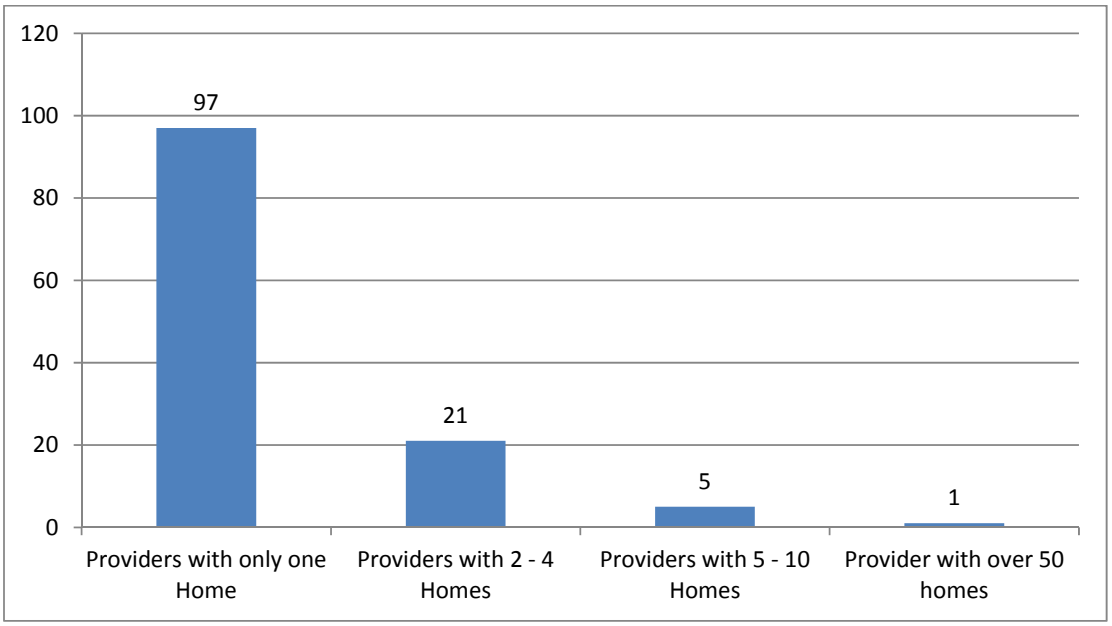


Table 5: Profile of the largest providers of nursing homes

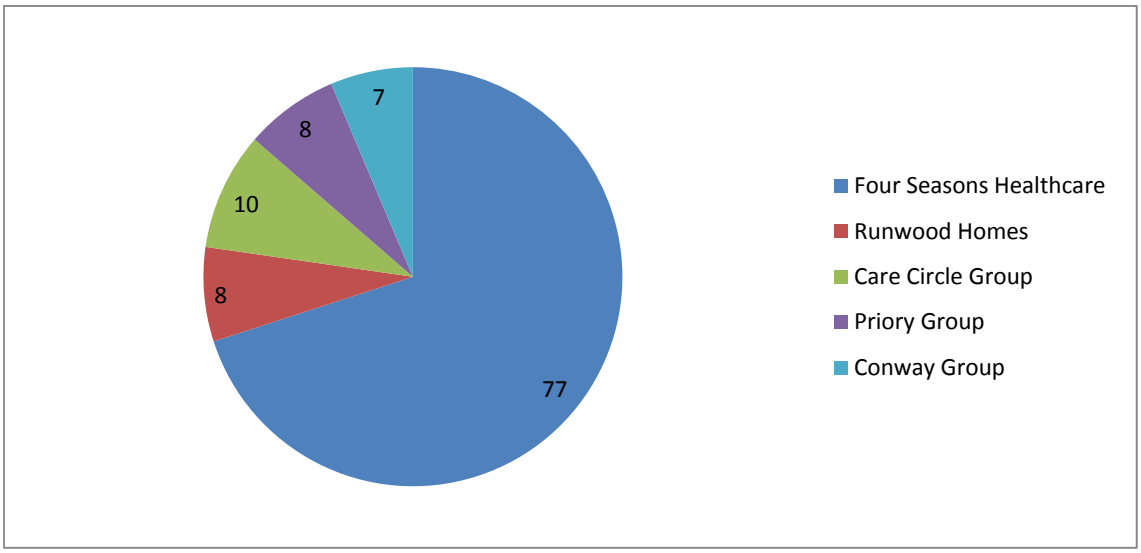
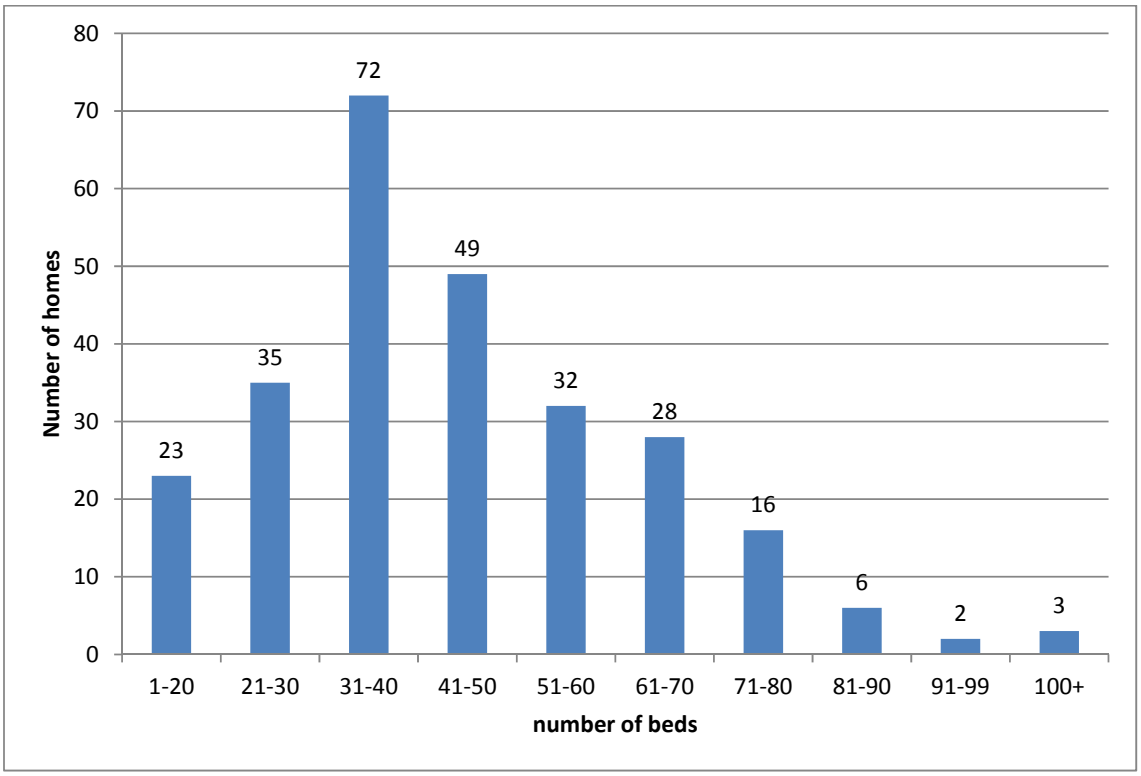


Table 6: Profile of the size of nursing homes by approved places



Section 2: Inspection

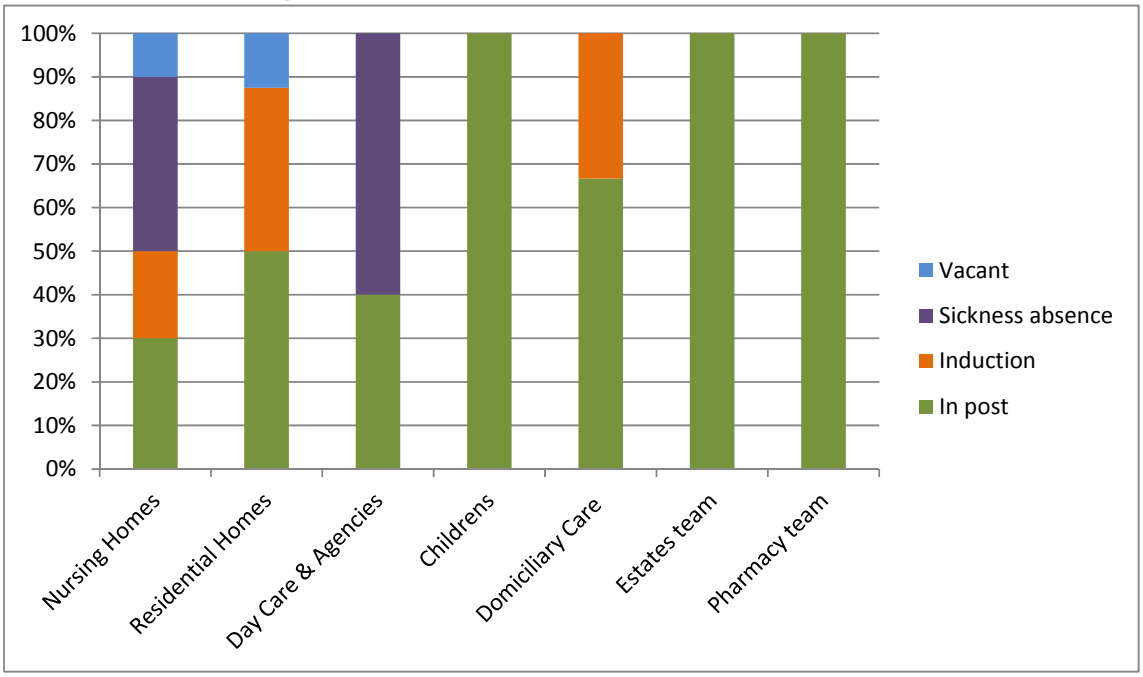
Table 7: Inspection activity scheduled against completed 9/9/14 to 9/10/14

Category	Inspections Scheduled	Inspections Completed	% Completed
Childrens (CH)	16	13	**81%**
Day Care Setting (DCS)	29	25	**86%**
DCA-Conventional	10	10	**100%**
DCA-Supported Living	24	24	**100%**
Independent Clinic (IC)	1	1	**100%**
Independent Hospital (IH)	2	2	**100%**
Independent Hospital (IH) - Dental Treatment	46	46	**100%**
Nursing (NH)	86	60	**70%**
Residential (RC)	65	50	**77%**
Young Adult Supported Accommodation	4	2	**50%**
Total	**283**	**233**	**82%**

Workforce Capacity

Inspection activity across August, September and October has been impacted by high levels of sickness absence and the requirement to support and induct new inspectors.

Table 8: Workforce profile



Business Continuity

The following measures have been put in place to manage the shortfall in inspection capacity.

Action	Rationale	Outcome
Review of primary inspection programme of 2 themes and 3 standards	• Reduces pressure on inspectors • Releases time from review of paperwork to focus on patient experience • Reduces report writing • Facilitates the use of bank and agency inspectors	• More inspections completed • More reports issued on time
Undertake all further inspections as secondary unannounced	• Flexibility in scheduling • More responsive to current issues • Shorter report format • Inspections can be conducted by one inspector rather than two	• Experienced inspector released to follow up on concerns and issues
Redirect any specialist inspection resource from any services with 2 inspections completed	• Focus inspection activity to meet statutory requirement	• Additional inspection capability released for high risk services
Review of duty call system with potential for admin staff to direct calls 8 week period	• Release inspector capacity to be redirected where necessary	• Potentially 40 additional inspection days
Maintain escalation and risk based approach	• Focus attention on areas of identified risk. • Provide capacity to respond to emerging risk	• Enhanced safety and quality for service users

Section 3: Enforcement

Overview of Enforcement Activity as at 23rd October 2014

Children's Homes

Establishment / service	Enforcement / Concern	Update
Western Trust Area	Following receipt of whistleblowing concerns, an inspection was conducted at children's home that identified deficiencies in management of child protection issues, management of unauthorised absences, management of care planning and deficits in training and supervision of staff	HSC Trust child protection processes initiated HSC Trust investigation commenced DHSSPS has requested assurance from HSCB on investigation, risk assessment, risk management plans and outcomes. RQIA conducting focussed inspections and will liaise with HSC Trust and Board

Dental Practices

Establishment / service	Enforcement / Concern	Update
Ballymena Dental Care, R McMitchell Dental World Ltd	25 June 2014 Notice of Decision to refuse an application for registration	Appeal lodged with Care Tribunal: 25 July 2014 Action at 23 October 2014: Letter to be sent to Care Tribunal requesting that case be listed for hearing
Donaghadee Dental Surgery, R McMitchell Dental World Ltd	4 March 2014 Notice of Decision issued to refuse to register an application for registration.	Appeal to Care Tribunal lodged: 18 March 2014 Care Tribunal deferred judgement until October 2014 on a commitment from the provider that he would achieve compliance with regulations. Action at 23 October 2014. Necessary certificate obtained by RQIA. No further action permissible until Care Tribunal make a determination, or the case is withdrawn.

Dundonald Dental Surgery, R McMitchell Dental World Ltd	13 June 2014 Notice of Decision issued to refuse to register an application for registration	Appeal lodged with Care Tribunal: 8 July 2014 Action at 23 October 2014: Letter to be sent to Care Tribunal requesting that case be listed for hearing
Lisburn Dental Surgery, R McMitchell Dental World Ltd	19 June 2014 Condition placed on registration relating to decontamination: A dental nurse proficient in the area of infection prevention and control must be on site at all times whilst dental treatment is being provided at this surgery. This nurse must continue to be on site until such times as the relevant staff are trained and deemed competent.	Inspection completed: 21 October 2014 Outcome: Unable to verify compliance in relation to staff training and competence. Requirements made and condition on registration to remain in place

Domiciliary Care Agencies: Supported Living

Establishment / service	Enforcement / Concern	Update
Fairways Cloonavin Green Project DCA, Coleraine (Fairways Independent Living Initiative)	12 August 2014 Failure to Comply notice issued relating to charging for domiciliary care provision.	Compliance required by 4 November 2014
Fairways Woodford Park Project DCA, Coleraine (Fairways Independent Living Initiative)	12 August 2014 Failure to Comply notice issued relating to charging for domiciliary care provision.	Compliance required by 4 November 2014

Nursing Homes

Establishment / service	Enforcement / Concern	Update
Chester Nursing Home, Whitehead (Chester Homes Ltd)	12 February 2014 Conditions placed on registration relating to: (1) hours worked by the nurse manager will be supernumerary (2) reg 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed.	Condition 1, in relation to 'the hours worked in the home by the nurse manager will be supernumerary' was lifted on 18/7/14 Condition 2, in relation to 'regulation 29 monthly monitoring reports' will remain in place until the main estates work is completed (beginning on 28 July 2014). Estates inspection completed 8 Oct 2014. Outcome: Assessment of 95% of works completed, further inspection required to review environment of home
Colinvale Nursing Home, Belfast (Raymond Murphy)	8 August 2014 Ten Failure to Comply Notices Conditions placed on registration relating to: (01). nurse manager to take control of the day to day management and control of Colinvale Court. (02) No new admissions (03) Reg 29 visit reports	**Care inspection** 6-7 October 2014. Significant improvement noted Outcome: Compliance achieved with the following FtC notices: 02 - assessment of patient's needs 04 - minimise infection/spread of infection 06 - training 07 - suitably qualified, competent and experienced staff Outcome: the following FtC notices have been extended to 8 November: 01 - food and fluids 03 - written nursing plan 05 - Manage the home 08 - appraisal, mandatory training 09 - supervised 10 - competency and capability assessment with any nurse in charge of the home

Colinvale Nursing Home, Belfast (Raymond Murphy)	19 August 2014 Six Failure to Comply notices issued: Three notices relating to fire safety, staff training and legionella control Two notices relating to patient finances One relating to medicines management N.B Representation received against FtC notices 15 and 16 relating to finance issues. Enforcement Review Panel met 13th October. Representation: Not upheld	**Estates inspection** 6 October 2014 Outcome: Compliance achieved with the following FtC notices: 12 – records of fire drill 13 - training in fire prevention 14 – infection control **Pharmacy inspection** 21 October 2014 Outcome: Compliance achieved with the following FtC notices: 11 – medicines management **Finance inspection** 13 October 2014 Outcome: Compliance achieved with the following FtC notices: 15 – Provision of furniture, bedding and equipment 16 – record keeping
Louisville Private Nursing Home, Belfast (Raymond Liam Murphy)	19 August 2014 Two Failure to Comply notices issued in relation to fire safety and legionella control	Compliance achieved at inspection of 20 October 2014
Maine Nursing Home, Randalstown (Adarra Developments Ltd)	24 June 2013 Two conditions on registration 1. hours worked by the nurse manager will be supernumerary 2. regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. July 2014, Notice of Proposal to cancel registration of Adarra Developments Ltd October 2014	Following consideration of representation on 15 August 2014 RQIA decision making panel decided not to implement the NOD and the NOP was withdrawn October 2014 the proprietors of Maine Nursing Home were summoned to appear at Antrim Courthouse on 27 October 2014 to answer charges in relation to the death of a resident which occurred on 8 April 2013.

Valley Nursing Home, Clogher (Valley Nursing Home (MPS) Ltd)	18 June 2014 Eight failure to comply notices issued relating to food and meal times, restrictive practices, patient finances, staff training, staffing levels and estates issues.	Compliance achieved with: Six notices on 15 August 2014 Two notices on 12 September 2014 Two notices lifted on 16 September 2014

Residential Care Homes

Establishment / service	Enforcement / concern	Update
Anniscliff House Residential Care Home , Maghera (Bernadette McGilligan, Jacqueline Davies	18 August 2014 Three failure to comply notices issued relating to Access NI checks, notifications and staff training.	Compliance achieved on 15 September 2014 Enforcement review panel met to consider representation: Not upheld
Bawn Cottage Residential Care Home, Hamiltonsbawn (Mr N and Mrs M Wylie)	31 January 2014 Prosecution pending	
Hebron House Residential Care Home, Markethill (Mr N and Mrs M Wylie)	31 January 2014 Prosecution pending	
Mantlin Court Residential Care Home , Kesh (Praxis Care Group)	30 July 2014 2 x FTC Two notices relating to restrictive practices and care planning.	Compliance achieved on 29 September 2014 Enforcement review panel met to consider representation: Not upheld
Mary Murray House Residential Care Home , Newcastle (Autism Initiatives)	4 August 2014 Two notices relating to staff levels and care planning Inspection of 15 September 2014, compliance not	Plans to relocate residents to new home may be outside FtC timescale. Further enforcement action to be considered following next scheduled inspection. Safety of residents assured by increase in staffing, employment of nurses, oversight from HSC

	achieved, extended to 2nd November	Trust and engagement with GP. Enforcement review panel met to consider representation: Not upheld

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	13 November 2014
Title of Paper	Summary Finance Report
Agenda Item	8
Reference	D/06/14
Author	Jonathan King
Presented by	Maurice Atkinson
Purpose	To present RQIA's summary financial position as at 30 September 2014.
Executive Summary	Forecast breakeven
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this update.
Next steps	N/A

FINANCE REPORT

Funding / Revenue Resource Limit (RRL)

RQIA received its opening RRL allocation on the 5th of September 2014 which included a 2.5% non-recurrent reduction to our indicative allocation baseline. This reduction equalled £167,593 and reduces our full year RRL allocation to £6,536,136.

Funding confirmation for a Clinical Excellence Award held by a member of RQIA's staff and equalling £38K remains outstanding.

Funding confirmation regarding two commissioned reviews also remains outstanding (CSE £183K and Unscheduled Care £25K).

Revenue Position

RQIA's expenditure up to and including September equalled £3.7 million compared to a budget of £3.8 million creating a year to date under spend of £106K. The year to date under spend is generated through the timing of non-pay expenditure and slippage caused by turnover times on a number of vacated posts.

In response to the RRL reduction Management implemented a number of actions. These include the implementation of a Vacancy Control Forum, the surrender of contingency funds, and the implementation of a number of controls on areas of non-essential expenditure.

The forecast outturn spend for 2014/15 is £7.7 million which is virtually matched by forecast income leading to a small projected overspend of £12K. This equates to a forecast breakeven position as it falls within the £20K breakeven window.

This forecast position is based on the usual operational assumptions in relation to expenditure and income but is also heavily dependent on the assumption that additional funding of £246K (CE Award, CSE and Unscheduled Care) will be made available by the Department in 2014/15.

Capital Resource Limit (CRL)

The original CRL allocation of £176K (£2K ICT Rewiring, £175K i-Connect Project) has been increased by £59K in relation to a successful bid for additional i-Connect Project Manager time. This project is scheduled to complete in March 2015.

The HSCB have provisionally approved to fund configuration work in relation to ICT Disaster Recovery (£14K). We await formal approval and notification.

Finally in terms of the regional rolling laptop/desktop refresh programme RQIA's indicative capital allocation for 2014/15 is £34K. This will allow the refresh of approximately 60 laptops. Final confirmation is anticipated in early Q4.

Prompt Payment Compliance

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

From April to September Shared Service's (SS) paid 572 invoices on RQIA's behalf, of which 83.2% were processed within the departmental 30 day target. The following table shows our 30 day performance from April to September.

Table 1: Payment Performance Vs the 30 Day Target (95%)

Month	Invoices Paid			% Paid
	Total	< 30 Days	> 30 days	Promptly
Apr	133	118	15	88.7%
May	84	61	23	72.6%
Jun	112	84	28	75.0%
Jul	87	74	13	85.1%
Aug	74	63	11	85.1%
Sept	82	76	6	92.7%
Total	572	476	79	83.2%

Performance from 2013/14 deteriorated with the implementation of Payment Shared Services but has steadily improved from May. RQIA's Finance team continue to invest a significant amount of time working with SS to improve payment performance and the accuracy of performance information.

Based on the latest SS Monthly Performance Report RQIA's performance is broadly comparable with SS's 10 other customers with only one organisation achieving 95%.

Of the 572 invoices paid by SS's over April to September 58.0% were paid within 10 days. The following table shows performance from April to September against the 10 day target.

Table 3: Payment Performance Vs the 10 Day Target (70%)

Month	Invoices Paid			% Paid
	Total	<10 Days	> 10 days	Promptly
Apr	133	77	56	57.9%
May	84	37	47	44.0%
Jun	112	52	60	46.4%
Jul	87	55	32	63.2%
Aug	74	52	22	70.3%
Sept	82	59	23	72.0%
Total	572	332	240	58.0%

RQIA's performance has improved to meet the 70% Departmental target in August and September and our performance is broadly comparable with SS's 10 other customers.

Outstanding Annual Fees (Debtors)

Annual Fee invoices for 2014/15 were issued in Quarter 1. At the end of October 93.3% of Fee income had been received leaving £53K still to be recovered. Final reminders were issued in September and each outstanding organisation has been contacted by phone requesting them to make urgent payment. £38K of this relates to 3 HSC Trusts with the balance of £15K relating to 19 assorted establishments.

It is anticipated that full recovery will be made in advance of financial year-end.

Recommendation

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

Maurice Atkinson
Director of Corporate Services

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	13 November 2014
Title of Paper	Corporate Performance Report
Agenda Item	10
Reference	E/06/14
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan linked to its strategic objectives and priorities as described in the Corporate Strategy 2012-2015. The report will present a **cumulative** picture of corporate performance and summarise key achievements and issues across the financial year.
Executive Summary	At the end of the second quarter of 2014/15, 16% of the actions within the Corporate Performance Report were implemented.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the Corporate Performance Report.
Next steps	The report for the third quarter of 2014/ 2015 will be presented to the Board on 18 February 2015.

CORPORATE PERFORMANCE REPORT 2014/15

QUARTER 2

1 July - 30 September 2014

Board Meeting – November 2014

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Introduction

Purpose

The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan, linked to its strategic objectives and priorities as described in the Corporate Strategy 2012-2015.

RQIA's Strategic Map available on page 45 is a visual representation on one page creating an integrated and coherent picture of the organisation's forward strategy.

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

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

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

The Traffic Light rating operates as follows:

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

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

= action forecast to be completed by the completion date.

= action completed.

Exception Reporting

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

Measures of Success

Information on Supporting Measures of Success is provided in the report. Measures of Success are qualitative and quantitative data that helps the organisation to gain an insight, make better-informed decisions and improve performance.

Summary of Progress to Date

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

Frequency of Reporting

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

1. Summary of Traffic Light Rating System (Period Ending 30 September 2014)

The table below shows a summary of the Traffic Light rating assigned to 99 actions within the Business Plan for the period ending 30 September 2014.

Traffic light		Period Ending June 2014	Period Ending Sept 2014	Period Ending Dec 2014	Period Ending March 2015
Red		1 (1%)	5 (5%)		
Amber		0	2 (2%)		
Green		88 (89%)	76 (77%)		
Blue		10 (10%)	16 (16%)		

At the end of the 2nd quarter of 2014/15, 93% of the actions within the Business Plan were reported as Blue or Green.

2. Headline Achievements (Period Ending 31 September 2014)

3.1 Regulation - Registering and inspecting a range of independent and statutory health and social care services Inspection Activity

Following a review of issues arising from inspections over the previous year, the inspection themes for 2014 / 15 include:

- Responding to residents behaviour in Residential Care homes
- Restrictive practice within the context of service user's human rights
- Service users receiving care in a supported living setting are not inappropriately deprived on liberty or subject to Inappropriate restrictive interventions in their own homes
- Children's homes audit of statutory records maintained for each child
- Infection control and prevention in dental practice
- Resuscitation Equipment and Resuscitation training in Independent Hospitals
- Procedures for Use of Lasers and Intense Light Sources in Independent Hospitals / Beauty Clinics

An increase in inspection activity to respond to concerns, coupled with a number of vacant posts has impacted on our ability to meet this target. A recruitment exercise has been completed and 5 whole-time-equivalent inspectors are in the process of commencing employment within the directorate. A range of measures have been introduced to support the risk based approach to inspection and to make progress towards achievement of statutory requirement for inspections.

An update on enforcement activity is provided at appendix A. To note that two further appeals have been made to the Care Tribunal in relation to the issue of Notices of Decision to refuse to register dental practices.

3.2 Review - Assuring the quality of health and social care through a programme of reviews and hygiene inspections

During Q1, the Reviews Directorate led the process of engagement to develop a new programme of reviews for the period 2015 to 2018. In Q2, a draft programme of reviews was published for consultation for a three month period. Following consultation, it is planned to bring the proposed final programme for consideration by the RQIA Board in Q4.

In Q2, RQIA published three review reports:

- **Independent Review of the Actions Taken in Relation to Concerns Raised about the Care Delivered at Cherry Tree House, Carrickfergus (July 2014)**

This review examined the actions taken by a number of bodies – DHSSPS, the Health and Social Care Board, health and social care trusts, and RQIA in response to complaints and whistleblowing concerns. The independent review team makes 22 recommendations for improvement by health and social care organisations in relation to complaints, whistleblowing and inspection processes.

- **Independent Review of Arrangements for Management and Coordination of Unscheduled Care in the Belfast HSC Trust and Related Regional Considerations**

Following the declaration of a major incident at the Royal Victoria Hospital in January 2014, the Health Minister requested RQIA to conduct an immediate inspection of the Emergency Department and Acute Medical Unit, which was published in April. The minister also asked RQIA to conduct a wider review of unscheduled care at the Belfast Trust, and wider regional considerations. This review makes a total of 17 recommendations for improvement in the management of unscheduled care in the Belfast Trust and the wider health and social care system across Northern Ireland.

- **Independent Review of actions taken in response to the HSC Board Report: Respite Support (December 2010), and of the development of future Respite Care/Short Break Provision in Northern Ireland(August 2014)**

In July 2009, DHSSPS wrote to the HSC Board, seeking its assistance in developing a better understanding of respite support activity across the HSC trusts. In 2009 and 2010, the HSC Board reported to DHSSPS, that inadequate arrangements existed in respect of activity and finance information in relation to respite support services, and made six recommendations for improvement. DHSSPS commissioned RQIA to review actions taken by the HSC Board to implement the recommendations; arrangements to take forward developments in adult and children's respite services; and the plans in place to ensure the views of service users, families and carers are taken into account when planning for the future. The review makes seven recommendations for improvement, including that the HSC Board should establish a working group to consider the full implementation of the original six recommendations.

In June 2014, RQIA participated in a joint inspection of Magilligan Prison together with inspectors from Criminal Justice Inspection Northern Ireland (CJINI), Her Majesty's Inspectorate of Prisons and the Education and Training Inspectorate (ETI). The report of the inspection will be published later this year. In Q2, RQIA participated in a joint inspection of Woodlands Juvenile Justice Centre with CJINI and ETI.

During Q2, RQIA is continuing to carry out a programme of inspections of augmented care settings in acute hospitals with the focus at present on adult intensive care units.

RQIA has commenced the planning process for a new programme of inspections of acute hospitals which will begin in 2015/16.

3.3 <u>Mental Health Order Oversight</u> - Delivering a programme of scrutiny and review of services provided to people with a mental illness or a learning disability

During Q2 the MHLD team inspection programme continued with Patient Experience Interviews, visiting 17 wards. Five primary type inspections were undertaken in Q2, and two follow up inspections to The Iveagh Centre. Reports have been produced in both full and easy read versions and have been made available on the RQIA website.

During the first half of 2014/15, inspection findings indicated that 71% of recommendations made by MHLD inspectors in previous inspection reports had been fully implemented by HSC Trusts. This information will be provided to HSC Trusts as a means of encouraging and sustaining improvement.

Prescribed forms providing details of sufficient legal grounds for a patient's detention in hospital are routinely screened by the MHLD team. 100% of prescribed forms were screened within the agreed timeframes. HSC Trusts were informed promptly of noted errors. Trusts were required to take appropriate actions to ensure that patients had been properly and legally detained under the Mental Health (NI) Order 1986, and patients' rights upheld.

MHLD inspectors reviewed 52 SAI investigation reports in Q2. Nine reports were assessed as fully compliant with agreed RQIA standards equating to 17% of all reports reviewed. This is an increase of 10% from Q1, indicating that Trusts may be producing reports of an improved quality and in accordance with the requirements of the HSCB Regional Procedure. This percentage compliance is low – less than 1/5 of SAI investigation reports include all of the required information. This will be discussed with the HSCB at the MHLD RQIA/HSCB/PHA liaison meeting scheduled for Q3, to agree how the HSCB will advise HSC Trusts in improving the information provided in SAI investigation reports.

The monitoring of the provision of ECT and the patient experience of ECT across the five Trusts continues. Dr Sara Maguire submitted an abstract for a psychiatric journal competition in relation to the review of the patient experience of electroconvulsive therapy in Northern Ireland. Although Dr Maguire did not win the competition, her article was very well received.

An audit of treatment plans detailing the use of psychotropic medications for more than three months received from November 2013 to August 2014 were reviewed against best practice standards for prescribing, including dosage, frequency and rationale for use. The final report will be published during Q3.

3.4 <u>Key Enablers (Corporate Services)</u>

RQIA achieved Investors in People (IiP) accreditation in June. IiP is the most successful framework for organisational improvement through people in the UK. Achieving IiP accreditation demonstrates our commitment to investing in and developing our staff and our belief that this is fundamental to our success as an organisation. We have commenced the process of using the formal feedback from the IiP assessor to engage with staff about how we can continue to work together to improve the leadership, management and development of staff in RQIA.

In Quarter 1 UAT, data migration and end user training for iConnect were completed. On 20 June the iConnect project underwent an Internal Peer Review (IPR) 4 Health Check: Readiness for Service. The primary purposes of this Review were to confirm that contractual arrangements are up to date, that necessary testing has been done to the client's satisfaction and that the client is ready to

approve implementation. The outcome of the review was “green” i.e. “*successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly*.” Phase 1 of iConnect went live on 30 June. Work is underway for the implementation of Phase 2 of the project – the development of web portal – which is due to go-live in March 2015.

Following an extensive pre-consultation exercise with staff and stakeholders, the draft Corporate Strategy 2015-18 was approved by the Board on 3 July. A 12 week period of formal consultation is due to close at the end of October.

The Annual Report & Accounts 2013/14 was approved by the Board on 3 July. The C&AG has certified that the 2013-14 financial statements with an unqualified audit opinion, without modification. The Annual Report & Accounts 2013/14 has been published and laid before the Assembly.

RQIA’s PPI Action Plan 2014/15 was developed and approved by the Board on 3 July.

An Improvement and Efficiency Operational Plan 2014/15 was developed and approved by the Board on 3 July. This Plan includes the six organisational excellence improvement initiatives which continue to be taken forward based on feedback from the EFQM assessment in 2012.

RQIA’s first Quality Report 2013/14 was developed and approved by the Board in September.

RQIA’s Risk Management Strategy was updated and approved by the Audit Committee on behalf of the Board on 26 June.

A new 3-year programme of internal audits 2014-17 was approved by the Audit Committee in May.

3. PERFORMANCE & EXCEPTION REPORT

Summary of Actions from RQIA's Corporate Performance Report 2014/15 that require Exception Reports

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Page Number
1.1.3	Publish inspection reports on all regulated sector service inspections on the RQIA website and within pre-set reporting targets (excluding children's services). **(DO)[1] (March 2015)**		An increase in inspection activity to respond to concerns, coupled with a number of vacant posts has impacted on our ability to meet this target. A recruitment exercise has been completed and 5 whole-time-equivalent inspectors are in the process of commencing employment within the directorate.	12
2.1.9	Introduce a lay assessor's component into the infection prevention/hygiene programme for 2014-15. **(Sept 2014)**		Lay assessors have been recruited and inductions have also been carried out. Contracts have not yet been issued and this issue has been taken forward with BSO to resolve.	17
4.2.2	Upgrade/replace RQIA website and intranet. **(March 2015)**		A business case is being finalised for the phased development of a replacement website and intranet. These developments will commence in 2015/16 subject to the approval of the business case, availability of capital funding and identification of a project manager to lead these developments**.**	29
5.2.2	Participate in HSC-wide staff survey. **(Dec 2014)**		It is unlikely that the HSC-wide staff survey will happen during 2014-15. To ensure that RQIA has consistent data relating to staff development and satisfaction an internal pulse survey will be completed in Q3.	32
6.1.2	Develop a corporate scorecard based on a best practice framework. **(Sept 2014)**		The development of the corporate scorecard has been put on hold pending the finalisation of the draft corporate strategy.	33
8.1.2	Implement the new i-Connect system. **(Sept 2014)**		Successful launch of the Core iConnect system occurred on 30th June 2014. This represents the substantive part of the system for internal RQIA use. Delivery of the remaining 'Web Portal' element of the project has been resourced and is scheduled to launch in March 2015	39

[1] Action meets the criteria set out in the DHSSPS Departmental Business Objectives 2014-15

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Page Number
8.3.2	Review and test of ICT disaster recovery systems. **(DO)** **(April 2014)**		The first phase of DR has been completed with active directory replication and hardware installation. DR remains a priority and is a large project covering over 27 IT Services. The scope of the DR implementation has expanded with the addition of iConnect services which has taken priority. A 3rd party has been engaged to complete delivery of the project a test will be completed in Dec 2014.	41

Summary of Measures of Success from RQIA's Corporate Performance Report 2014/15 that require Exception Reports

Supporting Measures of Success		Exception Report: Reason/Action/Emerging Risk	Page
1.1	**Volume of inspection activity (completed versus scheduled)**	Percentage of registered services that have received minimum inspections – Q2 41% An increase in inspection activity, responding to concerns, whistleblowing and to follow up on enforcement action continues is impacting on our planned schedule of inspections for the 2014/15 year.	11
1.1	**100% of draft inspection reports to the completed within 28 days from the date when the inspection was completed. (DO) (Q)**	By the end of quarter 2, 68% of draft inspection reports were completed within 28 days. An increase in inspection activity to respond to concerns, coupled with a number of vacant posts has impacted on our ability to meet this target. A recruitment exercise has been completed and 5 whole-time-equivalent inspectors are in the process of commencing employment within the directorate.	13
5.1	**A minimum of 90% of all staff with completed appraisals and PDPs by May (DO) (Q)**	**Q1** – 69% (94 completed) **Q2** – 91% (124 completed out of 136 staff) Since Q2 a further 5 appraisals have been completed raising the total percentage to 95%. Line managers have been notified about the outstanding 7 appraisals which will be completed by the end of Q3.	31

<u>1 - Regulation</u> - Registering and inspecting a range of independent and statutory health and social care services

1.1 - Completed an annual targeted and proportionate regulation programme to protect and safeguard the public and achieve improved outcomes for service users

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk
1.1.1	Complete a programme of themed and focused inspections of all regulated sector services in line with the statutory minimum frequencies outlined within the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005. **(March 2015)**		
1.1.2	Complete additional inspections above those set out in the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005, where assessed as necessary to provide assurance on the quality and safety of regulated services. **(March 2015)**		

Supporting Measures of Success

Q = to be reported on quarterly basis
S = to reported on six monthly basis
A = to be reported annually

Volume of inspection activity (completed versus scheduled)

Number of inspections completed versus scheduled by the end of Q2

Category	No of Inspections Scheduled	No of Inspections Completed	% of Inspections Completed
Adult Placement Agency	0	0	
Childrens*	64	63	98%
Day Care Setting	117	114	97%
DCA-Conventional	45	45	100%
DCA-Supported Living	95	93	98%
Independent Clinic	3	3	100%
Independent Hospital	29	29	100%
Independent Hospital - Dental Treatment	194	194	100%
Independent Medical Agency	0	0	
Nursing*	366	348	95%
Nursing Agency	3	3	100%
Residential*	289	277	96%
Residential Family Centre	0	0	
Young Adult Supported Accommodation	11	11	100%
Boarding School	2	2	100%
Young Adult Supported Accommodation	0	0	
Total	**1218**	**1182**	**97%**

*Requires two inspection to meet statutory minimum requirements

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
1.1.3	Publish inspection reports on all regulated sector service inspections on the RQIA website and within pre-set reporting targets (excluding children's services). **(DO)**[2] **(March 2015)**		An increase in inspection activity to respond to concerns, coupled with a number of vacant posts has impacted on our ability to meet this target. A recruitment exercise has been completed and 5 full time inspectors are in the process of commencing employment within the directorate.
1.1.4	Maintain a dynamic and accurate register of services and establishments. **(March 2015)**		
1.1.5	Further promote a rights based approach to regulation, in order to ensure that service users are not inappropriately deprived of liberty or subject to inappropriate restrictive interventions. **(March 2015)**		

Supporting Measures of Success

Q = to be reported on quarterly basis
S = to reported on six monthly basis
A = to be reported annually

Service category	No of Services who have receiving the following number of inspections by the end of Q2					No of services inspected	Services Registered
	1	2	3	4	5+		
Adult Placement Agency						0	4
Children's*	27	12	3	1		**43**	50
Day Care Setting	79	17				**96**	187
DCA-Conventional	41	2				**43**	121
DCA-Supported Living	76	7	1			**84**	182
Independent Clinic	3					**3**	7
Independent Hospital	19	5				**24**	45
Independent Hospital -Dental	172	10	1			**183**	373
Independent Medical Agency						0	5
Nursing*	120	61	16	7	5	209	266
Nursing Agency	6					6	31
Residential*	104	54	13	5	3	179	205
Residential Family Centre						0	1
Voluntary Adoption Agency						0	4
Boarding School	2					**2**	0
Young Adult Supported Accommodation	11					11	0
Total	**660**	**168**	**34**	**13**	**8**	**883**	**1481**

*Requires two inspection to meet statutory minimum requirements
The table above shows that by the end of Q2 59% of registered service providers (excluding Boarding Schools and Young Adult Supported Accommodation) have received at least one inspection.

[2] Action meets the criteria set out in the DHSSPS Departmental Business Objectives 2014-15

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
1.1.6	Report on enforcement action, failure to comply notices and improvement notices at regular bi-monthly sponsorship meetings with DHSSPS. **(DO)** **(March 2015)**		
1.1.7	Provide a six monthly summary of enforcement actions, including failure to comply notices and improvement notices to DHSSPS. **(DO)** **(October 2014 / March 2015)**		

Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
Number of service users and staff consulted as part of the inspection process - number of service users and/or representatives interviewed (during inspections) (A) - number of staff consulted with as part of the inspection process (A) **100% of draft inspection reports to the completed within 28 days from the date when the inspection was completed. (DO) (Q)** By the end of quarter 2, 68% of draft inspection reports were completed within 28 days.

1.2 - Ensured that regulation is carried out effectively and that its outcomes and impact on policy are communicated to all relevant stakeholders

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk
1.2.1	Pilot the introduction of lay assessors in inspections in order to capture the views of service users. **(March 2015)**		
1.2.2	Proactively communicate the specific role we play as regulator of services and establishments. **(March 2015)**		
1.2.3	Publish RQIA's 2013-14 annual Regulation Quality Report **(DO)** (Dec 2014)		

Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
Evaluation of the support and guidance provided by Regulation Directorate - % of persons who attended the annual provider information events who are satisfied with the guidance and information provided at these events (A) - number of stakeholder workshops provided (A)

2 - Review - Assuring the quality of health and social care through a programme of reviews and hygiene inspections

2.1 - Provided public assurance that agreed quality standards for health and social care are being achieved

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk
2.1.1	Conduct a review programme examining and reporting on the quality and availability of health and social care services, highlighting best practice and making recommendations for improvement where necessary. **(March 2015)**		
2.1.2	Provide the DHSSPS with advice, reports or information in relation to the provision of service, or the exercise of its functions, at the department's request. **(March 2015)**		
2.1.3	Report on progress of the Three-Year Review Programme, keeping the department informed at bi-monthly liaison meetings about the provision of services, and in particular their availability and quality. **(DO)** **(March 2015)**		

Supporting Measures of Success

Q = to be reported on quarterly basis
S = to reported on six monthly basis
A = to be reported annually

Progression on completion of the Three-Year Review Programme 2012-15 (Q)

Review Programme 2012-2015	Year One 2012/2013	Year Two 2013/2014	Year Three 2014/2015
Planned Reviews	10	9	8#
Planned Reviews: Fieldwork Completed	10	9	0
Additional Reviews	1	4	1*
Additional Reviews: Fieldwork Completed	1	3*	0
Total Reviews	**11**	**13**	**9**
Total Reviews: Fieldwork Completed	**11**	**12**	**0**

**Child Sexual Exploitation Inquiry runs over two years*
#Nutrition in Hospitals: To be reviewed as part of the New Hospitals Inspection Programme (April 2015)

Reviews published during Q2 of Year Three 2014/15:
1 Unscheduled Care
2 Cherry Tree House
3 Respite Care / Short Break Provision

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.1.4	Report to the department on the quality of regulated services and any specific concerns arising from thematic and commissioned reviews. Keep the department informed on the overall quality and availability of services by means of regular updates at bi-monthly meetings and provide written reports and correspondence as necessary. **(DO) (March 2015)**		
2.1.5	Develop a delivery plan for achieving the 2014-15 programme of scheduled thematic reviews. **(April 2014)**		
2.1.6	Complete the planned reviews as set out in the 2014-15 schedule. **(March 2015)**		
2.1.7	Develop a delivery plan for achieving a programme of infection prevention/hygiene inspections for 2014-15, to include augmented care settings. **(DO)** **(April 2014)**		

Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
Rescheduled Reviews during course of Programme: Year1: Care of Older People to Year2 Year1: Risk Assessment: Addiction Services to Year2 Year2: Fostering to Year1 Year2: Governance Arrangements to Year3 Year2: Medicines Management in Primary Care to Year3 Year2: NISAT: Stage III to 2015/2018 Review Programme Year3: Advocacy Services to 2015/2018 Review Programme Year3: Learning Disability Community: Phase II to 2015/2018 Review Programme Year3: NICE Topic: To be incorporated into several individual reviews Year3: Palliative Care Services to 2015/2018 Review Programme Year 3: Nutrition in Hospitals: To be reviewed as part of the New Hospitals Inspection Programme (April 2015)
Progression on completion of the 2014-15 IR(ME)R inspection programme (Q) In the UK in recent years there have been concerns that in some cases Computerised Topography (CT) Scans have been used unnecessarily. Therefore, it has been agreed that the IRMER inspection programme for 2014-15 would be undertaken by means of an audit of all CT scans. This would focus on whether the CT scan is being undertaken as the most appropriate diagnostic test for the individual service user. The audit is currently on track. IR(ME)R Inspections

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
2.1.8	Complete the planned programme of infection prevention/hygiene inspections, to include augmented care settings, for 2014-15. **(March 2015)**			**In Q2** Planned -2 Completed -2 **Progression on completion of agreed 2014/15 core infection prevention and control and hygiene inspection programme (Q)** **Q2 –** 100% on target Care of Older Persons Review Inspections completed (This completes the outstanding reviews from 2013/14) Inspection of Theatres in Independent Healthcare Hospitals completed. Report of the Follow up inspection to the Royal Victoria Hospital Emergency department and Acute Medical Unit to be published in Q3. Joint Inspection of Magilligan Prison undertaken 2-6 June 2014with HMIP,CJINI and ETI report should be published in Q3 Report of the joint inspection on Prisoner Safety to be published in Q3 Inspection of Woodland Juvenile Justice Centre undertaken in September 2014
2.1.9	Introduce a lay assessor's component into the infection prevention/hygiene programme for 2014-15. **(September 2014)**		Lay assessors have been recruited and inductions have also been carried out. Contracts have not yet been issued and this issue has been taken forward with BSO to resolve.	
2.1.10	Complete a programme of IR(ME)R inspections with input from Public Health England (PHE). **(March 2015)**			
2.1.11	Establish a baseline to demonstrate improvement in compliance with identified IR(ME)R procedure(s)/process(es). **(March 2015)**			
2.1.12	Develop a delivery plan for achieving a programme of healthcare inspections to prisons and to other criminal justice settings, including co-operation with Her Majesty's			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
	Inspectorate of Prisons (HMIP), CJI and with ETI. **(April 2014)**			
2.1.13	Report on the findings of inspections of prison health care, including those carried out in collaboration with other regulators. **(March 2015)**			
2.1.14	Undertake the work required to provide an overview on the progress made in relation to the healthcare recommendations within the report of Review of the Northern Ireland Prison Service (Prison Review Team Final Report; October 2011). **(March 2015)**			

2.2 - Ensured that all review activity is designed to support continuous improvement and protect rights

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
2.2.1	Develop a comprehensive three year programme of review activity (2015- 18). **(March 2015)**		
2.2.1	Develop a comprehensive three year programme of infection prevention/hygiene activity, to include augmented care settings (2015-18). **(March 2015)**		
2.2.3	Develop a framework and timetable for a programme of IR(ME)R inspections (2015-18). **(March 2015)**		
2.2.4	Develop an agreed approach to carrying out a programme of healthcare inspections to prisons and other criminal justice settings (2015- 18). **(March 2015)**		
2.2.5	During the development of all planned programmes for 2015-2018, consult with key stakeholders as to effective communication methods. **(March 2015**		

Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
Assessment of compliance with regional targets for the augmented care inspection programme (Q) **Q2** – 100% on target Augmented Care Inspections continue and are in target **Evaluation of the delivery of Prison Review Team recommendation compliance reports (Q)** 6 of the recommendations of the Prison Review Team have been forwarded to RQIA for assessment to determine if they can be signed of as completed at the PRT Oversight Group. This measure of success will be reported in the Q3 report.

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
2.2.6	Assess during the planning and evaluation stages the impact of individual reviews on improving services and protecting rights. **(March 2015)**			
2.2.7	Review progress on recommendations from reviews published in 2012-13 and 2013-14. **(March 2015)**			
2.2.8	Publish RQIA's 2013-14 annual Prevention/Hygiene Inspections Quality Report.**(DO)** **(Dec 2014)**			

2.3 - Informed the development of regional policy, standards and guidance

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
2.3.1	Ensure effective liaison with regional policy leads during the planning and delivery of reviews. **(March 2015)**			
2.3.2	Set each review in the context of relevant regional policy, standards and guidance and, where appropriate, make recommendations regarding the need for service development and systems improvement. **(March 2015)**			

<u>3 - Mental Health Order Oversight</u> - Delivering a programme of scrutiny and review in services provided to people with a mental illness or a learning disability

3.1 - Provided optimal safeguards for all users of mental health and learning disability services

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk
3.1.1	Undertake a planned programme of announced and unannounced inspections to mental health and learning disability inpatient settings. **(March 2015)**		
3.1.2	Undertake a planned programme of patient experience interviews in mental health and learning disability inpatient settings, and of people subject to guardianship, and report the findings. **(DO) (March 2015)**		
3.1.3	Undertake a review of the implementation of Article 116 of the Mental Health (Northern Ireland) Order 1986. **(March 2015)**		
3.1.4	100% of inspection reports and patient experience inspection reports to be produced in both full and easy read versions. **(DO) (March 2015)**		

Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
% of recommendations in the inspection reports that have been fully implemented by the HSC trusts at the date of the next inspection activity (Q) Inspection findings indicated that 71% of recommendations made at previous inspections had been fully implemented by HSC Trusts. **% of patients and/or representatives interviewed (during inspections and patient experience interview inspections) who are satisfied with the quality of their care and treatment as a hospital inpatient (Q)** 100% of patients and/or representatives interviewed in Q2 confirmed that they were satisfied with the quality of their care and treatment as a hospital inpatient. **% compliance by HSC trusts with HSC Board regional procedure for reporting and follow-up of serious adverse incidents using RQIA agreed set of standards (Q)** 52 SAI investigation reports were reviewed by MHLD inspectors in Q2.

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
3.1.5	100% of inspection reports and patient experience inspection reports for adult inpatient facilities will be published on RQIA's website. **(March 2015)**			Nine reports were assessed as fully compliant with the HSCB Regional Procedure for Reporting and Review of Serious Adverse Incidents 2013 equating to 17%. **100% of prescribed forms screened within the agreed statutory and organisational timeframes (72hrs) and HSC trusts informed of any errors (Q)** **Q2** - 100% of prescribed forms were screened within the agreed timeframes.
3.1.6	Undertake a review of the process for the internal scrutiny of treatment plans and the availability and use of a range of treatments prescribed. **(September 2014)**			

3.2 - Ensured that all review and inspection activity drives service improvement and is communicated to stakeholders

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk
3.2.1	Monitor the use of ECT and patient experience across the five HSC trusts. **(March 2015)**		
3.2.2	Complete a review of a random sample of treatment plans and report on findings to the five trusts. **(September 2014)**		
3.2.3	Review 100% of SAI investigation reports using an RQIA agreed set of standards. **(March 2015)**		
3.2.4	Review access to psychological therapies across the five HSC trusts. **(March 2015)**		
3.2.5	Provide feedback to the HSC trusts in respect of the RQIA's overview of the discharge of statutory functions under the Mental Health (Northern Ireland) Order 1986. **(March 2015)**		

Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
% hospital wards who attended RQIA MHLD annual provider information events and annual medical conference (A)
% attendees at the annual provider information events and annual medical conference who are satisfied with the guidance and information provided at these events (A)
% of ward managers that were satisfied with the inspection experience including the guidance and information provided throughout the inspection process (Q) Five primary type inspections were undertaken in Q2. Formal written feedback from the relevant ward managers has not been received by RQIA although verbal feedback has been positive on all occasions. MHLD has reviewed the method by which this information is captured aiming to increase the volume of feedback.

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
3.2.6	Facilitate: • an annual provider information event on the standards MHLD will use to inspect services **(March 2015)** • an annual medical conference on findings from audit and inspection of MHLD services **(Dec 2014)** • a north/south conference on areas of joint interest in MHLD services **(March 2015)**			
3.2.7	Complete themed reviews of: • use of restrictive practices **(Dec 2014)** • safeguarding **(March 2015)** • physical health of MHLD patients **(March 2015)** and produce reports accordingly.			
3.2.8	Develop and implement a procedure in relation to involvement of lay reviewers and experts by experience in inspection type activity, including patient experience			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
	inspections and report on outcomes in the annual quality report. **(March 2015)**			
3.2.9	Participate in planned review programme (where applicable to MHLD services) to include: • addiction /dual diagnosis **(April 2014)** • eating disorder services **(March 2015)** • phase 2 of learning disability community services **(March 2015)**			
3.2.10	Publish RQIA's 2013-14 annual MHLD Report. **(June 2014)**			

3.3 - Engaged effectively in the development of policy and emerging legislation

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
3.3.1	Contribute to the DHSSPS working group in drawing up guidance to accompany the new mental capacity legislation as required. **(June 2014)**			**Number and types of recommendations made following inspections that directly influenced the DHSSPS revision of regional guidance and policy or HSCB commissioning plans (A)**

4 - Engagement & Communications - Engaging and communicating effectively with our stakeholders

4.1 - Embedded personal and public involvement (PPI) as a fundamental part of all of RQIA 's work

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
4.1.1	Implement patient and public involvement (PPI) for 2014-15 inclusive of monitoring and evaluation of all PPI activity. **(STEP)**[3] **(March 2015)**			**Analysis of user consultation interviews to ascertain the views of both service users and their representatives as part of the domiciliary care agencies inspection to demonstrate assurance in care, improvement in care documentation and identifying areas of concern (A)** **% of actions implemented in the PPI Action Plan that met their intended outcome (S)** **Q2 -** 100% of actions implemented in the PPI Action Plan have met their intended outcome
4.1.2	Prepare progress report on 2013-14 PPI Action Plan. **(STEP) (May 2014)**			
4.1.3	Publish RQIA's 2013-14 annual quality report.**(DO)** **(Sept 2014)**			

[3] Improvement action incorporated in RQIA's Steps to Excellence Programme (STEP)

4.2 - Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk
4.2.1	Quality assure all outward facing communications including inspection and review reports, ensuring they are concise and easy to understand. **(March 2015)**		
4.2.2	Upgrade/replace RQIA website and intranet. **(March 2015)**		A business case is being prepared for the phased development of a replacement website and intranet. These developments will commence in 2015/16 subject to the approval of the business case, availability of capital funding and identification of a project manager to lead these developments**.**
4.2.3	Survey the public/stakeholders perceptions on RQIA's role and responsibilities. **(Dec 2014)**		
4.2.4	Engage with public/stakeholders through use of a Twitter account, communicating messages about RQIA's activities. **(March 2015)**		

Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
Assess print and broadcast media coverage of the work of RQIA and to determine the proportion of positive/negative/neutral coverage (S) During the period 1 April to 30 September 2014, RQIA was referenced in the media on 87 occasions. This related to the full range of RQIA's activities – regulation, review and mental health and learning disability. 43% of these were classified as positive; 49% as neutral; and 8% (seven articles) were classified as negative. In the main, the negative coverage related to criticism of RQIA resulting from the Cherry Tree House review. **Evaluation of the number and type of external presentations made by RQIA staff (Q)** During the period 1 April -30 September 2014, staff from across RQIA made presentations at 29 events. These included consultation on the development of RQIA's Corporate Strategy and three year Review Programme 2015-2018; a reception for health and social care regulators at Parliament Buildings; a regional summit on unscheduled care; and evidence to the NI Human Rights Commission inquiry on emergency care. Feedback from these events was very positive.

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
4.2.5	Deliver key messages effectively to all staff through team meetings, monthly staff meetings and by making appropriate use of the RQIA intranet. **(March 2015)**			**Number of liaison meetings held with stakeholders (HSC trusts/Board/PHA etc.) (Q)** **Q1** 02 April – RQIA/PCC Liaison meeting 07 April - Regulators meeting with Advisory meeting 14 April – IHM Annual Meeting 15 April – Bi-Monthly meeting with DHSSPS 06 May – HSCB/RQIA Liaison meeting **Q2** 07 July - RQIA/PCC 08 July - Healthcare Wales a 10 July - Meeting with NICCY 17 July - RQIA/Prisoner Ombudsman 08 Aug - RQIA/HSCB 03 - Sept Bi monthly meeting with DHSSPS
4.2.6	Continue to play an active role in the health care (Five Nations) regulators' forum, the UK Heads of Inspectorate forum, and in the European partnership of Supervisory Organisations (EPSO). **(March 2015)**			

5: People - Developing and maintaining a competent, valued and motivated workforce Strategic Objectives

5.1 - Continued to ensure that we have a professionally competent workforce delivering on RQIA's strategic objectives

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
5.1.1	Implement year two human resources actions from the Human Resources and Organisational Development (HROD) Strategy 2013-15 **(STEP)**. **(March 2015)**			**A minimum of 90% of all staff with completed appraisals and PDPs by May (DO) (Q)** **Q1** – 69% (94 completed) **Q2** – 91% (124 completed) **A minimum of 90% of all staff with completed mid-year reviews completed by October (S)** **% time lost due to sickness on average not in excess of 4.6% (DO) (Q)** **Q1 –** 2.4% **Q2** – 4.35% **% of time lost due to sickness that is work related (Q)** **Q1 –** 0.4% **Q2** – 0.25% **% and attainment of substantive compliance of the HR CAS (A)** Achieved 86% substantive compliance
5.1.2	Develop, implement and evaluate the corporate and directorate learning and development plans **(STEP)**. **(March 2015)**			
5.1.3	Provide sickness absence reports to EMT and to the Board. Support line managers regarding the management of individual cases, with a view to facilitate a return to work and improve attendance **(DO)**. **(March 2015)**			
5.1.4	Develop the HROD Strategy 2015-18. **(March 2015)**			

5.2 - Designed and implemented a range of organisational development initiatives

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk
5.2.1	Implement the year two organisational development actions from the HROD Strategy 2013-15. **(STEP)** **(March 2015)**		
5.2.2	Participate in HSC-wide staff survey. **(Dec 2014)**		It is unlikely that the HSC-wide staff survey will happen during 2014-15. To ensure that RQIA has consistent data relating to staff development and satisfaction an internal pulse survey will be completed in Q3.
5.2.3	Design and begin to deliver a management and leadership development programme. **(March 2015)**		
5.2.4	Achieve at least the core IiP standard. **(STEP)** **(Sept 2014)**		

Supporting Measures of Success

Q = to be reported on quarterly basis
S = to reported on six monthly basis
A = to be reported annually

Improvement in biannual regional staff survey and annual pulse survey results (A)

% of learning interventions as identified in the corporate and directorate learning plans that achieved the planned outcomes (A)

100% of staff compliant with statutory and mandatory training requirements (S)

Directorate	Fire	Display	Diversity
Chief Executive	75.00%	75.00%	75.00%
Corp. Services	91.30%	86.96%	86.96%
MHLD	90.00%	85.00%	85.00%
Regulation	79.57%	75.27%	72.04%
Review	100.00%	100.00%	100.00%
Total	**84.91%**	**81.13%**	**79.25%**

Improvement in biannual culture survey results (A)

6 - Performance - Managing and monitoring corporate and financial performance to improve organisational effectiveness

6.1 - Embedded a fully integrated planning and performance management approach to manage the organisation more effectively and efficiently and promote continuous improvement and learning

6.1.1	Develop the Corporate Strategy 2015-18. **(March 2015)**		
6.1.2	Develop a corporate scorecard based on a best practice framework. **(Sept 2014)**		The development of the corporate scorecard has been put on hold pending the finalisation of the corporate strategy.
6.1.3	Develop and seek Board approval of RQIA's Business Plan 2015-16. **(DO)** **(Jan 2015)**		
6.1.4	Submit a sustainability development plan 2014-15 and implement the actions. **(STEP)** **(DO)** **(April 2014 / March 2015)**		
6.1.5	Implement STEP improvement actions identified in the Improvement and Efficiency Plan 2014-15. **(STEP)** **(March 2015)**		

Supporting Measures of Success
Q = to be reported on quarterly basis
S = to reported on six monthly basis
A = to be reported annually

				Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
6.1.6	Update RQIA's Property Asset Management Plan, and forward to DHSSPS. **(DO)** **(April 2014)**			
6.1.7	Updates to current, planned and potential annual disposal plans to be submitted to DHSSPS on a quarterly basis. **(DO)** **(March 2015)**			
6.1.8	Provide DHSSPS with accurate and timely information which meets DHSSPS performance management and reporting requirements and deadlines. **(DO)** **(March 2015)**			

6.2 - Aligned resources to support RQIA's strategic priorities and maintained our financial performance

Actions		Progress	Exception Report: Reason/Action/Emerging Risk
6.2.1	Secure adequate funding for the Business Plan 2015-16. **(March 2015)**		
6.2.2	Manage the balance of CSR efficiencies by: • developing plans to deliver efficiency savings in 2015-16 **(DO) (June 2014)** • implementing the Improvement and Efficiency Plan **(DO) (March 2015)**	 	
6.2.3	Produce an annual report (incorporating an approved set of accounts and governance statement approved by NIAO). **(DO) (July 2014)**		
6.2.4	Implement and monitor a capital investment plan. **(March 2015)**		
6.2.5	The actual year-end forecast and monthly profiled financial forecast of expenditure provided to DHSSPS each month is prepared on a robust basis and that any variances +/- 5% of the previous month's forecast are fully explained. **(DO) (March 2015)**		

Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
Breakeven on income and expenditure (+/- 0.25%) (DO) (Q) **Q2** – On target to break even **95% of invoices paid each month within terms and conditions (30 days) (DO) (Q)** **Q1** - 80% **Q2** - 88% **50% of invoices paid each month within terms and conditions (10 days) (DO) (Q)** **Q1** - 51% **Q2** - 68% **100% of outstanding debt recovered within the financial year (Q)** **Q1** – On target **Q2** – On target **% and attainment of substantive compliance of the finance CAS (A)** Achieved 85% substantive compliance

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
6.2.6	The monthly year-end financial forecast as at September 2014 (and subsequent months) should be within +/- 0.5% of the final outturn. **(DO) (March 2015)**			
6.2.7	For capital, external consultancy/revenue business cases, ensure that submission to DHSSPS is in line with agreed timeframes. **(DO) (March 2015)**			
6.2.8	Ensure that a suitable skills base is maintained / developed to produce business cases and provide written assurance to RQIA's Board. **(DO) (March 2015)**			
6.2.9	Ensure Single Tenders Actions (STAs) >£30k are publicly published on a monthly basis in line with CPD requirements. **(DO) (March 2015)**			
6.2.10	Provide assurance to the Board that RQIA has adopted and maintained good procurement practice, as specified in DHSSPS's Review of Procurement, or as separately promulgated by DHSSPS. Report to the Board			

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
	in September 2014 and March 2015 on this matter. **(DO)** **(Sept 2014 / March 2015)**			

<u>7 – Evidence</u> - Underpinning our regulatory practice using research and available evidence

7.1 - Embedded an evidence and research based culture within RQIA

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
7.1.1	Implement the objectives for the year 2014-15 as set out in the evidenced based practice framework and supporting action plan. 2014-15 actions include: • Discussions with HSC Leadership Centre to develop systematic arrangements for submitting evidence to the knowledge exchange site • 2014-15 Schedule of invited speakers to address staff **(March 2015)**			

8 - Information - Managing information and ICT effectively

8.1 - Ensured that information is managed effectively to support RQIA's strategic and operational objectives

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk
8.1.1	Implement year three of the Information Management Action Plan from the Information and ICT Strategy 2012-15. **(March 2015)**		
8.1.2	Implement the new i-Connect system. **(Sept 2014)**		Successful launch of the Core iConnect system occurred on 30th June 2014. This represents the substantive part of the system for internal RQIA use. Delivery of the remaining 'Web Portal' element of the project has been resourced and is scheduled to launch in March 2015
8.1.3	Develop an Information and ICT Strategy for 2015-18. **(March 2015)**		

Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
% and attainment of substantive compliance of the information management CAS (A) (DO) 86% (substantive compliance)

8.2 - Complied with best practice and the highest standards of information governance

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
8.2.1	Implement year three information governance actions from the Information and ICT Strategy 2012-15. **(March 2015)**			**100% of freedom of information (FOI) requests responded to within 20 working days – input/process (Q)** **Q1 -** 17 (100%) **Q2** – 26 (96.15%) 1 request received in Q2 is on hold as clarification is needed. **100% subject access requests completed within 40 days (Q)** **Q1 -** 1 (100%) **Q2** – 0

8.3 - Continued to provide an ICT environment that is user focused and able to respond effectively and efficiently to RQIA 's changing business needs in order to support the organisation in meeting its statutory requirements

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
8.3.1	Implement year three ICT actions from the Information and ICT Strategy 2012-15. **(March 2015)**			**% and attainment of substantive compliance of the ICT CAS (A)** Achieved 82% (substantive compliance) **Assessment of the effectiveness level of RQIA's ICT service (good to excellent as per staff satisfaction survey) (A)** % of staff that stated they were satisfied with the level of ICT support received **2014 -** 88.7% **2013 -** 85.6% **2012** - 57.9%
8.3.2	Review and test of ICT disaster recovery systems. **(DO)** **(April 2014)**		The first phase of DR has been completed with active directory replication and hardware installation. DR remains a priority and is a large project covering over 27 IT Services. The scope of the DR implementation has expanded with the addition of iConnect services which has taken priority. A 3rd party has been engaged to complete delivery of the project a test will be completed in Dec 2014.	

<u>9 - Governance</u> - Maintaining and promoting a robust governance and accountability framework

9.1 - Complied with legislative requirements and best practice in relation to governance, risk management and independent assurance

	Actions	Progress	Exception Report: Reason/Action/Emerging Risk
9.1.1	Compliance with DHSSPS processes and timescales for the completion of: • mid-year assurance statements and end-year governance statements • Board governance self-assessment tool • NAO audit committee checklist • mid-year and end-year accountability meetings • the controls assurance standards process **(DO)** **(March 2015)**		
9.1.2	Review and approve RQIA's Risk Management Strategy. **(June 2014)**		
9.1.3	Develop and approve a three year audit action plan 2014-17. **(June 2014)**		
9.1.4	Complete an annual test of the business continuity plan and		

Supporting Measures of Success

Q = to be reported on quarterly basis
S = to reported on six monthly basis
A = to be reported annually

Attainment of an unqualified audit opinion from the C&AG (A)

Attained unqualified audit opinion from the C&AG on 1 August 2014

Attainment of a minimum score of 75% to achieve substantive compliance with the 10 controls assurance standards (A) (DO)

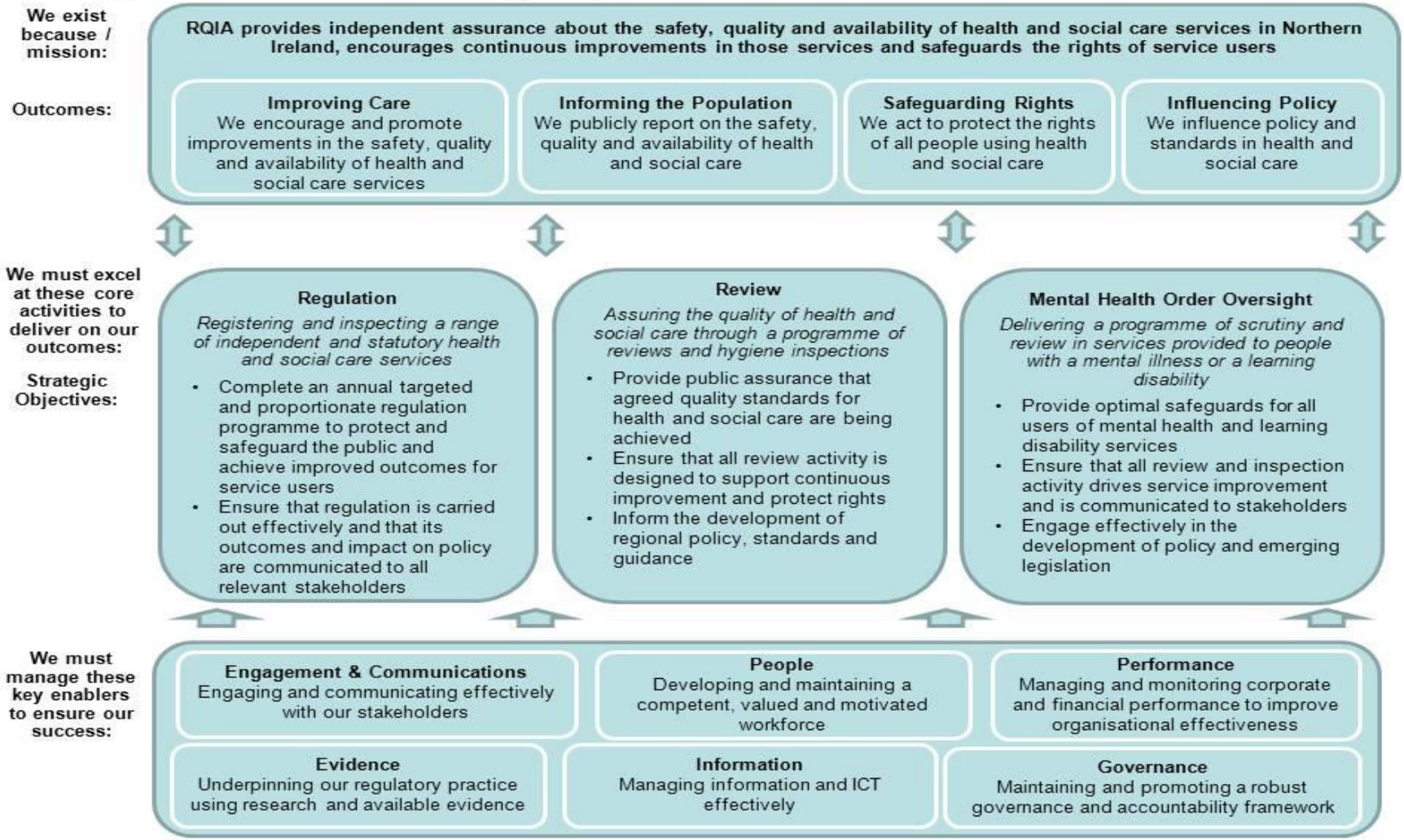
Standard	Level of Compliance
Financial Management	85%
Management of Purchasing & Supply	82%
Governance	86%
Risk Management	87%
Health & Safety	88%
Security Management	87%
Fire Safety	89%
Information Management	86%
Information Communications Technology	82%
Human Resources	86%

Actions		Progress	Exception Report: Reason/Action/Emerging Risk	Supporting Measures of Success *Q = to be reported on quarterly basis* *S = to reported on six monthly basis* *A = to be reported annually*
	implement amendments. **(DO) (March 2015)**			**% of internal/external audit recommendations successfully implemented within agreed timescale (Q)** **Q1** – 69%% of recommendations implemented on target (based on 18 recommendations implemented out of 26)
9.1.5	Prepare and submit the Annual Progress Report on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order 2006. **(Sept 2014)**			
9.1.6	Carry out an independent evaluation of the Board governance arrangements. **(DO) (March 2015)**			

Progress of outstanding actions from RQIA's Corporate Performance Report 2013/14

Actions (Revised Date)		Progress	Exception Report: Reason/Action/Emerging Risk
3.2.7	Complete a review of Risk Assessment and Risk Management in Addiction Services **(March 2014)** **(Revised date Quarter 4)**		The fieldwork is now completed and the final report is due to be published in Quarter 4 2014/15.

Figure 1 - RQIA Strategy Map 2012-15



The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	13 November 2014
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	11
Reference	F/06/14
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of the Corporate Risk Assurance Framework, which is a combination of the Corporate Risk Register and Corporate Assurance Framework, is to enable RQIA to assure itself that identified risks related to the delivery of key objectives are monitored and managed effectively.
Executive Summary	A detailed change log is enclosed at pages 2 and 3 of the report. The feedback received at the Horizon Scanning workshop was considered when compiling this risk register and will be used to inform future versions of this report.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the updated Corporate Risk Assurance Framework Report.
Next steps	The next updated Framework Report will be presented to the Board on 25 March 2014.

The Regulation and Quality Improvement Authority

CORPORATE RISK ASSURANCE FRAMEWORK

Board Meeting November 2014

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EXECUTIVE SUMMARY

Risk Log – Oct 2014				
LOW RISKS	**MEDIUM RISKS**	**HIGH RISKS**	**EXTREME RISKS**	**TOTAL NUMBER OF RISKS**
0	**6**	**0**	**0**	**6**

Risk ID	Description of Change	Details	Date Changed	Risk Rating
Risk 1 There is a risk that in 2014/15 RQIA may not be able to fulfil its statutory requirements as set out in the 2003 Order and associated regulations. This may be caused by the need for additional activity for example responding to whistleblowing disclosures, additional services to be regulated, additional commissioned reviews etc. This may result in RQIA not being able to provide the required level of assurance.	Two actions added	• Liaise with DHSSPS with the opportunity to amend the Fees and Frequency Regulations to allow greater flexibility to focus inspections on higher risk providers. • Regulation Directorate has initiated an improvement plan to review the current inspection methodology.	06/10/14	**Unchanged H/M**
Risk 2 There is a risk to RQIA's reputation that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models. This may result in some new services not being registered and brought within an appropriate regulation framework.	Risk Description reworded	**Original risk description** There is a risk to RQIA's reputation that the existing regulatory and legislative framework fails to keep pace with the rapid introduction of new service delivery models. This may result in RQIA failing to take appropriate regulatory decisions.	06/10/14	**Unchanged H/M**
	Action implemented and moved into current controls	Draft a paper detailing the gaps in legislative provision for DHSSPS.		
	Action reworded	**Action reworded from** Liaise with the Department to assess the impact of Transforming Your Care on regulation and agree actions to ensure a regulatory framework is in place which is fit for purpose. **to** Liaise with the Department to assess the impact of new and emerging service models and how they reflect on the regulatory framework.		

Risk 3 There is a risk that RQIA fails to respond and learn from the recommendations from the 'Independent review of the actions taken in relation to concerns raised about the care delivered at Cherry Tree House Nursing Home'. This may result in a loss of public confidence in the RQIA's delivery of its core activities.	Action Implemented	Group to be established to develop an action plan to take forward the recommendations of the independent review of the actions of the agencies involved with Cherry Tree House.	06/10/14	**Unchanged M/M**
	3 Actions added	• Implement the action plan which was developed to take forward the recommendations of the independent review of the actions of the agencies involved with Cherry Tree House in respect of RQIA. • BSO Internal Audit requested to complete an additional audit to address recommendations 19 and 21. • Quality Improvement Steering group to oversee the implementation of the Regulation Directorate Improvement Work stream.		
Risk 4 There is a risk that RQIA fails to make use of appropriate information to inform an assessment of the safety and quality of all service providers. This may be caused by a lack of knowledge and understanding of the various sources of relevant information held by other regulators / bodies / trusts / service users & families etc. This may result in RQIA failing to take appropriate regulatory actions in response to inspections.	Risk replaced to better reflect the risk issues	**Original risk** There is a risk that members of the public may not bring appropriate issues to RQIA's attention due to a lack of awareness of our roles and responsibilities. This may result a lack of appropriate regulatory action being taken.	06/10/14	**Changed from H/M To M/M**
Risk 5 There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners.	One action implemented	Revision of the agreed minimum criteria for application for appointment to the RQIA List of Part IV Medical Practitioners.	06/10/14	**Unchanged H/M**
Risk 6 There is a risk that RQIA will not break even on income and expenditure at 31 March 2015 caused by a non-recurring reduction of 2.5% in baseline funding for 2014/15 which was notified by the Director of Finance DHSSPS on 5 Sept 2014.	New Risk		06/10/14	**M/M**

INTRODUCTION

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

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

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

Each risk identified is underpinned with a full risk assessment and is set in the context of:
1. A link to a corporate objective or value
2. The potential for serious harm to the organisations strategic business
3. The control measures in place to mitigate against the risk and their strength (low, medium, high, extreme)

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

RISK ASSURANCE

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

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

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

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

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

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

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

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

RISK ANALYSIS AND EVALUATION

This risk assessment has been undertaken using:

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

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

- the business impact,
- the controls currently in place to mitigate the risk, and
- any additional actions considered necessary by management.

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

Risk likelihood assessment

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

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

Risk impact assessment

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

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

Risk Scoring Matrix

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

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

Action levels

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

Inter-relationship between the Corporate and Directorate Risk Registers

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

1. If the risk is categorised as "low" or "medium" it should be placed on a Directorate Risk Register.

2. If the risk is categorised as "high" or "extreme" is should be placed on the Corporate Risk Register.

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

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

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

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

RISK SCORING MATRIX

IMPACT	*Risk Scoring Matrix*				
5 - Very High (VH)					
4 - High (H)					
3 - Medium (M)			3,4,6	1,2,5	
2 - Low (L)					
1 - very Low (VL)					
LIKELIHOOD	A - Very low (VL)	B - Low (L)	C - Medium (M)	D - High (H)	E - Very High (VH)

RISK 1 There is a risk that in 2014/15 RQIA may not be able to fulfil its statutory requirements as set out in the 2003 Order and associated regulations. This may be caused by the need for additional activity for example responding to whistleblowing disclosures, additional services to be regulated, additional commissioned reviews etc. This may result in RQIA not being able to provide the required level of assurance.

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

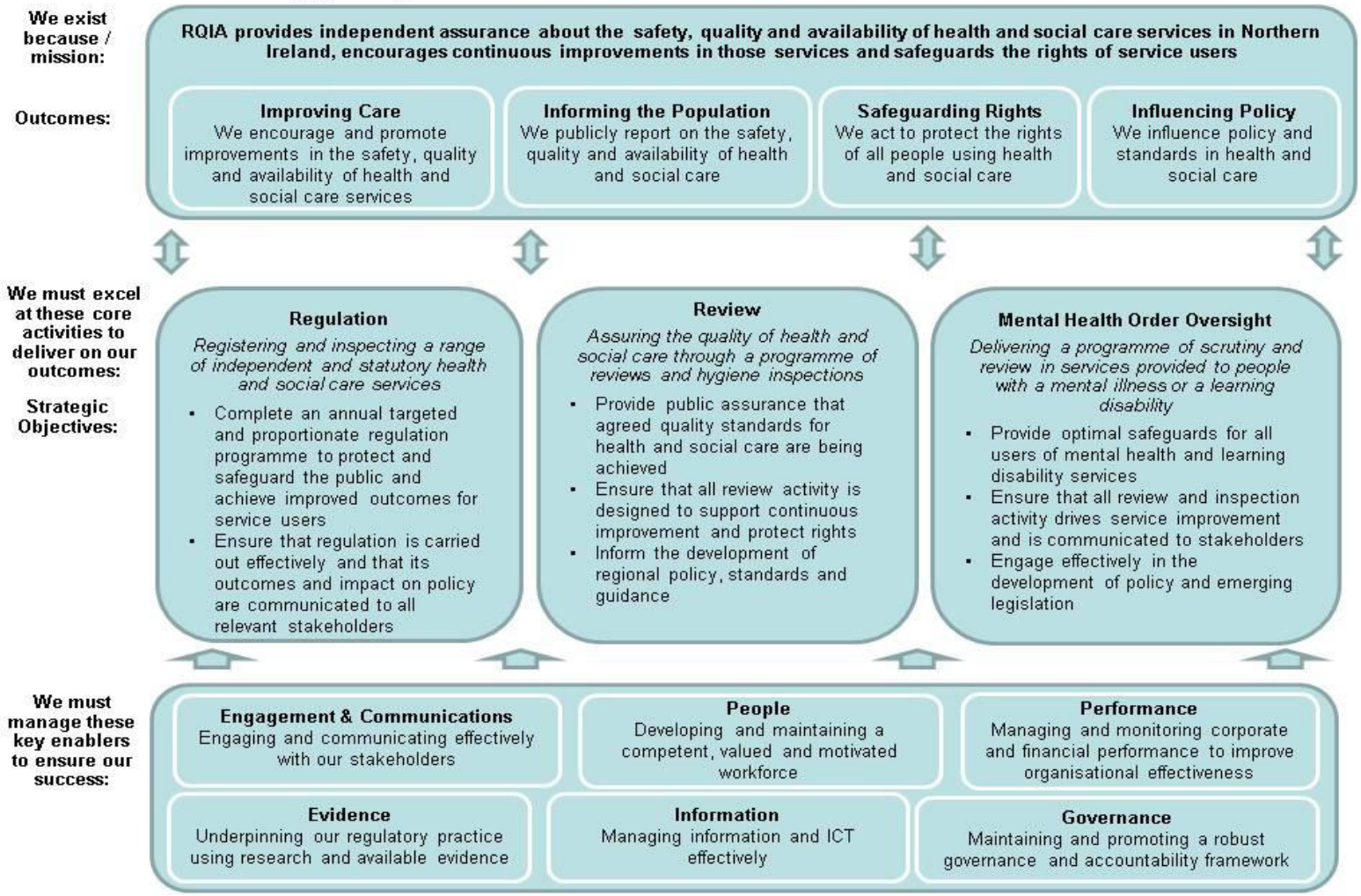
RISK 3 There is a risk that RQIA fails to respond and learn from the recommendations from the 'Independent review of the actions taken in relation to concerns raised about the care delivered at Cherry Tree House Nursing Home'. This may result in a loss of public confidence in the RQIA's delivery of its core activities.

RISK 4 There is a risk that RQIA fails to make use of appropriate information to inform an assessment of the safety and quality of all service providers. This may be caused by a lack of knowledge and understanding of the various sources of relevant information held by other regulators / bodies / trusts / service users & families etc.. This may result in RQIA failing to take appropriate regulatory actions in response to inspections.

RISK 5 There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners.

RISK6 There is a risk that RQIA will not be able to break even on income and expenditure at 31 March 2015 caused by a non-recurring reduction of 2.5% in baseline funding for 2014/15 which was notified by the Director of Finance DHSSPS on 5 Sept 2014.

RQIA Strategy Map 2012-15



ACTION BY DATE CALENDAR

Directorates	June-14	July-14	Aug-14	Sept-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	March-15	April-15	May-15	On-going
Chief Executive (CE)													1,2,3,4,6
Corporate Services (CS)													
Regulation & Nursing (R&N)							3						1,3
MHLD & Social Work (MHLD)													1,5
Reviews (R)										1			
Executive Management Team (EMT)													

CORPORATE RISK ASSURANCE FRAMEWORK

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Principal Objectives: 1.1 Completed an annual targeted and proportionate regulation programme to protect and safeguard the public and achieve improved outcomes for service users 1.2 Ensured that regulation is carried out effectively and that its outcomes and impact on policy are communicated to all relevant stakeholders 2.1 Provided public assurance that agreed quality standards for health and social care are being achieved 2.3 Informed the development of regional policy, standards and guidance 3.1 Provided optimal safeguards for all users of mental health and learning disability services 3.3 Engaged effectively in the development of policy and emerging legislation 6.2 By 2015 we will have aligned resources to support RQIA"s strategic priorities and maintained our financial performance												
1	There is a risk that in 2014/15 RQIA may not be able to fulfil its statutory requirements as set out in the 2003 Order and associated regulations. This may be caused by the need for additional activity for example responding to whistleblowing disclosures, additional services to be regulated, additional commissioned reviews etc. This may result in RQIA not being able to provide the required level of assurance.	CE	• RPSG reviews on a monthly basis the delivery of the review programme against the planned schedule. If an additional review is commissioned this may result in rescheduling of planned activity. • Regulation Directorate keep under regular review changes in the planned programme of inspection as a result of emerging risks in the sector. The Directorate will continue to place an emphasis on services identified as high risk. • The MHLD Directorate reviews on a regular basis the delivery of its inspection programme	• Corporate Performance Report produced and presented quarterly to RQIA's Board.	H	M	M			• MHLD business case requesting funding for additional staff is produced. Continue to liaise with the Dept to seek approval of the business case. • Regulation business case requesting funding for additional staff is produced. Continue to liaise with the Dept to seek approval of the business case. • Reviews Directorate is establishing a project to plan for the implementation of the new programme of hospital inspections to commence in 2015/16. • Liaise with DHSSPS with the opportunity to	MHLD R&N R CE	On-going On-going March 2015 On-going

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
			against the agreed schedule and re-prioritises the work programme as required. • Established review arrangements for planning the review programme. • Have completed a recruitment pool for sessional inspectors. • Lean project in MHLD registration and inspection admin processes completed. • Currently implementing RQIA's Improvement and Efficiency Plan 2011-2015. • A report was prepared and presented to DHSSPS at their request to set out an analysis of our current inspection methodology and the impact of the lack of investment.							amend the Fees and Frequency Regulations to allow greater flexibility to focus inspections on higher risk providers. • Regulation Directorate has initiated an improvement plan to review the current inspection methodology.	R&N	On-going

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
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2	There is a risk to RQIA's reputation that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models. This may result in some new services not being registered and brought within an appropriate regulation framework.	CE	• Currently participating in a multi-agency group examining the regulatory framework in supported living services. • A paper detailing the gaps in legislative provision for DHSSPS was forwarded to DHSSPS in Sept 2014.	•	H	M	M			• Liaise with the Department to assess the impact of new and emerging service models and how they reflect on the regulatory framework.	CE	On-going

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
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3	There is a risk that RQIA fails to respond and learn from the recommendations from the 'Independent review of the actions taken in relation to concerns raised about the care delivered at Cherry Tree House Nursing Home'. This may result in a loss of public confidence in the RQIA's delivery of its core activities.	CE	• Action plan developed and approved by RQIA Board • Action plan is regularly reported to the EMT. • Regulation Directorate Improvement project to take forward actions in respect of inspection systems and processes. • Updated advice on RQIA's website on how to make a complaint and whistleblowing. • On 1 Aug RQIA met with family members affected by the review to discuss the outcomes of the report.	•	M	M	M			• Implement the action plan which was developed to take forward the recommendations of the independent review of the actions of the agencies involved with Cherry Tree House in respect of RQIA. • BSO Internal Audit requested to complete an additional audit to address recommendations 19 and 21. • Quality Improvement Steering group to oversee the implementation of the Regulation Directorate Improvement Work stream.	R&N R&N CE	On-going Dec 2014 On-going

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
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4	There is a risk that RQIA fails to make use of appropriate information to inform an assessment of the safety and quality of all service providers. This may be caused by a lack of knowledge and understanding of the various sources of relevant information held by other regulators / bodies / trusts / service users & families etc.. This may result in RQIA failing to take appropriate regulatory actions in response to inspections.		• RQIA operates a duty inspector rota to respond to any telephone calls regarding regulated service providers. • Information regarding risk is currently assessed by the inspectors and HoPs and is escalated to the relevant director as necessary. • RQIA has information sharing protocols with professional regulatory bodies and with the Children's & Older Persons Commissioners so that information that is brought to their attention can be appropriately shared and assessed. • RQIA provides advice and information on its		M	M	M			• Meetings continue with DHSSPS and PHA regarding accessing information relating to service user complaints and issues. • RQIA has arrangements in place with other professional regulators to be notified of the outcomes of disciplinary and conduct hearings.	CE CE	On-going On-going

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
			website regarding whistleblowing and how to make a protected disclosure under the provisions of the Public Disclosure Order (1998).									
Principal Objectives: 3.1 By 2015 we will have provided optimal safeguards for all users of mental health and learning disability services 3.2 By 2015 we will have ensured that all review and inspection activity drives service improvement and is communicated to stakeholders												
5	There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners.	DR MHLD	• 7 Part IV Medical Practitioners currently on list. • Policy and Procedure updated and implemented • Currently appointed Medical Practitioners invited to apply for reappointment. • Revision of the agreed minimum criteria for application for appointment to the RQIA List of Part IV Medical Practitioners.		H	M	M			• Continue to pursue the business case with DHSSPS requesting additional funding to recruit and provide training and associated administration for an increased capacity of Part IV Medical Practitioners, and an increase in the payments to Medical Practitioners to attract applicants. • Advertise for additional Medical Practitioners publicly.	MHLD MHLD	Ongoing Ongoing

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
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Principle Objectives 6.2 By 2015 we will have aligned resources to support RQIA‟s strategic priorities and maintained our financial performance												
6	There is a risk that RQIA will not break even on income and expenditure at 31 March 2015 caused by a non-recurring reduction of 2.5% in baseline funding for 2014/15 which was notified by the Director of Finance DHSSPS on 5 Sept 2014.		• Finance reporting structures are in place. • Correspondence has been sent to all staff detailing limitations to travel, hospitality, attendance at courses, training etc. • Inescapable financial pressures associated with review activities, BSTP non-recurring costs & increased legal costs are discussed at the Accountability Review Meetings with DHSSPS.	• Regular monthly reporting of the financial position to the EMT, RQIA Board and DHSSPS.	M	M	M			• Reinstated Vacancy Control Forum. • Monitoring of nonessential items, including travel, use of external venues etc.	CE CE	On-going On-going

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	13 November 2014
Title of Paper	Regional Overview Report of RQIA Infection Prevention and Hygiene Inspections, April 2013 to March 2014
Agenda Item	12
Reference	G/06/14
Author	Mrs Elizabeth Colgan
Presented by	Dr David Stewart Mrs Elizabeth Colgan
Purpose	The purpose of this paper is to provide an Overview of the findings of Infection Prevention and Hygiene Inspections for the 2013/14 year.
Executive Summary	RQIA established a programme of infection prevention and hygiene inspections in 2008-09. In January 2011, RQIA commenced using the Regional Healthcare Hygiene Standards and Audit Tool, and a three year rolling programme of inspection commenced in April 2011. This report summarises the findings of inspections carried out from April 2013 to March 2014 and also highlights improvements in compliance over the three year programme. During this period RQIA inspectors have observed significant improvements in practice. In total, 28 inspections were conducted, covering 51 wards or departments. This completed the delivery of the RQIA infection prevention and hygiene team core inspection programme for 2011 to 2014. During the year, a follow-up inspection was required in six wards across four hospitals. All areas subject to a follow-up inspection achieved an overall compliance score; however, there remained areas where inspectors observed partial and minimal compliance with certain

	sections of the audit tool. Over the three years of this programme there has been a reduction in the number of follow up inspections required. RQIA also commenced inspections of the augmented care facilities at neonatal intensive care units (NICU) and special care baby units (SCBU). In these inspections a suite of specialised audit tools for augmented care areas were used to provide an assurance on the standard of infection prevention and control. These were used in conjunction with the regional healthcare hygiene audit tool. Overall findings for all audit tools show that NICU and SCBU were largely compliant with this year's target, however three hospitals that were partially compliant in the Regional Infection Prevention and Control Clinical Practices Audit Tool. In the Regional Neonatal Infection Prevention and Control Audit Tool, two of the units, Daisy Hill and the South West Acute hospitals achieved the targets of 90% set for compliance in the second year. Therefore in these units this section will be revisited in year three. In the Regional Infection Prevention and Control Clinical Practices Audit Tool, the Ulster Hospital achieved the 90% compliance target set for the second year. All units inspected achieved compliance with the Regional Healthcare Hygiene Standards and Audit Tool. Five of the units achieved over the third year target of 95%, which is commendable. In light of these findings this area will not be inspected in the second year of the three year improvement cycle. In addition, the Infection Prevention and Hygiene Team (IPHT), supported by inspectors from the regulation directorate and lay assessors undertook inspections to review the care of older people in acute hospital wards. Unannounced inspections were undertaken in 11 acute hospitals across Northern Ireland, across 37 clinical areas. Although the regional healthcare hygiene audit tool was not used as part of the inspection process, inspectors assessed the cleanliness of the environment and infection prevention and control practices. Details of these inspections will be published later this year, as part of this review.

	Over the past three years, inspectors have seen a greater focus and commitment from board to ward to improve performance. Infection prevention/hygiene inspection reports are now an agenda item on all trust board meetings. The inspectors found that, in general, there have been significant improvements in the standard of cleaning, the physical environment, and healthcare hygiene practices across health and social care (HSC) facilities in Northern Ireland, since the programme of inspections commenced in 2008. This has led to safer care, and helps to increase public confidence in the service. Whilst there remain challenges with older environments, some with outstanding estates issues, strong leadership and commitment from staff have resulted in significant improvements in practice. RQIA recognises the high compliance scores achieved in many of the wards and facilities. This is to be commended. However, further work is required to ensure that all staff take on board the message of zero tolerance in relation to infection prevention and control and ensure that all staff adhere to best practice. Across Northern Ireland, the drive to reduce hospital infections is having a significant impact, with reducing rates of infection in hospitals. RQIA's inspection programmes, and the development of new inspection tools, are helping to maintain and widen this focus on improvement. While RQIA commends the improvements noted in this report, there is no room for complacency. There is a need for continued vigilance to ensure that these improvements are sustained in the future.
FOI Exemptions Applied	None
Equality Impact Assessment	Not Applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this Overview Report.
Next steps	The report will be published on the RQIA website following the RQIA Board meeting.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

Regional Overview Report of RQIA Infection Prevention and Hygiene Inspections

1 April 2013 – 31 March 2014

Assurance, Challenge and Improvement in Health and Social Care

www.rqia.org.uk

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA's reviews and inspections are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest.

Our hygiene and infection prevention and control inspections are carried out by a dedicated team of inspectors, supported by peer reviewers from all trusts who have the relevant experience and knowledge. Our reports are available on RQIA's website at www.rqia.org.uk.

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Executive Summary

RQIA established a programme of infection prevention and hygiene inspections in 2008-09. In January 2011, RQIA commenced using the Regional Healthcare Hygiene Standards and Audit Tool, and a three year rolling programme of inspection commenced in April 2011. This report summarises the findings of inspections carried out from April 2013 to March 2014 and also highlights improvements in compliance over the three year programme. During this period RQIA inspectors have observed significant improvements in practice.

In total, 28 inspections were conducted, covering 51 wards or departments. This completed the delivery of the RQIA infection prevention and hygiene team core inspection programme for 2011 to 2014.

During the year, a follow-up inspection was required in six wards across four hospitals. All areas subject to a follow-up inspection achieved an overall compliance score; however, there remained areas where inspectors observed partial and minimal compliance with certain sections of the audit tool. Over the three years of this programme there has been a reduction in the number of follow up inspections required.

RQIA also commenced inspections of the augmented care facilities at neonatal intensive care units (NICU) and special care baby units (SCBU). In these inspections a suite of specialised audit tools for augmented care areas were used to provide an assurance on the standard of infection prevention and control. These were used in conjunction with the regional healthcare hygiene audit tool.

Overall findings for all audit tools show that NICU and SCBU were largely compliant with this year's target, however three hospitals that were partially compliant in the Regional Infection Prevention and Control Clinical Practices Audit Tool.

In the Regional Neonatal Infection Prevention and Control Audit Tool, two of the units, Daisyhill and the South West Acute hospitals achieved the targets of 90% set for compliance in the second year. Therefore in these units this section will be revisited in year three. In the Regional Infection Prevention and Control Clinical Practices Audit Tool, the Ulster Hospital achieved the 90% compliance target for the second year.

All units inspected achieved compliance with the Regional Healthcare Hygiene Standards and Audit Tool. Five of the units achieved over the third year target of 95%, which is commendable. In light of these findings this area will not be inspected in the second year of the three year improvement cycle.

In addition, the Infection Prevention and Hygiene Team (IPHT) supported by inspectors from the regulation directorate and lay assessors undertook inspections to review the care of older people in acute hospital wards. Unannounced inspections were undertaken in 11 acute hospitals across

Northern Ireland, across 37 clinical areas. Although the regional healthcare hygiene audit tool was not used as part of the inspection process, inspectors assessed the cleanliness of the environment and infection prevention and control practices. Details of these inspections will be published as part of this review.

Over the past three years, inspectors have seen a greater focus and commitment from board to ward to improve performance. Infection prevention/hygiene inspection reports are now an agenda item on all trust board meetings.

The inspectors found that, in general, there have been significant improvements in the standard of cleaning; the physical environment and healthcare hygiene practices across health and social care (HSC) facilities in Northern Ireland since the programme of inspections commenced in 2008. This has led to safer care, and helps to increase public confidence in the service. Whilst there remain challenges with older environments some with outstanding estates issues, strong leadership and commitment from staff have resulted in significant improvements in practice.

RQIA recognises the high compliance scores achieved in many of the wards and facilities. This is to be commended. However, further work is required to ensure that all staff take on board the message of zero tolerance in relation to infection prevention and control and ensure that all staff adheres to best practice.

Across Northern Ireland, the drive to reduce hospital infections is having a significant impact, with reducing rates of infection in hospitals. RQIA's inspection programmes, and the development of new inspection tools, are helping to maintain and widen this focus on improvement. While RQIA commends the improvements noted in this report, there is no room for complacency. There is a need for continued vigilance to ensure that these improvements are sustained in the future.

1. Introduction

1.1 RQIA Infection Prevention and Hygiene Core Inspection Programme

Following a ministerial request in 2008-09, RQIA established a rolling programme of announced and unannounced infection prevention and hygiene inspections. This was one element in the drive to reduce the incidence of healthcare associated infections.

In July 2011, the Minister for Health, Social Services and Public Safety, endorsed the Regional Healthcare Hygiene and Cleanliness Standards and Audit tool.

RQIA has developed an inspection process (methodology, follow-up and reporting) to assess compliance against the DHSSPS Regional Healthcare Hygiene and Cleanliness Standards[1]. These standards were agreed with all trusts, and are available on RQIA's website www.rqia.org.uk.

The core inspection programme focuses on acute hospital settings. Where required, other areas may also be inspected, including: community hospitals; mental health and learning disability facilities; primary care settings; the Northern Ireland Ambulance Service Trust; and other specialist and regulated services. Inspections may be targeted to areas of public concern, or themed to focus on a particular type of hospital, area or process. RQIA has now completed a core programme of inspection for the period 2011 to 2014.

1.2 RQIA Regional Infection Prevention and Control Audit Tools for Augmented Care Settings in Northern Ireland

On 30 January 2012, the Minister for Health, Social Services and Public Safety asked RQIA to chair a working group leading to the development of Regional Infection Prevention and Control Audit Tools for Augmented Care Settings in Northern Ireland[2]. The working group, included members from the Public Health Agency (PHA), HSC organisations and DHSSPS. The following audits tools and procedural paper were developed.

- Governance Assessment Tool
- Infection Prevention and Control Clinical Practices Audit Tool
- Neonatal Infection Prevention and Control Audit Tool
- Critical Care Infection Prevention and Control Audit Tool
- Augmented Care Infection Prevention and Control Audit Tool
- Guidance and Procedural Paper for Inspections in Augmented Care Areas

[1] www.rqia.org.uk/cms_resources/Inspection%20Process%20V2%205_1.pdf
[2] www.rqia.org.uk/publications/infection_control_and_hygiene_inspections.cfm

The tools were subject to consultation across a wide range of stakeholders in Northern Ireland and were piloted in relevant clinical areas. In January 2013, these tools were endorsed by the DHSSPS, and a programme of inspections commenced during 2013-14.

These tools were used to carry out augmented care inspections to provide an assurance of the standards of infection prevention and control. During the first year NICU and SCBU were inspected using specific audit tools in conjunction with the regional healthcare hygiene audit tool.

Inspections focus on cleanliness, infection prevention and control, clinical practice, the fabric of the environment and facilities. Unannounced inspections are conducted with no prior notice.

RQIA, with support from all trusts, engages peer reviewers to assist inspections as required. The peer reviewers trained prior to their participation in inspections. RQIA is grateful for their contribution to the inspection process.

To enhance the effectiveness of the inspection programme, reports from infection prevention/hygiene inspections are published on completion on an agreed action plan[3].

This report provides an overview of the findings of the inspections carried out from April 2013 to March 2014, and an overview of compliance over the three year programme.

1.3 Other Inspection/Review Activity

During 2013-14, as part of RQIA's review programme inspections were undertaken at 11 acute hospitals across Northern Ireland to review the care of older people in acute hospital wards. These were in addition to the core inspection programme and were led by the Infection Prevention and Hygiene Team (IPHT), supported by inspectors from RQIA's regulation directorate and lay assessors. Although the regional healthcare hygiene audit tool was not used as part of the inspection process, inspectors made judgements on the cleanliness of the environment and on infection prevention and control practices. Details of these inspections will be published as part of this review.

A programme of inspections of theatre suites in independent healthcare hospitals commenced. This will be completed in 2014, and reports will be published at www.rqia.org.uk.

The team also continued to support and carry out inspection to regulated care providers on request from RQIA's Regulation Directorate. These inspection reports are also available at www.rqia.org.uk.

[3] www.rqia.org.uk/publications/infection_control_and_hygiene_inspections.cfm

To facilitate improvement through partnership working, the infection prevention and hygiene team delivers presentations at a range of events including:

- Training for HSC trust nursing and infection control staff.
- HSC trust internal training for domestic staff.
- HSC Leadership Centre clinical infection prevention and control link nurse study day.
- Guest speakers at the Association of Healthcare Cleaning. Professionals (AHCP).
- Guest speakers at the Infection Prevention Society (IPS) annual Northern Ireland conferences.

1.4 Changes to the Inspection Process

During 2013-14, RQIA undertook further developments to the inspection process:

- A review of the Regional Healthcare Hygiene Audit Tool was led by the DHSSPS. RQIA trusts and representatives from the DHSSPS were given the opportunity to provide comments. These have been reviewed and minor amendments have been made, the revised audit tool will be published in due course.

- The IPHT commenced use of the revised format for reports in April 2013.

- Through this period, work was ongoing by the IPHT devising an information guide and application form for lay assessors. RQIA advertised and recruited a team of lay assessors, and an induction and training programme is being devised to commence in September 2014. To promote engagement, the infection prevention/hygiene team will introduce the lay assessors into the inspection programme on completion of induction and training.

- RQIA developed an additional section to the Regional Healthcare Hygiene and Cleanliness Audit Tool for use in specialised theatre inspections. This was used as part of RQIA's Review of Theatres. Agreement has been given by the DHSSPS and the additional section is to be included as part of the revised regional healthcare hygiene audit tool.

- Endorsement has been received from the DHSSPS, to commence work with the Northern Ireland Ambulance Service Trust to develop suitable inspection tools and a programme of inspections.

1.5 Future Developments

During the year 2014-15 RQIA is planning to take forward further developments to the inspection process:

- The core IPHT programme of inspections will align to the timeframe of RQIA's Three Year Review Programme 2015-2018.

- The inspection process (methodology, follow up and reporting) will be reviewed to support the next three year programme commencing in April 2015.

- Peer reviewer support and training and liaison with trusts, will continue to be provided. Peer reviewers who have participated in inspections will be sent an evaluation form to determine if peer reviewers were satisfied with their role within the inspection process and to identify areas for improvement. The views and contributions offered by peer reviewers will be used to assist in the identification improvements to the inspection process.

- RQIA will liaise with HSC trusts to develop an announced inspection programme, examining the governance arrangements and systems in place to ensure that environmental cleanliness and infection prevention and control policies and procedures are working in practice. Inspections will be carried out using the Regional Infection Prevention and Control Governance Assessment Tool, developed as part of the suite of augmented care audit tools.

- A series of spot checks of previously inspected facilities will be undertaken in the year 2014-15 to ensure that compliance levels have been maintained.

2.0: Key Findings of the RQIA Core Inspection Programme, 2013-14

2.1 Overview

This report provides an overview of the findings of the core inspection programme, using the regional standards and audit tool, from April 2013 to March 2014.

During this period, RQIA conducted 22 unannounced inspections to a range of facilities and specialities, covering 45 wards or departments across acute and non-acute hospitals in Northern Ireland.

This completed the infection prevention and hygiene team core inspection three year programme for 2011 to 2014. The inspections to augmented care units will be discussed later in the report.

These inspection reports, which are available on RQIA's website, provide details of the issues impacting on hygiene and infection prevention and control in acute and non-acute hospitals in Northern Ireland. One was also undertaken at an independent hospital to review of aspects of theatre practice.

A follow-up inspection was required at six wards in four hospitals. These are undertaken where compliance in some aspects of the audit tool did not achieve a satisfactory level. Key indicators that would prompt a follow up inspection are outlined in the RQIA Infection Prevention/ Hygiene Inspection Process (Methodology, Follow-up and Reporting). Where a ward or facility does not achieve overall compliance at the follow up inspection, the HSC Board and PHA are responsible for addressing the issues through their performance management of the service.

All areas subject to a follow-up inspection achieved an overall compliance score; however, there remained areas of partial and minimal compliance with certain parts of the audit tool.

Individual reports can be used as a tool for improvement. By reviewing the findings, RQIA can provide an overall picture of the quality of environmental cleaning and healthcare hygiene across the range of services inspected. Each report makes a number of recommendations to drive further improvement. Additionally, during the year, the reports highlighted recurring issues within each hospital.

2.2 Overall Performance

Since the introduction of this unannounced inspection programme, RQIA has found significant improvement in the standard of cleaning; the physical environment; and hygiene practices across HSC facilities.

Figure 1: Overall Compliance Rates for clinical areas during unannounced inspections carried out by RQIA in: 2011-12, 2012-13 and 2013-14

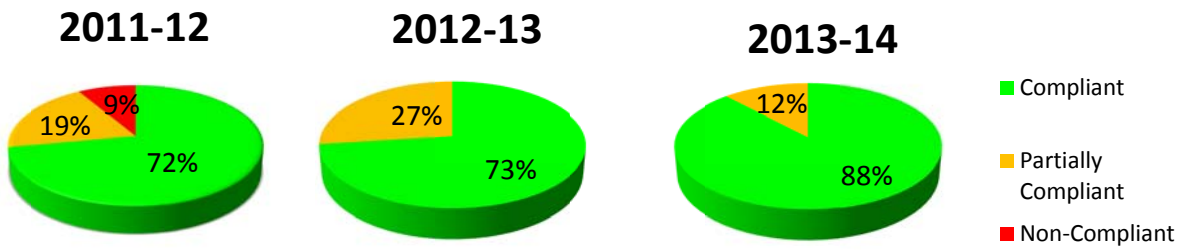


Figure 1 illustrates that the number of facilities achieving overall compliance scores rose from 72 per cent in 2011-12 to 88 per cent in 2013-14. It is particularly encouraging to note that for the past two years there were no facilities assessed with an overall score of minimal compliance, and the level of partial compliance has reduced by 15 per cent.

The inspections provide evidence that in most of the areas inspected, there was good compliance with regional healthcare hygiene and cleanliness standards. However, in certain instances, inspectors observed that while systems and mechanisms were in place to assist compliance, these were not always effectively implemented or adhered to by staff. The inspections have highlighted the importance of creating a safe healthcare environment for patients, visitors and staff. HSC trusts have advised that the inspections have raised awareness of infection prevention and control and hygiene, and there has been more focused activity directed towards continuous improvement.

Whilst there has been improvement in the scores achieved, there continues to be variation and inconsistency in environments and practice within and between areas in trusts. Table 1 outlines the sections within the audit tool that continue to have difficulties with compliance. Details of recurring issues are outlined in section 4.0.

Table 1: Sections within the Regional Infection Prevention/Hygiene Audit Tool, which were non-compliant in 2013-14

Standard	Areas minimally compliant with standard	Areas partially compliant with standard
General Environment	8	12
Patient Linen	1	8
Sharps	6	12
Waste	0	7
Patient Equipment	8	11
Hygiene Factors	0	0
Hygiene Practices	0	1

2.3 Follow up inspections

The findings from the unannounced inspections to acute hospitals in 2013-14 resulted in a follow-up inspection at four acute hospitals. All areas subject to a follow-up inspection achieved an overall compliance score; however, there remained areas of partial and minimal compliance within the various sections of the audit tool. The tables below outline the findings for follow-up inspections over the past three years

Table 2: Number of wards which required a follow up inspection by hospital 2011-2012

Name of Hospital	Number of wards inspected	Number of wards that required a follow up inspection
Royal Victoria Hospital	4	4
Belfast City Hospital	4	2
Ulster Hospital	4	3
Craigavon Area Hospital	4	1
Altnagelvin Hospital	4	1
Longstone Hospital	1	1

The findings from the unannounced inspections to the acute hospitals 2011-12 in Northern Ireland resulted in a follow-up inspection in five of the six largest acute hospitals. Antrim Area Hospital did not require a follow up inspection. The other facility that required a follow up inspection was Sperrin Ward in Longstone Hospital. All wards subject to a follow up inspection achieved an overall compliance score, with the exception of one ward in the Royal Victoria Hospital.

Table 3: Number of wards which required a follow up inspection by hospital 2012-2013

Name of Hospital/Facility	Number of wards inspected	Number of wards that required a follow up inspection
Royal Victoria Hospital	4	2
Belfast City Hospital	3	1
Ulster Hospital	4	3
Craigavon Area Hospital	3	1
Muckamore Abbey	2	1
Longstone Hospital	2	2
Iveagh Centre	1	1

In 2012-13 the findings from the unannounced inspections to acute hospitals resulted in a follow-up inspection in four of the six largest acute hospitals. Antrim Area Hospital and Altnagelvin Hospital did not require follow up inspections. All areas subject to a follow up inspection achieved an overall compliance score.

Some learning disability facilities inspected in the 2011–12 inspection programme required follow up inspections in 2012–13. It was encouraging to note that these were then found to be compliant.

Table 4: Number of wards which required a follow up inspection by hospital 2013-2014

Name of Hospital/Facility	Number of wards inspected	Number of wards that required a follow up inspection
Royal Victoria Hospital	4	1
Mater Hospital	3	2
Ulster Hospital	4	2
Craigavon Area Hospital	3	1

In 2012-13, the findings from the unannounced inspections to acute hospitals resulted in a follow-up inspection in four of acute hospitals. Significant improvement was noted over the three years at the Royal Victoria Hospital, with the number of wards requiring a follow up inspection falling from four to one ward.

In accordance with the inspection process (methodology, follow-up and reporting) the categorised of hospitals was dependent upon the number of beds and specialist areas available. The inspection process determines the number of inspections and areas to be inspected in proportion to the type of services provided and the size of the hospital.

The Mater Hospital was categorised requiring two inspections over the three year programme. During 2011 no follow-up inspection was required. However, in 2013-2014, a follow up inspection was required at two wards.

Whilst these wards received an overall compliance score at the follow-up inspection, Ward F only achieved minimal compliance with the section on sharps.

At the Craigavon Area Hospital's Emergency Department (ED), while an overall compliance score was achieved at the follow-up inspection, three areas remained partially compliant: general environment, sharps and patient equipment.

At the Royal Victoria and Ulster hospitals, all sections of the audit tool achieved an overall compliance score at the follow up inspection.

All trusts developed an improvement plan to ensure that appropriate steps were taken to address each area of non-compliance. Detailed improvement plans for each facility were submitted to RQIA, and are included in published inspection reports.

3.0 Improvements and Good Practice Observed on Inspections

The key findings in all reports highlight areas of improvement or good practice.

In most hospitals and facilities inspected there was evidence of improvement and examples of good practice. In most of the areas inspected, RQIA found that there was compliance, or partial compliance, with regional healthcare hygiene and cleanliness standards.

RQIA noted examples of good team work and links with the infection prevention and control team. Daily ward safety briefings include information on infection prevention and control. Wards had infection prevention and control (IPC) and environmental cleanliness audit results clearly displayed for public viewing (Picture 1)

Picture 1: Patient Display Board

Picture 2: Patient information leaflets

In some areas inspected there was a variety of infection prevention and control leaflets for patients and clients to reference (Picture 2).

In some wards there was clear and concise information in relation to monitoring drug fridge temperatures and the relevant actions to be taken if the temperatures are out of standard range.

The inspectors noted continued improvement in cleaning practices, and most areas inspected were generally clean. Mechanisms to ensure effective environmental cleanliness and infection prevention and control had improved.

One trust was developing a framework to roll out learning from RQIA inspections to all wards. In another trust, a ward has been identified for a joint working initiative; this will involve nursing staff, support services and infection control staff. This team will prioritise actions needed to improve the patient experience and the staff working environment.

Inspectors found that many wards had newly refurbished sanitary areas (Picture 3). In another hospital, one ward had plastic wall protectors installed behind alcohol hand sanitizers to protect walls from drip stains. Another hospital had been innovative in their use of hand hygiene signage for the public Picture (4)

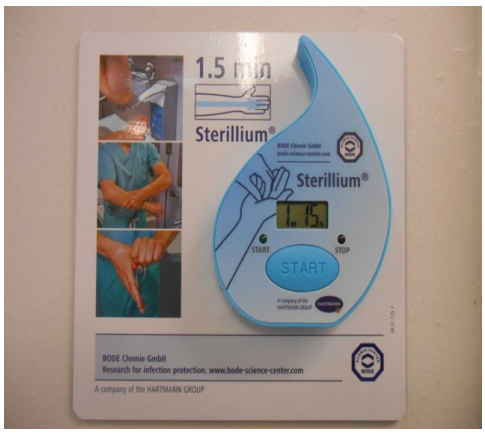
Picture 3: Refurbished toilet

Picture 4: Hand hygiene signage

In most areas staff knowledge of the principles of infection prevention and control and environmental cleanliness had improved. There was evidence of HSC greater staff awareness on their role and that of RQIA in environmental cleanliness and infection prevention and control. Posters to guide staff on the decontamination of commodes, beds and mattresses were available.

One trust had infection control stations located in some wards; these were prominent and eye-catching for staff and visitors (Picture 5). In another trust there was alcohol-based hand disinfection timers located within the ED. This guides staff on the length of time required for hand decontamination (Picture 6).

Picture 5 Infection Control Station



Picture 6: Hand Disinfection Timer

The Infection Prevention and Control (IPC) team in one trust had launched an IPC decision making tool for use within the ED. The tool is designed to assess patient's infection risk status and guide staff on the implementation of precautions when the patient is transferred to the ward.

4.0 What Needs to Improve and Recurring Issues

The key findings in all inspection reports highlight areas that require further improvement, and recurring themes from previous inspections. There continues to be variation and inconsistency with certain sections of the regional audit tool in some clinical areas within trusts. This is a particular issue in relation to the general environment, sharps management and patient equipment.

A greater focus on improving environmental cleanliness and infection prevention and control practice in the larger acute hospitals in Northern Ireland is still required. During the year, four acute hospitals required follow-up inspections. In the case of Craigavon, Royal Victoria and Ulster hospitals, this was the third year in a row where follow up inspections were required.

4.1 General Environment

There remain issues in respect of the age and condition of some buildings, which have a negative impact on the scores for the environment standard. Inspectors noted that areas for repair included damage to doors, walls, and skirting (Picture 7). There remain some hospitals which had damaged or worn fixtures in sanitary areas and dirty utility rooms (Picture 8).

Picture 7: Damaged wall

Picture 8: Old worn sluice hopper

Effective cleaning was at times hindered by damage to the surfaces of furniture, fixtures and fittings (Picture 9). Inspectors also noted damaged or worn wooden surfaces, which are not impervious to moisture, and cannot be effectively cleaned. In other areas, posters and labels were not laminated, and notices attached to surfaces with adhesive tape. Adhesive tape can damage surfaces and also impede the cleaning process (Picture 10).

Picture 9: Damaged seating

Picture 10: Adhesive labels on sockets

A cluttered environment impedes effective cleaning and is a challenge to domestic staff. Trusts must continue to ensure areas are clutter-free, with effective utilisation of space and good stock management, this assists with effective cleaning (Picture 11). Inspectors continue to note issues with storage: on dedicated clinical work surfaces; on top of cupboards; on floors; in corridors; and communal areas. In some instances reconfiguration of rooms has occurred, or is planned, to improve storage issues.

Picture 11: Cluttered equipment store

Changing the Culture 2010, DHSSPS[4] highlights that displayed and accessible information promotes the message that infection prevention and control is everyone's business. Although the range of information displayed for staff, patients and visitors had improved, there remains some inconsistency. Information posters for staff to reference on inoculation injury were not always available.

4.2 Sharps Management

The safe management and disposal of sharps was an area where minimal and partial compliance has again been noted in certain clinical areas. Sharps boxes were not always signed, dated or secure; temporary closures mechanisms were not always deployed; boxes were overfilled; integral sharps trays were dirty and not always available. This highlights the continued need for staff education in this area.

[4] http://www.dhsspsni.gov.uk/changing_the_culture.pdf

4.3 Patient Equipment

The cleaning and management of patient equipment was another area that continues to have minimal and partial compliance. Inspectors noted that in certain areas patient equipment was stained, damaged, or dusty, and in some instances blood stains were noted (Picture 12 and 13).

Picture 12: Blood stained resuscitation trolley

Picture 13: Stained mattress

Trigger tape to denote equipment that had been cleaned was inconsistently used. In some areas, single use equipment was not in its original packaging, with no traceability labels or expiry date present.

4.4 Hygiene Factors

Staff knowledge remains an area for improvement in some hospitals, particularly relating to disinfectant dilution rates for the cleaning of blood and body fluids, and chemicals not stored in accordance with COSHH regulations.

Availability of clinical hand washing sinks was not always in line with local and national guidance. In some areas the ratio of dedicated accessible clinical hand washing sinks did not comply with the Health Building Note(HBN) 04-01 guidance[5]; clinical hand wash sinks do not comply with best practice guidance; HBN 00-09(Picture 14). Multi-bed rooms should contain two clinical sinks, one close to the entrance to the room and the other placed in a convenient position for staff working at the other end of the room. In some areas clinical hand wash sinks needed upgrading.

Picture 14: old clinical hand wash sink

[5] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148503/HBN_04-01_Supp_1_Final.pdf

4.5 Hygiene Practices

In a number of hospitals an immediate improvement was needed in relation to staff hand hygiene practices and use of personal protective equipment. There are still many occasions where inspectors observed non-compliance with the regional dress code policy.

Inspectors observed that staff did not always carry out the seven step hand hygiene technique or comply with the World Health Organisation (WHO) five moments of care for hand hygiene. In conjunction with the DHSSPS uniform guidelines, accessible via the Regional Northern Ireland Regional Infection Control Manual[6], all HSC trusts have developed a strict dress code policy. However, inspectors continue to observe variation in staff compliance. Some staff did not secure long hair, others continue to wear long sleeved clothing, watches and stoned jewellery. There is a need for staff education and ownership by staff of their practice in this area.

The review of patient care plans for patients with a known alert organism, such as MRSA or Clostridium difficile, found that these were not always in place, or completed. There was also a variation in the level of written detail in care plans.

Inconsistency of recording was also noted in the completion of cleaning schedules and fridge temperatures.

[6] http://www.infectioncontrolmanual.co.ni

5.0: Key Findings of the RQIA Augmented Care Inspection Programme in 2013-14

The inspection programme for augmented care covers a range of specialist facilities. A rolling programme of unannounced inspections has been developed by RQIA.

In February 2013, the Chief Medical Officer (CMO) endorsed the use of the Regional Infection Prevention and Control Audit Tools for Augmented Care Settings by all health and social care (HSC) trusts in Northern Ireland in the relevant clinical areas (CMO letter HSS MD 5/2013).

In these inspections the following audit tools are used:

- Governance Assessment Tool
- Infection Prevention and Control Clinical Practices Audit Tool
- Neonatal Infection Prevention and Control Audit Tool
- Critical Care Infection Prevention and Control Audit Tool
- Augmented Care Infection Prevention and Control Audit Tool

The introduction of this suite of audit tools is a follow-on from development of the existing Regional Healthcare Hygiene and Cleanliness Standards audit tool, developed and disseminated in 2011. Both sets of tools should be used in conjunction with each other for these inspections. A Guidance and Procedural Paper for Inspections in Augmented Care Areas has been developed, which outlines the inspection process[7].

During 2013-14, all neonatal intensive care units (NICU) and special care baby units (SCBU) were inspected. They were assessed against the following regionally agreed standards and audit tools:

- Regional Neonatal Infection Prevention and Control Audit Tool
- Regional Infection Prevention and Control Clinical Practices Audit Tool
- Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool

It is proposed that RQIA will use these tools, as an assessment framework for improvement over a three year inspection cycle. In order to build progressive improvement over the three-year cycle, compliance scores were set at 85 per cent in year one, rising to 95 per cent by the end of year three. This allows facilities time to fully introduce any necessary improvements.

In addition to unannounced inspections, RQIA also conducts announced inspections. These examine the governance arrangements and systems in place to ensure that infection prevention and control and environmental cleanliness policies and procedures are working in practice. An announced inspection to each trust is planned for the year 2014-15.

[7] http://www.rqia.org.uk/cms_resources/RIPC%20Audit%20tools%20process%20paper.pdf

The inspections indicated that there was evidence that the NICUs were working to comply with the regional standards and audit tools. Inspectors found that the units had systems and processes in place and that staff were committed to improvement. Reports for these areas highlight strengths as well as areas for further improvement, and include recommendations and a quality improvement action plan.

Table 5 outlines the overall findings which show that the majority of units were compliant with this year's target. Three hospitals were partially compliant in the Regional Infection Prevention and Control Clinical Practices Audit Tool.

Table 5: Overall compliance scores

Neonatal Intensive Care Units	Regional Infection Prevention and Control Neonatal Audit Tool Score	Regional Infection Prevention and Control Clinical Practices Audit Tool Score	Regional Healthcare Hygiene and Cleanliness Audit tool Score	Totals
Altnagelvin Hospital	85	85	93	88
Antrim Area Hospital	88	87	96	90
Craigavon Hospital	88	83	98	90
Daisyhill Hospital	92	83	98	91
Royal Victoria Hospital	86	89	92	89
South West Acute Hospital	90	83	97	90
Ulster Hospital	89	94	97	93

5.1 Regional Neonatal Infection Prevention and Control Audit Tool

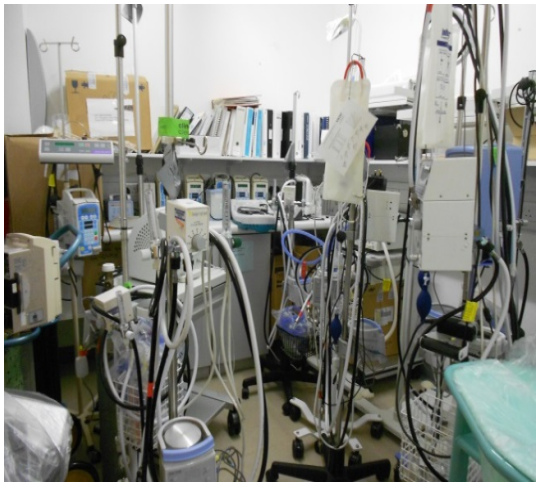
The Regional Neonatal Infection Prevention and Control Audit Tool contains seven sections. Each section aims to consolidate existing guidance in order to improve and maintain a high standard in the quality and delivery of care and practice in neonatal care. This will assist in the prevention and control of healthcare associated infections. The inspections indicated that whilst the units achieved an overall compliance score for this audit tool, there remained areas where improvement was required. Two of the units achieved the targets set for compliance in the second year of 90%.

Table 6 outlines the finding in relation to each section within the Regional Neonatal Infection Prevention and Control Audit Tool.

Table 6: Regional Neonatal Infection Prevention and Control Audit Tool Compliance Levels

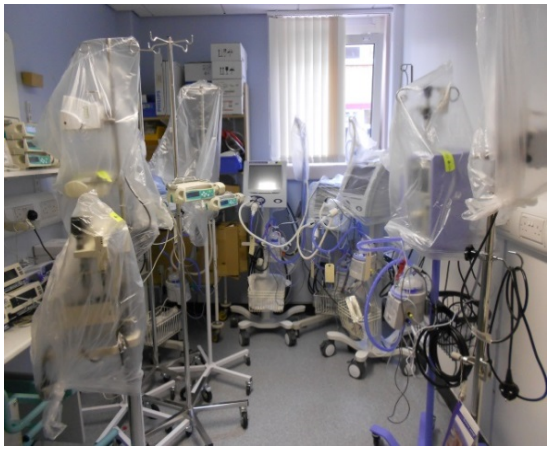
Areas inspected	Altnagelvin	Antrim	Craigavon	Daisyhill	Royal Victoria	South West Acute	Ulster
Local governance systems and processes	78	96	91	92	79	95	83
General environment – layout and design	76	69	57	63	74	95	52
General environment – environmental cleaning	95	89	100	100	88	88	100
General environment – water safety	95	100	95	100	100	94	100
Neonatal clinical and care practice	94	95	92	97	94	90	94
Neonatal patient equipment	80	90	93	91	92	90	97
Preparation, storage and use of breast milk and specialised powdered infant formula	77	80	91	98	76	77	98
Average Score	**85**	**88**	**88**	**92**	**86**	**90**	**89**

Five hospitals were minimally compliant in the section relating to the general environment and layout and design of the unit. For organisations to comply with this section of the audit tool they must ensure adequate facilities are available for the delivery of care. This includes the space needed to carry out care on the neonate, decontaminate equipment and ensure effective isolation when required (Pictures 15 and 16).

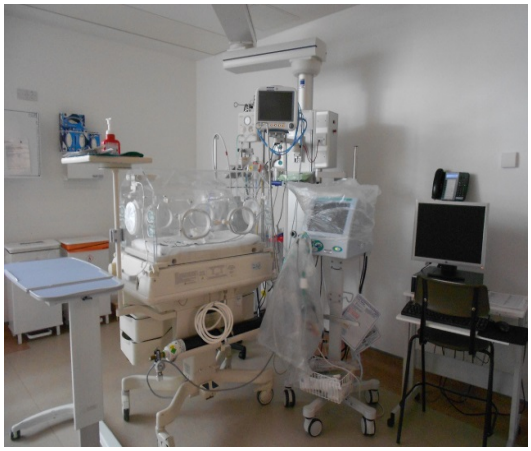


Picture 15: Cluttered Equipment Storage Room

Picture16: Cluttered Dirty Utility Room



Picture 17: Clean Stored Equipment



Picture 18: Neonatal Incubator

The cleaning and management of neonatal equipment was generally good (Pictures 17 and 18).
The South West Acute Hospital was the only unit that achieved compliance in the layout and design of the environment. The hospital opened in June 2012 and the specification for the neonatal unit is compliant with the DHSSPS specification. With the exception of Altnagelvin Hospital, all other hospitals were minimally compliant. The neonatal unit in the Ulster Hospital, which opened in October 2007, achieved the lowest score. Inspectors found that while certain areas in the unit appear bright and spacious, some space and facilities available within the unit were limited. Inspectors noted that although the space does not meet current recommended requirements, staff are working within these limitations to deliver safe and effective care. The trust stated that their projects team will review design in accordance with Health Technical Memorandums (HTMs) and HBNs for the purpose of a refurbishment proposal on approval of the business case for refurbishment.

In Craigavon Hospital the core clinical space for the delivery of care around the incubator/cot area was not within 80 per cent of the minimum dimensions recommended by DHSSPS and staff were using some rooms for a variety of functions. The trust advised that work was due to commence, which will

improve facilities within the unit, and provide a dedicated milk room and a room for the decontamination of cots and incubators.

In three of the units, local governance systems and processes required improvement. For organisations to comply with this section, good governance should be displayed through management that displays effective decision-making and leadership. Systems and processes should be robust, and staff should be aware of their roles and responsibilities. Appropriate policies and procedures should be available.

The other section where four of the units were partially compliant was the preparation, storage and use of breast milk and specialised powdered infant formula. Inspectors found varying issues in the units which affected compliance such as the lack of agreed policies and procedures. In some units a risk assessment was not in place on the storage and use of breast milk and infant formula and in ensuring the correct temperature controls.

5.2 Regional Infection Prevention and Control Clinical Practices Audit Tool

There are nine sections in the Regional Infection Prevention and Control Clinical Practices Audit Tool. Compliance with this will assist in the prevention and control of healthcare associated infections. Each section aims to consolidate and build on existing guidance in order to improve and maintain a high standard in the quality and delivery of care and practice in neonatal care. Observation of key clinical procedures has been shown to reduce the risk of infection, if performed correctly.

Table 7 below, outlines the findings in relation to each section used in the inspection of neonatal units. Three sections within this audit tool were not applicable to neonatal units, and therefore were not inspected. These were the sections on Clostridium difficile infection (CDI), surgical site infection, and ventilated (or tracheostomy) care.

Table 7: Regional Infection Prevention and Control Clinical Practices Audit Tool Compliance Levels

Areas inspected	Altnagelvin Hospital	Antrim	Craigavon	Daisyhill	Royal Victoria	South West Acute	Ulster
Aseptic non touch technique (ANTT)	82	100	76	76	80	82	100*
Invasive devices	100	87	97	96	100	100	100*
Taking blood cultures	74	74*	78*	76	91*	65*	100*
Antimicrobial prescribing	72	76	78	57	88	73	83
Enteral or tube feeding	88	88	82	84	86	88	81
Screening for MRSA	91	95*	85	95	86*	91	100*
Average Score	**85**	**87**	**83**	**82**	**89**	**83**	**94**

* Staff practice was not observed during the inspection

The findings indicate that four hospitals achieved an overall compliance score, with the Ulster Hospital achieving the highest compliance in this section. Overall partial compliance was achieved by the remaining three hospitals.

All units achieved compliance in the invasive devices and screening for methicillin resistant staphylococcus aureus (MRSA) colonisation and also in the decolonisation sections of the audit. Four of the units were fully compliant which should be commended.

Inspectors identified that an improvement was required in aseptic non-touch technique (ANTT) as five of the units were partially compliant in this section. ANTT is a standardised, best practice and safe aseptic technique used for care the overall management of invasive clinical practices and preparation of medication.

Invasive devices are medical devices, which in whole or in part, penetrate the body, either through a body orifice or through the surface of the body. For organisations to comply with this section they must ensure that there are systems and process in place to ensure a standardised and consistent approach by staff in the insertion and ongoing maintenance of invasive devices. In the Belfast and South Eastern trusts, staff training on the insertion and ongoing management of invasive devices was accredited by The Queen's University of Belfast.

Three units were minimally compliant in the section of taking blood cultures. A blood culture is a microbiological culture of blood. It is employed to detect infections that are spreading through the bloodstream. For organisations to comply with this section they must ensure that a policy is in place, staff display knowledge and practical skills on the key principles and monitoring

blood culture analysis to determine the rate of positive blood cultures, incidence of contamination and false positives.

An improvement in antimicrobial prescribing was required as only one unit was compliant in this section. Antibiotic prescribing should be carried out in line with evidence-based antimicrobial guidelines. This should improve and reduce the progression of antibiotic resistance and optimise patient outcomes. For organisations to comply with this section they must ensure that there are systems and process in place to ensure a standardised and consistent approach by staff to prescribing. Prescribing should be monitored and reviewed.

Inspector's recommend that compliance could be improved by the introduction of electronic or computer aided tools, to assist with antimicrobial prescribing. Antimicrobial usage should also be audited in line with current antimicrobial prescribing guidance.

The detection and treatment of MRSA should be carried out in line with DHSSPS Best Practice on Screening for MRSA Colonisation (HSS MD 12/2008). For organisations to comply with this section they must ensure that a screening and treatment policy is in place, staff display knowledge of the policy and adherence to best practice is monitored.

With the exception of one occasion, clinical practice observed by the inspectors was appropriate. At times, the opportunity to observe clinical practices was limited; however, the inspectors were able to observe simulated practices.

Staff displayed good knowledge on the practical application of clinical procedures when questioned on the clinical practices audit tool. These units undertake observational audits of practice. Results viewed showed that staff adhere to good practice.

5.3 The Regional Healthcare Hygiene and Cleanliness Audit Tool

All units achieved compliance with the Regional Healthcare Hygiene and Cleanliness Audit Tool in all sections, with the exception of the cleaning and management of patient equipment in Altnagelvin Hospital.

Table 3: The Regional Healthcare Hygiene and Cleanliness Audit Tool Compliance Levels

Neonatal Unit	Altnagelvin	Antrim	Craigavon	Daisyhill	Royal Victoria	South West Acute	Ulster
Environment	94	94	95	94	86	95	93
Patient linen	100	100	100	100	91	100	98
Waste	90	95	100	97	92	95	96
Sharps	97	97	97	100	92	96	96
Patient Equipment	76	95	95	95	91	95	98
Hygiene factors	100	96	100	100	96	100	97
Hygiene practices	97	93	100	100	93	98	99
Total	**93**	**96**	**98**	**98**	**92**	**97**	**97**

Inspectors found that although some units were older, all provided an environment that was generally well maintained, visibly clean. A clean, tidy and well maintained environment is an important foundation to promote patient, visitor and staff confidence and support other infection prevention and control measures. Cleaning schedules for patient equipment and the environment need to be more detailed and to include monitoring by senior staff to provide appropriate quality assurance

Organisational culture should enable staff to challenge practice, and non-compliance with policies. Every opportunity should be taken to educate staff, patients and visitors on the importance of hand hygiene and adherence to good infection prevention and control practice.

HSC trust infection prevention and control teams should continue to educate all disciplines of staff and work at ward level to monitor sustain and improve infection prevention and control practices. Staff should implement standard infection control precautions consistently for all patients in every setting[8].

Trusts can improve compliance can further by reviewing and addressing the recurring issues identified in section 4.0 of this report.

[8] Standard infection prevention and control precautions includes hand hygiene which should be performed at five moments of care using the correct seven step hand hygiene technique, the supply and use of personal protective equipment PPE, the management and disposal of linen, waste and sharps. The decontamination of equipment, management of blood spills, and the isolation of patients.

6.0 Regional Initiatives

A range of initiatives continue to send a strong message on the importance of environmental cleanliness and infection prevention and control for hospitals across Northern Ireland.

1. In the near future, Cleanliness Matters[9], and the DHSSPS Environmental Cleanliness Controls Assurance Standard[10] are to be supported by a new initiative, Policy for the Provision and Management of Cleaning Services. The draft policy, which is subject to consultation, sets out the DHSSPS commitment to maintaining and improving environmental cleanliness in Northern Ireland[11].

2. Changing the Culture 2010[12], the strategic regional action plan for the prevention and control of healthcare associated infections in Northern Ireland, outlined a core aim: "Eliminate the occurrence of preventable healthcare-associated infections in all health and social care settings, and promote, strengthen and maintain public confidence and understanding".

3. Changing the Culture [13]Ten Elements of effective Board to ward assurance on healthcare – associated infections: an aide-memoire for members of Health and Social Care Boards

4. The Regional Infection Prevention and Control Manual is a key source of information for all professionals, which is kept under review to update advice when required[14].

5. The Infection Prevention Society and the Association of Health Care Cleaning Professionals provides advice and help to share good practice, and standardise practice regionally and across HSC trusts.

6. DHSSPS has developed guidelines to facilitate HSC trust board members to ensure that action is taken on environmental cleanliness and infection prevention and control[15].

7. Implementation of the Saving Lives high impact intervention care bundles should be further developed and implemented to standardise and promote best practice[16].

[9] http://www.dhsspsni.gov.uk/facilities_management_cleanliness_matters_strategy_sept05.pdf
[10] http://www.dhsspsni.gov.uk/environmental_cleanliness_06_pdf.pdf
[11] http://www.dhsspsni.gov.uk/showconsultations?txtid=54968
[12] http://www.dhsspsni.gov.uk/changing_the_culture.pdf
[13] http://www.dhsspsni.gov.uk/hss-md-32-2012-leaflet.docx
[14] http://www.infectioncontrolmanual.co.ni/
[15] www.dhsspsni.gov.uk/hss-md-32-2012-leaflet.docx
[16] http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078134

8. The Ward Sisters' Charter emphasises that ward sisters and charge nurses need to ensure that the highest standard of cleanliness and infection prevention and control is maintained[17].

9. The use of EPIC 3 – National Evidence Based Guidelines for Preventing Healthcare Associated Infections[18]

[17] http://www.dhsspsni.gov.uk/ward_sisters__charter.pdf
[18] http://www.uwl.ac.uk/sites/default/files/Academic-schools/College-of-Nursing-Midwifery-and-Healthcare/Web/Epic3/epic3_review_questions.pdf

7.0 Conclusion

Infection prevention and hygiene inspections are part of a programme of initiatives designed to reduce healthcare associated infections in Northern Ireland, and to provide public assurance about services.

Since the introduction of the core inspection programme in 2008-09 and Regional Healthcare Hygiene and Cleanliness Standards in 2011, RQIA has found ongoing improvements in the standard of cleaning, the physical environment, and healthcare hygiene practices across health and social care (HSC) facilities in Northern Ireland. This focus must continue.

The core inspections provide evidence that, in the majority of areas inspected, there was good compliance with regional healthcare hygiene and cleanliness standards. However, in some instances, inspectors observed that, while systems and processes were in place to assist compliance, these were still not always effectively implemented across organisations, nor adhered to by staff.

During the three year programme, an improvement in the average scores recorded has been noted, however, there continues to be variation in practice in ward/facilities within and between trusts.

RQIA is concerned that not all wards inspected in four of the major acute hospitals in Northern Ireland achieved compliance with Regional Healthcare Hygiene and Cleanliness Standards. Follow-up unannounced inspections were carried out, and the wards subject to further inspection were found to be compliant on the second visit.

The introduction of the suite of specialised augmented care audit tools will further promote high standards in infection prevention and control practices. The findings for the inspections of NICUs and SCBUs indicate that trusts are striving to reach the set targets. However, a concerted effort is required by those units partially compliant in the Regional Infection Prevention and Control Clinical Practices Audit Tool.

RQIA continues to carry out inspections to raise awareness of the importance of creating a safe healthcare environment for patients, visitors and staff. HSC trust staff have advised that RQIA's programme of inspection has raised awareness of accountability, and there has been more focused activity directed towards continuous improvement within ward/facilities.

Significant work already carried out across Northern Ireland to reduce hospital infections has impacted on the rates of infection in hospitals. However, there is no room for complacency, and this focus on improvement must continue. The Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool should be used in conjunction with the Regional Infection Prevention and Control Manual to standardise practice. Leading regional experts in the Infection Prevention and Control Society and the Association of Cleaning Professionals promote and share good practice. They act as catalysts for

innovations and encourage new staff to engage and champion good practice, regionally and within HSC trusts.

Ward sisters, charge nurses, domestic supervisors and support services managers must ensure that the highest standard of cleanliness and infection prevention and control is maintained.

The key message remains, that all staff and visitors can contribute to the task of maintaining a clean and safe environment, and in taking action to reduce the risk of health care associated infections. Staff, patients and visitors must feel empowered to challenge others who are not following good infection prevention and control practices. Every opportunity should be taken to educate staff, patients and visitors on the importance of hand hygiene and adherence to good infection prevention and control practice.

RQIA commends the efforts of all HSC staff in affording this matter priority. RQIA's inspections are just one of a number of initiatives aimed at raising awareness of hygiene and infection control. It is, however, an important initiative and one which is helping to highlight good practice and to bring focus to areas where it is most needed.

Appendix: List of Hospitals and Facilities Inspected by RQIA April 2013–March 2014

Belfast HSC Trust

Hospital/Facility Inspected	Date of Inspection	Type of Inspection
Belfast City Hospital	15 January 2014	Unannounced inspection
Mater Hospital	22 October 2013	Unannounced inspection
Mater Hospital	12 February 2014	Unannounced follow-up inspection
Musgrave Park Hospital	25 September 2013	Unannounced inspection
Royal Belfast Hospital for Sick Children	19 February 2014	Unannounced inspection
Royal Victoria Hospital	19 September 2013	Unannounced inspection
Royal Victoria Hospital	20 November 2013	Unannounced follow-up inspection

Northern HSC Trust

Hospital/Facility Inspected	Date of Inspection	Type of Inspection
Antrim Area Hospital	5 March 2014	Unannounced inspection
Causeway Hospital	13 June 2013	Unannounced Inspection
Mid Ulster Hospital	6 June 2013	Unannounced Inspection
Whiteabbey Hospital	19 March 2014	Unannounced Inspection

South Eastern HSC Trust

Hospital/Facility Inspected	Date of Inspection	Type of Inspection
Downe Hospital	22 May 2013	Unannounced Inspection
Lagan Valley	22 January 2014	Unannounced Inspection
Ulster Hospital	8 October 2013	Unannounced Inspection
Ulster Hospital	3 January 2014	Unannounced follow-up inspection

Southern HSC Trust

Hospital/Facility Inspected	Date of Inspection	Type of Inspection
Craigavon Hospital	3 December 2013	Unannounced Inspection
Daisy Hill Hospital	24 April 2013	Unannounced Inspection
Craigavon Hospital	18 February 2014	Unannounced follow-up inspection
South Tyrone	27 June 2013	Unannounced Inspection

Western HSC Trust

Hospital/Facility Inspected	Date of Inspection	Type of Inspection
Altnagelvin Hospital	11 November 2013	Unannounced Inspection
Tyrone County	20 June 2013	Unannounced Inspection

Neonatal Inspections

Hospital/Facility Inspected	Date of Inspection	Type of Inspection
Altnagelvin Hospital	4 and16July 2014	Unannounced Inspection
Antrim Area Hospital	6 and 20 August 2013	Unannounced Inspection
Craigavon Hospital	30 July 2013 and 6 August 2013	Unannounced Inspection
Daisy Hill Hospital	10 and 12 September 2013	Unannounced Inspection
Royal Victoria Hospital	18 and 24 July 2013	Unannounced Inspection
South West Acute Hospital	28 August 2013 and 5 September 2013	Unannounced Inspection
Ulster Hospital	28 May 2013 and 5 June 2013	Unannounced Inspection

Independent Healthcare Facilities: Theatres

Hospital Inspected	Date of Inspection	Type of Inspection
Ulster Independent Clinic	3 & 4 December 2013	Announced Inspection

Announced inspections of independent theatre units commencing in 2013 are carried out as a follow on from the DHSSPS commissioned review of theatre units in trusts across Northern Ireland. These examined theatre facilities, practices and procedures in line with current guidance and best practice. The reports of these inspections are available on RQIA website: www.rqia.org.uk.

The **Regulation** and **Quality Improvement Authority**

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The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	13 November 2014
Title of Paper	Audit Committee Update
Agenda Item	13
Reference	H/06/14
Author	Katie Symington
Presented by	Denis Power
Purpose	The purpose of this paper is to update the RQIA Board on the recent Audit Committee meetings.
Executive Summary	The Audit Committee has met on one occasion since the last Board meeting. At the meeting on 16 October 2014, the minutes of the meeting of 26 June 2014 were approved and these are attached for noting by the Board. The Committee Chairman will verbally update the Board on the meeting of 16 October 2014. The minutes of the Bi-lateral meeting of 1 October 2014 are also attached for noting by the Board.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the update from the Committee Chair.
Next steps	The Audit Committee is scheduled to meet again on 26 February 2015.

MINUTES

RQIA Audit Committee Meeting, 26 June 2014
Boardroom, 9th Floor, Riverside Tower, Belfast, 2.00pm

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

Apologies
Glenn Houston (Chief Executive)
Conrad Kirkwood (DHSSPS)

In attendance
Maurice Atkinson (Director of Corporate Services)
David Stewart (Director of Reviews and Medical Director)
Jonathan King (Head of Finance)
Stuart Crawford (Planning and Corporate Governance Manager)
Katie Symington (Board & Executive Support Manager)
Catherine McKeown (Business Services Organisation, Internal Audit)
Brian Clerkin (ASM)
Catherine O'Hagan (Northern Ireland Audit Office)

PRE-MEETING WITH INTERNAL AND EXTERNAL AUDIT

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

0.2 NIAO and the External Auditor noted the full co-operation of the RQIA Finance team in the completion of final accounts.

0.3 The Chair of the Audit Committee acknowledged the work of RQIA's finance team in the completion of the end of year accounts.

1 Welcome and Apologies

1.1 The Chair welcomed all members to the Audit Committee meeting and noted apologies from Glenn Houston and Conrad Kirkwood.

2 Chairman's Business

2.1 The Chair of the Audit Committee welcomed Robin Mullan, newly appointed member of the Audit Committee to this meeting and also Dr Stewart who will provide the Chief Executive's update to the Committee.

2.2 Committee members noted the recent appointment of Dr Alan Lennon as RQIA Chairman. The Chair of the Audit Committee noted that he will discuss with the new Chairman, the need for two additional members for the Audit Committee, in line with Standing Orders.

2.3 The Chair of the Audit Committee informed members that he will attend an Audit and Risk Chairs Meeting on 4 July 2014 in DHSSPS. The Audit Committee workshop scheduled for 6 August 2014 was also noted by members. This workshop will focus on the completion of the Audit Committee self-assessment tool and will review the revised Audit and Risk Assurance Committee Handbook (NI).

2.4 The Committee acknowledged RQIA's recent IiP Award.

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

3 Minutes of previous meeting (AC/ May14/ Final)

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

3.1 The minutes of the meeting of 7 May 2014 were **APPROVED** for onward transmission to the Board on 3 July 2014.

3.2 The Chair of the Audit Committee confirmed that in relation to item 10.7 of the minutes of the meeting of 7 May, he received a copy of the final draft of the Governance Statement. The Chairman drew attention to the table within this report which details Board member attendance at Board meetings and workshops. This was included within the Governance Statement at the request of the NIAO.

3.3 Committee members were informed that in relation to item 11.1 of the minutes of the meeting of 7 May, the SLA with the BSO has now been signed as final costs have been agreed for legal services.

3.4 **Resolved Actions**

Board & Executive Support Manager to bring the Audit Committee minutes of 7 May 2014 to the July meeting of the Board for noting

4 Chief Executive's Update on Key Risk Issues

4.1 The Director of Reviews and Medical Director provided an update to the Audit Committee on behalf of the Chief Executive.

4.2 The Director of Reviews and Medical Director noted the prosecution proceedings in relation to Hebron House and Bawn Cottage. A listing was made in Armagh County Court on 20 June; however this case was not heard. This matter has been reconvened for 11 August 2014.

4.3 Committee members were informed that the Cherry Tree House Report has been sent to the Minister and will be published on 2 July 2014. The Director of Regulation and Nursing will establish a working group to review the recommendations arising from this report.

4.4 Committee members were advised that RQIA is setting up a project team to undertake the planning process for the inspection of acute hospitals.

These inspections may not necessarily take the form of the hospital inspections undertaken in England, post Francis Report, as developed by CQC but may use a defined set of measures on agreed themes. These inspections will start in the 2015/ 2016 year and will be initially piloted. The reports on these inspections will be published as they are completed and will take the form of unannounced inspections. At this point in time it is anticipated that these inspections will be managed within RQIA's existing resources.

4.5 The Director of Reviews and Medical Director noted the completion of the Unscheduled Care Review, which has been sent to the Minister. A number of recommendations have been made within this report.

4.6 The Director of Reviews and Medical Director noted the ongoing appeal to the Care Tribunal, by a Registered Dentist. RQIA will be informed of the outcome of this tribunal in due course.

4.7 The Director of Reviews and Medical Director informed the Committee that there is now an increased need for Part IV Medical Practitioner opinion. This function is now provided by RQIA's Mental Health and Learning Disability Directorate. The lack of available Part IV Medical Practitioners to provide opinion is detailed on the Corporate Risk Assurance Framework Report (Risk 5). A Business Case is currently being prepared for DHSSPS.

4.8 Committee members were informed that RQIA has not yet received its RRL Allocation for the 2014/15 year. DHSSPS have indicated that RQIA will receive their allocation letter in July 2014. Approval of the previously submitted business cases remains with DHSSPS.

4.9 The Director of Reviews and Medical Director noted that RQIA's Landscape Review is due for completion in September 2014.

5 Declaration of Interests

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

6 Action List Review

6.1 The Chairman went through the action list and noted that actions 266 and 268 are now completed. Actions 267, 269 and 270 are also completed.

6.2 The Audit Committee **NOTED** the Action List Review**.**

7 Update on Audit Action Plan 2013-2014 (AC/01/14)

7.1 The Planning and Corporate Governance Manager presented the update on the Audit Action Plan to Committee members and noted that the recommendations detailed within the Report to Those Charged with Governance will be included following receipt of the finalised document.

7.2 Committee members were asked to note page 18 of this report which details outstanding audit recommendations, 2012/13.

7.3 The Planning and Corporate Governance Manager drew the Committee's attention to page two of this report, HRPTS Reporting System and noted that in relation to travel information, RQIA continue to liaise with BSO Travel to secure an appropriate report or access to information for management and monitoring of staff travel claims. RQIA are also awaiting confirmation from BSO in relation to the reports and dashboards area of HRPTS, and therefore no deadline has therefore been entered for this action.

7.4 The Committee noted that three members of staff have not yet completed the mandatory Information Governance training. The Director of Corporate Services further noted that in relation to the training of Information Asset Assistants, as regional training has not yet been agreed, RQIA will move forward with this internally.

7.5 Confirmation was provided by the Director of Corporate Services that in relation to the ongoing issues with BSO, consideration may be given to the escalation of matters to the BSO Chief Executive.

7.6 The Audit Committee **NOTED** the update on the Audit Action Plan.

8 Internal Audit Update (AC/02/14)

- **Review of Corporate Information Management System (iConnect) Project 2013/14**
- **Update on the UAT position of iConnect project**
- **Schedule of Internal Audits 2014/15 (AC/03/14)**

8.1 Catherine McKeown presented the Review of Corporate Information Management System (iConnect) Project 2013/14, to Committee members. This report made 17 recommendations, all of which have been accepted by management, with many of these recommendations now completed. The iConnect project Board is actioning the completion of these recommendations.

8.2 Craig Young, iConnect Project Manager, provided an update on the user acceptance testing position of the iConnect project to the Committee. The Committee was informed that all user acceptance testing scripts have now been completed. As of 17 June 2014, 89 logged errors have been closed, 3 remain open and 5 are awaiting an RQIA retest. All errors are at a low level and Sysco have assured RQIA that all errors will be closed prior to go live.

8.3 Audit Committee members were informed that at the Project Board meeting on 2 June 2014 a full discussion took place in relation to user acceptance testing to date and the go live date of 30 June was approved.

8.4 The Audit Committee were informed that currently data migration is taking place in preparation for iConnect go live.
A roll back plan is in place in relation to this project, should this be necessary.

8.5 The Chair congratulated staff on their work to date in the progression of the iConnect system.

8.6 Catherine McKeown tabled a formal revised version of the Annual Report for the year ended 31 March 2014. The inclusion of the Review of Corporate Information Management System (iConnect) Project 2013/14, is the only change to this document.

8.7 The Audit Committee noted the Schedule of Internal Audits 2014/15. Committee members were informed that due to the additional audit of the iConnect system, amendment to this schedule may prove difficult and will require discussion at a later stage in the audit cycle.

8.8 Catherine McKeown noted that the Review of Corporate Information Management System (iConnect) Project 2013/14, should be included within RQIA's Governance Statement.

8.9 **Resolved Action**
Review of Corporate Information Management System (iConnect) Project 2013/14, to be included within RQIA's Governance Statement

8.10 The Audit Committee **NOTED** the update from Internal Audit.

9 External Audit Update (AC/04/14)

- **Report to those Charged with Governance**

9.1 Brian Clerkin presented the Report to those Charged with Governance to Committee members. This report states that the 2013-14 financial statements are certified with an unqualified audit opinion. The Report to those Charged with Governance also notes RQIA's breakeven position.

9.2 In total, three recommendations are made within the Report to those Charged with Governance; two priority two recommendations, and one priority three recommendation. All recommendations have been accepted by RQIA.

9.3 The Committee was asked to note page 9 of this report which details adjustments to RQIA's financial statements, these adjustments are reclassifications and do not impact on final accounts.

9.4 The Chair noted the outcome of the pre-meeting with Internal and External Audit and acknowledged the work of RQIA's finance team in the completion of final accounts.

9.5 The Audit Committee **NOTED** the External Audit Report to those Charged with Governance.

10 Governance Reports (AC/05/14)

- **Annual Report on Corporate Governance**

10.1 The Chair presented the Annual Report of Corporate Governance to the Committee. This report, following approval, will be forwarded to the Board for the meeting on 3 July.

10.2 The Audit Committee agreed to review the production of this report, as the information provided is contained within the Governance Statement.

10.3 **Resolved Actions**
The production of the Annual Report on Corporate Governance to be reviewed in line with Standing Orders, November 2014

10.4 **Resolved Actions**
Annual Report on Corporate Governance to be forwarded to the Board following amendment

10.5 The Audit Committee **APPROVED** the Annual Report on Corporate Governance, with amendments.

11 Annual Report and Accounts

- **Review of Annual Accounts (AC/06/14)**
- **Annual Report and Accounts 2013/14 (AC/07/14)**

11.1 The Head of Finance presented the Review of Annual Accounts to the Committee. The Head of Finance noted the end of year surplus of £607.00. The Committee was asked to note the increase in staff costs during the 2013/14 financial year and the increase to operating expenses, with the additional commissioned reviews. Page four of this report details the RRL allocation breakdown, including the 1% retraction from DHSSPS.

11.2 The Audit Committee discussed the potential impact of a negative adjustment to RQIA's future RRL allocation. The Head of Finance confirmed that two Business Cases have been submitted to the DHSSPS, by RQIA, for additional funding.

11.3 The Head of Finance presented the Annual Report and Accounts to the Committee. The Committee were asked to note page 40 of the Annual Report and Accounts, which details RQIA's summary financial position. The Governance Statement is detailed on pages 63-76.
The Director of Corporate Services thanked the Finance team for their work in completing the end of year financial accounts.

11.4 The Chair identified some amendments to be made the Annual Report and Accounts, which will be completed by the Board and Executive Support Manager.

11.5 **Resolved Actions**
Identified changes to be made to the Annual Report and Accounts by the Board and Executive Support Manager

11.6 The Audit Committee **NOTED** the Review of Annual Accounts and **APPROVED** the Annual Report and Accounts 2013/14.

12 Audit Committee Annual Report 2013/14 (AC/08/14)

12.1 The Chair of the Audit Committee presented the Audit Committee Annual Report 2013/14 to Committee members. Members agreed that this document was a good reflection of the work of the Committee within the 2013/14 year.

12.2 The Audit Committee **NOTED** the Audit Committee Annual Report 2013/14.

13 Risk Management Strategy (AC/09/14)

13.1 The Planning and Corporate Governance Manager presented the 2014-15 Risk Management Strategy to Committee members and noted that this Strategy is reviewed annually.

13.2 Audit Committee members requested that three additional elements are added to this strategy; the horizon scanning exercise, the completion of the self-assessment tool and the review of the revised Audit and Risk Assurance Committee Handbook (NI).

13.3 The Audit Committee **APPROVED** the Risk Management Strategy.

14 Corporate Risk Assurance Framework Report (AC/10/14)

14.1 The Planning and Corporate Governance Manager presented the revised Corporate Risk Assurance Framework Report to Committee members, following the horizon scanning exercise undertaken by the Board in February. The Planning and Corporate Governance Manager confirmed that the risks raised at this exercise will be used for regular review of the Corporate Risk Assurance Framework Report.

14.2 The Planning and Corporate Governance Manager took Committee members through pages two and three of this report, detailing the changes to each risk. Currently there are five risks on the Risk Register, with two risks being deescalated to Directorate Risk Registers. The Chair requested that Risk three is reworded.

14.3 **Resolved Action**
Planning and Corporate Governance Manager to reword Risk three of the Risk Register

14.4 Further to risk three of the Corporate Risk Assurance Framework Report, which relates to Cherry Tree House, the Director of Corporate Services noted that within the new three year programme of Internal Audits, specific areas within the Regulation Directorate will be reviewed.

14.5 With the appointment of a new Chair / Board Members, it was proposed that the current Risk Register as tabled is presented to the July Board meeting for discussion.

14.6 **Resolved Action**
Risk Register to be presented to July Board meeting for discussion

14.7 The Audit Committee **NOTED** the Corporate Risk Assurance Framework Report.

15 Update on single tender actions and external consultancy (AC/11/14)

15.1 The Head of Finance confirmed that at 18 June 2014, RQIA had not engaged any external consultancy and noted the inclusion of a Single Tender Action Log to this document to provide the Committee with further information. Members agreed that this log should be provided at future Audit Committee meetings.

15.2 The Audit Committee **NOTED** the update on single tender actions and external consultancy.

16 Update on DHSSPS Circulars (AC/06/14)

16.1 The Head of Finance noted three DHSSPS circulars.

16.2 The Audit Committee **NOTED** the update on DHSSPS Circulars.

17 Any Other Business

17.1 As there was no other business the Chairman brought the meeting of the Audit Committee to a close.

Date of next meeting:
Thursday 16 October 2014, 11.00am, Boardroom, RQIA

ACTION LIST

RQIA Audit Committee Meeting 26 June 2014

Action	Minutes Ref	Description	Assigned to	Date Due	Status
264	Feb 14 (Para 11.4)	Chief Executive will review the context under which independent experts are engaged by RQIA	Chief Executive	October 2014	Ongoing
271	June 14 (Para 3.4)	Board & Executive Support Manager to bring the Audit Committee minutes of 7 May 2014 to the July meeting of the Board for noting	Board and Executive Support Manager	July 2014	Complete
272	June 14 (Para 8.9)	Review of Corporate Information Management System (iConnect) Project 2013/14, to be included within RQIA's Governance Statement	Planning and Corporate Governance Manager	July 2014	Complete
273	June 14 (Para 10.3)	The production of the Annual Report on Corporate Governance to be reviewed in line with Standing Orders, November 2014	Board and Executive Support Manager	November 2014	Ongoing
274	June 14 (Para 10.4)	Annual Report on Corporate Governance to be forwarded to the Board following amendment	Planning and Corporate Governance Manager	July 2014	Complete
275	June 14 (Para 11.5)	Identified changes to be made to the Annual Report and Accounts by the Board and Executive Support Manager	Board and Executive Support Manager	June 2014	Complete
276	June 14 (Para 14.3)	Planning and Corporate Governance Manager to reword Risk three of the Risk Register	Planning and Corporate Governance Manager	July 2014	Complete
277	June 14 (Para 14.6)	Risk Register to be presented to July Board meeting for discussion	Board and Executive Support Manager	July 2014	Complete

MINUTES

RQIA Bi-Lateral Meeting with Auditors, 1 October 2014
Meeting Room 6, 9th Floor, Riverside Tower, Belfast, 10.30am

Present
Denis Power (Chair)
Dorinnia Carville (Director NIAO)
Catherine O'Hagan (NIAO)
Catherine McKeown (Internal Audit)
Brian Clerkin (ASM)
Katie Symington (RQIA)

Welcome and Apologies

The Chair welcomed all attendees to this bi-lateral meeting and tabled a paper for information to facilitate discussion and feedback with attendees.

1. Financial Management

Outcome for financial year to March 2014 had been fully reported on in presentations to Audit Committee 26th June and Board Meeting 3rd July. Internal Audit and NIAO acknowledged the contribution of RQIA's Finance Department in achieving a satisfactory outcome. Ongoing issues surrounding the prompt payment of invoices continue to receive attention.

RQIA have now received their allocation letter for 2014/15, which details a 2.5% non-recurring reduction to RRL (£167k). RQIA has responded to DHSSPSNI, detailing the key measures to be utilised to attempt to live within the reduced RRL, noting that RQIA's expenditure is largely made up of staff expenditure (82%).

RQIA's existing cost pressures were further noted, Child Sexual Exploitation Inquiry (£183k), Review of Unscheduled Care (£25k), BSO maintenance charge (£14.5K) and Clinical Excellence Award (£38k). The significant financial challenge facing RQIA with the RRL reduction has been recognised by SMT with a new risk added to RQIA's Corporate Risk Assurance Framework Report.

Brian Clerkin noted that breakeven will be a key risk for RQIA within this financial year and noted his concerns in relation to the prompt payment service provided by Shared Services.

The Chairman advised that the issue of prompt payment has been raised with the Chief Executive of BSO.

2. RQIA Audit Committee

The Chairman confirmed that full representation on RQIA's Audit Committee has been restored with the appointment of three new members; Robin Mullan, Seamus Magee and Gerry McCurdy. A training session was held for Audit Committee members on 6 August 2014, which facilitated completion of the Annual Audit Committee Self- Assessment Tool, presentation of the Audit and Risk Committee Handbook and familiarisation with the Terms of Reference for Audit Committee.

The Chairman noted that the new members joining RQIA's Audit Committee in 2013 attended the Chief Executive's Forum training for Audit Committee members, while the new members of the RQIA Board have attended CIPFA training. Feedback from Non-Executives attending the CIPFA training indicated that the content of this programme requires refreshing.

The Chairman noted the Audit and Risk Committee Handbook as an effective training tool for Committee members and further recommended current material on Board effectiveness, as an excellent source of learning for Board members.

Horizon scanning of the risk environment was undertaken by Board members in February 2014, further reviewed by SMT and presented to the Board in June 2014. The current Risk Register will be presented to Audit Committee on 16th October. Dorinnia Carville acknowledged the importance of a regular review of the risk environment facing ALB's.

The Chairman also highlighted current support material available to Board members, particularly referencing two documents, "What does a good Risk Culture look like?" and "International Framework: Good Governance in the Public Sector – July 2014".

3. RQIA Audit Committee Oversight & Accountability

The Chairman presented an overview of RQIA Audit Committee's current oversight and accountability framework and the Reports and Returns used by the Committee in conducting its business. The Corporate Risk Assurance Framework Report with supporting Risk Register, RQIA's Risk Management Strategy and annual Horizon scanning of the Risk landscape were identified as critical to this process.

The Chairman noted key developments in this area as follows;

- Enforcement Panel training provided to Board members in June 2013
- Chief Executive briefing on key risk areas as an additional agenda item at Audit Committee meetings

It was confirmed that the Mid-Year Assurance Statement and update on Controls Assurance Standards will be presented to the Audit Committee on 16 October 2014.

4. Risk Landscape

The Chairman informed the meeting that Edwin Poots, Health Minister and Dr Michael McBride, CMO, attended the April Board meeting and discussed current developments/ issues in the Health Sector with Board members.

A new Chair Dr Alan Lennon and five new Board members have been appointed to RQIA since the last Audit Committee in June. The Board has newly agreed committee structures with rotation of Board members within Committees. Furthermore Audit Committee members will now participate in Enforcement Panels, which will assist Board members develop an understanding of work flows and issues in the Regulation and Inspection Directorate. Policy and Procedures for Enforcement Panels will be discussed at a Board workshop on 9 October 2014. It was further noted that Board members have actively participated in RQIA inspections.

The Chairman advised that the external evaluation of RQIA by RSM McClure Watters has been submitted to the DHSSPSNI. Feedback from this review will be important in developing key priorities for RQIA as it develops its Corporate Strategy 2015-2018 and Three Year Review Programme, which are both currently out for Public Consultation. It is expected that the 2015-18 Corporate Strategy will be presented to the January 2015 Board meeting.

The Chairman identified key pieces of work which will inform key priorities for RQIA in the near term as follows;

- Oval Mapping work undertaken by the Executive Management Team, following the Francis Review.
- Publication of the Hyponatraemia Inquiry.
- Commissioned reviews by DHSSPSNI as follows;
    - Child Sexual Exploitation Inquiry
    - Cherry Tree House Report
    - Unscheduled Care in Belfast HSCT

In respect of Cherry Tree House, the Chairman confirmed that Board Members participated in a Board Workshop in September to fully understand implications and learning for RQIA arising from this Report. The Director of Regulation and Nursing is currently engaged in a project brief to reform RQIA's Inspection methodology.

Dorinnia Carville noted that she has met with Stuart Dickson, MLA, following the publication of this Report. Dorinnia will contact the Executive Management Team directly further to this meeting to discuss matters arising from this meeting.

5. Key Developments

In addition to the substantive changes at RQIA Board level since the last Bi-Lateral meeting in September 2013, the following key developments were discussed;

- iConnect has gone live within RQIA, with positive outcomes in the development of shared intelligence across the organisation.
- RQIA has received an Investors in People award.
- A new Health Minister Jim Wells has been appointed.
- Continued financial pressures across Government Departments, with particular impact on the Health, Social Services and Public Safety budget.

6. Attendances

The Chairman outlined his attendances at meetings within the last year.

7. AOB

Catherine McKeown highlighted that a revised three year Audit Plan will be brought to the Audit Committee meeting on 16 October, as Internal Audit have been requested to undertake an additional RQIA audit in Regulated Services, arising from the Cherry Tree House Report, within this financial year.

In closing the meeting, the Chair thanked everyone for their attendance and all present agreed that the agenda issues covered presented a robust Audit Committee framework in RQIA.