

## AGENDA

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**RQIA Board Meeting**  
Boardroom, RQIA, 9<sup>th</sup> Floor, Riverside Tower, Belfast  
6 July 2017, 10.45am

### PUBLIC SESSION

Item	Paper Ref	
1 Minutes of the meeting of the Board held on Monday 15 May 2017	min/May17/ public	10.45am <b>APPROVE</b>
2 Matters arising from minutes		10.50am
3 Declaration of Interests		11.00am
4 Interim Chair's Report <b>Interim Chair</b>	E/07/17	11.05am <b>NOTE</b>
5 Meetings attended by RQIA Non-Executives <b>Interim Chair</b>	F/07/17	11.10am <b>NOTE</b>

### STRATEGIC ISSUES

6 Risk Management Strategy <b>Director of Corporate Services</b>	G/07/17	11.15am <b>APPROVE</b>
7 Corporate Risk Assurance Framework Report <b>Director of Corporate Services</b>	H/07/17	11.25am <b>APPROVE</b>
8 Performance Management Framework <b>Director of Corporate Services</b>	I/07/17	
9 Audit Committee Business <b>Committee Chairman</b> To include: <ul style="list-style-type: none"> <li>• Approved Minutes of Meeting of 4 May 2017</li> <li>• Verbal update on Meeting of 22 June 2017</li> <li>• Audit Committee Annual Report 2016/17</li> </ul>	J/07/17	11.35am <b>NOTE</b>
10 Review of Information and Potential for Analysis to Inform the Work of the RQIA <b>Rachel Stewart</b>		11.45am <b>NOTE</b>

	<b>OPERATIONAL ISSUES</b>	K/07/17	
11	Chief Executive's Report <b>Chief Executive</b>	L/07/17	12.00pm <b>NOTE</b>
12	Guidance for RQIA regarding areas for consideration if requested to take on additional business <b>Director of Mental Health, Learning Disability and Social Work</b>	M/07/17	12.15pm <b>APPROVE</b>
13	Annual Progress Report 2015/16 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 <b>Director of Corporate Services</b>	N/07/17	12.30pm <b>NOTE</b>
14	Any Other Business		12.45pm

**Date of next meeting: 14 September 2017, Boardroom, RQIA**

## RQIA Board Meeting

Date of Meeting	6 July 2017
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min/May17/public
Author	Hayley Barrett
Presented by	Prof. Mary McColgan
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 15 May 2017
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to <b>APPROVE</b> the minutes of the Board meeting of 15 May 2017
Next steps	The minutes will be formally signed off by the Chair and will be uploaded onto the RQIA website.

## **PUBLIC SESSION MINUTES**

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**RQIA Board Meeting**  
**Boardroom, RQIA**  
**15 May 2017, 11.00am**

### **Present**

Prof Mary McColgan OBE  
(Interim Chair)  
Patricia O'Callaghan  
Lindsey Smith  
Gerry McCurdy  
Denis Power  
Dr Norman Morrow OBE  
Robin Mullan

### **Officers of RQIA in attendance**

Olive Macleod (Chief Executive)  
Maurice Atkinson (Director of Corporate Services)  
Theresa Nixon (Director of Mental Health, Learning  
Disability and Social Work)  
Kathy Fodey (Director of Regulation and Nursing)  
Lourda Geoghegan (Medical Director and Quality  
Improvement Lead)  
Malachy Finnegan (Communications Manager)  
David Silcock (Communications Officer)  
Jennifer Lamont (CE Support Manager)  
Hayley Barrett (Board and Executive Support  
Manager)

### **Apologies**

Seamus Magee OBE  
Sarah Havlin  
Stella Cunningham

## **1.0 Agenda Item 1 - Welcome and Apologies**

- 1.1 The Chair welcomed all members and Officers of the Board to this meeting. The Chair acknowledged apologies from Seamus Magee, Sarah Havlin and Stella Cunningham.
- 1.2 The Chief Executive noted that David Silcock, Communications Officer is in attendance, to stand in for Hayley Barrett, Board and Executive Support Manager in times of absence. The Chief Executive advised that Jennifer Lamont from the Department of Health will be working in RQIA for a period of three months initially.

## **2.0 Agenda Item 2 - Minutes of the public meeting of the Board held on Thursday 23 March 2017 (Min/Mar17/public)**

- 2.1 The Board **APPROVED** the minutes of the meeting of the Board held on Thursday 23 March 2017.

### **3.0 Agenda Item 3 - Matters arising from minutes**

- 3.1 The Board noted that actions 154, 160, 161 and 163 are now completed. The Board noted that actions 155 and 157 are on the agenda. Actions 152, 153 and 159 are not due completion until June and July.
- 3.2 The Chief Executive advised that clarity has been sought in relation to action 156. RQIA Board members are required to submit a template for meetings attended for internal and external meetings, excluding committees and Project Board meetings.
- 3.3 The Chair of Audit Committee advised that action 158 will be completed by the next meeting on 6 July.

### **4.0 Agenda Item 4 - Declaration of Interests**

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

### **5.0 Agenda Item 5 – Interim Chair’s Report**

- 5.1 The Chair presented the Interim Chair’s report and Board members acknowledged the meetings attended since the last Board meeting.
- 5.2 The Chair noted that the Non-Executive Directors seminar arranged for 5 May was cancelled and has been rescheduled for 31 May 2017.
- 5.3 The Chair noted that she has had regular contact and meetings with the Chief Executive since the last Board meeting on 23 March 2017.
- 5.4 The Chair advised Board members that the Chief Executive’s appraisal has been completed and that she is currently liaising with the BSO Human Resources in relation to an extension of the Chief Executive secondment.
- 5.5 The Board **NOTED** the Interim Chair’s Report.

### **6.0 Agenda Item 6 – Meetings attended by RQIA Non-Executives**

- 6.1 Board members noted attendance at meetings on 22 March 2017 and 3 May 2017 by a number of RQIA Non-Executives.
- 6.2 The Chair of Audit Committee advised that he attended an Audit Committee chairs event at Castle Buildings on 31 March 2017. The Chair of Audit Committee advised that this provides the opportunity to meet with other audit committee chairs and discuss common agenda items. The Chair of Audit Committee noted that there were presentations by BSO Head of Internal Audit and NICS Head of Internal Audit.

- 6.3 The Board **NOTED** the RQIA Board member Attendance at Events and Meetings.
- 7.0 Agenda Item 7 – Corporate Risk Assurance Framework Report**
- 7.1 The Director of Corporate Services presented the Corporate Risk Assurance Framework Report and advised that the document has been reviewed and revised. This version of the Corporate Risk Assurance Framework was approved at the meeting of the Audit Committee held on 4 May 2017.
- 7.2 The Director of Corporate Services advised Board members that two risks have been reassessed and placed on Directorate Risk Registers.
- 7.3 The Director of Corporate Services noted the risk log on page three of this document, which details all changes made to this document following the last Board meeting on 23 March 2017 and the Audit Committee meeting on 4 May 2017.
- 7.4 Resolved Action (164)**  
**The Director of Corporate Services will present the Corporate Risk Assurance Framework Report to the meeting of the Audit Committee on 22 June 2017.**
- 7.5 The Chair of Audit Committee advised that the Corporate Risk Assurance Framework Report as drafted reflects outputs from the Horizon Scanning exercise and PESTLE analysis undertaken on 21 March 2017 and subsequent discussions by the Executive Management Team.
- 7.6 Board members **APPROVED** the Corporate Risk Assurance Framework Report
- 8.0 Agenda Item 8 – Corporate Performance Report, Quarter 4**
- 8.1 The Director of Corporate Services presented the Corporate Performance Report for Quarter 4 to the Board. The Director of Corporate Services advised that 92% of actions are complete and 2% of actions are incomplete.
- 8.2 The Director of Corporate Services asked Board members to refer to page 31, the exception report. The Director of Corporate Services noted that the completed programme of activity of 2016/17 in respect of Reviews and GAIN are in exception due to unforeseen circumstances and milestones from the GAIN programme falling into quarter one and quarter two of 2017/18.
- 8.3 The Director of Corporate Services provided an update in relation to the MHLID information system, advising that the outline business case was forwarded to the Department of Health for approval on 7 April 2017; RQIA awaits comments from the Department of Health. It is anticipated that the

new system will be implemented during Quarter 1 of 2018-19.

- 8.4 Board members **NOTED** the Corporate Performance Report, Quarter 4.

## **9.0 Agenda Item 9 – GAIN Integration into Reviews Directorate**

- 9.1 The Medical Director and QI Lead presented the paper on GAIN Integration into the Reviews Directorate to the Board. The Medical Director and QI Lead advised that GAIN joined RQIA in 2015 with four staff transferring with the function.
- 9.2 The Medical Director and QI Lead advised Board members that the purpose of GAIN is to develop guidelines, complete audits and provide training. An audit of GAIN by BSO Internal Audit was completed in 2016, achieving satisfactory assurance; however a recommendation was made to fully integrate GAIN into RQIA. Since March 2017 RQIA has integrated GAIN into the Reviews Directorate.
- 9.3 Board members thanked the Medical Director and QI Lead for this informative paper on the integration of GAIN into Reviews Directorate.
- 9.4 The Medical Director and QI Lead advised that a communications strategy to inform GAIN stakeholders of its integration into RQIA will be developed.
- 9.5 Board members **NOTED** the GAIN Integration into Reviews Directorate.

## **10.0 Agenda Item 10 – Audit Committee Business**

- 10.1 The Chair of Audit Committee informed Board members that the minutes of the meeting on 8 March 2017 were approved at the Audit Committee meeting on 4 May 2017.
- 10.2 Board members **NOTED** the approved minutes of the Audit Committee meeting on 8 March 2017.
- 10.3 The Chair of Audit Committee advised that the revised Corporate Risk Assurance Framework Report was approved at Audit Committee on 4 May 2017.
- 10.4 The Chair of Audit Committee advised that the Chief Executive provided an update on the key risks, and an update was received from Internal Audit on the end of year progress report 2016/17 to include finance, regulatory activity, GAIN and the Governance and Risk Audits. Internal Audit provided a summary on shared services audits noting limited and unacceptable levels of assurance.
- 10.5 The Chair of Audit Committee advised that horizon scanning with Audit Committee members, the Chief Executive, Director of Corporate Services and Planning and Corporate Governance Manager was completed on 21 March 2017. A PESTLE analysis was conducted and feedback received

will be shared with all Board members.

**10.6     Resolved Action (158)**

**The Chair of Audit Committee will share the PESTLE analysis and feedback from the horizon scanning with all Board members for feedback.**

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

**11.0     Agenda Item 11 – Chief Executives Report**

11.1     The Chief Executive presented her report to the Board. The Chief Executive highlighted that the Project Board for the Inspection Assessment Framework Project will meet to discuss the Queens University Belfast (QUB) literature review.

11.2     The Chief Executive noted that preliminary findings were received from HSC Leadership Centre in relation to the RQIA workforce review. A meeting has been arranged with Directors and Seniors on 6 June 2017 to discuss the findings and a way forward. The draft report is not yet available.

**11.3     Resolved Action (165)**

**The Chief Executive will provide an update on the workforce review at the next meeting of the Board, 6 July 2017.**

11.4     The Chief Executive informed Board members that the Investors in People (IiP) questionnaire has been received by all RQIA staff and there is currently a 50% response rate. The IiP assessor will speak with a number of staff.

11.5     The Chief Executive informed Board members that the Coroner's report was received on Friday 12 May 2017 in relation to the inquest into a death in Owenvale Court. The Chief Executive advised that the Coroner states in his report that the death was foreseeable and preventable. The Chief Executive advised that there are areas of learning for RQIA from this report.

11.6     Board members asked if a finance inspection has been conducted in Hebron House and Bawn Cottage since the last meeting. The Director of Regulation and Nursing advised that a finance inspection has not been completed as a judicial review is ongoing.

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

**12.0     Agenda Item 12 – Finance Report**

12.1     The Director of Corporate Services advised that RQIA are forecasting breakeven with an underspend of £7131, based on the position at the end of March and associated pay and non-pay assumptions.



- 12.2 The Director of Corporate Services noted that RQIA are meeting the prompt payment targets for 30 and 10 days. Debt recovery has been outsourced to BSO with approximately £9000 outstanding from 2016/17. The Director of Corporate Services advised that BSO are attempting to collect the outstanding debts and legal action may be taken.
- 12.3 The Director of Corporate Services advised Board members that there has been a rent review backdated to 31 March 2016 for over £70,000. Funding has been secured on a non-recurrent basis for 2016/17 in order to achieve breakeven.
- 12.4 The Director of Corporate Services advised that the draft final accounts were forwarded to NIAO on Thursday 11 May 2017 and will be presented to the Board on 6 July 2017.
- 12.5 Resolved Action (166)  
The RQIA Draft Final Accounts will be presented to the meeting of the Board on 6 July 2017.**
- 12.6 The Chair of the Audit Committee acknowledged the work undertaken to prepare draft Final Accounts and thanked BSO Finance Officer, Lesley Kyle during this time.
- 12.7 Board members **NOTED** the Finance Report.
- 13.0 Agenda Item 13 – Scheme of Delegation for Approval of Policies**
- 13.1 The Director of Corporate Services presented the Scheme of Delegation for Approval of Policies to Board members and advised that the list of policies indicates which RQIA policies are required to be approved by the RQIA Board.
- 13.2 The Director of Corporate Services informed Board members that many of RQIA policies will become BSO policies and therefore do not require approval by RQIA Board.
- 13.3 A Board member advised that some policies should go to Audit Committee for approval rather than the full Board, for example RQIA Anti-Fraud Policy.
- 13.4 Resolved Action (167)  
The Director of Corporate Services will include an additional column to represent policies to be approved by Audit Committee.**
- 13.5 Board members requested clarity on the process to identify policies that are to be approved and not to be approved by the RQIA Board. The Director of Corporate Services advised that all policies go through EMT, JNCF (if staff-related) and then to staff, those that are outward facing require approval by RQIA Board.
- 13.6 Board members **APPROVED** the Scheme of Delegation for the Approval of

Policies.

**14.0 Agenda Item 14 – Update to Standing Orders**

14.1 The Director of Corporate Services advised that the Update to Standing Orders is following a meeting in March with the Chairman, Chair of Audit Committee and Chair of the Part II / SOADs Panel. The changes are in relation to the Appointments and Remuneration Committee.

4.2 The Board **APPROVED** the Update to Standing Orders.

**15.0 Agenda Item 15 – Any Other Business**

15.1 The Chair of Audit Committee advised that during the private session of the meeting the Board discussed the Governance and Board Effectiveness Review and agreed that actions to address recommendations in the report are a collective responsibility of the Board and RQIA Executive Team. A facilitated workshop will be arranged to address the recommendations made by Internal Audit in the review.

15.2 As there was no other business, the Chairman brought the public session of the Board to a close at 1.45pm.

**Date of next meeting:**

**6 July 2017, RQIA Boardroom**

Signed






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**Professor Mary McColgan**  
**Interim Chair**

Date




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## **Board Action List**

<b>Action number</b>	<b>Board meeting</b>	<b>Agreed action</b>	<b>Responsible Person</b>	<b>Date due for completion</b>	<b>Status</b>
152	19 January 2017	The Director of Mental Health, Learning Disability and Social Work will develop a policy, detailed procedures and an impact analysis on the Assessment of New Areas of Work	Director of Mental Health, Learning Disability and Social Work	6 July 2017	
153	19 January 2017	The Chief Executive will provide a paper to the Board in relation to an external evaluation of the effectiveness and added value of hospital inspections	Chief Executive	6 July 2017	
158	23 March 2017	The Chair of Audit Committee will share the PESTLE analysis and feedback from the horizon scanning with all Board members for feedback.	Chair of Audit Committee	6 July 2017	
159	23 March 2017	The Chief Executive will provide an update to Board members on the standardisation of questionnaires across the organisation	Chief Executive	8 June 2017	
164	15 May 2017	The Director of Corporate Services will present the Corporate Risk Assurance Framework Report to the meeting of the Audit Committee on 22 June 2017.	Director of Corporate Services	22 June 2017	

165	15 May 2017	The Chief Executive will provide an update on the workforce review at the next meeting of the Board, 6 July 2017.	Chief Executive	6 July 2017	
166	15 May 2017	The RQIA Draft Final Accounts will be presented to the meeting of the Board on 6 July 2017.	Chief Executive	6 July 2017	
167	15 May 2017	The Director of Corporate Services will include an additional column to represent policies to be approved by Audit Committee.	Director of Corporate Services	6 July 2017	

#### Key

<b>Behind Schedule</b>	
<b>In Progress</b>	
<b>Completed or ahead of Schedule</b>	

## RQIA Board Meeting

Date of Meeting	6 July 2017
Title of Paper	Interim Chair's Report
Agenda Item	4
Reference	F/07/17
Author	Prof. Mary McColgan
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board of external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	External engagements and key meetings since the last Board meeting of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to <b>NOTE</b> this report.
Next steps	Not applicable

## **INTERIM CHAIR'S REPORT**

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### **NED Development Day 31 May 2017**

Northern Ireland Confederation for Health and Social Care held a NED development day to provide an opportunity for NED's to come together to reflect on good governance issues and consider how the system could work collaboratively to drive change regionally in the context of the Transformation agenda. RQIA was well represented: Denis Power, Patricia O'Callaghan, Gerry McCurdy, Norman Morrow and myself.

The programme content was framed around nine speakers who provided inputs on Board Effectiveness in the context of the Programme for Government, Governance Best Practice, Internal Audit, Financial Governance and audit committee responsibilities. Richard Pengally provided the key note address 'Leading System Change and the role of HSC Boards'. He emphasised the collaborative approach underpinning the Transformation agenda, reiterated the importance of using a systems approach to identifying good practice and highlighted how the twin aspects of innovation and risk taking would be key issues to embed as the norm across professional boundaries. He felt NED's were important element of helping Department achieve the PFG targets and encouraged closer engagement with NED's and links with the Minister. Although the programme objectives included the opportunity for NED's to network, there was limited opportunity for this though several BHSC representatives were part of our discussion group and it was a useful opportunity to share experiences and reflect on good governance practice. RQIA board members welcomed the development day; it was informative and the structured inputs provided detailed examination of core governance elements. RQIA board members actively contributed to the suggested themes for future workshops.

### **COPNI Review of Dunmurry Manor**

Although there has been ongoing correspondence in relation to the Review, the primary focus at this time involves interviews with RQIA staff and CEO. The review team has not yet requested input from the Interim Chair.

### **Workshop on 6<sup>th</sup> June 2017.**

The workshop was held to address the key recommendation identified in the Effectiveness Review.

Paula O'Reilly from the Leadership Centre facilitated the workshop, emphasising that the focus would be on 'moving forward' and encouraged participants to be open and share their views. A separate report of the workshop is available for participants. Overall, the workshop enabled open communication and discussion about a range of issues.

Everyone contributed and we agreed to commit to a path where we would accept

collective accountability for the way forward.

In terms of next steps we agreed to keep the recommendations under review with a commitment to take time out regularly at a Board meeting with SET to review progress.

### **Inspection Assessment Framework**

I have joined the project working group which is exploring an evidence based approach to establishing a new Inspection Assessment Framework. QUB has undertaken a scoping review of the literature and the project is progressing well.

### **Accountability Meeting with Permanent Secretary and Dr Mc Bride held on 21<sup>st</sup> June 2017.**

CEO and I attended the meeting on 21<sup>st</sup> June. We had a very constructive meeting with Mr Pengally and Dr McBride. This Annual Accountability meeting had been preceded by the RQIA End of Year Ground Clearing Meeting in early June where such aspects as Corporate Performance, Internal Audit Review of Governance and Board Effectiveness, Review of Control Assurance Standards, Quality, Gain Audits and RQIA's financial management, Service delivery and Improvement were discussed in detail.

Discussion about the outcomes of the Audit Review formed the basis of the agenda. Specific details will be provided orally at the Board meeting. Dr McBride is keen to attend a future board meeting to provide an overview of the Transformation agenda and highlight the implications for RQIA. Olive is to join a Regional Collaborative Committee, Dr McBride is to follow up the management statement, they offered assurances of wanting to help in any way but did indicate that they would increase accountability meetings to 3 monthly (in consideration of PAC) , and increase sponsorship meetings.

Mary Mc Colgan  
Interim Chair  
22 June 2017

## RQIA Board Meeting

Date of Meeting	15 May 2017
Title of Paper	Meetings attended by RQIA Non-Executives
Agenda Item	5
Reference	F/07/17
Author	Hayley Barrett
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board external engagements and key meetings attended by RQIA Non-Executives since the last Board meeting of RQIA.
Executive Summary	Since 15 May 2017, two meetings have been attended by members of RQIA Non-Executives..
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to <b>NOTE</b> this report.
Next steps	Not applicable



## RQIA BOARD MEMBER ATTENDANCE AT EVENTS AND MEETINGS

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### 1) Meetings / Events Attended:

<b>Meeting:</b>	Training Part II Doctors	
2 June 2017	Patricia O'Callaghan	<p><b>Attendance:</b>  Theresa Nixon MHL  Director  Patrick Convery MHL  Clare Henry MHL  Dr John Simpson MHL</p> <p><b>External Attendees to RQIA</b>  Dr Gerry Lynch RC  PSYCH  Dr Phil Anderson RC  PSYCH  Dr Maggie Kelly RC  PSYCH  Thomas McKeever  RCPsych  Nora McNairney RC  PSYCH  Dr Damien Hughes  NIMDTA  Dr Jo Minay NIMDTA  Lisa Cremin Student</p>
<p><b>Summary of Discussions / Issues</b>  — Wide ranging discussion re issues raised by survey of trainees and proposals</p> <p><b>Actions / Outcomes Arising</b>  — NIMDTA representatives to look at undergraduate training to see what improvements needed.  — RCPsych to carry out survey for Consultant Psychiatrists with a focus on whether training needs to be improved  — RQIA to arrange to meet with five clinical directors to discuss matter further.  — The issue will go on agenda for debate discussion at next joint RQIA/RCPsych event scheduled for early 2018  — A method of capturing the views of other stakeholders eg PCC to be found and actioned</p>		

<b>Meeting:</b>	Whistleblowing Training	
6 June 2017	Denis Power	<b>Attendance:</b> None
<p><b>Summary of Discussions / Issues</b></p> <ul style="list-style-type: none"> <li>— An overview of the Public Interest Disclosure Order</li> <li>— Whistleblowing – what it is and why it matters</li> <li>— Draft Whistleblowing Policy by working group following RQIA review of HSC arrangements undertaken in 2016 which made 11 recommendations</li> <li>— Legal Framework</li> <li>— Handling the concern with use of Case studies</li> </ul> <p><b>Actions / Outcomes Arising</b></p> <ul style="list-style-type: none"> <li>— Feedback on Policy to facilitate final draft</li> <li>— Further training to be rolled out</li> <li>— Consistency in approach across organisations required</li> <li>— Role of NED's to be clarified</li> <li>— Response from Working group to RQIA recommendations to be followed up and by whom?</li> </ul>		

## RQIA Board Meeting

Date of Meeting	6 July 2017
Title of Paper	Risk Management Strategy
Agenda Item	6
Reference	G/07/17
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of this document is to outline an overall approach to risk management that addresses the risks facing RQIA in pursuing its strategy and which will facilitate the effective recognition and management of such risks.
Executive Summary	The Risk Management Strategy was considered by the Audit Committee on 22 June 2017 and is being presented to the Board for approval. The strategy was previously considered by the Board in July 2016. It has been reviewed and minor changes have been made.
FOI Considerations	None
Equality Screening Completed and Published	Not applicable
Recommendation/Resolution	It is recommended that the Board should <b>APPROVE</b> the Risk Management Strategy.
Next steps	Not applicable

# **Risk Management Strategy**

## **2017/18**

<b>Policy Type:</b>	Strategy
<b>Directorate Area:</b>	Corporate Services
<b>Policy Author / Champion:</b>	Planning & Corporate Governance Manager
<b>Equality Screened:</b>	N/A
<b>Date Approved by Audit Committee:</b>	
<b>Date Approved by RQIA Board:</b>	
<b>Date of Issue to RQIA Staff:</b>	
<b>Date of Review:</b>	

## **Definitions**

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

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

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

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

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

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

## **Key**

**CAS** Controls Assurance Standards

**DOH** Department of Health

**EMT** Executive Management team

**HSC** Health and Social Care

**MHLD** Mental Health & Learning Disability

**MoU** Memorandums of Understanding

**NDPB** Non Departmental Public Body

**NIAO** Northern Ireland Audit Office

**SLA** Service Level Agreement

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## 1.0 Introduction

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

### 1.1 Purpose

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

### 1.2 Corporate Governance

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

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

### 1.3 What is Risk Management?

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

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

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<sup>1</sup> Managing Public Money Northern Ireland (June 2008), Section 4.3 ‘Opportunity and Risk’

**Risk management** is the process by which risks are identified and the activities required to control exposure to uncertainty which may impact on the achievement of objectives.

'Risk management is the term applied to a logical and systematic method of establishing the context, identifying, analysing, evaluating, treating, monitoring and communicating risks associated with any activity, function or process in a way that will enable organisations to minimise losses and maximize opportunities', the Australia/New Zealand Standard 4360:2004 Risk Management.

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

#### **1.4 Why Manage Risk in RQIA?**

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

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

#### **1.5 Policy Statement on Risk Management**

*RQIA is committed to its vision, which is to provide independent assurance about the quality, safety and availability of health and social care services in Northern Ireland. In achieving this vision, RQIA will face risks to its corporate strategy, operational risks and risks associated with the protection of its people, property and reputation.*

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

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



## **2.0 Risk Management Strategy**

Risk management in RQIA, will be implemented in a systematic manner which makes best use of existing expertise and structures, and which provides clear direction, guidance and support through all levels of the organisation.

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

This strategy and the supporting documents set out RQIA's objectives and a framework for achieving them. It clearly identifies where responsibility for risk management lies.

### **2.1 Aims & Objectives**

RQIA's Risk Management Strategy aims to:

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

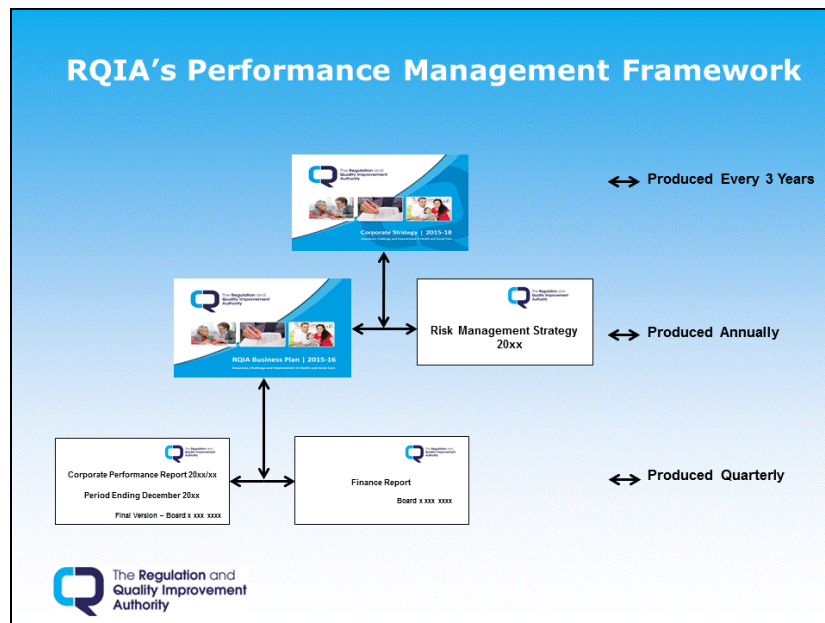
This will be achieved by:

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

## 2.2 Benefit of a Risk Management Strategy

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

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



### **3.0 Risk Management Framework**

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

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

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

#### **3.1 Risk Management in practice: Roles and Responsibilities**

##### **Accounting Officer:**

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

##### **Board:**

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

##### **Audit Committee:**

- Reports to the Board on the effectiveness of the system of internal control and alerts the Board to any emerging issues
- Recommends the risk management strategy for approval by the Board
- Takes responsibility for the oversight of the risk management process

- Oversees internal audit, external audit and the implementation of the Controls Assurance Standards (CAS)
- Reviews and recommends the Corporate Risk Assurance Framework Report for approval by the Board
- Engages with EMT to conduct annual horizon scanning of risk environment impacting on services of RQIA

#### **Executive Management Team:**

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

#### **Directorates:**

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

#### **Corporate Services (Risk Management Function):**

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

**Staff:**

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

**Internal Audit:**

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

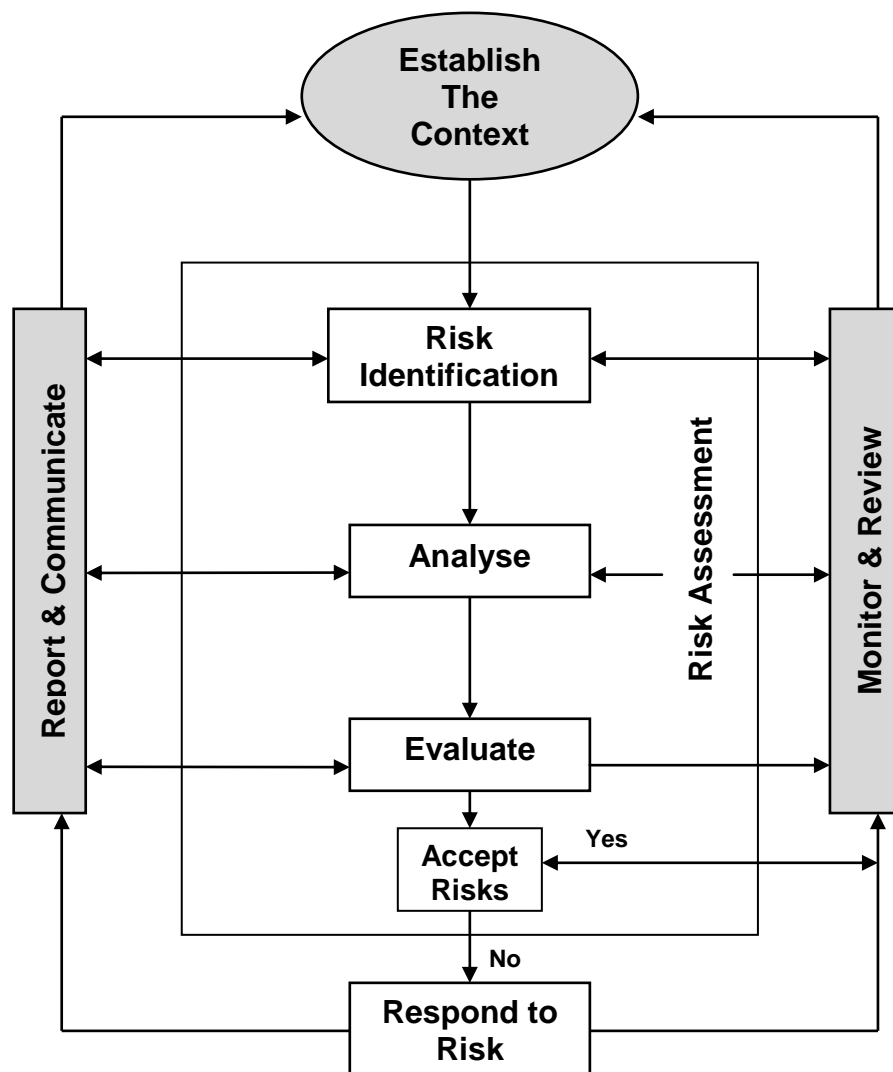
## 4.0 RQIA's Risk Management Process - Assessment & Review Cycle

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

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

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

### RQIA's Risk Management Process



## 4.1 Establish the Context

Risk management should be integral to the planning and achieving of objectives and to being accountable – it is not something that is done “on top of everything else we have to do.” The linking of risks to RQIA’s strategic themes 2017-21 is inherent in the way RQIA plans and manages its business. RQIA’s Strategy Map 2017-21 detailing the organisations corporate objectives is included in **Appendix 1**.

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

A strategic approach to risk management depends on identifying risks against key organisational objectives and activities. Risks relevant to these objectives are then considered and evaluated allowing a number of key risks to be identified, analysed and evaluated.

## 4.2 Risk Identification

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

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

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

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

On an annual basis a workshop is held with Board Members from the Audit Committee to complete an Audit Committee self-assessment checklist. The

workshop is used to determine if the Audit Committee has complied with all the principles within the Audit Committee self-assessment checklist and to identify any gaps or potential risks that require further action.

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

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

At **Partnership / 3<sup>rd</sup> Party Level** – The successful delivery of our objectives also often depends on our partnership work (such as HSC Trusts, Department of Health (DOH) and organisations with agreed Memorandums of Understanding (MoUs) and Service Level Agreements (SLAs)) with supporting the implementation of our policies on the ground. We must therefore; look beyond the boundary of the RQIA to identify risks to our objectives from these sources and recognise that good risk management requires stakeholder involvement.

A **systematic approach** to the identification and assessment of risks is essential and in RQIA this is an on-going process of self-assessment. This will ensure that RQIA has a better capability of identifying potential threats and opportunities in its business and establish appropriate responses. On an annual basis Board Members from the Audit Committee support by the EMT complete an annual horizon scan to identify and manage future risks. To help in ensuring that all potential risks are evaluated, **Appendix 2** includes a list of potential categories and example risks.

### **4.3 Analyse / Evaluate the Risks**

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

#### **Impact/Consequences**

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



## Impact Criteria

Level of impact	Quality/ system failure	Public confidence and reputation	Complaint or claim	Financial loss
Very Low (Insignificant)	Negligible service deficit, Minor non-compliance, No impact on public health or social care, Minimal disruption to routine organisation activity, No long term consequences	Issue of no public or political concern	Legal challenge, Minor out-of-court settlement	Less than £5,000
Low (Minor)	Significant failure to meet internal standards or follow protocol, No impact on public health or social care Impact on organisation readily absorbed, No long term consequences	Local press interest, Local public or political concern	Civil action – no defence Improvement notice	£20,000
Medium (Moderate)	Repeated failures to meet internal standards or follow protocols, Minimal impact on public health and social care, Impact on the organisation absorbed with significant level of intervention, Minimal long term consequences	Limited damage to reputation, Extended local/ regional press interest, Regional public or political concern	Class action, Criminal prosecution, Prohibition notice	£20,000 – £50,000
High (Major)	Failure to meet national/ professional standards, Significant impact on public health and social care, Impact on the organisation absorbed with some formal intervention by other organisations, Significant long term consequences	Loss of credibility and confidence in the organisation, National press interest, Independent external enquiry, Significant public or political concern	Criminal prosecution – no defence, Executive officer dismissed	£50,000 – £250,000
Very high (Catastrophic)	Gross failure to meet professional/ national standards, Major impact on public health and social care Impact on the organisation absorbed with significant formal intervention by other organisations, Major long term consequences	Full public enquiry, Public Accounts Committee hearing, Major public or political concern	Criminal prosecution – no defence, Executive officer fined or imprisoned	Over £250,000


### Likelihood/Probability of Occurrence

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

### Impact Criteria

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

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

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

## 4.4 Respond to Risks

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

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

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

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

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

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

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

#### **4.5 Monitor and Review**

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

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

- staff turnover by area
- customer complaints
- sick leave taken by staff group or directorate
- budget overspend / underspend
- not achieving performance milestones
- underachieving measures
- not meeting statutory requirements
- increase in SAIs
- the number of disciplinary cases
- the number of unsuccessful recruitment programmes
- the number of H&S or fire incidents or outcomes of assessments
- level of complaints received against RQIA

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

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

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

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

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

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

## 4.6 Report and Communicate

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

### Corporate Risk Assurance Framework Report

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

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

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

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

### Directorate Risk Registers

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

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

## Inter-relationship between the Corporate and Directorate Risk Registers


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

1. If the risk is categorised as "low" or "medium" it should be placed on a Directorate Risk Register.
2. If the risk is categorised as "high" or "extreme" it should be considered for escalation to the Corporate Risk Assurance Framework.

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

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

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

## 5.0 Risk Appetite

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

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

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

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

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

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

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

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

## **6.0 Training and Development**

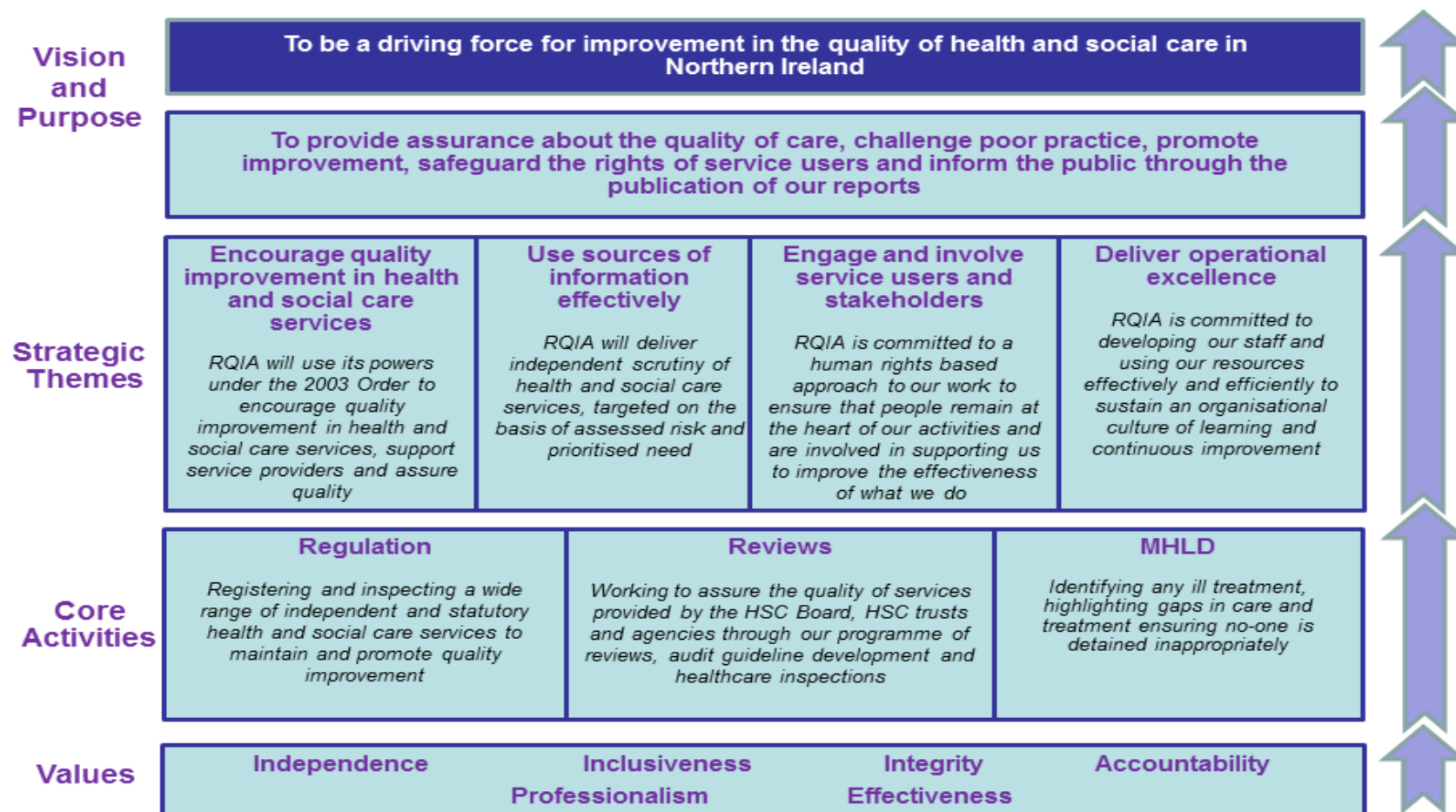
Knowledge of risk management is essential to successfully embed and maintain the risk management process. General awareness training will continue to be provided to all staff and board members at staff briefings, board workshops, during induction of new recruits and also through Elearning risk awareness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

## **7.0 Review of Risk Management Strategy**

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



## RQIA Strategy Map 2017-21



## Appendix 2

### Checklist for Identifying Risks

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

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

## RQIA Board Meeting

Date of Meeting	6 July 2017
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	7
Reference	H/07/17
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	<p>There are currently five risks which sit on the Corporate Risk Assurance Framework Report. These risks have been assessed against the Australian/New Zealand Risk Management Standard and have been reviewed by the EMT and Audit Committee.</p> <p>A detailed change log is enclosed in the report.</p>
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/Resolution	It is recommended that the Board should <b>APPROVE</b> the Corporate Risk Assurance Framework Report.
Next steps	The next updated Corporate Risk Framework Report will be presented to the Board on 9 November 2017.



# **CORPORATE RISK ASSURANCE FRAMEWORK**

**RQIA Board Meeting July 2017**

## EXECUTIVE SUMMARY

The last Corporate Risk Assurance Framework report was presented to the Audit Committee on 8 March 2017.

A Horizon Scanning Workshop was held in March 2017 with Board and EMT members from the Audit Committee. At this workshop a PESTLE Analysis, last undertaken in April 2015, was discussed and updated. The following key areas were tabled for discussion to assist in updating the RQIA Corporate Risk Register:

- Changes and increases to RQIA's Regulation Framework
- Current and future efficiency savings
- Unregulated services
- The limited size (resources and capacity) of RQIA versus the magnitude of the NI Health sector
- Reputation / Branding of the RQIA
- Succession Planning
- New MHLD Legislation
- BSO shared services and its impact on RQIA's Governance Requirements
- External Factors – Brexit, NI Assembly, Nursing Shortages, Financial austerity measures etc

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

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

Details of all amendments are noted in the Risk Log

## RISK SCORING MATRIX

IMPACT	<i>Risk Scoring Matrix</i>				
5 - Very High (VH)					
4 - High (H)					
3 - Medium (M)		CR2, CR5	CR1, CR3, CR4		
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 CR1** There is a risk if RQIA is directed to take on additional functions and responsibilities without new funding may result in RQIA being unable to deliver its legislative functions and providing the required level of assurances. **(May 2017)**
- RISK CR2** There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models. **(May 2017)**
- RISK CR3** There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, these efficiencies may impact the delivery of core functions and our ability to accept new work. **(May 2017)**
- RISK CR4** There is a risk to the safety and welfare of staff who are involved in inspections which could result in physical and or emotional harm. **(May 2017)**
- RISK CR5** There is a risk that RQIA will not achieve its financial target as set by the DoH. **(May 2017)**

## RISK LOG

Risk Log – July 2017						
LOW RISKS	MEDIUM RISKS	HIGH RISKS		EXTREME RISKS	TOTAL NUMBER OF RISKS	
0	5			0	5	
Risk ID		Description of Change	Details		Date Changed	Risk Rating
Operational Risks						
CR2 There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models.		1 Action Implemented	Action implemented and moved into current controls <ul style="list-style-type: none"><li>Update paper detailing the gaps in legislative provision for DoH.</li></ul>		07/06/2017	Unchanged L/M
		1 Action Added	<ul style="list-style-type: none"><li>Chief Executive currently engaged with DoH on the review of Regulation</li></ul>			
CR3 There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, these efficiencies may impact the delivery of core functions and our ability to accept new work.		1 Action Implemented	Action implemented and moved into current controls <ul style="list-style-type: none"><li>Undertake a workforce review in order to optimise the shape, capacity and capabilities of the workforce required to deliver the corporate strategy in the context of austerity and a fast changing HSC environment.</li></ul>		07/06/2017	Unchanged M/M
		1 Action Added	Develop a plan to support the implementation of the proposed structures identified in the workforce review, to be presented to the RQIA Board for endorsement.			
CR5 There is a risk that RQIA will not achieve its financial target as set by the DoH.		2 Actions Implemented	Action implemented and moved into Assurances on Controls <ul style="list-style-type: none"><li>Bid for VES monies for 2017/18 and await notification of allocation from DoH.</li></ul> Action implemented <ul style="list-style-type: none"><li>Deliver the 2016-17 Savings Plan meeting the 3% recurring reduction in RQIA's RRL including the use of the Voluntary Exit Scheme (VES).</li></ul>		07/06/2017	Unchanged L/M

Risk Log – July 2017					
LOW RISKS		MEDIUM RISKS		HIGH RISKS	EXTREME RISKS
0		5			0
TOTAL NUMBER OF RISKS					
5					
Risk ID		Description of Change	Details		Date Changed
					Risk Rating
		4 Actions Added	<ul style="list-style-type: none"> <li>Budget building exercise is underway for 2017-18.</li> <li>Savings plan to be developed for 2017-18 following notification of allocation and savings target from DoH.</li> <li>Await notification of ring fenced 2017/18 VES allocation from DoH.</li> <li>Training in the use of collaborative planning for budget holders.</li> </ul>		



## 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
				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
<b>Operational Risks</b>												
<b>Strategic Theme :</b> 1 - Encourage quality improvement in health and social care services 4 - Deliver operational excellence												
CR1	There is a risk if RQIA is directed to take on additional functions and responsibilities without new funding may result in RQIA being unable to deliver its current functions or provide the required level of assurances.	CE	<ul style="list-style-type: none"> <li>RQIA provides sponsor branch with information to facilitate consideration of the necessary resource requirements to enable RQIA to respond effectively to changes in legislative requirements.</li> <li>RQIA can, in consultation with sponsor Branch, adjust aspects of its existing programme to release the time and capacity to undertake new tasks and responsibilities.</li> </ul>		M	M	M			<ul style="list-style-type: none"> <li>Agree a policy and procedure for consideration of additional work</li> </ul>	CE	July 2017

<b>Strategic Theme :</b> 1 - Encourage quality improvement in health and social care services 4 - Deliver operational excellence												
CR2	There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models.	CE	<ul style="list-style-type: none"> <li>A paper detailing the gaps in legislative provision for DOH was forwarded to DOH in Sept 2014 and updated in 2016.</li> <li>Any services that are identified to / by RQIA which are operating outside of the legislative framework but should be regulated to protect and safeguard service users are reported to DoH.</li> <li>Paper drafted detailing the gaps in legislative provision for DoH.</li> </ul>		L	M	M			<ul style="list-style-type: none"> <li>Liaise with the Department to assess the impact of new and emerging service models and how they impact on the regulatory framework.</li> <li>Chief Executive currently engaged with DoH on the review of Regulation</li> </ul>	CE  CE	Ongoing  Ongoing
<b>Strategic Theme :</b> 1 - Encourage quality improvement in health and social care services 4 - Deliver operational excellence												
CR3	There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, these efficiencies may impact the delivery of core functions and our ability to accept new work.	CE	<ul style="list-style-type: none"> <li>Developed a 2016-17 Savings Plan to meet the 3% reduction in RQIA's RRL (£207,078).</li> <li>Each Director continuously reviews vacancies which arise as a result of staff turnover to ensure that key posts are filled through the appropriate recruitment and selection processes.</li> <li>EMT exercises corporate oversight of all senior and mid</li> </ul>	<ul style="list-style-type: none"> <li>Regular monthly reporting of the financial position to the EMT, RQIA Board and DoH.</li> <li>Regular review by the EMT of key vacancies at senior and mid-level.</li> </ul>	M	M	M			<ul style="list-style-type: none"> <li>Develop a plan to support the implementation of the proposed structures identified in the workforce review, to be presented to the RQIA Board for endorsement.</li> <li>Provide opportunities for staff through succession planning initiatives to develop their experience, skills and knowledge in order to retain staff with the potential to take on additional</li> </ul>	CE  CE	July 2017  Ongoing

			<p>management vacancies to ensure continuity of RQIA's core business.</p> <ul style="list-style-type: none"> <li>Financial Scenario Plan for 2017/18 produced in relation to 2/5/10/15% savings targets</li> <li>Workforce review completed in June 2017.</li> </ul>							responsibilities and fill critical roles in the future.		
<b>Strategic Theme :</b> 1 - Encourage quality improvement in health and social care services 4 - Deliver operational excellence												
<b>CR4</b>	There is a risk to the safety and welfare of staff who are involved in inspections which could result in physical and / or emotional harm.	CE	<ul style="list-style-type: none"> <li>Implementation of the actions/guidance from relevant bodies for RQIA staff carrying out inspections.</li> <li>Regular contact with key stakeholders for information on any identified risk to staff</li> </ul>	•	M	M	M			<ul style="list-style-type: none"> <li>Provide appropriate safety training for all RQIA staff involved in inspections.</li> <li>Continue to review role of each inspector prior to the commencement of each inspection</li> <li>Continue to liaise with relevant bodies for up to date information and or identification of any risk to staff welfare and safety.</li> </ul>	Reviews, MHL and Regulation  Reviews, MHL and Regulation  Reviews, MHL and Regulation	Ongoing  Ongoing  Ongoing

## Financial Risks

### Strategic Theme :

1 - Encourage quality improvement in health and social care services

4 - Deliver operational excellence

<b>CR5</b>	There is a risk that RQIA will not achieve its financial target as set by the DoH.	CE	<ul style="list-style-type: none"> <li>Finance reporting structures are in place.</li> </ul>	<ul style="list-style-type: none"> <li>Regular monthly reporting of the financial position to the EMT, RQIA Board and DoH.</li> <li>Submitted bid for VES monies for 2017/18.</li> </ul>	L	M	M			<ul style="list-style-type: none"> <li>Budget building exercise is underway for 2017-18.</li> <li>Savings plan to be developed for 2017-18 following notification of allocation and savings target from DoH.</li> <li>Await notification of ring fenced 2017/18 VES allocation from DoH.</li> <li>Training in the use of collaborative planning for budget holders.</li> </ul>	CE and EMT  CE and EMT  CE  Director of Corporate Services	June 2017  July 2017  Sept 2017  Sept 2017
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## RQIA Board Meeting

Date of Meeting	6 July 2017
Title of Paper	Performance Management Framework
Agenda Item	8
Reference	I/07/17
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of the Performance Management Framework is to explain what is meant by performance management, to outline what the Framework is and to explain how it works.
Executive Summary	<p>The objectives of implementing and embedding the framework within RQIA are as follows:</p> <ul style="list-style-type: none"> <li>• actively managing performance</li> <li>• promoting a high performance culture</li> <li>• ensuring robust performance data and intelligence systems are in place</li> <li>• ensuring integrated planning, finance and performance processes promoting evaluation and learning.</li> </ul> <p>The Performance Management Framework has been reviewed and updated in the context of the new Corporate Strategy 2017-21.</p>
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to <b>APPROVE</b> the Performance Management Framework.
Next steps	<p>The Performance Management Framework will be presented and made available to RQIA's staff.</p> <p>The Performance Management Framework will</p>

	be reviewed in 2021 to align with the next Corporate Strategy.
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# **Driving Success**

**Regulation and Quality Improvement Authority**

## **Performance Management Framework 2017-21**

**Final Version: 28 June 2017**

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## 1. Introduction

The purpose of this document is to explain what is meant by performance management, to outline what the performance management framework is and to explain how it works.

## 2. Performance Management

### 2.1 What does Performance Management Mean?

Performance may be understood simply as the achievement of results ensuring the delivery of desirable outcomes to an organisation's stakeholders<sup>1</sup>.

It is important to differentiate between performance measurement and performance management. Performance measurement is the regular collection and reporting of data to track work produced and results achieved. Performance management, on the other hand, is what you do with the information developed from measuring performance. It means using performance measurement information to focus on what is important, manage the organisation more effectively and efficiently and promote continuous improvement and learning.

**Performance management means using performance measurement information to focus on what is important, manage the organisation more effectively and efficiently and promote continuous improvement and learning**

### 2.2 Why does Performance Management Matter?

Effective performance management, practised across the entire organisation in an integrated, iterative and sustained way can help RQIA to:

- ensure our goals are prioritised and that resources are allocated effectively
- improve services and outcomes for our stakeholders
- motivate our staff by ensuring that individuals are aware of their own targets and goals and how these contribute to achieving RQIA's vision
- ensure that significant risks to the achievement of objectives are identified and managed
- provide early warning of, and rectification of, poor performance
- ensure RQIA achieves what we have set out to do
- provide a strong evidence base for improved decision making and the efficient use of resources

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<sup>1</sup> Our stakeholders require RQIA to make independent and robust assessments to determine: 'Is Care Safe, is Care Effective, is Care Compassionate and is the Service Well-led?' These define how we intend to demonstrate our effectiveness and impact as a regulator.

## 2.3 Developing a Performance Management Culture

Research<sup>2</sup> has identified certain aspects of culture that organisations commonly need to address to improve the effectiveness of performance management. These are highlighted below:

- Leadership - leaders need to make clear their commitment to improving performance and the use of performance management as a tool to achieve this.
- People management - people are crucial to the delivery of improvement and effective performance management frameworks ensure that individuals understand their contribution to corporate objectives.
- Learning - learning is about gathering and understanding information about what has and has not worked and applying this to bring about positive change. In a culture where openness about under-performance results in apportionment of blame, people will be reluctant to engage. Where learning is seen as an opportunity for constructive dialogue, people will be more likely to invest time and effort driving improvement.
- Approaches to risk - organisations that are very risk averse can find themselves unwilling to innovate and try new ways of doing things. Creativity can be stifled and there will be few opportunities for individuals to take responsibility for managing performance. Organisations that have developed effective risk management systems will feel more confident in their ability to take calculated risks, be more ambitious and devolve responsibility for performance and improvement.

## 3. Performance Management Framework

### 3.1 An Overview of the Framework

Figure 1 on page 4 summarises RQIA's Performance Management Framework and the interrelationship between the various elements.

The framework follows the plan-do-review-revise cycle<sup>3</sup> and presents an integrated model, consisting of the following key four constituent elements:

- Where we want to be - define RQIA's longer term vision and strategic objectives.

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<sup>2</sup> *Performance Management: A Cultural Revolution*, Improvement and Development Agency, Audit Commission (January 2006). Risher, H. (2007) *Fostering a performance driven culture in public services*, Public Manager, Fall

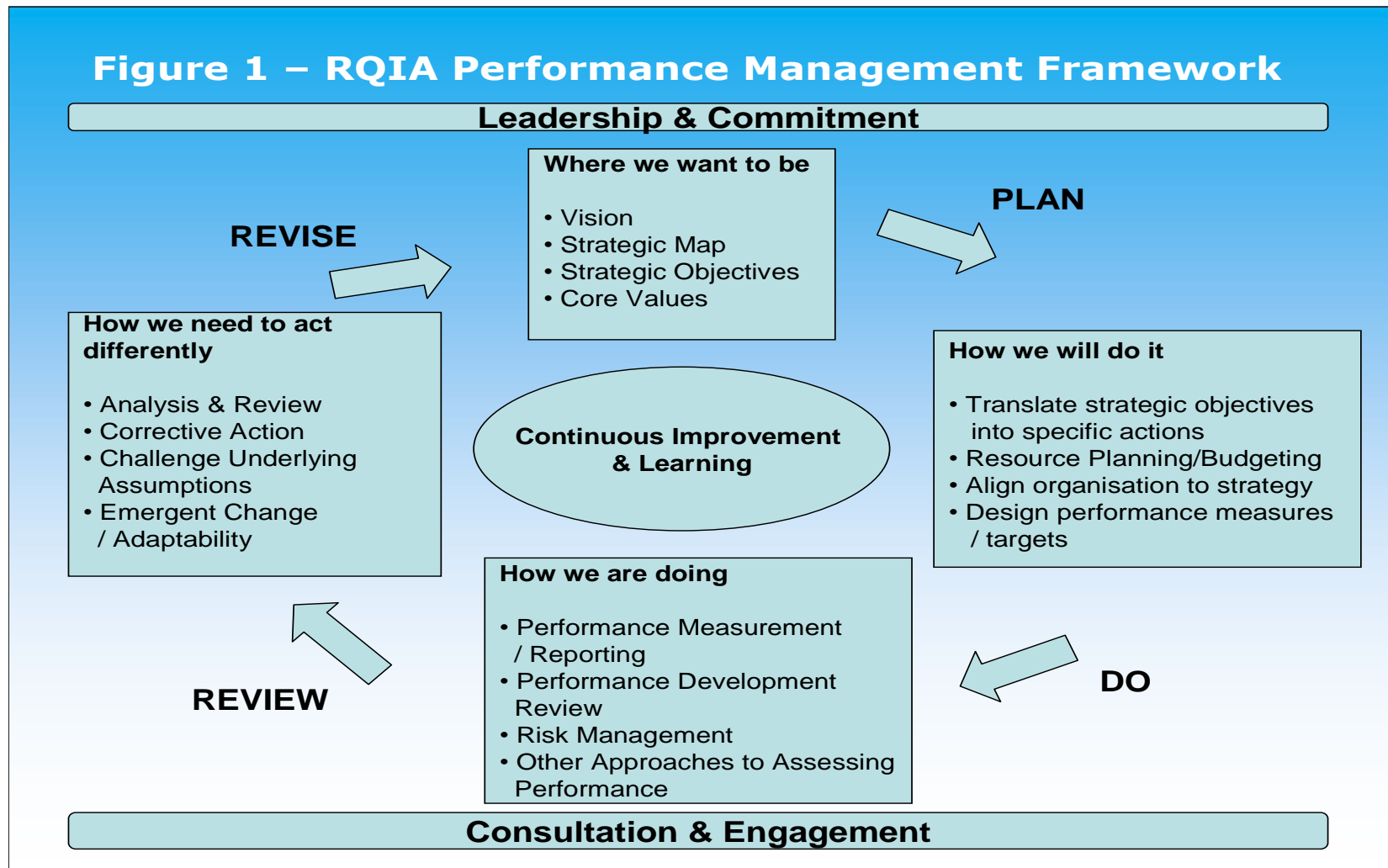
<sup>3</sup> *A Manager's Guide to Performance Management* (Second Edition), Improvement and Development Agency, Audit Commission (June 2006).

- How we will do it - translate RQIA's strategic objectives into specific actions, secure adequate resources and embed a budgetary process, align the strategy/business plan and the organisation and design performance indicators.
- How we are doing - monitor and report on corporate performance, manage risks which may threaten the delivery of objectives, embed performance development and review (PDR) processes and utilise other approaches to assessing performance.
- How we need to act differently - review/analyse corporate performance, take appropriate corrective action, revise strategies or modify operational priorities or organisational behaviours as necessary, challenge underlying assumptions and adapt to emergent change.

At the centre of the framework is continuous improvement and learning. This means that RQIA acts on the insights gained and decisions made in order to generate real improvements in the services it delivers.

The implementation of the framework is dependent on clear leadership and commitment at every level within the organisation and continuing engagement and consultation with stakeholders.

**Figure 1 – RQIA Performance Management Framework**



Each of the four integrated steps outlined within the framework are described in more detail in Sections 4 - 7.

## 3.2 Objectives

The objectives of implementing and embedding the framework within RQIA are as follows:

- actively managing performance
- promoting a high performance culture
- ensuring robust performance data and intelligence systems are in place
- ensuring integrated planning, finance and performance processes
- promoting evaluation and learning

## 4. Step 1 - Where we want to be

### 4.1 Strategic Planning

The starting point for good performance management is the development of a shared understanding of RQIA's strategic direction. The corporate strategy is a high level document, setting out the purpose, direction and priorities for RQIA aligned to the Northern Ireland Programme for Government.

#### Where we want to be

- Vision
- Strategy map
- Strategic themes
- Core values

The process of developing the strategy requires senior leadership commitment involving consultation with key stakeholders. The strategy development process addresses fundamental questions:

- Where are we now? (Assessment)
- Where do we need to be? (Gap/future end state)
- How will we close the gap? (Strategic plan)

### 4.2 Strategy Map

The RQIA Strategy Map serves as a roadmap to illustrate the activities of the organisation for the period 2017-21.

It brings together the key elements of the strategy: our vision and purpose, the strategic themes which drive improvement, the core activities we need to excel at and the values we uphold to ensure our success.

Each of the elements of the strategy map is explained in more detail below:

- **Vision and Purpose** - answers the question why RQIA exists and what is our role
- **Strategic Themes** - which will govern the way we work and bring about change to the outcomes of the organisation
- **Core Activities** - which RQIA must effectively execute to deliver the strategic themes

- **Values** - a shared set of values which define our culture and capture what we do when we are at our best

The strategy map is kept under review to ensure that we can respond appropriately to emerging challenges and will be underpinned by our annual business plan.

Appendix A shows RQIA's current Strategy Map for the period 2017-2021.

### 4.3 RQIA Corporate Strategy 2017-21

RQIA's Corporate Strategy 2017-21 sets out our vision, core values and strategic themes as well as providing a broad outline of where resources will be allocated.

## 5. Step 2 - How we will do it

### 5.1 Translating the Strategy into Action

The vehicle for translating RQIA's high-level vision, purpose and strategic themes into specific actions is the production of the annual business plan. The plan identifies the specific steps RQIA will take to deliver on the strategic themes, the timescale for action and how it intends to use the resources at its disposal.

#### How we will do it

- Translate strategic themes into specific actions
- Resource planning / budgeting
- Align organisation to strategy
- Design performance measures / targets

The production of the plan is led by the Executive Management Team (EMT) and facilitated by the Planning and Corporate Governance Manager ensuring engagement with directorates and appropriate involvement of other stakeholders. The plan requires the approval of the Board and RQIA's sponsor branch (Quality, Regulation and Improvement Unit), Department of Health (DoH).

### 5.2 Resource Plan and Budgeting Process

RQIA derives income from two sources; an annual revenue resource limit (RRL) from DoH, and fee income from registered providers. In certain circumstances, such as in the allocation of new responsibilities, the RRL will be adjusted accordingly. Each year RQIA is required to make efficiency savings and in the climate of austerity may have its RRL reduced. RQIA must take the necessary actions to control income and expenditure and to ensure budgets are adjusted to reflect changes to its baseline.

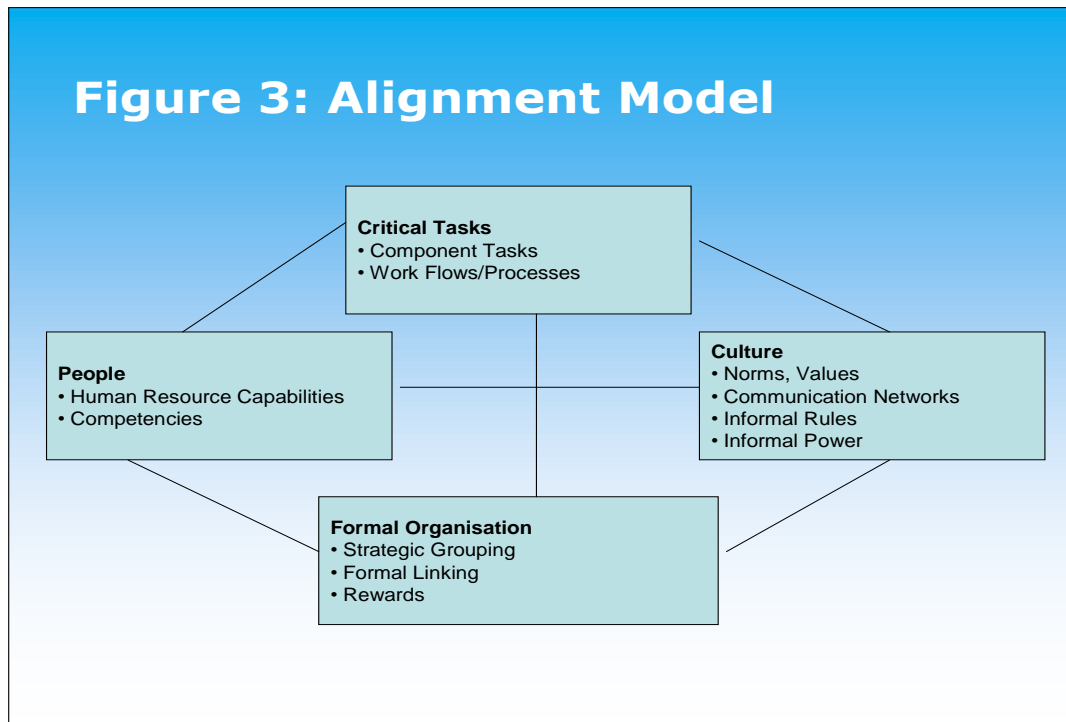
It is necessary to integrate financial and business planning processes and to ensure that resources are allocated according to priorities. Any request for additional resources or a redirection of existing resources should be aligned to RQIA's strategic objectives with anticipated improvements to services and/or outputs / outcomes clearly identified.

A zero-based approach to budgeting has been adopted in order to align budgets with the business plan and achieve break-even at year-end.

### 5.3 Aligning the Organisation to the Strategy

In order to ensure the achievement of RQIA's strategic objectives and the successful implementation of the actions identified within the business plan, it is essential to check for organisational alignment or congruence.<sup>4</sup>

Figure 2 below illustrates the alignment or congruence model:



In assessing the alignment between the strategy/business plan and the organisation, particular attention should be paid to the following key interrelationships:

- Critical tasks/people - do individuals have the skills and abilities to meet task demands?
- Critical tasks/ formal organisation - are formal organisational arrangements adequate to meet the demands of the task? Do they motivate behaviour that is consistent with task demands?
- Critical tasks/culture - does the culture facilitate task performance? Does it help meet the demands of the task?

### 5.4 Designing Measures

The use of measures is an essential element of the performance system as they can ensure that RQIA is focused on achieving its key priorities, on addressing areas of poor performance and ensuring that overall performance is improved by identifying good practice and opportunities to learn from others.

<sup>4</sup> Tushman, M and O'Reilly, C: Winning Through Innovation, Harvard Business School Press (2002)

A measure helps us understand how well we are performing in relation to the delivery of our strategic themes. In the broadest sense, a measure provides the most important performance information that enables us, and our stakeholders, to understand whether RQIA is on track or not. Measures are a tool to enable us to learn, assist decision-making and improve future performance.

A good measure should satisfy the following tests:

- Can the data be collected and collated in a timely manner?
- Does it clearly indicate if we have been successful in achieving the strategic objective over time?
- Does it provide the basis for evidence-based decisions?
- Will the frequency of reporting facilitate meaningful decision-making (avoid annual reporting)?
- Is it outcome/impact focussed?
- Is it SMART - specific - measurable - achievable - results-oriented or relevant - time bound

## 6. Step 3 - How we are doing

### 6.1 Performance Measurement/Reporting

Reporting of performance by the Executive Team to the Board consists of quarterly reporting of progress made in delivering our strategic themes, monthly reporting of financial performance and the production of an annual report, incorporating final accounts.

#### How we are doing

- Performance measurement / reporting
- Performance development review
- Risk management
- Other approaches to assessing performance

#### 6.1.1 Corporate Performance Report

A corporate performance report is produced on a quarterly basis for consideration by the Board. The purpose of the 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 vision, purpose and strategic themes. It presents a cumulative picture of corporate performance and summarises key achievements and issues across the financial year.




A traffic lights rating system is utilised as an indication of the level of confidence that actions identified in the Business Plan will be delivered by the completion date.

The Traffic Lights rating system 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 is 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 it clear if the action has been cancelled or if the timeline has been extended.

Information to support the assessment of performance against agreed measures is provided in the report. The report also includes a high level summary of progress made to date and an analysis of the traffic light ratings for actions at the end of the reporting period.

### **6.1.2 Financial Performance**

A key part of RQIA's overall corporate performance is its financial performance, with a requirement for the organisation to achieve financial balance. A financial monitoring report is submitted to the Executive Team and to the Board on a monthly basis. This report sets out RQIA's financial performance in relation to revenue and capital expenditure in the reporting period, as well as the projected position at year-end. Furthermore, RQIA is required to submit a monthly financial monitoring return to DoH.

### **6.1.3 Annual Report**

RQIA produces an annual report and accounts which presents an overview of the main activities of RQIA, as well as the audited statement of accounts for the financial year.

## **6.2 Getting the Best from our Staff**

Managing individual performance is critical to the achievement of our priorities. The performance development review (PDR) process<sup>5</sup> is an essential tool which ensures that individual performance is measured. This process also ensures people are clear about what is expected from them and how they contribute to the delivery of RQIA's strategic themes.

Annually, between April and June, meetings should take place between individual members of staff and their line manager at which the previous year's objectives are reviewed, objectives for the current financial year are set and development needs are discussed. This annual appraisal process includes an explicit opportunity for individuals to explore how their role contributes to the organisational priorities and

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<sup>5</sup> This framework should be read in conjunction with RQIA's *Appraisal Policy*.

the overall success of RQIA. The process is supported with one-to-one meetings which take place periodically throughout the year to ensure that objectives are on track.

Delivering RQIA's vision, purpose and strategic themes relies on people and it follows that enabling, empowering and expecting staff to do the best they can, every time, is the key to our success.

### **6.3 Managing Risk**

RQIA is committed to its vision, which is to be a driving force for improvement in the quality of health and social care in Northern Ireland. In achieving this vision, RQIA will face risks to its corporate strategy, operational risks and risks associated with the protection of its people, property and reputation.

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

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

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

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

The management of risk is an essential part of an effective performance management system, therefore this framework should be read in conjunction with RQIA's Risk Management Strategy.

### **6.4 Other Approaches to Assessing Performance**

#### **6.4.1 Promoting Excellence**

In order to promote organisational excellence RQIA has chosen to adopt the following performance improvement standards and models in order to help us manage strategically and deliver against our improvement agenda:

- Investors in People (IiP) - national standard for improving organisational performance by training and developing people to achieve organisational goals
- EFQM Excellence Model® (EFQM) - organisational improvement framework for assessing strengths and areas for improvement across the spectrum of an organisation's activities
- ISO9001:2015 - the international standard that specifies requirements for a quality management system (QMS) which will ensure high quality, consistent and standardised processes and procedures across the organisation

#### **6.4.2 Benchmarking**

Benchmarking – the process of identifying and learning from best practices anywhere in the world – is a powerful tool in the quest for continuous improvement. It can be used to identify realistic and achievable targets, challenge operational complacency and create an atmosphere conducive to continuous improvement. Comparing RQIA with its peer group will inform RQIA's approach to performance management and continuous improvement by identifying other regulators with a similar remit who are performing well in particular areas and who can be asked to share best practice.

#### **6.4.3 Assessment of Internal Controls**

RQIA produces an annual governance statement and a mid-year assurance statement which provide a balanced appraisal, capable of substantiation, of the state of the RQIA's internal controls. It requires the organisation to be open and fair-minded in the disclosure of any significant control issues and, as regards outstanding issues, to explain what has been done to tackle them and what the plan is for fully resolving them.

#### **6.4.4 Controls Assurance Standards**

Each year, RQIA undertakes a self-assessment exercise to assess its level of compliance with the specific requirements set out in a range of Controls Assurance Standards. Where deficiencies are identified, an action plan is prepared, setting out the steps that RQIA will be taking to remedy these deficiencies, set within clear timescales.

#### **6.4.5 Audit**

Learning gleaned from internal and external audit reports is integral to how RQIA identifies and prioritises areas in which it needs to improve performance.

### **7. Step 4 - How we need to act differently**

#### **7.1 Analysis and Review**

RQIA needs to be willing to enter into dialogue about its performance, based on the data and outputs from

#### **How we need to act differently**

- Analysis and review
- Corrective action
- Challenge underlying assumptions
- Emergent change / adaptability

Step 3. This regular analysis and review to keep performance on target is reflective of a culture in which RQIA continuously strives to learn and improve.

## **7.2 Taking Corrective Action**

The focus here is on problem solving, evidence-based decision making<sup>6</sup> and the formulation of corrective actions which either feed into reshaping the strategy itself or revising the execution of the strategy in terms, for example, of modifying operational priorities, projects, allocation of resources etc. or changing organisational behaviours. In turn, the impact of these decisions and any associated corrective actions need to be monitored.

## **7.3 Challenging Underlying Assumptions**

The review of performance needs to go beyond consideration of performance against stated objectives (single-loop learning), to test the underpinning strategy map and challenge its underlying assumptions (double-loop learning<sup>7</sup>). Essentially the question being asked is: does the planned strategy remain a viable and successful strategy?

## **7.4 Emergent Change/Adaptability**

RQIA operates in a complex, unpredictable and fast changing environment which means that a wholly planned approach to strategy, execution and performance management will prove inadequate. Therefore the organisation must be agile, dynamic and creative in the face of emergent change.

## **8. Who does what?**

Effective performance management requires clear ownership and defined roles and responsibilities. A summary of these roles and responsibilities is as follows.

### **8.1 Board**

Sets the strategic direction for RQIA through the development of the Corporate Strategy, ensures the delivery of the strategy and promotes a culture of performance management and continuous improvement within RQIA.

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<sup>6</sup> Sutton, R.I. (2009): "Evidence-based management is a simple idea. It just means finding the best evidence that you can, facing those facts, and acting on those facts." Source: [www.evidence-basedmanagement.com](http://www.evidence-basedmanagement.com)

<sup>7</sup> In single-loop learning, individuals, groups, or organisations modify their actions according to the difference between expected and obtained outcomes. In double-loop learning, the entities (individuals, groups or organisation) question the values, assumptions and policies that led to the actions in the first place; if they are able to view and modify those, then second-order or double-loop learning has taken place. Double loop learning is the learning about single-loop learning. See Argyris, C. (1978), Double Loop Learning in Organisations, HBR.

## **8.2 Audit Committee**

Reviews and challenges risk management, governance and internal control processes and obtains assurances that they are functioning effectively and ensures, where necessary, that weaknesses are identified and improved.

## **8.3 Chief Executive**

Accountable to the Board and has a primary leadership role/overall responsibility for the delivery of strategic objectives, governance and performance management.

## **8.4 Director of Corporate Services**

Leads the development and implementation of strategic performance management arrangements and manages the service provided by BSO Finance.

## **8.5 Directors and Senior Managers**

Responsible for driving forward development and embedding performance management arrangements in their areas of service / function and ensuring consistency of approach, as defined by the framework.

## **8.6 Information Team**

The Information Team provides the accurate and timely analysis of performance data to support the planning and performance management processes.

## **8.7 Budget Holders**

Budget holders are responsible for providing Finance with the necessary information to build an annual budget using a zero-based approach and to regularly monitor expenditure against their budgets. Budget holders must highlight any financial issues or projected overspends to their line manager and to Finance as this may impact the overall financial performance of RQIA.

## **8.8 All Staff**

All staff contribute towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action. It is important that staff own the data on their activity, and understand how that translates to the corporate performance of the organisation.

## **9. Accountability**

The Management Statement and Financial Memorandum (MSFM)<sup>8</sup> between RQIA and DoH sets out the broad framework within which RQIA operates including how RQIA will be held to account for its performance.

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<sup>8</sup> The MSFM is available on the RQIA website

RQIA's accountability to its sponsor branch is managed through a bi-annual accountability review meeting, an end of year review meeting between the Chairman and the Minister (and as required by the Chief Executive of RQIA and the Director of the Quality, Regulation and Improvement Unit) and monthly update meetings.

## **10. Communication**

The Performance Management Framework will be communicated to those responsible for the performance management and reporting processes by email and education and training (as necessary). The Performance Management Framework will also be accessible to all staff through RQIA's intranet.

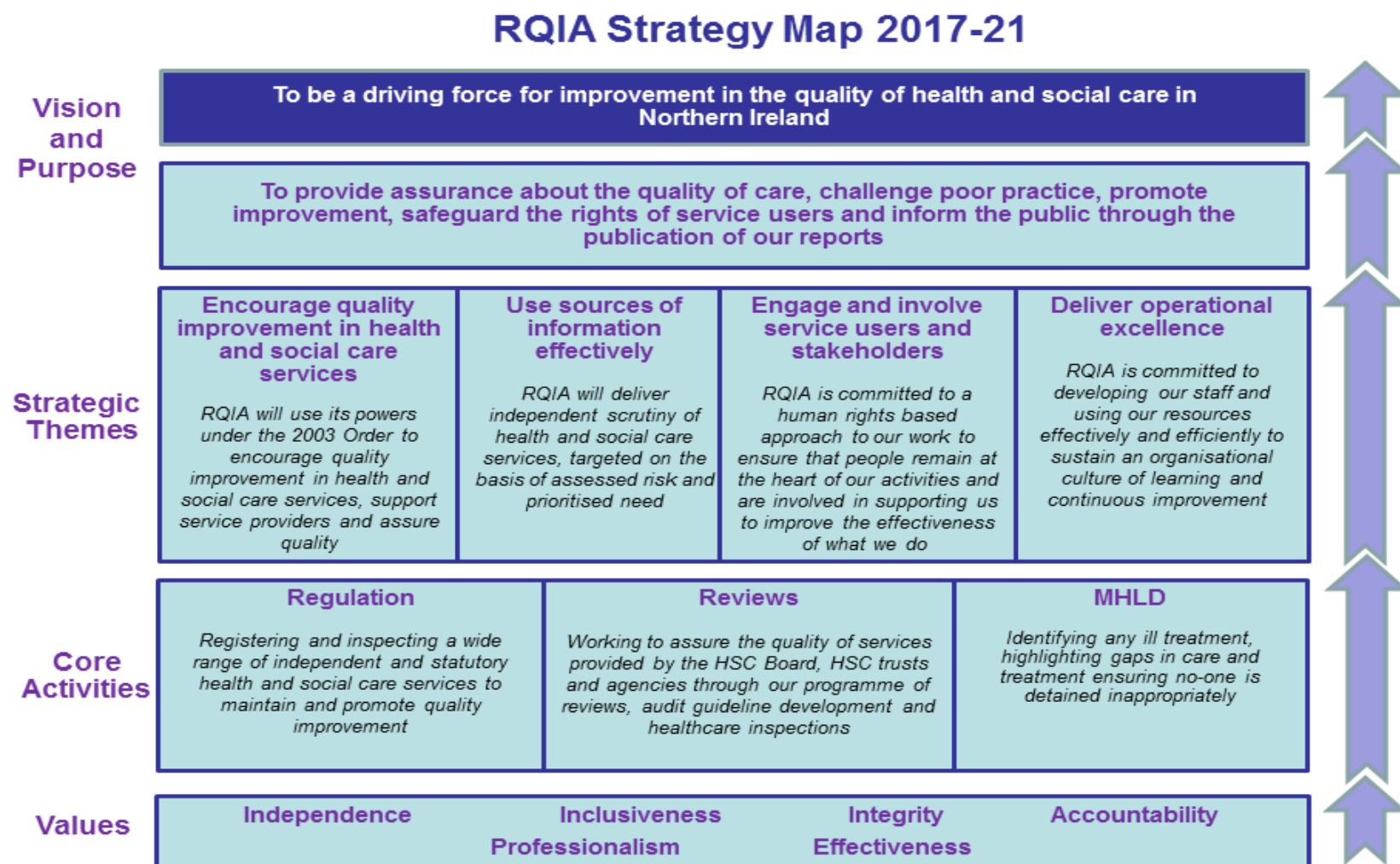
## **11. Keeping the Framework Under Review**

It is important that the Performance Management Framework is kept up-to-date and it will therefore be reviewed and revised in line with the development of RQIA's Corporate Strategy.

## **12. Key Contacts**

If you would like any information on particular aspects of performance management please contact either the Director of Corporate Services or the Planning and Corporate Governance Manager.

## Appendix A - RQIA Strategy Map 2017-21



## RQIA Board Meeting

Date of Meeting	6 July 2017
Title of Paper	Audit Committee Business
Agenda Item	9
Reference	J/07/17
Author	Hayley Barrett
Presented by	Denis Power
Purpose	The purpose of this paper is to update the RQIA Board on the recent Audit Committee meetings.
Executive Summary	<p>The Audit Committee has met on one occasion since the last Board meeting.</p> <p>At the meeting on 22 June 2017, the minutes of the meeting of 4 May 2017 were approved and these are attached for noting by the Board.</p> <p>The Committee Chairman will verbally update the Board on the meeting of 22 June 2017.</p>
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to <b>NOTE</b> the update from the Committee Chair.
Next steps	The Audit Committee is scheduled to meet again on 19 October 2017.



## MINUTES

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### **RQIA Audit Committee Meeting, 4 May 2017**

**Boardroom, 9th Floor, Riverside Tower, Belfast, 14:00pm**

#### **Present**

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

#### **In attendance**

Olive Macleod (Chief Executive)  
Maurice Atkinson (Director of Corporate Services)  
Stuart Crawford (Planning and Corporate  
Governance Manager)  
Christine Hagan (ASM)  
Catherine McKeown (Business Services  
Organisation, Internal Audit)  
Craig Morrow (Northern Ireland Audit Office)  
Hayley Barrett (Board & Executive Support  
Manager)

### **1.0 Welcome and Apologies**

1.1 The Chair welcomed all attendees to this meeting.

### **2.0 Declaration of Interests**

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

### **3.0 Chairman's Business**

3.1 The Chair informed members that he attended an Audit Committee chairs event at Castle Buildings. The Chair advised that this provides the opportunity to meet with other audit committee chairs and discuss common agenda items. The Chair noted that there were presentations by BSO Head of Internal Audit and NICS Head of Internal Audit.

3.2 The Chair informed members that horizon scanning and a pestle analysis was completed with Audit Committee members and members of the Executive Management Team on 21 March 2017.

3.3 The Chair advised that the report on the Governance and Board Effectiveness Review will be tabled at the Board meeting on Monday 15 May 2017.

3.4 The Chair noted that the report arising from the investigation into behaviours in RQIA is not currently available.

- 3.5 Committee members **NOTED** Chairman's Business.
- 4.0 **Minutes of previous meeting (AC/Min16/Mar)**
- **Matters Arising**
  - **Notification of AOB**
  - **Action List Review**
- 4.1 Committee members **APPROVED** the minutes of the meeting of 8 March 2017, for onward transmission to the Board on 15 May 2017.
- 4.2 **Resolved Action (345)**  
**Board & Executive Support Manager to bring the Audit Committee minutes of 8 March 2017 to the May meeting of the Board for noting.**
- 4.3 The Chair noted that action 338 is in progress but not yet completed. Committee members noted that actions 341, 342, 343 344 are complete.
- 5.0 **Chief Executive Update on key risks**
- 5.1 The Chief Executive advised members that a letter was received on 27 April in relation to a rent review. A rent increase of 38% has been backdated to March 2017. The Chief Executive noted that legal advice has been sought. The Chief Executive noted that she has advised the DoH and funding has been allocated in order to maintain breakeven target as at 31 March 2017. The Director of Corporate Services advised that going forward LPS will be negotiating the rent on behalf of RQIA.
- 5.2 The Chief Executive noted that following communication with COPNI in respect of an investigation by COPNI at Dunmurry Manor, the terms of reference has been revised. The Chief Executive of COPNI and his legal team will be conducting the interviews with RQIA.
- 5.3 The Chief Executive informed members that Mr Thomas Bennett has received the information directed by the First Tier Tribunal. The Chief Executive advised that there has been no contact from Mr Bennett since.
- 5.4 The Chief Executive advised that the coroners' court in respect of the death of a patient at Owenvale Court Nursing Home, concluded on Friday 28 April 2017. The Chief Executive highlighted comments made by the coroner and RQIA awaits the final report. Committee members noted the contribution and personal impact of RQIA representatives in attendance at the coroners' court.
- 5.5 The Chair of Audit committee noted that there has been recent media attention in relation to Hebron House and Bawn Cottage.
- 5.6 Audit Committee members **NOTED** the Chief Executive's Update on Key Risks.

**6.0 Update on Audit Action Plan (AC/01/17)**

- 6.1 The Planning and Corporate Governance Manager presented the Update on Audit Action Plan to members.
- 6.2 The Planning and Corporate Governance Manager noted that sixteen of the nineteen recommendations made have been fully implemented. One recommendation is currently behind schedule; the MHLD Information system. However, the strategic outline case (SOC) is complete and the Outline Business Case (OBC) is currently with the DoH for approval.
- 6.3 Committee members suggested amendments to the 'responsibility' column and 'deadline' column of the document.

Committee members **NOTED** the Audit Action Plan following minor amendments.

**7.0 Corporate Risk Assurance Framework Report (AC/02/17)**

- 7.1 The Planning and Corporate Governance Manager presented the Corporate Risk Assurance Framework Report to members. The Planning and Corporate Governance Manager noted that the document has been reviewed and revised.
- 7.2 The Planning and Corporate Governance Manager noted the risk log on page three of this document, which details all changes made to this document following the last Audit Committee and Board meetings.
- 7.3 The Planning and Corporate Governance Manager advised members that two risks have been reassessed and placed on Directorate Risk Registers.
- 7.4 Audit Committee members noted that the funding for the SOAD's has been found on a recurrent basis.
- 7.5 The Risk Register as drafted for Audit Committee reflects outputs from the Horizon Scanning exercise and PESTLE analysis undertaken on 21 March 2017 and subsequent discussions by the Executive Management Team.
- 7.6 An updated Corporate Risk Assurance Framework Report to be presented to the Board on 15 May 2017.
- 7.7 Resolved Action (346)  
An updated Corporate Risk Assurance Framework Report to be presented to the Audit Committee on 22 June 2017.**
- 7.8 Committee members **APPROVED** the Corporate Risk Assurance Framework Report, which will be presented at the May Board meeting.

**7.8 Resolved Action (347)**

**The Corporate Risk Assurance Framework Report will be presented at the meeting of the Board on 15 May 2017.**

**8.0 Internal Audit Update (AC/03/17)**

**To include:**

- **Progress Report**
- **Audit Plan 2017-20**
- **Head of Internal Audit Report**
- **BSO Shared Services**
- **Internal Audit Charter**
- **Benchmarking**

- 8.1 The Head of Internal Audit presented the Internal Audit progress report to members. Members noted that all internal audit work for 2016/17 is completed.
- 8.2 The Head of Internal Audit noted that the Financial Review has received **satisfactory assurance** with one priority one and a priority two recommendation. Management have accepted the comments.
- 8.3 The Director of Corporate Services advised that RQIA have requested a monthly report on salary overpayments from BSO, RQIA await the report.
- 8.4 The Head of Internal Audit noted that the Audit of Inspections for Nursing Homes, Medical Agencies, Pharmacy, Independent Hospitals and Clinics has received **satisfactory assurance** with one priority one recommendation, partially accepted by management and three priority two recommendations, accepted by management.
- 8.5 The Head of Internal Audit noted that the Risk Management audit has received **satisfactory assurance** with one priority one and three priority three recommendations. All recommendations have been accepted by management.
- 8.6 The Chief Executive advised that the Corporate Risk Register will be presented to EMT every three months and Directorate Risk Registers monthly on a rolling basis.
- 8.7 The Chair of Audit Committee advised that he is disappointed with the findings and acknowledged that actions as agreed with the Executive Management Team are necessary to ensure improvement going forward.
- 8.8 The Head of Internal Audit noted that on page 10 the Controls Assurance Standards verification exercise, three out of the four have achieved substantive compliance and awaiting acceptance from management for the governance compliance score. The Chief Executive indicated her acceptance of a score of 75% for the Governance CAS.

- 8.9 The Head of Internal Audit noted that 88% of recommendations have been fully implemented and 12% partially implemented. Committee members noted that all priority one recommendations have been fully implemented.
- 8.9 Committee members **NOTED** the progress report.
- 8.10 The Head of Internal Audit presented the Audit Strategy and Plan 2017-18.
- 8.11 The Head of Internal Audit advised that the Audit Plan 2017-20 has been discussed with the Executive Management Team. The Head of Internal Audit advised that a financial audit is completed yearly and a corporate inspection audit will be completed.
- 8.12 Committee members noted that an audit of communications and culture is in year 3 and asked for consideration to be given to bringing this forward.
- 8.13 Committee members **APPROVED** the Audit Plan 2017-20.
- 8.14 The Head of Internal Audit advised that the Head of Internal Audit Annual Report will be presented at the Audit Committee on 22 June 2017.
- 8.15 **Resolved action (348)**  
**The Head of Internal Audit Annual Report will be presented to Audit Committee on 22 June 2017.**
- 8.16 The Head of Internal Audit presented the BSO Shared Services report advising that Accounts Payable Share Service and Income Shared Service have achieved satisfactory assurance. The Head of Internal advised Committee members that the Payroll Shared Service (March 2017) has received unacceptable assurance over Payroll System and Function stability. Limited assurance has been achieved for Payroll Processing.
- 8.17 The Head of Internal Audit advised that the Recruitment and Selection Shared Services Centre has received limited assurance, however there has been considerable improvement noted.
- 8.18 Committee members **NOTED** with disappointment the BSO Shared Services update.
- 8.19 The Head of Internal Audit presented the Internal Audit Charter to Committee members. She advised that Internal Audit is professionally required to review and obtain approval of their audit charter outlining the purpose, authority and responsibility.
- 8.20 Committee members **NOTED** the Internal Audit Charter.
- 8.21 The Head of Internal Audit advised that Internal Audit took part in two

benchmarking exercises; CIPFA benchmarking and One-to-One Benchmarking with NHS Wales Shared Service Partnership.

8.22 Audit Committee **NOTED** the Internal Audit Benchmarking paper.

## **9.0 External Audit**

9.1 Christine Hagan, ASM, advised that External Audit will be starting the fieldwork stage of the year-end Financial Audit, week commencing 8 May 2017. Findings will be presented to the Audit Committee on 22 June 2017.

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

## **10.0 Draft Governance Statement (AC/04/17)**

10.1 The Chief Executive presented the Draft Governance Statement to Committee members. The Governance Statement follows the format as prescribed by the DoH.

10.2 Committee members noted Section 10 - Significant Internal Control Issues with an update on prior year control issues and identification of new issues. The Director of Corporate Services highlighted that the Governance Statement may need to be updated following consideration of the Governance and Board Effectiveness Review at the Board meeting on 15 May 2017. Committee members noted that Controls Assurance Standard score for Governance has now been agreed as 75%.

10.3 Committee members **APPROVED** the current Draft Governance Statement, for release to the Department of Health on 5 May 2017.

10.4 **Resolved Action (349)**  
**The Draft Governance Statement will be submitted to the DoH on Friday 5 May 2017.**

## **11.0 Direct Award Contracts (DAC's) & External Consultancy (AC/05/17)**

11.1 Committee members noted that there have been no DAC's during 2016/17. Members also noted that there has been no consultancy work during 2016/17.

11.2 Committee members **NOTED** the Direct Award Contracts & External Consultancy.

## **12.0 Update on DoH Circulars (AC/06/17)**

12.1 The Director of Corporate Services updated the Committee on recent DoH circulars.

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

**13.0 Any Other Business**





- 13.1 As there was no further business the Chair of the Audit Committee brought the Audit Committee meeting a close.

Date of Next Meeting: **Thursday 22 June 2017 at 2.00pm, RQIA Boardroom**

## ACTION LIST

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### RQIA Audit Committee Meeting 8 March 2017

Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
338	12.2	Clarification to be sought from the Board Chairman in relation to Audit Committee member involvement in Executive Decision Making, for example Enforcement Decision Making Panels.	Audit Committee Chair	10 November 2016	
345	4.2	Board & Executive Support Manager to bring the Audit Committee minutes of 8 March 2017 to the May meeting of the Board for noting.	Board and Executive Support Manager	15 May 2017	
346	7.7	An updated Corporate Risk Assurance Framework Report to be presented to the Audit Committee on 22 June 2017.	Planning and Corporate Governance Manager	22 June 2017	
347	7.8	The Corporate Risk Assurance Framework Report will be presented at the meeting of the Board on 15 May 2017.	Director of Corporate Services	15 May 2017	



348	8.15	The Head of Internal Audit Annual Report will be presented to Audit Committee on 22 June 2017.	Internal Audit	22 June 2017	
349	10.4	The Draft Governance Statement will be submitted to the DoH on Friday 5 May 2017.	Planning and Corporate Governance Manager	5 May 2017	

## Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	

## RQIA Board Meeting

Date of Meeting	6 July 2017
Title of Paper	Audit Committee Annual Report 2016/17
Agenda Item	9
Reference	J/07/17
Authors	Denis Power
Presented by	Denis Power
Purpose	The aim of this paper is to present an overview of the work of the Audit Committee within the 2016/17 year.
Executive Summary	<p>This report provides details about the membership of the Audit Committee. It specifies how the Audit Committee provides the Board and Accounting Officer with assurances relating to the Corporate Governance requirements of the Authority.</p> <p>A National Audit Office self-assessment checklist was completed in October 2016 by the Audit Committee and key points from this exercise were addressed throughout the remainder of 2016/17.</p>
FOI Considerations	Not applicable
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should <b>NOTE</b> the Audit Committee Annual Report.
Next steps	Not applicable

## **AUDIT COMMITTEE REPORT 2016/2017**

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### **Introduction**

This report highlights some of the key activities of the Audit Committee during 2016/17.

### **Membership of the RQIA Audit Committee**

The RQIA Audit Committee was established in December 2006 and consists of 6 members of the RQIA Board. The Committee membership as at 31 March 2017 was:

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

The Audit Committee met on four occasions during 2016/17. Meetings were held on 28 April 2016, 23 June 2016, 20 October 2016 and 8 March 2017. All of the meetings of the Audit Committee were held at Riverside Tower and were supported by Officers of the Board including the Chief Executive, Director of Corporate Services, Planning and Corporate Governance Manager and the Board and Executive Support Manager.

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

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

### **Assurances to the Audit Committee**

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

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

- Governance Statement
- Mid Year Assurance Statement

- Corporate Risk Assurance Framework Report
- Internal Audit reports
- Report on Controls Assurance Standards
- External Audit reports
- Report on the use of External Consultants
- Update on Department of Health (DoH) Circulars

### *Governance Statement*

The Governance Statement was presented to the Audit Committee on 4 May 2017.

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

### *Mid Year Assurance Statement*

The Mid Year Assurance Statement was presented to the Audit Committee on 20 October 2016.

### *Corporate Risk Assurance Framework Report*

During 2016/17, the Audit Committee considered the Corporate Risk Assurance Framework Report. At the beginning of the year, six risks were highlighted on the report and by the end of March 2017 the number of risks had been maintained. The Audit Committee received updates on the actions being taken to mitigate the risks and considered the decision making process undertaken to remove, de-escalate or add risks to the register.

A Horizon Scanning of the Risk Environment in which RQIA operates was undertaken in March 2017 and was attended by Members of the Audit Committee, the Chief Executive and the Director of Corporate Services. An updated Risk Register was presented to the Board on 4 May 2017 and a further version of the Corporate Risk Assurance Framework Report will be considered at the June Audit Committee.

### *Internal Audit reports*

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

During 2016/17, a total of five internal audits were conducted with a Satisfactory Level of Assurance achieved. A series of recommendations were made and progress in implementing these recommendations will be monitored by the Audit Committee during 2017/18.

Internal Audit were commissioned to carry out a review of Governance and Board Effectiveness during 2016/17. Three recommendations were made and these will be implemented in 2017/18.

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

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

#### *Report on Controls Assurance Standards*

The Audit Committee receives assurance on RQIA's systems and processes through the compliance levels achieved on the Controls Assurance Standards. In 2016/17, RQIA completed ten self assessments against the Controls Assurance Standards, four of which were externally verified by BSO Internal Audit, namely; Financial Management, Governance, Risk Management and Human Resources.

RQIA achieved substantive compliance in all these areas.

#### *External Audit Reports*

An audit conducted by the Northern Ireland Audit Office in May / June 2017 will be discussed at the June 2017 Audit Committee meeting.

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

#### *Report on the use of External Consultants*

In 2016/17, RQIA reported to the Audit Committee that there were no instances when external consultancy had been used.

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

#### *Update on DOH Circulars*

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

#### *Reports to the Audit Committee*

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

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

### **Financial Reporting**

The Audit Committee was pleased to note that RQIA achieved a break even position on income and expenditure for the year 2016/17.

### **Assessment of Effectiveness**

In order to assess its effectiveness, the Audit Committee completed the National Audit Office self-assessment checklist as mandated by DoH in October 2016 which concluded that RQIA can provide assurance of compliance with the good practice principles in the checklist.

The Committee considered this a useful exercise and key learning points were progressed throughout 2016/17.

The Audit Committee met separately with Internal Audit and NIAO at the meeting in June when the Annual Report and Accounts were signed off. The Chair of Audit Committee hosted an annual Bi-Lateral meeting with Head of Internal Audit and ASM on 26 April 2016. The Audit Committee arrange other meetings outside of the normal schedule should any other matters arise.

### **DENIS POWER**

Chair of Audit Committee

## RQIA Board Meeting

Date of Meeting	6 July 2017
Title of Paper	Review of Information and Potential for Analysis to Inform the Work of the Regulation and Quality Improvement Authority
Agenda Item	10
Reference	Presentation on 6 July 2017
Author	Rachel Stewart
Presented by	Rachel Stewart
Purpose	To present the findings of the information scoping study carried out in the first three months of 2017
Executive Summary	<p>An overview of the findings of the scoping study, which was undertaken with the aim of understanding the extent to which the current analytical service offering contributes to the RQIA Corporate Strategy and thus to the business activity of the RQIA.</p> <p>To also consider the potential contribution proper analysis could make to helping shape, develop, inform and monitor the work of the RQIA and set out some recommendation on how this could be achieved.</p>
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to <b>note</b> this report.
Next steps	The Board will be kept up to date with progress in relation to the action plan.

## RQIA Board Meeting

Date of Meeting	6 July 2017
Title of Paper	Chief Executive's Report
Agenda Item	11
Reference	L/07/17
Author	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of the paper is to update the Board on strategic issues which the Chief Executive and SMT have been managing since the Board meeting in January and to advise Board members of other key developments or issues
Executive Summary	This paper provides an update to the Board of the key developments for RQIA since the last board meeting.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	It is recommended that the Board should <b>NOTE</b> the Chief Executive's Update.
Next steps	A further update will be provided at the September Board meeting.



## **Corporate issues**

### **1. Inspection Assessment Framework**

The Project Board met on 22 May 2017 and considered the results of the Scoping Exercise being undertaken by QUB.

Results indicated that the effectiveness of specific rating scales for improving quality of care cannot be reliably assessed on the basis of existing evidence because their impact has not been systematically investigated. The scoping review also highlighted much variation in the characteristics of inspection systems, and a lack of clarity around the terminology used to describe the components of inspection frameworks.

Hence the Project Board agreed that QUB should move ahead with a 'mapping exercise' to chart, categorise, and define the range of components used in inspection systems. This is now underway.

Following completion of the mapping exercise, a systematic review will appraise the effectiveness of inspection systems (and their various components) for improving quality of care outcomes in health and social care. This will provide best available evidence to support the design or improvement of healthcare inspection systems. QUB colleagues hope to be in a position to report back to Project Board at its meeting in September 2017.

### **2. RQIA's Online Presence**

From 1 April 2017 to 28 June 2017 there were some 35,000 visitors to RQIA's website resulting in 120,000 page views. The most frequently visited pages are inspection reports, enforcement and the service provider guidance section. There are over 6,500 inspections reports available online for regulated services. More than 80 hospital inspection reports are also now available. As part of our ongoing improvement work, from July 2017 a fortnightly list of recently published inspection reports will be available on the website to help visitors identify newly added content.

Over the past month, the number of followers to RQIA's Twitter account increased by 100 to 1,640.

In June 2017 the 13th edition of RQIA's E-zine *Assurance, Challenge and Engagement* was circulated to over 1,500 stakeholders. The purpose of E-Zine is to highlight the breadth of RQIA's responsibilities and to increase traffic to RQIA's website as an information source and resource.

### **3. Publications/about to be published**

RQIA Review of the Regional Plastic Surgery Service in Northern Ireland, 30 June 2017.

Review of the Implementation of the Royal Dental Hospital, Belfast Inquiry Action Plan, July 2017.

#### **4. Media Interest**

Since the last Board Meeting RQIA received media enquiries relating to number of care homes. The issue of the regulation of cosmetic laser clinics was highlighted in the Ulster Tatler, with an emphasis on the role of regulation in protecting the health and wellbeing of clients.

#### **5. Current Legal Actions**

None.

#### **6. Workforce Review**

The HSC Leadership Centre was commissioned by the Chief Executive to undertake an organisational review of the Regulation and Quality Improvement Authority (RQIA). The review considered the entirety of the organisation including all directorates and roles. Given that the organisation has been established in its current format for ten years, it was timely to examine the current business model to include structures, roles and responsibilities, skill mix, workload and processes. One of the main goals of the review was to 'future proof' RQIA as an organisation to ensure RQIA remain a key player in the ever changing world of Health and Social Care.

Two key questions were asked of RQIA staff

- What is the core business of RQIA now and in the future?
- Does the current business model support the RQIA of the future?

Having considered the responses it was apparent that the business model of RQIA needs to change as the status quo is not an option if the future direction of the organisation is to be achieved.

#### **7. ISO9001**

The ISO9001:2015 Project Board continues to meet regularly to maintain pace in this project. A two day gap analysis will commence on 3 July 2017. ISO 9001:2015 Internal Auditor Training is arranged for 3 August 2017. Following training the ISO project team will begin internal audits across each directorate as per programme.

#### **8. liP accreditation**

The site visit from liP assessor took place in June 2017. More than 20 staff were interviewed at all levels in the organisation. Initial feedback is that re accreditation will occur. The three areas for improvement have been identified as rewards and recognition, leadership and the workforce review. The assessor will report to RQIA in July 2017. Recommendations from this assessment will inform our Organisational Development plan.

## **9. Measuring what matters**

The draft Programme for Government has an emphasis on improving the health and well-being of society as a whole. There have been two initiatives launched by DoH:

- 1) Healthier Workplaces – How health and social care organisations can promote health and well-being within their own organisations; and
- 2) Making Every Contact Count – A workshop has taken place to explore the possibility of introducing this approach to behaviour change in Northern Ireland again within the workforce initially and then with service users.

RQIA is represented on both of these schemes.

## **10. JNCF update**

A meeting has been scheduled with trade union representatives and BSO Human Resources following the board meeting to discuss the findings of the workforce review.

## **11. Revised and updated MOU**

Nursing & Midwifery Council

Northern Ireland Public Service Ombudsman

## **Regulation Directorate**

### **12. Registration**

A project has commenced to respond to the DoH review of the Fees and Frequency of Inspection regulations. The project will have three distinct and interconnecting elements:

- Review of RQIA inspection planning tool to revise and update our risk framework;
- A communication strategy to inform providers and the public of the changes; and
- A review of the procedure for administration of fee income.

A project to address the registration of residential beds in nursing homes is underway which will involve engagement with each registered nursing home provider.

Four Seasons Health Care continues to engage proactively to provide high level updates on their ongoing financial position. An outline proposal to reduce the portfolio of care homes in Northern Ireland has been presented to the Northern Trust, where four homes may be subject to sale or closure. FSHC are actively engage with NHSCT and HSC Board.

### 13. Inspection

**Statutory target:** At the end of Quarter 1, the planned schedule of inspections is on target.

The inspection of establishments and agencies registered under the Independent Healthcare regulations has been transferred to Reviews Directorate in order to align the inspection of independent and statutory healthcare services.

**COPNI Investigation:** a meeting between a number of RQIA staff and COPNI took place in June to respond to their investigation in care provided at Dunmurry Manor Nursing Home.

### 14. Enforcement

The following enforcement action has taken in respect of the following services:

#### **Serious concerns meetings**

Two dental practices in respect of staff recruitment and Access NI checks;  
One nursing home in respect of medicines management;  
One nursing home in relation to management of health and welfare.

#### **Failure to Comply**

Four services were issued with six failure to comply notices;  
Notification of changes to a Nursing home;  
Recruitment practice in a DCA;  
Fitness of premises; fire safety and cleanliness in a residential care home;  
Access NI Checks in a dental practice.

#### **Notice of Proposal**

One Domiciliary Care Agency was issued with Notice of Proposal to place conditions on registration relating to records management and staff recruitment.

#### **Prosecution action**

No further activity through the courts service since the last Board meeting.

### 15. Representations and Decision Making Panels

No panels convened since the last board meeting.

## **Reviews Directorate**

### **16. Healthcare Inspections**

Hospital Inspection Program (HIP) Phase II continues.

Inspection of Royal Belfast Children's Hospital was undertaken 3rd to 5th May, with feedback to BHSCT C Ex & SMT. Trust immediate action plan has been received and will be followed by a report.

Scheduling currently in progress for 17/18 inspections: HIP, infection prevention and control/hygiene & cleanliness (IPC) and augmented care inspections to include neonatal, critical care, other augmented.

IPC – Risk and intelligence based approach to inspection.

An inspection was carried out in a ward in BCH following intelligence relating to a recent CDI outbreak concerning 3 patients. Findings identify that all IPC have been reviewed, enhanced and reinforced with staff.

Augmented Care – Year 3 of Neonatal inspections commenced using a risk based approach to inspection.

NI Ambulance Service - IPC inspections to be scheduled into planned inspection programme 17/18.

Prison Healthcare – Health care team members participated in a full inspection of Magilligan in June 2017, in partnership with HMIP & CJI, MHL D Directorate is the lead for RQIA.

### **17. Reviews**

#### **6 reviews at reporting/factual accuracy stage**

Review of the Plastic Service in Northern Ireland;

Review of Dental Action Plan: Phase II;

Review of Renal Services;

Review of General Paediatric Surgery in NI;

Review of Crisis Resolution and Home Treatment Services for Mental Health and Learning Disability across NI;

Review of the Implementation of the Developing Eye care Partnerships Strategy.

#### **1 review at drafting stage**

Review of Governance Arrangements for Child Protection in the HSC in NI: Phase I.

#### **1 review at fieldwork stage**

Review of the Use of Restraint and Seclusion.

### **3 reviews at planning stage**

Review of the Out of Hours GP Service;  
Review of Service Frameworks;  
Review of the NI Single Assessment Tool (NISAT): Stage III.

## **Clinical Audit & Guidelines**

### **2016-17**

#### **Audits**

##### **5 audits at reporting stage**

(Respiratory (COPD, Asthma);  
Dementia and Anticipatory care in Nursing home (Phase 1);  
Surgical ward round check list;  
Red blood cell transfusion.

**1 Published** – Hospital discharge letters.

**2 audits carried over into 2017-18** (Late term Still Birth, Phase 2 Dementia and Anticipatory care in Nursing home).

#### **Guidelines**

**2 guidelines published** (Management of Hyponatraemia in labour and Supporting Domiciliary Care workers to meet NISCC standards of codes of practice).

**2 guidelines - fieldwork completed documentation received QA process underway** (Post take ward rounds - acute medicine and Management of Convulsive Epilepticus).

**1 ELearning tool developed** - (To Support The GAIN Guidelines For Caring for People with Learning Disabilities in a Hospital Setting).

### **2017-18**

#### **Audits**

**2 audits confirmed and funding approved** (Phase 2 Ward round week end handover and Prostate Specific Antigen).

**5 audits funding TBC** (Podiatry, Stoke, Urinary Tract Infection, Safe fluid balance, Blood transfusion).

2 audits carried over into 2016-17 (Late term Still Birth, Dementia and Anticipatory care in Nursing home Phase 2).

#### **Guidelines**

1 Guideline commenced – Planning Home Births

1 Guideline Funding TBC– Nebuliser care and hygiene in respiratory medicine

10 GAIN Guideline to be reviewed to ascertain if they have been superseded by NICE guidance (Guidelines span from 2009- 2014).

## **Department of Health (DoH) commissioned projects**

### **2016-17**

Serious Adverse Incident Review Process Project:

- Learning from SAls arising from suicide, homicide & self-harm – (at final factual accuracy checking);
- Identifying learning from SAI (report in draft format, needs further editing);
- MMBRACE UK (NCEPOD) - national confidential inquiry into suicide & homicide – transfer of operational responsibility in progress, training from national unit completed, DSA ongoing with NISRA;
- Scoping exercise: To ascertain NI HSC Trust participation in national audit – report complete and submitted to DoH.

### **2017-18**

- Implementation of Regional Policy for the identification and labelling of Invasive lines and tubes;
- Identifying learning from SAI (to continue into 2017-18)

## **18. MHL D Directorate**

### **Inspections**

Four inspections were undertaken in Mental Health wards in May, issues emerging were:

- Medical records were not fully completed in the appropriate template to ensure continuity of care for patients. This was restated for the second time, the trust have agreed to prioritise this matter with the medical team.
- Pharmacy services and support not available on a hospital site potentially resulting in deliveries and returns been delayed. Furthermore given the complexity of patient medication regimes, inspectors were concerned that ward staff could not access on site pharmacy support. The trust has agreed to review this matter as a priority.

An unannounced inspection was undertaken as a result of whistleblowing allegations concerning the following matters:

1. Insufficient training for staff in nasogastric (NG) feeding - This allegation was partially upheld.
2. Staff exposure to x-rays without proper/adequate protection – This allegation was fully upheld. RQIA directed the trust to ensure that all staff have protective equipment available during X-ray.
3. The management of a patient with an eating disorder who required restraint during nasogastric feeding. – This allegation was not upheld.

RQIA can report that following our intervention, substantial improvements were made in a service in relation to MDT care planning, reduction in the use of restraint, the introduction of a psychological trauma informed model of practice, and reduction in levels of absconding. The trust is currently working with the PSNI on a policy in relation to young people who leave without permission. It is positive to note that the trust have employed three peer youth advisors who are involved in a number of projects to support the service.

### **Escalation**

No letters of escalation were required.

### **Prison Inspections**

An inspection of Magilligan Prison took place from 19 June to 22 June 2017. A report will be forwarded to the DoH in due course.

### **Response to Mental Capacity Act Code of Practice**

A Corporate RQIA Working Group has been set up to consider RQIA's response to the draft Mental Capacity Act 2016 Code of Practice. The first meeting was held on 28 June 2017. Case scenarios will be forwarded earlier to the DoH as requested.

### **Outline Business Case**

The Outline Business Case for a new information system was submitted to the Department for approval on 7 April 2017. DoH provided detailed comments on the OBC on 17 May 2017. A revised OBC and a response to DoH comments have been prepared and will be submitted to DoH by 16 June 2017. The Business Case assumes DoH approval of the Outline Business Case in Quarter 2 2017-18, a 9 month system implementation and go-live in Quarter 1 2018-19.

### **Finance**

#### **19. Financial Position 2016-17**

RQIA is required to breakeven on an accrual basis by containing its net expenditure to within £20,000 of the in-year Revenue Resource Funding allocation. This has been achieved in 2016/17 with RQIA having a year-end outturn of £7,131 surplus. The "Report to Those Charged with Governance" states that the Comptroller and Auditor General will provide an unqualified audit opinion, without modification. No significant internal control weaknesses were identified and two priority 3 recommendations were made.

#### **20. Business Plan 2016-17**

The Business Plan 2016-17 was approved by DoH on 7 June 2017.



## **21. Contributed to / responded to**

Elective Care Reform Work stream;  
Improvement institute;  
Ground clearing meeting DoH.

## **22. Workshops/Stakeholder Engagements**

QI Celebration event Belfast Trust;  
Regional SAI learning event;  
Regional review of children's secure facilities;  
Southern Trust Adult safeguarding adults workshop;  
RQIA workforce review workshop;  
Royal College of Psychiatrists and NI Medical & Dental Training Agency;  
HMIP and University of Bristol regarding the systems for recording ill treatment in Detention.

## **Department of Health (DoH) Update**

### **Review of Regulatory Policy and Legislation**

The DoH is undertaking a comprehensive review of the policy underpinning the Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. Initial consideration of this work by the DoH focused specifically on the need for a review of the Order to address existing gaps in regulation and consider powers of the regulator. However, the underlying policy, *Best Practice, Best Care*, was consulted on in 2001 and not been reviewed since then. There have also been significant developments in regulatory practices and service delivery during that time, as well as major developments in policy around Quality and Quality Improvement, including the publication of Quality 2020 (a ten year strategy to protect and improve quality in health and social care in Northern Ireland). In light of these developments, the review of the Order will now form part of a wider comprehensive review of the underlying regulatory policy for HSC services in Northern Ireland. The DoH is seeking RQIA and other stakeholders' views on:

- the fundamental issues of why we regulate, what we regulate, and when we regulate;
- the underpinning principles and methodology of regulation;
- the role of risk and the use of intelligent data analysis to assist in risk assessment;
- how effective clinical and social care governance and a regulatory framework can maintain and support ongoing quality improvement in health and social care; and
- the need for revised legislation to support a regulatory framework fit for the future and systems of governance to support quality improvement in health and social care.

The review will be done in 2 phases, with Phase 1 informing a consultation paper on revised Departmental quality improvement and regulation policy and Phase 2 setting the strategic direction for revision of associated legislation and implementation.

## **23. Political Engagement**

Nothing to report.

## RQIA Board Meeting

Date of Meeting	6 July 2017
Title of Paper	Guidance for RQIA regarding areas for consideration if requested to take on additional business
Agenda Item	12
Reference	M/07/17
Author	Theresa Nixon
Presented by	Theresa Nixon
Purpose	To seek Board approval for the attached draft guidance and flowchart.
Executive Summary	<p>The purpose of this guidance is to provide a structured framework to assist RQIA staff to consider the impact of any new areas of work on RQIA business.</p> <p>This guidance takes the six broad headings from the PESTLE analysis and describes how they should be reviewed in terms of the impact for RQIA.</p> <p>The effectiveness of this guidance will be monitored by the Directors within RQIA. Any proposed amendments will require approval of the Chief Executive.</p>
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Not applicable
Recommendation/Resolution	The Board is asked to <b>approve</b> the draft guidance.
Next steps	N/A

## 1.0 Purpose

The purpose of this guidance is to provide a structured framework to assist RQIA staff to consider the impact of any new areas of work on RQIA business.

This guidance applies to the Chief Executive and Senior Management Teams. A flow chart contained in Annex 1, to assist in decision making.

## 2.0 PESTLE Analysis

PESTLE analysis is an analysis of the political, economic, social, technological, legal and environmental factors in the external environment of an organisation, which can affect its activities and performance.

This guidance takes the six broad headings from the PESTLE analysis and describes how they should be reviewed in terms of the impact for RQIA.

- **Political** – RQIA is a Departmental Arm's Length Body, operating independently of the Department of Health (DoH) but within the governance and assurance framework set out by the DoH as sponsor body. RQIA must pay due regard to the political implications of any new work. If any new work is directed by the DoH, the legal equality and regulatory implications will have already been considered.  
Political considerations should include the timing of the announcement of any new function or publication of a report or the need to liaise with the DoH to ensure a co-ordinated response to any media queries.
- **Economic** – the economic considerations will primarily need to focus on the hard cost of any additional work. In order to assess this impact, it is vital that all business areas understand the actual cost of all their activity. Opportunity costs should also be considered (for example any costs of training staff or reprioritising other pieces of work). Economic consideration should also include any costs to external stakeholders (for example if RQIA requires service providers to become trained in a new area).  
The DoH/RQIA joint protocol for reviews includes a section on additional commissioned reviews that covers the requirement for the DoH policy lead to prepare and secure approval for a business case where additional funding is necessary to complete any review.
- **Social** – this covers any internal cultural issue or an external social impact of the new policy. For example if another organisation is to be co-located in RQIA, how the two cultures or ways of doing things should be integrated sensitively. This is essentially a management,

issue though and should not be a valid barrier to undertaking the additional work.

- **Technological** – this assessment should include an evaluation of technology or systems that are required to support the new work and any impact of new technological developments on RQIA work. For example, does RQIA have the correct systems in place to manage the new work? This would also include information storage requirements and systems. It is vital that the information team is engaged early when new roles or functions are considered.
- **Legal** - RQIA has no authority in respect of changing or introducing new legislation as this is a function of the DoH. However RQIA must understand the legal context in which it works and be able to articulate this to other stakeholders in a way that is meaningful to them.

RQIA should also understand any standards that apply to the new role. RQIA, as a key stakeholder should be fully engaged in the development of new legislation, standards and policy that impacts on their role and functions. DoH Sponsor Branch should advise on such developments. RQIA should not assume that they will be aware of every initiative and should engage with DoH to ensure everyone understands the situation.

- **Environmental** - these considerations should include any need to reconfigure office space for additional staff; utilise storage for files.

## **RESPONSIBILITIES**

**The RQIA Board** – RQIA's Board has corporate responsibility for ensuring that the aims and objectives set by DoH and approved by the Health Minister are fulfilled.

The Board has a particular role to play should additional work have a political implication that requires consideration by RQIA who must be informed as soon as possible.

The Board may also need to approve plans for additional work that displace other high-priority work from the business plan.

If the new work carries a particularly high-profile, the Board may wish to receive regular updates on progress, barriers and challenges.

**Executive Team** - The Chief Executive has operational responsibility to ensure that the impact analysis is undertaken by the relevant senior lead (who may be the Director) and approved by the Executive Management Team.

**Senior Management Teams** - All senior staff from senior management teams are also responsible for understanding and implementing this guidance.

**Head of Information** – Has a responsibility to ensure that:

- relevant systems are in place, are supported and meet any additional business need of RQIA
- information held on systems is valid and secure
- information, analysis and reporting is available to RQIA and relevant stakeholders

**Communication Manager** – is responsible for the publication of information regarding any new developments in RQIA and agreeing the timing of such announcements with the RQIA Chief Executive and DoH, and developing a coordinated response to any media press.

DRAFT

### Action Required if additional functions are required of RQIA

- EMT to discuss and agree the most appropriate director to lead the proposed project and consider implications for RQIA
- If request has not come via the DoH Sponsor Branch, lead director should ensure the DoH are aware and approve and that appropriate legal, equality and regulatory considerations have been made
- Political implications should also be discussed by EMT. Lead director to ensure to refer to RQIA Board for guidance if political implications cannot be addressed at this stage. Sponsor branch must be included in such discussions. Lead director should engage with Information Manager to discuss early implications for information management processes and identify any systems (including costs).
- Chief Executive should engage with Communications Manager to discuss timing of announcements and any handling issues or potential lines to take for media or other queries.
- Communications Manager should consider if communications strategy is required.

### Economic Assessment

- If additional commissioned review lead director to check if DoH policy lead has prepared and secured approval of business case to support costs
- Refer to menu of costed activity currently to ascertain hard costs involved (salaries, travel etc).
- Refer to Directorate Business Plan (s) to ascertain opportunity costs - time, staff training / reprioritisation of workloads.
- If Business Plan does not allow for additional activity. Lead director to refer to EMT and potentially Board for agreement on reprioritisation of work.
- If proposal involves additional regulatory work check impact of any fee income rise recurrently through registration or any subsequent annual fee charges that need to be escalated.
- Lead director to consider any transfer or disposal of financial assets or review any additional implications of any organisation transferring their assets to RQIA

### Social Assessment

- Lead director to consider any internal impact of carrying out the work and engage early with affected or potentially affected staff.
- The most effective and efficient way of employing staff to do work for example, internal training or is there a need to employ a new cohort of staff
- Any capacity / capability issues and whether existing structures should be maintained or amended
- Any HR advice required regarding any proposed transfer arrangements, including terms and conditions of any staff for example TUPE arrangements
- any necessary adjustments as a result of any disability of staff
- If role involves colocation, lead director must consult with EMT to agree how cultures can best be integrated

### Technological Assessment

- The Information Manager and lead director to discuss and agree IT systems and information governance arrangements including any licenses, compability of software packages or hardware requirement including costs, facilitation and training.
- The Information Manager should perform a similar evaluation in respect of the impact on the Directorate Business Plan and consider if any re-prioritisation of work is necessary to support this work.
- A schedule must be agreed prior to the transfer of any records or assets, costed and authorised by the Information Manager via the Executive Management Team
- The Information Manager should ensure appropriate information storage and security protocols are in place



### Legal Assessment

- The lead director must check that the legal and policy basis for the additional work is understood by all staff or if there is any legal or policy limitations or constraints that EMT should consider. If guidance is required, refer to the relevant DoH sponsor.
- That appropriate standards are in place to support the activity, If not, discuss with DoH sponsor branch.
- That all staff are able to articulate the policy and legal background for the work in a way that is meaningful and understood by all stakeholders? if not, consider any training requirements.
- If any standing orders require to be revised and agree arrangement with board administrator



### Environmental Assessment

- The lead director must consider the impact on the office environment. Is workspace and equipment required? Is this easily available or should it be factored in as an additional cost?
- Any reconfiguration of space required for records - including confidential records considered and agree how records will be disposed of and agree who will own the data collated?

## RQIA Board Meeting

<b>Date of Meeting</b>	6 July 2017
<b>Title of Paper</b>	Annual Progress Report 2016-17 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006
<b>Agenda Item</b>	13
<b>Reference</b>	N/07/17
<b>Author</b>	BSO Equality Unit / RQIA Equality Forum / Maurice Atkinson
<b>Presented by</b>	Maurice Atkinson
<b>Purpose</b>	The purpose of this report is to satisfy the Board, and subsequently the Equality Commission that RQIA is compliant with the duties outlined in Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006.
<b>Executive Summary</b>	<p>The attached report provides an overview of how RQIA has met its obligations and duties of Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006. The report is structured as follows:</p> <ul style="list-style-type: none"> <li>• Public Authority Statutory Equality and Good Relations Duties Annual Progress Report</li> <li>• Appendix 1: RQIA Equality Action Plan 2013-18 - Progress Report April 2016 to March 2017</li> <li>• Appendix 2: Equality and Human Rights Screening Report</li> <li>• Appendix 3: Equality and Human Rights Mitigation Report</li> <li>• Appendix 4: RQIA Disability Action Plan 2013-18 - Progress Report April 2016 to March 2017</li> <li>• Appendix 5: RQIA Disability Action Plan 2013-18 (Updated June 2017)</li> </ul> <p>The report demonstrates a considerable number of initiatives that relate to positive outcomes for</p>

	the Section 75 groups.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	The Board is asked to <b>NOTE</b> this Report.
Next steps	The Chair of the Board and Chief Executive are asked to sign this Report for submission to the Equality Commission NI by 31 August 2017.



## **The Regulation and Quality Improvement Authority (RQIA)**

### **Annual Progress Report 2016-17 on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006**

**July 2017**

**Public Authority Statutory Equality and Good Relations Duties**  
**Annual Progress Report 2016-17**

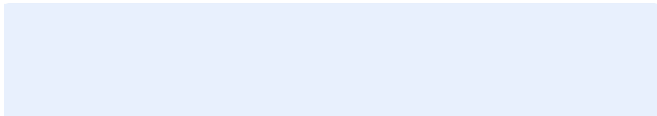
**Contact:**

<ul style="list-style-type: none"><li>Section 75 of the NI Act 1998 and Equality Scheme</li></ul>	Name: Maurice Atkinson Telephone: 028 9051 7501 Email: maurice.atkinson@rqia.org.uk
<ul style="list-style-type: none"><li>Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan</li></ul>	As above <input type="checkbox"/> Name: Telephone: Email:

Documents published relating to our Equality Scheme can be found at:

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/corporate-documents/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/corporate-documents/)

**Signature:**


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**This report has been prepared using a template circulated by the Equality Commission.**

**It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans.**

**This report reflects progress made between April 2016 and March 2017**

## PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme

### Section 1: Equality and good relations outcomes, impacts and good practice

**1** In 2016-17, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

*Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.*

	<b>Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made.</b>
Persons of different racial groups	<b>Reviews</b> <ul style="list-style-type: none"> <li>The review of the Maternity Strategy Recommendation 1 suggested the promotion of public health messages for pregnant women and their families taking account of individual circumstances and this would include information for different racial groups.</li> </ul>
Persons of different age	<b>Reviews</b> <ul style="list-style-type: none"> <li>The review of perinatal health services makes a number of recommendations to improve the health of women who suffer from mental health problems associated with pregnancy which will also influence the development of newborn children but also other children in the family</li> </ul>

	<p><b>GAIN</b></p> <ul style="list-style-type: none"> <li>• <u>GAIN Reducing Hospital Admissions of People with Dementia in Nursing Homes: The Role of Anticipatory Care Planning</u> To reduce hospital admissions of people with Dementia in nursing homes through anticipatory care planning</li> <li>• <u>Towards Safe and Effective Care – Supporting Domiciliary Care Workers to meet the NISCC Standards of Conduct and Practice</u>: The proposed guideline will support the delivery of safe, effective and person-centred domiciliary care to the adult population (16+) within NI by enabling domiciliary care workers to meet the NISCC Standards of Conduct and Practice through provision of an accompanying guideline and learning resources</li> <li>• <u>Quality Improvement eLearning Training Programme to Support the GAIN Guidelines For Caring for People with Learning Disabilities in a Hospital Setting</u>: To provide an HSC regional online training programme to improve awareness and understanding of the GAIN Guidelines on Caring for People with a Learning Disability in General Hospital Settings.</li> </ul> <p><b>Hospital Inspection Programme</b></p> <ul style="list-style-type: none"> <li>• Inspections of acute hospitals have a focus on the care of the elderly in acute wards and emergency departments</li> <li>• The inspection of the Royal Belfast Hospital for Sick Children had a specific focus of care of children</li> </ul>
Persons of different genders and gender identities	<ul style="list-style-type: none"> <li>• As for persons of different racial groups above, the review of the Maternity Strategy Recommendation 1 suggested the promotion of public health messages for pregnant women and their families taking account of individual circumstances and this would include information for different racial groups.</li> </ul>
Persons with and without a disability	<p><b>Reviews</b></p> <ul style="list-style-type: none"> <li>• Recommendation 8 of the maternity strategy suggests a pathway for pre conceptual care for women with specific medical conditions.</li> </ul>

- The review of perinatal mental health services makes 11 recommendations to improve the health of women who suffer from mental health problems associated with pregnancy.
- The review of adult learning disability services makes 25 recommendations designed to improve services for adults with a learning disability

## **GAIN**

- Towards Safe and Effective Care – Supporting Domiciliary Care Workers to meet the NISCC Standards of Conduct and Practice: The proposed guideline will support the delivery of safe, effective and person-centred domiciliary care to the adult population (16+) within NI by enabling domiciliary care workers to meet the NISCC Standards of Conduct and Practice through provision of an accompanying guideline and learning resources
- Quality Improvement eLearning Training Programme To Support The Gain Guidelines For Caring for People with Learning Disabilities in a Hospital Setting: To provide an HSC regional online training programme to improve awareness and understanding of the GAIN Guidelines on Caring for People with a Learning Disability in General Hospital Settings.
- Regional audit of vision services and vision finding in special education schools: To identify if a vision assessment, at school entry, is offered to all children in special education in NI

## **Mental Health and Learning Disability (MHLD)**

### Your Care, Your View Cards

In a drive to improve the quality of mental health and learning disability services, as part of its inspections of inpatient wards, RQIA introduced a card seeking feedback on the patient's experience. The Your Care, Your View card asks patients to indicate how likely they are to recommend a



	<p>facility to others with similar needs on the basis of their own personal experience. The information helps RQIA to form a rounded view of the care provided to patients, and this feedback is referenced in our mental health and learning disability inspection reports.</p> <p>In 2016/17 RQIA received 18 postcards from former inpatients. The general consensus from the postcards was very positive.</p> <p>The MHLD team consider these postcards a useful tool and will use any information contained on them to help inform future inspections in 2017/18.</p> <p><u>Patient Experience Interviews</u></p> <p>The MHLD Team spoke directly to patients to ask them about their experiences. During Patient Experience Interviews, the inspector interviewed patients about their experience of being in receipt of care and treatment in an inpatient setting.</p> <p>Their views informed the focus of our wider programme of announced and unannounced inspections for 2016/17.</p> <p><u>Aims</u></p> <ul style="list-style-type: none"> <li>• To obtain the views of service users and their representatives on the inspection process and inspection themes.</li> <li>• To establish a rapport with service users advocacy groups.</li> <li>• To monitor the experiences of patients in Mental Health and Learning</li> <li>• Objectives</li> <li>• Ensure patients are afforded due respect for individual human rights.</li> <li>• Monitor the context and environment within which care is provided.</li> <li>• Monitor quality and availability of care.</li> <li>• Make appropriate recommendations.</li> </ul>
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	<p>During the year, patient experience interviews were undertaken in a range of MHLD wards in Northern Ireland.</p> <p>Following patient interviews a Provide Compliance Plan (PCP) was forwarded to each trust. This was followed up by MHLD in relation to improvements made at the next inspection visit.</p> <p><u>Quality of Interaction Schedule (QUIS)</u></p> <p>MHLD inspectors developed a direct observation tool for use on wards for patients who have no capacity to answer or understand a structured questionnaire.</p> <p>The quality of interaction audit was a tool designed to help evaluate the type and quality of communication that takes place on a ward.</p> <p>The tool was designed to help inform evaluations of the type and quality of interaction that takes place between staff and patients and their visitors in a mental health or learning disability hospital setting.</p> <p>QUIS was used as both a qualitative and quantitative tool to provide a measure of the quality of interaction between staff, patients and visitors. It was designed to develop the therapeutic and more sensitive communication within a ward or department.</p> <p>It was used sensitively and discreetly with full knowledge of senior managers, staff, patients and relatives.</p> <p><u>Review of Adult Learning Disability Community Services Phase II</u></p> <p>As part of its 2015-18 review programme, RQIA examined the governance arrangements in the five health and social care trusts in relation to services for adults with a learning disability.</p>
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	<p>Estimates suggest that there are around 13,000 adults with a learning disability in Northern Ireland, and it is anticipated this figure will increase over the coming years, particularly those with more complex needs.</p> <p>We assessed the performance of services against the Department of Health's Service Framework for Learning Disability.</p> <p>This followed on from RQIA's baseline review of services conducted in 2013, and found that while improvement have been made, further work is required in a number of areas to meet the standards detailed in the service framework.</p> <p>RQIA held 16 focus groups and spoke to 280 adults with a learning disability regarding their service experience.</p> <p>The Review made 25 recommendations to support improvement in the provision of services for every adult with a learning disability across Northern Ireland.</p> <p><u>MHLD Review of Guardianship</u></p> <p>A review of Guardianship was undertaken in 2016/17, at the time of this review there were a total of 39 people subject to guardianship. During March 2017, 29 individuals were offered an interview regarding their views on guardianship, the process of same and how it affects them. 14 individuals agreed to meet with an RQIA inspector in the facility in which they resided.</p> <p>Overall of the 14 service users interviewed, 10 were content to remain under guardianship, however were happy that this would be kept under review. Four individuals had significant memory loss and did not understand why they needed to be under guardianship. Two individuals did not want to be subject to guardianship but understood the reasons why and were working towards this being removed.</p> <p>The inspector noted a number of areas requiring</p>
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improvement.

### Easy Read Reports

MHLD continue to produce all inspection reports in an easy read format. These inspection reports can be found on RQIA's website. Click the link below for an example.

[https://www.rqia.org.uk/RQIA/media/CareServices/12047\\_Cranfield-ICU\\_Easy-Read\\_08122016.pdf](https://www.rqia.org.uk/RQIA/media/CareServices/12047_Cranfield-ICU_Easy-Read_08122016.pdf)

## **Regulated Services**

### Inspections

RQIA undertook a significant number of inspections of regulated services that provide services to people with a disability. The services are provided to those with a learning and/or physical disability residing in residential care and nursing homes and in receipt of care in their own home. A key feature of these inspections was the engagement with patients and service users by our inspectors to gain, as far as possible, their views about the quality of the service they receive. Comments received from service users were included in the reports produced and made available to the public.

### User Consultation Officer

The role of our User Consultation Officer was extended from solely engagement with those in receipt of a domiciliary care service, to include Adult Placement Agencies that in the main provide a service to adults with a learning disability.

## **Hospital Inspection Programme**

- Focus on dementia friendly wards during inspections
- Accessible showers and sanitary facilities

## **Lay Assessors**

RQIA continue to engage with lay assessors on inspection.

	<p>Lay assessors attended 48 inspections during 2016-17, 21 in regulated services (11 nursing home and 10 residential care home inspections), 7 at mental health and learning disability wards and 20 hospital inspections.</p> <p>RQIA provide specific training to those lay assessors who would be speaking to patients admitted to either MHL D wards, regulated services or hospitals.</p> <p>Feedback from lay assessors has been positive, confirming that they have enjoyed the experience.</p>
Persons with and without dependants	<p><b>Reviews</b></p> <ul style="list-style-type: none"> <li>• Recommendation 3 of the review of emergency social work services suggests that the arrangements in relation to referrals associated with homelessness should be reviewed</li> <li>• The review of perinatal health mental health services recommendation 2 suggests that trusts provide appropriate equipment and facilities within all general adult psychiatric inpatient units to meet the needs of a mother and her baby and older children during visits</li> <li>• Recommendation 10 of the review of perinatal mental health suggests the development of a regional mother and baby unit in Northern Ireland which will provide support for other children and fathers.</li> <li>• Recommendation 8 of the review of adult learning disability services suggests that all trusts as part of their PPI strategy should actively involve service users and their carers in planning service delivery.</li> <li>• Recommendation 19 of the review of adult learning disability services suggests that Trusts and the HSCB</li> </ul>

	should act to increase the uptake of carers assessments.
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- 2** Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2016-17 (*or append the plan with progress/examples identified*).

Please see Appendix 1: Equality Action Plan Progress Report 2016-17.

- 3** Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2016-17 reporting period? (*tick one box only*)

☒ Yes      ☐ No (go to Q.4)      ☐ Not applicable (go to Q.4)

Please provide any details and examples:

Please see the response to Question 1 for further information. Please also see Appendix 2 and 3: Screening Report and Mitigation Report.

- 3a** With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what **difference was made, or will be made, for individuals**, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

Please see the response to Question 1 for further information. Please also see Appendix 2 and 3: Screening Report and Mitigation Report.

- 3b** What aspect of the Equality Scheme prompted or led to the change(s)? (*tick all that apply*)

☒ **As a result of the organisation's screening of a policy (please give details):**

Please see the response to Question 1 for further information.

Please also see Appendix 2 and 3: Screening Report and Mitigation Report.

- ☐ As a result of what was identified through the EQIA and consultation exercise (*please give details*):
  
- ☐ As a result of analysis from monitoring the impact (*please give details*):
  
- ☐ As a result of changes to access to information and services (*please specify and give details*):
  
- ☐ Other (*please specify and give details*):

## Section 2: Progress on Equality Scheme commitments and action plans/measures

### Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

**4** Were the Section 75 statutory duties integrated within job descriptions during the 2016-17 reporting period? (*tick one box only*)

- ☒ **Yes, organisation wide**
- ☐ Yes, some departments/jobs
- ☐ No, this is not an Equality Scheme commitment
- ☐ No, this is scheduled for later in the Equality Scheme, or has already been done
- ☐ Not applicable



Please provide any details and examples:

The following wording is included in all RQIA Job Descriptions:

*“Staff are required to assist the Authority in fulfilling its statutory duty under Section 75 of the Northern Ireland Act 1998 to provide equality of opportunity and the promotion of good relations. Staff are required to support the authority in complying with its obligations under Human Rights Legislation.”*

**5** Were the Section 75 statutory duties integrated within performance plans during the 2016-17 reporting period? *(tick one box only)*

- ☐ Yes, organisation wide
- ☐ Yes, some departments/jobs
- ☐ No, this is not an Equality Scheme commitment
- ☐ No, this is scheduled for later in the Equality Scheme, or has already been done
- ☒ **Not applicable**

Please provide any details and examples:

RQIA includes reference in its job descriptions as above.

**6** In the 2016-17 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

- ☒ **Yes, through the work to prepare or develop the new corporate plan**
- ☐ Yes, through organisation wide annual business planning
- ☐ Yes, in some departments/jobs

- ☐ No, these are already mainstreamed through the organisation's ongoing corporate plan
- ☐ No, the organisation's planning cycle does not coincide with this 2016-17 report
- ☐ Not applicable

Please provide any details and examples:

Our Corporate Strategy 2017-2021 outlines our commitment to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.

In the Strategy we commit to:

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

### Equality action plans/measures

**7** Within the 2016-17 reporting period, please indicate the **number** of:

Actions  
completed:

1

Actions  
ongoing:

6

Actions to  
commence:

Please provide any details and examples (*in addition to question 2*):

Please see Appendix 1: Equality Action Plan Progress Report 2016-17.

- 8** Please give details of changes or amendments made to the equality action plan/measures during the 2016-17 reporting period (*points not identified in an appended plan*):

No changes were made to the Equality Action Plan during the reporting period.

- 9** In reviewing progress on the equality action plan/action measures during the 2016-17 reporting period, the following have been identified: (*tick all that apply*)

- ☒ **Continuing action(s), to progress the next stage addressing the known inequality**
- ☐ Action(s) to address the known inequality in a different way
- ☐ Action(s) to address newly identified inequalities/recently prioritised inequalities
- ☒ **Measures to address a prioritised inequality have been completed**

### Arrangements for consulting (Model Equality Scheme Chapter 3)

- 10** Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: (*tick one box only*)

- ☐ All the time      ☒ Sometimes      ☐ Never

Where relevant we tend to engage with targeted groups as part of our work preceding formal consultation. This is to inform our consultation documents.

- 11** Please provide any **details and examples of good practice** in consultation during the 2016-17 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Please see Table 2 below.

**Table 2**

<b>Policy consulted on</b>	<b>What equality document did you issue alongside the policy consultation document? (screening template /EQIA report/ none)</b>	<b>What consultation methods did you use?</b>	<b>Which of the methods you used drew the greatest number of responses from consultees? From which S75 groups were these consultees?</b>	<b>If consultees raised concerns, did you review your initial screening decision?</b>	<b>Do you have any comments on your experience of this consultation?</b>
RQIA Corporate Strategy 2017 - 21	Screening Template	Workshop and formal public consultation	Workshops	No equality issues were raised	During January to March 2017 RQIA, consulted with its stakeholders on its Draft Corporate Strategy 2017-21. Three consultation events were held in Newtownabbey,

PART A

					<p>Derry/Londonderry and South Eastern Health and Social Care Trust (Ulster Hospital). Letters were sent to all Section 75 contacts and to all independent sector providers, Trusts, agencies, other regulators, DoH, NI Assembly health spokespeople and other stakeholders via email. The consultation documents were also made available on RQIA website.</p> <p>In response to the consultation RQIA received 12 written submissions and 71</p>
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PART A

					stakeholders attended the 3 consultation events. Stakeholders who participated in the consultation and provided feedback on the corporate strategy ensured that the strategy captured RQIA's work adequately and identified areas of the strategy that could be strengthened, added or removed.
Gender Identity and Expression Employment Policy	Screening template	<ul style="list-style-type: none"> <li>• Invited written comments</li> <li>• Offered one to one meetings</li> <li>• During round of engagement prior to consultation</li> </ul>	<p>All comments received were in writing</p> <p>Roundtables prior to</p>	No	On gender identity matters it is indispensable to reach out widely in order to hear a range of voices, experiences and

PART A

		roundtables were held with individuals and groups from the sector and offered to trade union representatives	consultation were invaluable in informing the development of the policy		needs.
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- 12** In the 2016-17 reporting period, given the consultation methods offered, which consultation methods were **most frequently used by consultees**: *(tick all that apply)*

- ☒ Face to face meetings
- ☒ Focus groups
- ☒ Written documents with the opportunity to comment in writing
- ☒ Questionnaires
- ☐ Information/notification by email with an opportunity to opt in/out of the consultation
- ☐ Internet discussions
- ☐ Telephone consultations
- ☐ Other *(please specify)*:

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

Please see Table 2.

- 13** Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2016-17 reporting period? *(tick one box only)*

- ☒ Yes      ☐ No      ☐ Not applicable

Please provide any details and examples:

In our quarterly screening reports we raise awareness as to our commitments relating to equality screenings and their publication.

- 14** Was the consultation list reviewed during the 2016-17 reporting period? *(tick one box only)*

☒

Yes

☐

No

☐

Not applicable – no commitment to review

### Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)

The Business Services Organisation Equality Unit collate and publish equality screening templates and other reports associated with Equality Scheme commitments on our behalf, please see:

<http://www.hscbusiness.hscni.net/services/2742.htm>

- 15** Please provide the **number** of policies screened during the year (as recorded in screening reports):

3

- 16** Please provide the **number of assessments** that were consulted upon during 2016-17:

2

Policy consultations conducted with **screening** assessment presented.

0

Policy consultations conducted **with an equality impact assessment** (EQIA) presented.

0

Consultations for an **EQIA** alone.

- 17** Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

Please see Table 2.

- 18** Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? *(tick one box only)*

☐ Yes      ☒ No concerns were raised      ☐ No      ☐ Not applicable

**Please provide any details and examples:** With regards to comments received on policies included in our screening reports and in our consultations, no additional evidence came to light leading to changes to the screening decisions.

#### Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)

- 19** Following decisions on a policy, were the results of any EQIAs published during the 2016-17 reporting period? *(tick one box only)*

☐ Yes      ☐ No      ☒ Not applicable

**Please provide any details and examples:**

The RQIA did not carry out any Equality Impact Assessments in 2016-2017.

#### Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)

- 20** From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2016-17 reporting period? *(tick one box only)*

☐ Yes

☒ No, already taken place

☐ No, scheduled to take place at a later date

☐ Not applicable

Please provide any details:

Please see 2014-15 Annual Progress Report.

- 21** In analysing monitoring information gathered, was any action taken to change/review any policies? *(tick one box only)*

☐ Yes

☐ No

☒ Not applicable

Please provide any details and examples:

- 22** Please provide any details or examples of where the monitoring of policies, during the 2016-17 reporting period, has shown changes to differential/adverse impacts previously assessed:

Not applicable.

- 23** Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

We continue to work with colleagues in the Business Services Organisation's Human Resources Department to review data relating to reasons for staff sickness absence to inform health and wellbeing activities for staff.

### Staff Training (Model Equality Scheme Chapter 5)

- 24** Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2016-17, and the extent to which they met the training objectives in the Equality Scheme.

In total, 36 members of staff participated in training and awareness sessions.

COURSE	No of staff Trained
Board Equality Scheme Briefing	17
Screening Training	11
Good Relations Training	1
Reasonable Adjustments Training	3
How to get that Job Training	1
Deaf Awareness Training	3
<b>TOTAL</b>	<b>36</b>

### eLearning: Discovering Diversity Training Figures

Modules 1 to 4 – Diversity	3
Module 5 – Disability	1

Module 6 – Cultural Competencies	2
----------------------------------	---

- 25 Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:**

The Regulation and Quality Improvement Authority avails of the joint Section 75 training programme that is coordinated and delivered by the BSO Equality Unit for staff across all 11 partner organisations. The following statistics thus relate to the evaluations undertaken by all participants for the Equality Screening Training and Equality Impact Assessment Training respectively.

### Screening Training

[The figures in bold represent the percentage of participants who selected 'Very Well' or 'Well' when asked the questions below.]

Participants were asked: "Overall how well do you think the course met its aims":

- To develop an understanding of the statutory requirements for screening: **100%**
- To develop an understanding of the benefits of screening: **100%**
- To develop an understanding of the screening process: **97%**
- To develop skills in practically carrying out screening: **92%**

[The figure in bold represents the percentage of participants who selected 'Extremely Valuable' or 'Valuable' when asked the question below.] Participants were asked: "How valuable was the course to you personally? **100%**

### EQIA Training

Participants were asked: "Overall how well do you think you have achieved the following learning outcomes:

- To demonstrate an understanding of what the law says on EQIAs **100%**
- To demonstrate an understanding of the EQIA process **100%**

- To demonstrate an understanding of the benefits of EQIAs **100%**
- To develop skills in practically carrying out EQIAs **100%**

### Public Access to Information and Services (Model Equality Scheme Chapter 6)

- 26** Please list **any examples** of where monitoring during 2016-17, across all functions, has resulted in action and improvement in relation **to access to information and services**:

RQIA did not undertake any monitoring that led to such action and improvement.

### Complaints (Model Equality Scheme Chapter 8)

- 27** How many complaints **in relation to the Equality Scheme** have been received during 2016-17?

Insert number here:

0

Please provide any details of each complaint raised and outcome:

n/a

### Section 3: Looking Forward

- 28** Please indicate when the Equality Scheme is due for review:

The Equality Scheme was reviewed and the report submitted to the Equality Commission in March 2016.

- 29** Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? *(please provide details)*

- review and development of new Equality and Disability Action Plans.
- undertaking equality screenings across all RQIA service areas and ensuring that screening templates are forwarded to the Equality Unit for publication (to comply with statutory requirements under Section 75)
- issuing equality screening documents alongside policy documents in any policy consultations and engagement
- where relevant undertaking EQIAs
- undertaking monitoring, including on policies screened.

**30** In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next (2016-17) reporting period? *(please tick any that apply)*

- ☒ **Employment**
- ☒ **Goods, facilities and services**
- ☒ Legislative changes
- ☐ Organisational changes/ new functions
- ☐ Nothing specific, more of the same
- ☐ Other (please state):



**PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans**

When we produced our Disability Action Plan we decided that it is important to do so in a language and format that is easy to understand. A copy of our Plan for 2013-2018 is available on our website.

In the same way, we want to make sure that people can easily follow what we do from year to year as we carry out our plan. We have produced a report for 2016-17. It is attached as Appendix 4. This report contains the information required for the statutory reporting in what we hope is an accessible language and format.

# **Appendix 1:**

# **Equality Action Plan**

## **2013-2018**

Regulation and Quality Improvement Authority

## **What we did between April 2016 and March 2017**

If you need this document in another format please get in touch with us. Our contact details are at the back of this document.

	<b>Action Point</b>	<b>What we have done during 2016-17</b>	<b>Outcomes</b>
1	<p>Raise awareness amongst staff about the option to request information in alternative formats.</p> <p>Ensure internet site meets accessibility standards, e.g. W3C AA standard.</p>	<p>Our Accessible Formats Policy has been shared with staff and is available on our intranet. We will add a statement on including an accessible formats statement in all publications when we develop our new Corporate Style Guide during 2017-18.</p> <p>RQIA launched its new website in August 2016, following engagement with representative groups of children, older people and those with a disability. During the development phase we worked to address any issues raised by these stakeholders, particularly in relation to accessibility and ease of use. The site meets Level AA Conformance to Web Content Accessibility Guidelines 2.0, making the content more accessible to people with disabilities. RQIA's website is also Browesaloud enabled - this software adds speech, reading, and translation to facilitate access and participation for people with dyslexia, low literacy, English as a second language, and those with mild visual impairments.</p>	<p>RQIA stakeholders can access and understand information more readily.</p>

2	To monitor the provision of information and processes around the admission of vulnerable/minority groups into residential care.	This has been integrated into the inspection and enforcement processes. All related reports are available on our website. Detail of enforcement action relating to adult services is included in our annual report.	Improved outcomes for minority and vulnerable groups, through improved information and appropriate services.
3	To continue to ensure that inspection staff have up to date knowledge of S75 groups and their needs, e.g. targeted training such as Deaf Awareness	<p>In January 2017, RQIA continued to support awareness of staff health issues through a Health Fair at Riverside Tower, in partnership with a range of organisations including: Cancer Focus, Diabetes UK, Royal National Institute for the Blind, Alzheimer's Society, Cruse Bereavement, Blood Transfusion Service, Eating Disorders Association Northern Ireland and the Public Health Agency. The event was open to employees of all organisations accommodated in offices at Riverside Tower, Belfast.</p> <p>Some of our inspectors participated in training on Autism Awareness, to improve their skills in engaging with people with autism during inspections.</p> <p>A number of our inspectors participated in training on raising awareness of financial abuse of older people.</p>	Inspections take into account the needs of Section 75 groups, leading to improved outcomes for these groups.

		Three of our staff completed e-learning training on Diversity; one completed e-learning training on disability and two completed e-learning training on Cultural Competency.	
4	Engage service users in the design and format of plain English/easy to read inspection reports.	<p>Our Mental Health and Learning Disability (MHLD) Inspection reports continue to be developed in easy to understand format.</p> <p>MHLD held meetings with service users and advocacy groups such as ARC, NIAMH and VOYPIC in relation to the design and formatting of easy read reports. All MHLD inspection reports are now available in easy read version on RQIA's website. For example:  <a href="https://www.rqia.org.uk/RQIA/media/CareServices/12047_Cranfield-ICU_Easy-Read_08122016.pdf">https://www.rqia.org.uk/RQIA/media/CareServices/12047_Cranfield-ICU_Easy-Read_08122016.pdf</a></p> <p>Over the last few years we have made our inspection reports much shorter and easier to understand, so that they reach a much wider audience.</p> <p>During 2017-18 we plan to roll-out training to all staff involved in report writing on use of Plain English.</p>	Service users are informed and included through provision of accessible and easily understood information.

5	Develop links with independent advocates	<p>During 2016-17 MHL D inspectors met with independent advocates, who were available on the ward, while on inspection.</p> <p>MHL D held quarterly meeting of its Advocates Forum in BT tower. More recently the Alzheimer's Society has established the Advocacy Network and this has replaced the quarterly RQIA Advocates Forum.</p> <p>MHL D continued to interview advocates on inspection and send advocate questionnaires to those not available on the day. An example of such a questionnaire can be found here:  <a href="https://www.surveymonkey.com/r/Q2M8MPD">https://www.surveymonkey.com/r/Q2M8MPD</a></p>	Improved representative engagement with vulnerable groups by increasing the profile of advocacy services within Trusts.
6	Facilitate training needs of staff and reviewers working in area of MHL D	<p>Inspectors participated in inspection training for Lay Assessors.</p> <p>Inspectors also attended commissioned training in relation to current MHL D Practice.</p> <p>MHL D staff attended STORM/WRAP training. The aim of this training is to increase participants' awareness and intervention skills relating to self-harm and suicide.</p> <p>MHL D staff also attended Applied Suicide Intervention</p>	Increased awareness in relation to legislation and practice towards individuals with a mental health or learning disability

		Skills Training.	
7	Formal engagement with detained patients	As part of the MHL D function, under Article 86 (2) of the Mental Health (Northern Ireland) Order 1986, RQIA have a statutory duty to interview detained patients. Inspectors put up a poster prior to a ward inspection to let patients, staff and carers know that they can speak to inspectors in private and in confidence.	Detained patients are actively involved in the formulation of their care plan and the delivery of their treatment.

## **Appendix 2:**

# **Equality and Human Rights Screening Report**

**April 2016 – March 2017**



*1	'screened in' for equality impact assessment (EQIA)
2	'screened out' with mitigation
3	'screened out' without mitigation

Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
Proposal for Recurrent Savings 2016-17, Regulation Directorate	In order to meet recurrent efficiency savings, the proposal is to centralise all administration functions for the Regulation Directorate in the Belfast office and to reduce the number of Band 3 posts from 19 to 17.	Nov-16	2
Consultation on RQIA's Corporate Strategy 2017-21	The draft Corporate Strategy is a high level document, setting out the purpose, direction and priorities for RQIA over the next four years. The draft Strategy will be supported by annual business plans, enabling RQIA to incorporate new priorities and challenges that may arise over this period.	Dec-16	2
Secondment Guidelines	This policy provides guidance to managers and employees in relation to secondment	Mar-17	2

	arrangements including the roles and responsibilities of all parties		
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# **Appendix 3:**

## **Equality and Human Rights Mitigation Report**

**April 2016 – March 2017**

## Corporate Strategy

<b><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></b>	<b><i>What do you intend to do in future to address the equality issues you identified?</i></b>
The draft strategy has been written in a manner to make it accessible to a wide group of stakeholders and the general public.	<p>RQIA is committed to undertaking where appropriate the screening of associated pieces of work as they are taken forward, including for example annual business plans, work programmes, policies and business cases over the next four years. RQIA is committed to screening its communications and engagement strategy during the development process.</p> <p>RQIA will strengthen data gathering and analysis so that its objectives and priorities will be intelligence led. RQIA will consider the feasibility of collecting Section 75 monitoring data.</p>

## Recurrent Savings Proposal

<b><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></b>	<b><i>What do you intend to do in future to address the equality issues you identified?</i></b>
Engaged with BSO HR in actively researching job opportunities and in doing so making every effort to redeploy the individuals in the same location, or as close a location as possible, to mitigate the impact on those with caring responsibilities and	Ensure full consultation and open disclosure with affected staff, Trade Union representatives and potential new employer, to ensure the needs of the affected staff are met.

those who have a disability.

Communicated to staff the availability  
of VES money.

**Secondment Guidelines**

<i><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i>	<i><b>What do you intend to do in future to address the equality issues you identified?</b></i>
The policy reflects in section 7 that HR advice and guidance will be sought in relation to the arrangements for the Equality Section 75 groups highlighted in 2.3.	

## **Appendix 4:**

# **Disability Action Plan**

## **2013-2018**

Regulation and Quality Improvement Authority

## **What we did between April**

## **2016 and March 2017**

If you need this document in another format please get in touch with us. Our contact details are at the back of this document.

## (1) Communication

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>1. Work with disabled people to consider the diversity of images used and potential for portraying wider range of individuals when developing information materials including websites.</p> <ul style="list-style-type: none"> <li>Review information materials including website.</li> </ul>	<p>Disabled people are portrayed in a positive manner.</p>	<p>Checklist for authors.</p> <p>Guidance for authors.</p> <p>Audit of information materials including website undertaken.</p> <p>Annual Review of Progress to ECNI.</p>	<p>Business Services Organisation's (BSO) Equality Unit</p> <p>Year 2</p>
<p><b>Relevant Duty: Promote positive attitudes towards disabled people.</b></p>			
<p><b>What we did over the last year</b></p> <ul style="list-style-type: none"> <li>Last year our staff continued to use the checklist when developing information materials.</li> <li>During 2017-18 RQIA's Style Guide will be updated to reflect issues relating to accessibility and visual representation of a wide range of stakeholders in health and social care, including people with a disability.</li> </ul>			



Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>2. Put in place contractual arrangements for the production of materials in alternative formats.</p> <ul style="list-style-type: none"> <li>• Undertake a scoping exercise by type of format based on current and best practice in UK</li> <li>• Where appropriate undertake tender exercise and put contracts in place</li> </ul>	Accessible formats are more readily available	<p>Arrangements are in place to support staff in procuring materials in alternative formats.</p> <p>Contracts in place where appropriate.</p>	<p>BSO Equality Unit</p> <p>Year 3</p>

**Relevant Duty: Encourage participation of disabled people in public life.**

### **What we did over the last year**

- The Equality Unit at the Business Services Organisation support us in our work. They have been working with our procurement colleagues on this. Together, they have been linking with other public sector organisations in Northern Ireland who are thinking of putting a contract in place that will also cover other formats.
- We have made the *Making Communication Accessible for All: A Guide for Health & Social Care Staff* available to our staff through our intranet, and through posters in our office. The aim of the guide is to raise awareness of the need to communicate more effectively with people who are disabled or have a communication support need. The guide, developed by Belfast HSC Trust in partnership with the HSC

Trusts, the HSC Board, PHA, and partners from the community and voluntary sectors, provides practical tips, advice and guidelines for HSC staff to enable them to be more inclusive and accessible in their communication with service users. One of our Inspectors delivered a presentation at the launch of the Guide, in June 16.

## (2) Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
3. Encourage staff to declare that they have a disability or care for a person with a disability, through awareness raising and provide guidance to staff on the importance of monitoring.	More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.	X% increase in completion of disability monitoring by staff.	RQIA  Year 2
<b>Relevant Duty: Promote positive attitudes towards disabled people.</b>			
<ul style="list-style-type: none"> <li>At the end of March 2017, 58% of our staff had filled in their disability data on the IT system. At the end of March 2016 this number was 71%. We think that some staff who have left the organisation were among those who had recorded their disability data on the system. 0% of our staff said they had a disability. This means we will keep working on this.</li> </ul>			

- We think that more staff who have a disability may feel comfortable to update their equality information on the IT system when they hear more about others in the organisation who have a disability. We think it would be good especially if staff who work at the top of our organisation were happy to talk about their own disability. Together with our partner organisations we have asked for volunteers to do that and become a 'role model'. So far, one senior person in one of our partner organisations has come forward. We hope this will encourage staff in our organisation to do so too.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
4. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).	Increased awareness of the range of disabilities and needs.	Two annual Awareness Days profiled  50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days.	RQIA Year 1 onwards  BSO Equality Unit Year 3
<b>Relevant Duty: Promote positive attitudes towards disabled people.</b>			

## What we did over the last year

- Tapestry, the disability staff network, have decided that they want to work together with volunteers and the equality team to run awareness days from now on.
- The equality team wrote an article for staff about the work that goes into organising the days. It asked staff who want to get involved to get in touch. It was also sent to our 10 partner organisations. They did the same to encourage their staff to get involved. A new group of people was formed as a result. Some are members of Tapestry. Others are volunteers.
- The group decided to feature Cancer Awareness on 27th January and Arthritis and Musculoskeletal Conditions Awareness on 29th March.
- On the Cancer Awareness Day we shared an information leaflet, 'Disability Insight', with staff on how cancer can affect a person and what staff can do to support colleagues who live with cancer.
- On the Awareness Day on Arthritis and Musculoskeletal Conditions, an Occupational Health physiotherapist gave a talk to our staff on lower back pain. Of all the awareness days we have held so far, this was the one that the greatest number of staff attended.
- We plan to run a short survey with staff about the two days early in the new financial year.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
5. In collaboration with people with a disability review current guidance on support for staff with a disability.	Staff with a disability are supported and staff are empowered to provide support.	Guidance in place for staff with a disability on what support is available.	RQIA

		Guidance promoted.	Year 3
<b>Relevant Duty: Promote positive attitudes towards disabled people.</b>			
<b>What we did over the last year</b> <ul style="list-style-type: none"> <li>To find out what staff who have a disability think about this our equality team worked with Tapestry to draft a questionnaire. We tried to find out what staff think makes an organisation an employer of choice for a person with a disability. The results showed that for staff it is important first of all that line managers are supported in putting reasonable adjustments in place for staff with a disability. This includes setting out clearly what steps line managers need to take and what support they can draw on. This is both support from people in the organisation and from voluntary sector groups. Line managers should be trained on disability issues. This was the same message that we heard from staff when we held coffee mornings across different offices to talk about the network. They thought our organisations should first focus on the role of line managers.</li> </ul>			
<b>Action Measure</b>	<b>Intended Outcome</b>	<b>Performance Indicator and Target</b>	<b>Timescale and Ownership</b>
6. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on disability	Increased staff and office holder awareness of the range of disabilities and	80% staff trained	RQIA Year 2 onwards

equality and disability legislation.	needs	X% of staff and office holders have successfully completed the disability module of Discovering Diversity	
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**Relevant Duty: Promote positive attitudes towards disabled people.**

**What we did over the last year**

- In February 2017, Tapestry and our equality team held a lunch and learn session for our staff. The session focused on reasonable adjustments for people with a disability. We heard three presentations: from a legal perspective outlining what the legislation requires us to do and what the risks are if we don't make adjustments that are reasonable; from a line manager who spoke about his experience of working with a member of staff to make adjustments for his disability; and from a member of staff with a learning disability who talked about what adjustments his employer put in place for him to do his job. Staff raised a range of questions at this event, such as what reasonable adjustments could be involved for people with mental health conditions or how line managers can determine whether a member of staff has a disability if the individual does not declare it.
- We have been working on a new eLearning module on equality awareness. We work with colleagues in the BSO and Health and Social Care Trusts on this. The module includes awareness of the law regarding people with a disability. One of the scenarios asks staff to work through an example of providing services to a person with a disability. We have piloted the new module. We specifically asked a number of staff with a disability to take part. Once the programme is finished in the new financial year, we will do a short campaign to raise awareness of the modules and get more staff to complete them.

- Some of our inspectors participated in training on Autism Awareness, to improve their skills in engaging with people with autism during inspections.

### **(3) Getting people involved in our work, Participation and Engagement**

<b>Action Measure</b>	<b>Intended Outcome</b>	<b>Performance Indicator and Target</b>	<b>Timescale and Ownership</b>
7. Identify, provide and promote opportunities for more engagement for people with a disability in key work areas, in relation to our inspection and review programmes, for example, learning disability wards.	Better engagement of people with a disability in key areas.	Opportunities provided in key areas. Welcoming statement included and announcement issued to local disability organisations.	Senior Management Team  Year 1 onwards.
<b>Relevant Duty: Encourage participation by disabled people in public life.</b>			
<b>What we did over the last year</b> <ul style="list-style-type: none"> <li>• During the year we held a recruitment of lay assessors (see Action 11). This recruitment included a specific welcoming statement for people with disabilities, to encourage them to apply. This resulted in the appointment of 14 lay assessors, including four with a disability.</li> </ul>			

- In our Learning Disability Review we proactively sought input from service users with learning disabilities.
- RQIA undertook a significant number of inspections of regulated services that provide services to people with a disability. The services are provided to those with a learning and/or physical disability residing in residential care and nursing homes and in receipt of care in their own home. A key feature of these inspections was the engagement with patients and service users by our inspectors to gain, as far as possible, their views about the quality of the service they receive. Comments received from service users were included in the reports produced and made available to the public.
- We extended the role of our User Consultation Officer (UCO) from solely engagement with those in receipt of a domiciliary care service, to include Adult Placement Agencies that in the main provide a service to adults with a learning disability.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
8. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	<p>Better involvement of staff with a disability in decision-making.</p> <p>Better support for staff with a disability.</p>	Features on intranet.	<p>Executive Management Team / Business Services Organisation Equality Unit</p> <p>Year 4</p>



**Relevant Duty: Encourage participation by disabled people in public life.**

**What we did over the last year**

- The Disability Staff Network, Tapestry, for staff in the 11 regional HSC organisations, was established during 2015-16. Four meetings were held in 2016-17.
- Our equality team worked with Tapestry to hold coffee mornings for staff. We organised seven of these with our partners. We talked with staff about the network. We asked them if they had heard about Tapestry. We also wanted to know what they thought about it. They told us about their ideas what we could do differently. For example, some people thought we should do more for staff who care for somebody who has a disability.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
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11. Involve lay assessors and peer reviewers in the service user aspects of RQIA inspections and reviews.	<p>Lay assessors and peer reviewers are engaged appropriately in RQIA inspections.</p> <p>The views of service users are captured and reported on in individual inspections and reviews, where appropriate.</p>	The number of inspections and reviews which have involved lay assessors and peer reviewers.	Senior Management Team. Year 3 onwards.
<b>Relevant Duty: Encourage participation by disabled people in public life.</b>			
<b>What we did over the last year</b> <ul style="list-style-type: none"> <li>During 2016-17 RQIA held a recruitment of lay assessors, including a statement welcoming applications from people with a disability. This resulted in the appointment of 14 lay assessors, including four with a disability. RQIA now has 19 lay assessors, six of whom have a disability. Induction training took place for the newly recruited lay assessors in September 2016. During the year 48 inspections were conducted with lay assessor involvement: 21 at regulated services (11 nursing home and 10 residential care home inspections); seven at mental health and learning disability wards; and 20 hospital inspections. The Business Plan 2017-18 includes a target to increase this figure by 20% during the year.</li> </ul>			

#### (4) Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
12. Offer mentoring opportunities for young adults and older adults with disabilities. <ul style="list-style-type: none"> <li>• Review best practice</li> <li>• Engage with disability organisations</li> <li>• Produce guidance</li> <li>• Identify mentors</li> </ul>	Experience of people with a disability in the workplace gaining from meaningful work experience and any need for additional support is identified at an early stage	Guidance in place.  Pilot mentoring opportunity within the organisation and report to ECNI.	BSO HR & RQIA  Year 2
<b>Relevant Duty: Encourage participation by disabled people in public life AND promote positive attitudes.</b>			
<b>What we did over the last year</b> <ul style="list-style-type: none"> <li>• We spoke with members of Tapestry, our new disability staff network. They thought that our organisations should first focus on the role of line managers in supporting staff with a disability. In the meantime, they see the network itself as the main way in which staff with a disability can draw on peer support.</li> </ul>			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>13. Create and promote meaningful placement opportunities including for people with disabilities in line with good practice, making use of voluntary expertise in this area. Produce practical guidance on process and support available.</p> <ul style="list-style-type: none"> <li>• Review best practice</li> <li>• Engage with disability organisations</li> <li>• Identify placements across all work areas</li> <li>• Undertake pilot</li> <li>• Evaluate pilot</li> </ul>	<p>People with a disability gain meaningful work experience.</p>	<p>Guidance in place.</p> <p>Pilot placement identified.</p> <p>Placement participants' feedback from evaluations.</p> <p>Managers' feedback from evaluations.</p>	<p>RQIA</p> <p>Year 1 onwards</p>
<p><b>Relevant Duty: Encourage participation by disabled people in public life AND promote positive attitudes.</b></p>			
<p><b>What we did over the last year</b></p> <ul style="list-style-type: none"> <li>• We learned from what participants in the 2015/16 Scheme told us about how they experienced their placement. We also heard what they thought we should do differently next year. We then heard feedback from their support officers and placement managers. This helped us to agree some changes with Supported Employment Solutions in how we run the placements.</li> </ul>			

- We were able to identify a 6 month placement opportunity in the 2016/17 Scheme. We had one person on a placement with us, starting in December 2016. They will be with us until the end of May 2017.
- We held an induction event in November 2016 for all 19 participants of the scheme across the regional HSC organisations. We brought together all participants, their support officers and their placement managers. We wanted to give everybody the chance to meet and get to know each other a little before they start. At the event we also told them more about how the placements work.
- In March 2017, we brought all participants and their support officers together again. We delivered training to them on 'How to get that job'. We explained to them how recruitment works in Health and Social Care, where jobs are advertised, how to fill in application forms and how to prepare for interviews. We also did a mock interview with them.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
14. Encourage disabled people to apply for employment opportunities and remain in the workforce (for example attend career fairs, include welcoming statement and issue job adverts to local disability organisations and more flexible working arrangements and review job descriptions).	Greater numbers of people with a disability apply.	Increase in disability marked on equal opportunities monitoring forms and HRPTS.	RQIA Year 3

## **Relevant Duty: Encourage participation by disabled people in public life.**

### **What we did over the last year**

- Through our training on “How to get that job” we help participants of the disability placement scheme get ready to apply for jobs with us and our partner organisations in Health and Social Care. This year, we also invited their support officers to the training so they know more about jobs and recruitment in Health and Social Care. This way, they can keep encouraging and supporting participants once their placement with us ends. The idea is that support officers can do the same for any other people with a disability who they support.
- As to encouraging people with a disability to remain in the workforce, we found out through our Employer of Choice survey that staff think it is important first of all that line managers are supported in putting reasonable adjustments in place for staff with a disability. This includes setting out clearly what steps line managers need to take and what support they can draw on. This is both support from people in the organisation and from voluntary sector groups. Line managers should be trained on disability issues. This was the same message that we heard from staff when we held coffee mornings across different offices to talk about the network. They thought our organisations should focus on the role of line managers firstly. We will work with Tapestry to progress work in this area in 2017-18.

### **(5) Additional Measures**

- We always include Disability on our list of things to talk about at our quarterly Equality Forum with our partner organisations and at our Internal Equality Forum.
- We use a ‘Your Care Your View’ Card to find out what people who use mental health and learning disability wards in hospitals think of the care they have received.

- We continue to produce a short summary of the key findings of all our reviews, to make them more accessible for groups including people with learning disabilities.

## **(6) Encourage Others**

- We include questions relating to the two disability duties in our equality and human rights screening form. The screening form is completed for all policies and decisions. This includes work that other organisations will do for us. This includes, for example, contracts that we have with voluntary sector organisations for health promotion work.
- One of our functions is to make recommendations as part of our reviews of services; this allows us to fulfil our 'encourage others' duty.

## **(7) Monitoring**

- We have set up two meetings with those who are on a work placement with us under the Disability Scheme and with their Employment Support Officers for May 2017. This will help us to evaluate how the scheme went this year. We will also invite all their placement managers to a meeting when placements finish in June.

## **(8) Revisions**

- Between January and March 2015 we asked all the teams in our organisation to have a think about what else they could do to promote positive attitudes and to give people with a disability more chances to be involved in our work. We wanted to make sure that all parts of our organisation take part. They came up with new ideas. In July 2015 we published our updated plan.

## **(9) Conclusions**

We completed 7 actions (4, 6, 7, 8, 11, 13, and 14). We will also continue to work on these actions next year.

We have not yet done what we said we would do under actions 5 and 12. This is because Tapestry, our new disability staff network, thought that our organisations should first focus on the role of line managers in supporting staff with a disability.

We still have some work to do to complete actions 1, 2 and 3.

All of the actions in our action plan are at regional and at local level.

Our action plan is a live document. If we make any big changes to our plan we will involve people with a disability. We will tell the Equality Commission about any changes.



# **Appendix 5: Disability Action Plan 2013 – 2018**

**Amended June 2017**

This document is available in audio format, Braille, Easy Read and as an accessible pdf. It can be made available on request and where reasonably practicable in further alternative formats, such as

large print or other languages to meet the needs of those for whom English is not their first language.

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## Introduction

The RQIA has to follow the law which says that in our work we have to

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

The law also says that we have to develop a disability action plan. We have to send this plan to the Equality Commission. The plan needs to say what we will do in our work to make things better for people with disabilities.

As Dr Alan Lennon and Olive MacLeod - Chairman & Chief Executive of RQIA, we want to make sure we do this in a way that makes a difference to people with a disability. We will put in place what is necessary to do so. This includes people, time and money. Where it is right to do so, we will include actions from this plan in the yearly plans we develop for the organisation as a whole. These are called 'corporate' or 'business' plans.

We will also put everything in place in the organisation to make sure that we do what we have to under the law. This includes making one person responsible overall for making sure we do what we say we are going to do in our plan.

We will make sure we let our staff know of what is in our plan. We will also train our staff and help them understand what they need to do.

The person in our organisation who is responsible for making sure that we do what we have promised to do is Maurice Atkinson:

When you have any questions you can contact Maurice Atkinson at:

**Name:** Maurice Atkinson

**Address:** RQIA, 5th Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT

**Telephone number:** 028 9051 7500 prefix with 18001 for Text Relay

**Fax number:** 028 9051 7501

**Email:** [Maurice.atkinson@rqia.org.uk](mailto:Maurice.atkinson@rqia.org.uk)

Every year we will write up what we have done of those actions we said we would take. We will send this report to the Equality Commission. We will also publish this report on our website: [www.rqia.org.uk](http://www.rqia.org.uk).

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

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

## **Who is included in our plan?**

Our plan relates to the following key areas:

- Physical disabilities
- Sensory disabilities
- Learning disabilities
- Mental health disabilities
- Other hidden disabilities.

It also covers people who are included in more than one of these areas. We have other equality laws that require us to promote equality of opportunity across a number of diverse categories. In our plans we need to also think about other factors such as caring responsibilities, age, gender, sexual orientation, ethnicity and marital status.

## **How we developed this plan**

In starting off to develop this plan, we looked at what we did under our first plan.

We then read up on what the Equality Commission said would be good to do. This was after they had looked at what other organisations have done.

All this helped us think about what else we could do to make a difference for people who have a disability.

We then invited disability groups to a meeting to find out what they thought about our ideas. We also asked them whether there was anything else we could do.

We thought it was important to involve people who have a disability in developing our plan. So we invited disability groups to a meeting to find out what they thought about our ideas. We also asked them whether there was anything else we could do.

## **What we do**

The RQIA is part of health and social care in Northern Ireland.

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

We do things like:

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

## **Registration and Inspection:**

- Register services

- Inspect services in statutory and independent sectors
- Encourage improvement in the access and delivery of services

### **Mental Health and Learning Disability:**

- Oversee the scrutiny and review of Mental Health and Learning Disability services delivered in the province.
- Provide safeguards for users of these services.

### **IR(ME)R:**

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

### **Reviews:**

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

### **Public Participation:**

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

### **Corporate Services:**

- Supporting the business of RQIA.

### **How people can be involved in our work**

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

- Applying to be a lay assessor
- Engagement and involvement in RQIA inspections and Reviews in Health and Social Care Services.

## **What we have done up to now**

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

### **Promoting positive attitudes towards disabled people.**

- Our Equality and Human Resource Services are provided, under a Service Level Agreement, by the Business Services Organisation (BSO) and we link closely with these partners to ensure we meet best practice at all times. We are a member of the HSC Equality, Human Rights and Diversity Forum, working with our colleagues to promote positive attitudes towards disabled people.
- All staff are required to complete the HSC Discovering Diversity e-learning training programme, which includes a module on Disability Awareness aimed at raising awareness of disability issues and promoting a more positive attitude towards people with a disability.
- We have provided written information to staff aimed at providing them with a basic understanding of disability issues and highlighting models of good practice when meeting and working with people with a disability.
- All draft policies and procedures are screened for compliance with our equality and disability duties before being finalised and issued to staff for implementation within the organisation. Those responsible for screening are provided with training by the BSO Equality Unit.
- Everyone participating in an interview panel has received regular recruitment and selection training, which covers equality, disability and diversity aspects relating to the employment of staff.
- We also offer to make our documents available on request and where reasonably practicable in an alternative format, Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority languages to meet the needs of those for whom English is not their first language.



- On our behalf, the Equality Unit in the Business Services Organisation have developed a resource and checklist for staff on how to positively portray people with a disability in their work.
- The Equality Unit have developed a signposting resource for all staff on support available in the community. It includes information and contact details for a number of disability organisations. We update this resource every year.
- To date, we have held seven disability awareness days for our staff. Each looked at different disabilities: Epilepsy, Sight loss and blindness, Depression, Hearing Loss and deafness, Learning disabilities, Cancer, and Arthritis and Musculoskeletal conditions.

### **Encourage the participation of disabled people in public life.**

- We have appointed a number of lay assessors; the recruitment was targeted towards people with learning disabilities, to ensure their expert input to the inspection process.
- We have involved disabled people in inspections and reviews of Health and Social Care Services to obtain their feedback and better inform our recommendations for improvement.
- We have participated in the annual disability work placement scheme that the Equality Unit and the Health and Social Care Board facilitate. We have provided a placement for one person so far.
- We have produced an Accessible Formats Policy. It says how we decide which documents we produce in a range of different formats. We have also put together documents for staff with practical tips, for example on how to get different formats done.

### **What we are going to do**

In the table below we list all the actions that we will do. We also say when we will do them.

**Signed by:**

**Professor Mary McColgan**

**RQIA Interim Chair**

June 2017

**Olive MacLeod**

**RQIA Chief Executive**

June 2017

**What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life**

**(1) Communication**

<b>Action Measure</b>	<b>Intended Outcome</b>	<b>Performance Indicator and Target</b>	<b>Timescale and Ownership</b>
<p>1. Put in place contractual arrangements for the production of materials in alternative formats.</p> <ul style="list-style-type: none"> <li>Undertake a scoping exercise by type of format based on current and best practice in UK</li> <li>Where appropriate undertake tender exercise and put contracts in place</li> </ul>	<p>Accessible formats are more readily available.</p>	<p>Arrangements are in place to support staff in procuring materials in alternative formats.</p> <p>Contracts in place where appropriate.</p>	<p>BSO Equality Unit. March 2018</p>

**(2): Awareness Raising and Training**

<b>Action Measure</b>	<b>Intended Outcome</b>	<b>Performance Indicator and Target</b>	<b>Timescale and Ownership</b>
<p>2. Encourage staff to declare that they have a disability or care for a person with a disability through</p>	<p>More accurate data in place. Greater number of</p>	<p>2% increase in completion of disability monitoring information by staff (70.86%</p>	<p>RQIA March 2018</p>

awareness raising and provide guidance to staff on the importance of monitoring.	staff feel comfortable declaring they have a disability.	on 31 Mar 16).	
3. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).	Increased staff awareness of the range of disabilities and needs.	2 annual Awareness Days profiled.  >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days.	RQIA March 2018.  Business Services Organisation Equality Unit. March 2018

4. In collaboration with disabled people design, deliver and evaluate training for staff on disability equality	Increased staff awareness of the range of disabilities and needs.	80% staff trained.	RQIA. March 2018.
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### (3): Getting people involved in our work, Participation and Engagement

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
5. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	Better involvement of staff with a disability in decision-making.  Better support for staff with a disability.	Features on intranet.	Executive Management Team / Business Services Organisation Equality Unit  March 2018
6. Developing a shadowing scheme for Board members and other key public life positions in engagement with the Public Appointments Unit and with people with a disability.	Develop capacity of people with a disability to participate in public life positions.	Shadowing scheme.	Chief Executive's Office. March 2018.
7. Involve disabled people in delivery and review of this plan.	Better engagement by people with a disability.	Feedback forms from engagement (and roundtable sessions, where appropriate).	BSO Equality Unit. March 2018
8. Involve lay assessors in the service user aspects	Lay assessors are engaged appropriately in RQIA	The number of inspections and reviews which have involved lay	Senior Management Team. March

of RQIA inspections and reviews.	inspections.  The views of service users are captured and reported on in individual inspections and reviews, where appropriate.	assessors.	2018.
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#### (4): Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>9. Create and promote meaningful placement opportunities for people with disabilities in line with good practice and making use of voluntary expertise in this area. Produce practical guidance on process and external support available.</p> <ul style="list-style-type: none"> <li>• Review best practice</li> <li>• Engage with disability</li> </ul>	<p>People with a disability gain meaningful work experience.</p>	<p>Guidance in place.</p> <p>Pilot placement identified.</p> <p>Placement participants feedback from evaluations.</p> <p>Managers feedback from</p>	<p>RQIA. March 2018.</p>

<p>organisations</p> <ul style="list-style-type: none"> <li>• Identify placements across all work areas</li> <li>• Undertake pilot</li> <li>• Evaluate pilot</li> </ul>		evaluations.	
<p>10. Encourage disabled people to apply for employment opportunities and remain in the workforce (for example attend career fairs, include welcoming statement and issue job advertisements to local disability organisations and more flexible working arrangements and review job descriptions).</p>	<p>Greater numbers of people with a disability apply.</p>	<p>Increase in disability marked on equal opportunities monitoring forms and HRPTS.</p>	<p>RQIA March 2018</p>