The Regulation and Quality Improvement Authority

AGENDA

RQIA Board Meeting
William Legge Room, Malone House, Barnett Demesne, Belfast, BT9 5PB
Thursday 23 March 2017, 10.30am

PUBLIC SESSION

1	Welcome and Apologies		10.30am
2	Minutes of the public meeting of the Board held on Thursday 19 January 2017	Min/Jan17/ public	10.30am **APPROVE**
3	Matters arising from minutes		10.35am
4	Declaration of Interests		10.40am
5	Chairman's Report **Chairman**	A/03/17	10.40am **NOTE**
6	RQIA Board member Attendance at events and meetings **Chairman**	B/03/17	10.45am **NOTE**

MATTERS RESERVED TO THE BOARD

7	Corporate Risk Assurance Framework Report **Director of Corporate Services**	C/03/17	10.50am **APPROVE**
8	Corporate Performance Report, Quarter 3 **Director of Corporate Services**	D/03/17	11.05am **APPROVE**
9	Audit Committee Business **Committee Chairman** To include: • Approved minutes of meeting on 20 October 2016 • Verbal update on meeting on 8 March 2017	E/03/17	11.20pm **NOTE**

OPERATIONAL BUSINESS

10	Chief Executive's Report **Chief Executive**	F/03/17	11.30am **NOTE**
11	Inspection Framework Project **Chief Executive**	G/03/17	11.50am **ENDORSE**

12	Finance Report **Director of Corporate Services**	H/03/17	12.10pm **NOTE**
	Lunch		
13	RQIA Corporate Strategy 2017-21 • Consultation Feedback Report • Equality Screening	I/03/17	1.00pm **APPROVE**
14	RQIA Business Plan 2017-18	J/03/17	1.15pm **APPROVE**
15	Any Other Business		2.30pm

Date of next meeting: 11 May 2017, RQIA Boardroom

RQIA Board Meeting

Date of Meeting	23 March 2017
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min/Jan17/public
Author	Hayley Barrett
Presented by	Dr Alan Lennon
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 19 January 2017.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the minutes of the Board meeting of 19 January 2017.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

PUBLIC SESSION MINUTES

RQIA Board Meeting
Boardroom, RQIA
19 January 2017, 10.30am

Present	**Officers of RQIA in attendance**
Dr Alan Lennon OBE (Chair)	Olive Macleod (Chief Executive)
Patricia O'Callaghan	Maurice Atkinson (Director of Corporate Services)
Stella Cunningham	Theresa Nixon (Director of Mental Health, Learning
Lindsey Smith	Disability and Social Work)
Gerry McCurdy	Kathy Fodey (Director of Regulation and Nursing)
Sarah Havlin	Lourda Geoghegan (Medical Director and Quality
Dr John Jenkins CBE	Improvement Lead)
Robin Mullan	Malachy Finnegan (Communications Manager)
Dr Norman Morrow OBE	Hayley Barrett (Board and Executive Support
Denis Power	Manager)
Prof Mary McColgan OBE	
Seamus Magee OBE	

Apologies
Daniel McLarnon

1.0   Agenda Item 1 - Welcome and Apologies

1.1   The Chairman welcomed all members and officers of the Board to this meeting. The Chairman advised that Lindsey Smith would be late and apologies were acknowledged from Daniel McLarnon. The Chairman welcomed and congratulated Hayley Barrett on obtaining the Board and Executive Manager permanent position. The Chairman advised that the Board would be joined by John Murray, BSO Internal Audit in relation to the Board Effectiveness and Governance audit. The Chairman welcomed Lourda Geoghegan, Medical Director and Quality Improvement Lead to the organisation.

1.2   The Chairman invited the Medical Director and Quality Improvement Lead to say a few words. The Medical Director and Quality Improvement Lead advised that her role would be to have responsibility of medical issues, officer for Medical Colleagues across the HSC sector. The Medical Director and Quality Improvement Lead advised that her role as Quality Improvement Lead would review the internal and external capabilities and capacity to identify how we drive change in line with the Quality Improvement agenda. The Medical Director and Quality Improvement

Lead advised that there is a statistician working with RQIA to identify what information we hold and how we can use this information going forward.

2.0   Agenda Item 2 - Minutes of the public meeting of the Board held on Thursday 10 November 2016 (Min/Nov16/public)

2.1   The Board **APPROVED** the minutes of the meeting of the Board held on Thursday 10 November 2016.

3.0   Agenda Item 3 - Matters arising from minutes

3.1   The Board noted that actions 101, 132, 133, 136 and 137 are included on the agenda and will be presented to the Board at the meeting. Action 134 will be discussed in the Chairman's report. Action 135 has been tabled for Board members information. Action 127 is due to be tabled in March 2017.

4.0   Agenda Item 4 - Declaration of Interests

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

5.0   Agenda Item 5 - Chairman's Report

5.1   The Chairman noted that he has had a series of meetings since the last Board meeting and highlighted his attendance at a meeting with the Chief Executive and Health Improvement Scotland. The meeting reflected that Health Improvement Scotland are facing similar challenges to that of RQIA. The Chief Executive added that Health Improvement Scotland have recorded their inspection reports on their risk register as they believe they can become better at report writing. It has been agreed that RQIA and Health Improvement Scotland will work together and peer review each other's reports.

5.2   The Chairman advised that the Board Effectiveness Group met following the Board meeting on 10 November 2016, to plan and look forward to the next meeting. The meeting is used to form the agenda and identify to the Executive Management Team the papers that are required for the next meeting. The Group met again pre-Board meeting. The pre-meeting is used as a quality assurance process to ensure that the Board's time is used effectively.

5.3   A Board member asked for clarification on who was part of this Group. The Chairman advised that two Board members, the Chief Executive and the Chairman form this group. A Board member advised that there has only been a few of these meetings and the Terms of Reference is currently being defined and refined. Another Board member added that the role of this Group needs to be clear.

5.4   The Chairman advised that one paper was removed from the current

agenda and one paper was requested to have further amendments made. The attendance at these meetings will rotate over time to ensure all Board members gain experience.

5.5   The Chairman noted that as per the Standing Orders membership of Board Committees and Panels should be reviewed; however it is not the intention to change this unless requested. The Chairman advised that the Committee membership list will be forwarded to Board members.

5.6   <u>Resolved Action (138)</u>
The Board and Executive Support Manager will issue Committee and Panel membership to Board members

5.7   A Board member asked for clarification on whether Audit Committee members are able to sit on Enforcement Panels, this would also be applicable for the Part II / SOAD Panel. The Chairman advised that a meeting will be arranged with the Chairman, the Chief Executive, Chair of Audit Committee, the Chair of the Part II / SOAD Panel with Internal Audit to obtain clarification.

5.8   <u>Resolved Action (139)</u>
A meeting will be convened with the Chairman, Chair of Audit Committee, Chair of the Part II / SOAD Panel with Internal Audit for clarification on involvement in Enforcement Panels

5.9   The Director of Regulation and Nursing suggested that if Panel members are excluded from enforcement panels a rota should be in place to ensure that all Board member get experience of enforcement panels.

5.10   The Chairman invited a Board member to highlight the ongoing issues with Board members iPads and emails. The Board member stated that this has been going for a number of months. Board members highlighted that they wish to understand the issues, where we are now and what is happening going forward.

5.11   The Director of Corporate Services advised that there was a meeting on 18 January 2017 with ITS who advised that the issues are being resolved as they are reported. The Director of Corporate Services advised that any 'technical' issues, to include email and opening documents must be referred to ITS and any issues with BoardPad should be referred to the Board and Executive Support Manager. Contact details for ITS will be forwarded to all Board members. The Director of Corporate Services informed Board members that Stephen Muldoon, RQIA's ITS contact person, has offered to facilitate sessions to solve any outstanding iPad issues.

5.12   Resolved Action (140)
The Board and Executive Support Manager will forward ITS contact information to Board members

5.13   Resolved Action (141)
The Director of Corporate Services will arrange sessions with Stephen Muldoon to resolve any outstanding iPad issues

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

6.0   Agenda Item 6 - Draft Corporate Strategy 2017-21 (A/01/17)
- **Draft Consultation Letter**
- **Draft Consultation Questionnaire**
- **Equality Screening of Strategy**

6.1   The Chairman advised that the Board has responsibility for approving the Corporate Strategy and that a suite of performance measures will be developed by the Chief Executive and team for incorporation into the 2017-18 Business Plan.

6.2   The Director of Corporate Services thanked Board members for their comments and advised that all comments received have been discussed with the Chairman and where appropriate have been included. The Director of Corporate Services has advised that guidance is being sought to advise if RQIA can go out to consultation on the Corporate Strategy. It was confirmed that if RQIA are unable to consult on the Corporate Strategy a Business Plan will still be developed.

6.3   Board members suggested minor amendments to the Draft Corporate Strategy for consideration by the Director of Corporate Services.

6.4   Resolved Action (142)
The Director of Corporate Services will make minor amendments to the Corporate Strategy 2017-21 prior to public consultation

6.5   Resolved Action (143)
Finalised draft of the 2017-21 Corporate Strategy to be presented at the May Board meeting for approval following consideration of feedback from the public consultation and public engagement events

6.6   The Board **APPROVED** the Draft Corporate Strategy 2017-21.

6.7   Board members suggested that the Draft Consultation Letter is amended to reflect that there are no outcome measures included in the Draft Corporate Strategy 2017-21.

6.8   Resolved Action (144)
The Director of Corporate Services will make minor amendments to

the consultation letter prior to public consultation.

6.9 The Board **NOTED** the Draft Consultation Letter.

6.10 The Director of Corporate Services noted that the Draft Consultation Questionnaire has been reviewed and revised following the Corporate Strategy Steering Group meeting on the 23 December 2016. The Director of Corporate Services noted that it is hoped that two public consultation events will take place to receive feedback on the Corporate Strategy, previously feedback has been useful and used within the Corporate Strategy.

6.11 The Board **APPROVED** the Draft Consultation Questionnaire

6.12 The Board **NOTED** the Equality Screening of the Strategy

7.0 Agenda Item 7 - Policy and Procedure on the Management and Handling of Complaints against RQIA (B/01/17)

7.1 The Chief Executive noted that the changes to the Policy and Procedure on the Management and Handling of Complaints against RQIA were made following an audit.

7.2 Board members requested a copy of the amended Policy and Procedure on the Management and Handling of Complaints against RQIA.

7.3 Resolved Action (145)
The Board and Executive Support Manager will forward a copy of the revised Policy and Procedure on the Management and Handling of Complaints against RQIA

7.4 Board members **APPROVED** the Policy and Procedure on the Management and Handling of Complaints against RQIA

8.0 Agenda Item 8 – Enforcement Procedures (C/01/17)

8.1 The Director of Regulation and Nursing noted that the Enforcement Policy was presented and approved by the Board in January 2016. A project has been established for the development of the enforcement procedures, which have been included in the iConnect system.

8.2 The Director of Regulation and Nursing noted that the Enforcement Procedures are now for use throughout the organisation and not only the Regulation Directorate, therefore the language in the procedures reflects the language used in the 2003 Order.

8.3 The Director of Regulation and Nursing noted that all administrative and inspector staff within the Regulation Directorate have been fully trained on these procedures and Board member training will be arranged. The training will follow a format of scenarios which has previously worked well

before.

8.4   Resolved Action (146)
The Director of Regulation and Nursing will arrange training on Enforcement Procedures for Board members

8.5   A Board member suggested that within the Enforcement Procedures document two sections 3.6, 8.1 and 8.2 should be highlighted in bold.

8.6   Resolved Action (147)
The Director of Regulation and Nursing will make minor amendments to the Enforcement Procedures, document two

8.7   A Board member suggested that an outcomes section is included on template two, Report of Enforcement Review Panel Decision. The Director of Regulation and Nursing advised that this is available on the cover letter but will consider including it on the template.

8.8   Resolved Action (148)
The Director of Regulation will include an outcome section on template two of the Enforcement Procedures

8.9   Board members **NOTED** the Enforcement Procedures

9.0   Agenda Item 9 – Communication Plan (D/01/17)

9.1   The Chairman advised that the Communication Plan was originally for approval, however following further conversations it has been decided that the Communications Plan requires further work and dialogue with the short term working group.

9.2   Board members advised that the paper has not been finalised at the short term working group on the development of this plan. The Chief Executive advised that the short term working group would reconvene to further develop this plan.

9.3   Resolved Action (149)
The Chief Executive and Communications Manager will meet with the Board members from the short term working group to amend and develop the Communication Plan

9.4   Board members suggested that in line with the Corporate Strategy the plan should include engagement. Communication and engagement are separate, but closely aligned with one another. The Board should also be considered in the structure of communication within RQIA.

9.5   Board members **NOTED** the Communication Plan

10.0   Agenda Item 10 – Chief Executive's Report (E/01/17)

10.1   The Chief Executive presented her report to the Board. The Chief Executive noted that her report format has been updated since the last Board meeting in November 2016.

10.2   The Chief Executive noted that RQIA have been asked to participate in a working group with the Competition and Markets Authority UK.

10.3   The Chief Executive noted that the organisational review being undertaken by the HSCLC is on-going.

10.4   The Chief Executive advised that a meeting with IiP assessor has taken place and the external assessment will commence in Quarter 4 of 2016-17.

10.5   The Chief Executive noted that the draft MOUs will be presented to the RQIA Board at a future meeting, the approach to the MOUs is being standardised.

10.6   A Board member asked for clarification in relation to the revised Management Statement and Financial Memorandum for RQIA. The Chief Executive advised the Department of Health are reviewing this, but will seek further clarification at the next bi-monthly meeting.

10.7   Resolved Action (150)
The Chief Executive will follow up on the revised Management Statement and Financial Memorandum at the bi-monthly meeting with the Department of Health

10.8   The Chief Executive noted that the Regulation Directorate are meeting their statutory target of inspections. There has been enforcement action taken since the last Board meeting. Foreglen Community Association has withdrawn their appeal to the Care Tribunal. Runwood Homes received three Failure to Comply notices for Dunmurry Manor. The Chief Executive noted that there has been some improvements made but still find difficulty in recruiting full time permanent nursing staff.

10.9   The Chief Executive noted that in relation to Dental Work Ltd, the General Dental Council has accepted an application for voluntary erasure from the professional register. A Notice of Proposal to cancel registration of the dentist was issued on 19 October 2016. A meeting with RQIA, DOH and HSC Board will be meeting with the General Dental Council to request further information relating to their reason for granting the application for voluntary erasure.

10.10   The Chief Executive noted that the phase 2 of the Acute Hospital Inspection programme has started and two of the five hospitals have been inspected.

10.11   The Chief Executive noted the voluntary exit scheme has closed for 2016/17. Eight members of staff have been offered and have accepted it. It is anticipated that RQIA will bid for the same amount of 2017-18. The Director of Regulation and Nursing advised that three Band 7 employees are included in the eight staff members; their lost activity will not impact upon the statutory target.

10.12   A Board member raised a concern in relation to the MHLD Information System Project on the need to urgently progress this. The Director of Corporate Services advised that the SOC was reviewed at the eHealth Programme Management Group and the Department of Health have since advised that they will consider the outline business case next and have recommended it contains more detail about links with Trust systems. The development of an outline business case will commence shortly.

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

11.0   Agenda Item 11 – Finance Report (F/01/17)

11.1   The Director of Corporate Services updated the Board on the financial position as at the end of November 2016. Currently RQIA are forecasting breakeven with an underspend of almost £5000, based on pay and non-pay assumptions.

11.2   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 £11000 outstanding. The Director of Corporate Services advised that there are fees outstanding from 2015/16. The recurring savings target for 2017-18 should be received by RQIA during February or March 2017. RQIA has been asked to submit a financial scenario plan to DoH based on 2/5/10/15% savings targets in 2017-18.

11.3   The Director of Corporate Services noted that the VES application process was completed in December using ring-fenced funding of £243,000. 8 staff (7.13 WTEs) had been offered VES generating savings of £226,000 from 2017-18 onwards. A further £72,400 is to be re-invested in two new posts in the Regulation Directorate.

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

12.0   Agenda Item 12 - Presentation on the review of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003) (G/01/17)

12.1   The Director of Regulation noted that this presentation will provide an overview of the issues arising from the 2003 Order. The Director of Regulation and Nursing noted that this presentation was presented to the Department of Health in February 2016.

12.2 The Director of Regulation and Nursing noted that the domiciliary care agencies regulations and standards are the same for conventional domiciliary care and domiciliary care supported living despite being different. The Director of Regulation and Nursing noted that separate regulations and standards have been requested.

12.3 The Director of Regulation and Nursing noted issues arising from the 2003 Order for Independent Healthcare, Laser Clinics, the publication of reports, the meaning and understanding of personal care, residential beds in nursing homes and dormant registrations. It was acknowledged that the Director of Mental Health, Learning Disability and Social Work is working with the Department of Health on the issues arising from the Mental Capacity Bill.

12.4 Board members thanked the Director of Regulation and Nursing for the informative presentation and requested further information in relation to the issues / concerns within the Mental Health Directorate.

12.5 **Resolved Action (151)**
The Director of Mental Health, Learning Disability and Social Work will give a presentation to the Board on the issues / concerns with MHLD legislation

12.6 The Board **NOTED** the Presentation on the review of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

13.0 **Agenda Item 13 – Proposed Policy Regarding Assessment of New Areas of Work (H/01/17)**

13.1 The Director of Mental Health, Learning Disability and Social Work noted that previously RQIA have taken on additional areas of work with no funding and highlight that as resources are continually reducing RQIA must have a policy for the future.

13.2 The Chief Executive noted that if the Department of Health ask RQIA to conduct work, RQIA must comply. It was highlighted that RQIA needs a policy to charge or seek funding for the additional areas of work.

13.3 The Chairman noted that the purpose of the document is to receive approval from the Board to develop a policy to obtain funding in advance of work commencing. It will include how RQIA will respond in emergency circumstances.

13.4 The Chief Executive noted that this policy will enable RQIA to review the skill sets, work plans and costs to ensure that RQIA has the capability and capacity to complete it.

13.5 The Chairman noted that the Board are supportive of a detailed policy and procedure to be developed and to ensure that an impact analysis is completed.

13.6 **Resolved Action (152)**
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

13.7 The Board **APPROVED** the Proposed Policy Regarding Assessment of New Areas of Work

14.0 **Agenda Item 14 – RQIA Acute Hospital Inspection Programme – Phase 1 Summary Report (I/01/17)**

14.1 The Chief Executive noted that this is a summary of the first five inspections under the Acute Hospital Inspection programme. The paper highlights the high level concerns for the Board to note. The Chief Executive noted that this summary report is with the Department of Health, it is available on RQIA website and it will be forwarded to the Trust Chief Executives.

14.2 A Board member requested clarification on the evaluation process, what has been learned and how the process can be improved. The Chief Executive advised that focus groups include staff from wards, AHP and Managers, this then feeds into the process.

14.3 A Board member requested the identification of costings to implement, design and complete the programme if this piece of work is to be continuous for RQIA. The Chief Executive advised that a costing exercise is currently being completed. A Board member advised that in order for the true cost consideration must be given to the use of lay assessors, peer reviewers and consultants.

14.4 Board members advised that RQIA advised that an external evaluation of the process would be completed and asked for clarification if this would go ahead. The Chief Executive advised that an internal evaluation has taken place, however consideration will be given to an external review.

14.5 **Resolved Action (153)**
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

14.6 The Chief Executive noted that the review report has been reduced down to forty pages and there has been very positive feedback from trusts, in relation to the reviews and the reports, it has provided valuable learning and has been a positive experience.

14.7   The Board **NOTED** the RQIA Acute Hospital Inspection Programme –
        Phase 1 Summary Report

15.0   Agenda Item 15 – Any Other Business

15.1   As there was no other business, the Chairman brought the public session of
        the Board to a close at 2.00pm.

Date of next meeting:
16 February 2017, Lagan Valley Island, Civic Centre

Signed

Dr Alan Lennon
Chairman

Date

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion
127	9 June 2016	Board members to receive a presentation, at a future Board meeting, on the work of the GAIN team	Chief Executive	23 March 2017
138	19 January 2017	The Board and Executive Support Manager will issue Committee and Panel membership to Board members	Board and Executive Support Manager	16 February 2017
139	19 January 2017	A meeting will be convened with the Chairman, Chair of Audit Committee, Chair of the Part II / SOAD Panel with Internal Audit for clarification on involvement in Enforcement Panels	Board and Executive Support Manager	16 February 2017
140	19 January 2017	The Board and Executive Support Manager will forward ITS contact information to Board members	Board and Executive Support Manager	16 February 2017
141	19 January 2017	The Director of Corporate Services will arrange sessions with Stephen Muldoon to resolve any outstanding iPad issues	Director of Corporate Services	16 February 2017
142	19 January 2017	The Director of Corporate Services will make minor amendments to the Corporate Strategy 2017-21 prior to public consultation	Director of Corporate Services	16 February 2017
143	19 January 2017.	Finalised draft of the 2017-21 Corporate Strategy to be presented at the May Board meeting for approval following consideration of feedback from the public consultation and public engagement events	Director of Corporate Services	11 May 2017
144	19 January 2017	The Director of Corporate Services will make minor amendments to the consultation letter prior to public consultation.	Director of Corporate Services	16 February 2017

145	19 January 2017	The Board and Executive Support Manager will forward a copy of the revised Policy and Procedure on the Management and Handling of Complaints against RQIA	Board and Executive Support Manager	16 February 2017
146	19 January 2017	The Director of Regulation and Nursing will arrange training on Enforcement Procedures for Board members	Director of Regulation and Nursing	6 April 2017
147	19 January 2017	The Director of Regulation and Nursing will make minor amendments to the Enforcement Procedures, document two	Director of Regulation and Nursing	16 February 2017
148	19 January 2017	The Director of Regulation will include an outcome section on template two of the Enforcement Procedures	Director of Regulation and Nursing	16 February 2017
149	19 January 2017	The Chief Executive and Communications Manager will meet with the Board members from the short term working group to amend and develop the Communication Plan	Chief Executive	16 February 2017
150	19 January 2017	The Chief Executive will follow up on the revised Management Statement and Financial Memorandum at the bi-monthly meeting with the Department of Health	Chief Executive	23 March 2017
151	19 January 2017	The Director of Mental Health, Learning Disability and Social Work will give a presentation to the Board on the new Mental Capacity legislation	Director of Mental Health, Learning Disability and Social Work	23 March 2017

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	
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	8 June 2017

RQIA Board Meeting

Date of Meeting	23 March 2017
Title of Paper	Chairman's Report
Agenda Item	5
Reference	A/03/17
Author	Dr Alan Lennon
Presented by	Dr Alan Lennon
Purpose	To inform the RQIA Board of the Chairman's external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	Since 19 January 2017, I attended 1 meeting on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable

CHAIRMAN'S REPORT

1) Meetings Attended:

3 February 2017 - Royal College of Psychiatrists Part II and Part IV
Consultation Psychiatrist Workshop

2) Investigation Dunmurry House Care Home

I understand that all board members have seen the Terms of Reference. I draw to your attention the following points covering RQIA legislation, policy, leadership, and practice in respect of Dunmurry House:

a) Assessment of the <u>leadership and management practices</u> of all Relevant Authorities and the impact of these on the experience of older people resident in Dunmurry Manor Care Home.
b) consider and make recommendations as to whether the current <u>legislation, policy and practice</u> of nursing homes in Northern Ireland is effective in adequately safeguarding older people.
c) The Commissioner will <u>publish recommendations</u> that the Relevant Authorities and other public bodies subject to the investigation will be given an opportunity to comment upon.

3) Board Effectiveness Meeting

The focus of the board effectiveness group, including on the quality of board papers and the need better information on which to base decision making has required me to look closely at processes, including those defined by Standing Orders, and within those orders "Matters Reserved to the Board" including the board responsibilities in the statutory functions of the organisation. Related to this is a scheme of delegation dated Sept 2009 and apparently unmaintained since then. The need for the scheme is recorded in its introduction:

"At a meeting of the RQIA Audit Committee on 28 October 2008, it was agreed that there was a requirement for clarity about the process of how RQIA policies are approved"

This reinforces the medium term need for the implementation of an ISO 9000 standard of document version control. In the short term an awareness raising / training session on standing orders/ updated scheme of delegation for the board and senior management will help achieve clarity. I plan to work with the CEO to set this in motion.

4) Inspection Assessment Framework

Almost 3 years since the receipt of the Cherry Tree House report, we do not have an implementation date for a care home assessment framework.

I have concerns about the September Board resolution to *"introduce an Inspection Assessment Framework consistently across the organisation…..the project will commence in Oct 2016, … a completion date will be agreed following the development of a project plan"* and its implementation.

The implementation approach adopted is different from that proposed to the Board, last September, lengthening the process and rendering an implementation date indeterminate. This carries with it the potential for governance and reputational risks for RQIA.

Having discussed with the CEO and Board colleagues on the Board Effectiveness Committee how we best approach this, I have met with the Chair of the Board Audit Committee to discuss a way forward. To that end, and bearing in mind the need to approve a 2017 Business Plan, I shall be meeting again with the BAC Chairman, the CEO, and others as appropriate to address both the policy and policy implementation aspects, with the intention of briefing the Board on an agreed way forward.

Dr Alan Lennon
Chairman

16 March 2017

RQIA Board Meeting

Date of Meeting	23 March 2017
Title of Paper	RQIA Board member Attendance at events and meetings
Agenda Item	6
Reference	B/01/17
Author	Hayley Barrett
Presented by	Dr Alan Lennon
Purpose	To inform the RQIA Board of the Chairman's external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	Since 19 January 2017, RQIA Board members have attended 7 meetings / events on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable

RQIA BOARD MEMBER ATTENDANCE AT EVENTS AND MEETINGS

1) Meetings / Events Attended:

3 February 2017	Joint RQIA / Royal College Workshop Part II / SOAD Psychiatrists	*Attendance:* Olive Macleod Kathy Fodey Theresa Nixon Various stakeholder from North West of Provence (*delegate list held by MHLD directorate*)

— Presentations in relation to Mental Health Services and Implementation of Mental Capacity Act.
— Increasing episodes suicide and self-harm among student population.
— Absence of Specialist Perinatal Mental Health unit in Northern Ireland and presentations on service models from England
— Mental Health liaison services within Devon – Improving Patient flow in NI
— Keep under review recommendations from Review Perinatal Mental Health Service in Northern Ireland

7 February 2017	Residential Care Home Inspection, Cumulus House Downpatrick	*Attendance:* Gerry McCurdy Alice McTavish, RQIA Inspector

— Personal development through accompanying an inspector on a Residential Home inspection
— Familiarisation with inspection process during 'care' inspection
— Better understanding of inspection process and areas addressed during inspection

9 February 2017	*Board Effectiveness Meeting*	*Attendance:* Gerry McCurdy Stella Cunningham Alan Lennon Olive Macleod Hayley Barrett

— To prepare for the next board meeting in terms of agenda, format, location and relevant papers
— Format and facilitation of Workshop of development of Business Plan 2017-18
— Agenda, location, format all agreed

7 March 2017	Consultation on RQIA Corporate Strategy	*Attendance:* Olive Macleod Kathy Fodey Theresa Nixon Stuart Crawford
⎯ Discussions around corporate strategy – 4 key themes and associated priorities ⎯ Responses to be collated by Planning and Corporate Governance Manager and where appropriate reflected in 2017/21 Corporate Strategy and annual business plans		

8 March 2017	RQIA Audit Committee	*Attendance:* Audit Committee members Olive Macleod, Stuart Crawford Maurice Atkinson Hayley Barrett
Reflected in the minutes, agenda item 9		

21 March 2017	Audit Committee Horizon Scanning	*Attendance:* Audit Committee members Olive Macleod, Stuart Crawford Maurice Atkinson Hayley Barrett
Reflected in the minutes, agenda item 9		

RQIA Board members

22 March 2017

RQIA Board Meeting

Date of Meeting	23 March 2017
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	7
Reference	C/03/17
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	A detailed change log is enclosed at pages 2 of the report. The risks are now grouped into five major categories which RQIA faces: • Financial • Information • Regulatory & Legal • Operational • Reputational
FOI Exemptions Applied	None
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Corporate Risk Assurance Framework Report.
Next steps	The next updated Framework Report will be presented to the Board on 11 May 2017.

CORPORATE RISK ASSURANCE FRAMEWORK

RQIA Board Meeting March 2017

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EXECUTIVE SUMMARY

Risk Log – March 2017						
LOW RISKS	**MEDIUM RISKS**		**HIGH RISKS**	**EXTREME RISKS**	**TOTAL NUMBER OF RISKS**	
0	**7**			**0**	**6**	
Risk ID	**Description of Change**		**Details**		**Date Changed**	**Risk Rating**
Operational Risks						
Risk 1 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.	**Action Added**		**Action Added** Produce Policy Agreement Paper in relation to taking on any additional work		01/03/2017	**Unchanged M/M**
Risk 2 There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models.	**Risk Reworded**		**Original Wording** There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models. This may result in some new services not being registered and brought within an appropriate regulatory framework.		01/03/2017	**Changed from M/M to L/M**
	Actions Amended		**Action Added** Update paper detailing the gaps in legislative provision for DOH. **Action Removed** Continue to liaise with the Department until the drafted Regulation for the Registration and Inspection of Fostering Agencies comes into force.			
Risk 3 There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners and lack of recurrent funding to support the additional work.	**Risk Reworded**		**Original Wording** There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners.		01/03/2017	**Unchanged H/M**

2

LOW RISKS	MEDIUM RISKS		HIGH RISKS	EXTREME RISKS	TOTAL NUMBER OF RISKS	
0	**7**			**0**	**6**	
Risk ID	**Description of Change**		**Details**		**Date Changed**	**Risk Rating**
	Action Added		**Action Added** • Review the revised methodology for the Delivery of Part IV second opinions and propose an alternative methodology and seek Board and DoH approval.			
Risk 4 There is a risk that the outsourcing of a range of corporate functions to BSO in 2016/17 - Finance, Administration of Income, ICT, Information Governance, Premises Management, Organisational Development, Equality & Disability Discrimination Order and Health & Safety - may impact on the continuity and quality of the service delivered by RQIA.	Current Controls Added		**2 Current Controls Added** • Agreed SLAs with BSO • Agreement that Lesley Kyle will remain as RQIA's Finance contact person in BSO until June 2017		01/03/2017	**Unchanged H/M**

	Actions Amended		**2 Actions Removed**
			• Project management of the service change consisting of 6 work-streams:
			   ➢ HR/TUPE
			   ➢ Agreement of SLAs
			   ➢ Transfer of Services
			   ➢ Impact on Corporate Services and other Directorates
			   ➢ Training and Support
			   ➢ Communication and Engagement
			• Coordinate appropriate liaison arrangements and contacts within RQIA in relation to the outsourced service
			
			2 Actions Added
			• Produce a proposal to manage retained work in relation to H&S, Premises Management, Reception Cover and elements of Records Management and ICT Asset Management.
			• Review the provision of the Finance Service to RQIA			

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Risk Log – March 2017					
LOW RISKS	**MEDIUM RISKS**	**HIGH RISKS**	**EXTREME RISKS**	**TOTAL NUMBER OF RISKS**	
0	7		0	6	
Risk ID	**Description of Change**	**Details**		**Date Changed**	**Risk Rating**
Risk 5 There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, may impact the delivery of core functions and the ability to take on board new areas of work.	**Action Added**	**Action Added** Produce Financial Scenario Plan in relation to 2/5/10/15% savings targets.		01/03/2017	**Unchanged M/M**
Risk 6 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.	**New Risk**			10/03/2017	**M/M**
Financial Risks					
Risk 7 There is a risk that RQIA will not break even on income and expenditure at 31 March 2017 due to the significant financial pressures caused by the current climate of austerity. This may result in RQIA's accounts receiving a qualified audit opinion and increased financial scrutiny from DOH.	**Action Added**	**Action Added** Bid for VES monies for 2017/18 and await notification of allocation from DoH.		01/03/2017	**Unchanged L/M**

INTRODUCTION

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

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

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

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

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

RISK ASSURANCE

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

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

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

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

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

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

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

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

RISK ANALYSIS AND EVALUATION

This risk assessment has been undertaken using:
- the impact that the risk would have on the business should it occur, and
- the likelihood of the risk materialising.

Each risk has then been placed on a risk map to show their relative positions. Further analysis for each risk is detailed including:
- the business impact,
- the controls currently in place to mitigate the risk, and
- any additional actions considered necessary by management.

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

Risk likelihood assessment

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

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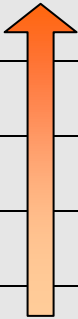
Risk impact assessment

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

Level of impact	Quality/ system failure	Public confidence and reputation	Complaint or claim	Financial loss
	Significant long term consequences			
Very high (Catastrophic)	Gross failure to meet professional/ national standards, Major impact on public health and social care Impact on the organisation absorbed with significant formal intervention by other organisations, Major long term consequences	Full public enquiry, Public Accounts Committee hearing, Major public or political concern	Criminal prosecution – no defence, Executive officer fined or imprisoned	£250,000

Risk Scoring Matrix

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

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

Action levels

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

Inter-relationship between the Corporate and Directorate Risk Registers

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

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

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

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

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

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

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

Risk Appetite

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

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

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

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[1] HM Treasury Orange book

RISK SCORING MATRIX

IMPACT	Risk Scoring Matrix				
5 - Very High (VH)					
4 - High (H)					
3 - Medium (M)		2,7	1,5,6	3,4	
2 - Low (L)					
1 - very Low (VL)					
LIKELIHOOD	A - Very low (VL)	B - Low (L)	C - Medium (M)	D - High (H)	E - Very High (VH)

RISK 1   There is a risk 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.

RISK 2   There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models.

RISK 3   There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners and lack of recurrent funding to support the additional work.

RISK 4   There is a risk that the outsourcing of a range of corporate functions to BSO in 2016/17 - Finance, Administration of Income, ICT, Information Governance, Premises Management, Organisational Development, Equality & Disability Discrimination Order and Health & Safety - may impact on the continuity and quality of the service delivered by RQIA.

RISK 5   There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, may impact the delivery of core functions and the ability to take on board new areas of work.

RISK 6   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.

RISK 7   There is a risk that RQIA will not break even on income and expenditure at 31 March 2017 due to the significant financial pressures caused by the current climate of austerity. This may result in RQIA's accounts receiving a qualified audit opinion and increased financial scrutiny from DOH.

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

RQIA is the independent health and social care regulator in Northern Ireland

We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports

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

Is Care Safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them

Is Care Effective?
The right care, at the right time in the right place with the best outcome

Is Care Compassionate?
Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

Is the Service Well-led?
Effective leadership, management and governance which creates a culture focused on the needs and experiences of service users in order to deliver safe, effective and compassionate care

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

Deliver Operational Excellence
Improving the delivery of our core functions, taking account of best practice

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

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

Continuously Improve Key Systems and Processes
Developing and delivering quality improvement work-streams

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

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

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

Independence ◆ Inclusiveness ◆ Integrity ◆ Accountability ◆ Professionalism ◆ Effectiveness

Vision · Purpose · Stakeholder Outcomes · Strategic Themes · Values

ACTION BY DATE CALENDAR

Directorates	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	March-17	April-17	May-17	June-17	July-17	Aug-17	Sept-17	On-going
Chief Executive (CE)						5	7						1,2,5,7
Corporate Services (CS)						4,5		4					4
Regulation & Nursing (R&N)							2						6
MHLD & Social Work (MHLD)								1,3					3,6
Reviews (R)													6
Executive Management Team (EMT)													

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Operational Risks												
Strategic Theme : 1 - Deliver Operational Excellence 2 - Develop and Execute New Capabilities												
1	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.	CE	• RQIA provides sponsor branch with information to facilitate consideration of the necessary resource requirements to enable RQIA to respond effectively to changes in legislative requirements. • RQIA can, in consultation with sponsor Branch, adjust aspects of its existing programme to release the time and capacity to undertake new tasks and responsibilities.		M	M	M			• RQIA will identify additional tasks arising from changes in the legislative framework and will make sure these are included within the business planning process and in business case preparations as necessary. • Produce Policy Agreement Paper in relation to taking on any additional work	CE MHLD	Ongoing July 2017
Strategic Theme : 1 - Deliver Operational Excellence 2 - Develop and Execute New Capabilities												
2	There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the	CE	• Currently participating in a multi-agency group examining the regulatory framework in supported living services. • A paper detailing the		L	M	M			• Liaise with the Department to assess the impact of new and emerging service models and how they impact on the regulatory framework.	CE	Ongoing

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
	introduction of new service delivery models.		gaps in legislative provision for DOH was forwarded to DOH in Sept 2014. • Any services that are identified by RQIA which are operating outside of the legislative framework but should be regulated to protect and safeguard service users are reported to DoH.							• Update paper detailing the gaps in legislative provision for DOH.	R&N	April 2017
Strategic Theme : 1 - Deliver Operational Excellence												
3	There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners and lack of recurrent funding to support the additional work.	MHLD	• 8 Part IV Medical Practitioners are currently on the list. • Policy and Procedure updated and implemented. • Currently appointed Medical Practitioners invited to apply for reappointment. • Revision of the agreed minimum criteria for application for appointment to the RQIA List of Part IV Medical Practitioners.		H	M	M			• Continue to pursue the revised business case with DOH requesting additional funding to recruit and provide training and associated administration for an increased capacity of Part IV Medical Practitioners, and an increase in the payments to Medical Practitioners to attract applicants. • There is an open advertisement for additional Medical Practitioners publicly. • Review the revised	MHLD MHLD MHLD	Ongoing Ongoing May

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Likelihood	Impact	Risk Rating	Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
										methodology for the Delivery of Part IV second opinions and propose an alternative methodology and seek Board and DoH approval.		2017

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

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Likelihood	Impact	Risk Rating	Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
4	There is a risk that the outsourcing of a range of corporate functions to BSO in 2016/17 - Finance, Administration of Income, ICT, Information Governance, Premises Management, Organisational Development, Equality & Disability Discrimination Order and Health & Safety - may impact on the continuity and quality of the service delivered by RQIA.	CE	• Oversight of the project by the RQIA Board and EMT • Regular reporting of progress to the Board and EMT • Oversight of the performance of outsourced functions through the annual CAS self-assessments • Agreed SLAs with BSO • Agreement that Lesley Kyle will remain as RQIA's Finance contact person in BSO until June 2017		H	M	M			• Work collaboratively with BSO during the period of transition • Review the performance of the delivery of the new services • Produce a proposal to manage retained work in relation to H&S, Premises Management, Reception Cover and elements of Records Management and ICT Asset Management. • Review the provision of the Finance Service to RQIA	CS CS CS CS	Ongoing Ongoing March 2017 May 2017

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Strategic Theme : 1 - Deliver Operational Excellence 3 - Use Resources Effectively												
5	There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, may impact the delivery of core functions and the ability to take on board new areas of work.	CE	• Developed a 2016-17 Savings Plan to meet the 3% reduction in RQIA's RRL (£207,078). • Each Director continuously reviews vacancies which arise as a result of staff turnover to ensure that key posts are filled through the appropriate recruitment and selection processes. • EMT exercises corporate oversight of all senior and mid management vacancies to ensure continuity of RQIA's core business.	• Regular monthly reporting of the financial position to the EMT, RQIA Board and DoH. • Regular review by the EMT of key vacancies at senior and mid-level.	M	M	M			• 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. • 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 responsibilities and fill critical roles in the future. • Produce Financial Scenario Plan in relation to 2/5/10/15% savings targets	CE CE CS	March 2017 Ongoing March 2017

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
					Likelihood	Impact	Risk Rating					
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?				Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Strategic Theme : 1 - Deliver Operational Excellence 3 - Use Resources Effectively												
6	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	• Implementation of the actions/guidance from relevant bodies for RQIA staff carrying out inspections. • Regular contact with key stakeholders for information on any identified risk to staff	•	M	M	M			• Provide appropriate safety training for all RQIA staff involved in inspections. • Continue to review role of each inspector prior to the commencement of each inspection • Continue to liaise with relevant bodies for up to date information and or identification of any risk to staff welfare and safety.	Reviews, MHLD and Regulation Reviews, MHLD and Regulation Reviews, MHLD and Regulation	Ongoing Ongoing Ongoing
Financial Risks												
Strategic Theme : 1 - Deliver Operational Excellence 3 - Use Resources Effectively												
7	There is a risk that RQIA will not break even on income and expenditure at 31 March 2017 due to the significant financial pressures caused by the current climate of austerity. This may result in RQIA's accounts receiving a qualified audit opinion and	CE	• Finance reporting structures are in place. • Developed a 2016-17 Savings Plan to meet the 3% recurring reduction in RQIA's RRL (£207,078).	• Regular monthly reporting of the financial position to the EMT, RQIA Board and DoH.	L	M	M			• Deliver the 2016-17 Savings Plan meeting the 3% recurring reduction in RQIA's RRL including the use of the Voluntary Exit Scheme (VES). • Bid for VES monies for 2017/18 and await notification of allocation from DoH.	CE CE	Ongoing April 2017

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
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	increased financial scrutiny from DOH.											

RQIA Board Meeting

Date of Meeting	23 March 2017
Title of Paper	Q3 2016/17 Corporate Performance Report
Agenda Item	8
Reference	D/03/17
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan linked to its strategic themes as described in the Corporate Strategy 2015-18. The report will present a **cumulative** picture of corporate performance and summarise key achievements and issues.
Executive Summary	At the end of the third quarter of 2016-17, 88% of the actions within the Business Plan were reported as Green or Blue.
FOI Exemptions Applied	None
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Corporate Performance Report.

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

Corporate Performance Report 2016-17
Quarter 3 : October - December 2016

Assurance, Challenge and Improvement in Health and Social Care

Contents Table

Introduction

Purpose

The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan, linked to its strategic objectives and priorities as described in the Corporate Strategy 2015-2018.

RQIA's Strategic Map as detailed in page 32 is a visual representation on one page creating an integrated and coherent picture of the organisation's forward strategy.

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

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

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

The Traffic Light rating operates as follows:

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

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

● action forecast to be completed by the completion date.

● action completed.

Exception Reporting

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

Frequency of Reporting

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

Summary of Traffic Light Rating System (Period Ending December 2016)

The table below shows a summary of the Traffic Light rating assigned to 24 actions within the Business Plan for the period ending December 2016.

Traffic Light		Period Ending June 2016	Period Ending September 2016	Period Ending December 2016	Period Ending March 2017
Red		0	1 (4%)	1 (4%)	
Amber		1 (4%)	4 (16%)	2 (8%)	
Green		23 (96%)	19 (80%)	20 (84%)	
Blue		0	0	1 (4%)	

At the end of the 3rd Quarter of 2016/17, 88%% of the actions within the Business Plan were reported as Green or Blue.

Headline achievements within the Quarter for the period ending December 2016

Strategic Publications (Approved and Published)

- Review of Administration of Electro Convulsive Therapy 2014/15
- Review of the Experience People Subjected of Guardianship under the Mental Health (NI) Order 1986

Business Priorities

- RQIA Corporate Strategy 2017-21 drafted
- Mid Year Assurance Statement 2016-17 produced
- RQIA Risk Management Strategy 2016/17 approved
- Annual Report and Accounts produced
- Review of Community Services for Adults with a Learning Disability completed

Reviews Directorate Reports Published

Reviews Published (Q1)
- Review of HSC Trusts' Readiness to Comply with Allied Health Professions Professional Assurance Framework
- Review of Quality Improvement Systems and Processes

Reviews Published (Q2)
- Review of Governance Arrangements relating to General Practitioner (GP) Services in Northern Ireland
- Review of the Operation of Health and Social Care Whistleblowing Arrangements

Reviews Published (Q3)
- Review of Adult Learning Disability Community Services (Phase II)

Acute Hospital Inspections Published (Q3):
- Unannounced Inspection at Altnagelvin Area Hospital
- Unannounced Inspection at Craigavon Area Hospital

Performance and Exception Report

Strategic Theme 1: Deliver Operational Excellence

Action 1.1

Plan, implement and evaluate a programme of quality improvement initiatives focused on the core functions of registration and inspection

How do we measure this?

- Evaluation of year 2 actions successfully implemented and monitored through the Corporate Performance Report
- Attainment of satisfactory assurance through the internal audit of inspection systems and processes
- Analysis of the outcomes of inspections against the achievement matrix
- Number of inspections above the statutory minimum undertaken to respond to concerns
- Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action

Owner

Regulation and Nursing Directorate

BRAG Rating:

Quarterly Performance

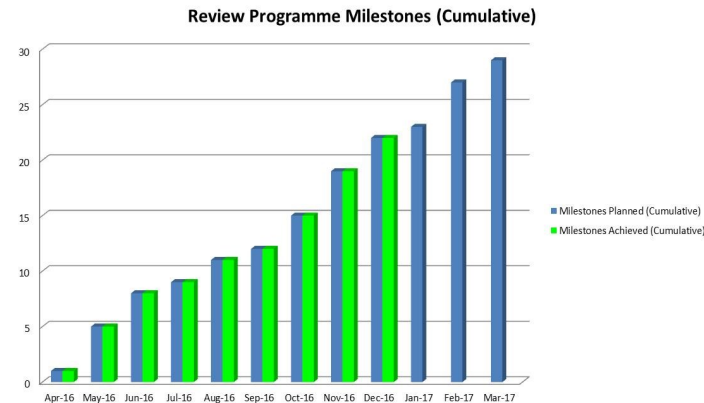| Measures with Future Reporting Dates	
Measure	**Report Date**
Attainment of satisfactory assurance through the internal audit of inspection systems and processes	Quarter 4
Analysis of the outcomes of inspections against the achieve-ment matrix	Quarter 4
Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action	Quarter 4

Evaluation of year 2 actions successfully implemented and monitored through the Corporate Performance Report

Eight improvement work-streams were initiated in 2016/18. By the end of Quarter 3 two work-streams were successfully delivered and the six remaining work-streams are on target for implementation by year end.

Number of inspections above the statutory minimum undertaken to respond to concerns

Service Type	% of Services who received the following no of inspection in period 1 April 2016-30 Dec 2016					No of Services Inspected
	1	**2**	**3**	**4**	**5+**	
Adult Placement Agency (APA)						0
Boarding School						0
Childrens (CH)	35%	33%	26%	7%		43
Day Care Setting (DCS)	72%	25%	2%		1%	126
DCA-Conventional	91%	9%				99
DCA-Supported Living	97%	3%				129
Independent Clinic (IC)	100%					3
Independent Hospital (IH)	56%	38%	3%		3%	39
Independent Hospital (IH) - Dental Treatment	84%	13%	2%			282
Independent Medical Agency (IMA)	100%					3
Nursing (NH)	13%	44%	30%	9%	4%	254
Nursing Agency (NA)	100%					17
Residential (RC)	16%	49%	24%	9%	2%	196
Residential Family Centre (RFC)						0
Young Adult Supported Accommodation	100%					3
Grand Total	**56%**	**27%**	**12%**	**4%**	**1%**	**1194**

Action 1.2

Complete the planned programme of activity for 2016/17 in respect of the following areas: Reviews, Infection & Hygiene, Acute Hospitals, Ionising & Radiation, GAIN Programme, MHLD and Regulated Services

How do we measure this?

- Reviews progress on planned activity for the year
- Healthcare Inspections progress on planned inspection activity for the year
- Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action

Owner

Reviews Directorate
Regulation and Nursing Directorate
MHLD Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Demonstrate the outcomes and impact of the PPI approaches utilised through the involvement of relevant service users, carers or family members in the delivery of this action	Quarter 4

Reviews progress on planned activity for the year

Review Programme Milestones (Cumulative)

Milestones Planned (Cumulative)
Milestones Achieved (Cumulative)

Milestones of the RQIA Review Programme include: Delivery Plan agreed for 2016/2017; Project Briefs agreed; fieldwork commenced; first draft of review reports completed and review reports submitted to the DoH.

There are a total of 29 milestones. The Review Programme is on track.

Healthcare Inspections progress on planned inspection activity for the year

Healthcare Inspections - As at end December 2017, 21 inspections were scheduled and 21 inspections were completed. This key performance indicator is on target for delivery by the year end

Ionising Radiation - During 2016/2017 the IR(ME)R programme will undergo an assessment of its previous activity and processes. Inspections will resume following this review.
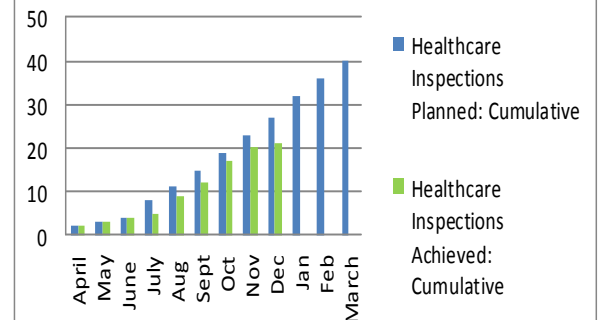

Healthcare Inspection (cumulative)

- Healthcare Inspections Planned: Cumulative
- Healthcare Inspections Achieved: Cumulative

Action 1.2 (Continued)

Complete the planned programme of activity for 2016/17 in respect of the following areas: Reviews, Infection & Hygiene, Acute Hospitals, Ionising & Radiation, GAIN Programme, MHLD and Regulated Services

How do we measure this?

- GAIN Programme progress on milestones
- MHLD progress on planned inspection activity for the year
- Number of inspections undertaken in regulated services as per the statutory requirement

Owner

Reviews Directorate

**Regulation and Nursing Directorate**

**MHLD Directorate**

BRAG Rating:

Quarterly Performance

Milestones for the GAIN work plan agreed for 2016/2017: Project Initiation Meeting (PIM), Fieldwork commenced and draft report received. There are a total of 28 milestones and by the end of Quarter 3, 19 Milestones were achieved. The GAIN programme is on target.

GAIN Programme progress on Milestones
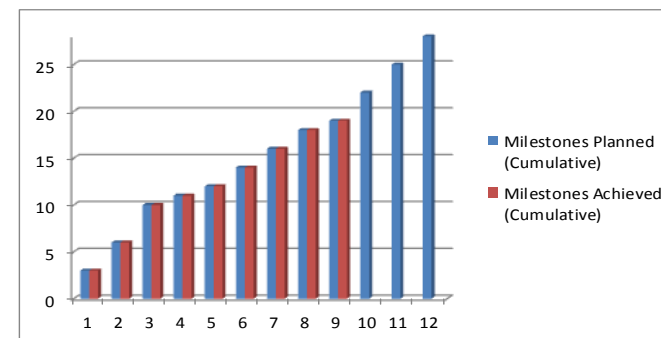
MHLD progress on planned inspection activity for the year
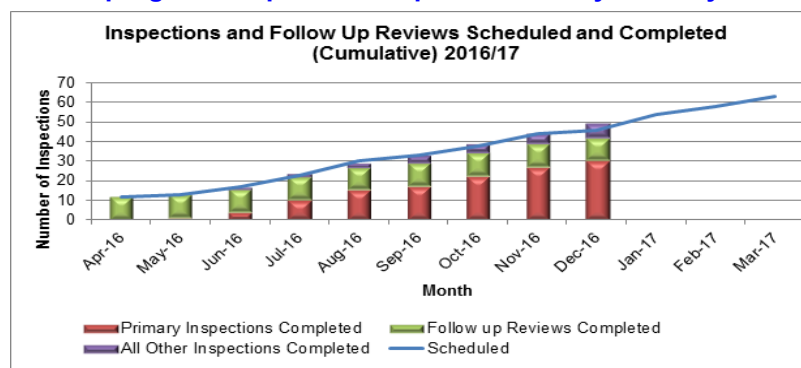
In Quarter 3 the MHLD team completed 16 inspections of Mental Health and Learning Disability inpatient facilities. 13 were scheduled as unannounced primary inspections. 3 were unscheduled inspections as result of whistleblowing letters and or other intelligence received by the directorate.

Number of inspections undertaken in regulated services as per the statutory requirement

In Quarter 3, 1094 (76%) registered services had received the minimum number of inspections required by the Fees and Frequencies of Inspections Regulations.

Service Type	No of Registered Services	Services Had Min Stat Req	% Services Had Min Stat Req
Adult Placement Agency (APA)	4		0%
Childrens (CH)	45	28	62%
Day Care Setting (DCS)	169	122	72%
DCA-Conventional	118	93	79%
DCA-Supported Living	177	128	72%
Independent Clinic (IC)	6	3	50%
Independent Hospital (IH)	51	37	73%
Independent Hospital (IH) - Dental Treatment	378	280	74%
Independent Medical Agency (IMA)	5	3	60%
Nursing (NH)	251	220	88%
Nursing Agency (NA)	32	17	53%
Residential (RC)	195	163	84%
Residential Family Centre (RFC)	1		0%
Voluntary Adoption Agency (VAA)	4		0%
Overall Total	**1436**	**1094**	**76%**

Action 1.3

Assess the impact of RQIA review activities in driving quality improvement in HSC Services

How do we measure this?

- Take forward the lessons learnt from the agreed approach with DOH to monitoring progress on the implementation of recommendations from RQIA reviews

Owner

Reviews Directorate

BRAG Rating:

Quarterly Performance

Take forward the lessons learnt from the agreed approach with DoH to monitoring progress on the implementation of recommendations from RQIA reviews

A Departmental-led regional short life working group, with representation from RQIA, the 5 HSC Trusts, the HSC Board and PHA was established to develop a mechanism to advise RQIA and the DoH as to progress of the implementation of recommendations from RQIA review reports.

A standardised template was developed by RQIA and has been agreed.

The template includes the facility to report whether an individual recommendation is:

- Complete, with date of completion
- On target to be completed, with date of planned completion
- Not on target to be completed, with reason
- Not achievable / no longer appropriate, with reason

It has also been agreed to look back approximately two years and report on all RQIA recommendations made since March 2014.

DoH to update RQIA following analysis of the returns.

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

Three Year Review Programme | 2015-18
Assurance, Challenge and Improvement in Health and Social Care

Strategic Theme 2: Develop and Execute New Capabilities

Action 2.1

Engage with DOH and other stakeholders, as and when required, to review the legislative framework and standards for regulation of health and social care in Northern Ireland

How do we measure this?

- The Draft Mental Capacity legislation developed
- Updated care standards for residential care homes
- The outcome of the DoH led review of the Fees and Frequencies of Inspections regulations (2005)

Owner

Chief Executive's Office

Reviews Directorate

Regulation and Nursing Directorate

MHLD Directorate

BRAG Rating:

Quarterly Performance

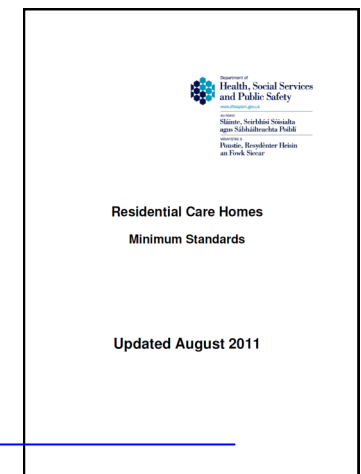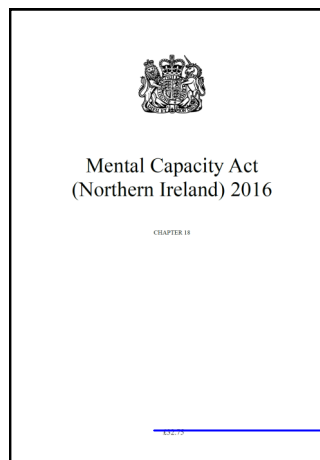| Measures with Future Reporting Dates	
Measure	**Report Date**
The outcome of the DoH led review of the Fees and Frequencies of Inspections regulations (2005)	Quarter 4

The Draft Mental Capacity legislation developed

RQIA has responded to the DoH Mental Capacity Act (MCA) Implementation Group on all 20 chapters of the Code of Practice and Associated Regulations. The DoH is considering RQIA's comments and working to refine these chapters to take account of the points submitted.

The DoH plan to roll out a comprehensive training package and awareness raising campaign once the Code of Practice and necessary regulations have been agreed and prior to the Act commencing.

Updated care standards for residential care homes

RQIA continues to engage with the Department of Health (DoH) on a review of the care standards for Residential Care Homes. The revised standards are progressing through a process of review and RQIA are represented on the working group

Mental Capacity Act
(Northern Ireland) 2016

CHAPTER 18

Residential Care Homes

Minimum Standards

Updated August 2011

Action 2.2

RQIA/GAIN deliver additional DOH commissioned projects in relation to learning from Serious Adverse Incidents

How do we measure this?

- Project milestones delivered on target

Owner

Reviews Directorate

BRAG Rating:

Quarterly Performance

Project milestones delivered on target

GAIN project focusing on Learning from Serious Adverse Incidents (SAIs) arising from Suicide, Homicide and Serious Self Harm

There are 7 project milestones, to include:

1. Approval of Start Up and Initiation by Project Board
2. Completion of Literature Review
3. Position Papers: Arrangements in NI: Arrangements in Other Countries
4. Design of Methodology
5. Fieldwork: Focus Groups; Questionnaires; Audit
6. Assessment by Project Board
7. Production of Report for DoH

By the end of Quarter 3 2016/17, all seven milestones have been achieved milestones. This piece of work is now complete.

GAIN Project Identifying Learning from Serious Adverse Incidents (SAIs)

There are 7 project milestones, to include:

1. Approval of Start Up and Initiation by Project Board
2. Training Manual on Mortality & Morbidity Process to inform SAI Process
3. Production of Learning Videos: Second Victim and Carer Perspective completed: SAIs in Theatres not yet undertaken
4. Fieldwork: Focus Groups; Questionnaires; Audit
5. Completion of Literature Reviews
6. Assessment by Project Board
7. Production of Report for DoH

By the end of Quarter 3 six of the seven milestones were completed on target. The seventh milestone which is the completion of the report will be completed during Quarter 4.

GAIN

GUIDELINES AND AUDIT
IMPLEMENTATION NETWORK

Action 2.3

Contribute to the development of the new Mental Capacity legislation and associated codes of practice and devise a plan for its implementation

How do we measure this?

- Assessment of the impact of the new Mental Capacity Legislation, regulations and associated code of practice on RQIA's role and functions

Owner

MHLD Directorate

BRAG Rating:

Quarterly Performance

Assessment of the impact of the new Mental Capacity Legislation, regulations and associated code of practice on RQIA's role and functions

RQIA has responded to the DoH Mental Capacity Act (MCA) Implementation Group on all 20 chapters of the Code of Practice and Associated Regulations. The DoH is considering RQIA's comments and working to refine these chapters to take account of the points submitted.

The DoH plan to roll out a comprehensive training package and awareness raising campaign once the Code of Practice and necessary regulations have been agreed and prior to the Act commencing.

Mental Capacity Act
(Northern Ireland) 2016

CHAPTER 18

£32.75

Strategic Theme 3: Use Resources Effectively

Action 3.1

Work closely with BSO to deliver a range of outsourced corporate services functions

How do we measure this?

Progress in outsourcing the following corporate functions:
- Health & Safety
- Premises Management
- Information Governance (including Records Management)
- Finance
- Administration of Income
- ICT
- Organisational Development
- Enhanced Equality/DDO service

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Progress in outsourcing corporate functions

At the end of Quarter 3 the following corporate functions have transferred to BSO:

- Administration of Income
- Enhanced Equality/DDO
- Organisational Development
- ICT
- Finance
- Corporate Functions (IG/RM, H&S, Premises Management)

Action 3.2

Finalise and implement the workforce plan

How do we measure this?

- Finalise and commence implementation of the recommendations of the workforce plan 2016/17.
- Updated workforce plan for 2017/18

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Updated workforce plan for 2017/18	Quarter 4

Finalise and commence implementation of the recommendations of the workforce plan 2016/17

The Leadership Centre has been commissioned to undertake a workforce review and report. This project will commence in January 2017 and is due for completion by the end of April 2017.

Action 3.3

Produce an agreed budget and savings plan based on a 3% reduction to our RRL and manage RQIA's finances within the revenue resource limit for 2016-17

How do we measure this?

- Directorate and team budgets established
- Regular monthly monitoring reports provided to all budget owners
- Deliver savings and achieve an end-of-year break-even position on income and expenditure
- Achieve an unqualified audit opinion of final accounts

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Deliver savings and achieve an end-of-year break-even position on income and expenditure	Quarter 4
Achieve an unqualified audit opinion of final accounts	Quarter 4

Regular monthly monitoring reports provided to all budget owners

Each director has received a pay report for their specific teams detailing current month, year to date and year end expenditure projections against budget. Non pay expenditure has been reported at a corporate level summarising the year to date and year end expenditure against budget.

Directorate and team budgets established

By the end of Quarter 2 Directorate and Team Budgets were established and agreed.

Deliver savings and achieve an end-of-year break-even position on income and expenditure

FINANCIAL POSITION 2016-17
Based on the financial position at the end of January 2017, the projected end-of-year position is break-even with an estimated underspend of £14K. The projected end-of-year out-turn is being kept under review by the Executive Management Team.

FINANCIAL SCENARIO PLAN 2017-18
RQIA has submitted a Financial Scenario Plan 2017/18 to DoH based on 2/5/10/15% savings targets for submission to DoH on 18 January 2017. This equates to £137K/£342K/£684K/£1,027K respectively.

VES
RQIA was allocated revised VES ring-fenced funding of £243,000 and the VES application process was completed in December 2016. This resulted in 8 staff (7.13 WTEs) being offered VES with an annual savings of £226,000. These staff will leave RQIA in Quarter 4 2016-17.

Action 3.4

Fulfil RQIA's statutory obligation as a designated authority to whom whistle-blowers can make a protected disclosure

How do we measure this?

- The nature and extent of whistleblowing disclosures made to RQIA and a summary (anonymised) report of how RQIA responded to whistleblowing disclosures
- Assessment of the implementation of any recommendations for RQIA arising from the Departmental review of whistleblowing

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Assessment of the implementation of any recommendations for RQIA arising from the Departmental review of whistleblowing	Quarter 4

The nature and extent of whistleblowing disclosures made to RQIA and a summary (anonymised) report of how RQIA responded to whistleblowing disclosures

RQIA is a prescribed body under The Public Interest Disclosure (Northern Ireland) Order 1998. Those wishing to raise concerns about wrongdoing in their workplace can bring these to RQIA, who will work to ensure the protection of vulnerable service users. It is this legislation that provides protection to the person raising the concerns.

During Quarter 3, RQIA was contacted on 32 occasions by people making whistleblowing disclosures. The majority of disclosures related to staffing levels, while other issues raised included general care concerns, activities and allegations of bullying.

Quarter 3	Total No of contacts	Anonymous	Named
Regulated Services	28	20	8
MHLD	4	3	1
HSC Trusts	-	-	-

WHISTLEBLOWER

Strategic Theme 4: Continuously Improve Key Systems and Processes

Action 4.1

Make appropriate use of information and Intelligence from external sources to support inspection and review processes

How do we measure this?

- Evaluation of the pilot of the use of the information from the Data Warehouse Project in the Nursing and Residential Teams and implementation of next steps
- Implementation of the recommendations from the Information Sources Project

Owner

Chief Executive's Office
Corporate Services Directorate
Reviews Directorate

BRAG Rating:

Quarterly Performance

Evaluation of the pilot of the use of the information from the Data Warehouse Project in the Nursing and Residential Teams and implementation of next steps

In Quarter 1, RQIA contacted the Honest Broker Service (HBS) at BSO which is the HSC contact group for accessing the Data Warehouse Project. The HBS will enable the provision of anonymised, aggregated and in some cases pseudonymised health and social care data from Data Warehouses (held within the Business Services Organisation) to the DoH and HSC organisations.

It was agreed with the Honest Broker Service to extract regional figures for patients admitted to A&E departments from residential care homes, during the period of one calendar month, which RQIA will evaluate and potentially combine with the data it currently holds on registered residential homes. This is a pilot exercise in order to inform RQIA of the breadth and detail of data held by the Regional Data Warehouse, and how it could be used to enhance and support the inspection and review processes within RQIA. An updated dataset was received on 27th September 2016. This data is currently being analysed by the Information Team and will be evaluated by the Regulation directorate in Quarter 3.

Implementation of the recommendations from the Information Sources Project

Following agreement by Project Board, an Information Event to examine potential sources of external information took place. Presentations from NI Neighbourhood Information Service (NINIS), Information Analysis Directorate (IAD) at the DoH, the Data Warehouse at BSO, the Confidential Inquiries and other data sources at the PHA were given and 31 staff from all Directorates across RQIA were invited. The event was successful and a post-event survey was distributed, giving all attendees the opportunity to comment on the event itself and to offer suggestions going forward.

The project completed in Quarter 2, with an End of Project Report being prepared, which included the following recommendations:
1. An annual Information Event for relevant RQIA staff should be established.
2. A catalogue/list of contact details and websites should be developed and made accessible via the RQIA intranet.

These should be considered by RQIA's Head of Information and Information Team, with an aim to have arrangements in place by Quarter 1, 2017/18. This project is now completed.

Action 4.2

Commence roll out of iConnect web portal

How do we measure this?

- Progress in implementing the web portal roll out plan
- Number of providers registered with and using the web portal system

Owner

**Corporate Services Directorate**

BRAG Rating:

Quarterly Performance

Progress in implementing the web portal roll out plan

The iConnect web portal went live on 16/08/2016 and has now been rolled out to approximately 70% of services regulated and inspected by the Regulation and MHLD Directorates.

Number of providers registered with and using the web portal system

By the end of Quarter 3, 1043 services have been registered to use the web portal, with 698 (67%) of those services having logged on.
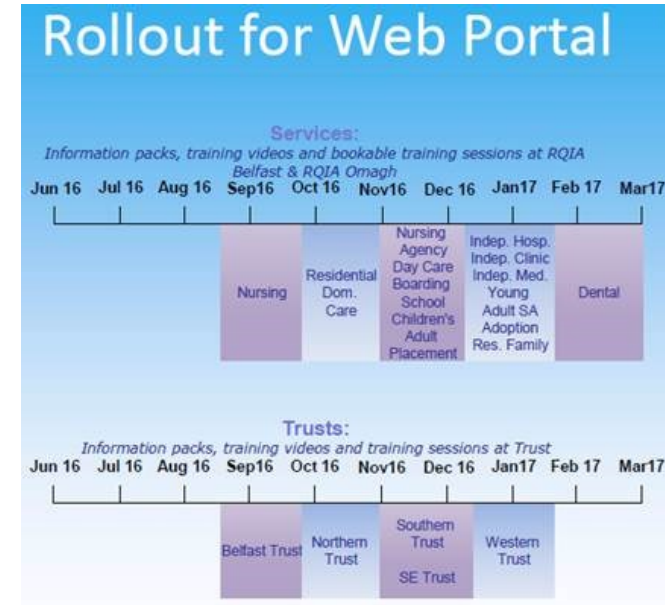
Action 4.3

Initiate a project to develop and implement an integrated MHLD information system to replace the existing legacy systems

How do we measure this?

- Progress in implementing the MHLD information system project plan

Owner

Corporate Services Directorate
MHLD Directorate

BRAG Rating:

Quarterly Performance

Progress in implementing the MHLD information system project plan

Strategic Outline Case (SOC)
The Strategic Outline Case (SOC) for a MHLD Information System was submitted to the DoH on 7 June 2016 for their approval. The SOC was reviewed at the eHealth Programme Management Group (PMG) on 31 August 2016 and it was suggested that there needed to be further discussion on the scope of what is being proposed and any potential overlap with existing systems. A meeting with eHealth PMG representatives took place on 4 November 2016 resulting in some updates to the SOC which was then re-submitted to the eHealth PMG for approval. DoH has since advised they will consider the OBC next and have recommended it contain more detail about any links with Trust systems.

Outline Business Case (OBC)

An Outline Business Case (OBC) will be developed in Quarter 4 for approval by the Project Board.

Specification
The specification is due to be completed in Quarter 4 to be approved by the Project Board.

Indicative Timescales

The Business Case assumes DoH approval of the OBC in Quarter 2 2017-18, a 9 month system implementation and go-live in Quarter 1 2018-19.
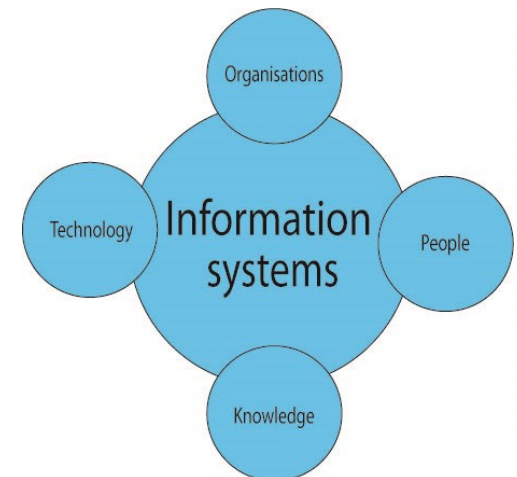
Action 4.4

Undertake the initial phase of preparations for ISO9001:2015 Certification leading to the development of a robust and flexible Quality Management System which will improve organisational performance

How do we measure this?

- An initial diagnostic of RQIA's level of compliance against the ISO9001:2015 criteria
- Action Plan in place to address the gaps identified in the diagnostic exercise

Owner

Corporate Services Directorate

Executive Management Team

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Action Plan in place to address the gaps identified in the diagnostic exercise	Quarter 4

An initial diagnostic of RQIA's level of compliance against the ISO9001:2015 criteria

A project brief to initiate a Project Initiation Document (PID) is currently being drafted which proposes to engage external expertise to initiate the diagnostic. The PID is due to be completed in Quarter 4. This will be a corporate wide project which will be managed at a senior level by Olive Macleod from Quarter 4.

ISO 9001:2015

Strategic Theme 5: Develop and Enhance Effective External Relationships

Action 5.1

Implement the recommendations from the external review of PPI, completed in 2015, taking account of the new PPI Standards

How do we measure this?

- Successful implementation of the 13 recommendations from the external review of PPI which demonstrates continued improvements in the embedding of PPI into RQIA's culture and practice based on the adoption of the new PPI Standards across the organisation

Owner

Corporate Services Directorate
Executive Management Team

BRAG Rating:

Quarterly Performance

Successful implementation of the 13 recommendations from the external review of PPI which demonstrates continued improvements in the embedding of PPI into RQIA's culture and practice based on the adoption of the new PPI Standards across the organisation

The Corporate Response Plan with actions aligned to the 5 PPI Standards was developed through the PPI Forum December 2015 and Senior Managers Workshop June 2016.

Approved Actions in response to PHA Personal and Public Involvement (PPI) Monitoring Feedback Report October 2015 were approved by Executive Management Team on 16 August 2016. In total 17 KPI's were agreed to ensure the delivery of all actions and by the end of Quarter 3 all KPI's were reported on target.

Personal and Public Involvement (PPI)

Involving you, improving Care

Action 5.2

Position RQIA as an effective, reputable independent regulator

How do we measure this?

- Progress in implementing the RQIA communications and stakeholder engagement plan
- Annual survey of public opinion focusing on their knowledge of RQIAs role and function in support of RQIA's PPI obligations
- Evidence of engagement with DoH concerning key strategic decisions about the future of health and social care in NI

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Annual survey of public opinion focusing on their knowledge of RQIAs role and function in support of RQIA's PPI obligations	Quarter 4

Progress in implementing the RQIA communications and stakeholder engagement plan

From 1 April to 31 December 2016, there were almost 100,000 visitors to RQIA's website, resulting in over a 380,000 page views. During Quarter 3, work continued on adding further content to RQIA's new website, which went live during August. This included some 900 inspection reports for regulated services conducted during quarters 1 and 2, thus ensuring that all inspection reports from 1 April 2015 to 30 September 2016 are now available online.

At 31 December 2016, RQIA's Twitter account @RQIANews had some 1,300 followers, up from 800 at 31 March 2016.

During quarter 3 RQIA published report of the findings of the second phase of our Review of Adult Learning Disability Community Services, which was accompanied by a short summary leaflet highlighting our key findings and recommendations. Reports of RQIA's acute hospital inspections at Altnagelvin Area Hospital and Craigavon Area Hospital were also published during the quarter.

During quarter 3 RQIA attended two political party conferences (Democratic Unionist Party and Ulster Unionist Party) in partnership with colleagues from NISCC, GMC, the Pharmaceutical Society of Northern Ireland and the Northern Ireland NHS Confederation.

Evidence of engagement with DoH concerning key strategic decisions about the future of health and social care in NI

In Quarter 3 RQIA contributed / responded to the following:
- Consultation on the Safeguarding Board for Northern Ireland (SBNI) Regional Child Protection/ Safeguarding Policy and Procedures
- Consultation on Criteria for Reconfiguring HSC Services
- Member of Adult Care and Support working group
- Member Review of Regional Children's and Young People's Facilities including
- Lakewood Secure Unit; Beechcroft Child and Adolescent
- In-patient Unit, Glenmona Regional Units and Woodlands Juvenile Justice Centre
- Approved Home Child carers

The Chief Executive has joined the Improvement Network Steering Group. Two meetings of the Improvement Network Steering Group have been planned to take place in Quarter 4.

Action 5.3

Review the effectiveness of the current working arrangements with other regulatory organisations and arms-length bodies (ALB)

How do we measure this?

- Revise and update existing MoUs and Information Sharing agreements with other statutory organisations and regulatory bodies
- Assessment of the effectiveness of the current working arrangements

_____

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Assessment of the effectiveness of the current working arrangements	Quarter 4

Revise and update existing MoUs and Information Sharing agreements with other statutory organisations and regulatory bodies
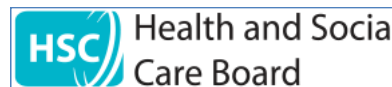
In Quarters 1 and 2 Memorandums of Understanding were initiated with the:
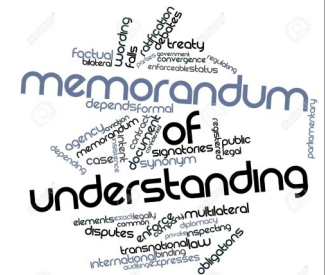- General Dental Council
- Nursing and Midwifery Council

In Quarters 1 and 2 Memorandums of Understanding were signed off with the:
- HSCB Dental Services

In Quarter 3 there were no MoUs signed off.

Strategic Theme 6: Focus Improvement Activities on Outcomes

Action 6.1

Evaluate and agree the future use of lay assessors and peer reviewers in the delivery of RQIA's inspection and reviews programme

How do we measure this?

- The number of inspections and reviews which have involved lay assessors and peer reviewers
- Completed evaluation of the experience of lay assessors engaged in inspections and reviews and take forward the areas for improvement
- Evaluation of the role and contribution of peer reviewers in the RQIA inspection programme and take forward the areas for improvement

Owner

Chief Executive's Office
**Executive Management Team**

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Completed evaluation of the experience of lay assessors engaged in inspections and reviews and take forward the areas for improvement	Quarter 4
Evaluation of the role and contribution of peer reviewers in the RQIA inspection programme and take forward the areas for improvement	Quarter 4

The number of inspections and reviews which have involved lay assessors and peer reviewers

During Q3, there has been one Healthcare inspection which involved a team of lay assessors and peer reviewers, ie: Acute Hospital Inspection to Daisy Hill Hospital. An evaluation of peer reviewers and lay assessors experience in the Acute Hospital Inspection programme is being taken forward.

Three reviews were underway during Q3, all of which involved peer reviewers from:

- Salford Royal in Manchester, Renal Services Victoria Hospital Kirkcaldy, ADEPT Clinical Fellows, a NIMDTA Trainee and a Lay Assessor involved in the Review of Renal Services
- Swansea University, Welsh Health Specialised Services Committee and the South West UK Burns Network involved in the Review of the Plastics Service in NI
- Nottingham University Hospitals NHS Trust, the Chair of the Children's Surgical Forum in England and Addenbrooke's Hospital involved in the Review of General Paediatric Surgery in NI
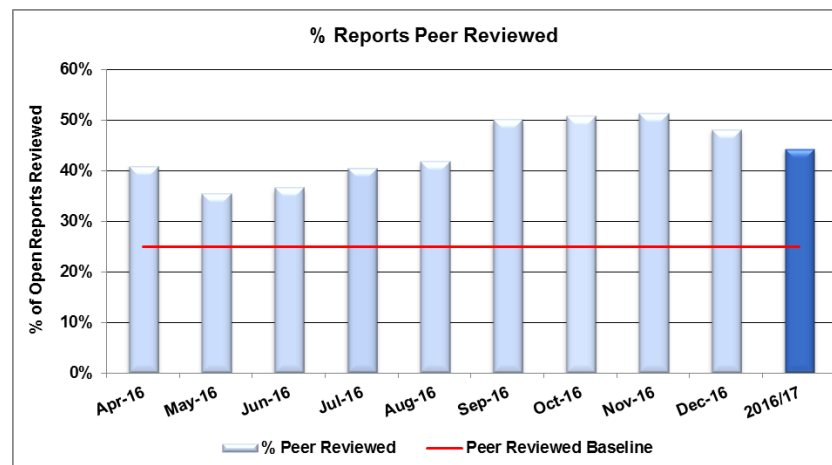
During Quarter 3, 50% of open reports were peer reviewed which is above the set target of 25%. The cumulative total for Quarter 3 is 44%.

Action 6.2

Actively engage with HSC organisations to promote initiatives to improve the quality of health and social care in Northern Ireland

How do we measure this?

- Evidence of RQIA's involvement in Quality 2020 work-streams where appropriate
- Evidence of engagement with the developing Improvement Networks for Northern Ireland

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Evidence of RQIA's involvement in Quality 2020 work-streams where appropriate	Quarter 4

Evidence of engagement with the developing Improvement Networks for Northern Ireland

The Chief Executive has joined the Improvement Network Steering Group. Two meetings of the Improvement Network Steering Group have been planned to take place in Quarter 4.

The Reviews and Medical Director has joined the Working Group. A Working Group and Design Workshop is due to take place on 21 February.

Action 6.3

Publish information about the impact of RQIA's programmes of work on Health and Social Care in N.I.

How do we measure this?

- RQIA will strengthen our collection of information on outcomes to inform our reporting about the impact of our work programmes in our reports to the public

Owner

Chief Executive's Office

BRAG Rating:

Quarterly Performance

RQIA will strengthen our collection of information on outcomes to inform our reporting about the impact of our work programmes in our reports to the public

Monitoring of RQIA Recommendations from Review Reports

A Departmental-led regional short life working group, with representation from RQIA, the 5 HSC Trusts, the HSC Board and PHA was established to develop a mechanism to advise RQIA and the DoH as to progress of the implementation of recommendations from RQIA review reports. A standardised template was developed by RQIA and has been agreed. The template includes the facility to report whether an individual recommendation is:
· Completed, with date of completion
· On target to be completed, with date of planned completion
· Not on target to be completed, with reason
· Recommendation not achievable / no longer appropriate, with reason

It has also been agreed to look back approximately two years and report on all RQIA recommendations made since March 2014. The date for completion of this exercise was the end of Quarter 2.

DoH is to update RQIA following analysis of the returns.

Annual Quality Report

RQIA has strengthened its annually produced quality report to better demonstrate the impact of RQIA's services and functions. The Annual Quality Report 2015-16 was completed and sent to the Departmental approval in Quarter 2.

Strategic Theme 7: Actively Lead Change and Manage Risk

Action 7.1

Develop and produce a Corporate Strategy 2017-21

How do we measure this?

- Production and approval of RQIA's Corporate Strategy 2017-21

Owner

Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Measures with Future Reporting Dates	
Measure	**Report Date**
Production and approval of RQIA's Corporate Strategy 2017-21	Quarter 4

Production and approval of RQIA's Corporate Strategy 2017-21

RQIA's Corporate Strategy 2017-21 was drafted in Quarter 3. Subject to Board approval the draft Corporate Strategy 2017-21 will go out to eight weeks formal consultation in Quarter 4. Two consultation events are planned to take place in March 2017 in Mossley Mill and Derry / Londonderry.

The Regulation and Quality Improvement Authority

Corporate Strategy | 2015-18

Assurance, Challenge and Improvement in Health and Social Care

DRAFT PROGRAMME FOR GOVERNMENT FRAMEWORK

2016 – 21

Northern Ireland Executive

Action 7.2

Develop and take forward a programme of key strategic and quality improvement work streams taking account of external benchmarks including the Ireland Excellence Award (EFQM)

How do we measure this?

- Progress in implementing the EFQM identified improvements, following assessment in 2015, through the EMT and the Corporate Performance Report
- Production of RQIA's Quality Report 2015/16

Owner

Chief Executive's Office
Corporate Services Directorate

BRAG Rating:

Quarterly Performance

Production of RQIA's Quality Report 2015/16

RQIA's Quality Report 2015-16 was approved by the RQIA Board and DoH in September. The report will be published 10 November marking World Quality Day.

Progress in implementing the EFQM identified improvements, following assessment in 2015, through the EMT and the Corporate Performance Report

The STEPs to Excellence Programme 2016-17 with new communication structure was presented to the Executive Management Team in September. The communication of STEP progress and actions will be managed as follows:

Work streams:

1. Work closely with BSO to deliver a range of outsourced corporate service functions (3.1) - Director of Corporate Services
2. Finalise and implement the workforce plan (progress towards next IiP assessment in 2017-18) (3.2) Initial diagnostic of RQIA carried out 21 September led by Chief Executive and chosen IiP directorate Leads - Chief Executive
3. Undertake the initial phase of preparations for ISO9001:2015 Certification leading to the development of a robust and flexible Quality management System which will improve organisational performance (4.4) . Amended draft Project Brief produced - Chief executive from Quarter 4.
4. Implement the recommendations from the external review of PPI, completed in 2015, taking account of the new PPI Standards (5.1). PPI monitoring through each directorate by each director as named PPI Directorate Leads - Director of Corporate Services
5. Actively engage with HSC organisations to promote initiatives to improve the quality of health and social care in Northern Ireland (6.2) - Chief Executive
6. Publish information about the impact of RQIA's programmes of work on Health and Social Care in N.I. (6.3) - Director of Reviews
7. Review the effectiveness of the current working arrangements with other regulatory organisations and arms-length bodies (5.3) - Chief Executive
8. Develop and take forward a programme of key strategic and quality improvement work streams taking account of external benchmarks including the Ireland Excellence Award (EFQM) Feedback Report (7.2) - Chief Executive

Progress is reported at the bi-monthly STEP Forum with members consisting of named Directorate Improvement Leads.

Action 7.3

Implement a robust Risk Management Strategy

How do we measure this?

- Attainment of substantive compliance with the Risk Management Controls Assurance Standard
- Revised Risk Management Strategy approved by the Audit Committee and RQIA Board

Owner

Corporate Services Directorate

### BRAG Rating:

Quarterly Performance

Attainment of substantive compliance with the Risk Management Controls Assurance Standard

Standard	Level of Compliance
Financial Management (Core Standard)	90% - Substantive
Management of Purchasing & Supply	82% - Substantive
Governance	86% - Substantive
Risk Management	88% - Substantive
Health & Safety	86% - Substantive
Security Management	88% - Substantive
Fire Safety	89% - Substantive
Information Management	84% - Substantive
Information Communications Technology	82% - Substantive
Human Resources	92% - Substantive

Achieved substantive compliance (88%) in Risk Management in 2015-16. The table details the compliance scores for the 10 Controls Assurance Standards completed by the RQIA with all functions achieving substantive compliance.

The bar chart below shows the CAS scores achieved from 2013/14 up to 2015/16 with RQIA consistently meeting substantive compliance in all CAS standards that we are assessed against.

CAS Scores from 2013/14 to 2015/16
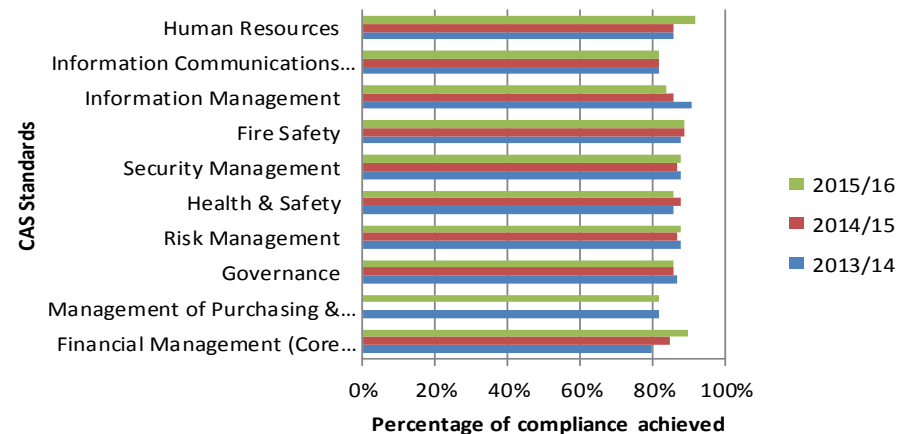
Revised Risk Management Strategy approved by the Audit Committee and RQIA Board

The Risk Management Strategy 2016/17 was approved by the RQIA Board on 7 July.

Appetite for risk

Risk Control

Risk Management strategy

Action 7.4

Agree and deliver a risk based Internal Audit Plan

How do we measure this?

- RQIA's Internal Audit Plan successfully delivered on target
- Implementation of the recommendations from a programme of risk based internal audits focused on the operational work of RQIA

Owner

Corporate services Directorate

BRAG Rating:

Quarterly Performance

Implementation of the recommendations from a programme of risk based internal audits focused on the operational work of RQIA

RQIA AUDIT RECOMMENDATIONS

Summary of Progress as at March 2017

(i) Financial Review		(iv) MHO Responsibilities 2015-16	
1. COMPLIANCE WITH PROMPT PAYMENT TARGETS		13. COMPUTER SYSTEMS IN MHLD	
2. ORGANISATION MANAGEMENT (OM) STRUCTURE		14. REVISED CAPACITY LEGISLATION	
3. SALARY OVERPAYMENTS		15. FUNDING FOR PART IV DOCTORS	
4. CHECKING OF IT ASSETS		16. PEER REVIEW PROCESS	
(ii) Board Effectiveness		External Audit – Financial Review	
5. SUCCESSION PLANNING FOR THE BOARD		17. QUALITY OF ANNUAL REPORT AND ACCOUNTS	
6. COMMUNICATION ISSUES		18. COMPLIANCE WITH PROMPT PAYMENT TARGETS	
7. DEVELOPMENT OF INFORMATION PROVIDED TO THE BOARD		19. CONFLICT OF INTEREST DECLARATION	
8. FOLLOW UP OF THE BOARD SELF-ASSESSMENT CHECKLIST			
(iii) Regulation and Nursing			
9. FOLLOW UP OF PREVIOUS REQUIREMENTS AND RECOMMENDATIONS IN QIPS			
10. QUALITY ASSURANCE PROCESS			
11. POLICY, PROCEDURES AND TRAINING			
12. PRE INSPECTION AUDIT TOOL			

Guide		
Actions behind schedule	Actions on target	Actions implemented

1

By the end of Quarter 3, 67% (13) recommendations were implemented, 28% (5) are on target and 5% (1) is behind schedule.

RQIA Internal Audit Plan successfully delivered on target

In Quarter 3, two audits in Governance and GAIN were completed.

Summary of Actions that require Exception Reports

	Actions	Anticipated year end status	Progress	Exception Report: Reason / Action / Emerging Risk	Page Number
3.2	Finalise and implement the workforce plan	🔴 Red	🔴 Red	The Leadership Centre has been commissioned to undertake a workforce review and report. This project will commence in January 2017 and is due for completion by the end of April 2017.	14
4.2	Undertake the initial phase of preparations for ISO9001:2015 Certification leading to the development of a robust and flexible Quality Management System which will improve organisational performance	🔵 Blue	🟠 Orange	A project brief to initiate a Project Initiation Document (PID) is currently being drafted which proposes to engage external expertise to initiate the diagnostic. The PID is due to be completed in Quarter 4. This will be a corporate wide project which will be managed at a senior level by Olive Macleod from Quarter 4.	20
7.4	Agree and deliver a risk based Internal Audit Plan	🔴 Red	🟠 Orange	Implementation of the Audit Recommendations 2015-16 is currently behind target in one recommendation. Internal Audit recommended that RQIA should progress the development of a business case for a new MHLD information system for approval by DoH. This audit recommendation was incorporated into the Business Plan 2016-17 as action 4.3 and its progress it reported through this Corporate Performance Report.	30

RQIA Strategy Map 2015-18

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

Purpose: RQIA is the independent health and social care regulator in Northern Ireland

We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports

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

Is Care Safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them

Is Care Effective?
The right care, at the right time in the right place with the best outcome

Is Care Compassionate?
Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

Is the Service Well-led?
Effective leadership, management and governance which creates a culture focused on the needs and experiences of service users in order to deliver safe, effective and compassionate care

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

Deliver Operational Excellence
Improving the delivery of our core functions, taking account of best practice

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

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

Continuously Improve Key Systems and Processes
Developing and delivering quality improvement work-streams

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

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

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

Values: Independence ◆ Inclusiveness ◆ Integrity ◆ Accountability ◆ Professionalism ◆ Effectiveness

RQIA Board Meeting

Date of Meeting	23 March 2017
Title of Paper	Audit Committee Business
Agenda Item	9
Reference	E/03/17
Author	Katie Symington
Presented by	Denis Power
Purpose	The purpose of this paper is to update the RQIA Board on the recent Audit Committee meetings.
Executive Summary	The Audit Committee has met on one occasion since the last Board meeting. At the meeting on 8 March 2017, the minutes of the meeting of 20 October 2016were approved and these are attached for noting by the Board. The Committee Chairman will verbally update the Board on the meeting of 8 March 2017.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the update from the Committee Chair.
Next steps	The Audit Committee is scheduled to meet again on 4 May 2017.

MINUTES

RQIA Audit Committee Meeting, 20 October 2016
Boardroom, 9th Floor, Riverside Tower, Belfast, 2.00pm

Present	In attendance
Denis Power (Chair)	Olive Macleod (Chief Executive)
Patricia O'Callaghan	Stuart Crawford (Planning and Corporate
Seamus Magee	Governance Manager)
Robin Mullan	Lesley Kyle (Acting Head of Finance)
Lindsey Smith	Christine Hagan (ASM)
Gerry McCurdy	Catherine McKeown (Business Services
	Organisation, Internal Audit)
	Patricia Blair (Northern Ireland Audit Office)
	Katie Symington (Board & Executive Support
	Manager)

Apologies
Maurice Atkinson (Director of Corporate Services)

1.0   Welcome and Apologies

1.1   The Chair welcomed all attendees to this meeting and in particular welcomed Olive Macleod, RQIA's new Chief Executive. Apologies were noted from the Director of Corporate Services.

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 noted the pre-meeting, which took place before this meeting to discuss the current finance paper, to include the Savings Plan and projections for March 2017. It has been agreed that a briefing paper will be produced for the November Board meeting.

3.2   **Resolved Action (332)**
         Finance briefing paper to be presented at the November Board
         meeting.

3.3   The Chair noted that the 3% savings will be found through efficiencies and the use of the Voluntary Exit Scheme. Members noted that the Savings Plan was previously submitted to DoH in June 2016. The Chair noted the need for RQIA to fund the 1% pay award for all staff members.

3.4   Committee members **NOTED** Chairman's Business.

4.0   Chief Executive Update on key risks

4.1   The Chief Executive provided an update to Committee members on current key risks for RQIA. The Chief Executive noted that in relation to Dental World, RQIA received confirmation on 9 October 2016 that Mr McMitchell will be removed from the GDC register. RQIA has now started the process to deregister Mr McMitchell's dental practices. The HSCB will now review Mr McMitchell's NHS practices.

4.2   The Chief Executive noted the successful prosecution of laser clinics on 8 October 2016, with a fine imposed and court costs to be paid. RQIA now await the final court report, following which RQIA will draft an article for publication within the Ulster Tatler relating to Laser services.

4.3   The Chief Executive advised the Committee that there has been no funding made available from DoH for the service provided by SOADs (Part IV Doctors). The estimated cost for providing this service is £46,000. The Chief Executive noted that some funding has been made available for this work within RQIA.

**4.4   Resolved Action (333)
Letter from RQIA to DoH regarding funding for Part IV Doctors to be raised at a future Board meeting.**

4.5   The Chair noted that he is disappointed that no funding has been forthcoming from the DoH for this piece of work, which was transferred to RQIA by DoH.

4.6   The Chief Executive noted that the Coroner's inquest into Maine Nursing Home was closed.

4.7   Audit Committee members **NOTED** the Chief Executive's Update on Key Risks.

5.0   Minutes of previous meeting (AC/Min16/June)
   * **Matters Arising**
   * **Notification of AOB**
   * **Action List Review**

5.1   The Chair noted that he has not had the opportunity to brief the Chief Executive on the Internal Review. This paper will inform the revised enforcement procedures. The Chair will meet with the Chief Executive and the Director of Regulation and Nursing to discuss the Internal Review and will provide an update to the next meeting of the Board.

**5.2   Resolved Action (334)
Internal Review to be added to the Board agenda.**

5.3   The Chair noted item 6.3 of the previous minutes, highlighting the funding

for SOADs (Part IV Doctors) and noted that a Business Case is currently with the DoH.

5.4   The Chair informed members that the Annual Accounts have now been signed off and the final Report To Those Charged with Governance will be presented at today's meeting.

5.5   The Chair noted item 11.3 of the previous minutes, Transfer to Shared Services and requested clarification on Service Level Agreements (SLA) for those services which have transferred to BSO. Confirmation was provided that SLA's are outstanding for Health and Safety, Information Governance and Premises Management. The Chief Executive noted the attendance of the Head of Finance to a recent Executive Management Team meeting. An assurance has been provided that the monthly reports will continue. The Chief Executive confirmed that the Executive Management Team will review budgets on a monthly basis. Committee members noted that Lesley Kyle will continue to support RQIA, within the BSO, until the end of March 2017.

5.6   The Chair informed members that action 319 on the action list has been discussed. Action 328 is now completed as assurance has been received from Wendy Thompson. The Chair noted that in relation to action 330, the Director of Regulation and Nursing will join this meeting to provide further information to the Committee.

5.7   Committee members **APPROVED** the minutes of the meeting of 23 June 2016, for onward transmission to the Board on 10 November 2016.

5.8   **Resolved Action (335)**
Board & Executive Support Manager to bring the Audit Committee minutes of 23 June 2016 to the November meeting of the Board for noting.

6.0   Update on Internal Audit Special Assignment 2014-15

6.1   The Chair welcomed the Director of Regulation and Nursing to the meeting to provide an update to members on the outstanding action within the audit action plan.

6.2   The Director of Regulation and Nursing noted that training has now been completed in relation to the new enforcement procedures. These procedures are organisation wide and have been shared with the Department of Legal Services for comment. The Director of Regulation and Nursing confirmed that training will be provided for Board members at a future board workshop. The amended procedures also impact upon Board members participating in enforcement panels.

6.3   The Director of Regulation and Nursing also provided an update to members on action 330 of the minutes action list. Confirmation was provided that prosecution procedures have now been separated from

enforcement procedures. A meeting with the Department of Legal Services has been scheduled for the end of October 2016. Discussions have also taken place with the Public Prosecutions Service who may be willing to enter into a case by case agreement with RQIA. .

6.4   Committee members **NOTED** the Update on Internal Audit Special Assignment.

7.0   Update on Audit Action Plan (AC/02/16)

7.1   The Planning and Corporate Governance Manager presented the Update on Audit Action Plan to members. Members noted that the information contained within this report reflects the information as presented within the mid-year assurance statement. The Planning and Corporate Governance Manager updated members that the enforcement policy (page 8) has been completed, with training taking place on enforcement procedures on 7 August 2016; a revised deadline of 31 March 2017 has been presented for this action to enable revision of the procedures.

7.2   The Planning and Corporate Governance Manager noted that the MHLD iConnect project has now fallen behind target. The SOC has been issued to the DoH and must be approved before the full Business Case can be submitted by RQIA.

7.3   The Chief Executive will raise this issue at the next Bi-monthly meeting with the DoH.

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

8.0   Internal Audit Update (AC/03/16)
        To include:
- **Progress Report to Audit Committee to include Shared Service Audits and Mid-Year follow up of outstanding Internal Audit Recommendations, September 2016**
- **Head of Internal Audit Mid-Year Assurance Statement**
- **BSO Internal Audit General Annual Report for 2015/16**
- **New Internal Audit Definitions**

8.1   The Head of Internal Audit presented the Internal Audit update to members. Members were asked to note the addition of key performance indicators.

8.2   The Head of Internal Audit noted that all audits should be completed as agreed, by 31 March 2017. The Head of Internal Audit noted the Complaints Management and Whistleblowing audit, which has received satisfactory assurance, with three priority two recommendations and no priority three recommendations. Management have accepted these recommendations.

8.3   The Head of Internal Audit informed Committee members that three audits have been completed for BSO Payroll Shared Service, Recruitment

Shared Service and Business Services Team. Members noted that Recruitment Shared Services received limited assurance; Payroll Shared Services received limited assurance and Business Services Team, satisfactory assurance. The Head of Internal Audit noted that the Payroll audit focussed on the previous seven priority one recommendations; of these recommendations 3 have now been resolved, two have been partially resolved and 2 have limited resolution. The Head of Internal Audit noted the visible progress as seen from this most recent audit.

8.4 Further to a question from a committee member the Head of Internal Audit noted that the work in relation to overpayments is ongoing.

8.5 The Head of Internal Audit noted the limited assurance provided to BSO Recruitment Shared services and noted improvements to system functionality. Seven of 12 priority one recommendations have now been fully implemented, however further work is required.

8.6 The Head of Internal Audit noted that all recommendations made are detailed within the mid-year follow up document; with 71% of recommendations fully completed by RQIA and 21% partially completed. The Director of Regulation and Nursing noted that the priority one recommendation within P15 of this report has been partially implemented. This issue has now been fully addressed with the development of the assessment framework. Committee members agreed that this recommendation should now be removed from the list of outstanding recommendations. Confirmation was provided that this recommendation will be removed for year end.

8.7 The Head of Internal Audit presented the general Annual Report 2015\16 to members. The purpose of this document is to share information and encourage learning between organisations.

8.8 The Chair thanked the Head of Internal Audit for this useful report.

8.9 The Head of Internal Audit presented the new definitions to members. Internal Audit will be required to use the new definitions from April 2017. This proposal removes substantial compliance. The Audit team within BSO are currently reviewing this definitions paper.

8.10 Audit Committee **NOTED** the Internal Audit Update.

At this point Kathy Fodey left the meeting.

9.0 External Audit Update (AC/04/16)
- **Final Report to those Charged with Governance**

9.1 Christine Hagan presented the Final Report to those Charged with Governance to members. No changes have been made to this document and RQIA's final accounts have now been signed off with an unqualified audit opinion. The Chair noted his thanks to Lesley Kyle in her completion

of the final accounts.

9.2   Committee members **NOTED** the Final Report to those Charged with Governance.

10.0   RQIA Mid-Year Assurance Statement (AC/05/16)

10.1   The Planning and Corporate Governance Manager presented the mid-year assurance statement to members. Following approval this document will be issued to DoH on 21 October 2016. This document follows the template as provided by DoH. The Planning and Corporate Governance Manager noted that RQIA are on target to implement the external audit recommendations.

10.2   Members noted that the MHLD Business Case is currently behind target, however all other recommendations are on target for completion.

10.3   The limited assurance of Shared Services Internal Audits for recruitment and payroll have also been noted at the request of external audit. Agreement that this document will be amended to note that RQIA are now dependent on shared services.

10.4   <u>**Resolved Action (336)**</u>
Planning and Corporate Governance Manager to make amendments to the Mid-Year Assurance statement.

10.5   The Planning and Corporate Governance Manager noted that the MHLD SOC has been issued to the eHealth Programme Management Group; this group will meet next week to discuss the SOC.

10.6   Committee members **APPROVED** the RQIA Mid-Year Assurance Statement, with agreed amendments.

11.0   Corporate Risk Assurance Framework Report (AC/06/16)

11.1   The Planning and Corporate Governance Manager presented the Corporate Risk Assurance Framework Report to members. The Planning and Corporate Governance Manager noted the risk log on page two of this document, which details all changes made to this document following the last Board meeting.

11.2   Members noted that Risks one and five have been reworded. The Chair requested that risk five is reworded to incorporate year on year efficiency targets as imposed by DoH. The Planning and Corporate Governance Manager noted that risk six has also been reworded.

11.3   Audit Committee members noted that they are content with the six risks presented. The Chair noted that, in discussion with the Chief Executive, it has been agreed that Horizon Scanning will take place at the Board workshop in February 2017.

11.4   Committee members **NOTED** the Corporate Risk Assurance Framework Report, which will be presented at the November Board meeting.

12.0   Review of Standing Orders (AC/07/16)
- **Audit Committee Terms of Reference**
- **Review of Proposed Amendments**

12.1   Agreement that the Chair will work with the Board and Executive Support Manager to make some minor changes to the Audit Committee Terms of Reference.

12.2   **Resolved Action (337)**
Chair and Board and Executive Support Manager to review Terms of Reference of the Audit Committee and present changes to the November Board meeting.

12.3   Committee members **NOTED** the Review of Standing Orders.

13.0   Single Tender Actions & External Consultancy (AC/08/16)

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

13.2   Committee members **NOTED** the Single Tender Actions & External Consultancy.

14.0   Update on DoH Circulars (AC/09/16)

14.1   The Acting Head of Finance noted DoH circulars. The Acting Head of Finance noted the need for delegated limits within RQIA to be reviewed and updated within Standing Orders, following circular HSC (F)52-2016.

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

15.0   Any Other Business

15.1   The Acting Head of Finance noted the 1% pay award for all RQIA staff, which RQIA must finance. The Acting Head of Finance and Chief Executive to review budgets in light of this DoH circular.

15.2   Audit Committee members completed the NIAO Audit Committee Self-Assessment document.

15.3   Resolved Action (338)
Clarification to be sought from the Board Chairman in relation to Audit Committee members sitting on other executive decision making panels

15.4 **Resolved Action (339)**
Board and Executive Support Manager to make requested changes to Self-Assessment document and send to Chair for approval.

15.5 **Resolved Action (340)**
Board and Executive Support Manager to circulate dates to committee members for Audit Committee meetings in 2017.

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

Date of Next Meeting:
To be agreed

ACTION LIST

RQIA Audit Committee Meeting 20 October 2016

| Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
319	3.4	Update on Internal Review of Enforcement/ Prosecution action to be presented at the next Audit Committee Meeting	Audit Committee Chair	28 April 2016	🔴
327	6.4	Letter from RQIA to DoH regarding funding for Part IV Doctors to be raised at a future Board meeting	Audit Committee Chair	7 July 2016	🟢
330	13.6	Update report following Internal Audit Special Assignment on Cherry Tree House, to be presented at the next Audit Committee meeting	Interim Chief Executive	20 October 2016	🟢
331	15.3	Director of Corporate Services to review the Update on DHSSPS Circulars and include detail on 'action taken' and 'by whom'	Director of Corporate Services	20 October 2016	🟢
332	3.2	Finance briefing paper to be presented at the November Board meeting.	Director of Corporate Services	10 November 2016	🟢

333	7.4	Letter from RQIA to DoH regarding funding for Part IV Doctors to be raised at a future Board meeting.	Audit Committee Chair	10 November 2016	🟢
334	5.2	Internal Review to be added to the Board agenda.	Chair	10 November 2016	🟢
335	5.8	Board & Executive Support Manager to bring the Audit Committee minutes of 23 June 2016 to the November meeting of the Board for noting.	Board & Executive Support Manager	10 November 2016	🟢
336	10.4	Planning and Corporate Governance Manager to make amendments to the Mid-Year Assurance statement.	Planning and Corporate Governance Manager	10 November 2016	🟢
337	12.3	Chair and Board and Executive Support Manager to review Terms of Reference of the Audit Committee and present changes to the November Board meeting.	Audit Committee Chair	10 November 2016	🟢
338	12.2	Clarification to be sought from the Board Chairman in relation to Audit Committee members sitting on other executive decision making panels	Audit Committee Chair	10 November 2016	🟡

339	15.3	Board and Executive Support Manager to make requested changes to Self-Assessment document and send to Chair for approval.	Board and Executive Support Manager	10 November 2016	🟢
340	15.4	Board and Executive Support Manager to circulate dates to committee members for Audit Committee meetings in 2017.	Board and Executive Support Manager	10 November 2016	🟢

Key

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

Date of Meeting	23 March 2017
Title of Paper	Chief Executive's Report
Agenda Item	10
Reference	F/03/17
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 **NOTE** the Chief Executive's Update.
Next steps	A further update will be provided at the March Board meeting.

Corporate issues

1. Inspection Assessment Framework

Please see agenda item 10.

2. RQIA's Online Presence

From 1 April2016 to 28 February 2017, there were some 110,000 visitors to RQIA's website, resulting in over a 460,000 page views.

At 28 February 2017, RQIA's Twitter account @RQIANews had over 1,400 followers, up from 800 at 31 March 2016.

3. Publications/about to be published

- Review of Perinatal Mental Health Services in Northern Ireland,
- Review of the Regional Emergency Social Work Service
- Review of Governance Arrangements in HSC Organisations that Support Professional Regulation
- Daisy Hill Hospital, Unannounced Hospital Inspection Report, 5 – 7 December 2016

(No high profile review or inspection reports were published during the 'purdah' period, in advance of the NI Assembly elections on 2 March 2017)

Forthcoming Publications

- Review of Maternity Services
- Review of Renal Services
- Review of Access to Plastic Surgery
- Review of Child Protection

4. Media Interest

Since the last Board Meeting RQIA received considerable positive print, broadcast and online coverage in relation to its reviews of perinatal mental health services and regional emergency social work services. Further coverage was also received in respect of RQIA regulatory activities, including the management of the closure of a nursing home in Portadown. The report of the findings of an unannounced inspection of Daisy Hill Hospital, conducted in December 2016, was published in mid-March, with media in the Newry, South Armagh and South Down areas targeted.

5. Current Legal Actions

Aside from the prosecution of a number of unregistered laser services, there are no pending, ongoing actions at present.

6. Competition and Markets Authority UK:

CMA is carrying out a market study into the care homes sector in the UK. RQIA has been invited to participate in a CMA working group.

7. Workforce Review

The HSC Leadership Centre is completing the organisational review of the RQIA. The review has considered the organisation in its entirety. It is anticipated that the recommendations from the review will be used to assist the Senior Team in developing an Organisational Development Plan and Workforce Plan for RQIA to help facilitate improvement and change as RQIA develops for the future.

8. ISO9001

The inaugural Project Board meeting was held 13 March 2017 where it was agreed to develop and deliver a total Quality Management System for RQIA over four stages culminating in external audit in March 2019. Initially (over 12 months) processes and procedures will be mapped for quality and effectiveness, gaps will be identified with procedures developed where there are none, leading to the full documentation of all administrative processes.

In parallel training will be delivered to nominated ISO champions raising awareness of ISO and developing skill in writing procedures to ISO standard leading to a high quality, consistent way of doing things. Although not the prime reason for undertaking this work ISO accreditation will bring external prestige to RQIA reinforcing credibility.

9. IiP accreditation

Following an external assessment in 2014, RQIA achieved Investors in People (IIP) accreditation, indicating our strong commitment to staff. RQIA continues to demonstrate its commitment through team and staff meetings, our culture charter, ongoing training and development opportunities and our support to staff. We have initiated a programme of work to prepare for external assessment against the new Generation 6 IiP Framework and the external assessment will take place in Quarter 4 2016-17.

To assist in readiness for the generation 6 we have had meetings throughout the organisation to inform our staff what the new generation 6 involves. We remain committed to our people as our most important resource and continually want to improve how we can develop an efficient, effective and productive workforce. At the end of March the EMT will meet with our IiP Assessor. This is a context setting meeting and will give senior management an opportunity to comment on where we now currently as an organisation and where we see ourselves three years from now. This will help us set the strategic vision for RQIA and identify how our people will ensure that we fulfil our aims goals and objectives.

10. Measuring what matters

RQIA need to measure what matters to patients and service users of facilities we inspect.

RQIA have undertaken a review and scoping exercise regarding the use of questionnaires within the organisation. This review has identified that we use a range of style and formats of questionnaires which help us to gather a wide range of

data. We want to establish a corporate brand and methodology for capturing this data to assist in the measurement of the quality of care delivery across a range of services. A work stream to design the questionnaire and to develop e friendly version has been established. This will permit easier interrogation of the data whilst also ensuring that we meet our PPI obligations

11. MHLD Information System

The Strategic Outline Case (SOC) for a MHLD Information System was submitted to the DoH on 7 June 2016 for their approval. The SOC was reviewed at the eHealth Programme Management Group (PMG) on 31 August 2016 it was suggested that there needed to be further discussion on the scope of what is being proposed and any potential overlap with existing systems. A meeting with eHealth PMG representatives took place on 4 November 2016 resulting in some updates to the SOC which was then re-submitted to the eHealth PMG for approval. DoH has since advised they will consider the OBC and have recommended it contain more detail about any links with Trust systems.   An Outline Business Case (OBC) will be developed for Quarter 4 for approval by the Project Board.

12. Letters of Serious Concern - Mental Health Services

Four letters of serious concern have been issued from 19 January 2017 to the Belfast, Northern, South Eastern and Southern trusts regarding areas requiring improvement. The areas of concern relate to the quality of care, quality of environment, leadership, care planning and recording. Follow up inspections will be undertaken to assess the progress made

13.   Overspend on Second Opinion - Part IV Doctors

A meeting is being arranged with DoH to discuss an RQIA proposal to deliver second opinions in a more cost effective manner. The Board will be updated on the progress made following this meeting and in the interim will seek slippage to fund the deficit.

14. JNCF update

The meeting on 15 March 2017 was deferred.

15. Revised and updated MOU, number agreed, meeting policy to consider

RQIA has 11 MoU Agreements with various organisations, with a further three MoU's currently in draft format.

Regulation Directorate

16. Regulation

- A census of nursing homes is due to be conducted week commencing 20th March to survey the number of **residential beds in nursing homes**.
- **Four Seasons Health Care**: FSHC continue to engage proactively to provide high level updates on the continuing review of their portfolio in Northern Ireland and on their ongoing financial position.

17. Inspection

- **Statutory target:** we anticipate that the statutory minimum number of inspections as set out within the fees and frequencies of inspection regulations will be met.
- **Workforce:** to note that two estates inspectors and one pharmacy inspector posts have been released through VES to achieve efficiency savings. The impact will result in a reduced number of medicines management and premises management inspections from Aril 2017.
- **Making Recommendations and Requirements:** following a review and update to our enforcement procedures, we intend to move away from the language of "making requirements and recommendations" within Quality Improvement Plans and to replace this with referring to instances where we have identified "Failure to comply with regulations" and "Failure to comply with standards". This language is commensurate with the 2003 Order.
- **COPNI Investigation** : RQIA have received notification that the Commissioner of Older People is conducting an investigation into the care, treatment and experience of older people living in Dunmurry Manor Care Home covering events leading up to the home's opening in 2014 until the end of the investigation.

18. Enforcement

- Notice of Decision to cancel registration of Mr McMitchell was issued on 10 January 2017 for each of six registered dental practices. These practices are no longer registered to provide private dental treatment.

- **Dunmurry Manor:** at an announced inspection on 27 January 2017, the service achieved compliance in relation to staffing, however, further improvement was required to achieve compliance in care and governance arrangements. On 6 February 2017, RQIA issued a notice of proposal to impose conditions of registration on Dunmurry Manor. No representation was received and on 10 March, a Notice of Decision was issued placing three conditions on registration:
  - Admission will cease
  - Nurse manager in place
  - Monthly monitoring reports

- **Children's services:** Failure to comply notices have been issued to services in Northern Trust for breach of statement of purpose in Ardarath House and Barn Court. Compliance was achieved by SEHSCT in respect of Cuan Court.
- **Lakewood Regional Secure Care Centre:** to note that compliance was achieved on 16 February against five failure to comply notices.

19. Representations and Decision Making Panels

No panels have been convened since the last board meeting

20. Prosecution:

Prosecution action in respect of Laser beauty clinics for failing to register continues. To date there has been 5 successful prosecutions. Of these one service is now registered, one service has made application to register, three services have ceased trading.

21. Coroners Court

To note that the Coroner's inquest into the death of a lady from fire in a residential care home in 2012 resumes week beginning 3rd April. Three members of staff have been called as witnesses.

22. Shortage of nursing staff across N.I.

To note that across a number of nursing homes, we have identified a reliance on agency staff to supplement registered nurse numbers. This is an issue precipitated by a shortage of qualified nurses at both staff nurses and registered manager level. Homes are taking all necessary steps to actively recruit permanent staff, however there are few applicants.

Reviews Directorate

23. Healthcare Inspections

Hospital Inspection Programme Phase II continuing:

Daisy Hill Hospital Report complete, published 16th March

Mater Hospital inspection undertaken 16th-18th January preliminary findings with BHSCT, report in progress;

Lagan Valley Hospital inspection undertaken 6th-8th March feedback to South Eastern Trust executive team 14th March, preliminary findings in drafting;

Other Inspections are continuing – including hygiene & cleanliness and augmented care inspections

Work with NI Ambulance Service – meeting held 8th February, audit tools agreed, pilot inspection planned before end March, commencing planned inspection programme in 17/18 FYR

Prison Healthcare – team to participate in low impact inspection of Maghaberry and full inspection of Magilligan during 2017, in partnership with HMIP & CJI, MHLD Directorate is leading for RQIA

24. Reviews

3 reviews published in January 17:
- Review of Perinatal Mental Health – 17 January
- Review of governance arrangements in HSC organisations that support professional regulation – 20 January
- Review of regional emergency social work services – 25 January

5 reviews at reporting stage:
- Review of maternity services – comments received from DoH, currently being finalised
- Review of access to plastic surgery – at final factual accuracy, for sharing with DoH (end this week)
- Review of the dental access plan, phase II - at factual accuracy checking
- Review of renal services – report in drafting, needs further editing
- Review of governance arrangements for child protection in HSC - paused temporarily following David's death

4 reviews currently in fieldwork:
- Review of general paediatric surgery
- Review of emergency mental health & learning disability services
- Review of implementation of eye care partnerships strategy
- Review of restraint & seclusion

Planning is underway to commence year 3 of the current Reviews Programme – meeting held with DoH 13 March

25. Audit & Guidelines (GAIN)

3 audits at reporting stage (16/17 programme)
3 guidelines at fieldwork stage (16/17 programme)
1 guideline at reporting stage (16/17 programme)
Awaiting budget update/confirmation to inform planning for 17/18 audit programme

4 DoH commissioned projects
- Learning from SAIs arising from suicide, homicide & self harm – at final factual accuracy checking
- Identifying learning from SAIs – report in drafting, needs further editing
- NCEPOD - national confidential inquiry into suicide & homicide – transfer of operational responsibility in progress, training from national unit planned 30th March
- Scoping exercise: participation in national audit by NI HSC Trusts – report complete, submitted to DoH

Finance

26. Financial Position 2016-17

See Agenda item – Finance Report.

27. Voluntary Exit Scheme (VES)

RQIA was allocated revised VES ring-fenced funding of £243,000 and the VES application process was completed in December 2016. This resulted in 8 staff (7.13 WTEs) being offered VES with an annual savings of £226,000. These staff will leave RQIA in Quarter 4 2016-17. A further £72,400 of savings is to be re-invested in two new posts in the Regulation Directorate in 2017-18.

28. Financial Scenario Plan 2017-18

RQIA has submitted a Financial Scenario Plan 2017/18 to DoH based on 2/5/10/15% savings targets. This equates to £137K/£342K/£684K/£1,027K respectively.

29. Corporate Strategy 2017-21

The draft Corporate Strategy 2017-21 was approved by the RQIA Board on 19 January 2017.

An eight week public consultation on the draft Corporate Strategy 2017-21 is running from 25 January to 22 March 2017. Two public engagement events were held on 6 and 7 March 2017.

30. Contributed to / responded to

Consultation on the Safeguarding Board for Northern Ireland (SBNI) Regional Child Protection/Safeguarding Policy and Procedures

Consultation on Criteria for Reconfiguring HSC Services

Member of Adult Care and Support working group
Member Review of Regional Children's and Young People's Facilities including Lakewood Secure Unit; Beechcroft Child and Adolescent In-patient Unit, Glenmona Regional Units and Woodlands Juvenile Justice Centre

Approved Home Child carers
Response to DoH Consultation on Fees & Frequencies

Review of Whistleblowing Arrangements in RQIA, NIGALA and NIFRS
DoH has commissioned Public Concern at Work to undertake a review of RQIA, NIGALA and NIFRS's whistleblowing arrangements. A series of Focus Groups are scheduled to take place in RQIA on 24 March 2017.

31. Workshops/Stakeholder Engagements
Corporate Strategy 2017-21

The draft Corporate Strategy 2017-21 was approved by the RQIA Board on 19 January 2017.

An eight week public consultation on the draft Corporate Strategy 2017-21 is running from 25 January to 22 March 2017. Two public engagement events were held on 6 and 7 March 2017.

32. Outcomes Based Accountability (OBA)

Staff from RQIA and PCC attended a one-day training event on "*An Introduction to Outcomes Based Accountability*" held on 9 March 2017. The training was provided by Dr Richard Nugent, Senior Research Analyst, National Children's Bureau. A scoping meeting is being organised with Dr Nugent to explore how the National Children's Bureau may be able to assist RQIA with the implementation of OBA.

33. Meetings

RQIA/Royal College of Psychiatrists annual learning event

Improvement Institute Steering Group

Social work Celebration

RQIA/General Medical Council

RQIA/ Children's Commissioner

34. DoH Update

The timing of any stakeholder event on the 2003 order is yet to be confirmed, due to other priorities, this is likely to be during 2017 and RQIA will be involved as appropriate.

A link to RQIA guidance on CCTV has been put on the DoH website and added in the standards documents on line.

35. Percentage of recommendations and requirements stated once and on further occasions
Regulation - Requirements

Month	Stated Once		Stated Twice		Stated 3 Times	
	Number	%	Number	%	Number	%
Apr	101	88%	11	10%	3	3%
May	90	84%	15	14%	2	2%
Jun	149	89%	17	10%	2	1%
Jul	177	88%	21	10%	4	2%
Aug	266	88%	33	11%	5	2%
Sep	132	91%	12	8%	1	1%
Oct	157	87%	20	11%	4	2%
Nov	159	86%	22	12%	3	2%
Dec	154	83%	25	14%	6	3%
Jan	186	86%	27	13%	3	1%
Feb	126	91%	13	9%		
Total	1700	87%	216	11%	33	2%

The cumulative total for requirements at the end of February 2017 is stated once 1700 (87%), twice 216 (11%) and three times 33 (2%)

36. Regulation - Recommendations

Month	Stated Once		Stated Twice		Stated 3 Times	
	Number	%	Number	%	Number	%
Apr	290	88%	35	11%	4	1%
May	216	87%	33	13%		0%
Jun	444	91%	36	7%	6	1%
Jul	532	92%	48	8%	1	0.2%
Aug	620	90%	63	9%	3	0.4%
Sep	412	93%	29	7%	1	0.2%
Oct	377	92%	30	7%	2	0.5%
Nov	534	94%	32	6%	4	1%
Dec	369	90%	27	7%	13	3%
Jan	382	85%	65	14%	3	1%
Feb	262	93%	20	7%		
Total	4441	91%	418	9%	38	1%

The cumulative total for recommendations at the end of February 2017 is stated once 4441 (91%), twice 418 (9%) and three times 38 (1%)

37. MHLD - Recommendations

Month	Stated Once		Stated Twice		Stated 3 Times	
	Number	%	Number	%	Number	%
Apr	0	0%	0	0%	0	0%
May	3	100%	0	0%	0	0%
Jun	31	94%	2	6%	0	0%
Jul	9	100%	0	0%	0	0%
Aug	22	92%	2	8%	0	0%
Sep	25	93%	2	7%	0	0%
Oct	44	100%	0	0%	0	0%
Nov	28	90%	1	4%	2	6%
Dec	13	93%	0	0%	1	7%
Jan	14	87.5%	2	12.5%	0	0%
Feb	40	87%	6	13%	0	0%
Total	229	93%	15	6%	3	1%

The cumulative total for MHLD recommendations at the end of February 2017 is stated once 229 (93%), twice 15 (6%) and three times 3 (1%)

38. Regulation inspection progress on planned inspection activity for the year

As at end February 2017, 2533 inspections were scheduled and 2564 inspections were completed.

39. Healthcare inspection progress on planned inspection activity for the year

As at end February 2017, 27 inspections were scheduled and 27 inspections were completed. This key performance indicator is on target for delivery by the year end

40. GAIN Programme progress on milestones

Milestones for the GAIN Work plan agreed for 2016/2017 were Project Initiation Meeting (PIM), Fieldwork commenced, draft report received and dissemination of funding applications. In total there are 28 milestones. As at end of February 2017, 23 milestones were planned and have been achieved. The GAIN Programme is currently on track.

41. MHLD inspection progress on planned inspection activity for the year

As at end of February 2017, 51 inspections were scheduled and 49 were completed. This is on target to be completed by 31 March 2017.

42. Review Programme progress on milestones

Milestones of the RQIA Review Programme include: Delivery Plan agreed for 2016/2017; Project Briefs agreed; fieldwork commenced; first draft of review reports completed and review reports submitted to the DoH. There are a total of 29 milestones. At the end of January 2017, 23 milestones had been achieved, as planned. At the end of February 24 of the 27 milestones had been achieved. This was due to two drafted reports being delayed from the factual accuracy process and the Review of Child Protection having to be placed on hold due to unforeseen circumstances. It is anticipated that the review programme will meet 26 out of its total 29 milestones by the end of March 2017.

43. GAIN Programme progress on milestones

Milestones for the GAIN Work plan agreed for 2016/2017 were Project Initiation Meeting (PIM), Fieldwork commenced, draft report received and dissemination of funding applications. In total there are 28 milestones. As at end of December 2016, 19 milestones were planned and have been achieved. The GAIN Programme is currently on track.

44. MHLD inspection progress on planned inspection activity for the year

As at end of December 2016, 38 inspections were scheduled and 36 were completed. This is on target to be completed by 31 March 2017.

Date of Meeting	23 March 2017
Title of Paper	Inspection Assessment Framework
Agenda Item	11
Reference	G/03/17
Author	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of the paper is to update the Board the progress of the Inspection Assessment Framework Project following approval the way forward paper on 22 September 2016.
Executive Summary	This paper provides an update to the Board of the key developments of the Inspection Assessment Framework Report.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **ENDORSE** the Inspection Assessment Framework.
Next steps	A further update will be provided at the 11 May 2017 Board meeting.

Inspection Assessment Framework Project

Minute extract from 22 September 2016:

7.0   Agenda Item 7 - RQIA Inspection Assessment Framework: A Proposed Way Forward (C/07/16)

7.1   The Chairman noted the completion of the proposed way forward paper, following discussions with DoH.

7.2   The Chief Executive presented this paper to Board members and noted that it has been developed by the Executive Management Team, reflecting on learning and using best practice, to move forward with one inspection framework for the whole organisation.

7.3   A Board member requested that the communication with DoH in relation to this issue is included within this document.

7.4   The Chairman noted that RQIA will consult on the new inspection assessment framework. A Steering group will also be set up to take forward the work on the inspection assessment framework.

7.5   Board members **NOTED and endorsed** the RQIA Inspection Assessment Framework: A Proposed Way Forward.

The project commenced on 28 November 2016, with an inaugural meeting of the Project Board. The Project Board is chaired by the Chief Executive and membership includes, a lay assessor, Queens University representative, DoH representative, three members of RQIA Board and the RQIA Directors.

A two phase approach was agreed by Project Board membership:

- Phase I to include defining the inspection assessment framework and assessing the evidence for the use and effectiveness of the framework, whilst determining the feasibility and benefits of introducing this across all inspection areas in RQIA. Phase I would conclude by considering all of the evidence and agreement as to the next steps to move to Phase II.
- Phase II would then involve designing, developing and implementing the framework, following comprehensive consultation with identified stakeholders and a pilot and evaluation period. Phase II would conclude with a delivery plan for phased implementation across all inspection areas in RQIA.

Since the end of November/ early December:

- All project structures have been established
- Project Team has met and is pulling together all relevant papers

- An Organisational Benchmarking paper has been completed outlining inspection methods and quality evaluation techniques used by various organisations across the UK
- A initial Literature Search has been completed highlighting over 70 pieces
- Arrangements have been set up with Queen's University, Belfast (QUB) to work in partnership to undertake a Systematic Review, commencement date 1 March 2017. Estimated completion date is the end of May 2017/early June 2017. Cost £4,999
- A Search Protocol for the Systematic Review is to be delivered by 28 March 2017
- A Benefits Realisation Exercise with Project Team will be undertaken in April

At the commencement of the project, the initial high level Gantt Chart produced for Project Board estimated a completion timeline of the end of February 2017 for completion of the critique of the evidence by an external expert/reviewer. However, this has had to be extended to the end of May/early June 2017 as QUB were unable to commence this work until March due to the availability of their resource. Following various discussions, we have agreed that QUB will resource the work with two lecturers and a research fellow, supplemented by a dedicated resource from RQIA. This work will be overseen by a QUB Professor who has taken a keen interest in this piece of work. With this resource, they are hopeful that the estimated delivery time can be reduced from their normal nine months to three months. A project plan for Phase I has been developed with this updated information and an exception report has been included in the February Highlight Report to Project Board.

We have also agreed that QUB will provide updates on a regular basis with regard to progress. A Project Board meeting will be arranged for the end of May / early June when the collated evidence can be considered and an agreement regarding next steps to move to Phase II can be reached.

The Regulation and Quality Improvement Authority

RQIA Board Meeting	
Date of Meeting	23 March 2017
Title of Paper	Summary Finance Report
Agenda Item	12
Reference	H/03/17
Author	Lesley Kyle
Presented by	Maurice Atkinson
Purpose	To present RQIA's summary financial position as at 31 January 2017.
Executive Summary	Projected break-even at end of year.
FOI Exemptions Applied	None
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this update.
Next steps	The forecast income and expenditure will be monitored to ensure a breakeven position is achieved at the year end.

FINANCE REPORT

Total Income Budget 2016/17 – RRL Funding and Fee Income

RQIA's Income Budget 2016/17 is summarised below:

	£
2015/16 RRL C'Fwd	**6,902,617**
Saving Requirement - 3% (Recurring)	(207,078)
Employer Superannuation Costs (Recurring)	148,202
Recurring RRL Funding	**6,843,741**
HSC Voluntary Exit Scheme (Non Recurring)	242,992
Clinical Excellance Award (Non Recurring)	38,076
Non Rexcurring RRL Funding	**281,068**
Total Revenue Resource Limit 2016/17	**7,124,809**
Annual & Registration Fee Income	**909,000**
Total Income Budget 2016/17	**8,033,809**

Revenue Resource Limit (RRL) allocation of £6,843,741 has been awarded for 2016-17.

RQIA has also been allocated VES ring-fenced funding of £243,000 and the VES application process was completed in December 2016. This resulted in 8 staff (7.13 WTEs) being offered VES with an annual savings of £226,000 from 2017-18 onwards. The majority of these staff will leave RQIA on 31 March 2017. A further £72,400 of savings is to be re-invested in two new posts in the Regulation Directorate in 2017-18.

RQIA has received confirmation of the Clinical Excellence Award (CEA). The amount received is £18,185 for the period April 16 - Sept 16 inclusive. This amount is also ring-fenced.

Annual fee income generated through the charging of registered establishments is estimated to be £768k at the year end. Registration fee income is a variable income stream dependent on what is happening in the care sector and therefore out of the control of RQIA. The estimated registration fee income at the year-end is £116k. This continues to be monitored monthly. Annual fee income received year to date is £754k (£763k less £8.8k Debtors) and the registration fee income is £96k year to date.

Financial Position Year to Date and Year End Estimate

The table below summarises the financial position at Jan 17 and the year-end financial position

	Budget 2016/17	Cum Exp April - Jan 17	Year end Est 2016/17	Variance - Bud against year end est
	£	£	£	£
Revenue Resource Limit	6,843,741	5,703,118	6,843,741	0
Clinical Excellence Award	38,076	18,185	18,185	(19,891)
HSC Voluntary Exit Scheme	242,992		242,992	0
Annual & Reg Fees	909,000	732,402	883,883	(25,117)
Total Income	**8,033,809**	**6,453,705**	**7,988,801**	**(45,008)**
Pay	6,388,108	5,169,255	6,223,097	165,011
HSC Voluntary Exit Scheme	242,992		242,992	0
Non Pay	1,563,462	1,050,808	1,508,784	54,678
Funding gap to be met through slippage	(160,753)			(160,753)
Total Expenditure	**8,033,809**	**6,220,063**	**7,974,873**	**58,936**
Surplus/(Deficit)	**0**	**233,642**	**13,928**	**13,928**

Cumulative Financial position at January 2017

RQIA's pay and non-pay expenditure for the 10 month period to Jan 17 was £6.220k. The total income for the same period was £6.453k creating a year to date underspend of £233k. The year to date surplus is a result of non-pay expenditure not likely to be incurred until March 17.

The year to date income figures above have been calculated as follows:-

- RRL income 10/12ths of full year allocation; plus
- CEA funding; plus
- Annual fee income 10/12ths of (actual plus debtors) per general ledger; plus
- Registration fee income actual per the general ledger at Jan 17

Forecast Financial Position at March 17

It is anticipated that the total income received by the year-end will be £45k less than budget. This is a result of RQIA only requiring 6 mths clinical excellence award and a reduction in the anticipated annual and registration fee income. Registration fee income is unpredictable and the year-end estimate is calculated by extrapolating the year to date cumulative. This is the best estimate end of year position and is reviewed on a monthly basis.

At the beginning of the financial year RQIA had an initial funding gap of £296,000. A further review of the pay and non-pay budgets reduced the funding gap to £160,753 and it was anticipated that this could be met through pay slippage in 2016/17.

We are estimating a year end pay cost of £6.223k, creating slippage of £165k against the salary budget. RQIA received notification from the Workforce Policy Directorate on 10 October 2016, indicating that HSC staff will receive 1% consolidated pay uplift from 1 April 2016. The pay uplift was implemented in Nov 16 to all agenda for change staff and arrears backdated to April 16. The Workforce Policy Directorate has issued a draft circular (for information only) in respect of Senior Executives Pay Award 2016/17. The proposed pay award has not been implemented but has been accrued for in the year end projection. The estimate pay award is as follows:-

- Pre Dec 2008 Contract up to 3%
- Post Dec 2008 Contract up to 1%

We are estimating £1.508k non-pay expenditure at the year-end which will create a surplus of £55k against the non-pay budget.

The forecast position is based on a number of operational assumptions in relation to pay and non-pay which are summarised in the table below:

Directorate	Amount
Pay	51,574.00
Non Pay	376,718.23
Total	**428,292.23**

Pay Assumptions:
- Review Directorate – Use Bank Staff Prison Inspections/Perinatal Report (£4.4k)
- Regulation Directorate – Use of Bank Staff (£8.9k)
- Mental Health and Learning Disability – Additional work (£17.5k)
- Corporate Service Directorate – TUPE Costs (£2k)
- RQIA Corporate Services - Use of agency staff (£18.5k)

Non Pay Assumptions:
- IRMER (£28.8k)
- Review Back Fill Costs (£4k)
- GAIN Projects allocated (£71k) – Listed as Mth 10 creditor
- GAIN Projects est Feb – March 17 (£70k)
- ICT Expenditure (£47k)
- Part IV Doctors (£20k)
- SLA charge for outsourced services (£74k)
- Additional Audit Work (£6k)
- RQIA Corporate (£23.4k) – IIP, DoH Statistician, C Young Ansec and Queens assessment framework

- RQIA Corporate Staff Course and Conf and Membership Fees (£20.1k)
- RQIA Corporate Misc Expenditure (£12k)

If the assumptions above are implemented RQIA will breakeven at the year end. Any slippage in any of these areas will result in a year-end underspend and needs to be identified as early as possible to take corrective action. RQIA operates with a breakeven tolerance of plus or minus £20K and the forecast income and expenditure will be monitored monthly to ensure a breakeven position is achieved at the year end.

There are 2 issues that have been raised affecting all Health Service bodies:-

- Employer superannuation costs incorrectly calculated for staff on maternity or half pay
- Statutory/Public Holidays previously not accrued for staff on maternity leave

Both of these scenarios will create an additional in year cost. This has been calculated as an estimate of £10k for statutory/public holidays owed and this is included in the year end position. An exercise is currently ongoing to calculate the additional employer superannuation costs to be incurred. A high level calculation has estimated the cost could be in the region of £13k. Further work is required to confirm this amount and at this stage. This has **not** been factored this additional cost into the year-end projection.

Based on the current year end forecast of £14k surplus an additional charge of £13k could be absorbed and RQIA would continue to maintain a breakeven position.

Capital Resource Limit (CRL)

Additional capital funding of £14.2k was confirmed 14th February 17, the revised Capital Resource Limit (CRL) for 2016/17 is £74.8k.

This funding has been allocated to the following capital projects:-

- iConnect Project Manager (£18,000)
- Security Testing (£5,040)
- Round 9 Regional ICT purchases (£50,175)
- Enforcement (£1,176)
- Concerns Module (£441)

To date £12.3k has been incurred and it is anticipated the full allocation will be utilized.

Prompt Payment Compliance

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

The position as at 31 Jan 17 was as follows:

Target	Cum number Invoices Paid	Cumulative Position as at 31 Jan 2017	Comments
95% of invoices paid within 30 days of receipt of goods/service or receipt of invoice	1093	94.9%	Target achieved
70% of invoices paid within 10 days of receipt of goods/service or receipt of invoice	951	82.6%	Target achieved

Outstanding Annual Fees (Debtors)

The production of Annual Fee invoices has been outsourced to BSO Shared Services and the fees for 2016/17 were issued in July 16, subsequent pro-rata invoices were raised in October 16 with a final pro-rata batch will be raised in March 17. First reminders were issued in August 16 and subsequent reminders have followed. At this stage there is approx. £8.6k debt outstanding and accounts receivable are actively chasing this amount. If full recovery is not achieved by year-end any outstanding amounts will be listed as a year-end debtor.

There are Annual Fees relating to 2015/16 that have not been recovered. The total outstanding debtors 2015/16 are £1,885. A decision will now have to be made regarding whether RQIA should continue to pursue the debt or seek permission from the Audit Committee to write the debt off.

Recommendation

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

Maurice Atkinson
Director of Corporate Services

RQIA Board Meeting

Date of Meeting	23 March 2017
Title of Paper	Draft Corporate Strategy 2017-21
Agenda Item	14
Reference	I/03/17
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of this paper is to present Corporate Strategy to the Board and obtain approval to initiate an eight week period of public consultation on the strategy. In addition a draft consultation questionnaire has been prepared for consideration by the Board.
Executive Summary	The purpose of the Corporate Strategy (attached) is to describe what RQIA aims to achieve between 2017 and 2021 and outline to people what they can expect the outcome of our work to mean for them. A Corporate Strategy Steering Group was formed to oversee the development of the strategy, and membership of the Group included eight Board members. RQIA's vision – to be a driving force for improvement in the quality of health and social care in Northern Ireland – has been translated into a strategy map which provides a coherent picture of the interrelationship between RQIA's vision, purpose, strategic themes, core activities and values. The strategy has been structured in terms of four overarching strategic themes i.e.: 1. **Strategic Theme 1: Encourage quality improvement in health and social care services** - *RQIA will use its powers under the 2003 Order to encourage quality improvement*

	in health and social care services, support service providers and assure quality. 2. **Theme 2: Use business intelligence effectively** - RQIA will deliver independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need. 3. **Strategic Theme 3: Engage and involve service users** - *RQIA is committed to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.* 4. **Strategic Theme 4: Deliver operational excellence** - *RQIA is committed to developing our staff and using our resources effectively and efficiently to sustain an organisational culture of learning and continuous improvement.*
FOI Considerations	None
Equality Screening Completed and Published	The draft Corporate Strategy has been Equality Screened (attached). RQIA recognises the need to consider the impact on Section 75 groups of this draft strategy and subsequent policies and programmes of work. The needs, experiences and priorities of these groups will vary and annual business plans, work programmes, policies and business cases will be screened as appropriate over the next four years. Therefore a full Equality Impact Assessment is not required at this stage.
Recommendation/ Resolution	The Board is asked to **APPROVE** the RQIA Corporate Strategy 2017-21.
Next steps	Following approval, the draft Corporate Strategy will be forwarded to DoH and DFP for approval. Following DoH and DFP approval the Corporate Strategy 2017-21 will be distributed to all staff and will be progressed through the annual Business Plans and quarterly Corporate Performance Reports.

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

Public Consultation

Draft Corporate Strategy | 2017-21

Assurance, Challenge and Improvement in Health and Social Care

Contents

Foreword Chair / Chief Executive

The Regulation and Quality Improvement Authority (RQIA) has developed a draft Corporate Strategy for the period 2017-2021 which sets out the strategic direction for the next four years. The draft strategy takes account of the vision set out by the Minister of Health in *Health and Wellbeing 2026: Delivering Together*, Department of Health (DoH) priorities and the Draft Programme for Government Framework 2016–21 within the context of financial constraints and the anticipated reform and restructuring of health and social care services.

The strategy represents RQIA's response to a number of external challenges arising from health and social care reform including international trends in regulation and assurance. Specifically, the strategy recognises the growing requirement for health and social care regulators to demonstrate their contribution to the quality improvement of services, and the independent assurance of the maintenance of service delivery standards.

RQIA operates across a wide and disparate range of health and social care services. RQIA is committed to a programme of continuous improvement of its operations. We recognise the need to respond positively to emerging changes in health and social care in Northern Ireland and to adopt best practice.

We recognise the importance of developing closer and more effective working relationships with a range of service providers and other regulators. Our objective is to assess and encourage improvement in the quality of services, keep the public well informed and safeguard the rights of service users.

The strategy acknowledges and supports the need to actively involve service users, carers and the public in the development and delivery of the various approaches to our work available to RQIA.

The Corporate Strategy 2017-21 will be kept under review to ensure that it takes account of changes in the external environment, best practice and the needs of our stakeholders and service users. Any change to the Corporate Strategy will be carefully assessed and agreed with RQIA's Board and discussed in detail with the Department of Health, prior to implementation.

Dr Alan Lennon OBE
Chairman

Olive Macleod
Chief Executive

Who We Are

RQIA is an arms length non-departmental public body (NDPB) reporting to the DoH. We are funded by the department, but operationally independent of it. We were established by statute and have statutory duties, powers and responsibilities.

Our Purpose

We work to bring about measurable improvements in the safety and quality of health and social care services for the people of Northern Ireland

We keep the DoH informed about the provision of health and social care services and in particular, their availability and their quality.

We execute our responsibilities in respect of a range of health and social care services such as acute hospitals, children's services and mental health services.

We have statutory powers and responsibilities to carry out inspections, investigations and reviews. Whilst the objective is to encourage the improvement of health and social care services, RQIA has statutory powers to address any failure to comply with DoH regulations and minimum standards.

RQIA is committed to a human rights based approach to our work which includes the UN Convention on the Rights of Persons with Disabilities and the UN Convention on the Rights of the child, to ensure that people remain at the heart of our activities.

How do we assure quality standards and encourage improvement?

Inspections

We inspect a range of health and social care services with the primary purpose of ensuring that those bodies comply with relevant regulations, and meet the standards of service quality, as set out by the DoH.

Where a service provider fails to meet the required standards, we take action to ensure compliance. Increasingly, we use inspections to encourage systematic quality improvement by service providers. Our inspections focus on identifying the extent to which care is safe, effective, compassionate and well-led. We reference these findings to the DoH regulations and standards. We use this information and intelligence to help us drive improvement across the range of services we inspect.

We report our findings in a range of formats to keep the public well informed and encourage service providers to engage in systematic quality improvement. Depending on the nature of the service being inspected, inspections may be carried out by an RQIA inspector, or a larger team, including specialist inspectors / peer reviewers and are led by core RQIA staff. In an increasing number of cases inspections are enhanced by the use of lay assessors.

Reviews

A review is an in-depth investigation into aspects of health and social care services and may include services in hospitals, the community or primary care. It takes into consideration relevant standards and guidelines, the views of the public, health and social care experts and current best evidence.

RQIA has a review programme that includes planned reviews which have been requested by the Department of Health and reviews which are initiated by RQIA in consultation with stakeholders.

During our reviews we examine the service provided, highlight areas of good practice and produce a review report which makes recommendations for improvements to the service provider, where appropriate. We report our findings and share any lessons learned across the wider health and social care sector.

In addition, when required, we carry out reviews and investigations in response to specific issues of concern or failures in service provision.

RQIA also facilitates the development and integration of regional guidelines and audit, the aim of which is to improve outcomes for patients, clients and carers.

Mental Health

RQIA undertakes a range of actions to protect the human rights of vulnerable people with mental ill health, learning, physical, sensory or hidden disabilities. Our responsibilities include promoting good practice; preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention in a hospital or guardianship; and preventing or redressing loss or damage to a patient's property. We talk directly to patients and ask them about their experiences.

Mental health and learning disability services are one part of the wider inspection programme and these services may also be subject to targeted review. From November 2016, RQIA's mental health and learning disability team, took responsibility for the inspection of prison health care.

Investigations

RQIA may carry out investigations into the management, provision or quality of statutory services. At present RQIA's main means of executing its responsibilities is through the inspection and review mechanisms described above. Moving forward, RQIA will seek to secure compliance and improvement through the development of additional and proportionate interventions with service providers.
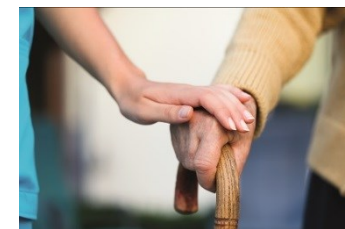
RQIA's Strategy Map

The RQIA Strategy Map (Figure 1, Page 7) 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 will be kept under review to ensure that we can respond appropriately to emerging challenges and will be underpinned by our annual business plan.

RQIA Values

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

- **Independence** - upholding our independence as a regulator

- **Inclusiveness** - promoting public participation and building effective partnerships internally and externally

- **Integrity** - being honest, open, fair and transparent in all our dealings with all of our stakeholders

- **Accountability** - being accountable and taking responsibility for our actions

- **Professionalism** - providing professional, effective and efficient services in all aspects of our work - internally and externally

- **Effectiveness** - being an effective and progressive regulator, forward-facing, outward-looking and constantly seeking to develop and improve our services

RQIA Strategy Map 2017-21

Figure 1

Vision and Purpose

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

To provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports

Strategic Themes

Encourage quality improvement in HSC services

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

Use business intelligence effectively

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

Engage and involve service users and stakeholders

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

Deliver operational excellence

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

Core Activities

Regulation and Nursing Directorate

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

Reviews Directorate

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

MHLD and Social Work Directorate

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

Values

Independence   Inclusiveness   Integrity   Accountability
Professionalism   Effectiveness

Strategic Theme 1

Encourage quality improvement in health and social care services

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

Key Priorities

We will:

1. analyse and report on the availability and quality of health and social care services

2. scrutinise and report on service providers' approach to quality improvement

3. drive forward and share best practice and learning from inspections, audits and reviews

4. provide advice and guidance on quality assurance and improvement

Strategic Theme 2

Use business intelligence effectively

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

Key Priorities

We will:

1. strengthen data gathering and analysis within RQIA

2. seek opportunities to collaborate with other regulators and share information with our stakeholders to better target reviews, investigations and inspections, based on need and potential impact

3. improve the quality of information we gather from service users to prioritise the focus of our work

Strategic Theme 3

Engage and involve service users and stakeholders

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

Key Priorities

We will:

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

Strategic Theme 4

Deliver operational excellence

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

Key Priorities

We will:

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

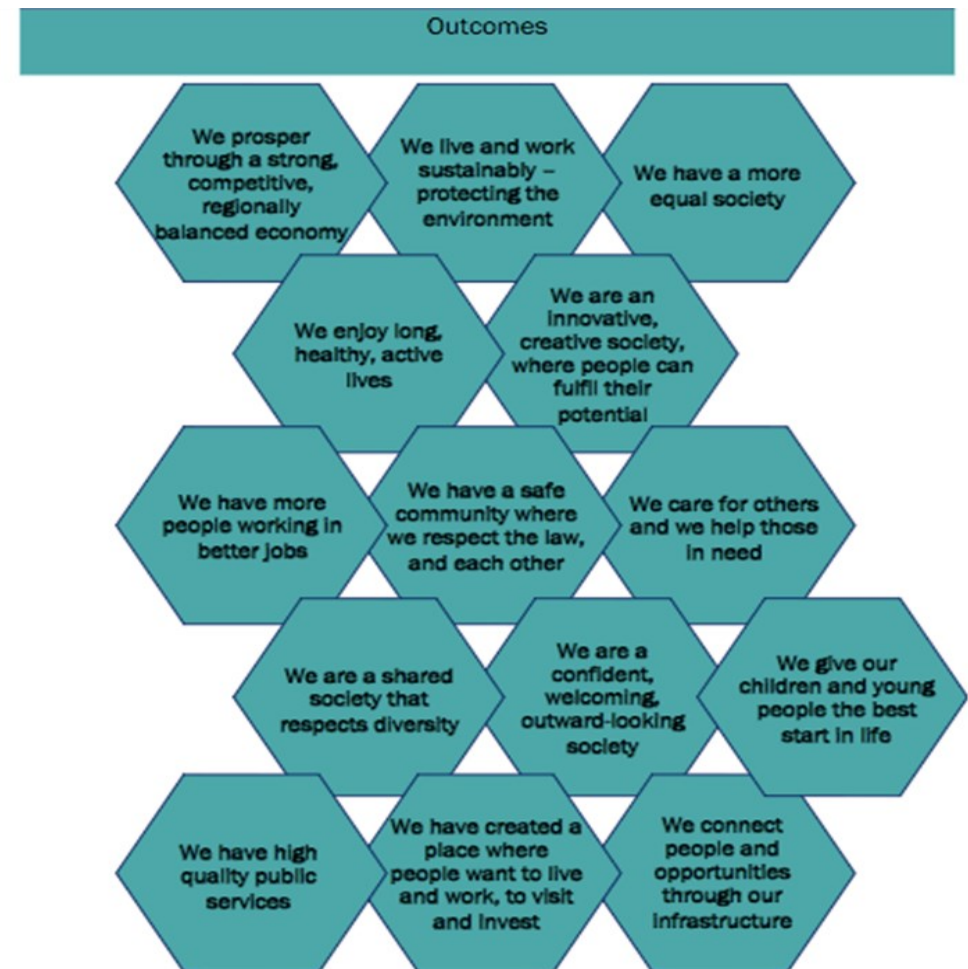# RQIA's Contribution to the NI Programme for Government

The Programme for Government (PfG) Outcomes Framework (Figure 2) sets out the ambition the Northern Ireland Executive has for our society. It is a new approach which focuses on the major societal outcomes that the NI Executive wants to achieve and provides a basis for all sectors to contribute to the development of plans and actions. There are 14 strategic outcomes which, taken together, the Executive believes best describe the society we wish to have.

We identified four PfG strategic outcomes within the Framework that match the role, responsibility and ambition of RQIA. These are:

• We enjoy long, healthy, active lives
• We give our children and young people the best start in life
• We care for others and we help those in need
• We have high quality public services

To support the Northern Ireland Executive in the delivery of the PfG, we have aligned our strategic themes and associated priorities with these four PfG outcomes. RQIA's strategic themes and key priorities have been mapped to the NI PfG Outcomes Framework to show the extent of the alignment and how one contributes to the other (see Page 11).

Figure 2 - Programme for Government Outcomes Framework

Outcomes

We prosper through a strong, competitive, regionally balanced economy

We live and work sustainably – protecting the environment

We have a more equal society

We enjoy long, healthy, active lives

We are an innovative, creative society, where people can fulfil their potential

We have more people working in better jobs

We have a safe community where we respect the law, and each other

We care for others and we help those in need

We are a shared society that respects diversity

We are a confident, welcoming, outward-looking society

We give our children and young people the best start in life

We have high quality public services

We have created a place where people want to live and work, to visit and invest

We connect people and opportunities through our infrastructure

Contributing to the NI Programme for Government

RQIA's contribution to the achievement of the NI PfG outcomes through delivery of our strategic themes and priorities is outlined as follows:

Strategic Theme	Key Priorities	Northern Ireland Programme for Government Outcomes			
		We enjoy long, healthy, active lives	We give our children and young people the best start in life	We care for others and we help those in need	We have high quality public services
Encourage quality improvement in HSC services	Analyse and report on the availability and quality of health and social care services	✓	✓	✓	✓
	Scrutinise and report service providers' approach to quality improvement	✓	✓	✓	✓
	Drive forward and share best practice and learning from inspections, audits and reviews	✓	✓	✓	✓
	Provide advice and guidance on quality assurance and improvement	✓	✓	✓	
Use business intelligence effectively	Strengthen data gathering and analysis within RQIA	✓			✓
	Seek opportunities to collaborate with other regulators and share information with our stakeholders to better target reviews, investigations and inspections, based on need and potential impact	✓	✓	✓	✓
	Improve the quality of information we gather from service users to prioritise the focus of our work	✓	✓	✓	✓
Engage and involve service users and stakeholders	engage service users and stakeholders in the co-design of our interventions (audit, review, inspection, investigations)	✓			✓
	Involve service users as part of the inspections and reviews	✓	✓		✓
	Develop and implement a communications and engagement strategy				✓
	Enable and encourage service users and the public to provide the intelligence needed to inform assurance and improvement activity	✓	✓	✓	✓
Deliver operational excellence	Develop a highly skilled and flexible workforce, capable of meeting existing and future challenges				✓
	Promote a culture of good governance, learning and continuous improvement, focusing on better outcomes in the work we do	✓			✓
	Benchmark our performance against regional, national and international standards	✓	✓	✓	✓
	Efficiently and effectively manage our resources to demonstrate value for money				✓

Delivering the Strategy

The successful delivery of the strategy is dependent on:

- continuing to engage and involve service users and stakeholders in the co-design of our work
- developing closer and more effective working relationships with a range of service delivery organisations and other regulators
- maintaining robust performance management and reporting processes
- recruiting and retaining a skilled and dedicated workforce
- the availability of adequate funding

RQIA will ensure that appropriate governance and accountability arrangements are in place to support the robust scrutiny of the effective delivery of the strategy.

Each year, RQIA will develop a business plan with actions and measures fully aligned to the four strategic themes and priorities in the Corporate Strategy.

RQIA's Corporate Strategy 2017-21 will be kept under review to ensure that it takes account of changes in the external environment, best practice and the needs of our stakeholders and service users.

Any change to the Corporate Strategy will be carefully assessed and will be agreed with RQIA's Board and discussed in detail with the DoH, prior to implementation.

Measuring Outcomes

RQIA has developed a suite of financial and process performance measures which are monitored by the RQIA Board on a regular basis. Whilst these measures provide a useful view of organisational performance, RQIA recognises the need to move towards the greater use of outcome measures. We therefore plan to enhance the current suite of performance measures by developing a complementary suite of outcome measures. These outcome measures will focus on the quality of RQIA's reports, recommendations, advice and enforcement and their impact on the actions of service delivery bodies. They will also be informed by service user and stakeholder feedback. Financial, process and outcome measures will be incorporated into annual Business Plans and reported to RQIA's Board on a regular basis.

Consultation Contact Details:

Call us on: 02890517500
Email us at: consultation@rqia.org.uk

Write to: Draft Strategy 2017-21 Consultation
Regulation and Quality Improvement Authority
9th Floor Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Alternatively download the draft Corporate Strategy and Consultation Questionnaire at www.rqia.org.uk. Please contact us if you would like this document in another language or format.

The **Regulation** and
Quality Improvement
Authority

Public Consultation on RQIA's Corporate Strategy 2017-21

Summary of Feedback

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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Consultation Questions:

APPENDICES

1. Background

1.1 Introduction

1.1.1 This is RQIA's fifth corporate strategy, which covers the four year period from 2017-21. It sets out our strategic vision and values, and identifies the outcomes which we hope to achieve over the course of this strategy. These outcomes will be restated as performance measures in RQIA's annual business plans over the four year period.

1.1.2 RQIA finalised its draft four-year Corporate Strategy in January 2017 setting out our vision to be a driving force for improvement in the quality of health and social care in Northern Ireland. RQIA believes that it is important to listen to the views of service users, carers, members of the public and those who deliver services to ensure that our agreed Corporate Strategy has taken account of their views.

1.2 Development of the Strategy

1.2.1 The draft strategy was developed in consultation with stakeholders and guidance received from RQIA's Board and staff.

1.2.2 We have identified four "Strategic Themes" which are critical to the success of RQIA and the delivery of the strategy:

- Encourage quality improvement in health and social care services
- Use intelligence effectively
- Engage and involve service users and stakeholders
- Deliver operational excellence

1.2.3 These define how we intend to achieve our vision to be the driving force for improvement in the quality of health and social care in Northern Ireland.

1.2.4 To support the Northern Ireland Executive in the delivery of the Programme for Government (PfG), we aligned our strategic themes and associated priorities with four PfG strategic outcomes within the framework that match the role, responsibility and ambition of RQIA:

- We enjoy long, healthy, active lives
- We give our children and young people the best start in life
- We care for others and we help those in need
- We have high quality public services

1.3 Consultation Process

1.3.1 The consultation exercise began on 25 January 2017 and lasted for a period of 8 weeks ending 22 March 2017. As part of the consultation RQIA used a number of methods to consult with stakeholders including:

- Consultation documents made available on RQIA website
- Letters sent to Section 75 contacts and to all independent sector providers, Trusts, agencies, other regulators, DHSSPS, NI Assembly health spokespeople and other stakeholders via email.
- Three consultation events were held in Newtownabbey, Derry/Londonderry and South Eastern Health and Social Care Trust (Ulster Hospital).

1.3.2. The aim of this consultation was to:

- gain feedback from a range of stakeholders
- ensure that the strategy captures RQIA's work adequately
- identify any areas of the strategy that could be strengthened, added or removed.

1.4 Consultation Feedback

1.4.1 The formal consultation focussed on requesting feedback on the questions identified in sections 2 to 8.

1.4.2 In response to the consultation we have received 14 written submissions and 71 stakeholders attended the 3 consultation events. Stakeholders who participated in the consultation and provided feedback on the corporate strategy included:

- independent sector providers
- health Trusts
- umbrella membership bodies
- community and voluntary sector organisations

1.4.3. All of the responses have been analysed and presented in line with the questions as presented in the consultation feedback proforma. We have also created summaries of themes that have emerged rather than repeating the same issue a number of times.

1.4.4. For each question we have outlined how we have or will take action in relation to the consultation feedback.

Consultation Questions

The following analysis is based on the seven written responses.

2.   Q1: Do you believe that the strategic themes and priorities set out in RQIA's draft Corporate Strategy 2017-21 will deliver the vision and purpose of the organisation?

2.1   The majority of respondents agreed with RQIA's overall strategic direction as set out in the document with a number of respondents congratulating RQIA on producing a very clear presentation of our draft corporate strategy which has been set out in a realistic and achievable fashion.

2.2   Overall the simple, yet comprehensive range of strategic themes and priorities has been welcomed by respondents with a number of respondents stating that they felt they are measureable and achievable.

2.3   To ensure RQIA delivers its core purpose of providing assurance about the quality of care, challenging poor practice, promoting improvement and safeguarding the rights of service users' a number of respondents emphasised the need for RQIA to strengthen its engagement with service users and their families/carers during inspections and reviews.

2.4   A number of respondents emphasised the need for RQIA to work in partnership with health and social care organisations, national and international bodies, people supported, and their families, to identify and disseminate evidence based best practice.

2.5   Other issues raised by respondents included the importance of embedding a Human Rights approach throughout our work. One respondent suggested RQIA outlines the Human Rights articles that are of significance along with stating our commitment to the UN Convention on the Rights of Persons with Disabilities. Another respondent stated that RQIA should ensure a child rights focus is needed in the corporate strategy in line with the UN Convention on the Rights of the Child and would welcome further information on how has involved children and young people in the consultation of our corporate strategy and our work.

2.6   One responded noted that people with physical, sensory or hidden disabilities can equally be at risk and therefore requires the same protection under human rights.

2.7   Two respondents commented that the consultation document was not offered in a range of alternative formats including easy read to make the document accessible to children and young people.

2.7   One responded asked if service providers are forewarned before a review is undertaken, as it has the potential to ensure that RQIA will not get a true picture of the service and its delivery.

2.8 One responded commented that the corporate strategy does not explain RQIA's vision and it is therefore impossible for consultees, on this basis, to comment on the extent to which the draft corporate strategy will deliver it.

RQIA's Response
RQIA is committed to increasing engagement and involvement of service users and stakeholders in the design of our work. Through our Lay Assessor programme we have a wide range of representation from the elderly, persons with disability and children and young people, who actively participate in our review and inspection programmes. Through the delivery of the RQIA Business Plan 2017-18 we will increase the number of stakeholders and lay assessors actively designing / participating in our programmes of work. We will also strengthen arrangements to capture the voice of service users and their families/carers, to include stakeholder reference group, lay assessors and through engagement during inspections RQIA has committed to the Human Rights Act, UN Convention on the Rights of Persons with Disabilities and UN Convention on the Rights of the Child approaches, throughout our areas of work including supporting the rights of the elderly, mental health and learning disability services, children services, prison health and social care services. We have also agreed joint areas of research with academic partners and others in order to ensure we continue to highlight our human rights based approach to our process for inspection and review. RQIA has included the following statement under Who We Are section in the Corporate Strategy 'RQIA is committed to a human rights based approach to our work which includes the UN Convention on the Rights of Persons with Disabilities and the UN Convention on the Rights of the child, to ensure that people remain at the heart of our activities'. RQIA has amended the statement in page 5 to read 'RQIA undertakes a range of actions to protect the human rights of vulnerable people with mental ill health, learning, physical, sensory or hidden disabilities'. RQIA, on request, offers all its public documents in alternative formats (such as large print, braille, disk, audio file, audio cassette, easy read or in minority languages). The offer of alternative formats was placed at the beginning of the Public Consultation Questionnaire for the Corporate Strategy 2017-21. We will continue to review were we place the offer of alternative formats such as cover letters to ensure ease of reference. RQIA reviews statutory services across health and social care. Our review programme takes into consideration relevant standards and guidelines, the

views of the public, health care experts and current research. During our reviews we examine the service provided, highlight areas of good practice and make recommendations for improvements to the service provider. We report our findings and share any lessons learned across the wider health and social care sector.

The RQIA Review programme should not be confused with RQIA's responsibilities in relation to registering and inspecting a wide range of independent and statutory health and social care services. These include: nursing homes; residential care homes; children's homes; day care settings; independent health care services; adult placement agencies; domiciliary care agencies; nursing agencies; residential family centres; and voluntary adoption agencies. RQIA also inspects school boarding departments. RQIA is committed to increasing the number of unannounced inspections ensuring that we have an inspection system which better informs service providers about the quality and safety of regulated services.

RQIA's vision and purpose is stated in page 7 of the Corporate Strategy in RQIA's Strategy Map which is 'To be a driving force for improvement in the quality of health and social care in Northern Ireland'.

3. Q2: To what extent will Strategic Theme 1 'Encourage quality improvement in health and social care services' be achieved, by focusing on the identified key priorities?

3.1 The majority of responses supported RQIA's strategic theme 1 with a few respondents stating they found the priorities to be appropriate and proportionate.

3.2 A number of respondents welcomed RQIA's commitment to sharing best practise and learning from inspections and reviews

3.3 A number of respondents suggested that RQIA's inspections should be more patient focused and a larger percentage of inspection time should be spent engaging with the service users and their family/carers rather than focusing on paperwork.

3.4 One respondent noted that they do not believe the word 'encourage' in relation to Strategic Theme 1 'Encourage quality improvement in health and social services' adequately conveys the powers held by the RQIA and recommended for it to be replaced with the word 'enforce'.

3.5 One respondent recommended that the four key priorities are supplemented by an overarching commitment to enforce and monitor quality assurance and improvement, with a parallel undertaking to impose appropriate sanctions on organisations that fail to meet minimum standards.

RQIA's Response

RQIA is looking at new and innovative ways to sharing best practice and learning from inspections, audits and reviews. RQIA through the Business Plan 2017-18 has committed to developing a template report to enable the publication of an annual summary of the quality of services inspected, reviewed and audited by RQIA. The aim of the template is to provide an overview of the quality of health and social care services describing the impact of RQIA's inspections, reviews and audit activity and sharing of best practice.

RQIA has appointed lay assessors which includes representation from the elderly, people with a learning disability and children and young people, to contribute to our reviews and inspection processes. We will continue to consider how can involve our stakeholders in the delivery of our work to ensure that our inspections and reviews are more patient focused.

RQIA was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The Order also places a statutory duty of quality upon health and social care organisations, and requires the DoH to develop standards against which the quality of services can be measured. RQIA has the power to enforce

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regulations on health and social care organisations against the standards through quality improvement plans, issuing of urgent action notices, failure to comply notices, improvement notices, enforcement actions and legal actions. As per article 4 (2) (b) of the order RQIA's mandate is to encourage improvement in the quality of services and in the spirit of quality improvement our role is to support health and social care organisations on their continuous quality improvement journey. The wording of Strategic Theme 1 will remain unchanged.

RQIA notes the recommendation that the four key priorities are supplemented by an overarching commitment to enforce and monitor quality assurance and improvement, with a parallel undertaking to impose appropriate sanctions on organisations that fail to meet minimum standards. In the Business Plan 2017-18, RQIA will complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits. This will ensure that RQIA enforces a robust system of registration which ensures that only those persons fit to provide good quality care are authorised to do so. We will provide independent assurance of the delivery safe, effective, compassionate care in a service that is well led care and will target and proportionate enforcement action to protect the public and ensure providers take action to improve.

4. **Q3: To what extent will Strategic Theme 2 'Use intelligence effectively' be achieved, by focusing on the identified key priorities?**

4.1 The majority of respondents are supportive of Strategic Theme 2, with a number of respondents stating that different Regulators and Bodies should share relevant information with each other to avoid duplication and overlap when they are inspecting service providers.

4.2 A number of respondents raised concerns about the use of the word 'intelligence' as this terminology does not sit easily with some communities and it is suggested that the word is replaced with 'information'. One respondent suggested that the words should be replaced with 'evidence and data'.

4.3 One respondent stated that the wording of Strategic Theme 2 'RQIA will seek to ensure independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need' is imprecise and aspirational and should be amended to 'RQIA will deliver independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need'.

4.4 One respondent requested clarification of the role of the RQIA in compiling, analysing and publishing information on certain key performance indicators.

RQIA's Response
RQIA will continue to foster strategic alliances with other system regulators and improvement bodies both regionally and nationally. We will ensure we have working arrangements in place with relevant system regulators and improvement bodies to share information and work collaboratively, including having robust and up-to-date information sharing agreements and Memorandums of Understanding (MoUs). RQIA acknowledges that the term 'intelligence' may not sit well with some communities. The term information refers to data that has been converted into a meaningful and useful context. While information is certainly telling, it needs to be converted into business intelligence for the purposes of decision making. The term data relates to factual information such as numbers, percentages, and statistics whilst evidence is data that is relevant and furnishes proof that supports a conclusion. RQIA believes that the term 'business intelligence' is the best fit and has amended the corporate strategy appropriately to remove any ambiguity. RQIA accepts that the wording for Strategic Theme 2 should be amended to read 'RQIA will deliver independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need'. RQIA does not intend to publish information on clinical key performance indicators, however we will seek opportunities to share good practice.

5. Q4: To what extent will Strategic Theme 3 'Engage and involve service users' be achieved, by focusing on the identified key priorities?

5.1 The majority of respondents are supportive of Strategic Theme 3, with a number of respondents emphasising that service user engagement in the inspection and review process and also in the co-design of our interventions should play a significant role in RQIA moving forward.

5.2 Some of the suggestions for improvement included:
- Engagement and Communications - Strengthen to ensure that everyone, regardless of ability, communication skills or geographical location, has the opportunity to be actively involved in engaging and communicating with RQIA.
- Although most respondents are supportive of RQIA's unannounced inspections, concerns were raised that they could impact the availability of service users and their families / carers during the inspection process.
- One respondent suggested replacing all references to a 'human rights based approach' with a 'rights based approach.

RQIA's Response

Under the strategic theme 3 we have incorporated the following priority 'involve service users as part of inspections and reviews'. In the course of this strategy we will develop proposals for new models of stakeholder engagement in inspection to incorporate the views of service users, conduct annual surveys of public/stakeholder perceptions of RQIA and will engage with voluntary and community groups and independent service providers to facilitate quality improvement initiatives.

RQIA is committed to increasing the number of unannounced inspections as part of our planned inspection programme going forward. RQIA will ensure that the needs, values and experiences of individuals and their families have been taken into account in our inspection and review programmes. We will continue to strengthen the arrangements to capture the voice of service users and their families/carers, to include stakeholder reference group, lay assessors and through engagement during inspections.

RQIA is committed to a human rights based approach to our work which is about making sure that people's rights are put at the very centre of our policies and practices and we have adopted the following underlying principles which are of fundamental importance in applying this approach in our work. These are:
- participation
- accountability
- non-discrimination and equality
- empowerment and
- legality

RQIA will therefore continue to refer to the term 'human rights' based approach within the Corporate Strategy.

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6. **Q5: To what extent will Strategic Theme 4 'Deliver operational excellence' be achieved, by focusing on the identified key priorities?**

6.1 The majority of respondents are supportive of Strategic Theme 4, and most respondents provided no further comment in relation to the corporate strategy, however a few respondents noted there is a considerable challenge in sustaining an organisational culture of learning and continuous improvement.

RQIA's Response

RQIA acknowledges the challenge of sustaining an organisational culture of learning and continuous improvement. In the RQIA Business Plan 2017-18 we have committed to implementing a Workforce Plan aligned to the workforce review carried out in 2016-17, to ensure we have the right people in the right place at the right time with the right skills to meet changing business needs.

We will also develop and implement an Organisational Development Plan aligned to the Investors in People assessment completed in 2017/18 thus ensuring we have an innovative, knowledgeable and skilled workforce, ensuring the successful achievement of RQIA's objectives.

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7. Q6: How important is it that RQIA aligns the Corporate Strategy 2017-21 with the NI Programme for Government Outcomes Framework?

7.1 Most respondents provided no further comment in response to this question.

7.2 It was however noted that all of the 14 strategic outcomes highlighted in the Programme for Government are vitally important for a cohesive society and that the 4 identified by RQIA are clearly and closely aligned with the roles and responsibilities of the organisation and its function as set out in the four strategic themes and supporting priorities will help deliver and achieve this.

8. Q7: Do you have any other comments or suggestions you would like to make in relation to RQIA's draft Corporate Strategy 2017-21?

8.1 Most respondents provided no further comment in response to this question.

8.2 A number of respondents emphasised the importance of RQIA continuing to fully engage with all stakeholders throughout the delivery of our corporate strategy and also in the design of our work

8.3 One respondent suggested that it would have been beneficial for RQIA to have produced an easy read version of the draft corporate strategy and suggested that an easy read version of the final document is available at the same time as the full version is published.

8.4 One respondent noted that it is unclear why the organisation is now consulting on a new corporate strategy that overlaps in terms of its timeframe with the pre-existing one.

RQIA's Response

RQIA recognises the importance of active engagement with its stakeholders and working in strategic partnerships. This has been identified as Strategic Theme 3 'Engage and involve service users' within the corporate strategy. Within the Business Plan 2017-18 RQIA will develop and implement a Communications and Engagement Strategy to increase the publics' awareness of the role and function of RQIA and to improve collaborative relationships with stakeholders and evidence that we have engaged and involved them effectively in our work.

RQIA will provide the final version of the corporate strategy in alternative formats including easy read on request. We also recognise the need to make our information available in formats which are accessible to people with a learning disability with the production of easy read versions of relevant inspection and review reports.

This consultation was a positive process and we would like to acknowledge the richness and diversity of the responses received. The feedback received went further than simply commenting on RQIA's Corporate Strategy and many useful and interesting comments were made that RQIA will consider and progress through the identification of initiatives in the annual business planning cycle and as part of our change and improvement processes.

RQIA along with all public bodies based in Northern Ireland have received direction to align our Corporate Strategy with the Programme for Government. This meant that RQIA had to bring its current Corporate Strategy 2015-18 to an end one year earlier than intended.

Appendix 1

Organisations represented at the RQIA Public Pre-Consultation Events

Diamond Dental
Valley Nursing Home
Cornfield Care Centre
Praxis Care
Seymour Gardens Residential Home
Maghera Day Centre
Valley Nursing Home
Ardlough Care Home
Cornfield Care Centre
Maghera Day Centre
Seven Oaks Day Centre
Positive Futures
Optimum Care
Inspire Well-being
Pulsecare Ltd
Admiral Care
Belfast Health and Social Care Trust
Northern Health and Social Care Trust
Southern Health and Social Care Trust
South Eastern Health and Social Care Trust
Aaron House
Mindwise
CRS Wellbeing Centre
SENSE (NI)
Thompson House Hospital
Royal College of Nursing NI
Rathmena House
SENSE
Inspire Well-being
M Care NI
Breffni Lodge
Victoria House
Admiral Care
Patient and Client Council
Balmoral Healthcare
Lucas Love Healthcare
Parkanaur
Disability Action
Slieve League Residential Home
Children in Northern Ireland
Maghera Day Centre
Rocha Celeste Ltd
Royal College of Nursing
Royal College of General Practitioners NI
British Dental Association

The **Regulation** and
Quality Improvement
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Assurance, Challenge and Improvement in Health and Social Care

Equality and Human Rights Screening Template

The Regulation and Quality Improvement Authority (RQIA) is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

SCREENING TEMPLATE

(1)   INFORMATION ABOUT THE POLICY OR DECISION

1.1   Title of policy or decision

RQIA Draft Corporate Strategy 2017-21

1.2   Description of policy or decision

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's Health and Social Care (HSC) services. RQIA was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

The Regulation and Quality Improvement Authority (RQIA) has developed a draft Corporate Strategy for the period 2017-2021. This draft Strategy sets out the strategic direction for the Regulation and Quality Improvement Authority (RQIA) for the next four years, taking account of initial engagement with stakeholders, the vision set out by the Minister of Health in *Health and Wellbeing 2026: Delivering Together,* Department of Health (DoH) priorities and the Draft *Programme for Government Framework 2016–21* within the context of financial constraints and HSC reform and restructuring.

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.

RQIA will deliver its key strategic objective of continuous improvement based on the following four strategic themes:

1. **Encourage quality improvement in Health and Social Care services -** RQIA will use its powers under the 2003 Order to encourage quality improvement in health and social care services, support service providers and assure quality.

2. **Use Intelligence effectively** - RQIA will seek to ensure independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need.

3. **Engage and involve service users** - RQIA is committed to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.

4. **Deliver operational excellence** - RQIA is committed to developing our staff and using our resources effectively and efficiently to sustain an organisational culture of learning and continuous improvement.

1.3   Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

Internal: RQIA staff

External:

Department of Health
HSC Trusts and organisations
The independent health sector
Voluntary sector
General public, service users and their carers

1.4   Other policies or decisions with a bearing on this policy or decision

1. RQIA Three Year Review Programme.
2. Department of Health, Social Services and Public Safety (2011) Quality 2020: A 10 Year Strategy to Protect and Improve Quality in health and Social Care in Northern Ireland.
3. Health and Wellbeing 2026 – Delivering Together.

4. Northern Ireland Executive. Programme for Government Framework 2016 – 21. Belfast NIE, 2016

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

1. 2011 Census published by the Northern Ireland Statistics and Research Agency.

2. Internal directorate/team meetings, Executive Management Team (EMT) and RQIA Board

3. Human Resources statistics for RQIA workforce.

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	*What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?*
Gender	NI Population Statistics * Male 49% Female 51% Population of Northern Ireland in 2011 was 1,810,900 (2011 Census) Reed et al. 2009: 8/100000 (115) transgender people in NI. "Research (McBride, Ruari-Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland.

	Belfast) suggests: • 140-160 individuals are affiliated with transgender groups • 120 individuals have presented with Gender Identity Disphoria • there are more trans women than trans men living in Northern Ireland." • RQIA Staff Male 25.61% Female 74.39%
Age	**NI Population Statistics *** Children 0-4 yrs 124,400 - 6.87% of the total population 5 to 9 years – 111,300 - 6.15% 10 to 14 years - 119,000 – 6.57% Young people 15 to 19 years- 126,200 – 6.97% Total under 19 years 480,900 – 26.56% Older People People over 60 in N Ireland now make up 19% of the population (Census 2011). The number of people aged over 85 years makes up 1.73% of the population (Census 2011). Pensioner poverty is increasing; there is a link between poverty and inequality. **Overall NI Age Profile** **0 – 15** – 20.95% (379, 378) **16 – 19** – 5.61% (101, 589) **20 – 24** – 6.96% (126, 036) **25 – 29** – 6.85% (124, 044) **30 – 44** – 20.65% (373, 943) **45 – 59** – 19.21% 347, 867) **60 – 64** – 5.21% (94, 346) **65 – 74** – 8.04% (145, 593) **75 – 84** – 4.79% (86, 740) **85 – 89** – 1.17% (21, 187) **90 and over** - 0.56% (10, 141)

	RQIA Staff
	<25 - 1.22% **25-29** - 3.66% **30-34** - 10.37% **35-39** - 6.10% **40-44** - 14.63% **45-49** - 19.51% **50-54** - 18.29% **55-59** - 16.46% **60-64** - 7.32% **65-69** - 2.44%
Religion	**NI Population Statistics** * Catholic - 45.14% Protestants - 48.36% Other - 0.91% Unknown - 5.59% **RQIA Staff** Not known – - 3.85% Perceived - 4.27% Protestant - 40.85% Catholic – - 42.68% Other - 12.20%
Political Opinion	**NI Population Statistics*** 62.8% of the population voted in the 2007 NI Assembly election. Of these 47% voted Unionist, 41% voted Nationalist and 12% Other (BBC).
Marital Status	**NI Population Statistics*** 47.56% (680, 840) of those aged 16 or over were married 36.14% (517, 359) were single 0.09% (1288) were registered in same-sex civil partnerships 9.43% (134, 994) were either divorced, separated or formerly in a same-sex partnership 6.78% (97, 058) were either widowed or a surviving partner

Dependent Status	NI Population Statistics* 1. 11.81% (213, 863) of the usually resident population provide unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill – health/disabilities or problems related to old age. 2. 3.11% (56, 318) provided 50 hours care or more. 3. 33.86% (238, 129) of households contained dependent children. 4. 40.29% (283, 350) contained a least one person with a long – term health problem or a disability. Based on the most recent information from Carers Northern Ireland, the following facts relate to carers. 1. 1 in every 8 adults is a carer 2. There are approximately 207,000 carers in Northern Ireland 3. Any one of us has a 6.6% chance of becoming a carer in any year 4. Carers save the Northern Ireland economy over £4.4 billion a year - more than the annual NHS spending in Northern Ireland. 5. The main carers' benefit is worth just £55.55 for a minimum of 35 hours - £7.94 per day 6. One quarter of all carers provide over 50 hours of care per week 7. People providing high levels of care are twice as likely to be permanently sick or disabled than the average person 8. Approximately 30,000 people in Northern Ireland care for more than one person 9. 64% of carers are women; 36% are men 10. By 2037 the number of carers could have increased to 400,000 This information can be accessed at info@carersni.org – June 2011.
Disability	NI Population Statistics* 20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.

	68.57% (1, 241709) of residents did not have long – term health condition.
	Deafness or partial hearing loss – **5.14% (93, 078)**
	Blindness or partial sight loss – **1.7% (30, 785)**
	Communication Difficulty – **1.65% (29, 879)**
	Mobility of Dexterity Difficulty – **11.44% (207, 163)**
	A learning, intellectual, social or behavioural difficulty. **2.22% (40, 201)**
	An emotional, psychological - **5.83% (105, 573)**
	or mental health condition
	Long – term pain or discomfort – **10.10% (182, 897)**
	Shortness of breath or difficulty breathing – **8.72%** **(157, 907)**
	Frequent confusion or memory loss – **1.97% (35, 674)**
	A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – **6.55% (118, 612)**
	Other condition – **5.22% (94, 527)**
	No Condition – **68.57% (1, 241, 709)**
	More than one person in five (300,000) people in Northern Ireland has a disability. The incidence of disability in Northern Ireland has traditionally been higher than Great Britain Persons with limiting long term illness 20.36% in Northern Ireland.
	Among those of working age, 30% of those with a work-limiting disability are working. A further 15% lack, but want, paid work but 55% do not want paid work. (The Poverty Site / Labour Force Survey 2011).
Ethnicity	NI Population Statistics*

1.8% 32,596 of the usual resident population belonged to minority ethnic groups,

White – 98.21% (1, 778, 449)

Chinese – 0.35% (6, 338)

Irish Traveller – 0.07% (1, 268)

Indian – 0.34% (6, 157)

Pakistani – 0.06% (1, 087)

Bangladeshi – 0.03% (543)

Other Asian – 0.28% (5, 070)

Black Caribbean – 0.02% (362)

Black African – 0.13% (2354)

Black Other – 0.05% (905)

Mixed – 0.33% (5976)

Other – 0.13% (2354)

Language (Spoken by those aged 3 and over);

English – 96.86% (1, 681, 210)

Polish – 1.02%(17, 704)

Lithuanian – 0.36% (6, 249)

Irish (Gaelic) – 0.24% (4, 166)

Portuguese – 0.13% (2, 256)

Slovak – 0.13% (2, 256)

Chinese – 0.13% (2, 256)

Tagalog/Filipino – 0.11% (1, 909)

Latvian – 0.07% (1, 215)

	Russian – 0.07% (1, 215) **Hungarian – 0.06% (1, 041)** **Other – 0.75% (13, 018)** There may be added difficulty for those with language barriers
Sexual Orientation	McClenahan, Simon (2012): Multiple identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action. "The general view in Northern Ireland among LGB&T organisations, service providers and policy makers is that an estimated 6% to 10% of the population identifies as lesbian, gay, bisexual and transgender." Note- sources do not provide figures solely on those persons who identify as lesbian, gay and bisexual and so the above percentage is a slight overestimate.

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2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

The RQIA draft Corporate Strategy 2017-21 is a high level document which sets the strategic direction of the organisation. This draft strategy will be supported by an annual business plan, work programmes, policies and business cases as appropriate over the next four years.

RQIA recognises that the needs, experiences and priorities of groups within each Section 75 category may vary substantially in relation to the work emanating from this Corporate Strategy. A top level screening of the draft Strategy will not do justice to giving consideration to the needs of all the Section 75 groups, and therefore the RQIA is committed to undertaking where appropriate

the screening of associated pieces of work as they are taken forward, including for example business plans.

Category	Needs and Experiences
Gender	
Age	
Religion	
Political Opinion	
Marital Status	
Dependent Status	
Disability	Some people with a disability may require the draft Strategy to be written in plain English.
Ethnicity	
Sexual Orientation	

2.4   Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

None identified.

2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
The draft strategy has been written in a manner to make it accessible to a wide group of stakeholders and the general public.	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. 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.

2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	*Impact*	*Suggestions*
Religion	None	None

Political Opinion	None	None
Ethnicity	None	None

(3)   SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	
Minor impact	✓
No further impact	

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?
Please tick:

Yes	
No	✓

RQIA recognises the need to consider the impact on Section 75 groups of this draft strategy and subsequent policies and programmes of work. The needs, experiences and priorities of these groups will vary and annual business plans, work programmes, policies and business cases will be screened as appropriate over the next four years. Therefore a full Equality Impact Assessment is not required at this stage.

(4)   CONSIDERATION OF DISABILITY DUTIES

4.1   In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

How does the policy or decision currently encourage disabled people to participate in public life?	*What else could you do to encourage disabled people to participate in public life?*

4.2   In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

How does the policy or decision currently promote positive attitudes towards disabled people?	*What else could you do to promote positive attitudes towards disabled people?*

(5)   CONSIDERATION OF HUMAN RIGHTS

5.1   Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above please move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?* Yes/No

* It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
Monitoring data will be identified through screening of work streams emanating from the draft Strategy	Monitoring data will be identified through screening of work streams emanating from the draft Strategy	Monitoring data will be identified through screening of work streams emanating from the draft Strategy

Approved Lead Officer: Maurice Atkinson

Position: Corporate Service Director

Date: 20 December 2016

Policy/Decision Screened by: Bill Norris Office Manager

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact

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RQIA Board Meeting

Date of Meeting	23 March 2017
Title of Paper	RQIA Business Plan 2017-18
Agenda Item	14
Reference	J/03/17
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of this paper is to present to the Board the RQIA Business Plan 2017-18 for approval.
Executive Summary	The Business Plan sets out how RQIA intends to deliver its strategic themes, the timescale for action and how it intends to use the resources at its disposal for the period 2017-18. The Business Plan has built in a suite of outcome measures which are grouped under the following four categories: • People are aware of RQIA and our roles and responsibilities • Service users and their families/carers trust our independent judgements and advice • Organisations improve the way they deliver care as a result of our inspections, reviews and audits • We have developed and maintained a competent, engaged and high performing workforce
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the RQIA Business Plan 2017-18
Next steps	The Business Plan will be sent to DoH for approval.

Draft RQIA Business Plan 2017-18

Assurance, Challenge and Improvement in Health and Social Care

Board Meeting – 23 March 2017

Our Vision, Purpose and Values

Vision

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

Purpose

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

Values

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

- **Independence** - upholding our independence as a regulator
- **Inclusiveness** - promoting public involvement and building effective partnerships - internally and externally
- **Integrity** - being honest, open, fair and transparent in all our dealings with our stakeholders
- **Accountability** - being accountable and taking responsibility for our actions
- **Professionalism** - providing professional, effective and efficient services in all aspects of our work - internally and externally
- **Effectiveness** - being an effective and progressive regulator - forward-facing, outward-looking and constantly seeking to develop and improve our services

Introduction

This Business Plan sets out RQIA's work programme for 2017/18. These are derived from the four strategic themes and priorities described in our draft Corporate Strategy 2017 - 21.

RQIA is an independent regulator tasked with bringing about measurable and enduring improvements in the safety and quality of health and social care services in Northern Ireland.

RQIA does this through a programme of inspections, investigations and reviews of health and social care bodies and recommends actions to improve the quality and availability of services.

RQIA advises Department of Health (DoH) and the general public on the safety, quality and availability of health and social care. We use our powers and influence to drive up quality, recognise and celebrate best practice and build public confidence in health and social care. We also take steps to address and eliminate poor practice and to reduce the likelihood of harm to service users.

During our inspections we assess the quality of the services provided against four key domains; safe, effective, compassionate care and leadership. Following an inspection we ask the service provider to make any changes we consider necessary through the quality improvement plan and we publish this information in a report of our findings, available on our website, www.rqia.org.uk.

RQIA acts to protect the rights of all vulnerable people by taking account of the principles of Human Rights and Equality and by discharging our statutory functions under the Mental Health (Northern Ireland) Order 1986. These duties and responsibilities include promoting good practice; preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention in a hospital or guardianship; and preventing or redressing loss or damage to a patient's property.

We assure the quality of services commissioned by the Health and Social Care (HSC) Board and delivered by HSC trusts and agencies through our programme of reviews. This programme takes into consideration relevant standards and guidelines, the views of the public, health care experts and current research.

RQIA undertakes planned inspections at a range of health and social care facilities, including hospital wards and clinical areas. In 2017-18 we will continue a rolling programme of inspections of acute hospitals focused on the patient experience.

The Guidelines and Audit Implementation Network (GAIN) supports the development of clinical and social care audit and the production of regional guidelines in Northern Ireland. In 2017/18 we will take forward a programme of audits.

RQIA is one of four designated national preventive mechanisms (NPM) under the United Nations Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). RQIA will continue to exercise its duties as a designated NPM by visiting places of detention, including psychiatric hospitals and prisons, to assess whether those detained are subject to humane treatment.

We are also a designated authority under the Public Interest Disclosure (NI) Order 1998 to whom employees of health and social care bodies may make a protected whistleblowing disclosure.

We work within a prescribed budget and must achieve break-even year on year. Our budget for 2017/18 has been reduced by **x%.** We have responded to the departmental requirement to submit proposals to work to a reduced budget, which will require an adjustment of our work programme this year. We will continue to use our existing resources to best effect to maintain a robust programme of inspections and reviews.

We are committed to excellence and are implementing an improvement programme based on the European Foundation for Quality Management (EFQM) across all aspects of our work. In 2017-18 we will focus on the development and implementation of an Organisational Development Plan following Investors in People (IiP) assessment and moving towards accreditation against ISO9001:2015.

We remain committed to achieving an appropriate balance between our focus on quality assurance and quality improvement. We will continue to be proactive in developing the quality improvement agenda in line with Quality 2020.

We will implement our workforce plan including steps to improve the leadership, management and development of our staff. We will continue to assess the capacity and capabilities of the workforce to undertake the core activities required of us as a regulator and improvement body. We will maintain performance management and robust staff appraisal systems to support our business needs and requirements going forward.

RQIA has a responsibility to manage its resources and discharge its responsibilities in an effective, efficient and sustainable manner.

Corporate Strategy 2017-21

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

The RQIA Strategy Map (Figure 1, Page 5) 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 has been structured in terms of four overarching strategic themes i.e.:

1. **Strategic Theme 1: Encourage quality improvement in health and social care services** - *RQIA will use its powers under the 2003 Order to encourage quality improvement in health and social care services, support service providers and assure quality.*

2. **Theme 2: Use intelligence effectively** - *RQIA will seek to ensure independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need*

3. **Strategic Theme 3: Engage and involve service users** - *RQIA is committed to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.*

4. **Strategic Theme 4: Deliver operational excellence** - *RQIA is committed to developing our staff and using our resources effectively and efficiently to sustain an organisational culture of learning and continuous improvement.*

RQIA Strategy Map 2017-21

Figure 1

Vision and Purpose

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

To provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports

Strategic Themes

Encourage quality improvement in HSC services

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

Use business intelligence effectively

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

Engage and involve service users and stakeholders

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

Deliver operational excellence

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

Core Activities

Regulation and Nursing Directorate

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

Reviews Directorate

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

MHLD and Social Work Directorate

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

Values

Independence	Inclusiveness	Integrity	Accountability
	Professionalism	Effectiveness	

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Financial Context 2017-18

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

Details of RQIA's funding requirements in 2017-18 are set out in the finance section of the Business Plan (see Appendix 1).

Confirmation of the 2017-18 RRL was received from DoH on **xx xxxx 2017.** A budget cut of x% has been applied to the opening 2016-17 position which equates to a reduction of **£x.** The 2017-18 expenditure allocation for RQIA is **£x.**

The estimated income from charges in 2017-18 which is based on the current fees and frequencies regulations and includes estimates in relation to registered places and registration fees is **£x.**

RQIA will develop a Savings Plan 2017-18 in order to achieve the savings target of **x%** through workforce controls, review and control of non-pay spend.

Performance Management

RQIA will report on performance against the Business Plan at public Board meetings, and through the publication of an annual report and accounts, and an annual quality report (these reports are available at www.rqia.org.uk). RQIA will also provide reports of its activities through the bi-annual accountability review meetings with DoH.

This plan should be read in conjunction with the Corporate Risk Assurance Framework, which identifies risks in relation to the delivery of corporate objectives and how these risks are managed.

Board Approval

The Business Plan 2017-18 was approved by the RQIA Board on **xx xxx** 2017.

Further Information

For further information on the Business Plan 2017-18 or the Corporate Risk Assurance Framework, please contact:

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Business Plan 2017-18

Strategic Theme 1: Encourage quality improvement in health and social care services
RQIA will use its powers under the 2003 Order to encourage quality improvement in health and social care services, support service providers and assure quality
Key Priorities 2017-21
We will:
• analyse and report on the availability and quality of health and social care services • scrutinise and report on service providers' approach to quality improvement • drive forward and share best practice and learning from inspections, audits and reviews • provide advice and guidance on quality assurance and improvement

	Action	Intended Outcome / Output	Measures	Action Owner	Timescale for Completion
1.1	Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits	A system of registration which ensures that only those persons fit to provide good quality care are authorised to do so Independent assurance of the delivery safe, effective, compassionate care in a service that is well led care Areas of good practice are identified and or recommendations for quality improvement are made when required Targeted and proportionate enforcement action to protect the public and ensure providers take action to improve	• % of inspections, reviews and audits completed versus planned • % of areas for improvements in the Quality Improvement Plans implemented at the date of the next inspection • Number of successful prosecutions brought for services failing to register • Number of areas for improvement identified within each of the domains of safe, effective, compassionate care and well led service • Number of enforcement	Director of Regulation, Reviews and MHLD	March 2018

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

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

Key Priorities 2017-21

We will:

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

			actions taken and time taken to achieve compliance		
1.2	Review and evaluate the evidence for an inspection assessment framework in facilitating improvement and use the findings to underpin the inspection methodology	Have established a robust evidence base as to the extent to which the use of assessment frameworks drive quality improvement	• Submission of a proposal to the RQIA Board based on the findings of the review and agreement of a way forward for the inspection methodology	Chief Executive	Sept 2017
1.3	Produce an agreed programme of Reviews for 2018-21 following public consultation	Targeted and intelligence led programme of Reviews for 2018-21 that will contribute to a redesign of health and social care	• % of milestones achieved in the project plan to develop the review programme • Approval of the Review Programme by the RQIA Board and DoH	Director of Reviews	March 2018
1.4	Develop a template report to enable the publication of an annual summary of the quality of services inspected, reviewed and audited by RQIA (the first report will be produced in relation to	An overview of the quality of health and social care services describing the impact of RQIA's inspections, reviews and audit activity and sharing of best practice	• Approval of a report template and methodology by the RQIA Board	Director of Reviews, MHLD and Regulation	December 2017

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

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

Key Priorities 2017-21

We will:

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

	2017-18)				
1.5	Provide advice and guidance to service providers on quality improvement systems	Quality improvement systems are stronger as a result of our advice and guidance.	• % of service providers who state that their quality improvement systems have been strengthened as a result of our interventions	Director of Reviews, MHLD and Regulation	March 2018
1.6	Participate as an active partner in the design and development of an Improvement Institute for Northern Ireland	RQIA will influence the development of innovative improvements and standardisation in how health and social care services will be delivered in the future	• Evaluation of RQIA's participation in the Improvement Institute for Northern Ireland and the deliverables from the work of the Institute	Director of Reviews	March 2018
1.7	Produce a proposal for the consideration by the RQIA Board regarding the independent evaluation of the Hospital Inspection programme	Cost / benefit / affordability analysis of undertaking an independent evaluation of the Hospital Inspection programme	• Approval of the recommendations in the Proposal by the RQIA Board	Director of Reviews	June 2017

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Strategic Theme 2: Use business intelligence effectively

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

Key Priorities 2017-21

We will:

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

	Action	**Intended Outcome / Output**	**Measures**	**Action Owner**	**Timescale for completion**
2.1	Develop and implement a prioritised Plan aligned to the Information Scoping Exercise completed in 2016/17	Strengthened data gathering and analysis, optimal use of internal and external sources of information to inform an intelligence-led approach to targeting inspections, reviews and audits	• % of actions fully implemented in the Information Action Plan by target date	Director of Reviews, MHLD, Regulation and Corporate Services	March 2018
2.2	Foster strategic alliances with other system regulators and improvement bodies both regionally and nationally	Working arrangements in place with relevant system regulators and improvement bodies to share information and work collaboratively	• Number of collaborations with system regulators and improvement bodies undertaken • Number of information sharing agreements and Memorandums of Understanding (MoUs) in place	Chief Executive, Director of Reviews, MHLD, Regulation and Corporate Services	March 2018

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Strategic Theme 2: Use business intelligence effectively

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- improve the quality of information we gather from service users to prioritise the focus of our work

	Action	**Intended Outcome / Output**	**Measures**	**Action Owner**	**Timescale for completion**
2.3	Review and revise RQIA's Inspection Planning Tool (IPT) in the context of changes in Fees and Frequency of Inspection Regulations	A robust methodology enabling a risk-based and targeted model of inspection	• % of project milestones achieved • % of inspections completed above the statutory minimum utilising the revised IPT	Director of Regulation	December 2017
2.4	Strengthen arrangements to capture the voice of service users and their families/carers, to include stakeholder reference group, lay assessors and through engagement during inspections	The needs, values and experiences of individuals and their families have been taken into account in our inspection and review programmes	• Evaluation of the number and effectiveness of engagement activities to capture the voice of service users	Chief Executive, Director of Reviews, MHLD, Regulation and Corporate Services	March 2018

Strategic Theme 2: Use business intelligence effectively

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- improve the quality of information we gather from service users to prioritise the focus of our work

	Action	Intended Outcome / Output	Measures	Action Owner	Timescale for completion
2.5	Commence implementation of a project to develop and implement an integrated MHLD information system to replace the existing legacy systems following approval of the Outline Business Case from DoH	An integrated MHLD Information System and realisation of the benefits identified in the business case	% of milestones achieved on target from the project plan - Post Project Evaluation (PPE) completed 12 months after system implementation	Director of Corporate Services and MHLD	March 2018 (Go-live is anticipated to be Qtr 1 2018-19 subject to OBC approval)

Strategic Theme 3: Engage and involve service users and stakeholders

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

Key Priorities 2017-21

We will:

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

	Action	Intended Outcome / Output	Measures	Action Owner	Timescale for completion
3.1	Develop and implement a Communications and Engagement Strategy to increase the publics' awareness of the role and function of RQIA	Increased stakeholder awareness and understanding of the role and functions of RQIA Improved collaborative relationships with stakeholders and evidence that we have engaged and involved them effectively in our work	• % of actions implemented in the Communications and Engagement Strategy • Results of Public Perception and Health Surveys • Number of opportunities for service users and stakeholders to be engaged in the design of our work	Chief Executive	March 2018

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- involve service users as part of inspections and reviews
- develop and implement a communications and engagement strategy
- enable and encourage service users and the public to provide the intelligence needed to inform assurance and improvement activity

	Action	Intended Outcome / Output	Measures	Action Owner	Timescale for completion
3.2	Increase the number of stakeholders and lay assessors actively designing / participating in our programmes of work	The needs, values and experiences of individuals and their families have been taken into account in our inspection and review programmes Increased engagement and involvement of service users and stakeholders in the design of our work Broader representation and multidisciplinary participation in our inspections and reviews	• % of inspections completed with lay assessor involvement (target to increase by 20% year on year) • Number of opportunities for service users and stakeholders to be engaged in the design of our work • Evaluation of the number and effectiveness of engagement activities to capture the voice of service users	Director of Regulation, MHLD and Reviews	March 2018

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- involve service users as part of inspections and reviews
- develop and implement a communications and engagement strategy
- enable and encourage service users and the public to provide the intelligence needed to inform assurance and improvement activity

	Action	Intended Outcome / Output	Measures	Action Owner	Timescale for completion
3.3	Partner with the Innovation Lab (Department of Finance) to explore opportunities to work with our stakeholders to collaboratively redesign our activities	Established working partnership to deliver up to 3 prototypes testing concept and/or process.	• Number of prototypes designed and commenced • Number of RQIA processes refreshed through collaboration with our stakeholders and facilitated by the Innovation Lab	Chief Executive and Director of Reviews	March 2018
3.4	Examine and explore opportunities to use technology to facilitate feedback from service users and their families / carers e.g. pilot the use of e-questionnaires	Needs, values and experiences of individuals and their families are more easily captured in inspections and reviews Inspection, Review and Audit activity is informed by the voice of service users and their families/carers	• % increase in the use of the web portal by service providers • Evaluation of the number and impact of the increased use of e-questionnaires	Chief Executive, Director of Reviews, MHLD, Regulation and Corporate Services	March 2018

Strategic Theme 4: Deliver operational excellence

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

Key Priorities 2017-21

We will:

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

	Action	Intended Outcome / Output	Measures	Action Owner	Timescale for completion
4.1	Implement the Workforce Plan aligned to the Workforce Review carried out in 2016-17	The right people in the right place at the right time with the right skills to meet changing business needs	• % of actions in the Workforce Plan implemented on target • Staff survey results	Chief Executive, Director of Reviews, MHLD, Regulation and Corporate Services	March 2018
4.2	Develop and implement an Organisational Development (OD) Plan aligned to the Investors in People (IiP) assessment	An innovative, knowledgeable and skilled workforce, ensuring the successful achievement of RQIA's objectives Benchmarked improved leadership and management practices in RQIA Using the Investors in People Framework	• Level of IiP accreditation achieved • % of actions in the OD Plan implemented on target • Staff survey results	Chief Executive, Director of Reviews, MHLD, Regulation and Corporate Services	March 2018

Strategic Theme 4: Deliver operational excellence

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Key Priorities 2017-21

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- promote a culture of good governance, learning and continuous improvement focusing on better outcomes in the work we do
- benchmark our performance against regional, national and international standards
- efficiently and effectively manage our resources to demonstrate value for money

	Action	Intended Outcome / Output	Measures	Action Owner	Timescale for completion
4.3	Implement a project to prepare for ISO 9001:2015 assessment and achieve accreditation	Streamlined and standardised processes and enhanced performance through the implementation of a Quality Management System (QMS)	• % of milestones achieved on target from the ISO9001:2015 Project Plan • ISO9001:2015 accreditation •	Chief Executive, Director of Reviews, MHLD, Regulation and Corporate Services	March 2018
4.4	Achieve financial balance and implement zero based budgeting	Recurring savings and break even achieved at year end	• Savings Plan developed and approved by the RQIA Board and DoH • Projected and actual end-of-year financial position / Break-even •	Director of Corporate Services	March 2018

Measuring What Matters

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

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

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

These measures will be reported to RQIA's Board annually and will be kept under review. Baseline positions will be established in year one.

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

Appendix 1 – Finance Section (To be updated)

1. Revenue Resource Limit (RRL)
Confirmation of the 2017-18 RRL was received from the Department of Health (DoH) on xxx? 2017:

	£'xxx
Recurrent Allocation Baseline	xxx
Clinical Excellence award	xx
Total RRL Allocation 2017/18	xxx

This position represents a real term reduction as inescapable cost pressures such as pay awards, incremental drift, and non-pay inflationary pressures are assumed not to be funded.

2. Estimated Income from Charges
The estimated income from charges in 2017/18 is £xxxK. This figure is based on the current fees and frequencies regulations and includes estimates in relation to registered places and registration fees.

3. Total Permitted Gross Revenue Expenditure
The total permitted gross revenue expenditure in 2017/18 is therefore estimated as follows

	£'000
Estimated RRL Allocation 2017/18	xxx
Estimated Income from Charges	xxx
Total Permitted Gross Revenue Expenditure	xxx

4. Capital Resource Limit (CRL)

20

Glossary of Abbreviations and Terms

BCP   Business Continuity Plan
DDO   Disability Discrimination Order
DoH   Department of Health
EFQM   European Foundation for Quality Management
FOI   Freedom of information
HSC   Health and social care
iConnect   Corporate Information Management System
ICT   Information Communications Technology
IIP   Investors in People
IR(ME)R   Ionising Radiation (Medical Exposure) Regulations
MHLD   Mental health and learning disability
MHO   Mental Health (Northern Ireland) Order 1986
MoU   Memorandum of Understanding
NIAO   Northern Ireland Audit Office
NISSC   Northern Ireland Social Care Council
NPM   National Preventive Mechanism
OPCAT   Optional Protocol to Convention Against Torture
PPI   Personal and Public Involvement
SAI   Serious Adverse Incidents

Lay Assessor   A member of the public who brings their own experience, fresh insight and a public focus to our inspections and reviews on a voluntary basis

Peer Reviewer An individual with a particular skillset or an in-depth understanding of a particular service area and is engaged by RQIA to support its review and inspection programmes

The Regulation and Quality Improvement Authority is an independent organisation which aims to ensure the public in Northern Ireland has access to the best possible standards of health and social care.

RQIA was set up by the Department of Health, Social Services and Public Safety in 2005. It has a remit to regulate, inspect, and monitor statutory, private and voluntary sector bodies which provide health and social care services and to promote, and in certain areas enforce, improved standards wherever they are needed.

If you have any comments or complaints about the work of RQIA, you should contact:

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