

AGENDA

RQIA Board Meeting
Boardroom, RQIA, 9th Floor, Riverside Tower, Belfast
20 September 2018, 11:55am

PUBLIC SESSION

Item	Paper Ref	
1 Minutes of the public meeting of the Board held on 5 July 2018 and matters arising	Min/July18/ Public	11:55am APPROVE
2 Declaration of Interests		12:05pm
3 Chair's Report Acting Chair	Chair/rep/ Sep18	12:10pm NOTE
4 Meetings attended by RQIA Non-Executives Acting Chair		12:20pm NOTE

STRATEGIC ISSUES

5 Details of Enforcement Action Taken by RQIA April18-September 18 by Programme of Care	B/05/18	12:25pm NOTE
6 Regulation of Online Medical Services/Independent Medical Agencies	C/05/18	12.35pm NOTE

OPERATIONAL ISSUES

7 Chief Executive's Report Chief Executive	D/05/18	12:45pm NOTE
8 Review of RQIA's Enforcement Procedures, September 2018 Director of Assurance	E/05/18	12:55pm APPROVE
9 Corporate Performance Report Chief Executive	F/05/18	13:05pm APPROVE
10 Corporate Risk Assurance Framework Report Chief Executive	G/05/18	13:15pm APPROVE

11 Equality Annual Report
 Chief Executive

H/05/18

13:25pm
NOTE

12 Any Other Business

RQIA Board Meeting

Date of Meeting	20 September 2018
Title of Paper	Public Session Minutes
Agenda Item	1
Reference	Min/July18/Public
Author	Saoirse Wilson
Presented by	Prof. Mary McColgan
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 5 July 2018.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the minutes of the Board meeting of 5 July 2018.
Next steps	The minutes will be formally signed off by the Chair and will be uploaded onto the RQIA website.

PUBLIC SESSION MINUTES

RQIA Board Meeting

Boardroom

5 July 2018

Present

Prof Mary McColgan OBE
(Acting Chair)
Patricia O'Callaghan
Dr Norman Morrow OBE
Denis Power
Lindsey Smith
Seamus Magee OBE
Gerry McCurdy
Sarah Havlin

Officers of RQIA in attendance

Olive Macleod OBE (Chief Executive)
Lourda Geoghegan (Medical Director and Quality
Improvement Lead)
Theresa Nixon (Director of Assurance)
Malachy Finnegan (Communications Manager)
Jennifer Lamont
Saoirse Wilson (Board and Executive Support
Manager)

1.0 Welcome and Apologies

- 1.1 MMcC welcomed all members and Officers of the Board this meeting. MMcC welcomed Cllr Brain Heading and advised that speaking rights would be offered. MMcC acknowledged apologies from Board member, Robin Mullan.

2.0 Minutes of the private meeting of the Board held on 30 April and matters arising

- 2.1 GMcC requested section 10.5 is added as an action point.
- 2.2 Action 181 will be presented at the September Board Meeting.
- 2.3 Board members **APPROVED** the minutes of the public Board Meeting held on 30 April 2018, subject to minor amendments.

3.0 Declaration of Interests

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

3.0 Chair's Report

- 3.1 MMcC informed she and the Chief Executive attended the RQIA End of Year Accountability meeting on 20 June 2018.
- 3.2 The acting Chair and the Chief Executive attended the annual Royal College of Nursing event held to celebrate innovation and high quality care within nursing.
- 3.3 A joint RQIA / Royal College of Psychiatrists Seminar was held to highlight ethical issues relating to consent and confidentiality in cases when suicide occurs, as well as the constructive statement which enables service users to consent to family/relative involvement in their care.
- 3.4 MMcC and GMcC attended the NICON Chairs meeting on 24 May. They also attended a medical data seminar which was aimed to help NED's understanding of how statistical data could be presented to support the challenge function of the NED role. GMcC found the meeting enlightening and encouraged Board Members to attend when possible.
- 3.5 MMcC advised three Board Members will participate in Hyponatraemia work-streams being established by the Department of Health.
- 3.6 MMcC attended the Sustaining Collaborative Partnerships Workshop on 15 June which aimed to enhance understanding of respective roles and responsibilities.
- 3.7 MMcC participated in an unannounced review visit to Causeway Hospital on 27 June. The thoroughness of the process balanced observations with professional assessments and collated the different perspectives of the inspection team. Feedback sessions were held for the respective ward staff and senior management. DP asked that Board members have the opportunity to participate in hospital and care inspections.
- 3.8 **Resolved Action 187**
SW to forward opportunities for Board members to attend hospital and care inspections.
- 3.9 MMcC attended a RADaR review meeting with RQIA staff to reflect on a number of operational issues and hear feedback from staff about the domains and intervals. The information gathered was presented at Professor Taylor's International DARE conference and was positively received.
- 3.10 DP acknowledged the acting Chairs contribution and the extensive range of visits undertaken as a measure of the Chairs commitment to RQIA.

4.0 Meetings attended by RQIA Non-Executives

- 4.1 Norman Morrow advised Board Members that he attended a Hyponatraemia work group briefing session.

5.0 Risk Management Strategy

- 5.1 The Risk Management Strategy was presented and approved in principle at Audit Committee on 21 June 2018. DP as Chair of the Audit Committee recommends that the Board approve the Risk Management Strategy.
- 5.2 The Risk Management Strategy was revised with all references to the Australian New Zealand Risk Management Standard removed. The Risk Management Strategy meets all requirements set out by the HM Treasury 'The Orange Book Management of Risk'.
- 5.3 Board members **APPROVED** the Risk Management Strategy

6.0 Corporate Risk Assurance Framework Report

- 6.1 The Corporate Risk Assurance Framework Report has been extensively revised and was presented at Audit Committee on 21 June 2018. It is a summary of risks currently present in RQIA and includes background information as to the nature of the risks.
- 6.2 DP alerted Board members to a new risk in relation to RQIA's IConnect system which will soon be out of license. Work is ongoing in the development of a business case to address this risk
- 6.3 Risk 14 relates to the COPNI Investigation and will be revisited once RQIA have submitted their response to the COPNI Investigation
- 6.4 DP recommended the Corporate Risk Assurance Framework Report as current and asked Board members to approve.
- 6.5 Board members **APPROVED** the Corporate Risk Assurance Framework Report.

7.0 Corporate Performance Report

- 7.1 The Corporate Performance Report presents a cumulative picture of corporate performance and summarises key achievements and issues for the year.
- 7.2 OM advised the majority of corporate objectives have been achieved. Some slippage has occurred in a number of areas in relation to one audit which has been deferred until then end on June. The Review Programme is on target with the exception of one Review which is due to be published in October.

- 7.3 Plans to zero base budgets have been delayed as the current restructure of RQIA has taken longer than expected. OM noted it was unlikely that zero basing budgets will be achieved this year, but advised that work has begun to align budgets to the new structure.
- 7.4 GMcC queried the status of the lease of RQIA's premises. OM advised RQIA have a further two years on the current lease. Belfast Optimisation Project will complete an assessment of needs based on our model with a view to relocating. Once the restructure is completed and teams have been aligned it will provide a clearer picture of core staff required to be in the office every day.
- 7.5 DP noted action 2.4 provides an ideal opportunity to look at lessons learnt through the COPNI investigation. DP suggested in light of recent media attention action 3.1 should be reviewed at the September Board Meeting.
- 7.6 **Resolved Action 188**
Communications and Engagement Strategy taking account of HSC PPI Standards to increase the public's awareness of the role and function of RQIA to be reviewed at the September Board meeting.
- 7.7 **Resolved Action 189**
Language in action 4.4 of the Corporate Performance Report should be changed from 'significant underspend' to 'irregular underspend' in keeping with language used by auditors in financial reports.
- 7.8 GMcC queried if RQIA hold a list of residents living in care homes. OM advised RQIA do not due to data protection but informed that if a complaint or compliment is made regarding a specific service user this is done so using a unique identifier number that allows inspectors to follow up on issues.
- 7.9 OM advised of the constraints of conducting unannounced inspections. The majority of questionnaires returned after an inspection are from staff. In an attempt to receive more feedback from residents and family members, Inspectors now leave cards with their contact details in residents' rooms when on inspection.
- 7.10 DP asked for clarity of the Patients Client Councils role in regards to feedback from care home service users. OM advised they share information if they receive a complaint or concern as does the Ombudsman but these are in very small numbers.
- 7.11 OM informed Board Members of a successful recruitment campaign and noted the strength of the candidates that applied. Over 140 applicants received, 66 were shortlisted, five vacancies have been filled and 25 applicants have been placed on a waiting list.

- 7.12 TN advised the use of lay assessors on inspection has increased by 25% however also discussed the difficulty in sourcing available lay assessors at short notice. OM advised that representatives from RQIA have been attending the Pensioners Parliament to inform of opportunities available for people to join our team of lay assessors. LG informed that every hospital inspection has at least one lay assessor who plays a hugely important part of the team.
- 7.13 GMcC sought assurances about the monitoring arrangements of 'areas for improvement' that have been stated more than once. OM advised that a number of 'areas for improvement' are restated due to the fabric of the building. RQIA continue to monitor these issues.

8.0 Audit Committee Business

- Approved Minutes of Meeting of 3 May 2018
 - Audit Committee Annual Report 2017/18
 - Update on Board Governance and Effectiveness Review
- 8.1 The minutes and action points of the Audit Committee meeting held on 3 May 2018 were presented to the Board for approval.
- 8.2 DP informed Audit Committee members completed a self-assessment of audit effectiveness using a new template devised by NIAO. Audit Committee was deemed effective which was agreed with by Internal Audit and NIAO. DP thanked Audit Committee members for their participation and support throughout the year.
- 8.3 Internal Audit confirmed satisfactory assurance in the Board Governance and Effectiveness Review which had taken place the previous year
- 8.4 Audit Committee members were pleased that the Chief Executive and senior team have already taken action to act upon the findings and recommendations of the Information Governance Audit which resulted in limited assurance.
- 8.5 The Audit Committee Annual Report 2017/18 confirmed RQIA have an effective Audit Committee who use of a variety of tools for information gathering which confirms the committee is operating effectively. DP noted he is now happy with how the report is presented in terms of style.
- 8.6 The draft Report to Those Charged with Governance received no qualification and has been approved by Audit Committee.
- 8.7 Assurances have been received from BSO in relation to GDPR requirements.
- 8.8 MMcC thanked DP for the summary of work carried out by Audit Committee which provides the Board with a clear overview and assurance of governance arrangements. MMcC acknowledged the work of Audit

Committee under DP's leadership.

8.9 Board members **APPROVED** the Audit Committee minutes of 3 May 2018.

8.10 Board members **APPROVED** the Audit Committee Annual Report 2017/18.

9.0 Chief Executive's Report

9.1 The Child Protection Governance Review was published in May, fourteen recommendations were made and the report was well received. RQIA also published the findings of a regional clinical audit of the use of mid-urethral tapes for management of stress urinary incontinence in Northern Ireland. This was a long awaited report which has received substantial media interest.

9.2 RQIA have launched a Membership Scheme inviting users of health and social care services, their families and friends to join our scheme to help us design and deliver the best ways of sharing the information we gather. Around 1,000 posters and 10,000 business reply postcards advertising the scheme were distributed to GP surgeries, libraries and care homes across Northern Ireland. Board members queried if the Membership Scheme is open to anyone who wanted to join such as journalists or politicians. OM advised the scheme was open to all.

9.3 As part of our ongoing political engagement RQIA attended the Sinn Féin Ard Fheis in June. This provided RQIA with an opportunity to engage directly with MPs, MLAs, councillors, political advisors and party members on our work. RQIA also attended NIMDTA's Dare to Excel Educational Excellence Day, where RQIA engaged with delegates, and Dr Chris Allen presented an overview of his contribution to the work of RQIA as our ADEPT Clinical Leadership Fellow.

9.4 OM summarised Stakeholder Engagement that she had taken part in and drew attention to a request from the Chief Executives forum to attend every three months to provide an update of ongoing work within RQIA. OM noted the opportunity for information sharing.

9.5 OM advised the COPNI investigation into Dunmurry Manor Care Home was received on 13 June 2018 at 11:00am and that afternoon a team including the Chief Executive, Inspectors, Senior Inspectors and Assistant Directors met to review any immediate learning for RQIA from the report. RQIA are working through a number of substantial findings. The team are considering the content of report and work has already begun on many of the recommendations. A specific focus is being paid to the number of inspections carried out 'out of hours' as a result of one of the Commissioners recommendations. In relation to engagement, RQIA continue attempts to attract people to join our team of lay assessors. The Chair of the Board, Chief Executive and Director of Assurance met with 24 families of Dunmurry Manor Care Home residents to provide an overview of what RQIA do, the powers that we have and how we use those powers.

The most recent report of Dunmurry Manor Care Home was shared with family members. Some family members discussed how the reports are technical and factual. OM advised work is ongoing to address this issue and make reports more user friendly. This is being undertaken alongside the RADaR tool which will help identify risks and will enable more targeted inspection planning. The RADaR tool will also provide an evidence base when facing push back from providers who present a higher risk. A programme of meetings has been scheduled to meet other families with relatives living in Runwood Homes over the next two months.

- 9.6 DP noted that RQIA's Board were presented in the media as not being fit for purpose. DP stated that the Board had received regular presentations and were up to speed with what was happening in Dunmurry Manor Care Home. DP stated his desire that members of the public and the media are aware that RQIA's Board were not blind to issues within Dunmurry Manor Care Home. DP asked that Board Members are engaged in the response to the COPNI recommendations
- 9.7 OM assured Board members that when COPNI announced they would commence this investigation 18 months ago the team re-examined every step from pre inspection to the current day to see if there was anything we could have done differently. RQIA are again reviewing these steps.
- 9.8 GMcC discussed the opportunity to work with the Department to ensure the policy and legislative framework is fit for purpose in the modern day. OM advised of ongoing work with the Department in regards to the Review of the 2003 Order, a gap analysis has been completed but a government will need to be in place in order to amend the 2003 Order.
- 9.9 TN advised of a working group set up with HSCB to analyse trends in relation to the use of unregulated facilities based on the information provided by two Trusts, TN advised of disparity between the two trusts. Work is ongoing and a report will be produced in due course.
- 9.10 DP queried if there was any direct relationship with enforcement action taken and findings from Dunmurry Manor Care Home. OM advised she has reminded inspectors to ensure they do not over correct as a result of increased scrutiny. TN noted many issues relating to staffing shortages with over reliance on agency staff, continuity of care is the issue. TN advised that enforcement action taken has been proportionate
- 9.11 **Resolved Action 190**
A paper detailing common enforcement themes from April 2018 is to be presented at the September Board Meeting.

LS queried if contractual changes are required for inspectors to work weekends. OM advised there is flexibility built into contracts that will not require them to be changed but advised additional costs may be accrued when staff when working past 8pm and weekends.

10.0 RQIA ICT / Digital Roadmap Update

- 10.1 DP noted CR16 and CR17 are listed as high risk in ICT Digital Roadmap. DP advised that if the solutions suggested to mitigate these risks are adopted they would no longer be in the high risk category.
- 10.2 GMcC felt risks relating to Dunmurry Manor should temporarily be raised to high risk.
- 10.3 LG clarified option two is the preferred option for consideration on conclusion of collateral agreement.
- 10.4 Board members agreed to support option two.

11.0 Any Other Business

- 11.1 Councillor Heading thanked the Chair for granting speaking rights. He outlined some concerns about understaffing. OM advised that this was incorrect and RQIA was able to meet its statutory functions. Councillor Heading referred to COPNI findings, the review of 2003 Order and the context of political uncertainty.
- 11.2 Councillor Heading stated he was sorry that people have referred to RQIA as being unfit for purpose, he advised he does not want to demolish the organisation, he wants to improve the service RQIA deliver and have the power to do so. Councillor Heading advised he understands that RQIA cannot be present in every service 24 hours a day and is aware that RQIA rely on intelligence. Councillor Heading suggested the current policy of a minimum of two inspections should be reviewed in an aim to regain public confidence. Councillor Heading acknowledged that lots of care homes do deliver the level of care expected.






Date of next meeting:
20 September 2018, RQIA Boardroom

Signed

Professor Mary McColgan
Acting Chair

Date

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion	Status
186	30 April 2018	The protocol and procedure relating to Part II appointments will be reviewed.	Director of Improvement and Medical Director (LG)	20 September 2018	
187	5 July 2018	Board and Executive Support Manager to forward opportunities for Board members to attend hospital and care inspections.	Board and Executive Support Manager (SW)	20 September 2018	
188	5 July 2018	Communications and Engagement Strategy taking account of HSC PPI Standards to increase the publics' awareness of the role and function of RQIA to be reviewed at the September Board meeting.	Communications Manager (MF)	20 September 2018	
189	5 July 2018	Language in action 4.4 of the Corporate Performance Report should be changed from 'significant underspend' to 'irregular underspend' in keeping with language used by auditors in financial reports.	Communications Manager (MF)	20 September 2018	
190	5 July 2018	A paper detailing common enforcement themes from April 2018 is to be presented at the September Board	Director of Assurance (TN)	20 September 2018	

		Meeting.			
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RQIA Board Meeting

Date of Meeting	20 September 2018
Title of Paper	Acting Chair's Report
Agenda Item	3
Reference	Chair/Rep/Sep18
Author	Prof. Mary McColgan
Presented by	Prof. Mary McColgan
Purpose	To inform the RQIA Board of external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	External engagements and key meetings since the last Board meeting of RQIA.
FOI Exemptions Applied	None.
Equality Impact Assessment	Not applicable.
Recommendation/Resolution	The Board is asked to NOTE this report.
Next steps	Not applicable.

Acting Chair's Report for Board meeting on 20th September.

1. Meetings with relatives in Runwood homes.

As part of an ongoing programme of visits, Olive, Theresa and I have undertaken a series of visits to meet with families who have relatives in Runwood homes. I have participated in 6 visits; one visit had to be postponed because of sickness in the residential unit. The purpose of the visits was to (1) explain RQIA's role in regulation of home (2) to offer assurance to families that they could be assured of RQIA's competence in this role (3) to listen to their concerns about the impact of the recent focus on DMCH (4) to discuss ways in which RQIA could get feedback from them about relatives and care and clarify how inspection reports could be more informative. Several family members indicated they would be keen to work with RQIA to improve the ways in which communication is facilitated and Theresa Nixon is following up these contacts.

Attendance at the family meetings varied from small number of relatives to groups of 6+. We were impressed by the way in which family members felt they could bring their concerns to the staff, how they felt their contribution was valued and how they felt their concerns were addressed. There was clear evidence of close engagement with relatives and local communities in some areas were actively involved in 'reaching into' the homes on a regular basis. Equally, there were clear but untapped opportunities for relatives to provide supports for each other especially when family members were admitted or transferred to a home. As part of the visits, we disseminated examples of good practice and commended the work being undertaken in relatives' forums.

2. Preparing for Winter Pressures.

On 4/9/18 Dr Norman Morrow and I attended the first of three workshops held with the independent sector to facilitate their planning for winter pressures. The morning was focused on: (1) Recognition of At Risk or deteriorating adult patients with an input from RCN, (2) NIAS provided an excellent update on 'NIAS a changing service' in which they outlined the changing emphasis of their service delivery, (3) A representative of Belfast Emergency Preparedness Group led us through 'Emergency and Contingency Planning with scenarios', (4) Public Health provide a timely input about flu prevention and management and flu immunisation for staff.

The afternoon focus was on medicines management with inputs from NICE and RQIA's Head of Pharmacy. Using scenarios, several questions were posed about existing practices, processes and procedures. All the participants valued the opportunity to discuss this important area, gain up to date information and share good practice. Similar workshops were held in Mossley Mill and Omagh. RQIA has published the presentations on its website as well

as a podcast of the event. 'Preparing your care home for the winter' has been disseminated widely to the care home sector.

Details of Care Homes Transformation Proposals were also circulated by Kathy Fodey. (copies will be available at meeting)

3. Hyponatraemia Briefing.

I attended the general briefing in Mossley Mill on 30/7/18. Representatives from the DH provided an overview of the workstreams linked to the specific recommendations of the review, a family representative emphasised the significance and urgency of the work being undertaken and DH facilitated discussion about the process and timescales. Specific induction preparation for involvement in the 'Duty of Quality' stream (which I will participate in) will take place on 28/9/18.

4. NICON Planning Day.

On behalf of RQIA, I attended the NICON Forward Planning workshop facilitated by William McKee on 12/9/18. As an organisation engaged with over 50 health and social care sector representatives, the workshop aimed to review NICON'S key activities, reflect on its 2015 Statement of Purpose, consider the financial overview and specifically discuss how it can be responsive to supporting leadership in a context of a system in transition and develop a more informed voice across the nations and build consensus about a 'representative voice'. In addition to the chairs of Trusts and regulatory bodies, NICON is also providing an opportunity for HR and Financial representatives to be involved. Forthcoming events were highlighted including planning for the NICON conference and the Chairs Forum noting the attendance of Dr Woods on 19/9/18. Both Gerry McCurdy and I will attend this meeting and provide a verbal report for Board on 20/9/18

5. Additional meetings.

- Olive and I met with Leadership centre on 5/7/18 to review their Board Development programme
- I met with PS and Mr Sean Holland on 31/7/18 to discuss TOR for forthcoming review.

Prof Mary McColgan

Acting Chair.

13/9/18

RQIA Board Meeting

Date of Meeting	20 September 2018
Title of Paper	Enforcement Action taken by RQIA, April 2018 – September 2018 across regulated services'
Agenda Item	8
Reference	B/06/18
Author	Theresa Nixon
Presented by	Theresa Nixon
Purpose	To update the Board regarding the nature and type of enforcement action taken by RQIA across regulated services
Executive Summary	<p>Where a service breaches regulations, or fails to meet the required care standards, RQIA has a range of actions it may take, as part of our normal escalation processes.</p> <p>This paper provides an overview of activities from 1 April – 14 September 2018, including information on the nature of concerns we identify, and how we respond, to ensure the safety and wellbeing of all those in receipt of health and social care services.</p>
FOI Exemptions Applied	NA
Equality Impact Assessment	NA
Recommendation/ Resolution	<p>Board members are asked to note this paper.</p> <p>RQIA is building upon its existing partnerships with a range of statutory and voluntary agencies to improve information sharing, and further develop guidance to support providers in delivering their services in line with relevant legislation and standards.</p>

Next steps	<p>The Chief Executive will provide regular updates on RQIA's enforcement actions in her future briefings to the Board.</p> <p>RQIA will also share this report with DoH at the next bi-monthly meeting in September 2018.</p>

RQIA Enforcement Activity: 1 April 2018 – 14 September 2018

Introduction

Where a service breaches regulations, or fails to meet the required care standards, RQIA has a range of actions it may take, as part of our normal escalation processes.

These include:

- Inviting the provider to a serious concerns meeting to discuss our concerns, and to support quality improvement in these services.
- Where significant and/or repeated failings are identified by RQIA, whether through our inspection activity or through intelligence such as concerns, complaints or whistleblowing, we may take enforcement action.

In line with the principles of good regulation, any intervention by RQIA is proportionate to the identified and assessed risk, in order to ensure compliance with legislation and to protect those in receipt of these services.

To drive improvements and safeguard those in receipt of services we can take the following enforcement actions:

- issue an improvement notice
- issue a notice of failure to comply with regulations
- a notice of proposal/decision to place conditions of registration or cancel a registration
- seek an urgent cancellation of registration through the courts

Serious Concerns Meetings

During the period 1 April 2018 to 14 September 2018, RQIA held 19 serious concerns meetings with providers. These included meetings in relation to: 14 nursing homes; two children's homes; one residential care home; one day care setting; and one domiciliary care agency.

In each case the management of these services provided RQIA with satisfactory action plans and assurances. RQIA will conduct unannounced follow up inspections at each service to monitor the actions taken.

Enforcement Notices

During this period, we held 15 meetings with providers to consider issuing enforcement notices. On six occasions RQIA was provided with satisfactory assurances and action plans to address the concerns, and no enforcement notices were issued. These services are subject to ongoing monitoring by RQIA to ensure the actions taken by the provider address the identified concerns and the improvement is sustained. On nine occasions, we have taken enforcement action, issuing a total of 14 notices of failure to comply with regulations to: three nursing homes; two day care settings; two domiciliary care agencies; one children's home; and one residential care home.

Areas of Concern

During this period, RQIA identified a range of concerns at regulated services. These include:

Children's Homes

- admission of children outside the statement of purpose for the service
- safeguarding
- quality of the general environment and infection prevention and control

Day Care Settings

- quality monitoring
- quality of the general environment
- health and safety risks.

Domiciliary Care Agencies

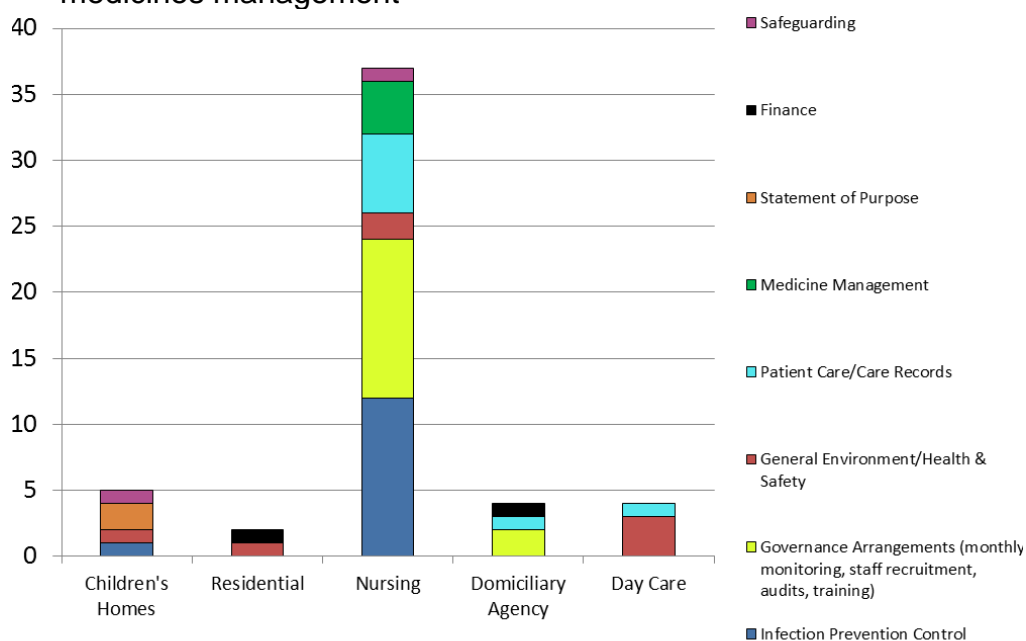
- governance arrangements
- missed and late calls to service users.
- financial arrangements relating to the use of a transport scheme

Nursing Homes

- infection prevention and control
- monthly monitoring of services
- wound care management
- staffing skill mix
- fire safety
- quality of the general environment

Residential Care Homes

- financial arrangements relating to the use of a transport scheme
- medicines management



Improving Partnership Working

In June 2018, RQIA held a workshop with representatives from the five health and social care (HSC) trusts, the HSC Board and Department of Health to support improvements in information and intelligence sharing between all those with a role in ensuring the quality of care provision across Northern Ireland.

Where RQIA is planning to meet with service providers to discuss concerns or consider enforcement action, we contact the relevant HSC trusts to seek their information and feedback on the service. This information exchange is valuable to both RQIA and the trusts in ensuring that all involved have a clear view of issues of concern.

Where RQIA issues enforcement notices to a service, these are shared with senior personnel in the Department of Health, HSC trusts, HSC Board and the Northern Ireland Social Care Council, and other relevant agencies as required.

To ensure the wider public are aware of our concerns, details of enforcement action are published on RQIA's website, www.rqia.org.uk, and links to the enforcement notices are posted on RQIA's Twitter account, @RQIANews. When a service achieves compliance with regulations, the website is updated accordingly and details of the improvement are also posted on Twitter.

It is normal practice for HSC trusts to cease further admissions to a service for the duration of RQIA's enforcement action.

Where we identify themes or trends in relation to concerns, we share this learning with the HSC trusts, as the commissioner of many of these services, and to support them in meeting their statutory duty of quality. In September 2018, RQIA has written to the chief executives of the five HSC trusts highlighting their responsibilities to robustly quality assure the information they receive from providers regarding the management of residents' and service user's finances.

Next Steps

In October 2018, RQIA is contributing to an event for a network of registered managers, hosted by Association for Real Change (ARC), in relation to quality monitoring. This event will provide RQIA with a platform to seek the views of ARC members on guidance that will support service providers to monitor the quality of their own services. Updated guidance will be made available on RQIA's website.

A further workshop with ARC is planned in relation to medicines management.

RQIA will also participate in the Public Health Agency's transformation group workshop in relation to staffing arrangements in care homes.

Theresa Nixon
Director of Assurance

RQIA Board Meeting

Date of Meeting	20 September 2018
Title of Paper	Regulation of Online Medical Services/Independent Medical Agencies
Agenda Item	6
Reference	C/05/18
Author	Hall Graham
Presented by	Hall Graham
Purpose	To highlight four possibilities for RQIA in relation to ongoing regulation of online medical services as Independent Medical Agencies
Executive Summary	<p>A significant development in provision of healthcare has been the growth of stand-alone online services which deliver consultation and prescribing across the UK and further afield.</p> <p>In light of</p> <ul style="list-style-type: none"> • The growth in this area • The risks to patient safety • The need to have a UK wide coordinated approach to regulation <p>RQIA are now reviewing our approach to the regulation of online medical services.</p>
FOI Exemptions Applied	NA
Equality Impact Assessment	NA
Recommendation/ Resolution	Board to discuss option appraisal.
Next steps	Make decision on future approach.



REGULATION OF ONLINE MEDICAL SERVICES/INDEPENDENT MEDICAL AGENCIES

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Introduction

Remote consultation has been used now for some time; telephone consultation is well established in primary care and video consultation offers the choice of real time visual contact. However, a significant development has been the growth of stand-alone online services which deliver consultation and prescribing services across an expanded geographic footprint, technically anywhere in the United Kingdom (UK) and also abroad, although this is usually confined to the European Economic Area (EEA) due to the reciprocal recognition of prescriptions.

The UK regulatory landscape includes UK wide professional medicines and pharmacy regulators, and devolved systems regulators for each of the four home nations. Each systems regulator has differing scopes of responsibility derived from their different sets of legislation. This means that for instance some activities may be regulated in England but may not be in the other three countries and vice versa, and the methods of regulation may also vary across regulators. As clinical professional roles evolve and growth in use of technology facilitates easy UK wide delivery of certain services, the current regulatory landscape is being challenged.

RQIA has been regulating online medical services as medical agencies for a number of years and in light of:

- the growth in this area
- the risks to patient safety involved in online prescribing and subsequent dispensing of medicines and
- the need to have a UK wide coordinated approach to this issue

we are now reviewing our approach to regulation of online medical services/Independent Medical Agencies and reviewing how we, as a regulator, input into overall assurance of patient safety in Northern Ireland in relation to operation of these services.

Context

In 2011 we became aware that Boots was operating an online medical consultation and prescribing “Prescriptions Direct” service which was based in Nottingham.

The service was provided directly by clinical staff, which included a private doctor and independent prescriber pharmacists. Patients could only access the service online, often from home. When an online consultation resulted in a private prescription it would subsequently be dispensed in a number of Boots pharmacies in Northern Ireland.

We were of the opinion at that time, that even though it was being provided remotely, a “medical service” was being accessed by patients in Northern Ireland. As the algorithms used in the consultation process had been developed by a wholly private doctor, who also managed the service, we were satisfied that medical services were being provided by a private doctor. The service didn’t meet the definition of either an Independent Hospital or an Independent Clinic but did seem to fall into the definition of an Independent Medical Agency.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 defines an Independent Medical Agency as follows:

Independent medical agency means, subject to paragraph (8), an undertaking (not being an independent clinic) which consists of or includes the provision of services by medical practitioners, but if any of the services are provided for the purposes of an independent clinic, or by medical practitioners in pursuance of the Health and Personal Social Services (Northern Ireland) Order 1972, it is not an independent medical agency.

In the case of organisations providing an online service they may fall into the definition of an Independent Medical Agency. Two important phrases are **“the provision of services by medical practitioners”** and the fact that if they provide any services **“in pursuance of the Health and Personal Social Services (Northern Ireland) Order 1972, it is not an independent medical agency”**.

Therefore, to meet the definition of an Independent Medical Agency an organisation must be providing medical services and those services have to be provided by medical practitioners who have no health service component to their job i.e. wholly private medical practitioners.

At that stage, we were satisfied that the services being provided by Boots met the definition of an Independent Medical Agency and they were required to register with RQIA. The Prescriptions Direct service was already registered with the Care Quality Commission (CQC) in England, as it fell into the scope of their regulation.

Boots disputed the need to register and their argument centered on the service being provided remotely to Northern Ireland (from Nottingham) and also the fact that it was already registered with CQC and therefore shouldn't be required to also register with RQIA.

We took legal advice through the Directorate of Legal Services in the Business Services Organisation (BSO) who subsequently obtained a barrister's opinion on our behalf, which agreed with our stance that Boots was providing medical services and should be registered with RQIA as an Independent Medical Agency. Following this, the Boots Prescription Direct Service was registered with RQIA as an Independent Medical Agency.

Patient Group Directions

Another issue related to the registration of online services was the operation of private Patient Group Directions in Northern Ireland.

The definition of a **Patient Group Direction (PGD)** is as follows:

'Written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment'.

A Patient Group Direction (PGD) is a legal mechanism, which allows named registered healthcare professionals to supply and/or administer medicines to groups

of patients that fit the criteria laid out in the PGD, without a prescription. Common examples would be immunisation and family planning. Registered healthcare professionals such as nurses and pharmacists, using a PGD, could supply medicines directly to patients without the need to see a doctor to obtain a prescription. PGDs can apply to both HSC and private care.

An amendment to the Prescription Only Medicines (Human Use) Order 1997 (the POM Order) makes provision in Article 12 (C) for a person conducting a retail pharmacy business to make arrangements with the authority or person carrying on the business of certain establishments or agencies identified in Article 12 (D) 1 to supply or administer prescription only medicines under Patient Group Directions.

Article 12(D) 1 of the POM Order further defines the bodies specified as:

- a) An Independent Hospital
- b) An Independent Clinic
- c) An Independent Medical Agency
- d) A Nursing Home (Northern Ireland only)

This means that a pharmacist (in private practice) may operate a private PGD under certain conditions, one of which is an arrangement with an Independent Medical Agency. One of the requirements of an Independent Medical Agency is that it is registered with the appropriate authority, which in the case of Northern Ireland is RQIA. Therefore, to legally operate a private PGD in Northern Ireland, an organisation must meet the definition of an Independent Medical Agency and as a result be registered with RQIA.

The legal opinion we had obtained in relation to Independent Medical Agencies also supported the fact that a private Patient Group Direction could not be utilised by a pharmacist in Northern Ireland in conjunction with an Independent Medical Agency, unless the Agency was registered with RQIA.

On 18 July 2012, the Chief Pharmaceutical Officer contacted RQIA to make us aware that a number of private PGDs were being operated illegally in Northern Ireland, and he urged us to remedy this situation by registering all necessary Independent Medical Agencies. As the Departmental Medicines Inspectorate (Medicines Regulatory Group) had no mechanism to check that these PGDs were being set up and managed appropriately, they were seeking assurance that by having them registered with RQIA, this would allow us to verify that all PGD standards were being met.

Following this correspondence, we took the decision that we would only register an Independent Medical Agency if it operated a private PGD within Northern Ireland. However, this is not in fact the correct basis for registration which should be: Does the organisation meet the requirements of an Independent Medical Agency? However, all the Agencies we have registered have also met these requirements so we have not registered any agency that should not have been registered. A number of other organisations have approached us regarding the need to register and we advised them that it would not be necessary as they do not operate a private PGD. It is not clear therefore that we have registered all organisations that may meet the requirements to be an Independent Medical Agency.

Current position

Presently we have five Independent Medical Agencies registered with us (and one in the process of registration), all of which provide online services:

- Dr Now Ltd
- Expert Health Ltd (Trading as Lloyds Pharmacy Online Doctor and Dr Thom)
- Medical Prescription Services
- Escripts Marketing Ltd
- The Independent Medical Agency (Boots)

The registration of a sixth organisation, MASTA Ltd, is in progress and is almost complete.

None of these organisations has a base in Northern Ireland. They are all based in England and are also registered with CQC.

As part of the registration process, all Independent Medical Agencies receive an initial pre-registration inspection, which requires representatives from the organisation to travel to RQIA to meet with inspection staff, and at that time the registered person/responsible individual is subject to a fit person interview.

Following registration, on an annual basis, a desktop inspection is carried out using information supplied by the Independent Medical Agency examining the following areas:

- Staffing
- Recruitment and selection
- Safeguarding
- Information provision
- Patient consultation
- Practising privileges
- Clinical records
- Management and governance arrangements

The information supplied for inspection is supplemented by a complaints return and a number of staff questionnaires. A conference call then takes place with the providers, during which an inspector may seek clarification on a number of issues raised by the inspection and provide feedback on findings from the desktop inspection.

UK STATUS

On 24 August 2016, the Coroner for the City of Brighton and Hove, following an inquest into the death of Richard Breatnach, concluded that his death was due to misadventure (dependence on drugs).¹ The details of the case were that Mr. Breatnach, through an online provider, was able to obtain 156 dihydrocodeine tablets and that he subsequently died from a dihydrocodeine overdose. It also emerged that Mr. Breatnach had an addiction problem and was receiving treatment

¹ <https://www.judiciary.uk/publications/richard-breatnach/>.

for this from his own general medical practitioner. The coroner noted a number of concerns which included:

- 1) Mr Breatbach (and anyone else) is able to apply for online medicines.
- 2) That applying online, if the application form is not thoroughly checked, allows the applicant to lie or give false or misleading answers to critical questions, which is what Mr. Breatbach did.
- 3) There was no evidence that the prescriber made any effort to contact Mr Breatbach's GP to find out if the answers he gave were true.
- 4) Prescribing dihydrocodeine, a potentially addictive drug, used for the treatment of moderate to severe pain by a patient whom the prescriber has never seen, appears to fly in the face of good prescribing practice.
- 5) The amount of dihydrocodeine that was prescribed seems to be excessive.
- 6) Dihydrocodeine should not be prescribed for migraine which is the reason given by Mr Breatnach for needing the medication.
- 7) The instructions provided with the medication were unclear and seemed to suggest that eight tablets could be taken every 24 hours until all the tablets were used up.
- 8) This way of prescribing completely undermines the diligent and careful GP's efforts to control this man's medication over use.

This case clearly sets out some of the challenges associated with provision of online medical services and online prescribing.

Cross Regulatory Forum

A Cross Regulatory Forum has subsequently been established by CQC which includes representation from:

- Care Quality Commission (CQC)
- Regulation and Quality Improvement Authority (RQIA)
- Health Inspectorate Wales (HIW)
- Health Improvement Scotland (HIS)
- General Medical Council (GMC)
- General Pharmaceutical Council (GPC)
- Department of Health and Social Care England (DOHSC)
- Medicines and Healthcare Products Regulatory Agency (MHRA)
- Nursing and Midwifery Council (NMC)
- Health and Care Professionals Council (HCPC)
- NHS England (NHSE)

The Forum has established links with those CQC registered online providers of medical services and has met with them on a number of occasions, to examine ways of ensuring patient safety when they are using online services. The Forum is also exploring a joint approach to regulation, to again improve patient safety in this area. The aims and objectives of the Regulatory Forum are to:

- Formalise working relationships between national regulators.
- Consider cross-regulatory solutions to support innovation and assure patient/service user safety.

- Share intelligence of concerns and relevant inspection findings.

The Forum has now met a number of times and it has been agreed that, where possible, a UK wide approach to assurance in relation to safety of online medical services should be developed. We will continue to be part of this Regulatory Forum as it provides opportunities for professional discussion and networking with other regulators. Collaborative approaches are key to the work of the Forum and we benefit significantly from our participation.

Regulatory Mapping

Each health systems regulator in the UK has different scopes in relation to what they are required to register, related to their individual regulations. These differences mean that some activities which for instance are regulated in England, may not be regulated in the other three countries and vice-versa. This also means that identical services may be regulated or unregulated, dependent on the country in which an organisation chooses to establish its headquarters, or on the professionals they employ, rather than the service they offer or the location of their service users.

The fact that services advertised at a UK wide level may be subject to variable regulation, does not provide consistent assurance to patients that they are receiving safe and high quality care. The potential regulatory complexity also creates a burden for service providers – a requirement to potentially register with multiple agencies (with multiple costs) and a need to meet differing standards and processes.

Care Quality Commission

To qualify for registration with CQC, an organisation must be carrying on a regulated activity. Online medical providers are registered as Online Primary Care Providers and are registered to provide the following regulated activities:

- Transport, triage and medical advice delivered remotely (TTMA)
- Treatment of disease disorder or injury (TDDI)
- Diagnostic and screening procedures (DSP)

A more detailed explanation of these categories can be found at Appendix 1.

The provider location is the other factor that affects the need to register. In the case of online providers, the provider needs to be located in England and serving patients in England. A non-England location would be outside the scope of CQC regulation.

As of 29 May 2018, CQC regulates and inspects 37 organisations which are registered as Online Primary Care Providers. An inspection takes place which involves a CQC team, led by a CQC inspector, together with a medical practitioner, with pharmacy input if required, visiting the base from which the online provider operates. The frequency of inspection is dependent on any concerns identified but is at least every two years. The main difference between a CQC inspection and an RQIA inspection is the ability to visit premises, talk to staff, be able to immediately follow up queries that arise during inspection, and be able to get a real time sense of how an organisation is operating.

Health Inspectorate Wales

There are two requirements for registration:

- The organisation must be based in Wales.
- A medical practitioner must be involved with the service.

The location of the patient is irrelevant.

HIW is still in the planning stages of its process of regulation of online medical providers and currently they have not begun their registration and inspection process.

Health Improvement Scotland

To qualify for registration, an online service must:

- Meet the definition of an Independent clinic² - online medical providers are defined as clinics in Scotland as they have a physical base.
- Be provided from a location in Scotland.
- A registered doctor, dentist, nurse, midwife or dental care professional must work in the service for them to be registered.
- The patient can be anywhere, as long as the service is being provided from Scotland, it needs to register with HIS.

Similar to the position in Wales, Scotland has not as yet begun the registration and inspection of online medical providers.

In summary, at present each UK regulatory body has a different regulatory scope and process for registration and inspection of online providers. In England, Scotland and Wales an organisation has to have a physical presence in that country and the systems regulators only register organisations that have a base in that country. In Northern Ireland an organisation may be registered even if there is no physical presence in Northern Ireland.

Each systems regulator, due to differences in their primary legislation, then have different scopes as to what types of service needs to register. In Northern Ireland and Wales only those organisations which employ a medical practitioner have to register, but in England and Scotland a wider range of health professionals is covered.

Overall, this has the potential to lead to duplication of inspection by different systems regulators but also may potentially lead to gaps in regulation due to different scopes, as a result of differences in primary legislation.

² Independent clinics are defined in the NHS Scotland Act 1978 as clinics that are not part of a hospital and from which a medical practitioner, dental practitioner, registered nurse registered midwife or dental care professional (clinical dental technician, dental hygienist, dental nurse, dental technician, dental therapist, orthodontic therapist) provides a service which is not part of the National Health Service. The term service includes consultations, investigations and treatments

Northern Ireland assurance

If a patient in Northern Ireland accesses an online medical service-that is registered with RQIA as an Independent Medical Agency, it may result in a number of outcomes, ranging from advice being offered to a private prescription being generated. In relation to patient safety, as the Agency is registered with RQIA we can provide assurance that all medical staff involved in the agency are suitably qualified and trained and we have recently introduced a more robust pharmacy element into our inspections, examining in more detail the quality of prescribing and the processes each organisation has in place to internally assure the safety of their prescribing.

RQIA has no regulatory role in community pharmacy in Northern Ireland so when a private prescription is generated by an Independent Medical Agency, we have no power to examine the processes within a Community Pharmacy, which will ensure that medicines dispensed through a private prescription are dispensed properly and safely. If for instance an online provider based in Eastern Europe, perhaps through a shell company, dispensed a prescription, as the provider is unregulated, the only safety net for patients would be in the community pharmacy.

In order to be able to provide assurance through the entire patient journey when a patient accesses an online medical service, we are currently working with the Health and Social Care Board, the Pharmaceutical Society of Northern Ireland and the Medicines Regulatory Group to map out that process, identify individual areas of responsibility, and identify any gaps so these can then be addressed appropriately.

Future regulation of Independent Regulatory Agencies in Northern Ireland

Currently RQIA registers five Independent Medical Agencies that provide online medical services, and a sixth is in the process of registration. None of the agencies has a physical presence in Northern Ireland and we carry out an annual desktop inspection with a telephone feedback conversation with each provider. All six organisations are also registered with CQC, which also carries out an annual inspection, using a team that contains both medical and pharmacy personnel when required, but with an actual visit to the organisation's headquarters.

In relation to online medical services based in England, this means that these providers are subject to two different types of inspection, carried out by two different systems regulators. Regulation of online providers is only just beginning in Scotland and Wales but in the future the same situation could apply.

Going forward, there are four possibilities for RQIA in relation to ongoing regulation of online medical services as Independent Medical Agencies:

- 1) RQIA registers and inspects all online medical services involving a private doctor, which provide services to patients in Northern Ireland and meet the definition of an Independent Medical Agency, no matter where they are situated. This will mean that we need to review a number of agencies that were told they did not require to be registered as they did not operate a private PGD. This will also lead to duplication of inspection by two separate regulators.

- 2) RQIA registers and inspects only those organisations that have a physical presence in Northern Ireland. This would only be possible if the previous legal advice was reviewed in the present context and would also result in no organisation being able to operate a private PGD in Northern Ireland as they would not be registered with RQIA.
- 3) RQIA registers all online services involving a private doctor but we don't inspect. MOUs would then be developed with CQC, HIS and HIW, and we would take assurance from their inspections. There would be no duplication of inspection and IMAs would continue to operate private PGDs. This would however also require a change in legislation as presently there is a requirement to inspect if the service is registered with RQIA.
- 4) RQIA ceases to register and inspect any online services – this is not a possibility as any service could then leave a regulated part of the UK and move to Northern Ireland where they would be unregulated.

APPENDIX 1

TTMA - This regulated activity covers two main service types:

- 1) **Transport (ambulance services)** - Services are captured by this regulated activity where they involve a vehicle that was designed for the primary purpose of transporting people who require treatment.
- 2) **Remote advice** - This is a regulated activity when:
 - The advice is medical, and
 - It is responsive i.e. for immediate attention or action (as opposed to, for example, a service in which a person electronically submits questions to a provider who provides responses at some later time, or when a person seeks general health care or lifestyle advice), or
 - It constitutes triage and
 - It is provided over the telephone or by electronic mail, and
 - It is provided by a body established for that purpose (as opposed to, for example, the occasional provision of advice by a body such as a hospital or university on an informal basis).

TDDI - This activity covers a treatment service that is:

- a) Provided by a health care professional (see list in glossary), or a social worker in the case of mental health treatment, or by a multi-disciplinary team that includes a listed healthcare professional, or social worker where the treatment is for a mental disorder, and is
- b) related to disease, disorder or injury.

This activity will require to be regulated if carried out by any of the following professionals:

- Medical practitioner
- Dental practitioner
- Dental hygienist
- Dental therapist
- Dental nurse
- Dental technician
- Orthodontic therapist
- Nurse
- Midwife
- Biomedical scientist
- Clinical scientist
- Operating department practitioner
- Paramedic
- Radiographer

Diagnostic and Screening procedures - this regulated activity involves a wide range of activity related to diagnostics, screening and physiological measurement.



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RQIA Board Meeting

Date of Meeting	20 September 2018
Title of Paper	Chief Executive's Update
Agenda Item	7
Reference	D/05/18
Author	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of the paper is to update the Board on strategic issues which the Chief Executive and EMT has been dealing with since the Board meeting on 5 th July 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 November Board meeting.

Business Support Unit

Media Interest

RQIA's communications team has responded to a range of online, print and broadcast media queries relating to: enforcement and public concerns in respect of a range of regulated services across Northern Ireland; RQIA's assurance role in relation to the implementation of recommendations from the Inquiry into Hyponatraemia-Related Deaths; and the investigation at Muckamore Abbey Hospital relating to allegations of abuse of patients by staff. In July, the Chief Executive was interviewed by the BBC's health correspondent on Dunmurry Manor care home, providing an overview of the situation at the home and assuring the public as to the role of RQIA in identifying and responding to issues in such settings.

Engagement

In September RQIA held the first in a series of workshops for providers on preparing their care home for winter pressures and medicines management. Both events were well attended with positive feedback on the content and structure of these events. Two further workshops will take place across Northern Ireland later in the month. RQIA also held a stakeholder involvement day for mental health and learning disability services in September to provide an update on inspection activities and our revised inspection methodology.

Publications

We have also produced a written guide on winter preparedness in support of the workshops described above. This aims to act as an aide-memoire for service providers in their preparation for the winter and signposts to useful resources available on a new section of our website.

Complaints/ Compliments

Since 5 July RQIA managed three complaints in line with the Policy and Procedure on the Management and Handling Complaints against RQIA.

Stage 1 formal resolution has been completed in relation to one complaint, the second complaint is ongoing and the third is now closed.

Two compliments have been received about a nursing home, two about a residential care home and one about a day care setting.

Stakeholder Engagement

The Chief Executive along with the Chair attended a meeting with the HSC Leadership Centre on 5 July to review their Board Development Programme.

The Chief Executive attended a series of visits to Runwood Homes with the Chair and Director of Assurance. Six visits have been undertaken to meet families who have relatives living in Runwood Homes.

The Chief Executive and Director of Improvement met with Nichola Mallon, SDLP, on 26 July regarding the neurology review.

On 2 August the Chief Executive met with Patricia Donnelly regarding the duty of quality to support the implementation of O'Hara report recommendations (arising out of the IHRD).

On 3 August the Chief Executive attended a meeting with Charlotte McArdle, CNO and Dr McBride, CMO regarding Dunmurry Manor Care Home.

On 6 August the Chief Executive met with Stephanie McCutcheon, Investors in People.

On 13 August the Chief Executive attended the first meeting of HSCQI Leadership Alliance.

On 15 August the Chief Executive met with Eamonn Donaghy, Age Sector Platform to discuss a range of issues.

The Chief Executive met Claire Aiken regarding public relation issues on 20 August.

The Chief Executive and Chair attended a Hyponatraemia Orientation Briefing Session to obtain an overview of the workstreams linked to the recommendations from the O'Hara Report.

On 21 August the Chief Executive attended an enhanced monitoring meeting with Belfast Trust following up on unannounced inspection in Royal Belfast Hospital for Sick Children in December 2017.

On 23 August the Chief Executive hosted a Joint Negotiation Consultative Forum (with Trade Unions) at RQIA.

On 29 August the Chief Executive attended a meeting with Colm Gildernew MLA and Ciarán O'Connor (Sinn Féin Health Policy Advisor) regarding Muckamore Abbey Hospital.

On 31 August the Chief Executive attended the Department of Health's launch of the Co-Production Guide.

Memorandums of Understanding

The MOU with NISCC was revised on 28 August and is available on the RQIA website. An MOU is in draft with the Fire and Rescue Service and HSENI and will be completed by 20 September. Meetings have been held with Northern Ireland Commissioner for Children and Young People (NICCY) to finalise the Memorandum of Understanding (MOU).

Current Legal Actions

Litigation in respect of Owenvale Residential Home remains ongoing.

Workforce Review

Interviews were held for the Deputy Director of Assurance and the Head of BSU and appointments made to both posts. Three new inspectors have commenced employment in RQIA - one in the Nursing Home Team, one in the Hospitals team and one in the Children's Team.

Additionally an intern and new ADEPT fellow have also commenced work in RQIA.

Financial Allocation 2018-19

An allocation of £6.5 million was made available to RQIA for 2018/19. This included a recurring reduction of 2% (£134k). RQIA have also received non-recurring funding in respect of VES of £190k. We are currently scoping how this will be utilised. Due to delays in the recruitment of staff RQIA will be making an easement to DoH to ensure we break even at year end.

ASSURANCE DIRECTORATE

Inspection

622 inspections were completed during Quarter 1 out of a total of 2332 scheduled for the year. This means 27% of the scheduled inspections for 2018/19 have been completed during Quarter 1 and therefore we are on target to meet our statutory requirement by year end.

Day Care Settings – ‘Satellite Units’

RQIA have initiated a project which relates to 19 registered day care settings, some of which have off site provision that may fall to be registered separately. There are 28 identified ‘satellite units’ connected to the 19 day care centres. These settings are operated by eight provider organisations made up of the five HSC Trusts and three independent sector providers. RQIA has engaged with all of the provider organisations and several meetings have taken place during which registration options have been explored. It is likely that the total number of registered day care settings will increase as a consequence of this project. RQIA will update the Board on the outcome of this project at the next meeting.

Home Truths: A Report on the Commissioner’s Investigation into Dunmurry Manor Care Home

RQIA awaits further information from the Department on the “collegiate response” being prepared to the COPNI report on behalf of the HSC Relevant Authorise. The PSNI recently announced that they would be undertaking an investigation into matters arising from the COPNI investigation. RQIA staff met with representatives of the PSNI to discuss RQIA’s role and functions on 5 September. An unannounced inspection was undertaken of Dunmurry Manor Care Home on 7 September 2018 and satisfactory progress was noted.

RADaR

The Nursing and Residential Care Homes Teams continue to use RADaR following each inspection. Following the June workshop the suggested changes have been made to the tool. The information team continue to collate the data and intend to present their findings at the next workshop planned for November 2018.

Presentations

The Assistant Director of Nursing made a presentation on 11 September 2018 to RCN Leaders for Care Programme on the role and function of RQIA and implications for registered managers.

Residential Care Beds in Nursing Homes

Position as at 12 September 2018	
Services still undecided (status colour: white)	5
Application forms issued and still to be returned (status colour: red)	1
Application forms received and being processed (status colour: amber/yellow)	6
Certificates issued (status colour: green)	100
Applications withdrawn	2

Advice is currently being sought in relation to the providers who have not yet indicated their decision. The Board will be advised of RQIA's position at the next Board meeting.

Enforcement Action

Three regulated services are currently subject to enforcement action.

Since 5 July 2018, RQIA has undertaken the following enforcement:

On 11 July 2018, two failure to comply notices were issued to Hawthorn House nursing home, Belfast (Four Seasons Care Homes). An inspection on 22 August 2018 found the service had achieved compliance with the notice relating to staffing. While significant progress had been made to address care and treatment concerns further actions were required to achieve compliance. This notice was therefore extended to 21 September 2018.

On 8 August 2018 one failure to comply notice was issued to Bluebird Care domiciliary care agency, Holywood (Bluebird Care), relating to quality monitoring reports. Compliance is required by 15 October 2018.

On 10 September 2018 one failure to comply notice was issued to Glenabbey Manor residential care home, Newtownabbey (Runwood Homes Ltd) in relation to medicines management issues. Compliance is required by 17 October 2018.

Since the last Board meeting the following services have achieved compliance with regulations:

- 25 July 2018: Seaview House nursing home, Bangor (Seaview House Nursing Home): One failure to comply notice relating to effective governance and monitoring arrangements.
- 6 August 2018: Glenmachan Tower House nursing home, Belfast (Church of God – Glenmachan): One failure to comply notice relating to the management of wound care and the use of pressure relieving equipment.
- 20 August 2018: Oak Tree Centre day care setting, Londonderry (Western HSC Trust): Two failure to comply notices relating to care issues, and health and safety risk.
- 7 September 2018: Extra Care domiciliary care agency, Antrim (Extra Care for Elderly People Ltd): Two failure to comply notices relating to missed and late calls, and staff supervision.
- 7 September 2018: A children's home achieved operated by an independent provider: Two failure to comply notices relating to infection prevention and hygiene and notifiable events.

RQIA held meetings with eight service providers to discuss concerns in respect of the following services:

- Blair House nursing home, Newtownards (Amore (Watton) Ltd)
- The Cottage nursing home, Coleraine (Merit Retail Ltd)
- The Haven nursing home, Dungannon(The Haven)
- Knockagh Rise nursing home, Greenisland (Knockagh Rise Ltd)
- Moneymore nursing home, Magherafelt (Four Seasons Care Homes),
- 47 Somerton Road nursing home, Belfast (Somerton Homes Ltd)
- Croft Community domiciliary care agency – supported living, Bangor (Croft Community Ltd)
- Croft Community residential care home, Bangor (Croft Community Ltd)

In each case the management of these services provided RQIA with satisfactory action plans and assurances. RQIA will conduct unannounced follow up inspections at each service to monitor the actions taken.

In July 2018, a meeting was held with the management of Balmoral View Nursing Home, Belfast (Four Seasons Care Homes), to consider issuing an improvement notice in relation to the documentation of patients' fluids. In early September, RQIA met with the management of Tennent Street Nursing Home, Belfast (Four Seasons Care Homes), to consider issuing a failure to comply notice regarding infection control and environmental issues at two separate services on this site. In both cases, robust action plans to address the deficits were presented to RQIA, and enforcement notices were not issued. Unannounced follow up inspections will further assess each service.

A separate paper regarding the common themes of enforcement since April 2018 will be presented to the Board at this meeting.

Runwood Homes Ltd

Runwood Homes Ltd advised RQIA on 29 August of a number of recent changes to their senior management team. In addition the management and/or registration arrangements for other homes have changed.

Four Seasons Health Care

Financial restructuring of Four Seasons Health Care continues. Four Seasons Health Care has liaised closely with RQIA during this process and has recently advised that a further extension of the standstill arrangement has now been agreed. This gives the organisation a further period to the 28 September during which the work towards the financial restructure continues.

Ebbay Ltd

RQIA was advised on 10 September of Ebbay Ltd's intention to give formal notification to cancel the registration of Drumclay Nursing Home in Enniskillen. There are 34 service users currently in this facility, some of whom moved from Ashbrooke Care Home following its closure in 2017. The Western HSC Trust are exploring options for the accommodation of these residents with another provider. A transition team will oversee the transfer of all residents. RQIA is liaising closely with the trust and DoH have also been informed of this matter.

Childrens Team

Unregistered Facilities Accommodating Young People

RQIA has sought accurate figures for children placed in unregistered accommodation from each trust. Discussions have been held with the Director of Social Services from each trust, following the submission of information. Due to delays in receiving information from some trusts and clarification required with HSCB and trusts regarding figures and interpretation of placements a paper will now be presented to the Audit Committee meeting on 19 October 2018. Bi weekly meetings continue to be held with the HSCB to share information.

RQIA have agreed to co-host a regional workshop on 12 October in conjunction with the HSCB which will involve all trust senior management teams to address issues requiring improvement.

Bi Annual Liaison meetings with the DoH Children's Policy Branch

A meeting was held with DoH Children's Policy Branch on 11 September 2018. RQIA provided an overview to the DoH of a new inspection methodology based on the work of Professor Jim Anglin, University of Victoria. This methodology involves a systems approach to inspection based on the "child's best interest" and improved outcomes for young people. Further discussions will be held with DoH and trusts regarding this approach. Meetings are also planned with Ofsted next month to review their new outcome based methodology for the inspection of children's services.

Monthly Monitoring Returns

Work continues with the Belfast HSC Trust in piloting the use of a revised monthly monitoring report template. A workshop has been organised for 28 September 2018, co-hosted by RQIA to seek regional agreement to the use of one monitoring template.

VOYPIC

RQIA engaged with the Voice of Young People in Care organisation (VOYPIC) to initiate processes to increase user involvement in children's homes inspections. This work will involve training previous care experienced young people as peer reviewers, whose explicit role will be to elicit the views of the young people on their lived experience of care homes.

QUALITY IMPROVEMENT DIRECTORATE

HSC Healthcare Team

Northern Ireland Ambulance Service

Three Improvement Notices in relation to Broadway, Bangor and Craigavon Stations relating to the Corporate Leadership and Accountability quality standard remain in place until the end of October 2018.

We will meet again with NIAS on 04 October 2018 to receive a further update in relation to implementation of their improvement plan.

Acute Hospital – Unannounced Inspection Programme (HIP)

As part of the QA process, inspection reports for South West Acute, RBHSC (2nd inspection) and Causeway hospitals are being edited by the head of the business unit.

On 21 August 2018, a third follow up meeting (enhanced monitoring) was held with Belfast Trust to discuss progress in relation to improvement required following a second unannounced inspection of RBHSC in December 2017. Previously, progress in relation to Barbour Ward (layout, environment and patient mix) and the Short Stay Paediatric Assessment Unit (SSPAU) (governance arrangements) had been slower than expected. This was a much more positive meeting with improvements noted. Focused attention is still required with respect to refurbishment of Barbour ward and the planned use of the ward (including diverse patient group/case-mix). Continuing attention is also required to assure fully implementation and appropriate working of governance arrangements relating to SSPAU.

Phase 3 HIP

The HSC Healthcare Team will be carrying out unannounced inspections of a number of outpatient departments, initially in the Belfast Trust – as part of RQIA's programme of work related to the neurology patient recall. Methodology and tools for the inspection are currently being developed. These inspections of out-patient services will form the basis of Phase III of HIP and will subsequently be spread to other Trusts across the region.

Unannounced Hygiene Inspection Programme

A risk based programme is continuing using intelligence from PHA surveillance reports/intelligence, whistleblowing, complaints etc.

On 06 September 2018 following reports of three cases of *Clostridium difficile* an inspection of Ward B Mater Hospital was carried out. The inspection identified good standards of cleaning and adherence to best practice infection prevention and control practices.

On 07 September 2018 a follow up inspection was carried out in Rainbow Lodge, a Praxis home for children with a learning disability. An initial inspection on 19 June 2018 had identified significant infection control/ cleanliness issues in the facility. This inspection identified improvement with the standard of cleaning. The residential side of unit (bedrooms, toilets, shower areas, sitting rooms) has been refurbished to a high standard. Work on the short stay side is to commence next week, with a completion date anticipated of 2 months (November 2018).

Independent Healthcare Team

Dental Regulation

No enforcement action since last board meeting. Revised approach to inspection (focussed on key risk areas) is being well received by the sector.

Cosmetic Lasers

Skyn Boutique – RQIA is pursuing prosecution for failure to register. A summons was served on 24 July 2018 and the case is listed for hearing @ Lisburn Magistrates Court on 18 September 2018.

Independent Medical Agencies (IMAs)

We have reviewed our approach to the regulation of IMAs. An options appraisal paper is being presented to the RQIA board for discussion at today's board meeting.

Independent Hospitals and Hospices

Kingsbridge Private Hospital

An unannounced inspection was undertaken to KPH on 24th and 25th July due to concerns relating to notifications of reportable events, using our hospital inspection methodology. Concern was noted, prior to inspection, in relation to content and number of notifications received.

This inspection was generally positive, some areas for improvement were identified with respect to notifiable events and governance and oversight accountability within the hospital, the role and function of the Medical Advisory Committee. Verbal and written feedback have been provided to the management team in KPH.

REVIEWS PROGRAMME

Neurology Patient Recall, Belfast Trust

RQIA is leading three strands of work as requested by DoH – specifically (i) a governance review of outpatient services in Belfast Trust with particular attention to neurology and other high volume specialties, (ii) an expert review of clinical case notes of patients of Dr X's who have deceased in the previous 10 years, and (iii) a review of governance (corporate and clinical) relating to health services delivered by Independent Sector hospitals in NI.

The Governance Review of Outpatient Services in the Belfast Trust is underway, with terms of reference agreed and an Expert Review Team established. The Trust has completed a governance questionnaire and meetings to explore key lines of enquiry have been held by the Expert Review Panel and a wide range of Trust staff during the week commencing Monday 10 September 2018. This review is scheduled to complete in December 2018.

Review of Governance Arrangements in Independent Hospitals

Work has commenced to map out existing arrangements for provision and regulation of healthcare by independent hospitals in NI, which will underpin this review. Terms of reference are being finalised and an expert review panel is currently being established. This review is scheduled to complete in June 2019.

Inquiry into Hyponatraemia Related Deaths (IHRD/O'Hara)

RQIA will lead and facilitate an Assurance Working Group which will be part of the DoH-led programme on implementation of IHRD Recommendations. A draft assurance framework has been developed by RQIA and submitted to DoH (w/c 7th May). RQIA has established a formal IHRD Assurance Working Group which will have its first meeting on 15th October 2018.

Review of Serious Adverse Incidents (SAIs) to inform IHRD Working Group on SAIs

Work has commenced and an Expert Review Team has been established. The Review Team's first meeting is scheduled for 17 September. In preparation for fieldwork, a sampling frame has been worked up, which includes SAIs identified across the six HSC Trusts and primary care and reported between November 2016 and March 2018. Methodology for engagement with families involved in SAIs during this reporting period is to be finalised by the Expert Review Team.

Other Review Work

Reviews in progress - Out of Hours GP Services (RQIA Initiated) and the Review of the Implementation of Clinical Guideline CG174 Intravenous Fluid (IV) Therapy in Adults in Hospital (DoH Commissioned) - first drafts of these reports are currently being worked up.

Audit

2018/19 Programme

We are funding six pieces of work – three audits and three quality improvement initiatives during 2018/19. One guideline is due for completion in September (funded in 2017/18).

All audits and quality improvement initiatives have commenced and are at fieldwork stage. Any concerns/issues that have been identified to date, will be discussed at forthcoming meetings with the RQIA Audit Manager and Project /Deputy Leads, to determine next steps.

IR(ME)R

Ionising Radiation Incident

On 25 May 2018, RQIA received a notification from the Belfast Trust, of an incident, whereby a patient was affected by a treatment provided. On 14 June 2018, RQIA inspectors accompanied by an expert member of Public Health England's Radiation Assessments Division visited Belfast Trust and met with Trust staff to examine the events relating to this incident. RQIA has since correspondence with the Trust C EX regarding the Early Alert and SAI aspects of this incident. A response from Belfast Trust was received by RQIA on 19 July 2018, RQIA is currently finalising a report of our expert visit to the Trust (on 14th June) and considering next steps.

International Atomic Energy Agency

The International Atomic Energy Agency will be carrying out an Integrated Regulatory Review Service Mission in the UK during October 2019, following the UK's departure from the European Union. In preparation for this a UK wide self-assessment has to be completed which will be coordinated by the Office for Nuclear Regulation (ONR). The Northern Ireland response is being coordinated by DAERA and DOH and RQIA will input into a number of modules contained in the self-assessment, work has commenced to inform completion of the relevant parts of this assessment by RQIA.

Mental Health and Learning Disability

Prison Healthcare

RQIA, jointly with the Criminal Justice Inspectorate is undertaking a programme of planned inspections to three Northern Ireland Prisons, with a focus on the Safety of Prisoners. The formal inspection commenced in early September 2018 and is expected to run through all September. RQIA will advise the South-Eastern Trust, the NI Prison Service and the DoH regarding inspection findings and planned publication of this inspection report in line with agreed procedures.

Unannounced Inspection Programme

Unannounced inspections of two MHLD wards required escalation of findings – Bluestone Unit (Southern Trust) and Ward K Mater Hospital (Belfast Trust). Matters

relating to findings in both escalations are currently being managed by the relevant Trusts.

Since 5th July 2018 unannounced inspections were undertaken to Cranfield ICU and Wards 1 & 2 in Muckamore Abbey Hospital (9 & 10 July 2018); Ash Ward in Tyrone and Fermanagh Hospital (13 & 14 August 2018); Neurological Rehabilitation Unit in Knockbracken Healthcare Park (BHSCT) -16 August 2018 and Cloughmore in Craigavon Area Hospital (SHSCT) -21 & 22 August 2018.

Ward 12, Lagan Valley Hospital

RQIA received information from an anonymous source highlighting concerns with respect to management arrangements in Ward 12, Lagan Valley Hospital. RQIA made a referral to adult safeguarding to investigate the patient specific issues and has also written to the South-Eastern Trust regarding the management and staff practice issues highlighted within the correspondence. A response from the Trust is currently awaited.

Inspection Methodology – Stakeholder Workshop

MHLD Team held a workshop on 7th September 2018 to share information with HSC Trusts in relation to the revised inspection methodology which will be implemented in the MHLD programme from October 2018.

Level 3 SAI Review Draft Report, Muckamore Abbey Hospital (MAH)

In November 2017 a number of nursing staff were suspended from MAH. There is an ongoing investigation which is being led by the PSNI. BHSCT commissioned a Level 3 SAI investigation into safeguarding arrangements at MAH. On 15th August 2018 RQIA received a draft report of the Level 3 SAI investigation, this is currently being considered and factual accuracy comments on the draft report will be provided to the DRO in HSCB in the coming weeks.

MHLD iConnect Information System

Work continues on system build for iConnect MHLD information module. This project is on track for completion by December 2018. There are currently eleven open risks, all risks have been identified as low/medium and are being managed.

Part II Doctors Appointment Process (1986 MH Order)

Our proposal regarding refreshing arrangements for appointment of Part II Doctors was unanimously supported at a meeting of the Medical Leaders Forum on 25th June 2018. The new proposal will mean that individual Consultant Psychiatrists will submit application for Part II status to their Clinical Director (CD), who will make a recommendation to RQIA on the basis of that application. An RQIA panel will approve Part II status based on the Trust CD's recommendation. This change will be implemented from 1 October 2018.

New Appointment Consultant Psychiatrist

Dr Gerry Lynch former Clinical Director of Northern Trust and current Chair of the Royal College of Psychiatrists in NI has been appointed following successful interview to a sessional post in RQIA. Dr Lynch replaces Dr Brian Fleming and will commence employment on 24 September 2018.

RQIA Board Meeting

Date of Meeting	20 September 2018
Title of Paper	Review of RQIA's Enforcement Procedures, September 2018.
Agenda Item	8
Reference	E/05/18
Author	Audrey Murphy
Presented by	Director of Assurance
Purpose	The purpose of this paper is to update the Board on some changes made to RQIA's Enforcement Procedures.
Executive Summary	RQIA's Enforcement Procedures have been revised to reflect current policy, legal advice and changes within the organisational structure.
FOI Exemptions Applied	None
Equality Screening Completed and Published	Not applicable
Recommendation/Resolution	The Board is asked to APPROVE the revised Enforcement Procedures.
Next steps	Not applicable

Enforcement Procedures

In light of changes in RQIA's organisational structures and changes in policies, the following key changes have been made to RQIA's Enforcement Procedures:

- RQIA's use of audio recording in all enforcement meetings has been included in the procedures.
- The procedures have been developed to include guidance on the use of Article 16 (1) (a) of the Health and Personal Social Services (Quality, Improvement and Regulation (Northern Ireland) Order 2003 to vary or remove a condition on registration.
- In accordance with organisational restructuring and changes in titles, the procedures have been updated to ensure appropriate alignment with new titles.
- In accordance with RQIA's commitment to building sustainable partnerships with HSC Trust colleagues, the procedures have been amended to ensure that Trust colleagues are informed and involved at all stages when enforcement is considered and taken.

Audrey Murphy

Assistant Director of Agencies, Day Care, Estates and Finance

RQIA Board Meeting

Date of Meeting	20 September 2018
Title of Paper	Q1 Corporate Performance Report 2018-19
Agenda Item	9
Reference	F/05/18
Author	Planning and Corporate Governance Manager
Presented by	RQIA Chief Executive
Purpose	<p>The purpose of the Corporate Performance Report is to provide evidence to the Board on how well RQIA is delivering the actions identified within the annual Business Plan aligned to the four strategic themes in the Corporate Strategy 2017-21.</p> <p>The report presents a cumulative picture of corporate performance and summarises key achievements and issues.</p>
Executive Summary	By the end of Quarter 1, 100% of the actions are on target for completion.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/Resolution	It is recommended that the Board should APPROVE the Corporate Performance Report.
Next steps	The next updated Corporate Performance Report for Quarter 2 will be presented to the Board on 22 November 2018.

RQIA Corporate Performance Report 2018-19

Quarter 1 April to June 2018



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Introduction

The Corporate Performance Report summarises our performance for the last financial year. In a change from previous Corporate Performance Reports this paper will focus on providing evidence 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 2017-21.

Traffic Light Rating System

RQIA has adopted a Traffic Light Rating System to demonstrate how well the business actions are performing or have been delivered. 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 delivered



Summary of Traffic Light Rating System (Period Ending March 2018)

Traffic Light	June 2018	Actions that require exception reports
	0	
	0	
	34 (100%)	
	0	

Summary of Achievements



- The RADaR database has been developed and is currently being piloted by the Nursing & Residential Team.
- The RQIA Membership Scheme was launched on 7 June 2018
- A project has been initiated by day care and domiciliary care agency inspectors to provide information about RQIA and inspections in a format that is accessible to service users with a range of communication needs.
- A total of 622 inspections were completed in Quarter 1 which represents 27% of year's scheduled inspections completed within the quarter.
- 3 quality improvement initiatives and 3 audits commenced in Quarter 1.
- 17 inspections were completed with lay assessor involvement which is on target.
- The information request database has been built on a Microsoft Access platform and was rolled out to the information team in late June 2018. The database holds all the required information and meets the team's needs.
- RQIA published the findings of its Review of the Governance Arrangements for Child Protection in the HSC in Northern Ireland, which assessed the effectiveness of governance arrangements to support child protection across the five health and social care (HSC) trusts and the HSC Board.
- RQIA published the findings of a regional clinical audit of the use of mid-urethral tapes for management of stress urinary incontinence in Northern Ireland.

STRATEGIC THEME 1						
Encourage quality improvement in health and social care services						
Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 1.1 We will lead an independent assurance process overseeing the sustainable implementation of the recommendations of the report of the Inquiry into Hyponatraemia-Related Deaths.	Implementation of workstream 9 arising from the O'Hara report.				X	On track for achievement. The project group has been established and first meetings planned.
Brag Rating:  On track for achievement						
Action 1.2 We will produce our first annual summary of the quality of services we inspected, audited and reviewed in 2017/18.	<ul style="list-style-type: none"> First annual summary report of services we inspected, audited and reviewed 				X	This work will be completed by Quarter 4
Brag Rating:  On track for achievement						

STRATEGIC THEME 1						
Encourage quality improvement in health and social care services						
Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 1.3 We will implement the steps outlined in our action plan arising from our internal review of steps taken in respect of Dunmurry Manor Care Home and consider recommendations made by the Commissioner in respect of actions arising for RQIA in the report of his investigation Brag Rating:  On track for achievement	Implementation of the steps outlined in RQIA's action plan arising from our internal review of Dunmurry Manor				X	DoH is leading on the response to the COPNI report and RQIA submitted the input as requested by the required deadline. The DMCH Action Plan remains in place with several actions completed to date.
Action 1.4 Where we identify gaps in the quality of services in care homes, we will support improvement, for example by providing or signposting to best practice guidance. Brag Rating:  On track for achievement	Number of RQIA initiatives for supporting improvement to overcome gaps identified in the quality of services which RQIA inspects				X	In Quarter 1, work began on the development of a resource pack for care homes on planning for winter pressures. The aim of the project is to have a resource pack developed and supported by events in the autumn to assist with winter planning. Work is Other opportunities have also been sought including working with the NICE Implementation Facilitator for NI to increase awareness of NICE resources for the regulated sector. The information team is working to analyse breaches on compliance with a view to ascertaining key areas in which to focus for future projects.

STRATEGIC THEME 2

Use sources of information effectively

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 2.1 We will develop and quality assure a range of relevant risk factors to inform the targeting of resources to nursing and residential home inspections. Brag Rating:  On track for achievement	<ul style="list-style-type: none"> Complete detailed quality assurance on the 8 data sources identified as part of the Dynamic Data Workstream for RADaR Complete a pilot using the above data sources in order to try and predict risk as set out in the RADaR model 				X	External data sources (hospital admissions, ambulance call outs, GRO deaths and GP register data) are currently being sourced and validated as part of the Dynamic Data Workstream for RADaR. Information has now been received in relation to hospital admissions and ambulance call outs. Significant work has been undertaken to assess the suitability of these for inclusion in the model. Meetings have been held with BSO who have agreed to provide us with an initial extract of data from the GP NHAIS system for validation. The RADaR database has been launched and is currently being piloted by the Nursing & Residential Team.
Action 2.2 We will ensure information collected centrally within RQIA is fit for purpose and delivers a consistently high standard of timely and appropriate analysis. Brag Rating:  On track for achievement	<ul style="list-style-type: none"> Develop self service capability for validation, performance and quality reports Deliver training in the use of self-service reporting 			X	X	The self-service reports have developed through SQL programming software and are scheduled for roll-out onto iConnect during Quarter 3. The training schedule for the RQIA Assurance Directorate staff is currently being developed and will be rolled out during Quarter 3.
Action 2.3 We will publish an annual summary of high level statistical information in relation to the regulatory activities carried out by RQIA. The publication will be in line with official statistics guidance and as such we will seek national statistics accreditation.	<ul style="list-style-type: none"> Produce an agreed draft publication using information for the 2017/18 year by the end of 2018/19 				X	Initial discussions were held in Quarter 1. The majority of the work involved in producing the summary report is on target for completion by the end of Quarter 4.

STRATEGIC THEME 2						
Use sources of information effectively						
Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Brag Rating: ● On track for achievement						
Action 2.4 We will ensure that the work of the Information Team is in line with the Northern Ireland Statistics and Research Agency (NISRA) and Department of Health standards.	<ul style="list-style-type: none"> Information Team Business Plan to be incorporated within the NISRA DoH Business Deliver training to the information team on DoH and NISRA standards Plan 	X			X	The RQIA Information Team Business Plan has been incorporated within the NISRA DoH Business Plan. Training in relation to DoH and NISRA standards will be provided to the information team by the end of Quarter 4.
Brag Rating: ● On track for achievement						



STRATEGIC THEME 3




Engage and involve service users and stakeholders




Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 3.1 We will increase the profile of RQIA with the public. Brag Rating: ● On track for achievement	Number and % of people who were surveyed in the Household Survey that are aware of RQIA's role and responsibilities			X		A number of questions in relation to the public's perception of RQIA's role and responsibilities were incorporated in to the (NISRA) Continuous Household Survey during 2017/18. The results of the survey are due in Quarter 2 and an analysis of the results will be completed in Quarter 3.
Action 3.2 We will launch a membership scheme to involve service users, families and carers in our work. Brag Rating: ● On track for achievement	Successful launch of RQIA Membership Scheme			X		The Membership Scheme was launched on 7 June 2018. During Quarter 1 we asked for volunteers to join the scheme with a view to an event or series of events in the autumn to co-produce terms of reference and a work-plan for the group.
Action 3.3 We will actively develop partnerships with academia and service improvers to enhance our processes and procedures. Brag Rating: ● On track for achievement	<ul style="list-style-type: none"> Analysis of RQIA's active involvement with academia and service providers Number of inspections completed with student nurses involvement 				X	RQIA has been engaging with Professor Brian Taylor (Ulster University), on the development and implementation of 'RADaR'. RQIA will deliver a presentation on RADaR at the University of Ulster DARE Conference, on 3 July. RQIA has also met with representatives from the Association for Real Change (ARC), Independent Health and Care Providers (IHCP) for the purposes of information sharing and planning partnership working events. A training programme on rights of children is currently being developed with Queens University Belfast and the RQIA Children's Team to be delivered in November. No inspections were planned or completed with student nurses involvement in Quarter1.
Action 3.4	We will work with a range				x	In Quarter 1, RQIA engaged with the Voice of Young People in Care organisation


STRATEGIC THEME 3


Engage and involve service users and stakeholders

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<p>We will work collaboratively to report on the lived experience of users of health and social care.</p> <p>Brag Rating: </p> <p>On track for achievement</p>	of representative groups to best assess lived experience.					(VOYPIC) to initiate processes to increase user involvement in children's homes inspections. This work will involve training ex care experienced young people as peer reviewers, whose explicit role will be to elicit the views of the young people on their lived experience of care homes.
<p>Action 3.5 We will increase the involvement of lay assessors in our work programmes.</p> <p>Brag Rating: </p> <p>On track for achievement</p>	Meaningful lay assessor involvement to increase in all work programmes				X	<p>The target for 2018/19 is 70 inspections to include a lay assessor.</p> <p>In Quarter One 17 inspections have been carried out with a lay assessor present - 10 within a nursing home and 6 within a residential care home. One inspection which involved a lay assessor within a MHL service.</p>

STRATEGIC THEME 4						
Deliver operational excellence						
Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Action 4.1 We will implement the actions set out in our Transformation, Modernisation and Reform framework. Brag Rating:  On track for achievement	Implementation of the actions set out in our Transformation, Modernisation and Reform framework				X	By the end of Quarter 1 arrangements were in place to recruit externally for the Head of Business Support Unit. Job descriptions for additional new posts such as a Business Manager have been drafted for banding. Plans are in place to move the information, registration and MHLD forms team to the BSU under the management of the information manager
Action 4.2 We will develop and implement an organisational development plan to give our staff the skills they need to support transformation, modernisation and reform. Brag Rating:  On track for achievement	Implementation of the RQIA Organisational Development Plan				X	Discussions have been held with the HSC Leadership Centre to develop a bespoke programme of organisational development for RQIA staff. A draft programme has been received in Quarter 1 for assessment with the intention of rolling out a programme to senior staff by the end of the year.
Action 4.3 We will develop and implement a charter of RQIA's vision and values Brag Rating:  On track for achievement					X	RQIA is currently reviewing its vision and values which will define our culture and capture what we do when we are at our best. This work is on target for completion by the end of Quarter 4.
Action 4.4 We will develop and implement a suite of customer service standards.	Development and implementation of a suite of customer service standards				X	During Quarter 1 a benchmarking exercise was undertaken to ascertain customer service standards in comparable organisations.



STRATEGIC THEME 4						
Deliver operational excellence						
Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Brag Rating:  On track for achievement						
Action 4.5 We will align our range of provider guidance to ensure it reflects our vision, values and commitment to customer service.	Aligned provider guidance which reflects our vision, values and commitment to customer service				X	This exercise will follow on foot of the development of customer service standards.
Brag Rating:  On track for achievement						
Action 4.6 We will pilot the risk-adjusted, dynamic and responsive (RADaR) model designed in 2017/18 to support a risk-based, intelligence-led approach to inspection planning for care homes and other services.	Pilot and review RADaR with Nursing and Residential Care throughout 2018/19				X	The RADaR Database is now live and is being piloted by the Nursing & Residential Teams. Work is ongoing on the development of a risk-based, intelligence led model which is on track for achievement by Quarter 4.
Brag Rating:  On track for achievement						
Action 4.7 We will improve the quality of our reports so they are					X	A project has been initiated by day care and domiciliary care agency inspectors to provide information about RQIA and inspections in a format that is accessible to service users with a range of communication needs. The project has involved service users, staff and

STRATEGIC THEME 4						
Deliver operational excellence						
Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<p>meaningful, accessible and useful to all stakeholders.</p> <p>Brag Rating: </p> <p>On track for achievement</p>						<p>inspectors and feedback from these groups supports the need for RQIA to review the accessibility of inspection reports. Through co-production, the project aims to produce a range of 'easy read' reports and other information about RQIA for service users who have communication needs</p>

CORE ACTIVITIES						
In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities						
Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<p>Action 5.1 We will exercise the Authority's powers to support and drive improvement in the services we inspect, review and audit</p> <p>Brag Rating: </p> <p>On track for achievement</p>					X	<p>RQIA will contribute to an Association for Real Change (ARC) workshop involving registered managers of services to develop a regional quality monitoring template for the completion of monthly reports.</p>
<p>Action 5.2 We will provide advice to the Department of Health on proposed policy and legislation affecting the regulation or quality of health and social care.</p>					X	<p>A paper will be drafted in Quarter 2 and presented to the DOH, advising on gaps in service provision with recommendations on possible new legislative interventions required to ensure the safety and wellbeing of the young people requiring accommodation in in unregistered accommodation.</p>





CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Brag Rating:  On track for achievement						
Action 5.3 We will meet our statutory requirements in respect of the regulation, inspection, review and audit of health and social care.	<ul style="list-style-type: none"> % of planned inspections, reviews and audits completed by year end 				X	<p>A total of 2332 inspections of regulated services is scheduled for 2018/19, with 622 completed in Quarter 1. This represents 27% of scheduled inspections for the year completed within the quarter.</p> <p>RQIA has funded 3 audits and 3 quality improvement initiatives during 2018/19 – all of which have commenced in Q1.</p> <p>Four thematic reviews are currently underway with a further five undergoing quality assurance to be published in-year.</p>
Brag Rating:  On track for achievement						
Action 5.4 We will manage our resources effectively to ensure that we operate within allocated budget, operating within a breakeven tolerance where a deficit is not permissible and a surplus cannot exceed £20k.	<ul style="list-style-type: none"> Produce the 2018/19 annual fee schedule and forward to BSO Finance in a suitable format to allow creation of invoices completed Produce end of quarter pro-rata fee schedules and forward to BSO Finance in a suitable format to allow creation of invoices – ongoing (to be completed by year end) Assist BSO Finance in 		X		X	<p>The 2018/19 annual fee schedule has been approved and forwarded to BSO Income for processing in July 2018.</p> <p>In Quarter 1 the pro-rata schedule was approved and forwarded to BSO Income for processing invoices produced and issued by BSO Income. The Quarter 2 pro-rata schedule is due to be completed by the end of September.</p> <p>We are on target to meet our goal of recovering 98% of the 2018/19 fee income by 31/03/2019.</p> <p>RQIA staff restructuring has commenced following the outcome of the Workforce Review carried out in 2017/18 and as a result a number of posts have or will be advertised in the coming months.</p>





CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
Brag Rating:  On track for achievement	recovering 98% of 2018/19 fee income by year end (ongoing) • Achieve Break even				X	
Action 5.5 We will adopt a targeted, proportionate and responsive approach to our programme of inspection, audit and reviews. Brag Rating:  On track for achievement					X	In addition to the regulated services where 'RADaR' is being piloted, RQIA continues to plan inspections and respond to concerns in a manner that is targeted and proportionate. A range of regulatory interventions are used to drive improvements in services including enforcement activity, signposting and compliance monitoring.
Action 5.6 We will develop and foster strategic alliances with other regulators and improvers. Brag Rating:  On track for achievement					X	Bi annual liaison meetings are held between RQIA and the Northern Ireland Commissioner for Children and Young People (NICCY). RQIA met NICCY on the 14 June 2018 to exchange information around issues of mutual interest in respect of children's services in Northern Ireland. There are currently three Memorandum of Understanding (MoUs) which are being processed in Quarter 1 - with the Northern Ireland Social Care Council, Fire and Rescue Service and the Health and Safety Executive.
Action 5.7 We will recognise and share examples of good practice where we find it. Brag Rating:  On track for achievement					X	Following a serious adverse incident RQIA, co-produced with a service provider, an information leaflet sharing learning outcomes from the incident. This will be disseminated to service providers in Quarter 2 in relation to managing residents with modified diets and texture descriptors.
Action 5.8 We will continue to actively					X	RQIA is a member of the Critical Friends Group which was established to critically challenge and provide senior guidance and governance oversight to the design process


CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
participate in the work of HSC Quality Improvement. Brag Rating:  On track for achievement						of improvement. RQIA's director of Improvement participates in meetings of the Design Collaborative progressing work of the Improvement Institute/System.
Action 5.9 We will work in partnership with the Innovation Lab to improve our engagement with users of health and social care services. Brag Rating:  On track for achievement					X	RQIA plans to meet with the Innovation Lab to plan work for the coming year to support the membership scheme and other initiatives..
Action 5.10 We will deliver a minimum of (12) engagement events with providers of health and social care services. Brag Rating:  On track for achievement					X	During Q1 RQIA delivered/participated in six engagement events with providers of HSC services. These included: RQIA's Building Sustainable Partnerships workshop to support improvements in information sharing between HSC organisations, including the five trusts and RQIA; and a joint RQIA, Royal College of Psychiatrists and British Psychological Society event to discuss confidentiality and information sharing in acute mental health assessments.
Action 5.11 We will implement Phase II of the project to integrate MHL D systems into iConnect. Brag Rating:  On track for achievement	<ul style="list-style-type: none"> % of milestones successfully delivered on target 				X	The MHL D IS project is on schedule and within forecast budget. 90% of the build is now complete and the remainder will be completed in September 2018. User Acceptance Testing has commenced on the completed modules and the minor issues identified have been resolved. User Acceptance Testing will be completed by the end of November 2018.

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
						The MHLd modules are scheduled for go-live on 2 January 2019.
Action 5.12 We will implement and oversee central monitoring of all statistical information requests.	<ul style="list-style-type: none"> Develop a database to record details of information requests including customer details, type of request and time taken to collate Use the database to record all requests for information and review the information regularly at information team meetings. 				X	The information request database has been built on a Microsoft Access platform and was rolled out to the information team in late June 2018. The database holds all the required information and meets the team's needs. A total of 91 separate information requests have been logged onto the database. The information team continues to review and discuss ongoing information requests at our bi-monthly team meetings.
Brag Rating:  On track for achievement						
Action 5.13 We will develop strategic alliances with other	<ul style="list-style-type: none"> Attend and provide input to the Regional Strategic Information Group 				X	No events were planned in Quarter 1. A member of the information team will attend the NMC Analyst Network meeting in London on in July and will provide detailed feedback to the team.

CORE ACTIVITIES

In addition to the specific actions included in our business plan for the coming year, RQIA will maintain our core activities

Action	Measures	Delivery				Performance
		Q1	Q2	Q3	Q4	
<p>organisations to promote the use of information collected and analysed internally within RQIA and work collaboratively where we can</p> <p>Brag Rating: ●</p> <p>On track for achievement</p>	<ul style="list-style-type: none"> Attend and provide input to Regional NMC Analyst Network Meetings 					
<p>Action 5.14</p> <p>We will improve how we do our business to ensure that people trust and use our reports of inspection, audits and reviews to make informed choices and decisions about health and social care services.</p> <p>Brag Rating: ●</p> <p>On track for achievement</p>					X	<p>RQIA produced a video called 'Geraldine's Story' where Geraldine shared her experience of finding a nursing home for her husband who was living with dementia.</p>

RQIA Board Meeting

Date of Meeting	20 September 2018
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	10
Reference	G/05/18
Author	Planning and Corporate Governance Manager
Presented by	RQIA Chief Executive
Purpose	The purpose of the Corporate Risk Assurance Framework Report, which is a combination of the Corporate Risk Register and Corporate Assurance Framework, is to enable RQIA to assure itself that identified risks related to the delivery of key objectives are monitored and managed effectively.
Executive Summary	<p>There are currently thirteen risks which sit on the Corporate Risk Assurance Framework Report.</p> <p>The Corporate Risk Assurance Framework Report has been revised and was considered by the Executive Management Team on 3 September 2018 following a Horizon Scanning Workshop held with Board Members from the Audit Committee.</p> <p>A detailed change log is enclosed in the report.</p>
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/Resolution	It is recommended that the Board should APPROVE the Corporate Risk Assurance Framework Report.
Next steps	The next updated Corporate Risk Assurance Framework Report will be presented to the RQIA Board on 22 November 2018.

CORPORATE RISK ASSURANCE FRAMEWORK

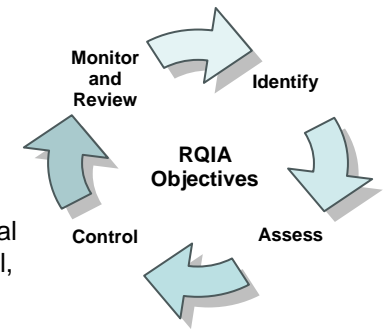
RQIA Board Meeting September 2018

Version Control:

Date of Review of Risk Register	Risk Coordinator
20/10/2017 (following Audit Committee on 19 October 2017)	Stuart Crawford
05/12/2017 (populated ISO template)	Stuart Crawford
25/01/2018 (revised template)	Stuart Crawford
23/02/2018 (Amended for EMT)	Stuart Crawford
01/03/2018 (Amended for Audit Committee)	Stuart Crawford
14/03/2018 (Amended for Board meeting)	Stuart Crawford
05/06/2018 (Amended for EMT)	Stuart Crawford
14/06/2018 (Amended for Audit Committee)	Stuart Crawford
28/06/2018 (Amended for RQIA's Board)	Stuart Crawford
31/08/2018 (Amended for EMT)	Stuart Crawford
10/09/2018 (Amended for RQIA's Board)	Stuart Crawford

INTRODUCTION

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



IDENTIFY

- What could go wrong?
- Ensure risks are structured
- What type of risk is it?
- What category is it?
- Use available documents, e.g. RQIA Strategy, Business Plan etc.
- **Strategic** – Financial, Information, Regulatory & Legal, Operational & Reputational
- **Operational** - Professional, Financial, Legal, Physical, Contractual, Technological, Environmental & Information

ASSESS

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

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

CONTROL

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

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

MONITOR AND REVIEW

- Are the controls effective?
- Have the actions implemented made a difference?
- Is further action required?
- Has the risk changed?
- Is there something new?
- Few risks remain static
- Existing risks may change
- New issues and risks may emerge
- New objectives or business actions may lead to new risks

EXECUTIVE SUMMARY

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

A revised referencing system for all RQIA Risks was introduced in May 2018. The following referencing codes have been introduced:


- Corporate Risk Assurance Framework Report - CR
- Quality Improvement - QI
- Assurance - A
- Business Support - BS

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

RISK LOG					
LOW RISKS	MEDIUM RISKS	HIGH RISKS	EXTREME RISKS	TOTAL NUMBER OF RISKS	
0	8	4	1	13	
Ref No.	Details of Change(s)			Date Changed	Risk Rating
CR11 (Removed) Risk to effective governance in discharging RQIA's responsibilities	All actions apart from the review of the MSFM which is with the DEpt have been implemented. The risk was re-assessed, downgraded and removed from the Corporate Risk Assurance Framework Report.				
CR16 There is a risk that the iConnect Software (CRM, Sharepoint and SQL) and MS Operating and MS Windows Software will be out of support in 2020	Action removed <ul style="list-style-type: none">Confirm with ITS if RQIA can procure licenses through Regional Enterprise Agreement ITS advised RQIA may be compelled to purchase GovOffice licenses instead (RQIA is querying if GovOffice is compatible with iConnect) Action implemented and moved to current controls <ul style="list-style-type: none">Digital Roadmap (detailing what is required) has been presented to RQIA's Board			08/06/18	Unchanged M/H

<p>CR17 The current contract to support iConnect (Phase 1 and 2) expires in May 2019 (potential to extend further by 1 year) if the final extension is awarded. This will result in</p> <ul style="list-style-type: none"> •the need to re-engage the supplier directly or via a market competition. <p>the need to identify significant recurring revenue</p>	<p>New action added</p> <ul style="list-style-type: none"> • Produce a strategic outline case (SOC) with options going forward 	31/08/18	Unchanged M/H
<p>CR18 There is a risk that an increasing number of 'looked after children' are being accommodated in unregistered establishments (under Part III of the Children's Order). In the absence of regulatory scrutiny there is a risk that children and young people placed in these establishments could be at risk of harm and there is also an associated reputational risk for RQIA if these are not inspected.</p>	New Risk	31/08/18	M/H

RISK SCORING MATRIX

IMPACT	RISK SCORING MATRIX				
Very High (VH)				CR13	
High (H)		CR2	CR16,CR17,CR18		
Medium (M)		CR6,CR8, CR9,CR12	CR7,CR10, CR14,CR15		
Low (L)					
Very Low (VL)					
	Very Low (VL)	Low (L)	Medium (M)	High (H)	Very High (VH)
	Likelihood 				

Risk Reference	Description	Date Added
CR2	Risk of damage to reputation due to the failure to meet stakeholder expectations of RQIA's role, conduct, deliverables and performance	May 2017
CR6	Risk RQIA does not have the knowledge and skills to present high quality written reports relating to our work	Sept 2017
CR7	Risk RQIA is not collecting or processing information and intelligence needed to be an effective risk based regulator and to influence quality across HSC	Sept 2017
CR8	Risk we do not make accurate, reliable and timely regulatory decisions or respond quickly and effectively to public concerns or target inspection activity appropriately at high risk providers	Sept 2017
CR9	Risk we are not developing a high performance culture or embedding our values across the organisation	Sept 2017
CR10	Risk we do not meet our obligations to encourage quality improvement	Sept 2017
CR12	Risk that RQIA's reduced annual financial allocation or fees not being received in a timely way or costs not being reduced in line with budget may result in break-even not being achieved or insufficient funding for services and programmes	Sept 2017
CR13	Risk of cyber security incident which may result in RQIA's information, systems and infrastructure becoming unreliable, not accessible (temporarily or permanently) or compromised by unauthorised 3rd parties potentially causing significant business disruption and reputational damage	Sept 2017
CR14	There is a risk that the Commissioner for Older People (COPNI) investigation into care delivered at Dunmurry Manor Care Home and the resulting recommendations may adversely affect RQIA's reputation	March 2018
CR15	Risk that the Report of the Inquiry into Hyponatraemia related Deaths may lead to recommendations that will impact RQIA	March 2018
CR16	There is a risk that the iConnect Software (CRM, Sharepoint and SQL) and MS Operating and MS Windows Software will	June 2018

	be out of support in 2020	
CR17	<p>The current contract to support iConnect (Phase 1 and 2) expires in May 2019 (potential to extend further by 1 year) if the final extension is awarded. This will result in</p> <ul style="list-style-type: none"> •the need to re-engage the supplier directly or via a market competition. •the need to identify significant recurring revenue 	June 2018
CR18	<p>There is a risk that an increasing number of 'looked after children' are being accommodated in unregistered establishments (under Part III of the Children's Order). In the absence of regulatory scrutiny there is a risk that children and young people placed in these establishments could be at risk of harm and there is also an associated reputational risk for RQIA if these are not inspected.</p>	August 2018

CORPORATE RISK ASSURANCE FRAMEWORK RISK REGISTER

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
Strategic Theme 2: Use sources of information effectively 2.4 - Strengthen arrangements to capture the voice of service users and their families/carers, to include stakeholder reference group, lay assessors and through engagement during inspections											
CR2	Chief Executive	Risk of damage to reputation due to the failure to meet stakeholder expectations of RQIA's role, conduct, deliverables and performance	<ul style="list-style-type: none"> Proactive media engagement Regular media monitoring Governance framework, with Board-level oversight Engagement with Department of Health in relation to Transformation / Programme for Government Communications and Engagement planned approved by RQIA Board in March 2018 Complaints leaflets published and issued RQIA Information 	<ul style="list-style-type: none"> Communications work-plan in place and managed by the Communications Manager Delivery of communications plan reported through the Corporate performance Report Implications of media coverage reported through the Chief Executives Report to RQIA Board 	L	H	H	<ul style="list-style-type: none"> Media analysis, surveys of stakeholders (customers, employees, focus groups, and public opinion polls) 	Chief Executive	March 2019	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	I Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
			Posters produced and issued to service providers • Launched RQIA membership scheme								
Strategic Theme 2: Use sources of information effectively											
2.4 - Strengthen arrangements to capture the voice of service users and their families/carers, to include stakeholder reference group, lay assessors and through engagement during inspections											
CR6	Chief Executive	Risk RQIA does not have the knowledge and skills needed to present high quality written reports relating to our work	<ul style="list-style-type: none"> • Workforce review completed • IIP accreditation achieved • Skills assessment completed • Personal Development Plans completed annually • Report Writing course completed • Directorate Quality Assurance systems are in place • Phase 1 of the Workforce Review and Transformation Plan implemented 	<ul style="list-style-type: none"> • Individual performance managed through the annual appraisal and mid-year follow up • Corporate Performance – updates on progress in implementing the Workforce Review and Transformation Plan 	L	M	M	<ul style="list-style-type: none"> • Peer review work with colleagues in Healthcare Improvement Scotland • Implementation of Phase 2 the Workforce Review and Transformation Plan 	Director of Quality Improvement EMT	March 2019 March 2019	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	I Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
Strategic Theme 2: Use sources of information effectively											
2.1 - Develop and implement a prioritised Plan aligned to the Information Scoping Exercise completed in 2016/17											
CR7	Chief Executive	Risk RQIA is not collecting or processing information and intelligence needed to be an effective risk based regulator and to influence quality across HSC	<ul style="list-style-type: none"> Mapping information flows, including optimising the use of iConnect Information sharing agreements- MOUs External engagement Quality of inspection reports and recommendations RQIA duty desk operates 5 days a week Employed a statistician Centralised point of contact for reporting concerns Provider web portal to collect provider information in place Reporting of RQIA 	<ul style="list-style-type: none"> The review and sign off of MoUs are managed through the EMT and reported through the Corporate performance Report Dedicated duty desk operates 5 days a week 	M	M	M	<ul style="list-style-type: none"> Continue to develop our intelligence and analytical capability Delivery of the RQIA Information Team Business Plan 	Chief Executive Business Support Unit	March 2019 March 2019	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	I Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
			duty desks concerns / queries provided to the Serious Concerns and Complaints Group								
Strategic Theme 1: Encourage quality improvement in health and social care services											
1.1 - Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits											
CR8	Chief Executive	Risk we do not make accurate, reliable and timely regulatory decisions or respond quickly and effectively to public concerns or target inspection activity appropriately at high risk providers	<ul style="list-style-type: none"> Enforcement Policy & procedures Legal advice available from BSO Serious Concerns Group Schemes of delegation Training development and supervision Manned duty desk in operation Escalation procedures in our inspection process Re-designed our questionnaires to capture stakeholders 	<ul style="list-style-type: none"> Enforcement policy and procedures approved by RQIA Board Serious Concerns Group terms of reference and procedures in place 	L	M	M	<ul style="list-style-type: none"> Develop a robust tool to enable a risk based and targeted model of inspection through the pilot of RADaR 	Director of Assurance	March 2019	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	I Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
			<ul style="list-style-type: none"> views Collaborated with QUB to review and evaluate the evidence for an assessment framework in facilitating improvement iConnect amended to record all concerns received including complaints, issues raised by HSC staff, relatives etc. 								
Strategic Theme 4: Deliver operational excellence 4.2 - Develop and implement an Organisational Development (OD) Plan aligned to the Investors in People (IiP) assessment											
CR9	Chief Executive	Risk we are not developing a high performance culture or embedding our values across the organisation	<ul style="list-style-type: none"> IIP accreditation Appraisals completed annually Monthly Staff meetings Values based recruitment 	<ul style="list-style-type: none"> IIP accreditation through external assessment. The completion of appraisals and mid-year follow up reported through EMT 	L	M	M	<ul style="list-style-type: none"> Continue to develop the RQIA Organisational and Development Plan with support from the HSC Leadership Centre Continue to develop and 	Director of Quality Improvement Chief Executive	March 2019 March 2019	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	I Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
								design a Transformation Modernisation Plan for RQIA			
Strategic Theme 1: Encourage quality improvement in health and social care services											
1.2 - Review and evaluate the evidence for an inspection assessment framework in facilitating improvement											
CR10	Chief Executive	Risk we do not meet our obligations to encourage quality improvement	<ul style="list-style-type: none"> Corporate performance reports Provider engagement during inspection and review Annual quality report Bi-monthly meeting with DoH Membership of Q Community and Improvement Network NI Active member of the Improvement Institute Appointment of a Quality Improvement Lead Establishment of 'Lunch & Learn' Programme 	<ul style="list-style-type: none"> Corporate performance Reports reported to and approved by RQIA's Board quarterly Annual Quality Reported approved by RQIA Board and DoH annually 	M	M	M	<ul style="list-style-type: none"> Appointed an Adept fellow to lead the organisation wide QI self-assessment and to building internal capacity in improvement science Continue to participate in work to develop an improvement and innovation system in NI 	EMT EMT	March 2019 March 2019	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	I Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
			<ul style="list-style-type: none"> Re-focus of Reviews and Inspection programmes Peer reviewer programme refined and training delivered Junior Doctor Reviewer Group established 								
Strategic Theme 4: Deliver operational excellence 4.4 - Achieve financial balance and implement zero based budgeting											
CR12	Chief Executive	Risk that RQIA's reduced annual financial allocation or fees not being received in a timely way or costs not being reduced in line with budget may result in break-even not being achieved or insufficient funding for services and programmes	<ul style="list-style-type: none"> Revenue Resource Limit (RRL) 2017-18 received from DoH Process in place for the recovery of fees Finance reporting structures are in place Savings plan 2017-18 developed 2017-18 budget developed and uploaded on to Collaborative 	<ul style="list-style-type: none"> Annual finance audit Assessment and audit of finance controls assurance standard 	L	M	M	<ul style="list-style-type: none"> Monthly monitoring of expenditure vs. budget and projected end-of-year position 	EMT	March 2019	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	I Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
			Planning (CP) system • The Executive Management Team and two managers have been given access to Collaborative Planning (CP) • The VES allocation for 2018-19 was utilised by the end of March 2018.								
Strategic Theme 4: Deliver operational excellence											
CR13	Chief Executive	Risk of cyber security incident which may result in RQIA's information, systems and infrastructure becoming unreliable, not accessible (temporarily or permanently) or compromised by	• Technical infrastructure including security hardware (e.g. firewalls), security software, server/client patching, data and system back-ups, 3rd party secure remote access • Policy/Process	• Self-assessment / substantive compliance against the ICT and Information Management Controls Assurance Standards achieved annually. • SLA with BSO ITS to provide	H	VH	VH	• Implementation of the 2017-18 HSC Cyber Security Programme by BSO designed to put in place a range of improved ICT security controls to improve the effectiveness in countering	Business Services Organisation (BSO)	March 2019	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	I Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
		unauthorised 3 rd parties potentially causing significant business disruption and reputational damage	controls e.g. regional/local ICT Security Policies, Data Protection Policy, Business Continuity/Disaster Recovery Plans, regional and local incident management and reporting policies and procedures • User Behaviours including induction policy, mandatory training, Contract of Employment, 3rd party contracts/Data Access Agreements, HR Disciplinary Policy	ICT service provision and security				present day cyber-attacks from internal and external threats			
Strategic Theme 1: Encourage quality improvement in health and social care services											
1.1 - Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits											
CR14	Chief Executive	There is a risk that the Commissioner for Older People (COPNI)	• Oversight arrangements in place to manage all	• Governance framework, with Board-level oversight	M	M	M	Working group established and action plan in place to address	Chief Executive and EMT	Ongoing	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	I Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
		investigation into care delivered at Dunmurry Manor Care Home and the resulting recommendations may adversely affect RQIA's reputation	recommendations accepted by RQIA from external reviews and investigations <ul style="list-style-type: none"> RQIA's communication flow arrangements are in place 					learning from internal review Member of working group with DoH and Trusts to address system wide learning	Chief Executive	Ongoing	
Strategic Theme 1: Encourage quality improvement in health and social care services											
1.1 - Complete the planned programme of activity for 2017/18 in respect of registration, inspection, reviews and audits											
CR15	Chief Executive	Risk that the Report of the Inquiry into Hyponatraemia related Deaths may lead to recommendations that will impact RQIA	<ul style="list-style-type: none"> Oversight arrangements in place to manage all recommendations accepted by RQIA from external reviews and investigations 	<ul style="list-style-type: none"> Governance framework, with Board-level oversight 	M	M		Working group established and action plan in place to address learning from internal review	Chief Executive and EMT	Ongoing	
Strategic Theme 4: Deliver operational excellence											
CR16	Chief Executive	There is a risk that the iConnect Software (CRM, Sharepoint and SQL) and MS Operating and MS Windows Software	<ul style="list-style-type: none"> Listed in RQIA's Digital Roadmap Issue raised with Sysco and ITS Raised with DoH Raised with E- 		M	H	H	<ul style="list-style-type: none"> Submit an Strategic Outline Case (SOC) and funding application to DoH 	Head of Information	Sept 2018	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	I Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
		will be out of support in 2020	Health Programme (no regional solution in place yet) <ul style="list-style-type: none"> • Bid submitted for devices, reimaging and deployment via round 11 submitted (includes new software) • Digital Roadmap (detailing what is required) has been presented to RQIA's Board 					<ul style="list-style-type: none"> • Produce OBC to request approval to procure tablets with newer versions of Windows and Office • Upgrade the software used by iConnect • Reprogramming of iConnect for new software 	Head of Business Support Head of Business Support Head of Business Support	Subject to approval of OBC Subject to approval of OBC Sept 2018	
Strategic Theme 4: Deliver operational excellence											
CR17	Chief Executive	The current contract to support iConnect (Phase 1 and 2) expires in May 2019 (potential to extend further by 1 year) if the final extension is awarded. This will result in	<ul style="list-style-type: none"> • Listed in RQIA's Digital Roadmap • Issue raised with Sysco, ITS and PALs • Procurement options provided by Pals • Indicative ongoing Costs proposed 		M	H	H	<ul style="list-style-type: none"> • Produce a strategic outline case (SOC) with options going forward • Decide options for funding the future support of iConnect via full outline business case 	Head of Information Chief Executive	Sept 2018 Nov 2018	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	I Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
		<ul style="list-style-type: none"> the need to re-engage the supplier directly or via a market competition. the need to identify significant recurring revenue 	by Sysco					(OBC)			
Strategic Theme 4: Deliver operational excellence											
CR18	Chief Executive	There is a risk that an increasing number of 'looked after children' are being accommodated in unregistered establishments (under Part III of the Children's Order). In the absence of regulatory scrutiny there is a risk that children and young people placed in these establishments could be at risk of	<ul style="list-style-type: none"> Regular liaison with HSC Trusts and regional HSC Board. RQIA has sought assurances that this risk is on HSC Trust Corporate Risk Registers. 	<ul style="list-style-type: none"> Some assurances have been provided by HSC Trusts and the HSC Board regarding limited and exceptional use of unregistered establishments to accommodate children and young people. RQIA has engaged with the HSC Board and Trusts in an attempt to handle this issue. 	M	H	H	<ul style="list-style-type: none"> A paper will be produced for DoH and RQIA Audit Committee providing updated situation A regional workshop involving all trusts has been organised and will co-hosted by RQIA and the HSC Board to review options for the future 	Director of Assurance Director of Assurance	Oct 2018 Oct 2018	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	I Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
		harm and there is also an associated reputational risk for RQIA if these are not inspected.		<ul style="list-style-type: none"> An updated report was provided to RQIA by the HSC Board on numbers of placements by type and location on 06 August 2018. A bi-weekly meeting was established between RQIA and HSC Board in June 2018 to address these concerns and seek clarity on information of actual placements by Trusts. The Director of Assurance made contact with every Trust Director of Social Service in August 2018 to ask them to provide clear 				<ul style="list-style-type: none"> placement of children. A project board has been established between the HSC Board and RQIA to seek information on numbers and type of placements by age/gender and location and by placing trust. 	Director of Assurance	Ongoing	

Ref No.	Owner	Description	Current Controls	Assurances on Controls	Assessment			Actions and Additional Assurances	Action Owner	Target Date	Comments
Risk Id.	Title	What would prevent the objective being achieved or interrupt service delivery? Consider risks associated with people, processes, systems and information.	What controls / systems are in place already to manage the risk?	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	I Impact	Risk Rating	What additional actions can be implemented to further manage the risk and what measures can we apply to provide assurance that the additional controls will be effective?	Individual responsible for delivery.	Target date for action closure.	Comments as applicable.
				<p>information on numbers of children accommodated in establishments in NI, which was received by 31 Aug 2018.</p> <ul style="list-style-type: none"> • RQIA CEO met with the Senior Social Services Officer at DoH on 30/07/18 to highlight the seriousness of this situation and early numbers of placements was provided. 							

Risks Removed from the Corporate Risk Assurance Framework Report

Ref No.	Owner	Description	Current Controls	Assurance	Assessment			Risk Decision	Date Removed From Register	Monitoring Frequency
CR1	Chief Executive	There is a risk if RQIA is directed to take on additional functions and responsibilities without new funding may result in RQIA being unable to deliver its current functions or provide the required level of assurances	<ul style="list-style-type: none"> RQIA provides sponsor branch with information to facilitate consideration of the necessary resource requirements to enable RQIA to respond effectively to changes in legislative requirements. RQIA can, in consultation with sponsor Branch, adjust aspects of its existing programme to release the time and capacity to undertake new tasks and responsibilities. 		M	M	M	Risks CR1, CR3 and CR5 are captured in Risk CR12 and have been removed from the Corporate Risk Assurance Framework report	10/10/17	Monitored through Risk CR12

CR3	Chief Executive	There is a risk that if year on year efficiency targets continue to be imposed on the RQIA, these efficiencies may impact the delivery of core functions and our ability to accept new work.	<ul style="list-style-type: none"> Developed a 2016-17 Savings Plan to meet the 3% reduction in RQIA's RRL (£207,078). Each Director continuously reviews vacancies which arise as a result of staff turnover to ensure that key posts are filled through the appropriate recruitment and selection processes. EMT exercises corporate oversight of all senior and mid management vacancies to ensure continuity of RQIA's core business. Financial Scenario Plan for 2017/18 produced in relation to 2/5/10/15% savings targets Workforce review completed in June 2017. 	<ul style="list-style-type: none"> Regular monthly reporting of the financial position to the EMT, RQIA Board and DoH. Regular review by the EMT of key vacancies at senior and mid-level. 	M	M	M	Risks CR1, CR3 and CR5 are captured in Risk CR12 and have been removed from the Corporate Risk Assurance Framework report	10/10/17	Monitored through Risk CR12
CR4	Chief Executive	There is a risk to the safety and welfare of staff who are involved in inspections which could result in physical and or emotional harm.	<ul style="list-style-type: none"> Implementation of the actions/guidance from relevant bodies for RQIA staff carrying out inspections. Regular contact with key stakeholders for information on any identified risk to staff. 		M	M	M	This risk is now managed at a Directorate level and is removed from the Corporate Risk Assurance Framework report	10/10/17	Monitored monthly through the Directorate Risk Registers
CR5	Chief Executive	There is a risk that RQIA will not achieve its financial target as set by the DoH.	<ul style="list-style-type: none"> Finance reporting structures are in place. 	<ul style="list-style-type: none"> Regular monthly reporting of the financial position to the EMT, RQIA Board and DoH. Submitted bid for VES monies for 2017/18. 	L	M	M	Risks CR1, CR3 and CR5 are captured in Risk CR12 and have been removed from the Corporate Risk Assurance Framework report	10/10/17	Monitored through Risk CR12

CR11	Chief Executive and RQIA Board	Risk to effective governance in discharging RQIA's responsibilities	<ul style="list-style-type: none"> • Governance review • Board and Audit Committee self-assessment • Commitment to Corporate Values • Internal Audit • External Audit • Board Committees • Accountability meetings with DoH • MSFM and Standing Orders • Policy and Procedures 	<ul style="list-style-type: none"> • Governance statement and Mid-Year Assessment approved by RQIA's Board and DoH annually. • 3 Year Audit Plan and Annual Plan approved by EMT and Audit Committee. 	L	M	M	The risk was re-assessed, downgraded and removed from the Corporate Risk Assurance Framework Report.	10/09/18	EMT quarterly
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RQIA Board Meeting

Date of Meeting	20 September 2018
Title of Paper	2017-18 Annual Progress Report on Section 75 of the NI Act and Section 49a of the Disability Discrimination Order for The Regulation and Quality Improvement Authority
Agenda Item	11
Reference	H/05/18
Author	BSO Equality Unit / RQIA Executive Management Team/ Malachy Finnegan
Presented by	Olive Macleod
Purpose	The purpose of this report is to satisfy the Board, and subsequently the Equality Commission that RQIA is compliant with the duties outlined in Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006.
Executive Summary	<p>The attached report provides an overview of how RQIA has delivered its obligations and duties under Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006. The report is structured as follows:</p> <p>Chapters 1, 2 and Appendix: Public Authority Statutory Equality, Good Relations and Disability Duties – Annual Progress Report 2017-18 Chapter 3: RQIA Equality Action Plan Progress Report Chapter 4: RQIA Disability Action Plan Progress Report Chapter 5: RQIA Equality and Disability Action Plans 2018-23 Chapter 6: RQIA Equality and Human Rights Screening Report 2017-18 Chapter 7: RQIA Mitigation Report 2017-18</p> <p>The report provides an overview of RQIA's activities and actions that result in positive outcomes for the Section 75 groups. RQIA's</p>

	annual progress report was submitted to the Equality Commission on 30 August 2018 in line with its requirements.
FOI Exemptions Applied	None
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	The Board is asked to NOTE this Report.
Next steps	N/A

Public Authority Statutory Equality, Good Relations and Disability Duties - Annual Progress Report 2017-18


Contact:

<ul style="list-style-type: none">Section 75 of the NI Act 1998 and Equality Scheme	Name: Malachy Finnegan Telephone: 028 9536 1921 Email: malachy.finnegan@rqia.org.uk
<ul style="list-style-type: none">Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan	As above

Documents published relating to our Equality Scheme can be found at:
[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/corporate-documents/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/corporate-documents/) (ECNI Q28)

Our Equality Scheme is due to be reviewed by April 2021.

Signature:



Olive Macleod, Chief Executive

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

It presents our progress in fulfilling our statutory equality and disability duties.

This report reflects progress made between April 2017 and March 2018

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2. Section 75 Progress Report	6
3. Equality Action Plan Progress Report (ECNI Q2)	See separate document
4. Disability Action Plan Progress Report	See separate document
5. New Equality and Disability Action Plans (ECNI Q8,9)	See separate document
6. Screening Report (ECNI Q18)	See separate document
7. Mitigation Report (ECNI Q1,3,3a,3b)	See separate document
Appendix – Further Explanatory Notes (ECNI Q10,13,14,20)	20

Chapter 1 Summary Quantitative Report

(ECNI Q15,16,19)

Screening, EQIAs and Consultation

1. Number of policies screened (as recorded in screening reports). (see also Chapter 6)	Screened in	Screened out with mitigation	Screened out without mitigation	Screening decision reviewed following concerns raised by consultees
	0	8	2	0
2. Number of policies subjected to Equality Impact Assessment.	0			
3. Indicate the stage of progress of each EQIA.	Title N/A		Stage	

4. Number of policy consultations conducted	1
5. Number of policy consultations conducted with screening presented. (See also Chapter 2, Table 2)	1

(ECNI Q24)
Training

6. Staff training undertaken during 2017-18. (See also Chapter 2, Q6)

Course	No of Staff Trained	No of Board Members Trained
Screening Training	1	0
Disability Placement Scheme Training	1	0
Total	2	0

eLearning: Discovering Diversity

Module 1 to 4 – Diversity	58
Module 5 – Disability	51
Module 6 – Cultural Competencies	52

eLearning: Making a Difference

Making a Difference	12
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(ECNI Q27)
Complaints

7. Number of complaints in relation to the Equality Scheme received during 2017-18

0

Please provide detail of any complaints:

n/a

(ECNI Q7)
Equality Action Plan (see also Chapter 3)

8. Within the 2017-18 reporting period, please indicate the number of:

Actions completed: Actions ongoing: Actions to commence:

(ECNI Part B Q1)
Disability Action Plan (see also Chapter 4)

9. Within the 2017-18 reporting period, please indicate the number of:

Actions completed:	<input type="text" value="9"/>	Actions ongoing:	<input type="text" value="1"/>	Actions to commence:	<input type="text"/>
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Chapter 2 Section 75 Progress Report

(ECNI Q1,3,3a,3b,23)

1. In 2017-18, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved. Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

Table 1 below outlines progress to better promote equality of opportunity and good relationsⁱ.

Table 1:

	Outline new developments or changes in policies or practices and the difference they have made for specific equality groupings.
Persons of different religious belief	<p>Development of Equality Monitoring Data</p> <p>Facilitated by the BSO Procurement and Logistics Service, we took action to proactively promote equality of opportunity with regards to our contracts with recruitment agencies. Together with our HSC partners, we included in the most recent tender specific requirements for bidders to demonstrate how they promote equality with reference to: training their staff; gathering feedback from agency workers; their provisions on making reasonable adjustments for agency workers; and outreach work to attract a diverse range of agency workers. The tender specification also included requirements relating to the collection of equality monitoring data for all nine equality groupings and for auditing. This will enable us in future to monitor the diversity of agency workers placed with us and, where necessary, to engage with recruitment agencies in relation to measures to address under-representation and the user experience of specific equality groupings.</p> <p>Similarly, we introduced equality monitoring forms for people who participate in our Disability Placement Scheme, capturing all nine equality groupings. This will enable us to see how diverse the group of people being placed with us are and where necessary work with the provider to take further outreach measures.</p>

<p>Persons of different age</p>	<p>RQIA Seeks the Views of Service Users and Families</p> <p>As part of RQIA's ongoing improvement programme, DURING 2017-18 we distributed posters for permanent display in every care home in Northern Ireland, inviting residents and visitors to contact RQIA at any time with their views on the quality of service being provided. In addition, we also developed calling cards that our inspectors leave after every inspection encouraging people to tell us about their personal experiences of the service – these will be introduced from April 2018. This will bring about greater awareness amongst residents and their families of the role of RQIA and encourage them to contact us and to provide input to our inspections.</p> <p>RQIA Attends this Year's Programme of Pensioners Parliaments</p> <p>This year, for the first time, RQIA attended the 2018 Pensioners Parliaments in each council area across Northern Ireland from March through to June, with events taking place in Belfast and Craigavon during March. These parliaments provide older people from across Northern Ireland with a local forum to discuss their concerns. They allow both local and regional issues to be identified, debated and voted upon. At each event we provide information on our work and discuss our role with those attending.</p> <p>In February, RQIA also attended the Newry and Mourne Older People's Forum where we engaged with its members on the role of RQIA and explored opportunities to work together.</p>
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<p>Persons of different genders and gender identities</p>	<p>Gender Identity and Expression Employment Policy</p> <p>Together with our HSC partners we reviewed the outcome of the consultation that we held on our draft policy. Taking all comments received into account, we finalised the policy and produced a consultation report. The policy will be approved by our senior management team during 2018.</p> <p>By the end of March work was under way to establish a regional task and finish group to support the implementation of the policy, including through the development of checklists for staff and a training plan. The group involves senior staff from Human Resources and Equality.</p> <p>Review of Perinatal Mental Health Services in Northern Ireland</p> <p>In May 2017, Theresa Nixon, RQIA's Director of Mental Health, Learning Disability and Social Work addressed delegates at Time for Change, a Perinatal Mental Health and Wellbeing event in Belfast, on the key findings and recommendations for improvement from RQIA's review. During this review RQIA engaged directly with women who experienced perinatal mental ill health.</p>
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Persons with and without a disability	<p>Sharing Best Practice with Mental Health and Learning Disability Service Providers</p> <p>During the year, RQIA held a number of events for providers of mental health and learning disability services to share best practice and support improvements across these services. In October 2017, RQIA hosted a workshop, Supporting Families and Dementia Care in Northern Ireland, with carers and representatives from local HSC trusts, sharing examples of best practice in acute settings, including dementia champions model and the patient-centred model.</p> <p>In January 2018, in partnership with the Royal College of Psychiatrists in Northern Ireland, RQIA held our annual joint workshop with a range of presentations from consultant psychiatrists, and a personal perspective from Hamish Elvidge, the father of a young man who took his own life after a very short period of depression, on the importance of health care professionals sharing information with families to help save lives.</p> <p>Plain English and Easy Read Materials</p> <p>As part of our improvement programme, RQIA looked at the format of our Hospital Inspection Programme reports and how useful and accessible they were to the public. We developed a draft report template and in March 2018 we sought views of both health and social care staff and the public. This feedback will inform the format and presentation of reports of hospital inspections conducted during 2018-19.</p>
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	<p>In our inspections we identify examples of good practice. We learned of a focus group in a day care setting which was established to advise the local HSC trust on its easy read materials. Moving forward, RQIA will engage with this group during 2018-19 as we review our service user questionnaires.</p> <p>RQIA continued to publish easy read report of findings from each inspection at a mental health or learning disability ward. During the year, 85% of ward managers advised that they informed patients that the report was available in an easy read format; and 75% of ward managers stated that patients found reports in this format helpful.</p> <p>RQIA's website, www.rqia.org.uk provides access to our latest news; some 9,000 inspection reports for adult regulated services, hospitals, mental health wards and prisons; details of enforcement action; guidance for service providers and the public; our review reports; and guidance on complaints and whistleblowing. This site is Browsealoud enabled to ensure it is fully accessible to those with sensory issues, dyslexia or low literacy, or English as a second language. This allows all visitors to have pages simplified, magnified, speech enabled or translated into a range of languages.</p>
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	<p>RQIA Complaints Guidance</p> <p>For help and advice on raising a concern or complaint about an independent service, (for example, a care home or domiciliary care agency) or about a health and social care service such as a hospital or mental health facility, RQIA has developed two short, easy read guides. In common with all RQIA publications these are available online, and in alternative formats on request.</p> <p>RQIA Dementia Care Workshop</p> <p>In October 2017, RQIA held a workshop, Supporting Families and Dementia Care in Northern Ireland, with carers and trust staff from across Northern Ireland sharing examples of best practice, including Dementia Champions Model and the Patient Centred Model. The event focused on family interventions in dementia acute, with speakers sharing their experiences of their relative's care. Staff from each trust described the interventions they have used to support, promote and develop patient experience through family involvement in a ward setting.</p>
Persons with and without dependants	<p>Carers in the Workplace</p> <p>Along with our HSC partners, we asked Carers NI to meet with us to tell us more about their State of Caring 2017 Report and the types of support they can provide to employers, for example Employers for Carers. This will help inform work to progress the commitment in our new Equality Action Plan to put in place appropriate support measures for our staff who are carers during 2018-19.</p>

Where changes resulted from screenings, these will be listed in Chapter 7, the mitigation report.

(ECNI Q4,5,6)

2. During the 2017-18 reporting period

(a) were the Section 75 statutory duties integrated within...?

	Yes/No	Details
Job descriptions	Y	Our job descriptions include the following: "Staff are required to assist the Authority in fulfilling its statutory duty under Section 75 of the Northern Ireland Act 1998 to provide equality of opportunity and the promotion of good relations. Staff are required to support the authority in complying with its obligations under Human Rights Legislation."
Performance objectives for staff	N	Included in job descriptions as above.

(b) were objectives and targets relating to Section 75 integrated into...?

	Yes/No	Details
Corporate/strategic plans	Y	<p>Our Corporate Strategy 2017-21 outlines our commitment to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.</p> <p>In the Strategy we commit to:</p> <ol style="list-style-type: none">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

		<p>3. develop and implement a communications and engagement strategy</p> <p>4. enable and encourage service users and the public to provide the intelligence needed to inform assurance and improvement activity</p>
Annual business plans		<p>RQIA's Annual Business Plan 2017-18 states that we act 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. Within the plan, Strategic Theme 3: Engage and involve service users – states our commitment to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.</p>

(ECNI Q11,12,17)

3. Please provide any details and examples of good practice in consultation during the 2017-18 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Table 2

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use? AND Which of these drew the greatest number of responses from consultees?	Do you have any comments on your experience of this consultation?
Equality and Disability Action Plans 2018-2023	<input checked="" type="checkbox"/> Screening template <input type="checkbox"/> EQIA report <input type="checkbox"/> none	Representative groups in all nine equality groupings (all consultees on our Section 75 consultation list)	Written responses Consultation events One-to-one meetings Roughly equal number received from written responses and comments at consultation event	The café-style format of the consultation event proved very productive. It allowed both direct engagement on issues relating to the plans and building relationships between consultees and senior managers in the organisation.

(ECNI Q21,26)

4. In analysing monitoring information gathered, was any action taken to change/review any policies?

Yes / No / Not applicable (delete as appropriate)

Please provide any details and examples:

Table 3

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
Health and Well Being – Absence Figures	Staff sickness absence information from Human Resources Portal.	Supporting Health Awareness for our Staff We looked at the key reasons for absence and used this information to ensure we provide appropriate support to staff. During the year we introduced a number of initiatives, including: the introduction of an online health and wellbeing hub as an information resource to support staff; participation in a number of healthy lifestyle challenges including: Active Belfast Challenge in conjunction with Public Health Agency, Belfast HSC Trust, Business Services Organisation, Belfast City Council and Sustrans; and Global Corporate Challenge; awareness and learning events for staff with a focus on diabetes, dyslexia; stress management; personality disorders; disability in the workplace; and suicide awareness; and, blood donation sessions for employees of organisations accommodated at Riverside Tower, Belfast	Increased staff awareness of health issues and support for staff experiencing particular health issues.

(ECNI Q22)

5. Please provide any details or examples of where the monitoring of policies, during the 2017-18 reporting period, has shown changes to differential/adverse impacts previously assessed:

No monitoring information was collected

(ECNI Q25)

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

This year saw the launch of a new e-Learning resource on equality awareness. The resource, called Making a Difference, was developed along with HSC regional equality colleagues, led by the Belfast HSC Trust.

The aim of Making a Difference is to show how staff can make a difference by:

- Promoting positive attitudes to diversity
- Ensuring everyone is treated with respect and dignity
- Behaving in a way that is in keeping with HSC values and equality and human rights law.

Making a Difference now forms part of training for staff in our organisation.

Screening Training Evaluations

The figures in bold below represent the percentage of participants who selected 'Very Well' or 'Well'. Participants were asked: "Overall how well do you think the course met its aims":

- To develop an understanding of the statutory requirements for screening: **95%**
- To develop an understanding of the benefits of screening: **100%**
- To develop an understanding of the screening process: **95%**
- To develop skills in practically carrying out screening: **90%**

The figure in bold below represents the percentage of participants who selected 'Extremely Valuable' or 'Valuable' when asked: "How valuable was the course to you personally?" **95%**

(ECNI Q29)

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

We anticipate the following areas to be focused upon:

- equality screenings and their timely publication
- undertaking EQIAs as appropriate
- monitoring, including of policies screened



Chapter 3:

RQIA Equality Action Plan Progress Report

What we did between April 2017 and March 2018

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

	Action Point	What we have done during 2017-18	Outcomes
1	<p>Raise awareness amongst staff about the option to request information in alternative formats.</p> <p>Ensure internet site meets accessibility standards, e.g. W3C AA standard.</p>	<p>Our Accessible Formats Policy has been shared with staff and is available on our intranet.</p> <p>RQIA's website meets Level AA Conformance to Web Content Accessibility Guidelines 2.0, making the content more accessible to people with disabilities. RQIA's website is also Browesaloud enabled - this software adds speech, reading, and translation to facilitate access and participation for people with dyslexia, low literacy, English as a second language, and those with mild visual impairments.</p>	<p>RQIA stakeholders can access and understand information more readily.</p>
2	<p>To monitor the provision of information and processes around the admission of vulnerable/minority groups into residential care.</p>	<p>This has been integrated into the inspection and enforcement processes. All related reports are available on our website. Detail of enforcement action relating to adult services is published on RQIA's website and included in our annual report.</p>	<p>Improved outcomes for minority and vulnerable groups, through improved information and appropriate services.</p>

3	<p>To continue to ensure that inspection staff have up to date knowledge of S75 groups and their needs, e.g. targeted training such as Deaf Awareness</p>	<p>58 of our staff completed e-learning training on Diversity; 51 completed e-learning training on disability and 52 completed e-learning training on Cultural Competency.</p> <p>As part of RQIA's annual staff training the HSC Board's Dementia project lead provided an overview of the Dementia Learning and Development Framework.</p>	<p>Inspections take into account the needs of Section 75 groups, leading to improved outcomes for these groups.</p>
4	<p>Engage service users in the design and format of plain English/easy to read inspection reports.</p>	<p>During 17-18 all staff involved in report writing were provided with training on use of Plain English to help improve the accessibility of our inspection and review reports.</p> <p>As part of our improvement programme, RQIA looked at the format of our Hospital Inspection Programme reports and how useful and accessible they were to the public. We developed a draft report template and in March 2018 we sought views of both health and social care staff and the public. This feedback will inform the format and presentation of reports of hospital inspections conducted during 2018-19.</p>	<p>Service users are informed and included through provision of accessible and easily understood information.</p>

5	Develop links with independent advocates	RQIA inspectors meet with independent advocates during our inspections of mental health and learning disability services. During 2017-18, RQIA liaised extensively with independent advocates, including those advocating for carers when examined delayed discharges from long stay wards across Northern Ireland.	Improved representative engagement with vulnerable groups by increasing the profile of advocacy services within Trusts.
6	Facilitate training needs of staff and reviewers working in area of MHL D	RQIA ensures that all its inspection staff have access to relevant training to support them in their work and through continuous professional development maintain their professional registration as nurses, social workers and allied health professionals. On an ongoing basis, RQIA delivers training to psychiatrists, approved social workers and mental health and learning disability on responsibilities under The Mental Health (Northern Ireland) Order 1986. We also participate in induction training for band 5 nurses and provide training on the management of electroconvulsive treatment in mental health and learning disability settings.	Increased awareness in relation to legislation and practice towards individuals with a mental health or learning disability

7	Formal engagement with detained patients	In its inspections of mental health services, RQIA meets with detained patients to hear their views on the services they are receiving. During 2017-18, RQIA met with 245 detained patients, we also received a small number of questionnaire responses from patients on their experiences of services.	Detained patients are actively involved in the formulation of their care plan and the delivery of their treatment.
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Chapter 4:

RQIA Disability Action Plan Progress Report

What we did between April 2017 and March 2018

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

(1) Communication

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
1. Put in place contractual arrangements for the production of materials in alternative formats. <ul style="list-style-type: none">• Undertake a scoping exercise by type of format based on current and best practice in UK• Where appropriate undertake tender exercise and put contracts in place	Accessible formats are more readily available	Arrangements are in place to support staff in procuring materials in alternative formats. Contracts in place where appropriate.	BSO Equality Unit March 2018
Relevant Duty: Encourage participation of disabled people in public life.			
What we did this year <ul style="list-style-type: none">• The Equality Unit at the Business Services Organisation represented us on a tender exercise led by the Central Procurement Directorate. The tender included a Lot on the provision of materials in alternative formats. No submissions were received for the Lot meaning that it is not possible for us to put a contract in place.			

(2) Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
2. Encourage staff to declare that they have a disability or care for a person with a disability, through awareness raising and provide guidance to staff on the importance of monitoring.	More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.	2% increase in completion of disability monitoring by staff.	RQIA March 2018
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did this year <ul style="list-style-type: none">At the end of March 2018, 72.41% of our staff had declared whether or not they have a disability on our HR IT system. This is a significant increase from this time last year when the figure was 57.75%. We will keep working to increase this number. At each of our disability awareness days we encourage staff who have a disability to declare that they do, so that we can put in place any reasonable adjustments they may need and so they can avail of the support available.			

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

Relevant Duty: Promote positive attitudes towards disabled people.

What we did this year

- The themes for our awareness days are chosen by a group of staff who volunteer to be involved in organising the days. The days are run across all the 11 regional HSC organisations. This year the group decided to focus on diabetes and dyslexia. The Equality Unit wrote an article for staff highlighting the two themes chosen. It also asked staff who want to get involved to get in touch.
- At the Diabetes Awareness Day in November we put up information stalls in our office where staff could pick up leaflets. We also sent round information to all our staff.
- On the Awareness Day on Dyslexia we put up information stalls in our office where staff could pick up leaflets and sent a number of materials to staff. The information included a computer simulation. It showed how a piece of text may appear on screen to a person who has Dyslexia. We also shared links to videos where people talk about what it is like for them to be living with Dyslexia.

- At the end of the year we ran a short survey with staff about the awareness days. Most who took part in the survey knew about the Awareness Days (70%). Also, most people said they now knew more about dyslexia (66%) and diabetes (59%). More than half said they now knew how to help a colleague with dyslexia (55%) and diabetes (51%).

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
4. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on disability equality and disability legislation.	Increased staff and office holder awareness of the range of disabilities and needs	80% staff trained	RQIA March 2018

Relevant Duty: Promote positive attitudes towards disabled people.

What we did this year

- The BSO Equality Unit (on our behalf), together with the Health and Social Care Trusts completed work on a new eLearning module on equality awareness. The module called 'Making a difference' includes a number of scenarios that involve people with a disability and asks staff to think through how best to support the individuals. During the year 12 members of RQIA staff have completed this training.
- During the year, 51 members of staff completed the dedicated eLearning module on disability that is part of our Discovering Diversity programme.

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

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
5. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	Better involvement of staff with a disability in decision-making. Better support for staff with a disability.	Features on intranet.	Executive Management Team / Business Services Organisation Equality Unit March 2018
Relevant Duty: Encourage participation by disabled people in public life.			
What we did this year <ul style="list-style-type: none"> • In February we issued an article to let staff know about Tapestry, its latest work and the dates of its meetings. We also issue pop ups before every quarterly meeting of the network to all staff. • During the year, Tapestry focused its work on exploring how staff and line managers could better tap into existing support. Speakers from both the Department for Communities and the voluntary sector provided briefings to the network on existing Employment Support Programmes. They explained how the Programmes work and how staff and line managers can access support from Workable NI and Access to Work. 			

- Members of the network also developed suggestions how line managers could better be supported in putting in place appropriate reasonable adjustments in cases where a member of staff discloses to them that they have a disability.
- With the help of colleagues from BSO IT Services, Tapestry also put a lot of work into developing a website. The plan is for the website to go live before the summer of 2018.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
6. Develop a shadowing scheme for Board members and other key public life positions in engagement with the Public Appointments Unit and with people with a disability.	Develop capacity of people with a disability to participate in public life positions.	Shadowing scheme terms of reference; people with a disability have participated.	Chief Executive's Office Mar 2018

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

What we did this year

- We made contact with the Office of the Commissioner of Public Appointments in Northern Ireland to get more recent figures on applicants and those who are appointed. We looked into what schemes already exist that aim to encourage a more diverse range of people to apply for public appointments. We found a number of schemes in Northern Ireland, the UK and elsewhere, although none of these focused on people with a disability.
- We also contacted Disability Action. Over the next few months we want to speak to people from the disability sector, the Office of the Commissioner of Public Appointments and the Public Appointments Unit in the Department of Health about whether they think there is enough diversity in public appointments. We will also ask them how interested they think different groups of people are in taking part in public appointments and why this might be, as well as any strategies they think could improve different peoples' participation in public life.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
7. Involve disabled people in delivery and review of this plan.	Better engagement by people with a disability (adults and children where relevant).	Feedback forms from engagement (and roundtable sessions, where appropriate)	BSO Equality Unit March 2018
Relevant Duty: Encourage participation by disabled people in public life.			
<p>What we did this year</p> <ul style="list-style-type: none"> As this report shows, we involve people who have a disability in the delivery of most actions in this plan. We have developed some new actions for 2018-19. People with a disability, in particular our staff network, played a big role in developing these. We will review this plan more widely when it comes to its end, to inform the development of our new plan. We will involve people with a disability in this work. 			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
8. Involve lay assessors and peer reviewers in the service user aspects of RQIA inspections and reviews.	Lay assessors and peer reviewers are engaged appropriately in RQIA inspections. The views of service users are captured and reported on in individual inspections and reviews, where appropriate.	The number of inspections and reviews which have involved lay assessors and peer reviewers.	Senior Management Team. March 2018

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

RQIA has a cohort of lay assessors, including a number with a range of disabilities. Our lay assessors are members of the public who bring their own experience, fresh insight and a public focus to our assessments of health and social care services. This provides an invaluable perspective on care quality and provision, which adds great value to our inspection and review activities.

During 2017-18 RQIA conducted 60 inspections involving lay assessors at a range of services including residential care and nursing homes, hospital settings, and mental health and learning disability wards.

(4) Recruitment and Retention

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

Relevant Duty: Encourage participation by disabled people in public life AND promote positive attitudes.

What we did this year

- RQIA took part in the Work Placement Scheme provided by the HSC Board and the Business Services Organisation (BSO) for People with Disabilities, in which work placements are arranged in HSC organisations. The purpose of the scheme is to provide meaningful work experience and to promote positive attitudes towards people with a disability. A consortium of seven disability organisations based at the Cedar Foundation, is responsible for matching people with a disability to placements offered. Based on a detailed job description provided by RQIA's Mental Health and Learning Disability team, we were matched with a placement student. The scheme commenced in late 2017 for a six month period. The student received full training from their colleagues that enabled them to carry out the full range of duties required. The student was a great asset to the team, not only did they gain work experience and knowledge of RQIA and what we do, but having them in the team helped raise staff awareness and promoted positive attitudes towards people with a disability through working well together. For the first time this year, we organised an end of year event to celebrate the achievement. This was a suggestion that one of last year's participants had made. Evaluation work with participants, support officers and managers is currently underway for those placed in 2017/18. The feedback continues to be extremely positive. Participants felt that the scheme did provide them with meaningful work experience

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
10. Encourage disabled people to apply for employment opportunities and remain in the workforce (for example attend career fairs, include welcoming statement and issue job adverts to local disability organisations and more flexible working arrangements and review job descriptions).	Greater numbers of people with a disability apply.	Increase in disability marked on equal opportunities monitoring forms and HRPTS.	RQIA March 2018

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

What we did this year

- Through our training on “How to get that job” we help participants of the disability placement scheme get ready to apply for jobs with us and our partner organisations in Health and Social Care. This year, we also invited their support officers to the training so they know more about jobs and recruitment in Health and Social Care. This way, they can keep encouraging and supporting participants once their placement with us ends. The idea is also that support officers can do the same for any other people with a disability who they support.
- As part of our Disability Awareness Days – where we focus on sensitising staff to the needs of colleagues with a particular disability – we always include signposting information for staff who themselves have this particular condition. This includes information on support services. We also encourage that they let their

line manager know that they have a disability so that we can put support in place to make sure everything is in place to help the individual fulfil their full potential and to encourage them to remain in the workforce.

(5) Additional Measures

- We always include Disability on our list of things to talk about at our quarterly Equality Forum with our partner organisations.
- We report on progress against our Disability Action Plan to our Board and Senior Management Team (the people at the top of our organisation) every year.

(6) Encourage Others

- We include questions relating to the two duties in our equality and human rights screening form. The screening form is completed for all policies and decisions. This includes work that other organisations will do for us, for example, contracts that we have with voluntary sector organisations for health and wellbeing promotion work.

(7) Monitoring

- During the year, we spoke to three groups of people involved in our work placement scheme, together with our Health and Social Care partner organisations. These are the people who were on a placement with us, their Employment Support Officers and their Placement Managers. From these focus groups we evaluate how the scheme went this year. It also helps us to make changes to the scheme where we need to. Also, for the first time this year, we asked all participants to complete an equality monitoring form. We want to see whether we are successful at offering placement opportunities to a diverse range of people and, if not, which groups we want the provider to reach out to specifically.

(8) Revisions

- During the year we developed and consulted on our new Disability Action Plans 2018-23.

(9) Conclusions

- We completed 9 actions. We will keep doing 5 of these actions, for example our Disability Placement Scheme and Disability Awareness Days. You will find these in our next Disability Action Plan for 2018-23 – see link below.
- We will keep doing some work on the Shadowing Scheme.
- All of the actions in our action plan are at regional and at local level.
- Our action plan is a live document. If we make any big changes to our plan we will involve people with a disability. We will tell the Equality Commission about any changes.

Our new Disability Action Plan 2018-23 can be found on our website: [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/corporate-documents/rqia-equality-and-disability-action-plans/rqia-equality-and-disability-action-plans-2018-23/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/corporate-documents/rqia-equality-and-disability-action-plans/rqia-equality-and-disability-action-plans-2018-23/)

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Chapter 5:

RQIA Equality and Disability Action Plans 2018-2023

MARCH 2018

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

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Introduction

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

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

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

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

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

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BT1 3BT

Telephone: 028 9051 7500 for text relay prefix with 18001

Maurice.atkinson@rqia.org.uk

Who we are and what we do

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

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

We do things like:

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

Registration and Inspection:

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

Mental Health and Learning Disability:

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

Ionising Radiation (Medical Exposure) Regulations :

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

Reviews:

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

Public Participation:

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

Corporate Services:

- Supporting the business of RQIA.

How people can be involved in our work

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

- Applying to be a lay assessor
- Applying to be a peer reviewer
- Engagement with service users and carers as an integral part of RQIA's inspections and reviews of health and social care services
- Making available opportunities for co-production.

What the law says

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

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

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

There are three good relations groups we need to consider:

- Religion
- Political opinion
- Ethnicity.

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

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

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

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

How we reviewed our last plans and developed our new plans

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

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

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

For the new plans, we considered two questions:

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

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

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

We also learned from what we heard when we:

- held coffee mornings to talk with staff about important issues to consider for those who have a disability and those who care for somebody who has a disability
- ran a survey with staff to find out what they think an Employer of Choice for people who have a disability or those who care for somebody with a disability looks like
- spoke with the members of our staff disability network to find out what we should do to promote equality for those who have a disability and those who care for somebody who has a disability
- together with our colleagues in the Health and Social Care Trusts ran an engagement event with people from different equality groupings to find out what they think we could do to better promote equality.

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

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

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

What we have done so far

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

- We produced a signposting resource for our staff. It provides information on support networks in the community for people from each of the nine equality groups. We update this resource every year
- We put in place an Accessible Formats Policy; this policy relates to all of the nine equality groups including age, gender, disability, ethnicity, sexual orientation, political opinion, dependants, religion and marital status. It addresses specific needs in relation to sensory impairment, learning disability, sexual orientation, older people, younger people, translation and interpreting for minority ethnic groups and more general literacy levels that are of particular importance
- We established an internal Equality Forum with representation from each directorate, to drive mainstreaming of equality and human rights within the organisation
- We added a prompt on equality screening to the template for all Board papers, and ensured that equality is considered in everything we do by screening our Corporate and Business Plans.

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

Promoting positive attitudes towards disabled people:

- held seven disability awareness days for our staff. Each looked at different disabilities: Epilepsy, Sight loss and blindness, Depression, Hearing loss and deafness, Learning disabilities, Cancer, and Arthritis and Musculoskeletal conditions
- developed an elearning resource on disability. It is available to all Health and Social Care staff. All our staff have been asked to complete the programme at induction
- included the disability duties in all Equality Awareness and Equality Screening Training that the BSO Equality Unit delivers
- delivered training sessions on mental health awareness to our staff, including on mental health first aid, mindfulness and managing stress; and courses for staff who are carers
- developed a staff resource on disability etiquette, a resource and checklist on how to positively portray people with a disability in their work
- ensured accessibility standards W3C AA were met in the development of our new website. Users can use Browsealoud to access our website. We made every effort to ensure that our new website was more user friendly.

Encourage the participation of disabled people in public life:

- participated in a disability work placement scheme together with our Health and Social Care partner organisations. We provided a placement in 2016-17 and will do so again in future
- developed standards and guidance for the involvement of people with a disability and a checklist for organising inclusive meetings

- put in place a process for publishing screening templates as soon as they are completed, as suggested by a disability organisation We do the same for publishing our quarterly screening reports
- developed a resource for line managers on reasonable adjustments for staff with a disability
- set up a disability network for our staff. Part of the role of this network is to raise disability issues with decision makers in our organisation.
- introduced a 'Your Care, Your View' card to seek the views of service users on their experience of mental health and learning disability services
- Mental Health and Learning Disability inspectors developed a direct observation tool for use on wards for patients who have no capacity to answer or understand a structured questionnaire. The quality of interaction audit was a tool designed to help evaluate the type and quality of communication that takes place on a ward
- recruited a number of lay assessors with a disability, both learning disability and physical disability, to work alongside our inspection and review staff. Our recruitment materials are provided in an easy to understand format and people with disabilities were encouraged to apply.

What we have learned so far

Monitoring

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

Placements

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

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

Awareness Days

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

Training

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

What is in the new plans

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

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

How we will monitor

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

<https://www.rqia.org.uk/>

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

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

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

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

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

The plans are also available on our website:

<https://www.rqia.org.uk/>

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

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

- For training and awareness events, we ask our staff about what learning they are taking away with them and what they may do differently as a result of what they have learned
- We do a survey with people from a particular equality group after we have delivered an action targeted at them to ask whether they feel better supported as a result
- We check summary figures to see whether, for example, more people from a particular under-represented group are availing of a service after promoting it to them specifically.

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

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

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

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
Training 3. Making a Difference – e-learning <ul style="list-style-type: none"> • Add module to suite of mandatory training for all staff • Deliver on training targets 	Increased staff awareness of equality and human rights.	Making a Difference e-learning included in mandatory training for staff X staff have completed the e-learning module	BSO HR with support by Equality Unit EMT Annually
Domestic Violence 4. Undertake awareness raising relating to new support mechanisms (developed by BSO) to support staff with experience of domestic violence	Staff with experience of domestic violence feel better supported	Feedback from staff who have drawn support through the mechanisms indicates a positive experience.	BSO HR with support by Equality Unit March 2020
Inspection			
5. Review and equality screen Guidance relating to Inspection of Domiciliary	S75 has been considered in the Inspection process, resulting in improved outcomes for service users.	Screening Templates and Revised Guidance published	2018-19

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

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

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
accordance with: <ul style="list-style-type: none"> • BHSCT Making Communication Accessible (Disability) • Accessible Formats Policy (Language and Disability accessibility) • Corporate Style Guide 			
Engagement			
14. RQIA will collaborate with NIGALA and PCC to explore ways to improve feedback from children and young people about the quality of services they receive. NIGALA will develop a website to facilitate this with links to PCC and RQIA information.	Improved engagement with children and young people.	Website operational and collation of feedback from children and young people about the quality of services they receive.	2018-19 and ongoing

Action Point	Intended Outcome	Performance Indicator and Target	By Whom/ When
<p>15. Ensure that all our public engagement events include consideration of S75 in the organising of the events and in the information/questions asked at the events as appropriate.</p>	<p>Engagement events are more inclusive.</p>	<p>Evaluation of events indicates that needs have been met.</p>	<p>2018-19 and ongoing</p>
<p>Lay Assessors Appointment</p> <p>16. In the appointment of new lay assessors</p> <ul style="list-style-type: none"> • include a welcoming statement for people with disabilities • send advertisement to disability organisations 	<p>People with disabilities are more involved in public life.</p>	<p>Numbers of additional lay assessors with a disability.</p>	<p>2018-19 and ongoing</p>

Disability Action Plan 2018-2023:

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

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

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

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

Signed by:

Chair

Date:

Chief Executive

Date:



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02890517500



Chapter 6:

RQIA Equality and Human Rights Screening Report

April 2017 – March 2018

Link to RQIA Screenings:

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
RQIA	Consultation on Equality and Disability Action Plans 2018-23	Consultation on Equality and Disability Action Plans (This consultation ended on 29 th December 2017)	Dec-17	2
RQIA	Zero Tolerance Policy Screening Document	This Policy highlights RQIA'S Commitment to the creation of a culture and environment where employees may undertake their duties without fear of abuse or violence. Senior Managers, Line Managers and employees responsibilities are define din the policy.	Apr-17	2

RQIA	Anti-Fraud Policy and Fraud Response Plan	This document is intended to provide direction to those members of staff who find themselves having to deal with suspected cases of theft, fraud or corruption. It gives a framework for a response and advice and information on various aspects and implications of an investigation.	Jul-17	3
RQIA	Whistleblowing Policy	This policy provides a procedure for all staff of RQIA who have concerns where the interests of others or of the organisation itself are at risk.	Dec-17	3
RQIA	Capability Procedure	This procedure is designed to help all employees achieve and maintain the performance standard required to perform the duties of their post.	Nov-17	2
RQIA	Disciplinary Procedure	This procedure is designed to help and encourage all employees to achieve and maintain appropriate	Nov-17	2

		standards of conduct, performance and behaviour.		
RQIA	Inspection Policy	<p>The aim of this policy is to ensure a consistent approach to inspections, while meeting the legislative requirements which underpin the role of RQIA and the principles of better regulation. Inspections will focus on four domains –“Is care safe?”, “Is care effective?”, “Is care compassionate?” and “Is the service well led?”.</p> <p>The policy outlines:</p> <ul style="list-style-type: none"> • the roles and responsibilities of all parties involved • that all inspection activity is undertaken in accordance with associated procedures, guidance and protocols • the legislative framework within which inspections are undertaken 	Mar-18	2

		<ul style="list-style-type: none"> the operational arrangements to ensure robustness of the inspection system. 		
RQIA	Tapestry (our Disability Staff Network) Communication and Information Screening	This screening refers to the accessibility and inclusiveness of all communication, information and materials developed by Tapestry, including the content, format and design.	Jun-17	2
RQIA	Attendance at Work Policy	The purpose of this policy is to set out how absence will be dealt with in a fair, consistent and proactive manner by providing clear and effective guidelines on the management and monitoring of absenteeism. This policy (and its associated procedure) will also focus on supporting managers and employees during periods of absence by providing a clear framework for progress. The Policy applies to all staff.	Jun-17	2

RQIA	Post Entry Training Policy	Provision of guidance to staff and managers regarding the training, development and education support available. The policy outlines support options available to staff (for example, time off, expenses, fees etc), criteria for eligibility, responsibilities and liabilities.	Apr-17	2
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No concerns were raised by consultees on screening published in 2017-18



Chapter 7

Equality and Human Rights Mitigation

April 2017 – March 2018

Making Changes

Equality and Disability Action Plans 2018-2023

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Work Placements</p> <ul style="list-style-type: none"> • We work with a range of disability organisations to ensure opportunities are offered to people from a wide spectrum of disabilities, as well as different gender and age groups. • Ensuring that reasonable adjustments are at the heart of placements. <p>Tapestry Disability Staff Network</p> <ul style="list-style-type: none"> • We ensure that the way the forum operates allows people with a range of disabilities and from a range of age and ethnic backgrounds to be involved (for example, by providing information in accessible formats and choosing accessible venues). 	<p>Carers</p> <ul style="list-style-type: none"> • Use of diverse case studies in materials • Targeted materials (young carers, BME carers, carers of elderly dependants) <p>Gender Identity</p> <ul style="list-style-type: none"> • Training and awareness initiatives to emphasise diversity in their content, including through choice of range of case studies and testimonials (gender, age) <p>Domestic Violence</p> <ul style="list-style-type: none"> • Support mechanisms and awareness raising materials need to meet the needs of a range of people including different gender and gender identities, ages, ethnic groups,

<ul style="list-style-type: none"> • Accessible formats and inclusiveness integrated into Terms of Reference • Strict confidentiality provisions apply <p>In relation to further actions in your plans, add any further mitigating actions that you included in the Consultation Version of your Screening Template.</p>	<p>disabilities and sexual orientations</p> <ul style="list-style-type: none"> • Information materials need to be reflective of the above groups both in the contents and images used <p>Awareness Days</p> <ul style="list-style-type: none"> • Work to feature specific disabilities will take into consideration the need to include a range of age groups, ethnic groups and genders when testimonials and case studies are selected. • Information distributed to staff will take on board the needs of both staff with a particular disability and staff who are carers. • This is important for the selection of disabilities to be featured and the information distributed, including support services in the community signposted to. <p>Work Placements</p> <ul style="list-style-type: none"> • We will work with a range of disability organisations to ensure opportunities are offered to people from a wide spectrum of disabilities, as well as different gender and age groups. • Provider to monitor diversity of participants and consider outreach measures to address under-representation
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	<ul style="list-style-type: none"> Provisions for Information materials in accessible formats; provision of interpreters at events. <p>Engagement with Children and Young People</p> <ul style="list-style-type: none"> In taking this collaborative work forward we will take into consideration the varied communication needs of children and young people <p>Review of Inspection Guidance and Audit Tools</p> <ul style="list-style-type: none"> RQIA will screen its Inspection Policy and review and screen the guidance and audit tools that fall under the Inspection Policy – see 2.3. <p>Appointment of Lay Assessors</p> <ul style="list-style-type: none"> Consideration will be given to the needs of the various types of disability in the appointment process
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Policy on Zero Tolerance of Abuse of Staff

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
	Appropriate support will be given to staff in relation to all incidents of abuse or violence at work, including those that are transphobic, sexist, homophobic, sectarian, disability, race, religion or political opinion related.

	This support will be provided by line managers. Further relevant policies for staff are listed in section 1.4.
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The Capability Procedure

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Gender, Marital Status, Dependent Status Consideration will be given to the needs of staff who work part-time and/ or care for dependents in terms of the timing of capability meetings, hearings and appeal hearings.</p> <p>Disability An advocate or specialist support person will attend meetings, hearings/ appeals if required by staff with a disability. Accessibility to meeting rooms will be taken into consideration, as will the duration of meetings, hearings/ appeal hearings.</p> <p>Reasonable adjustments will be considered to meet the needs of staff with a disability. This includes extending the timescales set out in the informal and formal stages to allow sufficient times for the employee to meet the standards</p> <p>Ethnicity All requests by staff whose first language is not English for an interpreter for meetings/ hearings/</p>	Not applicable

appeal hearings and requests for translation of materials will be considered.	
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The Disciplinary Procedure

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Gender, Martial Status, Dependent Status Consideration will be given to the needs of staff who work part-time and/ or care for dependents in terms of the timing of investigation meetings and disciplinary hearings/ appeal hearings.</p> <p>Disability An advocate or specialist support person will attend investigation meetings, disciplinary hearings/ appeals if required by staff with a disability. Accessibility to meeting rooms will be taken into consideration, as will the duration of investigation meetings, disciplinary/ appeal hearings. Reasonable adjustments will be considered to meet the needs of staff with a disability.</p> <p>Ethnicity</p>	<ul style="list-style-type: none"> • Policy will be available on the intranet and all new starts will be required to read policies • Policies will be outlined and brought to employees attention at corporate induction • Memo will be issued to advise employee of new policy and where to locate it <p>HR will continue to provide advice to managers and employees on equality issues (having sought advice from Equality Unit where applicable)</p>

All requests by staff whose first language is not English for an interpreter for investigation meetings/ disciplinary hearings/ appeal hearings and requests for translation of materials will be considered.	
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Policy for Inspection

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>RQIA will take an initial step to promote equality of opportunity by including the following questions during all inspections in the record of inspection:</p> <ol style="list-style-type: none"> 1. Do you collect any equality data on your service users? 2. How do you ensure your staff are equipped with the skills to effectively engage with the diverse range of service users and meet their diverse needs? e.g.through training. 3. What equality issues have been raised with you by service users or their relatives/carers. What did you do about them? <p>The response from the provider to these questions will be included in each inspection report published by RQIA.</p> <p>Record of inspection templates, where applicable, will be updated to include the three questions.</p> <p>RQIA will provide written information in line with our accessible format policy.</p>	<p>RQIA makes a commitment to equality screen the documents listed in Appendix 1 over a 3 year rolling programme as outlined in our equality action plan.</p> <p>When procuring new technology and/or software consideration will be given to the capture and analysis of equality data.</p>

RQIA will ensure that all RQIA staff involved in inspections will have undergone HSC Equality training.	
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Tapestry (our Disability Staff Network) Communication and Information Screening

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Tapestry will adopt a set of common communication and information principles:</p> <p>These principles will be added to the Terms of Reference of Tapestry – also attached as Appendix 1 to this screening template.</p>	

Attendance at Work Policy

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>

<p>RQIA will continue to promote its Work Life Balance Policies to support staff to remain in the workplace where possible (including for staff with a disability, staff who have caring responsibilities, staff who may be transitioning and female staff who are pregnant).</p>	<p>RQIA will continue to monitor the working of this policy to make sure those with disabilities, those with caring responsibilities, staff who are pregnant and those who may be transitioning are treated fairly in the use of the policy.</p> <p>RQIA will work with Occupational Health and the individual staff member to put in place reasonable adjustments for those with a disability, and will undertake a workplace risk assessment for those who are pregnant.</p> <p>The information received in relation to absence due to disabilities, those with caring responsibilities, staff who are pregnant and those who may be transitioning will be used to inform RQIA Health and Wellbeing Day / Health Fair.</p>
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Post Entry Training & Development Policy

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>In order to minimise the impact of employees who are retiring and are faced with having to pay back monies for all training and development in the last 2 years, a clause has been added that retirement is an exception to any liability for paying back for courses fee etc. <i>(Please refer to Section 11 of the policy for details)</i>. Similarly, to address the needs of people with a disability, women, marital status and those with dependants relating to</p>	<ul style="list-style-type: none"> • Policy will be available on the intranet and all new starts will be required to read policies • Policies will be outlined and brought to employees attention at corporate induction • Memo will be issued to advise employees of new policy and where to locate it

<p>the pay back all course, registration, conference fees and resource costs due to non-attendance or non-completion, a statement has been added to Section 11 of the policy to identify pay back exemptions including:</p> <ul style="list-style-type: none"> • pregnancy, • sickness absence, • reasons relating to disability and • unforeseeable circumstances relating to caring responsibilities. 	<ul style="list-style-type: none"> • HR will continue to provide advice to managers and employees on equality issues (having sought advice from Equality Unit where applicable)
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Appendix – Further Explanatory Notes

1 Consultation and Engagement

(ECNI Q10)

targeting – During the year, where relevant, we took a targeted approach to consultation in addition to issuing an initial notification of consultation. Moreover, we engaged with targeted groups as part of our work preceding formal consultations, as for instance, in the case of the Gender Identity and Expression Employment Policy. This is to inform our consultation documents.

(ECNI Q13)

awareness raising for consultees on Equality Scheme commitments – During the year, in our quarterly screening reports we raised awareness as to our commitments relating to equality screenings and their publication. In any EQIA reports we explained our commitments relating to Equality Impact Assessments. We did the same when we held consultation events, such as in relation to our Equality Action Plan, and in the action plan document itself.

(ECNI Q14)

consultation list – During the year, we reviewed our consultation list every quarter.

2 Audit of Information Systems

(ECNI Q20)

We completed an audit of information systems at an early stage of our Equality Scheme implementation, in line with our Scheme commitments.

ⁱ This includes as a result of

- screening / Equality Impact Assessments (EQIAs)
- monitoring
- staff training
- engagement and consultation
- improvements in access to information and services
- implementation of Equality and Disability Action Plans.

In most cases, it is not possible to ascribe developments and changes to one single factor. New initiatives, such as the Gender Identity Employment Policy, for instance are not necessarily an outcome of screenings or Equality and Disability Action Plan implementation.

As mainstreaming progresses and the promotion of equality becomes part of the organisational culture and way of working, the more difficult it becomes to ascribe activities and outcomes to the application of a specific element of Equality Scheme implementation.

12	Meetings attended by RQIA Non-Executives Acting Chair		12:20pm NOTE
STRATEGIC ISSUES			
13	Details of Enforcement Action Taken by RQIA April 18-September 18 by Programme of Care	B/05/18	12:25pm NOTE
14	Regulation of Online Medical Services/Independent Medical Agencies	C/05/18	12:35pm NOTE
OPERATIONAL ISSUES			
15	Chief Executive's Report Chief Executive	D/05/18	12:45pm NOTE
16	Review of RQIA's Enforcement Procedures, September 2018 Director of Assurance	E/05/18	12:55pm APPROVE
17	Corporate Performance Report Chief Executive	F/05/18	13:05pm APPROVE
18	Corporate Risk Assurance Framework Report Chief Executive	G/05/18	13:15pm APPROVE
19	Equality Annual Report Chief Executive	H/05/18	13:25pm NOTE
20	Any Other Business		
WORKING LUNCH - Board Self-Assessment			