The Regulation and Quality Improvement Authority

AGENDA

RQIA Board Meeting
Boardroom, RQIA
Thursday 24 March 2016, 10.00am

	PUBLIC SESSION		
1	Welcome and Apologies		11.40am
2	Minutes of the public meeting of the Board held on Thursday 18 February 2016	Min/ Feb16/ public	11.45am **APPROVE**
3	Matters arising from minutes		11.50am
4	Declaration of Interests		11.55am
5	Chairman's Report **Chairman**	C/03/16	12.00pm **NOTE**
	STRATEGIC ISSUES		
6	Evaluation of the MHLD Pilot Inspection Methodology **Director of Mental Health, Learning Disability and Social Work**	D/03/16	12.15pm **NOTE**
7	Revised Policy and Procedures for: • Part II Doctors • Part IV Doctors Amendments to Standing Order Number Five **Director of Mental Health, Learning Disability and Social Work**	E/03/16	12.35pm **APPROVE**
8	Corporate Risk Assurance Framework Report **Director of Corporate Services**	F/03/16	12.45am **APPROVE**
	LUNCH		
	OPERATIONAL ISSUES		
9	Chief Executive's Performance Dashboard **Chief Executive**	G/03/16	1.30pm **NOTE**
10	Director of Regulation's Report **Director of Regulation and Nursing**	H/03/16	1.45pm **NOTE**

11	Finance Report **Director of Corporate Services**	I/03/16	2.00pm **NOTE**
12	Audit Committee Business **Committee Chairman** To include: • Approved minutes of meeting on 22 October 2015 • Verbal update on meeting on 3 March 2016	J/03/16	2.15pm **NOTE**
13	Any Other Business		2.35pm

Date of next meeting: Thursday 12 May 2016, Boardroom, RQIA

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 March 2016
Title of Paper	Public Session Minutes
Agenda Item	2
Reference	Min / Feb16 / public
Author	Katie Symington
Presented by	Dr Alan Lennon
Purpose	To share with Board members a record of the previous meeting of the RQIA Board.
Executive Summary	The minutes contain an overview of the key discussion points and decisions from the Board meeting on 18 February 2016.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the minutes of the Board meeting of 18 February 2016.
Next steps	The minutes will be formally signed off by the Chairman and will be uploaded onto the RQIA website.

The Regulation and Quality Improvement Authority

PUBLIC SESSION MINUTES

RQIA Board Meeting
Boardroom, RQIA
18 February 2016, 11.30am

Present

Dr Alan Lennon OBE (Chair)
Seamus Magee OBE
Patricia O'Callaghan
Prof. Mary McColgan OBE
Robin Mullan
Dr John Jenkins CBE
Stella Cunningham
Daniel McLarnon
Lindsey Smith
Sarah Havlin
Gerry McCurdy
Denis Power

Officers of RQIA in attendance

Glenn Houston (Chief Executive)
David Stewart (Director of Reviews and Medical Director)
Maurice Atkinson (Director of Corporate Services)
Theresa Nixon (Director of Mental Health, Learning Disability and Social Work)
Kathy Fodey (Director of Regulation and Nursing)
Malachy Finnegan (Communications Manager)
Katie Symington (Board and Executive Support Manager)
Liz Colgan, Senior Inspector

Apologies

Dr Norman Morrow OBE

1.0 Agenda Item 1 - Welcome and Apologies

1.1 The Chairman welcomed all Board members and officers to the meeting. Apologies were noted from Dr Norman Morrow.

2.0 Agenda Item 2 - Minutes of the meeting of the Board held on Thursday 21 January 2016 (min/Jan16/public)

2.1 The Board **APPROVED** the minutes of the meeting of the Board held on Thursday 21 January 2016.

3.0 Agenda Item 3 - Matters arising from minutes

3.1 The Chief Executive informed Board members that action 113 is now complete. The Board and Executive Support Manager will issue a copy of RQIA's response to the DHSSPS Consultation; Health and Social Care: Reform and Transformation, to Board members. Board members were advised that in relation to action 101, Enforcement Policy and Procedures, this action will be revised as the Enforcement Procedures will be brought to a Board meeting in Quarter two.

Resolved Action (114)
Board and Executive Support Manager to issue a copy of RQIA's response to the DHSSPS Consultation; Health and Social Care: Reform and Transformation, to Board members.

4.0 Agenda Item 4 - Declaration of Interests

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

5.0 Agenda Item 5 - Chairman's Report (A/02/16)

5.1 The Chairman drew Board members attention to the Chairman's Report, to include meetings attended. The Chairman noted his congratulations to RQIA staff on the recently awarded '4 Star Recognised for Excellence' EFQM Award.

5.2 The Chairman noted his attendance at the recent Ulster Hospital Inspection.

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

6.0 Agenda Item 6 – Business Plan (B/02/16)

6.1 The Director of Corporate Services presented the key changes to the draft Business Plan, following the January Board meeting, to Board members, to include two new actions at 4.4 and 7.1.

6.2 Board members were asked to note that the finance sections are currently incomplete as RQIA is awaiting an allocation letter from DHSSPS. Following receipt of the allocation letter, the Business Plan will be submitted to DHSSPS for approval.

6.3 Board members requested additional detail to be included within the Business Plan at actions; 2.1, 2.2, 5.1 and 5.2. The Executive Management Team will review the Business Plan in light of these requests.

6.4 The Chairman drew Board members attention to action 4.4 of the Business Plan, 'Undertake the initial phase of preparations for ISO9001:2015 Certification,' as an acceptable and more appropriate alternative to ISO 17020.

6.5 The Board **APPROVED** the Business Plan.

7.0 Agenda Item 7 – Q3 Corporate Performance Report (C/02/16)

7.1 The Director of Corporate Services presented the Corporate Performance Report to Board members. Board members noted that at the end of the third Quarter of 2015/16, 84% of the actions within the Business Plan are reported as green, 14% are amber and 2% red.

It was noted that one of the seven actions in exception, review and revise RQIA's Performance Management Framework, was completed in January 2016.

7.2 In relation to action 3.6, Establish a workforce plan to deliver the organisation's key strategic and business objectives, further information in relation to this piece of work will be provided to the Board at the March Board meeting, following RQIA's meeting with the HSC Leadership Centre.

7.3 In relation to action 3.2, Improve inspection productivity of regulated services, the Chief Executive informed Board members that this piece of work has been re-prioritised will be revisited within the 2016/17 business year.

7.4 The Chief Executive stated that in relation to action 6.5, Research and develop an agreed approach to conducting an overall assessment of health and social care in NI; a project structure has been put into place and this action should be completed within quarter two of the 2016/17 business year.

7.5 Board members noted that in relation to action 4.5, Implement an agreed action plan to take forward the recommendations in the Independent Landscape Review of RQIA commissioned by DHSSPS, two actions are outstanding, one of which is currently with the DHSSPS.

7.6 Board members received an update in relation to Action 4.3, Develop and commence implementation of a new Information and ICT Plan 2015-16. It was noted that the iConnect Strategic Road Map was signed off by the Executive Management Team on 17 February 2016.

7.7 Board members **APPROVED** the Q3 Corporate Performance Report.

8.0 Agenda Item 8 – Specialist Inspection Policy Developments (D/02/16)

8.1 The Chairman informed Board members that the Specialist Inspection Policy Developments paper was created to review the possibility of revised care inspections. The paper proposes combining specialist inspections with care inspections, therefore creating one, rather than multiple inspection reports. The overall objective of this change is to have fully integrated inspections feeding into an overall assessment for each agency and establishment.

8.2 RQIA is currently required to undertake two inspections per year, to residential care and nursing homes, one of which may be a specialist inspection. The DHSSPS is currently reviewing the fees and frequencies of inspection regulations.

8.3 The Director of Regulation and Nursing highlighted that a movement to two care inspections per year, to each service provider, would require a fundamental review of capacity as this could not be achieved within existing resources.

8.4 The Chief Executive noted the importance of the specialist inspections and the need to maintain the standards required in the 2003 Order. The Chief Executive highlighted that it would also be necessary to gain DHSSPS approval for this change.

8.5 Academic research on the frequency of inspections was noted. This will be reviewed to inform policy developments.

8.6 The Chairman suggested that a task and finish group is established to take this piece of work forward.

Resolved Action (115)
A management/ Board group will take forward the Specialist Inspection Policy Developments.

8.7 Board members **NOTED** the Specialist Inspection Policy Developments.

9.0 Agenda Item 9 – Director of Regulation's Report (E/02/16)

9.1 The Director of Regulation and Nursing highlighted the steps as taken by RQIA to initiate legal action in respect of services who have been identified as operating without registration. Future training has been arranged for regulation staff with the PSNI. Board members noted that prosecutions are detailed on the RQIA website and are also detailed within RQIA's Annual Report.

9.2 The Director of Regulation and Nursing highlighted staffing changes within the Regulation Directorate. Board members noted that RQIA is on schedule to meet its statutory target for completed inspections within this inspection year.

9.3 The Overview of Enforcement activity was noted by the Board.

9.4 Board members **NOTED** the Director of Regulation's Report.

10.0 Agenda Item 10 – Communication Plan for Inspection Methodology (F/02/16)

10.1 The Director of Regulation and Nursing presented the Communication Plan for the new inspection methodology to Board members, detailing planned stakeholder engagement. The first reference group, as part of this plan, has already taken place. Board members noted the public consultation as part of this Communications Plan, which will include engagement with service users, in the form of two focus groups and also media engagement.

10.2 The Director of Regulation and Nursing highlighted the positive response from stakeholders following the stakeholder engagement session.

10.3 It was noted that two members of the Board will be asked to participate in the analysis of consultation responses.

10.4 Board members **NOTED** the Communication Plan for Inspection Methodology.

11.0 Agenda Item 11 – Chief Executive's Performance Dashboard (G/02/16)

11.1 The Chief Executive presented the Performance Dashboard to Board members and noted the two published Review Reports following the January Board meeting; Review of the implementation of Living Matters Dying Matters (DHSSPS, 2010), Northern Ireland's Palliative and End of Life Care Strategy and the Review of Community Respiratory Services in Northern Ireland.

11.2 It was noted that an evaluation of the new inspection methodology for the Mental Health and Learning Disability Directorate has been completed by Professor Roy McConkey. This report will be brought to the March Board Meeting for noting.

Resolved Action (116)
The new inspection methodology for the Mental Health and Learning Disability Directorate will be presented at the March Board meeting.

11.3 Board members were informed by the Chief Executive that RQIA is forecasting breakeven at year end. Board members were also informed that a non-recurrent easement amounting to £245,000 was made to DHSSPS. This amount resulted largely from slippage on vacant posts. Board members noted that vacancy controls were put into place by RQIA due to the 3% reduction in the Revenue Resource Limit for 2015/16. These controls were relaxed in the middle of the year; however some posts remain vacant.

11.4 Board members **NOTED** the Chief Executive's Performance Dashboard.

12.0 Agenda Item 12 – Finance Report (H/02/16)

12.1 The Director of Corporate Services presented the finance report for the end of Quarter three.

12.2 The Director of Corporate Services informed Board members that it is anticipated that RQIA will make full use of the allocated 2015/16 capital resource limit. Board members noted that should the new website 'go live' date be delayed, this will affect under-spend against capital funding.

12.3 The Director of Corporate Services informed Board members that cumulatively, the 30 day prompt payment target, to December, equals 92.3%, and is therefore outside the 95% target. Board members also noted that cumulatively the 10 day prompt payment, to December, is 73.6%, which meets the required target.

12.4 The Director of Corporate Services noted that 97.2% of Annual Fee income has been received by RQIA, with £22,000 still to be recovered. There is no outstanding debt from previous years.

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

13.0 Agenda Item 13 – Rolling programme of Inspections of Acute Hospitals

13.1 The Director of Reviews and Medical Director, with Liz Colgan, Senior Inspector, presented an update on the rolling programme of inspections of acute hospitals, to Board members.

13.2 Board members were informed that, to date, RQIA had carried out the first three inspections within the programme to; Antrim Hospital, Royal Victoria Hospital and Ulster Hospital. These inspections are being carried out over approximately 3.5 days, to include feedback to Hospital staff.

13.3 Board members noted the involvement of lay and peer reviewers within this inspection programme, to include reviewers from the Regulation Directorate. Evaluation reports are being collected from both lay and peer reviewers following completed inspections.

14.0 Agenda Item 14 - Any Other Business

14.1 As there was no other business, the Chairman brought the public session of the Board to a close at 2.30pm.

Date of next meeting:
Thursday 24 March 2016, RQIA Boardroom

Signed _____
Dr Alan Lennon
Chairman

Date _____

Board Action List

Action number	Board meeting	Agreed action	Responsible Person	Date due for completion
101	9 July 2015	The Director of Regulation and Nursing will present the revised Enforcement procedures to the Board within Quarter 2.	Director of Regulation and Nursing	30 June 2016
114	18 February 2016	Board and Executive Support Manager to issue a copy of RQIA's response to the DHSSPS Consultation; Health and Social Care: Reform and Transformation, to Board members.	Board and Executive Support Manager	24 March 2016
115	18 February 2016	A management/ Board group will take forward the Specialist Inspection Policy Developments	Chief Executive	Quarter 1 – Quarter 3
116	18 February 2016	The new inspection methodology for the Mental Health and Learning Disability Directorate will be presented at the March Board meeting.	Director of Mental Health, Learning Disability and Social Work	24 March 2016

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 March 2016
Title of Paper	Chairman's Report
Agenda Item	5
Reference	C/03/16
Author	Dr Alan Lennon
Presented by	Dr Alan Lennon
Purpose	To inform the RQIA Board of the Chairman's external engagements and key meetings since the last Board meeting of RQIA.
Executive Summary	Between 19 February and 18 March 2016, I attended 8 meetings on behalf of RQIA.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this report.
Next steps	Not applicable

CHAIRMAN'S REPORT

Meetings Attended:

22 February 2016	Meeting with Hugh McPoland, Business Services Organisation
8 March 2016	RQIA Estates Inspection with Kieran Monaghan
9 March 2016	Meeting with Independent Health & Care Providers Chief Executive, Pauline Shepherd and Chair, Patricia Donnelly
9 March 2016	Meeting with AGENI, Linda Robinson
14 March 2016	Meeting with Belfast Trust Deputy Chief Medical Officer, Anne Kilgallen
14 March 2016	Meeting with Minister Hamilton
15 March 2016	Meeting with Care Circle Group, Jim McCall
15 March 2016	Meeting with Commissioner for Older People for Northern Ireland Chief Executive, Evelyn Hoy

I have had a series of meetings with Hugh McPoland to progress the matter of the Chief Executive replacement. It has now been agreed with the Permanent Secretary that we advertise the post internally, HSC wide, and make a temporary appointment for 12 months. This is on the basis that changes to roles and responsibilities, arising from the planned closure of the Health and Social Care Board, and other changes, may result in material changes in roles and responsibility for RQIA, and thus might impact on the Chief Executive role.

I attended my first estates inspection at a Four Seasons home. This has helped me understand the nature of the inspection and how we best fit the feedback from such estates inspections into an overall report framework. I have fed back suggestions to the Chief Executive and to the relevant board members.

As part of a series of ongoing dialogue, but specifically as part of our need to communicate changes to our care home inspection processes and reporting, I met with Pauline Shepherd and Patricia Donnelly of the Independent Health & Care Providers. We discussed a range of matters including the changes to inspection and reporting, nursing shortages, care home and domiciliary care funding. It was a very productive meeting. Feedback from the Independent Health & Care Providers is positive on the inspection changes.

I met with Linda Robinson of AGENI on the same basis as described for the Independent Health & Care Providers. Feedback from Linda Robinson on the proposed changes was very positive. She looked forward to a single report format. We discussed the fact of the multiplicity of agencies which engage with care homes but operate in silos.

We discussed the fact that the success of the department's dementia strategy should be capable of assessment by reference to inspection of that aspect of care homes, day care and domiciliary care. We discussed the value of experts by learning observing the quality of life in care settings and how that might inform the new performance assessment framework.

We discussed the great value to residents and carers of personal finance inspections and discussed how these might work in best with financial audits by Trusts.

At the time of writing I have planned meetings as indicated above, on which I will report orally to the board on the day. In all cases the purpose of the meetings is to provide an update to the party concerned on the ongoing changes within RQIA for their feedback, and any other matters which they may wish to raise.

Dr Alan Lennon
Chairman

24 March 2016

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 March 2016
Title of Paper	Evaluation of the Mental Health and Learning Disability Pilot Inspection Methodology
Agenda Item	6
Reference	D/03/16
Author	Professor Roy McConkey, Emeritus Professor of Developmental Disabilities (Ulster University)
Presented by	Professor Roy McConkey
Purpose	A new methodology for the inspection of the Mental Health and Learning Disability wards was piloted across 12 wards from 1 September to 31 December 2015. The RQIA Board agreed that the pilot methodology should be subject to an independent evaluation. The aims of the evaluation were: • To obtain feedback from the main stakeholders in the inspection process; namely inspectors, administrators, staff and trust personnel • To identify areas for improvement in the inspection process for in-patient MHLD services • To make any recommendations that have implications for RQIA overall.
Executive Summary	The attached independent evaluation report provides details of the findings. Professor McConkey will discuss these in further detail.
FOI Exemptions Applied	Non-confidential
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the content of this evaluation report.

Next steps	The Mental Health and Learning Disability Directorate is currently revising their inspection methodology for 2016/17. This will be subject to further consultation with stakeholders. An action plan to take forward the recommendations made in this report has been devised with action owners and timelines agreed for the completion of each action.

Evaluation of the Pilot for a Revised Inspection Methodology for Mental Health and Learning Disability Hospitals

February, 2016

Professor Roy McConkey

Note:

The views expressed in this report are those of the author and do not necessarily reflect those of RQIA. Roy McConkey is Professor Emeritus of Developmental Disabilities at Ulster University; prior to which he held a joint appointment between the University and the Health and Social Care Board (1997-2013).

Acknowledgements:

The author gratefully acknowledges the contribution of RQIA and Trust staff in providing their experiences and suggestions for improvements to the new Inspection Methodology.

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Executive Summary

In the period 2015-2016, RQIA focused its programmes of inspection, review and monitoring of mental health in-patient facilities around the theme of Person-Centred Care and addressing three specific and important domains: is care safe, is care effective and is care compassionate?

The Mental Health and Learning Disability Directorate developed a new methodology for use in the inspections it undertakes of 62 wards/units across the five HSC trusts in Northern Ireland; including three regional facilities for children.

Revised methodology

The revised inspection methodology embodied the following features:

- Identification of key indicators of safe, effective and compassionate care related to the inspection theme of Person-centred care.
- An unannounced annual visit to each ward focussing on the patient experience (annual footfall on every ward).
- The cessation of the completion of self-assessment documentation for the ward by the service provider.
- Obtaining information from previous inspection reports and improvement plans, complaints, incidents, whistle-blowing, and other documentation submitted to RQIA, and from patients and their families.
- Gathering the patient experience on the first day of the inspection through interviews, questionnaires and observations and not on a separate occasion as previously.
- Analysing information obtained prior to the inspection and during the inspection.
- The use of lay assessors on Day 1 of the inspection to undertake interviews with patients.
- Use of sessional inspectors on the third day of the inspection and at feedback sessions.
- A structured observational tool has been devised to record patient-staff interactions.
- Evaluating the evidence against the inspection framework using pre-determined key outcome indicators
- Assessing the levels of compliance on the three domains.
- The submission of improvement plans by the HSC Trust wards inspected, detailing the actions they will take to address the priority 1, 2 or 3 areas identified as requiring improvement (timescales required for improvement will continue to be set by RQIA) with continued monitoring of progress detailed in HSC Trust progress/update reports.

The evaluation

The new methodology was piloted in 12 wards from 1 September to 31 December 2015. The main aims of the independent evaluation were:

- To obtain feedback from the main stakeholders in the inspection process: namely inspectors, administration staff and Trust personnel.
- To identify areas for improvement in the inspection process for in-patient mental health and learning disability services.
- To make recommendations that have implications for RQIA overall.

Information was gathered through self-completion, web-based questionnaires, interviews and focus groups.

The findings

Overall, the new methodology was welcomed by respondents and seen as an improvement on past inspections. In particular, the respondents commended:

- The focus on person-centred care and three domains of safe, effective and compassionate care.
- More thorough coverage of ward activity.
- Improved focus on multi-disciplinary working.
- More detailed feedback provided by the inspector in the report.
- More positive and supportive process.
- Trust improvement plans.

Recommended Improvements

However various suggestions were also made for improvements to the new methodology.

1. RQIA should review the list of documents requested in advance of inspections and create a process for storing and updating these for individual ward inspections.
2. RQIA should continue to use lay assessors where deemed appropriate by the inspector and preferably those who have had experienced learning disability or mental health inpatient services. The financial resources to support their engagement need to be identified.
3. The directorate should prepare additional guidance for sessional inspectors and review the budgets available for their deployment on a more extended basis.
4. The indicators should be revised by the inspectors with respect to those that they found best discriminated across the three domains and also across the 'stronger' and 'weaker' services and a new domain of well led should be added.
5. The inspectors should capture the strategies they have used to triangulate the information and the relative importance placed on the different sources and indicators.
6. RQIA should produce a template to summarise the agenda and content for the feedback session. Guidance should be provided to trusts on the format of the feedback session and the personnel who are expected to attend.
7. The Mental Health and Learning Disability Directorate should convene a one-day workshop for all inspectors and admin staff to agree revisions to the pilot methodology.
8. The revised guidance for the new methodology should expand the criteria for priority status and escalation.
9. RQIA should provide more detailed guidance to trusts on the production of improvement plans and review the dates for submission and reporting.
10. RQIA as a whole should review the strategies that have been effective in obtaining the views of carers during inspections and reviews as unannounced inspections provide more limited opportunities to meet carers and relatives. These insights might be incorporated into the revised inspection methodology.

In addition there were issues that RQIA as a whole may need to consider such as announced/unannounced inspections; multi-disciplinary focus; leadership; integrated care; use of grades; frequency of inspections; and improved practice and outcomes for patients.

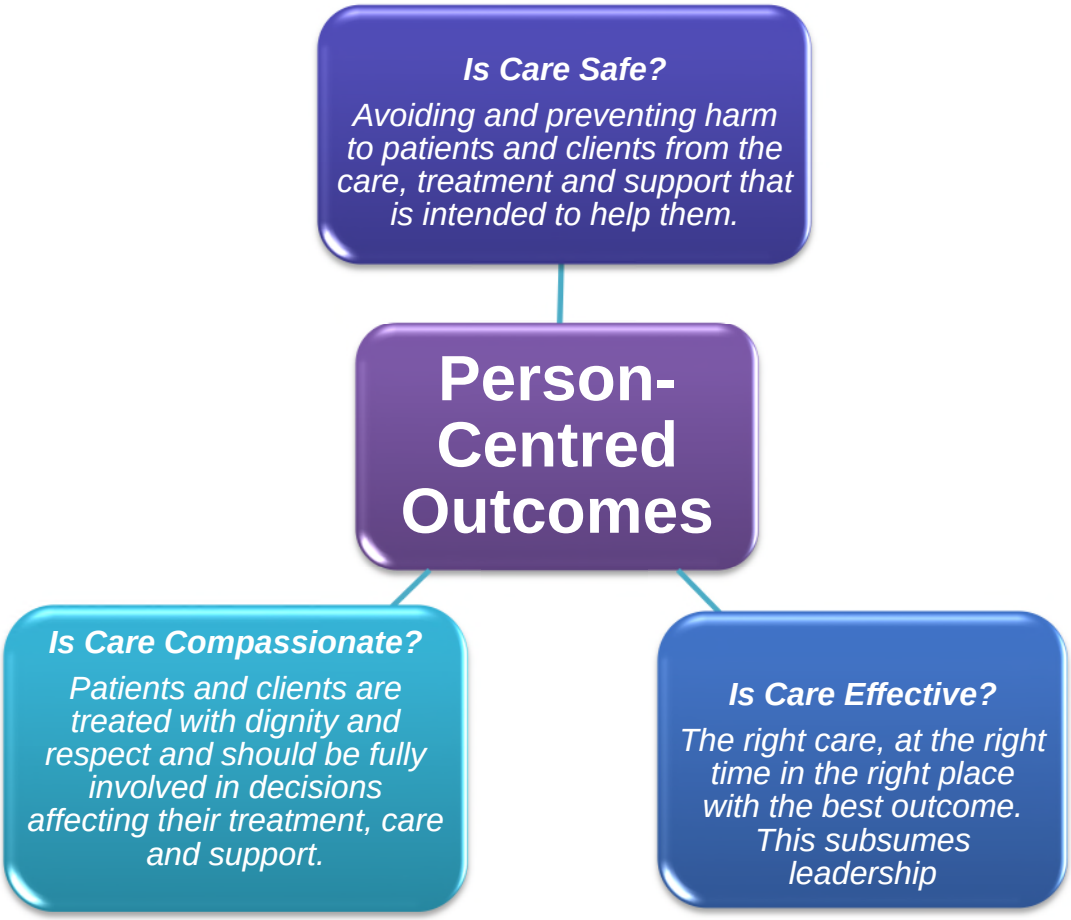
Conclusions

The evaluation of 12 pilot inspections has confirmed that the new methodology devised by the Mental Health and Learning Disability Directorate is workable and has brought tangible gains for all the stake-holders. Not surprisingly, there is some fine-tuning required to make the inspections more efficient for inspectors and ward staff to undertake, and for HSC trusts to benefit from the process.

Background to the pilot of a new inspection methodology

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. The Authority's Corporate Strategy for 2015-2018 proposed to focus on three key outcomes for users of health and social care services in Northern Ireland: safe, effective and compassionate care. This strategy encompasses RQIA's vision statement to be a driving force for improvement in the quality of health and social care in Northern Ireland. This strategy will align the Authority's work with the strategic vision of the Department of Health, Social Services and Public Safety (DHSSPS) as set out in Quality 2020[1]. It will also be reviewed annually as part of the RQIA Business Plan.

In the period 2015-2016, the MHLD team focused its programmes of inspection, review and monitoring of mental health legislation around the theme of Person-Centred Care and addressed three specific and important questions as shown in the Figure below.



In recent years Person-Centred Care has become a dominant theme in international healthcare policies and strategic plans. Recent research and service evaluations have identified the type of improvement initiatives required within health and social care services to realise personalised practices[2]. Moreover, this accords with a focus on the patient outcomes in government policies and not just on service activity and outputs as outlined in the DHSSPS strategy "Improving the Patient and Client Experience (2008)"[3].

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[1] DHSSPS(NI) – Quality 2020 – A 10 Year Strategy to Protect and Improve Quality in Health & Social Care in Northern Ireland

[2] http://personcentredcare.health.org.uk/person-centred-care/what-person-centred-care)

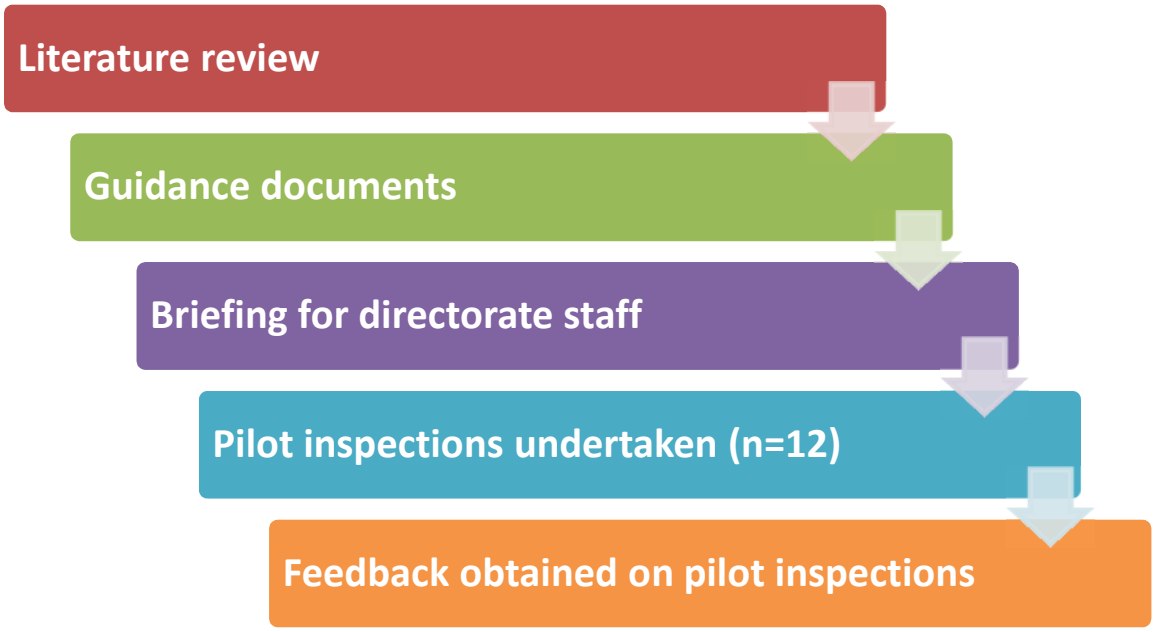
[3] DHSSPS(NI) - Improving the Patient and Client Experience, 2008

Person-centredness is also a key component of the recently launched Regional Mental Health Care Pathway[4] as well as the Service Framework for Learning Disability[5]. Trusts are currently undertaking an exercise to establish baselines in respect of each of the steps specified in the Mental Health Pathway. HSC Trusts will start to fully implement the stepped pathway from April 2015. Likewise baseline information is being collected in relation to the Learning Disability Service Framework from 2016 onwards.

Description of the Pilot

During the pilot phase of the new methodology, the Directorate had three inspectors and one head of programme led by a Director. (A fourth inspector has since been appointed). Together they come from social work, nursing and OT disciplines. The Directorate is supported by five administrative staff.

The Figure below summarises the steps involved in developing and testing the new methodology.



The first two stages of the development process were undertaken by an experienced Band 8a Senior Inspector who was seconded from other duties for a three month period. The evaluator (RMcC) was also commissioned to produce a literature review and a bank of possible indicators for use in assessing services[6]. These were further refined in the comprehensive guidance produced for the pilot inspections.

Unfortunately at this point the senior inspector resigned from RQIA to take up a new position which curtailed the briefings provided to the inspectors and administrative staff on the proposed new procedures.

Main changes to the inspection methodology

(Note: These changes were introduced for the pilot inspections and may not be retained in future inspections unless adopted by RQIA.)

- *A focus on an inspection theme of "Person Centred Care".*

The rationale for this is given above.

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[4] HSCB - Regional Mental Health Care Pathway, 2014

[5] DHSSPS (NI) – Service framework for learning disability services, 2012. (Updated Jan 2015)

[6] McConkey, R. (2014) Key Indicators for Safe, Effective and Compassionate Health and Social Care in Mental Health and Learning Disability Services, RQIA.

- *Identification of key indicators of safe, effective and compassionate care related to the inspection theme.*

Each indicator in the new methodology has a legislative, minimum standard or a 'best practice' evidence base to justify its inclusion for mental health and for learning disability inpatient services. These are detailed in the Inspection methodology.

- *An unannounced annual visit to each ward focussing on the patient experience (annual footfall on every ward).*

This methodology proposes that all inspections undertaken by the mental health and learning disability team will be unannounced: that is, the service to be inspected is not given any prior notice of a definite date for an inspection. However the service taking part in the pilot was requested to submit information to RQIA within a three-month period prior to the inspection.

- *The cessation of the completion of self-assessment documentation for the ward by the service provider.*

This methodology marks a move away from the completion of self-assessment information by the service provider prior to inspection for submission to RQIA. Self-assessment was intended as a means by which providers can evaluate their service provision against the expected level of service so as to facilitate self-improvement plan. In reality this hope was not realised as service providers often rated the service differently than did inspectors. Instead it is proposed in the new methodology that information provided prior to the inspection will be received from a variety of sources relevant to the inspection theme and selected indicators. This information will be analysed by inspectors and used to inform the inspection process. On receipt of the inspection report, services will be expected to devise their own Improvement Plan.

- *Obtaining information from previous inspection reports and improvement plans, complaints, incidents, whistle-blowing, and other documentation submitted to RQIA, and from patients and their families.*

A wider range of information will be sought from services and other sources which inspectors can use to identify issues to focus on during the inspection.

- *Patient experiences will be gathered on the first day of the inspection through interviews, questionnaires and observations and not on a separate occasion as previously.*

This highlights the value placed on the patient experience and means that current issues can be addressed in the course of the inspection.

- *Analysing information obtained prior to the inspection and during the inspection.*

The second day of the inspection is set aside for inspectors to review documentation and obtain any further information that may be required from ward staff and trust personnel.

- *The use of lay assessors on Day 1 of the inspection.*

RQIA has trained a small cadre of lay assessors including two persons with learning disability. The added value which they can bring to inspections is currently the subject of another evaluation by RQIA.

- *Use of sessional inspectors for one, three hour session on the third day of the inspection.*

The directorate has recruited a small panel of professional advisers - three consultant psychiatrists and one consultant clinical psychologist - all of whom are now retired. They undertake focused reviews of patients' notes and interview medical and other professionals.

They can contribute insights to the inspection report and may be present for part of the feedback session.

- *A structured observational tool has been devised to record patient-staff interactions.*

The Quality of Interaction Schedule (QUIS) was used to enable inspectors to record the interactions observed with patients and to code them as positive social, basic care, neutral or negative. The number of interactions coded in each category can be summated for the ward observations undertaken. Inspectors choose an appropriate time for the 20 minute observation e.g. meal times, patients leaving for day care or during activities. Detailed guidance on using the tool was prepared.

- *Evaluating the evidence against the framework of pre-determined key outcome indicators*

Templates have been devised for inspectors to summarise the evidence across the outcome indicators. This combines evidence gathered from observation, patient interviews and documentation.

- *Levels of compliance on the three domains.*

Although it was proposed to pilot the user quality ratings similar to those used in England & Wales and in Scotland, the DHSSPS did not approve their use as this would necessitate a policy decision. Hence the present inspection methodology of using compliance ratings was maintained. RQIA currently assesses services in terms of levels of compliance with individual expectation statements, and adherence to legislation and minimum standards. The new methodology proposes three levels of compliance based on the inspection findings in each ward and evidenced by documentation, patient/advocate reports and observations:

- **Met:** always or consistently evidenced on the indicators.
- **Partially Met:** Mostly evidenced on the indicators but some gaps.
- **Not Met:** indicators are not achieved, evidenced or observed**.**

Guidance has been prepared that describes the characteristics of each of the three compliance levels in relation to the inspection theme and the three key domains. This is made available to Trusts. Across the three sources of information, it is the lowest level achieved that determines the level of compliance within that domain. No overall rating is given of the ward but rather a profile of compliance is reported.

The report template on the inspection identifies the areas for improvement within the three domains. Verbal feedback continues to be given at the end of the inspection with a written report following within 28 days. Timescales required for improvement will continue to be set by RQIA, using a 1, 2, or 3 priority status for implementation. For the pilot, all reports have been reviewed by the Head of Programme and selectively by the Director.

- *The submission of improvement plans by the HSC Trust wards inspected, detailing the actions they will take to address the areas identified as requiring improvement (timescales required for improvement will continue to be set by RQIA).*

A template has been provided for the submission of the Improvement Plan. This has to be submitted within 21 days by the Chief Executive of the trust. Inspectors can request revisions and once the plan has been signed off by the inspector, it will be available publically alongside the inspection report on the RQIA website with the exception of children's wards. This process is intended to encourage greater ownership of the improvement plan by the ward staff and the Trust, and allows the service to devise improvement plans that are suited to their circumstances. For the pilot, all improvement plans have been peer reviewed within the Directorate.

- *Continued monitoring of progress detailed in HSC Trust progress/update reports*

Subsequent to the inspection, inspectors will undertake:

  - a review of the trust improvement plans, and its implementation at next inspection
  - periodic evaluation of Trust progress reports at three and six months, depending on compliance outcome
  - updating of risk analysis in relation to that ward, whereby frequency of inspections could be reduced.

In the future, given the intensity, length of time required for inspections of inpatient wards in mental health and learning disability hospitals, and the availability of a multi-disciplinary staff resource, that the frequency of inspections could be reduced for services indicated as having met the standards. Shorter more focused inspections could be undertaken annually in these cases. As Article 86 (2) (b) of the MHO requires RQIA to meet with patients who have been detained in mental health and learning disability hospitals, this patient focus would continue annually.

Services rated as "partially met" will be required to submit three monthly update/progress reports with supporting documentation with a possible opportunity for additional inspections. Services rated as not met will be required to provide monthly progress reports to determine if they were satisfactory or whether a follow-up inspection will be appropriate. These processes will evaluate the measures put in place to address identified deficits in the quality and safety of service provision and could possibly result in amendments to the assessed compliance level.

Conduct of the pilot inspections

Appendix 1 presents a flowchart of the inspection process. In all 12 pilot inspections took place including a ward/unit from each of the main type of inpatient mental health and learning disability provision which RQIA inspects across the five HSC Trusts (see Appendix 2 for details of the wards).

Three months prior to the inspections Trusts were given notice that it would occur at some point in the following 12 weeks and the ward manager was asked to collate and send to RQIA in advance of the inspection visit, the specified documentation (Details available from RQIA).

As is usual practice, two RQIA inspectors were involved in the inspection of the regional unit with one inspector allocated to the other wards. They were sometimes joined by a lay assessor on Day 1. One or sometimes two sessional inspectors attended on Day 3; especially for the regional units. Sessional inspectors, however, took part in all inspections during the pilot.

For the feedback session to the Trusts on the afternoon of Day 3, the Head of Programme was also present at nine of the 12 inspections and the Director at three of them (this was because of the new methodology and is not standard practice). A sessional inspector was also present at some feedback sessions for part of the time.

All the written reports for each inspection were peer-reviewed by another inspector when there were joint inspections and by the Head of Programme and some by the Director.

The trust improvement plans were also reviewed by the lead inspector and the Head of Programme, and three by the Director.

The report and the Trust improvement plan for the adult wards/units are uploaded to the RQIA website as publically available documents. This should occur by Day 64 after the

start of the Inspection. At 1st February 9 of the 11 reports on the website (the report on the Children's services is not made publically available)

Progress reports on the implementation of the Improvement Plan should be sent to the lead inspector three and six months after approval of the plan (Note: this aspect of the process is only commencing so is not the subject of this evaluation.)

Evaluation of the Pilot Inspections

Aims

The main areas of the evaluation were:

- To obtain feedback from the main stakeholders in the inspection process: namely inspectors, administration staff and Trust personnel. (The views of lay assessors were not obtained as they were the subject of a separate evaluation.)
- To identify areas for improvement in the inspection process for in-patient mental health and learning disability services.
- To make recommendations that have implications for RQIA overall.

Activities

The following activities were undertaken in order to meet these aims.

- All the documentation relating to the new methodology was reviewed.
- Information was obtained from RQIA data sources relating to:
  - Details on the wards inspected: number of patients, staffing etc.
  - The percentage of trusts who provided pre-inspection information on time; and who provided service improvement plans on time.
  - An analysis of compliance ratings across the three domains and wards inspected.
  - The number of complaints/compliments received in relation to the pilot inspections.
- Self-completion questionnaires (using online survey Monkey software) were completed by:
  - RQIA Inspectors (n=3)
  - Head of Programme (n=1).
  - RQIA Senior Administrator (n=1)
  - RQIA Admin Staff (n=3)
  - HSC Trust staff. (n=31: mostly managers and ward staff)
- Focus group and interviews took place with the following:
  - RQIA Inspectors (n=3)
  - Head of Programme (n=1)
  - RQIA Admin staff (n=4)
  - Sessional inspectors (n=4).
  - Personnel from all the participating trusts in the pilot (n=22: Mostly managers and ward staff with some multi-disciplinary team members).
  - RQIA: Director for Mental Health and Learning Disability
  - HSC Board: Assistant Director for Mental Health and Learning Disability

Wards inspected

This section contains further details of the wards who participated in the pilot; their returns to RQIA within the inspection process and the compliance levels given to the wards.

All the inspections were completed on schedule and no formal complaints were received about the inspections. However there were delays in receiving information from Trusts.

- 50% of the wards returned the pre-inspection information on time: 50% did not, although all were received within a week.
- 42% of wards submitted their improvement plan on time: 58% did not and 33% were over a week late.

Appendices 2 and 3 give details of the wards inspected in terms of the number of patients and staffing complement.

The compliance ratings given to the wards across the three domains are shown in the Table below. All 12 wards were rated as having met the compliance levels for compassionate care whereas 4 wards had met the compliance levels for effective care and three for safe care.

Table 1 : Wards inspected and compliance levels across three domains

Wards and Trusts	Safe	Effective	Compassionate
Brooke Lodge WHSCT	Partially Met	Partially Met	Met
Cloughmore SHSCT	Partially Met	Partially Met	Met
Ward 27 Downshire SEHSCT	Partially Met	Partially Met	Met
Tobernaveen Upper NHSCT	Partially Met	Partially Met	Met
Elm WHSCT	Partially Met	Partially Met	Met
Carrick 4 NHSCT	Partially Met	Met	Met
Ward L Mater BHSCT	Met	Met	Met
Gillis SHSCT	Partially Met	Met	Met
Waterside 1 WHSCT	Partially Met	Partially Met	Met
Cranfield Women BHSCT	Met	Met	Met
Shannon 3 BHSCT	Met	Partially Met	Met
Ward 1 Beechcroft	Partially Met	Not Met	Met

A summary of responses from trust staff (n=31) to the self-completion questionnaire is given in Appendix 4.

3.0 The findings from the evaluation

This section of the report summarises the main themes to emerge across most of the informants in terms of what had worked well in the new methodology and key issues for improvement. The supporting evidence from self-completion questionnaires, focus group and interview notes is available on request.

Achievements

Overall, the new methodology was welcomed by respondents and seen as an improvement on past inspections. In particular, the respondents commended:

The focus on person-centred care. This links to the individualised plans and the personal outcomes that feature strongly in current policy and practice guidelines. Having one day devoted to patients at the outset set the tone for the remaining days. The presence of lay assessors in patient interviews was generally helpful.

The three domains of safe, effective and compassionate care. These were well chosen and provide a necessary focus for the work of staff in wards and for patients to know what the standard of service they can expect when they are admitted to inpatient facilities.

More thorough coverage of ward activity. The longer period of time for the inspections (up to three days) provided more opportunities to observe patient-staff interactions as well to follow up on specific issues from the documentation review.

Improved focus on multi-disciplinary working. This is a key feature of inpatient mental health and learning disability services and the new methodology places more emphasis on it: for example through the deployment of sessional inspectors, inspectors meeting with multi-disciplinary team members and the presence of the team for the feedback session.

More detailed feedback provided by the inspection. This was possible due to the extended time on the ward, the amount of the information accessible to the inspectors and the indicators used in evaluating the ward. The attendance of Head of Programme and Director meant that issues which required urgent attention or detailed discussion could be addressed at feedback.

More positive and supportive process. The intention of RQIA has been realised according to most Trust informants. The inspectors were viewed as more approachable; they had more time on the ward, the process had been less stressful than in the past and responsibility had been shared among more staff on the ward.

Trust improvement plans. Respondents appreciated the intentions behind this change and once it had been refined and bedded in, most were confident that it will lead to service improvements.

Proposed improvements to the new methodology

Stream-line the information requested from Trusts in advance. The amount of information requested by RQIA fell to ward managers to provide although this required them to liaise with other sections of their trust which caused delays. This placed extra demands on administrative staff in RQIA. However the amount of information requested could be streamlined as per the following suggestions.

- Some documentation would be common to all ward/units within the same trust. RQIA could create of directory of information it has received from each Trust and only updated documents would then need to be submitted.
- Moreover for individual wards within the one overall unit, there would be no need to repeat the documentation when it comes for further inspections of the wards within that Unit except for updated or specific documents.
- The format for providing information to RQIA should be the same as already used by wards when reporting to other agencies. This would avoid re-computing and reformatting the same data: for example the use of common timeframes for admissions and staffing, such as weekly or fortnightly reports.

Recommendation 1: RQIA will review the list of documents requested in advance of inspections and create a process for storing and updating these for individual ward inspections.

Engagement of lay assessors: The patient engagement with lay assessors was generally viewed positively but the small number of experienced lay-assessors presently available to RQIA limited their deployment within the pilot. The current evaluation of lay assessors that has been commissioned by RQIA will provide further insights into how this dimension of inspections could be become a standard feature.

Recommendation 2: RQIA will continue to use lay assessors and preferably those who have had experienced learning disability or mental health inpatient services. The financial resources to support their engagement need to be identified.

Engagement of sessional inspectors: The deployment of four sessional inspectors, one or two of whom attends the ward for one morning, has been a welcome innovation. This has provided the inspectors with another source for confirming their conclusions and widens the credibility of the process with other disciplines, notably psychiatry. However the limited time available to them means it is especially necessary to give them clear guidance as to their role within the whole process and the contribution they will make to the final report and improvement plans. The team might in due course be usefully extended to include other disciplines such as AHPs or other specialisms depending on the ward such as for eating disorders. A multi-disciplinary team is deemed especially necessary for Regional Units and for commenting on the quality of assessment and treatment approaches used on the ward.

Recommendation 3: The directorate should consider the use of expert specialist from other disciplines and prepare guidance for sessional inspectors. A review of the budgets available for their deployment on a more extended basis should also be undertaken.

Indicators for safe, effective and compassionate care: There is inevitable overlap across the indicators incorporated into the pilot methodology. Based on experiences to date it should be possible to identify those indicators within each domain that are most distinctive to it. The indicators used for compassionate care may need to become more rigorous as all wards were deemed to be compliant, which was not the case for the other two domains (see Table 1). As more evidence accumulates it might also be possible to streamline the indicators into those that are 'core' and others as 'supplementary' (the latter being tailored to particular ward settings). The exercise will be particularly necessary if a further domain of leadership is to be added to the RQIA inspections (see further comments below). Standards documents underpinning the indicators used by the inspectors - such as the Regional Mental Health Care Pathway and NICE guidance - need to be appropriate to the statement of purpose of the ward.

Recommendation 4: The indicators should be revised by the inspectors with respect to those that they found best discriminated across the three domains and also across the 'stronger' and 'weaker' services. Standards documents for use with learning disability services should be identified and updated.

Triangulating evidence across different sources: This is a complex task given the amount of information that was gathered before and during inspections from various sources – documents, observations and interviews. With a new methodology this is all the more challenging although having a smaller number of core indicators would help. Sharing experiences across inspectors, peer reviews and joint inspections all have a role to play in building up the expertise of inspectors in combining the evidence gathered.

Recommendation 5: The inspectors should capture the strategies they have used to triangulate the information and the relative importance they have placed on the different sources and indicators.

Feedback session to trusts: It was encouraging to see more members of the ward's multi-disciplinary team attending this session although psychiatry and senior Trust managers were not always in attendance. The presence of the sessional inspector from psychiatry or clinical psychology (for part of the feedback) was an advantage and may encourage greater participation from senior clinicians and managers. However the feedback session was overlong and variable across the pilot services. The focus needs to be on the key areas of concern key recommendations and the content of the trust improvement plan.

Recommendation 6: RQIA should produce a template for inspectors to use to summarise the agenda and content for the feedback session. Guidance should be provided to trusts on the format of the feedback session and the personnel who are expected to attend. A dialogue approach should be adopted.

Written reports: The reports were perceived by RQIA personnel as overlong, repetitive and taking too much time to prepare and write. The peer-review process was also time intensive. It is questionable whether the eight appendices need to be sent to the trust as they constitute the inspector's evidence for their conclusions and could be made available only on request.

Recommendation 7: The Mental Health and Learning Disability Directorate should convene a one-day workshop for all inspectors and administrative staff to agree revisions to the pilot methodology but with particular focus on agreeing a common template for feedback sessions, reports and trust improvement plans (see below).

Defining priority status and criteria for escalation. Although there is some carry-over from previous inspection methodologies, the definitions and criteria for priority recommendations and escalation needs to be re-affirmed within the new methodology. This may be an opportunity to address the concerns of Trusts regarding the priority assigned to certain recommendations and their proportionality given that they may have little impact on patient care, such as missing signatures on documents.

Recommendation 8: The revised guidance for the new methodology should expand the criteria for priority status and escalation.

Trust Improvement Plans and progress reports. Placing the onus on trust's to produce their own improvement plan was broadly welcomed and signals more of a partnership rather than adversarial ethos from RQIA. However trusts should be given guidance (in addition to a template) as to what is expected by RQIA from an improvement plan while discouraging the use of appendices that will not appear on the website. This guidance would also assist the inspectors in agreeing the plan with the Trust. The timescale for the submission of the improvement plan and the progress reports on it should be reviewed.

Recommendation 9: RQIA should prove more detailed guidance to trusts on the production of improvement plans and review the dates for submission and reporting.

Carer Involvement: The inspectors had little contact with carers or carers' advocates during the pilot inspections despite a notice being placed on the wards on the first day indicating their availability during the week. A questionnaire was also available for carers to complete if they wished but few returns were made. Trust staff in particular felt this is an important dimension of their work that inspections needed to include as it would provide further insights into whether or not the care was compassionate and effective**.** The Mental Health and Learning Disability Directorate are about to introduce a postcard that will be sent to discharged patients that invites them to rate how likely they would be to recommend the ward to their friends and family if their relative needed similar care, and to give a reason for their answer.

Recommendation 10: RQIA as a whole should review the strategies that have been effective in obtaining the views of carers during inspections and reviews. These insights might be incorporated into the revised inspection methodology: for example, telephone interviews with carers.

Wider issues for RQIA

This section identifies issues that arose during the evaluation that seem to have implications beyond the methodology used in the Mental Health and Learning Disability Directorate. Specific recommendations have not been made with respect to these issues although it is likely that most will be considered in any revision of the methodology.

Announced/unannounced inspections: Although most informants felt there was little difference on the outcomes from inspections that were announced or unannounced, they appreciated the public wish to have the unannounced inspections. However these presented some practical difficulties to wards:

- It was not possible to forewarn patients about the presence of new people on the ward and some were upset by the arrival of inspectors despite their discreteness.
- Relevant ward staff were not always available or able to be released to meet with the inspectors due to pre-arranged rotas, holiday and training commitments.
- It was difficult to schedule in meetings with members of the multi-disciplinary team or trust senior managers who were not always on site during the time of the inspection.

Trust staff would prefer that notice be given one/two weeks prior to the visit with information continuing to be requested up to three months in advance.

Multi-disciplinary focus: Modern mental health and learning disability services are increasingly multi-disciplinary. Indeed this has been the main focus of extra investment by the HSC Board in recent years. Yet the present inspection regimes tend to place the main accountability on the ward managers who invariably are from a nursing background. Among the possible changes that could be considered:

- Interviews are held with multi-disciplinary team members and these should be as searching as those held with ward nursing staff.
- The team members should be present for the feedback and discussion held about who should have named responsibility for actions within the improvement plan.

Leadership: The topic of leadership is a separate domain used by other regulatory bodies although in the new methodology this was captured under effective services. It would be possible to identify indicators around leadership. The informants in this evaluation made the following observations:

- The ward manager can be responsible for the leadership of the nursing team on the ward.
- Leadership across the multi-disciplinary team needs to be clarified in many trusts. The role of consultant psychiatrists with respect to therapeutic leadership is especially pertinent.
- The senior managers of the trusts provide broader operational leadership and governance oversight even though they are often located away from the ward and may have limited daily contact.

Thus the indicators around leadership need to reflect the various types and levels of leadership that are present in existing services as well as the leadership roles that all staff should play as part of their job.

Integrated care: Increasingly the wards are part of a wider system and whose activities are limited by other parts of the system. Yet there is limited appreciation of these linkages in inspections that are ward focussed. Specific examples were provided:

- The mental health and learning disability wards work closely with the community crisis response teams; the formation of which the HSC Board has resourced in recent years.
- The availability of community support delays the discharges of patients from wards.
- Inter-trust transfers of patients to acute admission beds are becoming more common which reflect more on the capacity of the referring trust than the host trust.

Although some of the foregoing issues could be captured under RQIA reviews, the number of these is limited in any one year. The intelligence from the findings from ward inspections should be reviewed annually to determine if a more urgent thematic review should be undertaken of critical issues of a regional significance which impact on patient care.

Use of grades: Other UK regulators have instituted a grading system for the quality of care provided by wards ranging from 'Excellent' to 'Does not meet minimum requirements'. The main advantages of quality grades as perceived by informants in the pilot were:

- Awarding a higher grade such as 'excellent' and 'good' gives credit to better quality services and is more meaningful than phrases such as 'compliant'.
- Services awarded a high grade could receive a 'lighter-touch' annual inspection so that resources can be focussed on less good services.

However there were also concerns expressed:

- It could be hard to achieve reliability across four or six grades as used in England and Scotland.
- A profile of grades across the different domains would be more reflective of the service provided rather than one overall grade. Moreover the grades should not be summated across the wards provided by one trust due to the variability across the wards.
- Other quality improvement initiatives in the field of mental health have moved away from grading systems[7].
- It reduces the ethos of continual improvement as even excellent services could improve further.

The issue of grades ultimately may be more of a political rather than operational decision.

Frequency of inspections: Given the limited resource available within RQIA to undertake inspections of mental health and learning disability in-patient wards, there is merit in reviewing the frequency of inspections given the more thorough approach that has been developed. Unlike regulated care, there is no set number of inspections to be undertaken by this directorate although an annual footfall on every ward would remain a requirement.

Reducing the number of full inspections undertaken each year could mean:

- Two inspectors could be allocated to the one inspection especially of those wards identified as weaker and thereby providing greater assistance on identifying improvement plans.

[7] http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/forensicmentalhealth/msu.aspx

- More thorough file audits and closer scrutiny of specific procedures and interventions could be undertaken.
- Freeing up resources for the greater use of sessional inspectors from a range of disciplines.

The criteria that would qualify wards for a lighter touch inspection need to be developed as would the length of time elapsing between full inspections (probably no greater than two years). Procedures for alerting RQIA to changes occurring in the ward during the interim would also need to be defined: such as staff turn-over and whistle-blowing.

Improved practice and outcomes for patients: The credibility of RQIA to lead on improved practice on wards was questioned by some.

- The narrow range of disciplines represented among the inspectors, their perceived lack of experience of mental health services (bias towards learning disability) and the length of time they had been away from practice.
- A focus on paper-work and systems rather than issues of relevance to patients.
- An apparent reluctance to recommend best practice examples from which ward staff could learn.

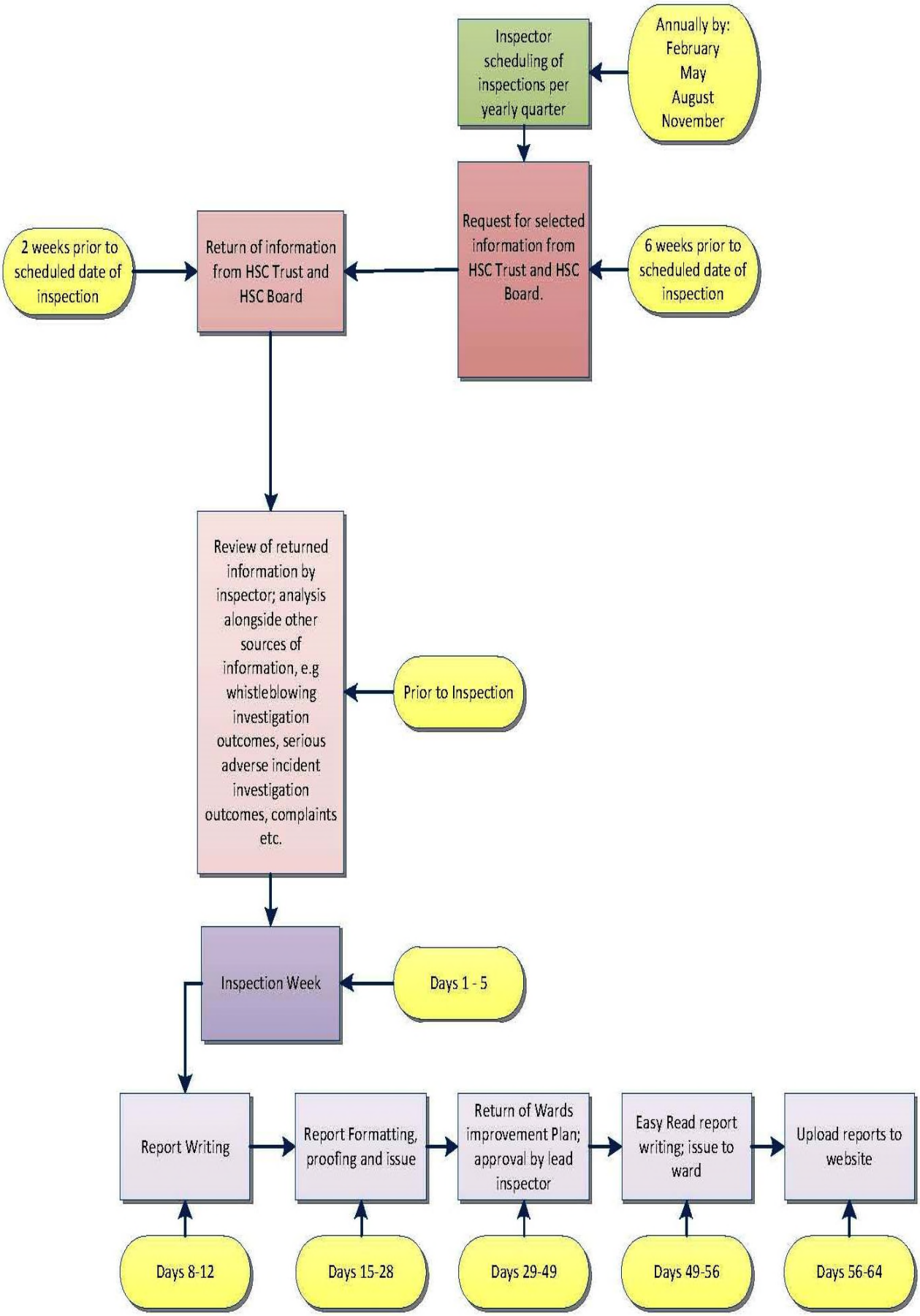
Some of the initiatives begun by RQIA or those noted in early sections might help to address these issues: in particular sponsoring training sessions for inspectors and ward teams on latest interventions with a recovery focus, creating a repository of best practice examples across trusts in NI and elsewhere that could be shared; issuing publications on particular themes such as the recent paper on ECT. Time-limited secondments could be trialled of inspectors working on wards and likewise of ward personnel joining inspection teams. RQIA could also consider the recruitment of associate specialists.

Administrative systems in RQIA: iConnect needs to be updated to reflect the new procedures and dates that have been introduced in this new methodology, notably in connection with Trust improvement plans. The latter term is not congruent with the term Quality Improvement Plans that is used by other directorates in RQIA and the Web portal. Inspectors should use electronic editable templates rather than paper copies to record information they have gathered.

Conclusions

The evaluation of 12 pilot inspections has confirmed that the new methodology devised by the Mental Health and Learning Disability Directorate is workable and has brought tangible gains for all the stake-holders. Not surprisingly, there is some fine-tuning required to make the inspections more efficient for inspectors and ward staff to undertake and for trusts to benefit from the process. These broadly fall within the direction of travel that has been set for the new methodology. However there are a number of issues that will require further consideration across RQIA directorates although it is likely that these rehearse previous debates but the evaluation may give a further impetus to instigating changes.

Appendix 1: Administrative Inspection Process Flow Chart



Appendix 2: Feedback from trust personnel

The tables below summarise the number of trust respondents who selected the options noted for each question. In all 31 respondents completed one or more questions. They had self-identified as 15 ward managers, 6 ward staff, 1 Director and 5 others (4 persons omitted this question). The questionnaire was completed anonymously: neither the person nor the ward was identifiable.

Preparation and Guidance for the Inspection Process

Was the purpose of the inspection made clear in the information sent prior to the Inspection?	27 Yes 0 No 3 Unsure 0 Not applicable
Was it made clear how performance of services would be measured?	25 Yes 1 No 4 Unsure 0 Not applicable
Did the guidance assist you in completing the required documentation?	23 Yes 0 No 2 Unsure 6 Not applicable
Did the guidance assist you in preparing for the inspection?	26 Yes 0 No 1 Unsure 4 Not applicable
Was the information provided accessible?	25 Yes 0 No 1 Unsure 4 Not applicable
If you had to contact the RQIA office, were staff helpful in answering your queries about the inspection processes and methodology?	17 Yes 0 No 1 Unsure 13 Not applicable

Administrative process pre-inspection

Was it clear what information needed to be returned and in what detail?	19 Yes 4 No 1 Unsure 6 Not applicable
Was the required information readily available to you?	23 Yes 2 No 0 Unsure 5 Not applicable
Was the timeframe sufficient for the return of the information?	19 Yes 5 No 0 Unsure 5 Not applicable
Was the suggested method of return user-friendly?	18 Yes 2 No 3 Unsure 7 Not applicable
Were there any documents you believe are relevant to the inspection activity but were not expressly requested?	0 Yes 20 No 4 Unsure 3 Not applicable

Inspection process

Do unannounced inspections give a better indication of typical activity on the ward?	18 Yes 6 No 5 Unsure 1 Not applicable
Did the inspectors obtain the views of a cross-section of patients?	27 Yes 1 No 0 Unsure 1 Not applicable
Did the inspectors speak to a cross-section of staff working on the ward?	28 Yes 1 No 1 Unsure 0 Not applicable

Did the inspectors spend sufficient time observing what was happening on the ward?	20 Yes 0 No 7 Unsure 1 Not applicable
Did the inspection cause any major disruption to the ward?	4 Yes 19 No 5 Unsure 1 Not applicable
Were the inspectors respectful and courteous at all times?	26 Yes 0 No 1 Unsure 1 Not applicable
Were the inspectors competent to inspect the ward?	26 Yes 1 No 3 Unsure 0 Not applicable

Post inspection

Has the inspection report has a positive impact on staff working on the ward?	21 Yes 3 No 5 Unsure 0 Not applicable
Has the inspection report identified new areas for improvement?	24 Yes 3 No 1 Unsure 1 Not applicable
Has new impetus been given to areas already marked for improvement?	22 Yes 1 No 3 Unsure 1 Not applicable
Did you have to raise any concerns regarding the factual accuracy of the report?	5 Yes 23 No 1 Unsure 0 Not applicable
Did you feel that the development of improvement plans by the Trust is a better process?	21 Yes 2 No 6 Unsure 0 Not applicable
Did the use of a priority rating assist in development of actions set out by the Trust in the improvement plans?	19 Yes 5 No 5 Unsure 1 Not applicable
Is it likely that the improvement plan will result in service improvements within the next 12 months?	25 Yes 0 No 1 Unsure 1 Not applicable
Thinking of the key outcome area: Is Care Safe, has the inspection process helped Trust and ward staff to drive improvements in this area?	26 Yes 0 No 3 Unsure 0 Not applicable
Thinking of the key outcome area: Is Care Effective, has the inspection process helped Trust and ward staff to drive improvements in this area?	27 Yes 0 No 2 Unsure 0 Not applicable
Thinking of the key outcome area: Is Care Compassionate, has the inspection process helped Trust and ward staff to drive improvements in this area?	26 Yes 0 No 2 Unsure 0 Not applicable

Note: A minority of respondents provided comments. These are available verbatim on the survey monkey file held by RQIA.

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 March 2016
Title of Paper	Revised Policy and Procedures for Part II and Part IV Doctors and Standing Order Number Five
Agenda Item	7
Reference	E/03/16
Author	Theresa Nixon
Presented by	Theresa Nixon
Purpose	The purpose of this paper is to advise the Board of appointments made by the RQIA Appointment Panel from September 2014-16. The Board is asked to: • approve the proposed amendments to the Policy and Procedure for the Appointment of Part II Medical Practitioners and Standing Order Number 5. • approve that Board members currently appointed to the Panel should continue to act as members until 2018.
Executive Summary	The current policy and procedures were approved by the Board in January 2015, with a review date by January 2016. A number of further amendments are proposed by the Board Panel to the policy and procedure (see attached) for approval.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **APPROVE** the proposed amendments to the Policy and Procedure for Appointment to the RQIA List of Part II and Part IV Medical Practitioners and Standing Order Number five.

	The Board is asked to **APPROVE** that Board members currently appointed to the Panel should continue to act as members until 2018.
Next steps	This revised policy will be made available to all staff through the staff intranet.

Report on Part II Medical Practitioners Appointment Panel 2014/15

1.0 Background

Under Article 25(1) Health and Social Care (Reform) Act (Northern Ireland) 2009, the Regulation and Quality Improvement Authority (RQIA) has the power to appoint Part II medical practitioners.

Consultant psychiatrists, with specialist experience in the diagnosis or treatment of mental disorder, who meet the conditions set out by RQIA, are eligible to apply for appointment to the list of Part II medical practitioners. Approval of appointment is not automatic. The suitability of each applicant is considered by RQIA, with account taken of the relevant experience, training, professional standing, qualifications and indemnity of the practitioner.

The policy, procedure and standing order which govern the appointment to the list of Part II medical practitioners were initially approved by the Board on 13 September 2013.
Minor amendments to the policy and procedure were ratified by the RQIA Board on 21 January 2015.

2.0 Membership of the Part II Appointment Panel

The appointment panel comprises a chair; Dr John Jenkins, who is responsible for convening meetings of the panel and for ensuring the accuracy of recording of any decisions made.

The Panel consists of a further 4 Board Members:

- Ms Sarah Havlin
- Mr Daniel McLarnon
- Ms Patricia O'Callaghan
- Mr Denis Power

The appointment panel also has in attendance

- The Head of Programme, Mental Health and Learning Disability

- The panel administrator

An RQIA sessional medical officer may also attend the panel meeting. The sessional medical officer scrutinises all applications for compliance with the criteria for appointment before they are brought to the attention of the panel.

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The panel may co-opt additional Board members for a defined period in the event of not being able to meet its quorum requirements.

3.0 Appointments made by the Panel 2014/15

Since September 2014 the appointment panel has appointed a total of 81 medical practitioners (see Appendix 1).

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4.0 Summary of Proposed Amendments

A number of major and minor changes have been proposed by the panel.

The major proposed changes concern the following matters;

a) Inclusion of clarification around police checks

Traditionally, all medical practitioners applying to be appointed to the list of Part II medical practitioners have been required to either apply to, or provide evidence of, their most recent AccessNI Enhanced Disclosure Certificate.

The panel have proposed that if an applicant is applying to the RQIA from outside Northern Ireland they may submit a copy of their most recent Disclosure and Barring Service (DBS) (previously CRB) Certificate, as an alternative to AccessNI.

b) Inclusion of new section for removal from the RQIA List of Part II Medical Practitioners

Under the current policy, procedure and Standing Order Number Five, a suspension and removal panel requires to be convened should a medical practitioner wish to be removed from the list.

The inclusion of this new section clarifies that when a medical practitioner wishes to be removed from the list, they need only inform the panel administrator who in turn will advise the panel chair. A suspension and removal panel is not required in this instance.

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5.0 All Proposed Amendments

The appointment panel reviewed the policy, procedure and Standing Order Number Five and propose the following amendments for agreement by the Board.

Proposed amendments to the RQIA Policy for Appointment to, Suspension, or Removal from the RQIA List of Part II Medical Practitioners	
Page 4, Section 6.0 Responsibilities of RQIA	The Panel suggest that the third paragraph should be amended and requires to be moved to page 11, Section 9.0, Responsibilities of RQIA Part II Medical Practitioners, under bullet point 4. This amendment is to ensure better governance. The Director of Mental Health, Learning Disability should be suitably informed in any cases as outlined below. "If an applicant or appointee is subject to any GMC fitness to practise proceedings they must advise the Director of Mental Health and Learning Disability and Social Work in writing immediately and copy information to Head of Programme, Mental Health and Learning Disability. The applicant or appointee must keep the Director of Mental Health and Learning Disability and Social Work informed of the progress and outcome of the case. The Director of MHLD will advise the panel chair. The panel will consider if any action is required."
Page 5, Section 7.0, Membership of the Appointment Panel	• The first sentence should state five Board members, not four, to reflect the true number of panel members. • The second paragraph should state four additional Board members, not three, to reflect the composition of the panel.
Section 6.4, Removal from the RQIA List of Part II Medical Practitioner	• This section was not in the correct order and required to be moved to before Section 11.0, General Advice and Guidance, page 12.
Page 6, Section, 8.0 Eligibility Criteria for the Initial Appointment to the RQIA List of Part II Medical Practitioners.	There is a need for clarity regarding the police checking of applicants from outside Northern Ireland.

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	A new bullet point is proposed by the Panel: • "If an applicant is applying to the Part II list of medical practitioners from outside Northern Ireland they are required to submit to RQIA a copy of their most recent Disclosure and Barring Service (DBS) (previously CRB) Certificate."
Page 8, Section 8.1 Eligibility Criteria for the **Re -Appointment** to the RQIA List of Part II Medical Practitioners	Further clarity is required regarding the police checking of applicants from outside Northern Ireland. A new bullet point is proposed by the Panel: • "If an applicant is applying to the Part II list of medical practitioners from outside Northern Ireland they are required to submit to RQIA a copy of their most recent Disclosure and Barring Service (DBS) (previously CRB) Certificate."
Page 11 Section, 11.0, General Advice and Guidance	Deletion of the sentence: • "The MHLD Head of Programme will endeavour to notify practitioners when their approval is due for renewal" and replace with: • "The panel administrator will notify practitioners when their approval is due for renewal. The trust is required to notify RQIA if Part II doctors cease to be in their employment."
Page 12, Section 13.0, Legislative Framework	Inclusion of "or any revision thereof" directly following "Mental Health (Northern Ireland) 1986" in the first paragraph.

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Proposed amendments to the RQIA <u>Procedure</u> for Appointment to, Suspension, or Removal from the RQIA List of Part II Medical Practitioners	
Section called '2.1 RQIA Appointment Panel' required to be moved to above section '2.0 Membership of the RQIA Appointment Panel', to make paragraphs more linear.	
Page 4, Section 2.1, Membership of the Appointment Panel	• The first sentence to state five Board members, not four. • The second paragraph to state four additional Board members, not three, to reflect the composition of the panel to reflect composition of the panel.
Page 5, Section 3.0, Eligibility Criteria for the **<u>Initia</u>**l Appointment to the RQIA List of Part II Medical Practitioners	Inclusion of a new bullet point to state: • "If an applicant is applying to the RQIA Part II List of Medical Practitioners from outside Northern Ireland, they are required to submit to RQIA a copy of their most recent Disclosure and Barring Service (DBS) (previously CRB) Certificate."
Page 7, Section 5.0, Eligibility Criteria for the **<u>Re -Appointment</u>** to the RQIA List of Part II Medical Practitioners	Inclusion of a new bullet point to state: • "If an applicant is applying to the RQIA Part II List of Medical Practitioners from outside Northern Ireland they are required to submit to RQIA a copy of their most recent Disclosure and Barring Service (DBS) (previously CRB) Certificate." Fourth from last paragraph (page 9) to state: • "If appointed, the name, professional address (or address agreed by the medical practitioner) and the duration of their appointment will be recorded, by the panel administrator, on the list of Part II medical practitioners." Previous paragraph stated that this information would be recorded by the Head of Programme, MHLD.

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Proposed amendments to the RQIA Standing Order Number Five – Panel for the Appointment to, Suspension, or Removal from the RQIA List of Part II Medical Practitioners	
Page 2, Section 2.1, Membership	To reflect the composition of the panel, the first two paragraphs should read: • "RQIA's Chairman will seek expressions of interest from five Board members, one of whom should be appointed as chair of the panel." • "Following approval by the Board, RQIA's Chairman will agree the appointment of the four additional Board members to the appointment panel."
Page 3, Section 3.2, Terms of Reference	The third paragraph (page 4) should state • "RQIA's Mental Health and Learning Disability Head of Programme" – not Director of MHLD as previously stated.
Page 4, Section 4.0, Removal from the RQIA List of Part II Medical Practitioners	This is a new section required to provide a process to remove a medical practitioner from the list without requiring to convene a panel: "Where a medical practitioner wishes to be removed from RQIA's list of Part II medical practitioners, they should inform the panel administrator who will advise the appointment panel chair. A record of the date of removal from the List will be retained by the panel administrator and the panel's chair will provide an update at the next panel meeting. The panel administrator will formally advise the medical practitioner of their removal from the list of Part II medical practitioners."

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6.0 Action Required of the RQIA Board

The Board is asked to;

1) Note the appointments made by the appointment panel from September 2014 to 29 February 2016.
2) Approve that Board Members currently appointed to the panel should continue to act as panel members until 2018.
3) Approve the proposed amendments to the Policy for the Appointment to the RQIA List of Part II Medical Practitioners
4) Approve the proposed amendments to the Procedure for the Appointment of Part II Medical Practitioners
5) Approve the proposed amendments to Standing Order Number Five for the Appointment to the RQIA List of Part II Medical Practitioners.
6) Note that no changes have been proposed to the Policy for RQIA Suspension or Removal Panel as the RQIA Enforcement Policy and Procedure is currently under review and the role of representation panels is not yet agreed.

7.0 Next Steps

Subject to agreement by the Board;

1) The panel administrator will amend policy, procedure and Standing Order Number Five and upload these documents to the RQIA intranet. These documents will be reviewed in January 2018;
2) RQIA will advise relevant stakeholders that the Part II policy, procedure and Standing Order Number Five have been reviewed and updated.

DRAFT

Dr John Jenkins
Chair of the RQIA Appointment Panel
March 2016

Appendix 1 –Number of Medical Practitioners Appointed

Date of Appointment Panel	Number of Medical Practitioners Appointed
September 2014	- 1 Re- Appointment
October 2014	- 2 Initial Appointments
November 2014	- 9 Re-Appointments - 1 Locum Extension
December 2014	- 1 Initial Appointment - 11 Re-appointment - 1 Locum Extension
January 2015	- 1 Initial Appointment - 2 Re-appointments
February 2015	- 4 Re-appointments
March 2015	- 2 Initial Appointments - 3 Re-Appointments
May 2015	- 2 Initial Appointments - 1 Re-Appointment
June 2015	- 2 Initial Appointments - 1 Re-Appointment
July 2015	- 1 Initial Appointment - 1 Re-appointment - 2 Locum Appointments - 1 Locum Extension
August 2015	- 2 Initial Appointments - 5 Re-appointments - 1 Locum Appointments
September 2015	- 5 Initial Appointments - 3 Re-appointments
October 2015	- 1 Re-appointment - 1 Locum Extension
November 2015	- 2 Re-appointments
December 2015	- 4 Re-appointments
January 2016	- 1 Locum appointment - 2 Initial appointments - 2 Re-appointments
February 2016	- 1 Locum appointment - 5 Re-appointments

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The Regulation and Quality Improvement Authority

Policy for Appointment to, Suspension, or Removal from the RQIA List of Part II Medical Practitioners

Policy type:	**Mental Health and Learning Disability**
Directorate area:	**Mental Health and Learning Disability**
Policy author/champion:	**Theresa Nixon - Director of Mental Health, Learning Disability and Social Work**
Equality Screened:	**13 June 2013**
Equality Screened	**15 December 2015**
Board agreement required	**YES ☑ NO (tick) ☐**
Date agreed by RQIA Board	**3 September 2013**
Date of issue to RQIA staff	**3 September 2013**
Date of Review	**3 September 2014**
Date of Review by Board	**11 September 2014**
Date of Next Review	**23 December 2016**
Date of Review by Board	**21 January 2016**
Date of issue to RQIA staff	
Date of next review	**22 March 2018**

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1.0 Introduction

The power to appoint to the Regulation and Quality Improvement Authority (RQIA) list of Part II medical practitioners is vested in RQIA following the transfer of functions from the former Mental Health Commission under Article 25(1) Health and Social Care (Reform) Act (Northern Ireland) 2009.

Medical practitioners at consultant psychiatrist level, with specialist experience in the diagnosis or treatment of mental disorder, who meet the conditions set out by RQIA, are eligible to apply for appointment to the list of Part II medical practitioners.

The suitability of each applicant is considered by RQIA with account taken of the relevant experience, training, professional standing, qualifications and indemnity of the practitioner. Approval of appointment is not automatic.

The criteria for appointment to the list of Part II medical practitioners is set out in a separate procedure (see RQIA Procedure for Appointment to, Suspension, or Removal from the RQIA List of Part II Medical Practitioners).

2.0 Scope of the Policy

This policy will apply to the appointment to the list of Part II medical practitioners, in accordance with the Health and Social Care Reform (Northern Ireland) Act 2009 and RQIA Standing Orders Number Three and Five.

This policy should be read in conjunction with other associated documents;

- Appointment to, Suspension, or Removal from the RQIA List of Part II Medical Practitioners;
- RQIA Escalation Policy;
- RQIA Complaints Policy

3.0 Policy Statement

This policy sets out the general principles, procedures and processes that RQIA must follow in relation to approving appointments to the list of Part II medical practitioners.

The administrative arrangements to support the implementation of this policy are set out in the Procedure for Appointment to, Suspension, or Removal from the RQIA List of Part II Medical Practitioners and in RQIA's Standing Order Three.

Standing Order Five also provides a facility for medical practitioners to make representation about any decision regarding non-appointment or suspension or removal made by the appointment panel.
The arrangements for making representation are set out in a separate procedure (Appendix 1).
RQIA do not indemnify Part II medical practitioners.

4.0 RQIA Principles

RQIA has adopted the principles of fairness, openness and transparency in the development of this policy.

5.0 Entitlements

Appointed Part II medical practitioners are authorised to make a recommendation to compulsorily assess and detain a patient to hospital for assessment under Part II of the Mental Health (Northern Ireland) Order 1986, or to make applications for Guardianship or renewal thereof.

Certain functions require input from one or more Part II medical practitioners e.g. Article 22, of the Criminal Justice Order (Northern Ireland) 1996. This requires that "where the offender is or appears to be mentally disordered, the court shall obtain and consider a medical report before passing sentence / other than one fixed by law". The medical report shall be submitted by a medical practitioner who has been appointed by RQIA for the purposes of Part II of the Mental Health (Northern Ireland) Order 1986.

6.0 Responsibilities of RQIA

RQIA will ensure that medical practitioners who apply to be appointed to the list of Part II medical practitioners meet the eligibility criteria for appointment.

RQIA will check the GMC online register on an annual basis to determine if the medical practitioner holds a licence to practise and/or if any conditions have been applied to the medical practitioner's licence which may impact on their ability to fulfil their Part II functions. Should any additional information come to the attention of RQIA which may have implications in relation to individual appointments, the Director of Mental Health, Learning Disability and Social Work (MHLD) will discuss these with the panel chair. The panel will consider if any action is required.

The appointment panel is able to add conditions to an appointment if there are any queries relating to the medical practitioner's application. This will be for a limited period, with a review date agreed within 6 to 12 months.

RQIA will process all personal data or sensitive personal data (as both terms are defined in the Data Protection Act 1998) in accordance with that Act; and any such other conditions as RQIA deems appropriate.

6.1 Standing Order Three

Under Standing Order Three the RQIA Board has powers to delegate any of its functions to a committee or sub-committee, including powers reserved to the Board.

6.2 Standing Order Five

Under RQIA Standing Order Five, the RQIA Board has delegated authority to the appointment panel to make decisions about appointments to the list of Part II medical practitioners.

This requires RQIA to convene a panel, on behalf of the Board, in respect of all matters regarding the appointment of Part II medical practitioners.

The appointment panel will make a determination usually within 28 days of an application to RQIA. Exceptional circumstances may be applied if there is an immediate requirement for a more urgent appointment, e.g. to meet particular demands of the criminal justice system.

Medical practitioners in substantive posts in a trust or independent hospital will be approved for four years, unless a shorter period of appointment is requested. A locum consultant psychiatrist may be approved for up to 12 months.

If a locum medical practitioner requires an extension to their period of appointment they must request this in writing to the panel chair. An extension to the appointment of any locum medical practitioner can only be considered for a total of 12 months, after which the doctor will be required to reapply to the list of Part II medical practitioners.

If the panel approves an appointment the panel chair (or a person designated by them), will issue a letter confirming the appointment and its duration. A certificate with the RQIA seal will be issued to the medical practitioner.

In the event that a medical practitioner is not appointed or is dissatisfied with the process used by the panel to make its decision, they can make representation to the RQIA appointment representation panel.

The membership of the appointment representation panel will be independent of the membership of the appointment panel which made the decision not to appoint.

Decisions of the appointment representation panel will be required within 28 days (Monday – Friday excluding public holidays) of the meeting of the panel.

7.0 Membership of the RQIA Appointment Panel

RQIA's Chairman will seek expressions of interest from five Board members, one of whom should be appointed as panel chair.

Following approval by the Board, RQIA's Chairman will agree the appointment of the four additional Board members to the appointment panel.

The panel chair can appoint a deputy to act as chair in his/her absence.

In the event that a panel member is unable to fulfil their role, or the panel is unable to meet its quorate requirements, another Board member may be co-opted by agreement of RQIA's Chairman. In these circumstances the co-opted Board member will receive training on the requirements of the policy, procedure and Standing Order Number Five.

8.0 Eligibility Criteria for the Initial Appointment to the RQIA List of Part II Medical Practitioners

The following information must be sent to RQIA in order that appointment can be considered by the panel:

- a fully completed application form;

- evidence of recent appointment to the post of consultant psychiatrist in the specialism of mental health, learning disability, old age psychiatry, or child and adolescent mental health services;

  or

- evidence that the practitioner has relevant medical experience as a consultant psychiatrist within the last four years (in one of the specialisms above) completing applications for and/or renewal of detention/ guardianship of patients, under Part II of the Mental Health (Northern Ireland) Order 1986;

- evidence of working as or intending to work as a private medical practitioner giving evidence or preparing reports or assessments for a court under Part III of the Mental Health (Northern Ireland) Order 1986;

- evidence of working as a consultant psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body;

- evidence of appointment as a sessional consultant psychiatrist for RQIA;

  and

- confirmation of full registration with the General Medical Council (GMC) and hold a current licence to practise for the last academic year;

- evidence of a valid Certificate of Specialist Training (CST) and/or be on the specialist register of GMC;

- evidence of satisfactory participation in continuing professional development, including demonstration of registration with and provision of Continuing Professional Development (CPD) Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within the last academic year;

- evidence of certificates demonstrating completion of GAIN e-learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years;

- if a medical practitioner working within a trust, a reference from the medical director of the trust or his or her authorised nominee, usually a clinical director or associate medical director;

- if a medical practitioner working in an independent hospital, a reference from the medical director or his or her authorised nominee, usually a clinical director or associate medical director;

- if an independent medical practitioner giving evidence to or preparing reports or assessments for the court under Part III of the Mental Health (Northern Ireland) Order 1986, a reference from the medical practitioner's responsible officer under The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010;

- if Part II duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986;

- for medical practitioners not employed by a trust or independent hospital, an AccessNI Enhanced Disclosure application form with Part B, D, E, F and G only completed **and**; valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £33 to RQIA;

- if employed by a trust or independent hospital please provide a copy of the most recent AccessNI Enhanced Disclosure Certificate.
  If an AccessNI Enhanced Disclosure check was not undertaken on taking up current employment, applicants should submit relevant documents as required in Section 5, item 11 of the application form;

- If an applicant is applying to the Part II list of medical practitioners from outside Northern Ireland they are required to submit to RQIA a copy of their most recent Disclosure and Barring Service (DBS) (previously CRB) Certificate.

If appointed, the name, professional address (or address agreed by the medical practitioner) and the period of appointment will be recorded on the RQIA list of Part II medical practitioners and stored in a secure database.

RQIA's seal must be fixed to any certificate of appointment approved by the panel and signed by either RQIA's Chairman or the panel chair (or a Board member nominated to act by him/her on his/her behalf).

A signed formal record will be kept of all documents sealed and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the seal.

The list of appointments and the time period of their approval will be published on the RQIA website.
http://www.rqia.org.uk/cms_resources/List%20of%20Medical%20Practitioners%20as%20of%20101215.pdf

8.1 Eligibility Criteria for the Re-Appointment to the RQIA List of Part II Medical Practitioners

Re-appointment to the list of Part II medical practitioners is not automatic.

The following information must be sent to RQIA in order that re-appointment can be considered by the panel:

- a fully completed application form;
- confirmation of employment in a clinical post with substantial responsibility for the diagnosis or treatment of mental disorder, this is likely to be within a specialist mental health or learning disability setting;

  or

- evidence that the medical practitioner has relevant medical experience as a consultant psychiatrist, within the last four years (in one of the specialisms above) completing applications for and/or renewal of detention/ guardianship of patients, under Part II of the Mental Health (Northern Ireland) Order 1986;
- evidence of working as or intending to work as a private medical practitioner giving evidence or preparing reports or assessments for a court under Part III of the Mental Health (Northern Ireland) Order 1986;
- evidence of working as a consultant psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body;
- evidence of appointment as a sessional consultant psychiatrist for RQIA;

  and

- confirmation of full registration with the General Medical Council (GMC) and hold a current licence to practise for the last academic year;

- provide evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland, within the current period of approval;

- evidence of satisfactory participation in continuing professional development, including demonstration of registration with and provision of Continuing Professional Development (CPD) Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within the last academic year (state name of body);

- evidence of certificates demonstrating completion of GAIN e-learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years;

- if a medical practitioner working within an trust, a reference from the medical director, or his or her authorised nominee, usually a clinical director or associate medical director;

- if a medical practitioner working in an independent hospital, a reference from the medical director or his or her authorised nominee, usually a clinical director or associate medical director;

- if an independent medical practitioner giving evidence to or preparing reports or assessments for the court under Part III of the Mental Health (Northern Ireland) Order 1986, a reference from the medical practitioner's responsible officer under The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010;

- if Part II duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity, with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986;

- If an applicant takes up appointment in another trust they are required to submit to RQIA a copy of their new AccessNI Enhanced Disclosure Certificate from that trust.

If appointed, the name, professional address or address agreed by the medical practitioner and the period of appointment will be recorded on the RQIA list of Part II medical practitioners and stored in a secure database.

RQIA's seal must be fixed to any certificate of appointment approved by the panel and signed by either RQIA's Chairman or the panel chair (or a Board member nominated to act by him/her on his/her behalf).

A signed formal record will be kept of all documents sealed and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the seal.

9.0 Responsibilities of RQIA Part II Medical Practitioners

All medical practitioners who intend to carry out any duties relating to the Mental Health (Northern Ireland) Order 1986 must ensure they are approved by RQIA before carrying out any duties.

Part II medical practitioners must:

- hold a licence to practise with the GMC and notify RQIA immediately if they become subject to Fitness to Practice proceedings or their licence is withdrawn or suspended at any time (suspension of registration may result in suspension of Part II approval by the RQIA Panel);

- keep up to date with the Mental Health (Northern Ireland) Order 1986 and Code of Practice or any replacement thereof;

- recognise and work within the limits of their competence / General Medical Council Good Medical Practice 2013;

- work in accordance with the GMC 'duties of a doctor' (see GMC Good Medical Practice 2013, Paragraph 72-76, Openness and Legal Disciplinary Proceedings);

  'If an applicant or appointee is subject to any GMC fitness to practise proceedings they must advise the Director of Mental Health and Learning Disability and Social Work in writing immediately and copy information to Head of Programme, Mental Health and Learning Disability. The applicant or appointee must keep the Director of Mental Health and Learning Disability and Social Work informed of the progress and outcome of the case. The Director of MHLD will advise the panel chair. The panel will consider if any action is required.'

- inform RQIA of any change in personal circumstances which may impact on their ability or the public perception of their ability to carry out their functions as a Part II medical practitioner in a professional manner;

- inform RQIA about any change to home or work address, telephone numbers, email address or any other contact information; and

- Inform RQIA at least one month in advance of any employment move to an area for which a different approving body is responsible and which is anticipated to be longer than six months.

10.0 Removal from the RQIA List of Part II Medical Practitioners

In cases where the doctor wishes to be removed from the list they should inform the panel administrator who will advise the panel chair. A record of the date of removal from the list will be retained by the panel administrator, and the panel chair will update the panel members at the next appointment panel meeting.

The panel administrator will formally advise the medical practitioner of their removal from the list and the date that this removal will become effective.

In circumstances where RQIA is advised by the GMC of the withdrawal of a medical practitioner's licence to practise, or of any other information which may impact on the ability of the doctor to fulfil their functions, the appointment panel will be required to take this information into consideration in any decision regarding their appointment or continued appointment.
The procedure for the Suspension, or Removal from the RQIA List of Part II Medical Practitioners should be considered in these circumstances.

11.0 General Advice and Guidance

The panel administrator will notify practitioners when their approval is due for renewal. The trust is required to notify RQIA if Part II doctors cease to be in their employment.

Approval of appointments cannot be given retrospectively. Any medical practitioner whose Part II status has lapsed must refrain from carrying out any functions relating to Part II duties until they are approved for appointment.

12.0 Process for Making Representations in Respect of Non - Appointment to the RQIA List of Part II Medical Practitioners

There is currently no legislative provision for this process but RQIA believes, in accordance with the principles of fairness, openness and transparency, a medical practitioner should be afforded the opportunity to make representation concerning any decision of the appointment panel.

In line with the principles outlined above, all medical practitioners have an opportunity to formally make representation to RQIA if their appointment refused by the panel.

The arrangements for responding to letters of representation are set out in RQIA Standing Order Five.

The RQIA procedure is available for responding to letters of representation following non-appointment of a Part II medical practitioner.

Letters of representation in respect of non-appointment will only be considered if received within 28 days of notification of the decision of the appointment panel.

13.0 Legislative Framework

All Part II medical practitioners are required to comply with the general provisions set out in the Mental Health (Northern Ireland) Order 1986, or any revision thereof.

This information is also available on the RQIA website www.rqia.org.uk/publications/legislative.cfm

14.0 Communication with Relevant Stakeholders

The policy and procedures associated with the appointment and suspension or removal from the RQIA list of Part II medical practitioners will be communicated to all relevant stakeholders, these include;

- The Chief Executive and Medical/Clinical Directors of any employing trust / independent hospital
- Part II medical practitioners
- The Health and Social Care Board and the Public Health Agency
- The Safeguarding Board for Northern Ireland
- Relevant professional regulators
- DHSSPS / Minister
- Northern Ireland Court Service.
- General Medical Council
- Royal College of Psychiatrists (NI Faculty)
- The Lord Chief Justice as head of the Northern Ireland Judiciary

RQIA may inform relevant stakeholders if there are concerns about the quality of work undertaken by any appointed Part II medical practitioner.

RQIA will publish the names along with appointment and expiration dates of all medical practitioners appointed to the list of Part II medical practitioners.

RQIA publishes an annual report which incorporates information about the appointment of Part II medical practitioners.

This policy and associated procedures have been devised on advice from the DLS (BSO) and in consultation with the RQIA Board.

15.0 Policy Implementation

The RQIA Board is responsible for approving this policy. RQIA's Chairman will hold the appointment panel accountable for the discharge of their duties.

16.0 Training

Training on this policy and related procedures will be provided to any new Board members involved in appointment, suspension, or removal panels, and any Board members involved in representation panel processes.

The Head of Programme, Senior Inspector and all MHLD administrators involved in the maintenance of the list of Part II medical practitioners will be provided with appropriate training.
Areas covered will include legislative requirements, criteria to be met, administrative procedures requiring to be completed, timelines and the recording of decisions about any appointment, suspension or removal of appointment from the list of Part II medical practitioners.

17.0 Equality

This policy was equality screened on 13 June 2013 and rescreened on 15 December 2015. It was considered to have neutral impact implication for equality of opportunity.

The policy does not require to be subjected to a full equality assessment.

18.0 Review of the Policy

This policy will be reviewed to evaluate its effectiveness and of the associated procedures in March 2018.

Procedure for Appointment to, Suspension, or Removal from the RQIA List of Part II Medical Practitioners

Procedure type:	**Mental Health and Learning Disability**
Directorate area:	**Mental Health and Learning Disability**
Procedure author/champion:	**Theresa Nixon, Director of Mental Health, Learning Disability and Social Work**
Equality screened:	**13 June 2013**
Date approved by Executive team	
Board agreement required	**YES** ☑ **NO (tick)** ☐
Date agreed by RQIA Board	**3 September 2013**
Date of issue to RQIA staff	**3 September 2013**
Date of Review	**3 September 2014**
Date of Next Review	**22 March 2018**

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1.0 Appointment to the RQIA List of Part II Medical Practitioners

The power to appoint to the Regulation and Quality Improvement Authority (RQIA) list of Part II medical practitioners is vested in RQIA following the transfer of functions from the former Mental Health Commission under Article 25(1) Health and Social Care (Reform) Act (Northern Ireland) 2009.

Medical practitioners at consultant psychiatrist level, with specialist experience in the diagnosis or treatment of mental disorder, who meet the conditions set out by RQIA, are eligible to apply for appointment to the list of Part II medical practitioners.

The suitability of every applicant is considered by RQIA, with account taken of the relevant experience, training, professional standing, qualifications and indemnity of the practitioner. Approval of appointment is not automatic.

These procedures should be read as part of;

- The Policy for the Appointment to, Suspension, or Removal from the RQIA List of Part II Medical Practitioners;
- The RQIA Complaints Policy and Procedure;
- The RQIA Escalation Policy

1.1 Purpose

The purpose of this procedure is to provide a framework within which appointments of substantive and locum Part II medical practitioners employed by trusts and independent hospitals, or as independent medical practitioners, will be undertaken by RQIA.

1.2 Application for Appointment to the RQIA List of Part II Medical Practitioners

Application for appointment to the list of Part II medical practitioners will be considered from consultant psychiatrists who are:

(a) working in an HSC trust as a locum or a substantive post holder;
(b) working in an independent hospital;
(c) working currently as a consultant psychiatrist on the Mental Health Review Tribunal (Northern Ireland);
(d) intending to or providing reports for the Northern Ireland Court Service

1.3 Change in Personal or Professional Circumstances

All appointed medical practitioners must inform RQIA of any change in their personal circumstances which may impact on their ability, or the public perception of their ability, to carry out their function as a Part II medical practitioner.

All Part II medical practitioners are required to report to RQIA any termination, retirement or resignation of employment of contract from a HSC trust or independent hospital or if they cease to practice as an independent Part II medical practitioner.

If termination of employment has occurred or the private medical practitioner has ceased to practice, the medical practitioner's name will be removed from the list.

If an applicant is subject to any GMC fitness to practice proceedings they must advise the Director of Mental Health, Learning Disability and Social Work in writing immediately. The applicant must keep RQIA informed of the progress and outcome of the case. The Director of Mental Health, Learning Disability and Social Work will bring this information to the attention of the appointment panel chair who will consider if any action required.

2.0 RQIA Appointment Panel

The appointment panel acts on behalf of the RQIA Board in respect of all matters relating to the appointment or non-appointment of Part II medical practitioners.

The panel will make a decision within 28 days of receiving an application for appointment. Exceptional circumstances may apply if there is an immediate requirement for a more urgent appointment.

If the panel approves the appointment of a Part II medical practitioner, the panel chairman, or person designated by them, will issue a letter and certificate, with the RQIA seal, to the applicant confirming his or her appointment and the period of appointment.
This information will be recorded on the list of Part II medical practitioners and stored in a secure database.

The appointment panel can add conditions to any appointment if they have concerns about a medical practitioner. This will be for a limited period with a review date agreed within 6-12 months.

The decision not to appoint any medical practitioner will be taken by the panel, following discussion and review of the medical practitioner's compliance with the eligibility criteria. These criteria are set out on the application form for appointment.

2.1 Membership of the RQIA Appointment Panel

RQIA's Chairman will seek expressions of interest from five Board members, one of whom should be appointed as chair of the panel.

Following approval by the Board, RQIA's Chairman will agree the appointment of the four additional Board members to the appointment panel.

The panel chair can appoint a deputy to act as chair in his/her absence. Any appointments made by the panel will be approved/ noted at an RQIA public Board meeting and formally recorded in the minutes.

3.0 Eligibility Criteria for the Initial Appointment to the RQIA List of Part II Medical Practitioners

The following information must be sent to RQIA in order that appointment can be considered by the appointment panel:

- a fully completed application form;

- evidence of recent appointment to the post of consultant psychiatrist in the specialism of mental health, learning disability, old age psychiatry, child and adolescent mental health services;

  or

- evidence of being or having past relevant medical experience as a consultant psychiatrist, within the last four years (in one of the specialisms above) completing applications for and/or renewal of detention/ guardianship of patients, under Part II of the Mental Health (Northern Ireland) Order 1986;

- evidence of working as or intending to work as a private medical practitioner giving evidence or preparing reports or assessments for a court under Part III of the Mental Health (Northern Ireland) Order 1986;

- evidence of working as a consultant psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body;

- evidence of appointment as a sessional consultant psychiatrist for RQIA;

  and

- confirmation of full registration with the General Medical Council (GMC) and hold a current licence to practise for your last academic year

- evidence of a valid Certificate of Specialist Training (CST) and/or be on the Specialist Register of GMC;

- evidence of satisfactory participation in continuing professional development, including demonstration of registration with and provision of Continuing Professional Development (CPD) Good Standing certificate from the Royal College of Psychiatrists or equivalent body (please state name of body);

- evidence of certificates demonstrating completion of GAIN e-learning modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years;

- if a medical practitioner working within a trust, a reference from the medical director of the trust or his or her authorised nominee, usually a clinical director or associate medical director;

- if a medical practitioner working in an independent hospital, a reference from the medical director or his or her authorised nominee, usually a clinical director or associate medical director;

- if an independent medical practitioner giving evidence to or preparing reports or assessments for the court under Part III of the Mental Health (Northern Ireland) Order 1986, a reference from the Medical Practitioner's Responsible Officer under The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010;

- if Part II duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity, with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986;

- for medical practitioners not employed by a trust or independent Hospital, an AccessNI Enhanced Disclosure application form with Part B, D, E, F and G only completed and valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £33 to RQIA;

- if employed by a trust or independent hospital a copy of the most recent AccessNI Enhanced Disclosure Certificate
  If an AccessNI Enhanced Disclosure check was not undertaken on taking up current employment, applicants should submit relevant documents as required in Section 5, item 11 of the application form.

- If an applicant is applying to the list of medical practitioners from outside Northern Ireland they are required to submit to RQIA a copy of their most recent Disclosure and Barring Service (DBS) (previously CRB) Certificate.

If appointed, the name, professional address (or address agreed by the medical practitioner) and the duration of their appointment will be recorded by the panel administrator on the list of Part II medical practitioners.

RQIA's seal must be fixed to any certificate approved by the appointment panel and signed by RQIA's Chairman, or panel chair (or a Board member nominated to act by him/her on his/her behalf).

A signed formal record will be kept of all documents sealed and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the seal.

The list of appointments will be published on the RQIA website. http://www.rqia.org.uk/cms_resources/List%20of%20Medical%20Practitioners%20as%20of%20101215.pdf

4.0 Representation Appointment Panel

Where the panel has not agreed an appointment, the reason(s) for the decision not to appoint must be provided to the medical practitioner, in writing, by the panel chair. The medical practitioner should be informed of the facility of making representation to RQIA. Any letter of representation must be received within 28 days of the issuing of the letter of decision by the panel chair.

Following receipt of a letter of representation from the applicant, RQIA's Chairman will set up an appointment representation panel.

An appointment representation panel will be convened to review any decision not to appoint an applicant, following a letter of representation from the applicant (see Standing Order Three and Five and the RQIA Procedure for Responding to Representation following Non Appointment to the RQIA list of Part II Medical Practitioners).

Decisions of the appointment representation panel will generally be required within 28 days of the appointment panel meeting (see separate RQIA Procedure for Responding to Representation following Non Appointment to the RQIA list of Part II Medical Practitioners).

This decision is final and there is no right of appeal. However, if the medical practitioner is dissatisfied with the process by which RQIA has responded to their representation, they may complain to the RQIA Complaints Manager, in writing, within 28 days, following receipt of the letter.

5.0 Criteria for the Re-Appointment to the RQIA List of Part II Medical Practitioners

Re-appointment to the RQIA List of Part II Medical Practitioners is not automatic.

The following information must be sent to RQIA in order that a re-appointment can be considered by the panel:

- a fully completed application form;

- evidence of recent appointment to the post of consultant psychiatrist in the specialism of mental health, learning disability, old age psychiatry or child and adolescent mental health services;

or

- evidence of being or having past relevant medical experience as a consultant psychiatrist, within the last four years (in one of the specialisms above) completing applications for and/or renewal of detention/ guardianship of patients, under Part II of the Mental Health (Northern Ireland) Order 1986;

- evidence of working as or intending to work as a private medical practitioner giving evidence or preparing reports or assessments for a court under Part III of the Mental Health (Northern Ireland) Order 1986;

- evidence of working as a consultant psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body;

- evidence of appointment as a sessional consultant psychiatrist for RQIA;

and

- confirmation of full registration with the General Medical Council (GMC) and hold a current licence to practise for your last academic year;

- provide evidence of keeping up to date with any amendments to relevant legislation in Northern Ireland, within the current period of approval;

- evidence of satisfactory participation in continuing professional development, including demonstration of registration with and provision of Continuing Professional Development (CPD) Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within your last academic year (please state name of body);

- evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years;

- if a medical practitioner working within an trust, a reference from the medical director or his or her authorised nominee, usually a clinical director or associate medical director;

- if a medical practitioner working in an independent hospital, a reference from the medical director or his or her authorised nominee, usually a clinical director or associate medical director;

- if an independent medical practitioner giving evidence to or preparing reports or assessments for the court under Part III of the Mental Health (Northern Ireland) Order 1986, a reference from the Medical Practitioner's Responsible Officer under The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010;

- if Part II duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity, with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986;

  and

- confirmation of employment in a clinical post with substantial responsibility for the diagnosis or treatment of mental disorder. This is likely to be within a specialist mental health or learning disability setting;

- for Part II medical practitioners who have changed their place of employment since their initial appointment, a copy of their most recent AccessNI Enhanced Disclosure Certificate;
  If an AccessNI Enhanced Disclosure check was not undertaken as part of RQIA's previous appointment procedure, medical practitioners should submit relevant documents as required below.

- valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £33 to RQIA;

- If an applicant is applying to the list of medical practitioners from outside Northern Ireland they are required to submit to RQIA a copy of their most recent Disclosure and Barring Service (DBS) (previously CRB) Certificate.

If appointed, the name, professional address (or address agreed by the medical practitioner) and the duration of their appointment will be recorded, by the panel administrator, on the list of Part II medical practitioners.

RQIA's seal must be fixed to any certificate approved by the appointment panel and signed by RQIA's Chairman or the panel chair (or a Board member nominated to act by him/her on his/her behalf).

A signed formal record will be kept of all documents sealed and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the seal.

The list of appointments will be published on the RQIA website.
http://www.rqia.org.uk/cms_resources/List%20of%20Medical%20Practitioners%20as%20of%20101215.pdf

6.0 MHLD Administrative Procedures to Support Appointment and Representation Panels

The administrative procedure (attached in Appendix 1) supports the implementation and application of the policy for the Appointment to, Suspension, or Removal from the RQIA List of Part II Medical Practitioners.

7.0 Associated MHLD Administrative Procedures, Letters and Template forms

The following step by step procedure is supported by a number of template documents accessed in the MHLD folder under Policies_Procedures.
R:\MHLD\Policies_Procedures

Appendix 1

MHLD ADMINISTRATIVE PROCEDURE FOR APPOINTMENT TO THE RQIA LIST OF PART II MEDICAL PRACTITIONERS

Step	Action	Responsibility	Template	Timeframe
1.0	**Request for initial appointment to the RQIA List of Part II Medical Practitioners :** • The consultant psychiatrist seeking to be appointed will contact RQIA via phone or email seeking an application pack. • Application pack to be forwarded to the medical practitioner to be completed and returned to RQIA within 28 days. • MHLD administrator will record all communication on the RQIA Part II Medical Practitioner on Contact Log	**Panel administrator**	L1a F1a F2 F3 G1a G2a	Within five working days of receipt of request
	Reappointment to the RQIA List of Part II Medical Practitioners: • A brought forward system for expiry/renewal date will be maintained. • RQIA will write to the medical practitioner to alert them that their appointment to the list of Part II medical practitioners is due to expire in 12 weeks. • Application pack to the medical practitioner to be completed and returned to RQIA within 28 days	**Panel administrator**	L1b F1b F2 G1b	12 weeks prior to expiry date 28 days
Incomplete or no request received, **go to Step 1.1** Complete request received, **go to Step 2**				

Appendix 1

Step	Action	Responsibility	Template	Timeframe
1.1	**Request Incomplete: Request for Missing Information**			
	Contact consultant psychiatrist by email, requesting missing information to be sent to RQIA within five working days. MHLD administrator to update Head of Programme (HOP)	**Panel administrator**	E1	Two days post deadline for receipt of application form
Satisfactory response received to Step 1.1, **go to Step 2** If missing information is not received within 5 working days, go to **step 1.2**				
1.2	Head of Programme to contact medical practitioner by email; and request missing information to be sent to RQIA within in 5 working days Record of communication to be recorded on MHLD Part II spreadsheet. If information is not received within 5 working days no further progression of applicants' application will be made. This will be explained to the applicant in writing by HOP.	**Head of Programme MHLD** **Head of Programme MHLD**	Contact Log L2	One day post agreed deadline above
2.0	**Filing of Information Received** The application form and any supporting documentation is scanned, recorded and filed in the appropriate MHLD Part II folder. R:\MHLD\Part_II\1. Doctor_Name A hard copy file containing the medical practitioner's application form and accompanying documentation will be filed securely.	**Panel administrator**		Within five working days of receipt.

Appendix 1

Step	Action	Responsibility	Template	Timeframe
3.0	**Appointment Panel Meeting**			
	The panel administrator will confirm date of appointment panel meeting with the panel chair and book a room.	**Panel administrator**	L3 F4a and/or F4b G3a or G3b	28 days prior to next meeting
	The sessional medical practitioner will review the applicant's compliance with the eligibility criteria for appointment. The sessional medical officer should confirm that he/she is satisfied that the application should be progressed to the appointment panel.	**Sessional medical officer**		Within five working days
	Application forms, supporting evidence, recommendation from the sessional officer, minutes (from previous meeting) and agenda for the forthcoming meeting will be uploaded to BoardPad for the appointment panel's consideration.	**Panel administrator (Via Board and Executive Support Manager)**		One week prior to date of Appointment Panel Meeting
	The panel administrator will record a minute of the meeting and decisions of appointment. The panel chair will advise the applicant and RQIA's Chairman of the panel's decision and the agreed period of appointment. The details of the appointment will be recorded on the Part II spreadsheet. The following details should be entered: - Employing Trust (if applicable) - Medical practitioner specialty - Type of appointment (substantive locum or other) - Date and period of appointment		L5	Within five working days of panel meeting

Appendix 1

Step	Action	Responsibility	Template	Timeframe
	- Expiry date - Annual GMC checked - Date application pack required to be sent - Date application pack should be returned - Professional address - GMC Registration Number	**Panel administrator**		
4.0	**Confirmation of Medical Practitioner's Appointment to the RQIA List of Part II Medical Practitioners** **To the Part II Medical Practitioner** Standard letter signed by the panel chair or a person designated by them, is sent to the medical practitioner at their professional address supplied with the original request documentation, confirming his/her appointment and indicating the time period for appointment by RQIA.	**Panel administrator and the panel chair**	L5 F5	Within five working days of panel meeting
	Return of Signature Proforma Following receipt of returned signature proforma, this should be scanned and saved in the MHLD Folder subfolder 'Profroma Signatures' R:\MHLD\Part_II\8. Proforma Signatures	**Panel administrator**		Within five working days of receipt at RQIA
	Confirmation of Non-Appointment to the RQIA List of Part II Medical Practitioners If appointment is not agreed by the appointment panel, a letter will be issued to the medical practitioner from the panel chair, advising that the request has been considered, but, based on the information supplied, a decision has been made not to agree the appointment and stating the reason.	**Panel administrator and panel chair**	L6	

Appendix 1

Step	Action	Responsibility	Template	Timeframe
	Any letter of representation must be received by RQIA's Chairman.		L7	28 days following decision of the appointment panel
5.0	**Register of Sealing** The Seal of RQIA will require to be fixed to the certificate of appointment. Before any document is sealed it must be approved and signed by RQIA's Chairman (or a Board member nominated to act by her / him on his / her behalf). An entry of every sealing has to be made and numbered consecutively in a book provided by the finance department and signed by the person who had authorised the document plus a witness. The sealed certificate and appointment letter will be scanned by the panel administrator and saved in the Part II folder R:\MHLD\Part_II\1. Doctor_Name and relevant hard copy file. The original letter and certificate is sent to the Part II doctor at the professional address stated on their application form.	**Panel administrator and witness**		28 days after the panel
6.0	**The RQIA List of Part II Medical Practitioners** The detail of the appointment to the list of Part II medical practitioners will be added to a table and forwarded to the RQIA communications Team for upload to the RQIA website. http://www.rqia.org.uk/what_we_do/mental_health_and_learning_disability/part_ii_medical_practitioners.cfm	**Panel administrator**		Within five working days of appointment or reappointment

The Regulation and Quality Improvement Authority

Standing Order Number Five

Panel for the Appointment to, Suspension, or Removal from RQIA's List of Part II Medical Practitioners

informing and improving health and social care
www.rqia.org.uk

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1.0 Introduction

The power to appoint to the Regulation and Quality Improvement Authority (RQIA) list of Part II medical practitioners is vested in RQIA following the transfer of functions from the former Mental Health Commission under Article 25 (1) of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

Under Standing Order Three, RQIA's Board has powers to delegate any of its functions to a committee or sub-committee, including powers reserved to the Board.

Under Standing Order Five, RQIA's Board has delegated the authority to make decisions about appointment to, suspension, or removal from the list of Part II medical practitioners.

RQIA Appointment Panel

2.0 Establishment of the Panel

RQIA's Board will establish an appointment panel to make appointments to the list of part II medical practitioners.

Medical practitioners, at consultant psychiatrist level, with specialist experience in the diagnosis or treatment of mental disorder, who meet the conditions set out by RQIA, are eligible to apply for appointment to the list of Part II medical practitioners. The criteria for appointment to the list are set out in a separate procedure (see RQIA Procedure for Appointment to, Suspension to, or Removal from the RQIA List of Part II Medical Practitioners).

The suitability of each applicant is considered by RQIA, with account taken of the relevant experience, training, professional standing, qualifications and indemnity of the practitioner. Approval for appointment is not automatic.

2.1 Membership

RQIA's Chairman will seek expressions of interest from five Board members, one of whom should be appointed as panel chair.

Following approval by the Board, RQIA's Chairman will agree the appointment of the four additional Board members to the appointment panel.

The panel chair can appoint a deputy to act as chair in his/her absence.

Any appointments made to the RQIA Appointment Panel will be approved/ noted at an RQIA public Board meeting and formally recorded in the minutes.

2.2 Terms of Reference

The appointment panel will process all applications in line with RQIA's Policy and Procedure for the Appointment to, Suspension to, or Removal from the RQIA List of Part II Medical Practitioners.

The panel will formally agree, and record in its minutes the name of every applicant appointed to the list of Part II medical practitioners.

The panel shall advise RQIA's Board of all decisions made with regard to any applications for appointment.

If the panel agrees that an applicant should not be appointed to the list of Part II medical practitioners, the applicant should be advised that they can make representation to RQIA's Appointment Representation Panel, within 28 days of the decision of the appointment panel.

RQIA Appointment Representation Panel

3.0 Establishment of the Panel

RQIA's Board will establish an appointment representation panel to respond to a letter of representation from any medical practitioner not appointed to the list of Part II medical practitioners.

3.1 Membership

The membership of the appointment representation panel will comprise:

- RQIA's medical director (or, if not available, another RQIA director) and two RQIA Board members appointed by the RQIA's Chairman not previously involved in the decision-making process.

- An independent medical advisor (who has not been recently involved with medical practitioner making the representation will provide information and advice on relevant operational issues in respect of the procedure. The advisor is not a voting member of panel.

3.2 Terms of Reference

The chair of the appointment representation panel will agree the meeting dates for the panel.

RQIA's appointment representation panel will review:

- letter of representation;
- accompanying documents sent to the panel by the medical practitioner making representation;

- correspondence from RQIA to the applicant concerning their non-appointment and the response received from RQIA from the applicant;
- process used by RQIA's appointment panel to come to its decision;
- minute of the original decision made by the appointment panel;
- any legal advice obtained by the appointment panel

RQIA's Mental Health and Learning Disability Head of Programme will provide administrative support to the panel, and ensure a formal record of the proceedings is recorded. A report of the decision of the appointment representation panel will be forwarded to RQIA's Chairman within 28 days of receiving the letter of representation. In the event that this is not achievable, the record will be forwarded as soon as is reasonably practicable.
Save as otherwise expressly provided herein, the chair of the appointment representation panel shall decide the procedures to be followed by this panel.

RQIA's appointment representation panel will determine whether it is satisfied that the appointment panel's decision was reasonable and consistent with the RQIA policy.

The chair of the appointment representation panel will advise RQIA's Chairman of its decision and report this to RQIA's Board.

Letters of representation will only be considered within six months of the date of notification of the panel's decision.

4.0 Removal from the RQIA List of Part II Medical Practitioners

Where a medical practitioner wishes to be removed from the list they should inform the panel administrator who will advise the appointment panel chair. A record of the date of removal from the list will be retained by the panel administrator, and the panel's chair will provide an update at the next panel meeting.

The panel administrator will formally advise the medical practitioner of their removal from the list of Part II medical practitioners.

RQIA Suspension or Removal Panel

5.0 Establishment of the Panel

A suspension or removal panel will also be established to make a decision about suspension or removal from RQIA's list of Part II medical practitioners, where:

a) RQIA has become aware of any information that may impact on the ability of an individual to fulfil their function

b) the GMC has suspended or removed their fitness to practise licence or applied any conditions to their registration

c) RQIA becomes aware that a medical practitioner is not discharging their responsibilities as set out in the Policy for Appointment to, Suspension, or Removal from the RQIA List of Part II Medical Practitioners.

5.1 Membership

RQIA's Chairman will seek expressions of interest from three Board members, not involved in the decision making panel, to consider a suspension or removal from the list of Part II medical practitioners. One member will chair the panel.

Board nominations to the suspension or removal panel will be confirmed at a public Board meeting and formally recorded in the minutes.

5.2 Terms of Reference

The suspension and removal panel will process all correspondence all other relevant information in line with the policy and procedure for the suspension and removal of Part II medical practitioners.

The panel will formally agree and record in its minutes any applicant who has had their appointment suspended or removed.
The panel shall advise the Board of any decision(s) made with regard to any suspension and removal of any Part II medical practitioner.

Where a panel suspends or removes an individual from the list of Part II medical practitioner, they may make representation, in writing, to RQIA's Chairman within 28 days of notification of the panel's decision. RQIA's Chairman will convene a panel to consider this representation.

RQIA Suspension or Removal Representation Panel

6.0 Establishment of the Panel

RQIA's Chairman will convene a suspension or removal representation panel to consider a letter of representation.

The panel chair will advise RQIA's Chairman if a decision to suspend or remove a medical practitioner from the list is upheld.

6.1 Membership of the Panel

RQIA's Chairman will appoint three Board members to a suspension or removal representation panel who were not involved in the original decision. One panel member will act as chair.

The panel will also include a member of RQIA's executive management team and an independent medical advisor who will not be a voting member of the panel.
The medical practitioner has the right to complain to RQIA's Chairman, within 6 months of the date of notification, if unhappy with the process used by the representation panel to come to their decision.

Board nominations to the representation panel will be confirmed at a public Board meeting and formally recorded in the minutes.

The Mental Health and Learning Disability senior administrator will facilitate the administrative requirements of the panel.

6.2 Terms of Reference

The panel chair will agree the meeting dates of the representation panel.

The representation panel will review:

- correspondence and concerns regarding the medical practitioner's ability to remain on the list of Part II medical practitioners
- documents sent to the representation panel by the appellant
- correspondence between the suspension and removal panel and the medical practitioner
- the suspension and removal panel's decision-making processes
- minute of the suspension and removal panel;
- Legal advice obtained by the suspension and removal panel.

RQIA's Mental Health and Learning Disability Head of Programme will provide administrative support and record minutes of proceedings. A report of the panel's decision will be forwarded to RQIA's Chairman within 28 days of receiving the letter of representation. Where this is not achievable, the record will be forwarded as soon as is reasonably practicable.
The appellant will be informed by RQIA's Chairman if there is any delay in concluding the findings of the panel by the agreed date.

The panel shall determine whether or not it is satisfied that the decision made by the suspension or removal panel was reasonable and consistent with RQIA's policy and procedure in respect of the suspension or removal of medical practitioners and reasonable in all aspects of the appointment to the Part II list.

The panel chair will advise RQIA's Chairman of its decision and report the outcome to RQIA's Board.

7.0 Additional Matters

RQIA's appointment and suspension or removal panels may co-opt additional Board members for a defined period to provide specialist skills, knowledge

and experience. Panels may also seek advice from a member of RQIA's sessional medical panel as required.

The panel chair may also commission legal advice through the Directorate of Legal Services, Business Services Organisation.

8.0 Period of Appointment Panel Membership

RQIA's Chairman will review the membership of appointment and suspension or removal panels every two years

9.0 Quorum

A duly convened meeting of the appointment panel or suspension or removal panel, at which a quorum is present, will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by, the panel.

To allow any meeting to proceed, a quorum of three of the five Board members of the appointment panel; and two of the three members for the suspension or removal panel is required.

Any conflicts of interest must be declared at the beginning of a panel meeting.

In the event that a panel chair is not available, he/she will nominate a panel member to chair the meeting.

10.0 The Administrative Scheme of Delegation

10.1 Sealing Documents for the Appointment, Suspension or Removals

RQIA's seal must be fixed to any documents of decision where RQIA's Chairman has delegated powers to panels regarding the appointment, suspension or removal from the list of Part II medical practitioners.

Before any document is sealed it must be approved and signed by the RQIA Board Chairman (or a Board member nominated to act by her/him on his/her behalf).

10.2 Custody of Seal

RQIA's seal shall be kept by the Chief Executive in a secure place.

10.3 Register of Sealing

A signed formal record will be kept of all documents sealed and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the seal.

10.4 Signature of Documents

Where the signature of any document shall be a necessary step in legal proceedings involving RQIA, it shall be signed by the RQIA Chairman.

Update Report on Part IV Medical Practitioners Appointment Panel 2014/15

1.0 Background

The power to appoint to the Regulation and Quality Improvement Authority (RQIA) list of Part IV medical practitioners is vested in RQIA following the transfer of functions from the former Mental Health Commission under Article 25(1) Health and Social Care (Reform) Act (Northern Ireland) 2009.

The Mental Health (Northern Ireland) Order 1986 (the Order), provides for the appointment of independent medical practitioners, providing a safeguard of the rights of patients detained under the Order. This enables patients who refuse the treatment prescribed by the approved clinician, or are deemed incapable of providing consent, to have a second opinion concerning their treatment. The role of the Part IV medical practitioner is not to give a second clinical opinion, in the conventionally understood medical form of expression, but to decide whether the treatment recommended is clinically defensible and to indicate if due consideration has been given to the views and rights of the patients.

Currently, consultant psychiatrists, with 10 years specialist experience in the diagnosis or treatment of mental disorders, are eligible to apply for appointment to the list of Part IV medical practitioners, providing they meet the eligibility criteria.

The appointment panel reviewed the current Part IV policy, procedure and Standing Order Number Five (approved in January 2015) and suggest a number of amendments for approval by the Board. These proposed amendments are set out in Section 5.0.

2.0 Current Membership of the RQIA Part IV Appointment Panel

The appointment panel comprises a chair, Dr John Jenkins, who is responsible for convening meetings of the panel and for ensuring the accuracy of recording of any decisions made.

The Panel consists of a further 4 Board Members:

- Ms Sarah Havlin
- Mr Daniel McLarnon
- Ms Patricia O'Callaghan
- Mr Denis Power

The appointment panel also has in attendance

- The Head of Programme, Mental Health and Learning Disability

- The panel administrator

An RQIA sessional medical officer may also attend the panel meeting. The sessional medical officer scrutinises all applications for compliance with the criteria for appointment before they are brought to the attention of the panel.

The panel may co-opt additional Board members for a defined period in the event of not being able to meet its quorum requirements.

3.0 Appointments made by the Panel

Since the new policy and procedure for the appointment was approved the panel have appointed a total of 7 Medical Practitioners. (See Appendix 1 for details of appointments)

4.0 Summary of Proposed Amendments

A number of both major and minor changes are proposed to the current policy, procedure and Standing Order Number Five.

The major proposed changes concern the following matters.

a) Change of title from Part IV Medical Practitioner to SOAD

Traditionally, medical practitioners acting under Part IV of the Order have been referred to as 'Part IV medical practitioners'. Following discussion with HIW Wales and the Care Quality Commission (CQC) doctors providing second opinions are referred to as Second Opinion Appointed Doctors (SOADs).

The appointment panel propose to change the title of Part IV medical practitioners to SOADs, to fall in line with other regulatory bodies in the United Kingdom.

b) Change in eligibility criteria from 10 to 5 years

The second major change proposed to the policy and to Standing Order Number Five concerns the eligibility criteria. Currently there is a requirement for Part IV medical practitioners to have worked as a consultant psychiatrist for 10 years.
RQIA has also undertaken a comparison of eligibility criteria across other jurisdictions. We have found that:

- CQC require SOADs to have only one year's experience as a consultant psychiatrist
- Mental Welfare Commission, Scotland, 3 years
- HIW Wales, a minimum of 5 years

The panel, following consultation and agreement with the RQIA medical panel, propose to reduce the eligibility criteria to 5 years.

The reason for this is to encourage a larger number of consultant psychiatrists to apply for appointment. Currently RQIA have only been able to appoint 7 consultants to this role since September 2013. One of the barriers cited by doctors, to increasing appointments to the Part IV list, is the current fee level of £156.16. Psychiatrists deem this to be too low compared with fees they can attract for other work. At present CQC offers a fee of £180 for equivalent work.

The fee in the Republic of Ireland is €492, per opinion.

Given the increase in the number of second opinions required in 2015/16, and the anticipated changes proposed in the new Mental Capacity Bill, RQIA need to appoint additional Part IV doctors (SOADs).

RQIA, in their submission of a business case to the DHSSPS for funding for Part IV doctors, suggested that the fee structure should be reviewed by the Department in line with other jurisdictions.

c) Duration of appointment /request for extension, with conditions

The third major change proposed by the panel relates to the duration of appointment. Currently medical practitioners are normally appointed for 4 years, unless a shorter period of appointment is requested by the applicant. After four years, consultants are required to apply to RQIA for reappointment.

The panel propose that an extension to their appointment be granted, for an additional four years, on request and subject to conditions, without the doctor having to go through a new process of reapplication.
The conditions are outlined in the revised policy, procedure.

d) Minor amendments required

The minor proposed amendments are as follows:

- Inclusion of the requirement to use agreed prescribed forms for completion of second opinions.
- Change regarding the notification of certain information to the appropriate lead person in MHLD i.e. from Head of Programme to Director of Mental Health, Learning Disability and Social Work
- Amendment of eligibility criteria in respect of undertaking training in Mental Capacity Bill. This legislation is not yet in place.
  (This will be reviewed when the legislation is enacted)
- Inclusion of a requirement that trusts notify RQIA when SOADs leave their service. This is currently not a requirement.
- Where a medical practitioner wishes to be removed from the list, they should inform the panel administrator, who will advise the panel chair and ensure the date of removal is formally recorded.
- An additional eligibility criteria to be added regarding ability to work flexibly
- An additional eligibility criteria to be added, regarding the requirement for SOADs to keep up to date with current Northern Ireland legislation, within the period of approval
- An increase in the number of panel members from four to five to take account of the current composition of the panel.
- In the event that an appointment panel member is unable to fulfil their role, or the panel is unable to meet its quorate requirements, another Board member may be co-opted. This is not currently stated in the policy or procedure.

5.0 All Proposed Amendments

The appointment panel reviewed the policy, procedure and Standing Order Number Five and propose the following amendments for agreement by the Board.

Proposed amendments to the RQIA Policy for Appointment to, Suspension, or Removal from the RQIA List of SOADs	
Proposed title change	Throughout the Policy the term 'Part IV Medical Practitioners' will be replaced by 'Second Opinion Appointed Doctor (SOADs)'
Page 4, Section 5.0 Entitlement	Inclusion of the words 'using agreed prescribed forms' in the first paragraph. Deletion of the paragraph: • 'A form 23 shall be submitted by a Medical Practitioner who has been appointed by RQIA for purposes of Part IV of the Mental Health (Northern Ireland) Order 1986.'
Page 4, Section 6.0 Responsibilities of RQIA	Previously the policy stated ' • 'If an applicant or appointee is subject to any GMC fitness to practise proceedings they must advise the Head of Programme, Mental Health and Learning Disability in writing immediately'. The second sentence of paragraph two should now state: • "Should any additional information come to the attention of RQIA which may have implications in relation to individual appointments, the Director of Mental Health, Learning Disability and Social Work (MHLD) will discuss

	these with the panel chair. The panel will consider if any action is required." Paragraph 4 requires to be moved to Page 9, Section 9.0 Responsibilities of RQIA SOADs and should state: • 'If an applicant or appointee is subject to any GMC fitness to practise proceedings they must advise the Director of Mental Health and Learning Disability and Social Work in writing immediately and copy information to Head of Programme, Mental Health and Learning Disability. The applicant or appointee must keep the Director of Mental Health and Learning Disability and Social Work informed of the progress and outcome of the case. The Director of MHLD will advise the panel chair. The panel will consider if any action is required.'
Page 4, Section 6.2 Standing Order Five	Eligibility criteria states that 10 years experience as a consultant psychiatrist is required. Paragraph 4, second sentence should be amended to indicate that: • "A SOAD will be required to have worked as a consultant psychiatrist for a minimum of 5 years."
Inclusion of a section named 'Removal from the RQIA List of SOADs'	To make the paragraphs more linear, this section requires to be removed to page 10 above Section 11.0 General Advice and Guidance
Page 5, Section 8.0 Eligibility Criteria for the **Initial** Appointment to the RQIA List of SOADs - bullet point 13	As the new legislation is not currently in place, the panel suggest the deletion of the example on the last sentence; 'e.g. attendance at training course in respect of the draft Mental

	Capacity (Health, Welfare and Finance) Bill.'
Page 7 Section 8.1 Eligibility Criteria for the **Re -Appointment** to the RQIA List of SOADs	A change is proposed to the duration of appointment to indicate that a SOADs appointment can be extended for an additional four years, on request and subject to the conditions outlined below. • A formal letter requesting extension of a further four years to the panel chair; • Evidence of satisfactory participation in continuing professional development, including demonstration of registration with and provision of Continuing Professional Development (CPD). Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within your last academic year; • Evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years; • A referee form should be completed by a medical director or the medical directors authorised nominee, who can be an associate medical director or a clinical director or responsible officer (if independent medical practitioner); • If Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to

	undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986
Page 8 Section 9.0 Responsibility of RQIA SOADs - bullet point 2	Deletion of last sentence because the new legislation is not yet in place. This requirement cannot currently be met.
Page 9 Section 11.0 General Advice and Guidance	Trusts have not always notified RQIA when doctors have left their service. The panel suggest the inclusion of a sentence: • "The trust is required to notify RQIA if applicants cease to be in their employment."

Proposed amendments to the RQIA Procedure for Appointment to, Suspension, or Removal from the RQIA List of SOADs	
Proposed titles change	Throughout the procedure the term 'Part IV Medical Practitioners' should be replaced by 'Second Opinion Appointed Doctor (SOADs)'
Page 4, of the section '2.1 Membership of the RQIA Appointment Panel'	Inclusion of this new section.
Page 5 Section 3.0 Eligibility Criteria for the Initial Appointment to the RQIA List of SOADs	An additional 5th bullet point to be included: • "Ability to work flexibly"
Page 6 Section 3.0 Eligibility Criteria for the Initial Appointment to the RQIA List of SOADs	An addition 14th bullet point to be included: • "Evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland within the current period of approval."
Page 7 Section 5.0 Criteria for the Re -Appointment to the RQIA List of SOADs	A change is proposed to the duration of appointment to indicate that a SOADs appointment can be extended for an additional four years, on request and subject to the conditions outlined below. • A formal letter requesting extension; • Evidence of satisfactory participation in continuing professional development, including demonstration of registration with and provision of Continuing Professional Development (CPD). Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within your last academic year;

	• Evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years; • A referee form should be completed by a medical director or the medical directors authorised nominee, who can be an associate medical director or a clinical director or responsible officer (if independent medical practitioner); • If Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986.
Page 7 Section 5.0 Criteria for the Re -Appointment to the RQIA List of SOADs	Paragraph under Criteria for the Re - Appointment to the RQIA List of SOADs to read: • "If appointed, the name, professional address (or address agreed by the medical practitioner) and the duration of their appointment will be recorded, by the panel administrator, on the list of SOADs."

Proposed amendments to the RQIA Standing Order Number Five – Panel for the Appointment to, Suspension, or Removal from the RQIA List of SOADs	
Proposed title change	Throughout Standing Order Five the term 'Part IV Medical Practitioners' will be replaced by 'Second Opinion Appointed Doctor (SOADs)'
Page 2, Section 2.1 Membership	The first two paragraphs should read: • "RQIA's Chairman will seek expressions of interest from five Board members, one of whom should be appointed as panel chair." • "Following approval by the Board, RQIA's Chairman will agree the appointment of the four additional Board members to the appointment panel."
Page 3, Section 3.2 Terms of Reference	The 3rd paragraph should refer to 'Head of Programme, Mental Health and Learning Disability' instead of 'Director of Mental Health and Learning Disability and Social Work'.
Page 4, Section 4.0 Removal from the RQIA List of SOADs	Clarification is required regarding the removal of the SOAD from the list without a requirement to convene a panel. "Where a medical practitioner wishes to be removed from the list of SOADs they should inform the panel administrator who will advise the appointment panel chair. A record of the date of removal from the list will be retained by the panel administrator and the panel's chair will provide an update at the next appointment panel meeting. The panel administrator will formally advise the medical practitioner of their removal from the list of SOADs".

6.0 Action Required of the RQIA Board

The Board is asked to;

1) Note the appointments made by the appointment panel from January 2015.
2) Approve that Board Members appointed to the appointment panel currently, can continue to act as appointment panel members for 2018.
3) Approve the proposed major and minor amendments to the Policy for the Appointment of Part IV Second Opinion Appointed Doctors
4) Approve the proposed amendments to the Procedure for the Appointment of Part IV Second Opinion Appointed Doctors
5) Approve the proposed amendments to the Standing Order Number Five for the Appointment of Part IV Second Opinion Appointed Doctors
6) Note that no changes have been proposed to the RQIA Suspension or Removal Panel as the RQIA Enforcement policy and procedure is currently under review and the role of Representation Panels is not yet agreed.

7.0 Next Steps

1) The panel administrator will amend the policy, procedure and Standing Order Number Five if agreed by the Board and will upload these to the RQIA intranet. These documents will be reviewed in January 2018.
2) RQIA will advise relevant stakeholders that the Part IV policy, procedure and Standing Order Number Five have been reviewed and updated.
3) The panel administrator will update the advertisement for SOADs on the RQIA website and the Royal College of Psychiatrists website, indicating the changes in eligibility criteria for appointment from 10 years to five.
4) RQIA will advise DHSSPSNI of the agreed changes and, in particular, the team responsible for finalising the new Mental Capacity Bill.

Dr John Jenkins
Chairman of RQIA Appointment Panel
March 2016

Appendix 2

RQIA List of Second Opinion Appointed Doctors

Name Of Medical Practitioner	Date of Appointments	
	Appointed	**Appointment Expires**
Dr Paul Bell	13 November 2014	13 November 2018
Dr Michael Curran	3 July 2014	3 July 2018
Dr Brian Fleming	9 October 2014	9 October 2018
Dr Christopher Kelly	3 July 2014	3 July 2018
Dr Clare Monaghan	3 July 2014	3 July 2018
Dr Shelagh Mary Rea	09 July 2015	09 July 2019
Dr Deirdre Shields	9 October 2014	9 October 2018

The Regulation and Quality Improvement Authority

Policy for Appointment to, Suspension, or Removal from the RQIA List of Second Opinion Appointed Doctors

Policy type:	**Mental Health and Learning Disability**
Directorate area:	**Mental Health and Learning Disability**
Policy author/champion:	**Theresa Nixon - Director of Mental Health, Learning Disability and Social Work**
Equality Screened:	**28 January 2016**
Equality Screened	**15 December 2015**
Board agreement required	**YES ☑ NO (tick) ☐**
Date agreed by RQIA Board	**21 January 2015**
Date of issue to RQIA staff	**30 January 2015**
Date Reviewed	**23 December 2015**
Date of Review by Board	**21 January 2015**
Date of issue to RQIA staff	
Date of Next Review	**22 March 2018**

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1.0 Introduction

The power to appoint to the Regulation and Quality Improvement Authority (RQIA) list of Second Opinion Appointed Doctors (SOADs) is vested in RQIA following the transfer of functions from the former Mental Health Commission under Article 25(1) Health and Social Care (Reform) Act (Northern Ireland) 2009.

Medical practitioners at consultant psychiatrist level, with specialist experience in the diagnosis or treatment of mental disorder, who meet the conditions set out by RQIA, are eligible to apply for appointment to the list of SOADs.

The suitability of each applicant is considered by RQIA with account taken of the relevant experience, training, professional standing, qualifications and indemnity of the practitioner. Approval of appointment is not automatic.

The criteria for appointment to the list of SOADs is set out in a separate procedure (see RQIA Procedure for Appointment to, Suspension, or Removal from the RQIA List of SOADs).

2.0 Scope of the Policy

This policy will apply to the appointment to the list of SOADs, in accordance with the Health and Social Care Reform (Northern Ireland) Act 2009 and RQIA Standing Orders Number Three and Five.

This policy should be read in conjunction with other associated documents;

- Appointment to, Suspension, or Removal of from the RQIA List of SOADs;
- RQIA Escalation Policy;
- RQIA Complaints Policy

3.0 Policy Statement

This policy sets out the general principles, procedures and processes that RQIA must follow in relation to approving appointments to the RQIA List of SOADs.

The administrative arrangements to support the implementation of this policy are set out in the RQIA Procedure for Appointment to, Suspension, or Removal from the RQIA List of SOADs and in RQIA's Standing Order Three.

Standing Order Five also provides a facility for medical practitioners to make representation about any decision regarding non-appointment or suspension or removal made by the appointment panel.
The arrangements for making representation are set out in a separate procedure (Appendix 1).
RQIA do not indemnify SOADs.

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4.0 RQIA Principles

The RQIA has adopted the principles of fairness, openness and transparency in the development of this policy.

5.0 Entitlements

Appointed SOADs are authorised to provide a second opinion using agreed prescribed forms in relation to Part IV of the Mental Health (Northern Ireland) Order 1986.

RQIA will remunerate SOADs for providing a second opinion and any travelling expenses incurred in fulfilling this function in line with nationally agreed terms and conditions.

6.0 Responsibilities of RQIA

RQIA will ensure that medical practitioners who apply to be appointed to the list of SOADs meet the eligibility criteria for appointment.

RQIA will check the GMC online register on an annual basis to determine if the medical practitioner holds a licence to practise and/or if any conditions have been applied to the SOADs practice which may impact on their ability to fulfil their Part IV functions. Should any additional information come to the attention of RQIA which may have implications in relation to individual appointments, the Director of Mental Health, Learning Disability and Social Work (MHLD) will discuss these with the panel chair. The panel will consider if any action is required.

The appointment panel is able add conditions to any appointment if there are any queries relating to the medical practitioner's application. This will be for a limited period, with a review date agreed within 6 to 12 months.

RQIA will process all personal data or sensitive personal data (as both terms are defined in the Data Protection Act 1998) in accordance with that Act; and any such other conditions as RQIA deems appropriate.

6.1 Standing Order Three

Under Standing Order Three the Board has powers to delegate any of its functions to a committee or sub-committee, including powers reserved to the Board.

6.2 Standing Order Five

Under RQIA Standing Order Five, the RQIA Board has delegated authority to the appointment panel to make decisions about appointments to the list of SOADs.

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This requires RQIA to convene a panel, on behalf of Board, in respect of all matters regarding the appointment of SOADs.

The appointment panel will make a determination usually within 28 days of an application to RQIA. Exceptional circumstances may be applied if there is an immediate requirement for a more urgent appointment, e.g. to meet particular demands of the criminal justice system.

SOADs will normally be appointed for four years unless a shorter period of appointment is requested. A SOAD will be required to have worked as a consultant psychiatrist for a minimum of 5 years.

If the panel approves an appointment the panel chair (or a person designated by them), will issue a letter confirming the appointment and its duration. A certificate with the RQIA seal will be issued to the medical practitioner.

In the event that a medical practitioner is not appointed or is dissatisfied with the process used by the panel to make its decision, they can make representation to the RQIA appointment representation panel.

The membership of the appointment representation panel will be independent of the membership of the appointment panel, which made the decision not to appoint.

Decisions of the appointment representation panel will be required within 28 days (Monday-Friday excluding public holidays) of the meeting of the panel.

7.0 Membership of the RQIA Appointment Panel

RQIA's Chairman will seek expressions of interest from five Board members, one of whom should be appointed as panel chair.

Following approval by the Board, RQIA's Chairman will agree the appointment of the four additional Board members to the appointment panel.

The panel chair can appoint a deputy to act as chair in his/her absence.
In the event that a panel member is unable to fulfil their role, or the panel is unable to meet its quorate requirements, another Board member may be co-opted by agreement of RQIA's Chairman. In these circumstances the co-opted Board member will receive training on the requirements of the policy, procedure and Standing Order Number Five.

8.0 Eligibility Criteria for the Initial Appointment to the RQIA List of SOADs

The following information must be sent to RQIA in order that appointment can be considered by the panel:

- a fully completed application form;

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- evidence of 5 years' experience as a consultant psychiatrist in the specialism of mental health, learning disability, old age psychiatry or related specialism;

- evidence of working as a consultant psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body;

  or

- evidence of appointment as a sessional medical officer for RQIA;

- ability to work flexibly;

- confirmation of full registration with the General Medical Council (GMC) and hold a current licence to practise for the last academic year;

- evidence of a valid Certificate of Specialist Training (CST) and/or be on the Specialist Register of GMC;

- evidence of satisfactory participation in continuing professional development, annually, including demonstration of registration with and provision of Continuing Professional Development (CPD). Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within the last academic year;

- evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years;

- a referee form should be completed by a medical director or the medical director's authorised nominee, who can be an associate medical director or a clinical director or responsible officer (if independent medical practitioner);

- if Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986;

- applicants **must** apply for an AccessNI Enhanced Disclosure Certificate;

- Medical practitioners should submit valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £33 to RQIA

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- evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland, within the current period of approval

If appointed, the name, professional address (or address agreed by the medical practitioner) and the period of appointment will be recorded on the RQIA List of SOADs and stored in a secure database.

RQIA's seal must be fixed to any certificate of appointment approved by the panel and signed by either RQIA's Chairman or the panel chair (or a Board member nominated to act by him/her on his/her behalf).

A signed formal record will be kept of all documents sealed and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the seal.

The list of appointments and the time period of their approval will be published on the RQIA website.
http://www.rqia.org.uk/cms_resources/List%20of%20Part%20IV%20Medical%20Practitioners%20as%20of%20090715.pdf

8.1 Eligibility Criteria for the Re-Appointment to the RQIA List of SOADs

Re-appointment to the list of SOADs is not automatic. Applicants who wish to extend their appointment for a further four years will be required to submit the following information in order that re-appointment can be considered by the panel.

- a formal letter requesting extension;

- evidence of satisfactory participation in continuing professional development, including demonstration of registration with and provision of Continuing Professional Development (CPD). Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within the last academic year (please state name of body);

- evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years;

- a referee form should be completed by a medical director or the medical directors authorised nominee, who can be an associate medical director or a clinical director or responsible officer (if independent medical practitioner);

- if Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity with a recognised medical defence organisation,

or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986;

If appointed, the name, professional address (or address agreed by the medical practitioner) and the period of appointment will be recorded on the RQIA list of SOADs and stored in a secure database.

RQIA's seal must be fixed to any certificate of appointment approved by the panel and signed by either RQIA's Chairman or the panel chair (or a Board member nominated to act by him/her on his/her behalf).

A signed formal record will be kept of all documents sealed and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the seal.

9.0 Responsibilities of RQIA SOADs

All medical practitioners who intend to carry out any duties relating to the Mental Health (Northern Ireland) Order 1986 must ensure they are approved by RQIA before carrying out any duties.

SOADs must:

- hold a licence to practise with the GMC and notify RQIA immediately if they become subject to Fitness to Practice proceedings or their licence is withdrawn or suspended at any time (suspension of registration may result in suspension of SOAD approval by the RQIA panel;

- keep up to date with the Mental Health (Northern Ireland) Order 1986 and Code of Practice or any replacement thereof;

- recognise and work within the limits of their competence - General Medical Council Good Medical Practice 2013;

- Work in accordance with the GMC 'duties of a doctor' (see GMC Good Medical Practice 2013, Paragraph 72-76, Openness and Legal Disciplinary Proceedings)

  'If an applicant or appointee is subject to any GMC fitness to practise proceedings they must advise the Director of Mental Health and Learning Disability and Social Work in writing immediately and copy information to Head of Programme, Mental Health and Learning Disability. The applicant or appointee must keep the Director of Mental Health and Learning Disability and Social Work informed of the progress and outcome of the case. The Director of MHLD will advise the panel chair. The panel will consider if any action is required.'

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- inform RQIA of any change in personal circumstances which may impact on their ability or the public perception of their ability to carry out their functions as a SOAD in a professional manner;

- inform RQIA about any change to home or work address, telephone numbers, email address or any other contact information; and

- Inform RQIA at least one month in advance of any employment move to an area for which a different approving body is responsible and which is anticipated to be longer than six months.

10.0 Removal from the RQIA List of SOADs

In cases where the SOAD wishes to be removed from the list they should inform the panel administrator who will advise the panel chair. A record of the date of removal from the list will be retained by the panel administrator, and the panel chair will update the other panel members at the next appointment panel meeting.

The panel administrator will formally advise the SOAD of their removal from the list and the date that this removal will become effective.

In circumstances where RQIA is advised by the GMC of the withdrawal of a medical practitioner's licence to practise, or of any other information which may impact on the ability of the doctor to fulfil their functions, the appointment panel will be required to take this information into consideration in any decision regarding their appointment or continued appointment.
The procedure for the Suspension, or Removal from the RQIA List of SOADs should be considered in these circumstances.

11.0 General Advice and Guidance

The panel administrator will notify practitioners when their approval is due for renewal. The trust is required to notify RQIA if SOADs cease to be in their employment.

Approval of appointments cannot be given retrospectively. Any medical practitioner whose appointment has lapsed must refrain from carrying out any functions relating to Part IV duties until they seek approval to be reappointed.

12.0 Process for Making Representations in Respect of Non - Appointment to the RQIA List of SOADs

There is currently no legislative provision for this process but RQIA believes, in accordance with the principles of fairness, openness and transparency, a medical practitioner should be afforded the opportunity to make representation concerning any decision of the appointment panel.

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In line with the principles outlined above, all SOADs have an opportunity to formally make representation to RQIA if their appointment is refused by the panel.

The arrangements for responding to letters of representation are set out in RQIA Standing Order Five.

The RQIA procedure is available for responding to letters of representation following non-appointment of a SOAD.

Letters of representation in respect of non-appointment will only be considered if received with 28 days of notification of the decision of the appointment panel.

13.0 Legislative Framework

All SOADs are required to comply with the general provisions set out in the Mental Health (Northern Ireland) Order 1986 or any revision thereof.

This information is also available on the RQIA website www.rqia.org.uk/publications/legislative.cfm

14.0 Communication with Relevant Stakeholders

The policy and procedures associated with the appointment and suspension or removal from the RQIA List of SOADs will be communicated to all relevant stakeholders, these include;

- The Chief Executive and Medical/Clinical Directors of employing trusts/ independent hospitals
- SOADs
- The Health and Social Care Board and the Public Health Agency
- The Safeguarding Board for Northern Ireland
- Relevant professional regulators
- DHSSPS / Minister
- Northern Ireland Court Service
- General Medical Council
- Royal College of Psychiatrists (NI Faculty)
- The Lord Chief Justice as head of the Northern Ireland Judiciary

RQIA may inform relevant stakeholders if there are concerns about the quality of work undertaken by any appointed SOAD.

RQIA will publish the names along with appointment and expiration dates of all medical practitioners appointed to the list of SOADs.

RQIA publishes an annual report which incorporates information about the appointment of SOADs.

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This policy and associated procedures have been devised on advice from the DLS (BSO) and in consultation with the RQIA Board.

15.0 Policy Implementation

The RQIA Board is responsible for approving this policy. RQIA's Chairman will hold the appointment panel accountable for the discharge of their duties.

16.0 Training

Training on this policy and related procedures will be provided to any new Board members involved in appointment, suspension or removal panels, and any Board members involved in representation panel processes.

The Head of Programme, Senior Inspector and all MHLD administrators involved in the maintenance of the list of SOADs will be provided with appropriate training.
Areas covered will include legislative requirements, criteria to be met, administrative procedures requiring to be completed, timelines and the recording of decisions about any appointment, suspension or removal of appointment from the list of SOADs.

17.0 Equality

This Policy was equality screened on 15 December 2015 and rescreened on 28 December 2015. It was considered to have neutral impact implication for equality of opportunity.

The Policy does not require to be subjected to a full equality assessment.

18.0 Review of the Policy

This policy will be reviewed to evaluate its effectiveness and that of the associated procedures in March 2018.

DRAFT

Procedure for Appointment to, Suspension, or Removal from the RQIA List of Second Opinion Appointed Doctors

Policy type:	**Mental Health and Learning Disability**
Directorate area:	**Mental Health and Learning Disability**
Policy author/champion:	**Theresa Nixon - Director of Mental Health, Learning Disability and Social Work**
Equality screened:	**28 January 2015**
Board agreement required	**YES ☑ NO (tick) ☐**
Date agreed by RQIA Board	**21 January 2015**
Date of issue to RQIA staff	**30 January 2015**
Date of Reviewed	**28 January 2015**
Date of Review	**22 March 2018**

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1.0 Appointment to the RQIA List of Second Opinion Appointed Doctors (SOADs)

The power to appoint to the Regulation and Quality Improvement Authority (RQIA) list of SOADs is vested in RQIA following the transfer of functions from the former Mental Health Commission under Article 25(1) Health and Social Care (Reform) Act (Northern Ireland) 2009.

Medical practitioners at consultant psychiatrist level, with specialist experience in the diagnosis or treatment of mental disorder, and who meet the conditions set out by RQIA, are eligible to apply for appointment to the list of SOADs.

The suitability of every applicant is considered by RQIA, with account taken of the relevant experience, training, professional standing, qualifications and indemnity of the practitioner. Approval of appointment is not automatic.

These procedures should be read as part of;

- The Policy for the Appointment to, Suspension, or Removal from the RQIA List of SOADs
- The RQIA Complaints Policy and Procedures
- The RQIA Escalation Policy

1.1 Purpose

The purpose of this procedure is to provide a framework within which the appointments of SOADs will be undertaken by RQIA.

1.2 Application for Appointment to the RQIA List of SOADs

Application for appointment to the list of SOADs will be considered from medical practitioners who have

(a) evidence of 5 years' experience as a consultant psychiatrist in the specialism of Mental Health, Learning Disability, Old Age Psychiatry CAMHS or related specialism;
(b) working in an HSC trust as a locum or a substantive post holder;
(c) working in an independent hospital

1.3 Change in Personal or Professional Circumstances

All appointed medical practitioners must inform RQIA of any change in their personal circumstances which may impact on their ability, or the public perception of their ability, to carry out their function as a SOAD in a professional manner.

All medical practitioners are required to report to RQIA any termination, retirement or resignation of employment of contract from a HSC trust or independent hospital.

If termination of employment has occurred or the private medical practitioner has ceased to practice, the medical practitioner's name will be removed from the list.

If an applicant is subject to any GMC fitness to practice proceedings they must advise the Director of Mental Health, Learning Disability and Social Work in writing immediately. The applicant must keep RQIA informed of the progress and outcome of the case. The Director of Mental Health, Learning Disability and Social Work will bring this information to the attention of the appointment panel chair who will consider if any action required.

2.0 RQIA Appointment Panel

The appointment panel acts on behalf of the RQIA Board in respect of all matters relating to the appointment or non-appointment of SOADs.

The panel will make a decision within 28 days of receiving an application for appointment. Exceptional circumstances may apply if there is an immediate requirement for a more urgent appointment.

If the panel approves the appointment of a SOAD, the panel chair, or person designated by them, will issue a letter and certificate, with the RQIA seal, to the applicant confirming his or her appointment and the period of appointment. This information will be recorded on the list of SOADs and stored in a secure database.

The appointment panel is able to add conditions to any appointment if they have concerns about a medical practitioner. This will be for a limited period with a review date agreed within 6-12 months.

The decision not to appoint any medical practitioner will be taken by the panel, following discussion and review of the medical practitioner's compliance with the eligibility criteria. These criteria are set out on the application form for appointment.

2.1 Membership of the RQIA Appointment Panel

RQIA's Chairman will seek expressions of interest from five Board members, one of whom should be appointed as chair of the panel.

Following approval by the Board, RQIA's Chairman will agree the appointment of the four additional Board members to the appointment panel.

The panel chair can appoint a deputy to act as chair in his/her absence.
Any appointments made by the panel will be approved/ noted at an RQIA public Board meeting and formally recorded in the minutes.

3.0 Eligibility Criteria for the Initial Appointment to the RQIA List of SOADs

The following information must be sent to RQIA in order that appointment to can be considered by the appointment panel:

- a fully completed application form;
- evidence of 5 years' experience as a consultant psychiatrist in the specialism of mental health, learning disability, old age psychiatry or related specialism;
- evidence of working as a consultant psychiatrist currently for the Mental Health Review Tribunal (Northern Ireland) or equivalent body;

  or

- evidence of appointment as a sessional medical officer for RQIA;
- ability to work flexibly;
- confirmation of full registration with the General Medical Council (GMC) and hold a current licence to practise for the last academic year;
- evidence of a valid certificate of specialist training (CST) and/or be on the Specialist Register of GMC;
- evidence of satisfactory participation in continuing professional development, including demonstration of registration with and provision of Continuing Professional Development (CPD). Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within the last academic year (please state name of body);
- evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years;
- a referee form should be completed by a medical director or the medical directors authorised nominee, who can be an associate medical director or a clinical director or responsible officer (if independent medical practitioner);
- if Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986;

- applicants **must** apply for an AccessNI Enhanced Disclosure Certificate;

- medical practitioners should submit valid identification documents (3 or 5) as per AccessNI guidance document, together with AccessNI Fee payment of £33 to RQIA

- evidence of keeping up to date with any amendments to current relevant legislation in Northern Ireland, within the current period of approval

If appointed, the name, professional address (or address agreed by the medical practitioner) and the duration of their appointment will be recorded by the panel administrator on the list of SOADs.

RQIA's seal must be fixed to any certificate approved by the appointment panel and signed by RQIA's Chairman, or appointment panel chair (or a Board member nominated to act by him/her on his/her behalf).

A signed formal record will be kept of all documents sealed and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the seal.

The list of appointments will be published on the RQIA website.
http://www.rqia.org.uk/cms_resources/List%20of%20Part%20IV%20Medical%20Practitioners%20as%20of%20090715.pdf

4.0 Representation Appointment Panel

Where the panel has not agreed an appointment, the reason(s) for the decision not to appoint must be provided to the medical practitioner, in writing, by the panel chair. The medical practitioner should be informed of the facility of making representation to RQIA. Any letter of representation must be received within 28 days of the issuing of the letter of decision by the panel chair.

Following receipt of a letter of representation from the applicant, RQIA's Chairman will set up an appointment representation panel.

An appointment representation panel will be convened to review any decision not to appoint an applicant, following a letter of representation from the applicant (see Standing Order Three and Five and the RQIA Procedure for Responding to Representation following Non Appointment to the RQIA list of SOADs).

Decisions of the appointment representation panel will be required within 28 days of the meeting of the appointment panel (see separate RQIA Procedure for Responding to Representation following Non Appointment to the RQIA list of SOADs).

This decision is final and there is no right of appeal. However, if the medical practitioner is dissatisfied with the process by which RQIA has responded to their representation, they may complain to the RQIA Complaints Manager, in writing, within 28 days, following receipt of their letter.

5.0 Criteria for the Re-Appointment to the RQIA List of SOADs

Re-appointment to the RQIA List of SOADs is not automatic. Applicants who wish to be reappointed for a further four years will be required to submit the following information in order that re-appointment can be considered by the panel.

- a formal letter requesting extension;
- evidence of satisfactory participation in continuing professional development, including demonstration of registration with and provision of Continuing Professional Development (CPD). Good Standing Certificate from the Royal College of Psychiatrists or equivalent body within the last academic year (please state name of body);
- evidence of certificates demonstrating completion of GAIN e-learning Modules 1-4 on the Mental Health (Northern Ireland) Order 1986 within the last two years;
- a referee form should be completed by a medical director or the medical directors authorised nominee, who can be an associate medical director or a clinical director or responsible officer (if independent medical practitioner);
- Part IV duties are not indemnified as part of a contract of employment, applicants must provide a copy of their current insurance certificate of indemnity with a recognised medical defence organisation, or similar body, providing adequate cover to undertake work in respect of the functions of the Mental Health (Northern Ireland) Order 1986;

If appointed, the name, professional address (or address agreed by the medical practitioner) and the duration of their appointment will be recorded, by the panel administrator, on the list of SOADs.

RQIA's seal must fixed to any certificate approved by the appointment panel and signed by RQIA's Chairman or the panel chair (or a Board member nominated to act by him/her on his/her behalf).

A signed formal record will be kept of all documents sealed and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the seal.

The list of appointments of SOADs will be published on the RQIA website.
http://www.rqia.org.uk/cms_resources/List%20of%20Part%20IV%20Medical%20Practitioners%20as%20of%20090715.pdf

6.0 MHLD Administrative Procedures to Support Appointment and Representation Panels

The administrative procedure (attached in Appendix 1) supports the implementation and application of the overarching Policy for the Appointment to, Suspension, or Removal from the RQIA List of SOADs.

7.0 Associated MHLD Administrative Procedures, Letters and Template forms

The following step by step procedure is supported by a number of template documents accessed in the RQIA folder under Policy _Procedures.
R:\MHLD\Policies_Procedures

Appendix 1

THE MENTAL HEALTH AND LEARNING DISABILITY ADMINISTRATIVE PROCEDURE FOR THE APPOINTMENT TO THE RQIA LIST OF SOADS

March2016

Step	Action	Responsibility	Template	Timeframe
1.0	**Request for initial appointment to the RQIA List of SOADs** • The consultant psychiatrist seeking to be appointed will contact RQIA, via phone or email, seeking an application pack. • Application pack to be forwarded to the medical practitioner to be completed and returned to RQIA within 28 days. • MHLD administrator will record all communication on the RQIA SOAD Contact Log.	**panel administrator**	L1A F1A F2 F3 G1 G2	Within five working days of receipt of request
	Reappointment to the RQIA List of SOADs: • A brought forward system for expiry/renewal date will be maintained. • RQIA will write to the medical practitioner to alert them that their appointment to the RQIA List of SOADs is due to expire in 12 weeks. • RQIA will forward the SOAD a list of required documentation to extend their appointment and a letter confirming their wish to be extended, for their signature.	**panel administrator**		12 weeks prior to expiry date
Incomplete or no request received, **go to Step 1.1** Complete request received, **go to Step 2**				

Appendix 1

Step	Action	Responsibility	Template	Timeframe
1.1	**Request Incomplete: Request for Missing Information**			
	Contact consultant psychiatrist by email, requesting missing information to be sent to RQIA within five working days. MHLD administrator to update Head of Programme (HOP).	**panel administrator** **Head of Programme MHLD**	E1	Two days post deadline for receipt of application form
Satisfactory response received to Step 1.1, **go to Step 2** If missing information is not received within 5 working days, go to **step 1.2**				
1.2	Head of Programme to contact medical practitioner by email, requesting missing information to be sent to RQIA within 5 working days. Record of communication to be recorded on the SOAD spreadsheet If information is not received within 5 working days no further progression of applicants' application will be made. This will be explained to the applicant in writing by HOP.	**Head of Programme MHLD** **Head of Programme MHLD**	L2A or L2B	One day post agreed deadline above
2.0	**Filing of Information Received** The application form and any supporting documentation is scanned, recorded and filed in the appropriate MHLD SOAD folder. R:\MHLD\Part_IV\1. Doctor_Name A hard copy file containing the doctor's application form and accompanying documentation will be filed securely.	**panel administrator**		

Appendix 1

Step	Action	Responsibility	Template	Timeframe
3.0	**Appointment Panel Meeting**			
	The panel administrator will confirm date of appointment panel meeting with the panel chair and book a room.	**panel administrator**		Seven days in advance of Appointment Panel meeting
	The sessional medical practitioner will review the applicant's compliance with the eligibility criteria for appointment. The sessional medical officer should confirm that he/she is satisfied that the application should be progressed to the appointment panel.	**Sessional medical officer**		
	Application forms, supporting evidence, recommendation from the sessional officer, minutes (from previous meeting) and agenda for the forthcoming meeting will be uploaded to BoardPad for the appointment panel's consideration.	**Panel administrator (via Board and Executive Support Manager)**		
	The panel administrator will record a minute of the meeting and decisions of appointment. The panel chair will advise the applicant and RQIA's Chairman of the panel's decision and the agreed period of appointment.	**panel chair and panel administrator**	L5A L5B	Appointment Panel Meeting for review
	The details of the appointment will be recorded on the SOAD spreadsheet.			Within five working days of panel meeting
	The following details should be entered: - Employing Trust (if applicable) - Medical practitioner specialty - Date and period of appointment - Expiry date - Annual GMC checked	**panel administrator**		

Appendix 1

Step	Action	Responsibility	Template	Timeframe
	- Date application pack required to be sent - Date application pack should be returned - Professional address (if applicable) - GMC Registration Number			
4.0	**Confirmation of Medical Practitioner's Appointment/re-appointment to the RQIA List of SOADs** **To the SOAD** Standard letter signed by the panel chair or a person designated by them, is sent to the medical practitioner, at their professional address supplied with the original request documentation, confirming his/ her appointment and indicating the time period for appointment by RQIA. **Return of Signature Proforma** Following receipt of returned signature proforma, this should be scanned and saved in the MHLD subfolder 'Proforma Signatures' R:\MHLD\Part IV\12. Proforma Signatures **Confirmation of Non-Appointment to the RQIA List of SOADs** If appointment is not agreed by the appointment panel, a letter will be issued to the medical practitioner from the panel chair advising that the request has been considered, but, based on the information supplied, a decision has been made not to agree the appointment and stating the reason. Any letter of representation must be received by the Chairman of RQIA.	**panel administrator and panel chair** **Panel administrator** **Panel administrator and panel chair**	L5A/ L5B F6 (Certificate) L6A/ L6B L7	Within five working days of panel meeting Within five working days of panel meeting

Appendix 1

Step	Action	Responsibility	Template	Timeframe
5.0	**Register of Sealing** The Seal of RQIA will require to be fixed to the certificate of appointment. Before any document is sealed it must be approved and signed by RQIA's Chairman (or a Board member nominated to act by her / him on his / her behalf). An entry of every sealing has to be made and numbered consecutively in a book provided by the finance department and signed by the person who had authorised the document plus a witness. The sealed certificate and appointment letter will be scanned by the panel administrator and saved in the SOAD folder R:\MHLD\Part_IV\1. Doctor_Name and relevant hard copy file. The original letter and certificate is sent to the doctor at the professional address stated on their application form.	**panel administrator**		Within 28 of appointment
6.0	**The RQIA List of SOADS** The detail of the appointment to the list of SOADs will be forwarded to the communications Team for upload to RQIA website. http://www.rqia.org.uk/what_we_do/mental_health_and_learning_disability/part_iv_medical_practitioners_appln.cfm	**panel administrator**		Within five working days of appointment

The Regulation and Quality Improvement Authority

Standing Order Number Five

Panel for the Appointment to, Suspension, or Removal from the RQIA List of Second Opinion Appointed Doctors

informing and improving health and social care
www.rqia.org.uk

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1.0 Introduction

The power to appoint to the Regulation and Quality Improvement Authority (RQIA) list of Second Opinion Appointed Doctors (SOADs) is vested in RQIA following the transfer of functions from the former Mental Health Commission under Article 25 (1) of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

Under Standing Order Three, RQIA's Board has powers to delegate any of its functions to a committee or sub-committee, including powers reserved to the Board.

Under Standing Order Five, RQIA's Board has delegated the authority to make decisions about appointment to, suspension, or removal from the RQIA list of SOADs.

RQIA Appointment Panel

2.0 Establishment of the Panel

RQIA's Board will establish an appointment panel to make appointments to the list of SOADs.

Medical practitioners, at consultant psychiatrist level, with specialist experience in the diagnosis or treatment of mental disorder, who meet the conditions set out by RQIA, are eligible to apply for appointment to the list of SOADs. The criteria for appointment to the List are set out in a separate procedure (see RQIA Procedure for Appointment to, Suspension, or Removal from the RQIA List of SOADs).

The suitability of each applicant is considered by RQIA, with account taken of the relevant experience, training, professional standing, qualifications and indemnity of the practitioner. Approval for appointment is not automatic.

2.1 Membership

RQIA's Chairman will seek expressions of interest from five Board members, one of whom should be appointed as panel chair.

Following approval by the Board, RQIA's Chairman will agree the appointment of the four additional Board members to the appointment panel.

The panel chair can appoint a deputy to act as chair in his/her absence.

Any appointments made to the appointment panel will be approved/ noted at an RQIA public Board meeting and formally recorded in the minutes.

2.2 Terms of Reference

The appointment panel will process all applications in line with the RQIA's Policy and Procedure for the Appointment to, Suspension, or Removal from the RQIA List of SOADs.

The panel will formally agree and record in its minutes the name of each applicant appointed to the list of SOADs.

The panel shall advise RQIA's Board of all decisions made with regard to all applications for appointment.

If the panel agrees that an applicant should not be appointed to the list of SOADs, the applicant should be advised that they can make representation to RQIA's appointment representation panel, within 28 days of the decision of the appointment panel.

RQIA Appointment Representation Panel

3.0 Establishment of the Panel

RQIA's Board will establish an appointment representation panel to respond to a letter of representation from any medical practitioner not appointed to the list of SOADs.

3.1 Membership

The membership of the appointment representation panel will comprise:

- RQIA's medical director (or, if not available, another RQIA director) and two Board members, appointed by RQIA's Chairman, not previously involved in the decision making process.

- An independent medical advisor (who has not been recently involved with medical practitioner making the representation) will provide information and advice on relevant operational issues in respect of the procedure. The advisor is not a voting member of the panel.

3.2 Terms of Reference

The chair of the appointment representation panel will agree the meeting dates of the panel.

RQIA's appointment representation panel will review:

- letter of representation;
- accompanying documents sent to the panel by the medical practitioner making representation;

- correspondence from RQIA to the applicant concerning their non-appointment and the response received from RQIA from the applicant;
- process used by RQIA's appointment panel to come to its decision;
- minute of the original decision made by the panel;
- any legal advice obtained by the panel

RQIA's mental health and learning disability Head of Programme will provide administrative support to the panel, and ensure a formal record of the proceedings is recorded. A report of the decision of the appointment representation panel will be forwarded to the RQIA's Chairman within 28 working days of receiving the letter of representation. In the event that this is not achievable, the record will be forwarded as soon as is reasonably practicable.
Save as otherwise expressly provided herein, the chair of the appointment representation panel shall decide the procedures to be followed by this panel.

RQIA's appointment representation panel will determine whether it is satisfied that the appointment panel's decision was reasonable and consistent with the RQIA Policy.

The chair of the appointment representation panel will advise RQIA's Chairman of its decision and report this to the RQIA Board.

Letters of representation will only be considered within six months from the date of notification of the panel's decision.

4.0 Removal from the RQIA List of SOADs

Where a medical practitioner wishes to be removed from the list of SOADs they should inform the panel administrator who will advise the appointment panel chair. A record of the date of removal from the list will be retained by the panel administrator and the panel's chair will provide an update at the next appointment panel meeting.

The panel administrator will formally advise the medical practitioner of their removal from the list of SOADs.

RQIA Suspension or Removal Panel

5.0 Establishment of the Panel

A suspension or removal panel will also be established to make a decision about suspension or removal from RQIA's list of SOADs where:

a) RQIA has become aware of any information that may impact on the ability of an individual to fulfil their functions.

b) the GMC has suspended or removed their fitness to practise licence or applied any conditions to their registration

c) RQIA becomes aware that a medical practitioner is not discharging their responsibilities in accordance with the Policy and Procedure for Appointment to, Suspension, or Removal from the RQIA List of SOADs.

5.1 Membership

RQIA's Chairman will seek expressions of interest from three Board members, not involved in the decision making panel to consider a suspension or removal from the list of SOADs. One member will chair the panel.

Board nominations to the suspension or removal panel will be confirmed at a public Board meeting and formally recorded in the minutes.

5.2 Terms of Reference

The suspension and removal panel will process all correspondence and other relevant information in line with the policy and procedure for the suspension and removal of SOADs.

The panel will formally agree and record in its minutes, any applicant who has had their appointment suspended or removed.
The panel shall advise the Board of any decision(s) made with regard to any suspension and removal of any SOAD.

Where a panel suspends or removes an individual from the list of SOADs, they may make representation, in writing, to RQIA's Chairman, within 28 days of notification of the panel's decision. RQIA's Chairman will convene a panel to consider this representation.

RQIA Suspension or Removal Representation Panel

6.0 Establishment of the Panel

RQIA's Chairman will convene a suspension or removal representation panel to consider a letter of representation.

The panel chair will advise RQIA's Chairman if a decision to suspend or remove a medical practitioner's name from the list is upheld.

6.1 Membership of the Panel

RQIA's Chairman will appoint three Board members to a suspension or removal representation panel who were not involved in the original decision. One panel member will act as chair.

The panel will also include a member of RQIA's executive management team and an independent medical advisor who will not be a voting member of the panel.
The medical practitioner has the right to complain to RQIA's Chairman, within 6 months of the date of notification, if unhappy with the process used by the representation panel to come to their decision.

Board nominations to the representation panel will be confirmed at a public Board meeting and formally recorded in the minutes.

The mental health and learning disability senior administrator will facilitate the administrative requirements of the panel.

6.2 Terms of Reference

The panel chair will agree the meeting dates of the representation panel.

The representation panel will review:

- correspondence and concerns regarding the medical practitioner's ability to remain on the list of SOADs
- documents sent to the representation panel by the appellant
- correspondence between the suspension and removal panel and the medical practitioner
- the suspension and removal panel's decision-making processes
- minute of the suspension and removal panel;
- Legal advice obtained by the suspension and removal panel.

RQIA's mental health and learning disability Head of Programme will provide administrative support and record minutes of proceedings. A report of the panel's decision will be forwarded to RQIA's Chairman within 28 days of receiving the letter of representation. Where this is not achievable, the record will be forwarded as soon as is reasonably practicable.
The appellant will be informed by RQIA's Chairman if there is any delay in concluding the findings of the panel by the agreed date.

The panel shall determine whether or not it is satisfied that the decision made by the suspension or removal panel was reasonable and consistent with RQIA's policy and procedure in respect of the suspension or removal of SOADs and reasonable in all aspects of the appointment to the list of SOADs. The panel chair will advise RQIA's Chairman of its decision and report the outcome to RQIA's Board.

7.0 Additional Matters

RQIA's appointment panel and suspension or removal panels may co-opt additional Board members for a defined period to provide specialist skills, knowledge and experience. Panels may also seek advice from a member of RQIA's sessional medical panel, as required.

The panel chair may commission legal advice through the Directorate of Legal Services, Business Services Organisation.

8.0 Period of Appointment Panel Membership

RQIA's Chairman will review the membership of the appointment and suspension or removal panels every two years.

9.0 Quorum

A duly convened meeting of the appointment panel or suspension or removal panel, at which a quorum is present, will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by, the panel.

To allow any meeting to proceed, a quorum of three of the five Board members of the appointment panel; and two of the three members for the suspension or removal panel is required.

Any conflicts of interest must be declared at the beginning of a panel meeting.

In the event that a panel chair is not available, he/she will nominate a panel member to chair the meeting.

10.0 The Administrative Scheme of Delegation

10.1 Sealing Documents for the Appointment, Suspension or Removal

RQIA's seal must be fixed to any documents of decision where RQIA's Chairman has delegated powers to panels regarding the appointment, suspension or removal from the list of SOADs.

Before any document is sealed it must be approved and signed by RQIA's Chairman (or a Board member nominated to act by her / him on his / her behalf).

10.2 Custody of Seal

RQIA's seal shall be kept by the Chief Executive in a secure place.

10.3 Register of Sealing

A signed formal record will be kept of all documents sealed and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the seal.

10.4 Signature of Documents

Where the signature of any document shall be a necessary step in legal proceedings involving RQIA, it shall be signed by RQIA's Chairman.

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 March 2016
Title of Paper	Corporate Risk Assurance Framework Report
Agenda Item	8
Reference	F/03/16
Author	Stuart Crawford
Presented by	Maurice Atkinson
Purpose	The purpose of the Corporate Risk Assurance Framework, which is a combination of the Corporate Risk Register and Corporate Assurance Framework, is to enable RQIA to assure itself that identified risks related to the delivery of key objectives are monitored and managed effectively.
Executive Summary	A detailed change log is enclosed at pages 2 of the report. The risks are now grouped into five major categories which RQIA faces: • Financial • Information • Regulatory & Legal • Operational • Reputational
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **APPROVE** the Corporate Risk Assurance Framework Report.
Next steps	The next updated Framework Report will be presented to the Board in July 2016.

The Regulation and Quality Improvement Authority

CORPORATE RISK ASSURANCE FRAMEWORK

RQIA Board Meeting March 2016

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EXECUTIVE SUMMARY

Risk Log – March 2016				
LOW RISKS	MEDIUM RISKS	HIGH RISKS	EXTREME RISKS	TOTAL NUMBER OF RISKS
0	6	1	0	7

Risk ID	Description of Change	Details	Date Changed	Risk Rating
Operational Risks				
Previously Risk 1 There is a risk that RQIA will be unable to meet the minimum frequencies of inspections of all regulated services in 2015/16, as set out in the Fees and Frequencies of Inspections Regulations (2005), caused by the increased demand for additional inspections in some regulated services in response to failings to meet minimum standards and investigations of whistleblowing disclosures.	**Risk Removed**	The regulation directorate is currently on target to deliver its programme of planned inspections for 2015/16 as reported in the Quarter 3 Corporate Performance Report. This risk has transferred to the Regulation Directorate Risk Register. Will be reviewed by the EMT during the 2016/17 financial year.	23/02/2016	**Unchanged L/M**
Risk 1 There is a risk that changes to the legislative framework (e.g. SEND Bill) will require RQIA to undertake additional roles and responsibilities without assurance of the available resources to fulfil these obligations, which may result in RQIA being unable to deliver the required assurances that services are being provided in accordance with the relevant regulations and standards.	**New Risk**	The Special Educational Needs and Disability (SEND) Bill will come into force in 2016/17. It requires HSC trusts and the Education Authority to collaborate in assessing children with disabilities and special educational needs and in providing them with the necessary services. RQIA and the ETI must undertake at intervals a review of how well HSC trusts and the Education Authority are collaborating in the successful discharge of their statutory responsibilities.	23/02/2016	**M/M**
Risk 2 There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models. This may result in some new services not being registered and brought within an appropriate regulatory framework.	**2 New Actions**	• Continue to liaise with the Department until the drafted Regulation for the Registration and Inspection of Fostering Agencies comes into force. • Any services that are identified by RQIA which are operating outside of the legislative framework but should be regulated to protect and safeguard service users are reported to DHSSPS.	23/02/2016	**Unchanged M/M**

Risk Log – March 2016				
LOW RISKS	**MEDIUM RISKS**	**HIGH RISKS**	**EXTREME RISKS**	**TOTAL NUMBER OF RISKS**
0	**6**	**1**	**0**	**7**

Risk ID	Description of Change	Details	Date Changed	Risk Rating
Risk 4 There is a risk that the delivery of critical corporate functions may be compromised caused by the potential outsourcing of Finance, Administration of Income, ICT, Information Governance, Premises Management, Organisational Development, Equality, Disability Discrimination Order and Health & Safety to BSO. This may compromise RQIA's control over these core functions and result in a loss of operational independence and capability.	**Description Reworded**	Original Wording: There is a risk that the delivery of critical corporate functions may be compromised caused by the potential outsourcing of Finance, ICT, Information Governance, Premises Management and Health & Safety to a BSO shared services centre. This may compromise RQIA's independence and result in a loss of operational capability and a service which is less accountable, responsive and flexible.	23/02/2016	**Unchanged H/M**
	Action Implemented	Action implemented and moved to current controls: • Have liaised with the Director of HR BSO who is leading the Shared Services Scoping Study.		
Previously Risk 5 There is a risk that RQIA may be unable to sustain and further develop a robust programme of unannounced inspections of acute hospitals, due to resource constraints and other extraneous factors beyond our immediate control, which may result in RQIA failing to provide the public with the necessary assurance that services in acute hospitals, are safe, effective and compassionate.	**Risk Removed**	Three inspections have been completed since this risk first appeared on the corporate risk register and there are no current concerns that RQIA will not be able to deliver the planned programme. This risk has was reassessed and downgraded to L/M and has been transferred to the Reviews Directorate Risk Register	23/02/2016	**Changed from L/H to L/M**

Risk Log – March 2016				
LOW RISKS	**MEDIUM RISKS**	**HIGH RISKS**	**EXTREME RISKS**	**TOTAL NUMBER OF RISKS**
0	**6**	**1**	**0**	**7**

Risk ID	Description of Change	Details	Date Changed	Risk Rating
Risk 5 There is a risk that RQIA will continue to lose critical capacity through turnover in key posts and austerity measures including the recurring 3% efficiency savings, and Agenda for Change pay restraints combined with increasing challenges which will impact on future workforce demands and internal capacity and capability. This may result in RQIA failing to deliver its core functions thus not being able to provide the required level of assurance.	**2 new controls added**	• 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.	03/04/2016	**Unchanged M/M**
	1 assurance on controls added	• Regular review by the EMT of key vacancies at senior and mid-level.		
	1 action amended	Action amended to reflect RQIA's commitment to succession planning. • Provide opportunities for staff through succession planning initiatives to develop their experience, skills and knowledge in order to retain staff with the potential to take on additional responsibilities and fill critical roles in the future.		
Reputational Risks				
Risk 6 There is a risk that RQIA fails to respond and learn from the recommendations from the 'Independent review of the actions taken in relation to concerns raised about the care delivered at Cherry Tree House Nursing Home' and to the recommendations	**Action Implemented**	Implemented and moved into Current Controls: • Implemented an action plan which was developed to take forward the recommendations of the independent review of the actions of the agencies involved with Cherry Tree House in respect of RQIA.	10/06/2015	**Unchanged H/M**

Risk Log – March 2016				
LOW RISKS	**MEDIUM RISKS**	**HIGH RISKS**	**EXTREME RISKS**	**TOTAL NUMBER OF RISKS**
0	**6**	**1**	**0**	**7**

Risk ID	Description of Change	Details	Date Changed	Risk Rating
in the 2014/15 Internal Audit special assignment. This may result in a failure to take appropriate regulatory action to protect and safeguard service users which in turn could lead to a loss of public confidence in the RQIA's delivery of its core activities.	**Action Reworded**	Reworded from: • RQIA's management response to the BSO internal audit will be monitored via the Audit Committee. to • RQIA's management response to the BSO internal audit and re-audit completed in January 2016 will be monitored via the Audit Committee.		
Financial Risks				
Risk 7 There is a risk that RQIA will not break even on income and expenditure at 31 March 2016 due to the significant financial pressures caused by the current climate of austerity. This may result in RQIA's accounts receiving a qualified audit opinion and increased financial scrutiny from DHSSPS.	**New control added**	Easement provided to DHSSPS on 1 Feb 2016. RQIA forecasting break even at 31 March 2016.	23/02/2016	**Changed from M/M to L/M**
Information Risks				
Previously Risk 9 There is a risk that the business case to secure capital funding for the iConnect Project Manager post from 1 April to 31 December 2015 will not be approved by DFP. This may result in serious problems in effectively progressing the implementation of Phase 1B of the iConnect project and the funding for the post will have to be sourced from RQIA's revenue budget from 1 April until the contract ends.	**Risk Removed**	Business Case was approved by the department and funding has been received for the post.	23/02/2016	**Unchanged L/L**

INTRODUCTION

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

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

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

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

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

RISK ASSURANCE

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

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

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

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

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

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

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

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

RISK ANALYSIS AND EVALUATION

This risk assessment has been undertaken using:

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

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

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

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

Risk likelihood assessment

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

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

Risk impact assessment

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

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

Risk Scoring Matrix

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

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

Action levels

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

Inter-relationship between the Corporate and Directorate Risk Registers

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

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

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

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

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

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

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

Risk Appetite

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

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

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

[1] HM Treasury Orange book

RISK SCORING MATRIX

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

RISK 1 There is a risk that changes to the legislative framework (e.g. SEND Bill) will require RQIA to undertake additional roles and responsibilities without assurance of the available resources to fulfil these obligations, which may result in RQIA being unable to deliver the required assurances that services are being provided in accordance with the relevant regulations and standards.

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

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

RISK 4 There is a risk that the delivery of critical corporate functions may be compromised caused by the potential outsourcing of Finance, Administration of Income, ICT, Information Governance, Premises Management, Organisational Development, Equality, Disability Discrimination Order and Health & Safety to BSO. This may compromise RQIA's control over these core functions and result in a loss of operational independence and capability.

RISK 5 There is a risk that RQIA will continue to lose critical capacity through turnover in key posts and austerity measures including the recurring 3% efficiency savings, and Agenda for Change pay restraints combined with increasing challenges which will impact on future workforce demands and internal capacity and capability. This may result in RQIA failing to deliver its core functions thus not being able to provide the required level of assurance.

RISK 6 There is a risk that RQIA fails to respond and learn from the recommendations from the 'Independent review of the actions taken in relation to concerns raised about the care delivered at Cherry Tree House Nursing Home' and to the recommendations in the 2014/15 Internal Audit special assignment. This may result in a failure to take appropriate regulatory action to protect and safeguard service users which in turn could lead to a loss of public confidence in the RQIA's delivery of its core activities.

RISK 7 There is a risk that RQIA will not break even on income and expenditure at 31 March 2016 due to the significant financial pressures caused by the current climate of austerity. This may result in RQIA's accounts receiving a qualified audit opinion and increased financial scrutiny from DHSSPS.

Vision

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

Purpose

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

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

Stakeholder Outcomes

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

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

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

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

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

Strategic Themes

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

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

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

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

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

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

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

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

Values

Independence ◆ Inclusiveness ◆ Integrity ◆ Accountability ◆ Professionalism ◆ Effectiveness

Vision
Purpose
Stakeholder Outcomes
Strategic Themes
Values

ACTION BY DATE CALENDAR

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

CORPORATE RISK ASSURANCE FRAMEWORK

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Operational Risks												
Strategic Theme : 1 - Deliver Operational Excellence 2 - Develop and Execute New Capabilities												
1	There is a risk that changes to the legislative framework (e.g. SEND Bill) will require RQIA to undertake additional roles and responsibilities without assurance of the available resources to fulfil these obligations, which may result in RQIA being unable to deliver the required assurances that services are being provided in accordance with the relevant regulations and standards.	CE	• RQIA provides sponsor branch with information to facilitate consideration of the necessary resource requirements to enable RQIA to respond effectively to changes in legislative requirements. • RQIA can, in consultation with sponsor Branch, adjust aspects of its existing programme to release the time and capacity to undertake new tasks and responsibilities. • RQIA has submitted costed proposals to increase its capacity to undertake inspections, investigations and reviews in response to increase demand for its services.		M	M	M			RQIA will identify additional tasks arising from changes in the legislative framework and will make sure these are included within the business planning process and in business case preparations as necessary.	CE	Ongoing

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Strategic Theme : 1 - Deliver Operational Excellence 2 - Develop and Execute New Capabilities												
2	There is a reputational risk that the existing regulatory and legislative framework fails to keep pace with the introduction of new service delivery models. This may result in some new services not being registered and brought within an appropriate regulatory framework.	CE	• Currently participating in a multi-agency group examining the regulatory framework in supported living services. • A paper detailing the gaps in legislative provision for DHSSPS was forwarded to DHSSPS in Sept 2014. • Any services that are identified by RQIA which are operating outside of the legislative framework but should be regulated to protect and safeguard service users are reported to DHSSPS.		M	M	M			• Liaise with the Department to assess the impact of new and emerging service models and how they impact on the regulatory framework. • Continue to liaise with the Department until the drafted Regulation for the Registration and Inspection of Fostering Agencies comes into force.	CE R&N	Ongoing Ongoing

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Strategic Theme : 1 - Deliver Operational Excellence												
3	There is a risk that RQIA will not be able to discharge the statutory function of providing second opinions for treatment plans due to a lack of suitable applications and appointments to the RQIA List of Part IV Medical Practitioners.	MHLD	• 6 Part IV Medical Practitioners currently on list. • Policy and Procedure updated and implemented • Currently appointed Medical Practitioners invited to apply for reappointment. • Revision of the agreed minimum criteria for application for appointment to the RQIA List of Part IV Medical Practitioners.		H	M	M			• Continue to pursue the revised business case with DHSSPS requesting additional funding to recruit and provide training and associated administration for an increased capacity of Part IV Medical Practitioners, and an increase in the payments to Medical Practitioners to attract applicants. • There is an open advertisement for additional Medical Practitioners publicly.	MHLD MHLD	Ongoing Ongoing

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
Strategic Theme : 1 - Deliver Operational Excellence 3 - Use Resources Effectively												
4	There is a risk that the delivery of critical corporate functions may be compromised caused by the potential outsourcing of Finance, Administration of Income, ICT, Information Governance, Premises Management, Organisational Development, Equality, Disability Discrimination Order and Health & Safety to BSO. This may compromise RQIA's control over these core functions and result in a loss of operational independence and capability.	CE	• Completed a Corporate Services Shared Services questionnaire detailing the magnitude and complexity of the roles and responsibility of the CS Teams and individuals. • Have liaised with the Director of HR BSO who is leading the Shared Services scoping Study.		H	M	M			• Respond to BSO service offerings in respect of a range of corporate functions	CS	March 2016

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Strategic Theme : 1 - Deliver Operational Excellence 3 - Use Resources Effectively												
5	There is a risk that RQIA will continue to lose critical capacity through turnover in key posts and austerity measures including the recurring 3% efficiency savings, and Agenda for Change pay restraints combined with increasing challenges which will impact on future workforce demands and internal capacity and capability. This may result in RQIA failing to deliver its core functions thus not being able to provide the required level of assurance.	CE	• Developed a 2015-16 Savings Plan to meet the 3% reduction in RQIA's RRL (£201,112). • Each Director continuously reviews vacancies which arise as a result of staff turnover to ensure that key posts are filled through the appropriate recruitment and selection processes. • EMT exercises corporate oversight of all senior and mid management vacancies to ensure continuity of RQIA's core business.	• Regular monthly reporting of the financial position to the EMT, RQIA Board and DHSSPS. • Regular review by the EMT of key vacancies at senior and mid-level.	M	M	M			• Produce a workforce plan which will identify the human resource requirements to successfully deliver the business objectives while meeting the efficiency savings. • Provide opportunities for staff through succession planning initiatives to develop their experience, skills and knowledge in order to retain staff with the potential to take on additional responsibilities and fill critical roles in the future.	CS CE	Interim Report March 2016 / Full Report June 2016 Ongoing

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
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Reputational Risks												
Strategic Theme : 1 - Deliver Operational Excellence												
6	There is a risk that RQIA fails to respond and learn from the recommendations from the 'Independent review of the actions taken in relation to concerns raised about the care delivered at Cherry Tree House Nursing Home' and to the recommendations in the 2014/15 Internal Audit special assignment. This may result in a failure to take appropriate regulatory action to protect and safeguard service users which in turn could lead to a loss of public confidence in the RQIA's delivery of its core activities.	R&N	• Director of Regulation and Nursing has developed an action plan to respond to each of the recommendations set out in the internal audit report. • Action plan is regularly reported to the EMT. • Regulation Directorate Improvement project to take forward actions in respect of inspection systems and processes. • Updated advice on RQIA's website on how to make a complaint and whistleblowing. • On 1 Aug RQIA met with family members affected by the review to discuss the outcomes of the report. • BSO Internal Audit completed an audit to address recommendations 19 and 21. • Implemented an action	Update on achievement of actions reported to the Audit Committee	L	H	H			• RQIA's management response to the BSO internal audit and re-audit completed in January 2016 will be monitored via the Audit Committee. • Quality Improvement Steering group to oversee the implementation of the Regulation Directorate Improvement Work stream.	CE CE	Sept 2016 On-going

Ref No.	Description of Risk	Risk Owner	Key Controls	Assurance on Controls	Assessment of Risk			Gaps in Controls	Gaps in Assurances	Action/s Proposed	Action Owner/s	Date
	What would prevent the objective being achieved?	One Person	What controls / systems are in place already to manage the risk	Where can we gain evidence that the controls we are relying on are in place and effective?	Likelihood	Impact	Risk Rating	Where are we failing to put controls / systems in place or are failing to make them effective?	Where are we failing to gain evidence that our controls / systems are in place and effective?	What needs to be done to meet the gaps in controls and assurances?		Action by Date
			plan which was developed to take forward the recommendations of the independent review of the actions of the agencies involved with Cherry Tree House in respect of RQIA.									
Financial Risks												
Strategic Theme : 1 - Deliver Operational Excellence 3 - Use Resources Effectively												
7	There is a risk that RQIA will not break even on income and expenditure at 31 March 2016 due to the significant financial pressures caused by the current climate of austerity. This may result in RQIA's accounts receiving a qualified audit opinion and increased financial scrutiny from DHSSPS.	CE	• Finance reporting structures are in place. • Developed a 2015-16 Savings Plan to meet the 3% reduction in RQIA's RRL (£201,112). • Easement provided to DHSSPS on 1 Feb 2016.	• Regular monthly reporting of the financial position to the EMT, RQIA Board and DHSSPS.	L	M	M			• Continue to use the Vacancy Control Forum. • Continue to deliver the 2015-16 Savings Plan.	CE CS	Ongoing Ongoing

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 March 2016
Title of Paper	Chief Executive's Performance Dashboard
Agenda Item	9
Reference	G/03/16
Authors	Executive Team
Presented by	Glenn Houston
Purpose	To present a summary of performance and key risks across our core activities.
Executive Summary	Updates are provided in respect of the following – • Regulation • Reviews • Mental Health & Learning Disability • Quality Improvement Workstreams • Finance
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **COMMENT** on the Chief Executive's Performance Dashboard.
Next steps	Not applicable

CHIEF EXECUTIVE'S PERFORMANCE DASHBOARD

Performance Area		Commentary	
Regulation	***Is the programme of work in Regulation on track?***	***Update***	The statutory minimum number of inspections is projected to be achieved across all service areas by year end. Stakeholder information events are taking place during March 2016. The revised inspection policy for regulated services is out for consultation, 1 March - 29 April 2016.
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Reviews	***Is the programme of work in Reviews on track?***	***Update***	Since the last Board meeting on 18 February 2016, the Review of the NI Ambulance Service is due for publication during the week commencing Monday 21 March 2016, with another 2 review reports awaiting return from the DHSSPS in early April 2016, namely: • Review of Review of Governance Arrangements relating to General Practitioner (GP) Services in Northern Ireland • Review of HSC Trusts' Readiness to comply with an Allied Health Professions Professional Assurance Framework Four review reports are being prepared for publication.

Performance Area		Commentary	
			Fieldwork is completing with a Summit Event for the DHSSPS Commissioned Review of Whistleblowing Arrangements in HSC Organisations.
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Mental Health & Learning Disability (MHLD)	***Is the programme of work in MHLD on track?***	***Update***	Fieldwork for a review of community services for adults with a learning disability is completed, with final report by May 2016. The Mental Capacity Bill has completed its final stage in the Northern Ireland Assembly on 16 March, this will introduce a new rights based legal framework that applies equally to every adult where there is a need to intervene in their lives on health grounds. The Bill is expected to receive Royal Assent in April and contains significant new justice related provisions. RQIA will receive an updated briefing from the DHSSPS in respect of the timeline for the introduction of the Bill. An evaluation of the new inspection methodology has been completed by Professor Roy McConkey. The report is included for discussion at agenda item 6. Much improvement activity has focused on refining the revised inspection methodology as a result of the evaluation by Professor McConkey. The inclusion of the

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Performance Area		Commentary	
			well-led domain and other indicators are being prepared for consultation. The project team has met to begin work for phase 3 of iConnect, with the objective of implementing a Patient centred MHLD Information System to replace all existing databases and spreadsheets used. Funding is being sought recurrently to support the implementation of Phase 3. A presentation was delivered to the Approved Social Work Training group in Antrim, on the 15 February, regarding functions of RQIA under the Mental Health (NI) Order 1986 and the specific role of guardianship. The Director of the Mental Health, Learning Disability and Social Work Team attended an initial planning meeting in London on 8 March 2016 with other NPM members, to review the pathways and transitions between places of detention. NPM members agreed this should be the thematic topic for Review in 2016-18. This will be undertaken in two phases; evidence gathering (in year one) based on the findings from phase 1, making recommendations and strengthening NPM mentoring (year two).
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Performance Area		Commentary	
Quality Improvement Programme	***Is the Quality Improvement Programme on track?***	***Update***	Following the "Next Steps" workshop on 22 January to consider the EFQM Assessment Feedback Report, an EFQM improvement plan is being developed. It is anticipated that the iConnect Web Portal pilot will be launched on 11 April and the roll-out plan will commence on 23 May 2016.
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.
Finance	**Are we on target to achieve break-even?**	***Update***	See Agenda item 12, Summary Finance Report (as at 31 January 2016) which shows breakeven after accounting for a non-recurrent easement amounting to £245K which was made on the 1st of February. An allocation letter for 2016-17 has not, as yet, been received.
		***Significant risks, issues or concerns* for escalation to the Board**	There are no issues of concern for escalation to the Board.

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Performance Area	Commentary
Other significant issues or emerging risks for escalation to the Board	

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

The Regulation and Quality Improvement Authority

RQIA's Performance Dashboard - Monthly KPIs

Board Meeting – March 2016

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Number of complaints about RQIA received and resolved

Reporting Frequency: Monthly

Owner: Chief Executive

How do we measure this:

Number of complaints about RQIA received

Number of complaints received and Resolved												
	April	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
Number received	0	1*	1	0	0	0	1	0	0	2**	0	
Resolved at stage 1	0	0	1	0	0	0	0	1	0	0	0	
Resolved at stage 2	0	0	0	0	0	0	0	0	0	0	0	
With Ombudsman	0	0	0	0	0	0	0	0	0	0	0	

Summary

No complaints were received in February 2016.

*An anonymous complaint in relation to a staff member was followed up and closed in May.
**Two complaints were received in January 2016, however in line with RQIA's Complaints Policy both were considered out of time, and did not proceed.

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Public and professional engagement activities (including the public's perception of RQIA)

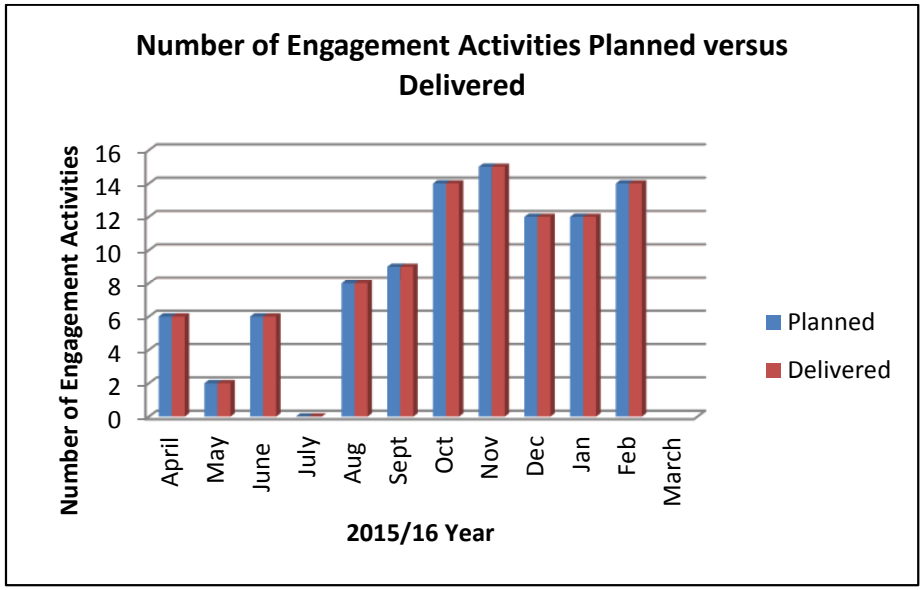
Reporting Frequency: Monthly

Owner: Chief Executive

How do we measure this:

Number of public and professional engagement activities planned versus delivered

RAG Rating:



Summary

The graph above shows the number of engagement activities planned and delivered between April 2015 and February 2016. During this period RQIA successfully delivered all planned engagement events. These included RQIA addressing and engaging with stakeholders at both events planned by RQIA and as invited guests. This year, RQIA attended the main political party conferences in partnership with the GMC, NI Pharmaceutical Society, NISCC, NICON, and PCC. In December, RQIA, in partnership with the Royal College Conference held a workshop for Part II/IV for Medical Practitioners with over 70 attendees. During February RQIA was involved in 14 events including NISCC's Social Care Managers workshop and the Charities Commission's planning event.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

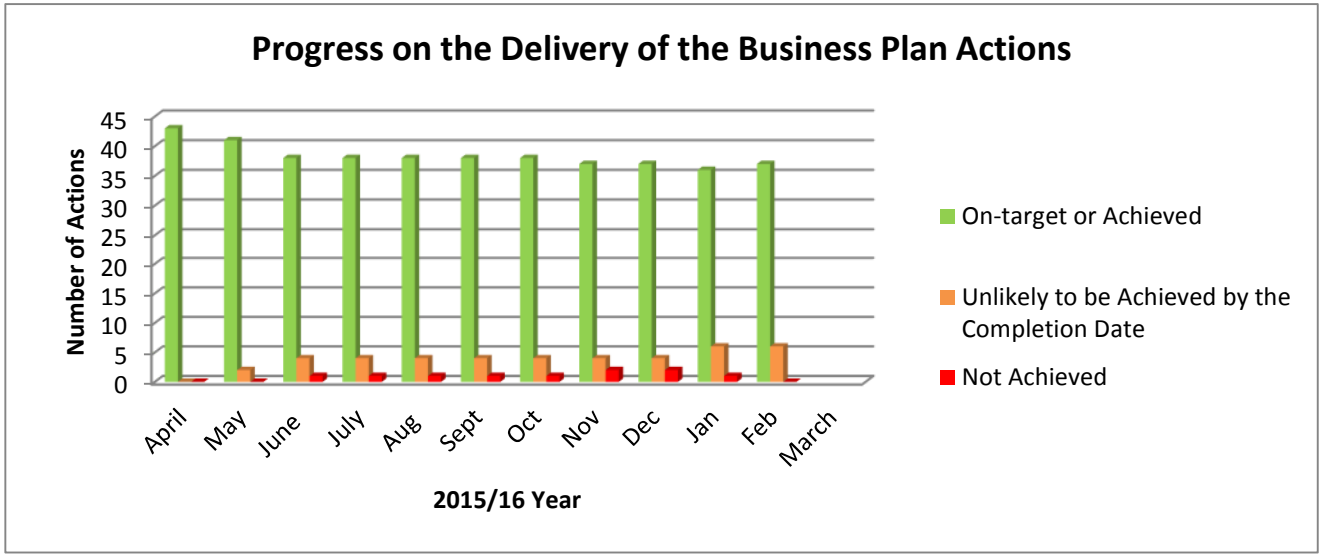
Key Performance Indicator: Progress on the delivery of the Business Plan

Reporting Frequency: Monthly

Owner: Chief Executive

How do we measure this:

Number of actions from the RQIA Business Plan that have been delivered or are on target for completion



Summary

There are a total of 43 actions within the RQIA Business Plan 2015-16 of which by the end of February 2015, 1 has been achieved, 36 are on-target and 6 are unlikely to be achieved.

Exception Report:

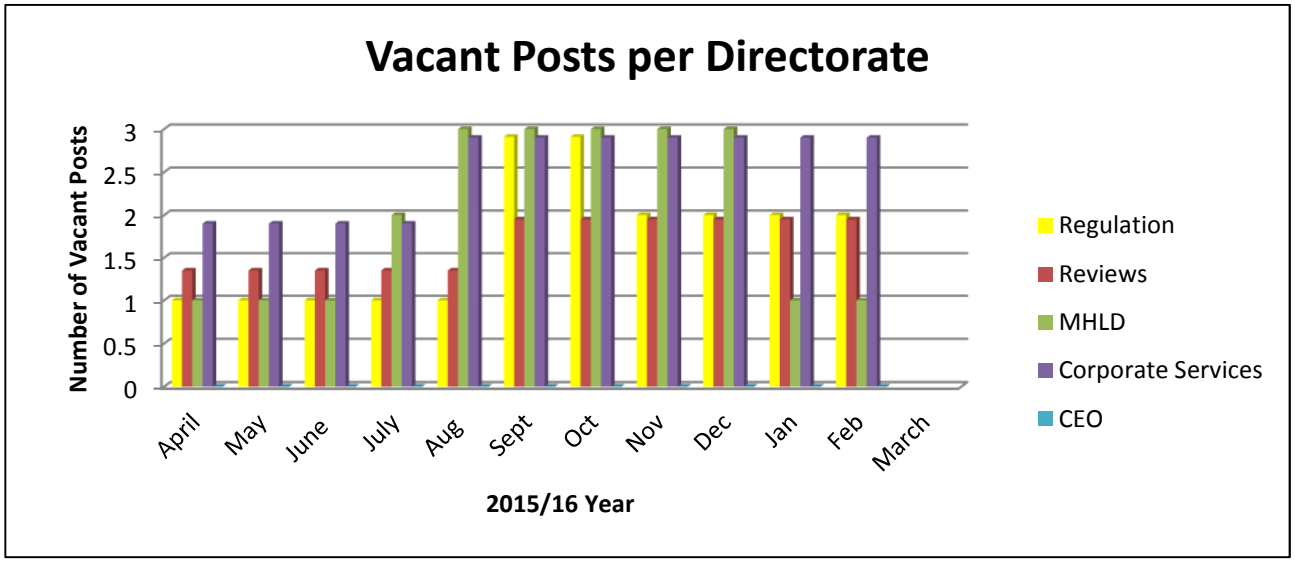
Target unlikely to be achieved by the Completion Date

Six actions within the Business Plan are unlikely to be achieved by the agreed target date and were reported in full in the Quarter 3 Corporate Performance Report.

Action 7.2, Performance Management Framework, was reported as red in the Quarter 3 Corporate Performance Report. The Performance Management Framework was approved by RQIA's Board on 21 January 2016 and this action will be reported as implemented (blue) in the Quarter 4 Corporate Performance Report.

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Vacancies per Directorate	
Reporting Frequency: Monthly	**Owner:** Director of Corporate Services
How do we measure this: Number of vacancies as per Directorate	 **Summary** February vacant posts: **Corp Services -** B3 Admin Officer – 1.0 WTE, B2 Receptionist - 0.5 WTE, B4 0.4 of a (job share) PA post, B7 HR Manager – 1.0 WTE **Reviews** - B3 Project Admin 1.5 WTE, B7 Project Manager 0.45 WTE **Regulation** - B7 Inspector 1.0 WTE , B3 Admin Officer 1.0 WTE **MH&LD** - B8a Senior MH Officer 1.0 WTE **CE's Office** - No Vacancies

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Sickness Absence

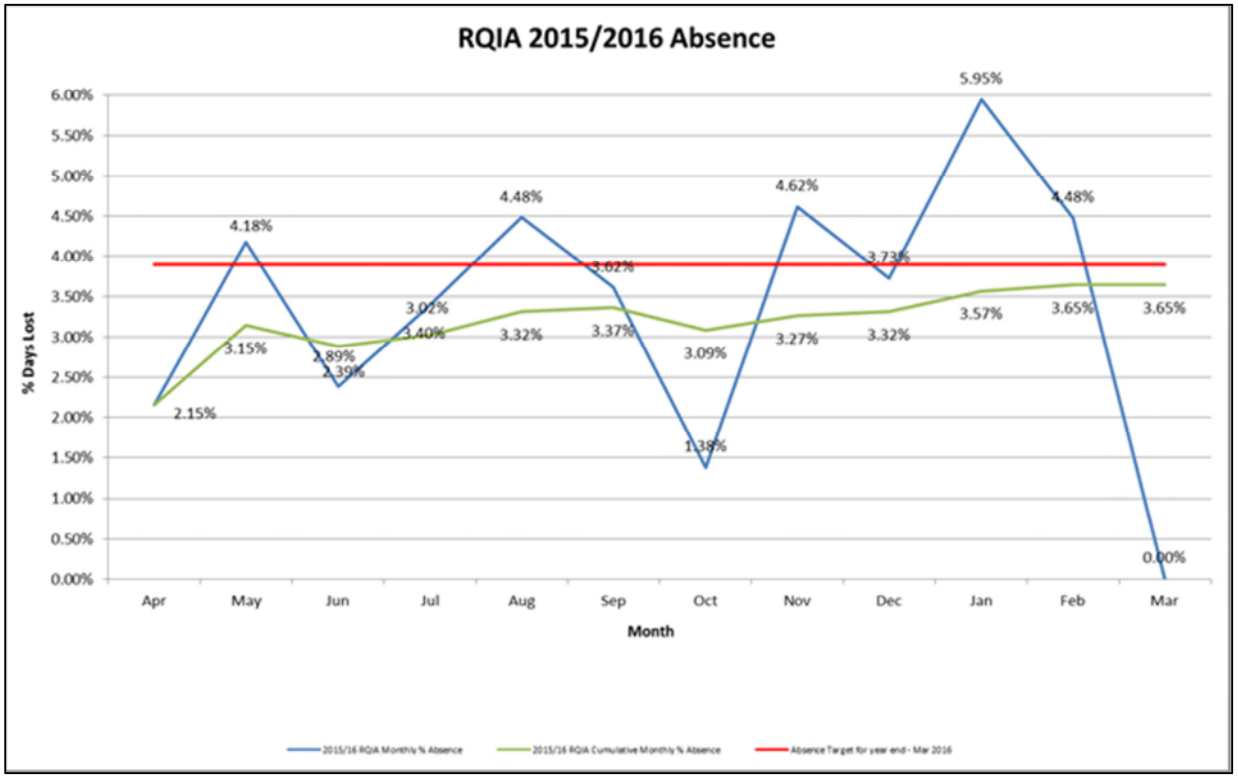
Reporting Frequency: Monthly

Owner: Director of Corporate Services

How do we measure this:

Sickness absence figures, achieved versus 3.9% target

RAG Rating:



Summary

There was a rise in short term absenteeism in January and February, but the cumulative total is 3.65% is below the sickness target of 3.9%.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Financial Position Forecast

Reporting Frequency: Monthly

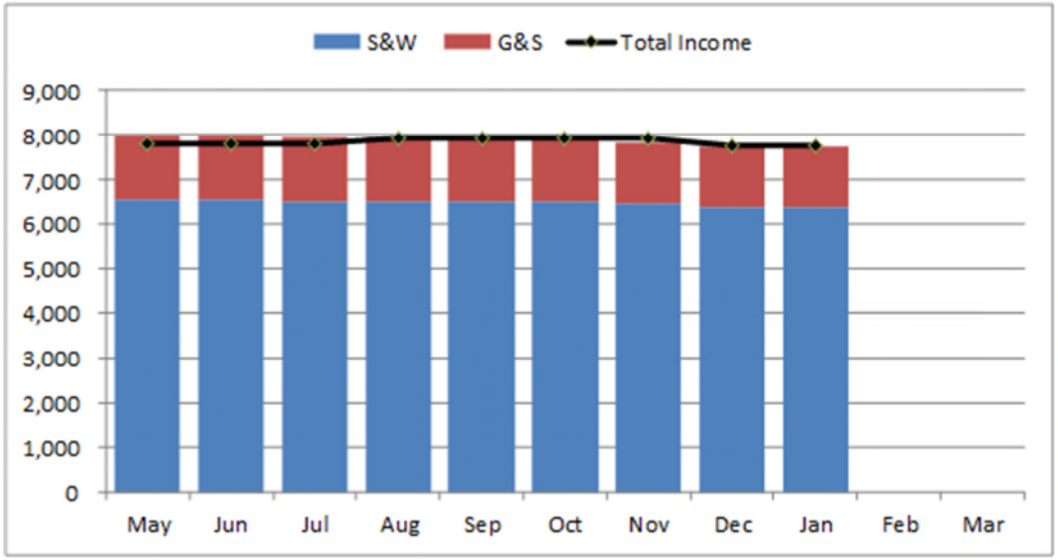
Owner: Director of Corporate Services

How do we measure this:

Forecast expenditure versus total authorised spend

RAG Rating:

Monthly Forecast of Year End Position



	Jan £'000
Expenditure	
S&W	6,427
G&S	1,326
Total Expend	7,753
Income	
Other Income	930
RRL	6,844
Total Income	7,774
Surplus/(Deficit)	21

RRL net reduction of £206k (non-recurrent) confirmed 10th February 2016. Allocation £38k Clinical Excellence Award and an easement amounting to £245K, which largely resulted from slippage on vacant posts. Revision of the annual leave accrual will likely increase the reported underspend by £30K based on current estimates. A further easement of £51K to be made in March.

Note: The figures for February's financial position will not be available until the 21st March.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Regulation Improvement Programme

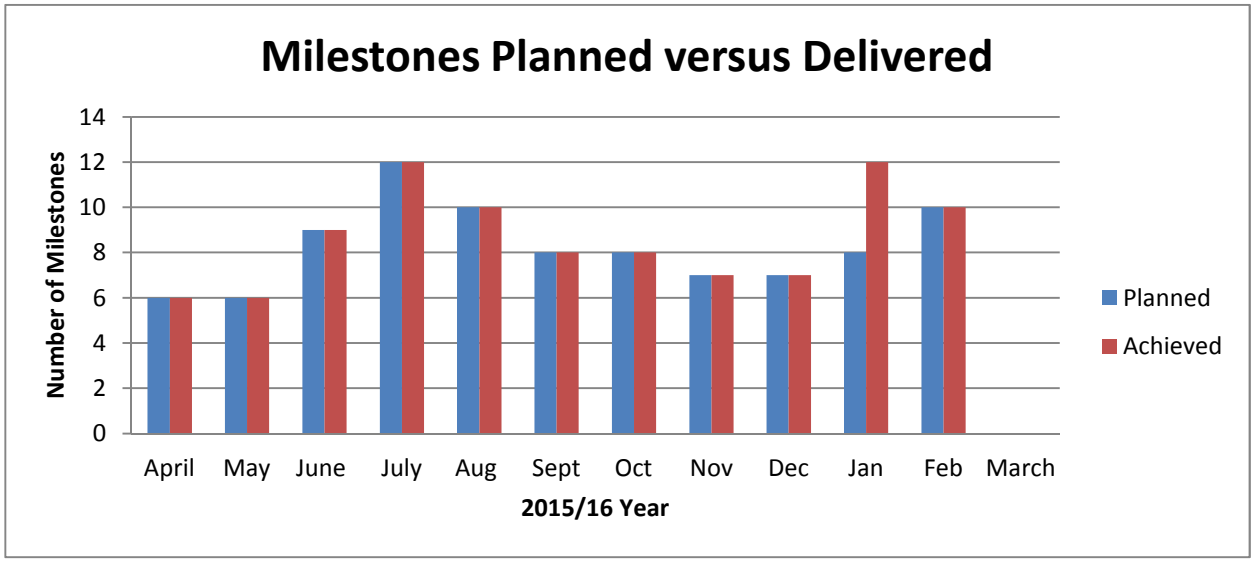
Reporting Frequency: Monthly

Owner: Director of Regulation and Nursing

How do we measure this:

Number of milestones planned and met, monthly & YTD

RAG Rating:



Summary

A new workstream 'new inspection methodology' (assessment of inspections in relation to RQIA's stakeholder outcomes). This has been a priority for the directorate, the assessment framework is agreed and is now out for public consultation. All other workstreams are on target. This has replaced two planned workstreams (review of band 7 roles and responsibilities and the compliance statements) which have been re-prioritised and will be delivered in next year's improvement plan as approved appoved by the Strategic Improvement Steering Group.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

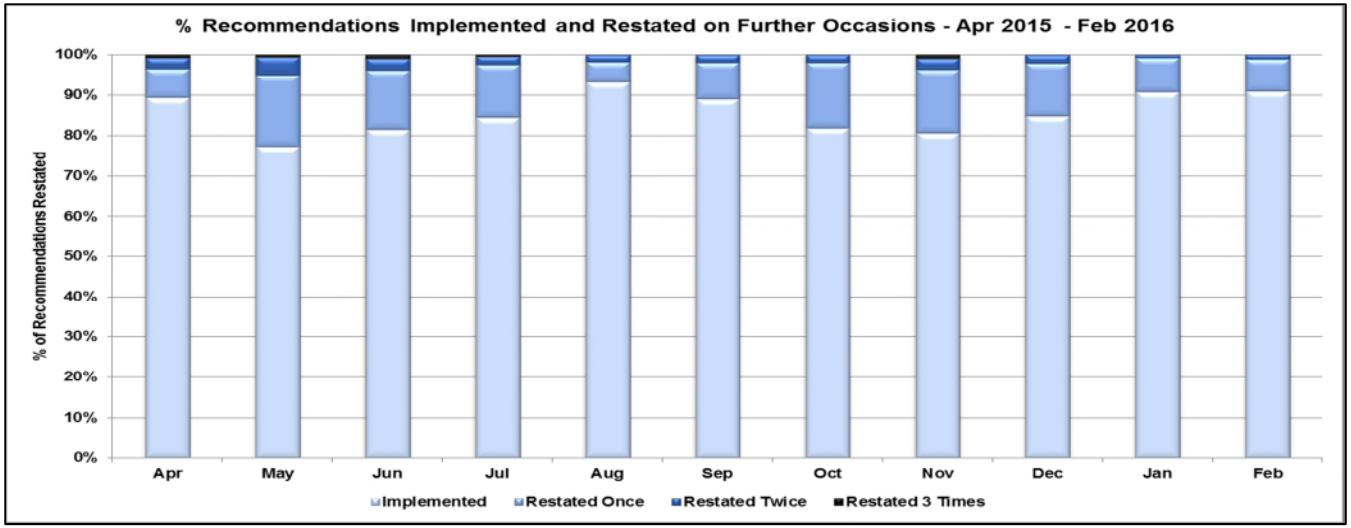
Key Performance Indicator: Number and percentage of recommendations and requirements implemented and restated on further occasions

Reporting Frequency: Monthly

Owner: Director of Regulation and Nursing

How do we measure this:

Total number of recommendations and requirements implemented and restated once, twice and three times



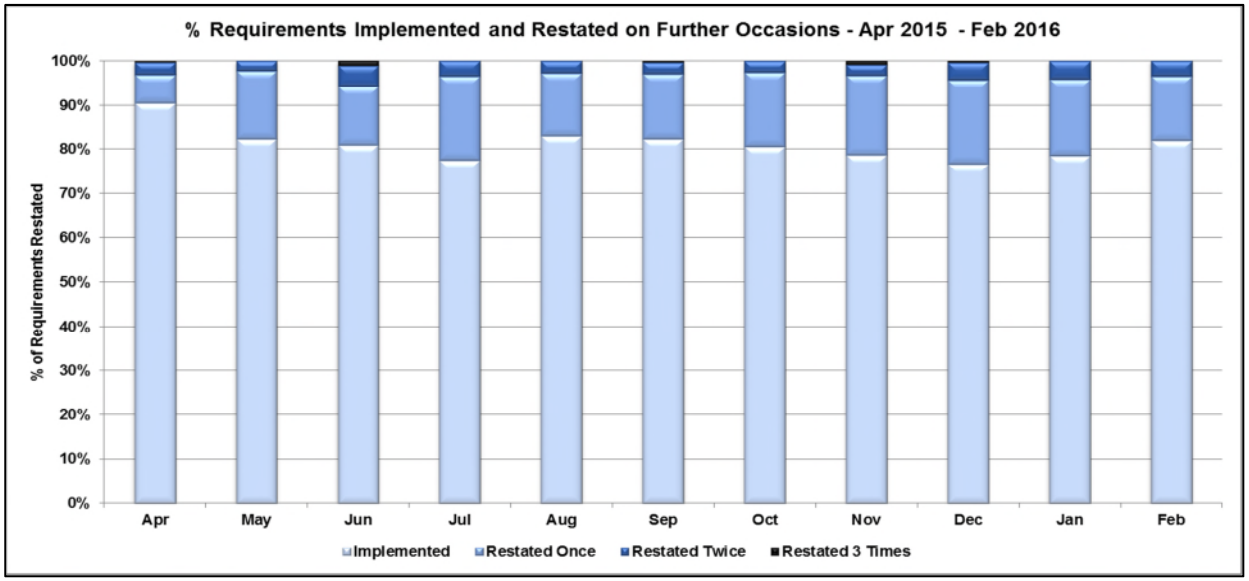
Summary

The cumulative total for the recommendations implemented and restated at the end of February is implemented 3891 (86%), restated once 540 (12%), twice 104 (2%) and three times 15 (0.3%

	Implemented		Restated Once		Restated Twice		Restated 3 Times	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
April	380	89%	30	7%	12	3%	3	1%
May	274	77%	62	18%	16	5%	2	1%
June	341	82%	61	15%	12	3%	4	1%
July	461	84%	71	13%	12	2%	2	0.4%
August	371	93%	20	5%	7	2%		0%
Sept	315	89%	32	9%	7	2%		0%
Oct	407	82%	80	16%	10	2%		0%
Nov	366	81%	71	16%	13	3%	4	1%
Dec	368	85%	57	13%	9	2%		0%
Jan	360	91%	34	9%	3	1%		0%
Feb	248	91%	22	8%	3	1%		0%

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved



Summary

The cumulative total for the requirements implemented and restated at the end of January, implemented 2820 (81%), restated once 527 (15%), twice 106 (3%) and three times 9 (0.3%)

	Implemented		Restated Once		Restated Twice		Restated 3 Times	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Apr	409	90%	29	6%	13	3%	1	0.2%
May	293	82%	55	15%	8	2%		0%
Jun	229	81%	38	13%	13	5%	3	1%
Jul	355	78%	87	19%	16	3%		0%
Aug	304	83%	52	14%	10	3%		0%
Sep	281	82%	50	15%	9	3%	1	0.3%
Oct	251	81%	52	17%	8	3%		0%
Nov	310	79%	71	18%	10	3%	3	1%
Dec	219	77%	55	19%	11	4%	1	0.3%
Jan	176	79%	39	17%	9	4%		0%
Feb	169	82%	30	15%	7	3%		0%

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Regulation inspection progress on planned inspection activity for the year

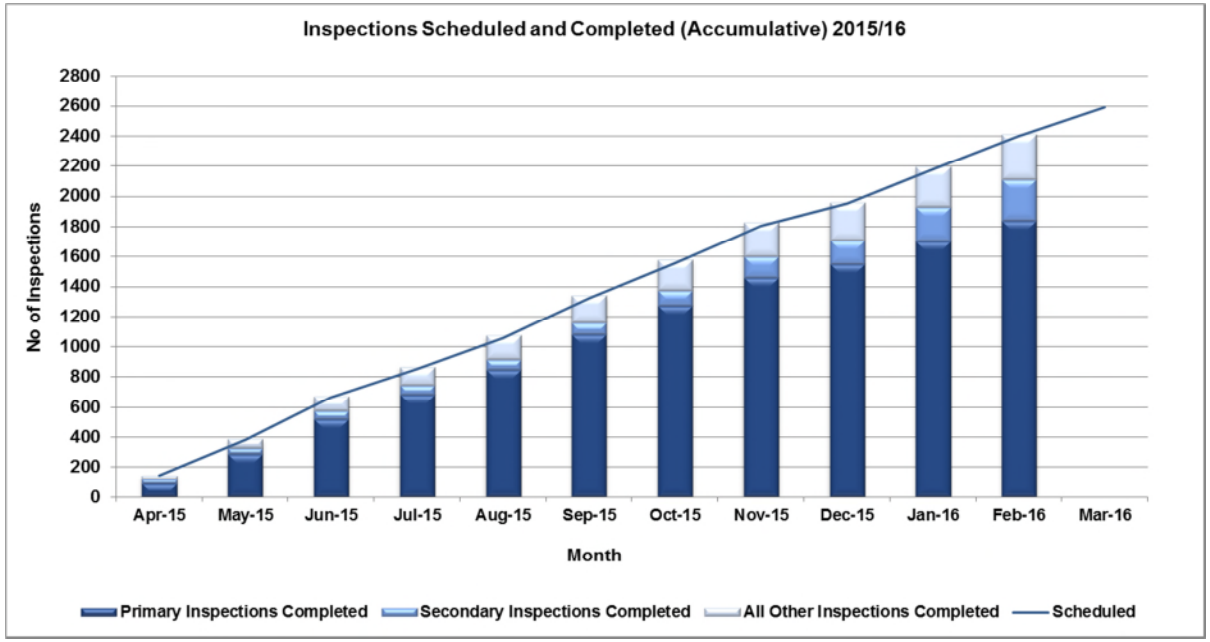
Reporting Frequency: Monthly

Owner: Director of Regulation and Nursing

How do we measure this:

Number of inspections completed planned versus completed

RAG Rating:



Summary

In February 220 inspections were scheduled and 213 inspections were completed and updated on iConnect.

There is a delay between the time of the inspection and when it is updated on iConnect which means a slight variance between the two figures is anticipated. This KPI is on target.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Healthcare inspection progress on planned inspection activity for the year

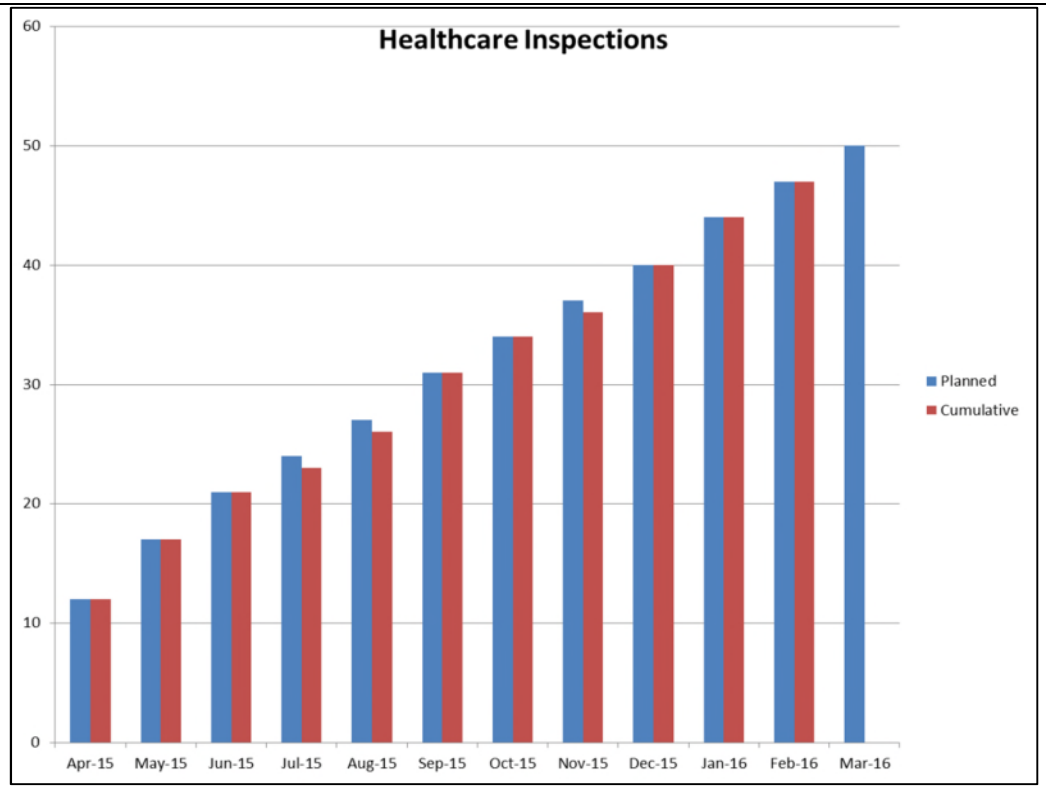
Reporting Frequency: Monthly

Owner: Director of Reviews and Medical Director

How do we measure this:

Number of inspections planned and delivered (Infection prevention and hygiene, IR(ME)R acute hospitals and prisons)

RAG Rating:



Summary

By the end of February 2016, 47 planned inspections had been completed out of a total of 50. It is anticipated that the overall plan of 50 inspections for the year will be achieved.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: Review Programme progress on milestones

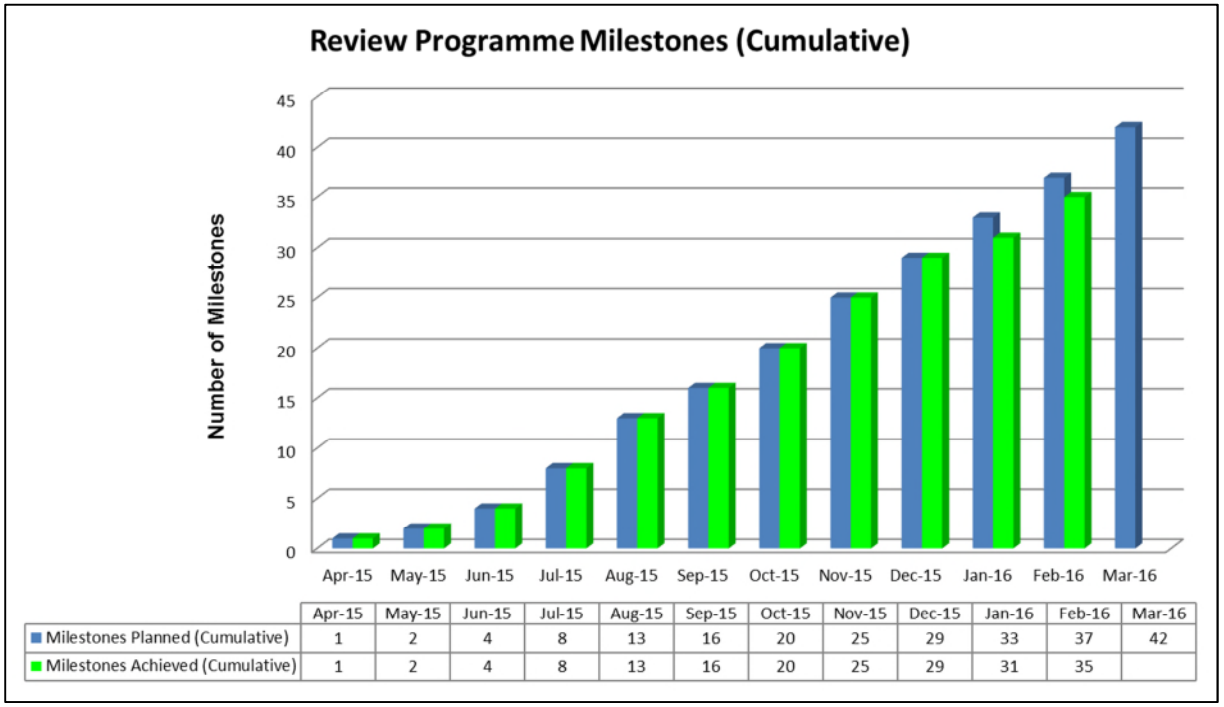
Reporting Frequency: Monthly

Owner: Director of Reviews and Medical Director

How do we measure this:

Number of milestones planned and met, monthly & YTD

RAG Rating:



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Milestones Planned (Cumulative)	1	2	4	8	13	16	20	25	29	33	37	42
Milestones Achieved (Cumulative)	1	2	4	8	13	16	20	25	29	31	35	

Summary

Milestones of the RQIA Review Programme Delivery Plan agreed for 2015/2016: Project briefs agreed; fieldwork commenced; first draft of Review Reports completed and Review Reports submitted to the DHSSPS.

Exception Report: There are a total of 42 milestones. By the end of February 2016, 35 had been completed, another 4 are on target to be completed, whilst 3 are unlikely to be achieved. These 3 include submission of the Maternity, Learning Disability: Community Services and Governance (Professional Regulation): Phase II review reports to the DHSSPS.

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

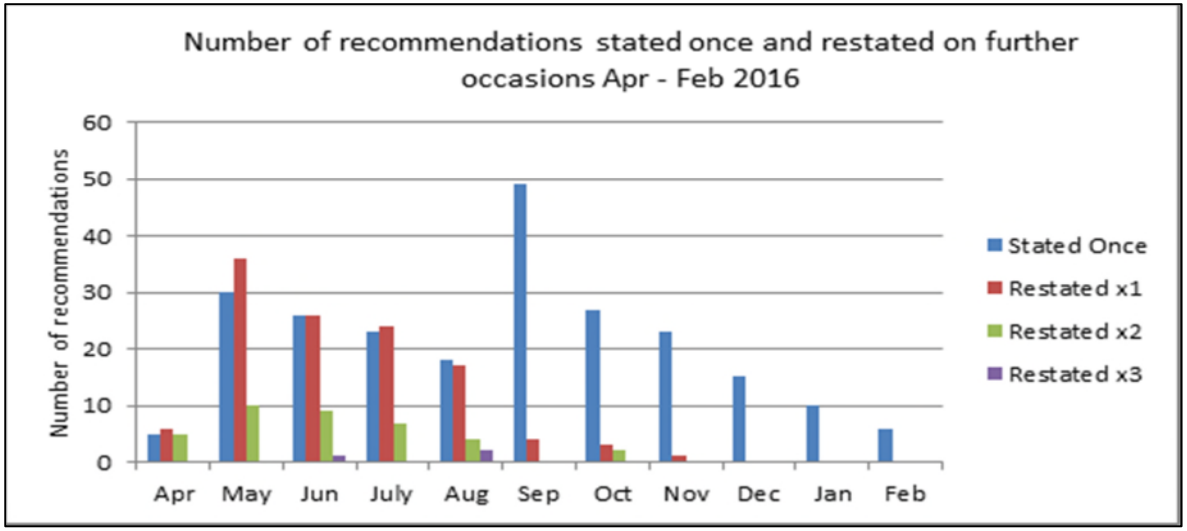
Key Performance Indicator: Number of recommendations stated once and restated on further occasions

Reporting Frequency: Monthly

Owner: Director of MHLD

How do we measure this:

Total number of recommendations stated once and restated on further occasions



Summary

A breakdown of the number of times the recommendations are stated is shown below:

	Stated Once	Restated x1	Restated x2	Restated x3
Month	Number	Number	Number	Number
Apr	5	6	5	0
May	30	36	10	0
Jun	26	26	9	1
July	23	24	7	0
Aug	18	17	4	2
Sep	49	4	0	0
Oct	27	3	2	0
Nov	23	1	0	0
Dec	15	0	0	0
Jan	10	0	0	0
Feb	6	0	0	0
Total at Feb 2016	232	117	37	3

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

Key Performance Indicator: MHLD inspection progress on planned inspection activity for the year

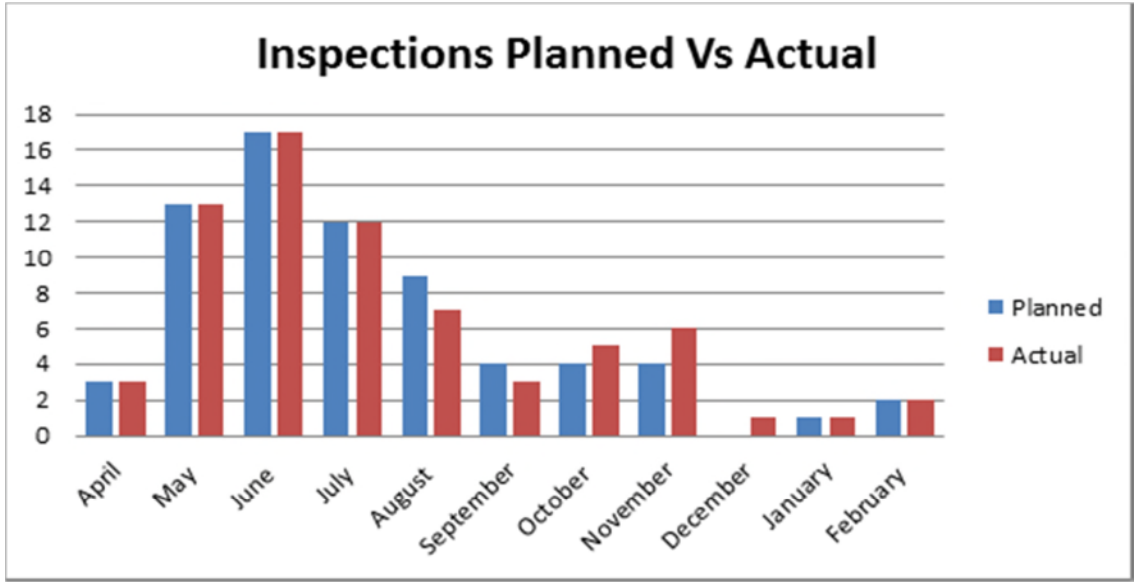
Reporting Frequency: Monthly

Owner: Director of MHLD

How do we measure this:

Number of inspections planned versus completed

RAG Rating:



Summary

By the end of February 2016, there were 68 inspections scheduled and 69 completed. These consisted of 12 pilot inspections and 57 follow up inspections.

This KPI is on target.

Exception Report:

Traffic Light (Red-Amber-Green) Rating System

- Target not achieved
- Target unlikely to be achieved by the completion date
- On target or achieved

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 March 2016
Title of Paper	Summary Finance Report
Agenda Item	11
Reference	I/03/16
Author	Jonathan King
Presented by	Maurice Atkinson
Purpose	To present RQIA's summary financial position as at 31 January 2016 along with other pertinent financial information.
Executive Summary	Projected underspend at end of year.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this update.
Next steps	

FINANCE REPORT

Funding / Revenue Resource Limit (RRL)

RQIA's current RRL position is summarised below:

	£
2014/15 RRL C'Fwd	6,703,729
Savings Requirement - 3.0% (Recurring)	(201,112)
GAIN transfer of Funding (Recurring)	400,000
Employer Pension contribution increase	148,202
	7,050,819
Clinical Excellence Award (CEA)	38,076
Employer Pension Retraction due to vacant posts (Non Recurring)	(20,000)
RRL Retraction (Non Recurring)	(225,000)
2015/16 RRL	6,843,895

There have been no RRL updates since the previous finance report.

Revenue Position

RQIA's expenditure up to and including January 2015 is £6.31 million compared to income of £6.47 million creating a year to date under spend of £159K. The year to date underspend largely relates to the timing of non-pay expenditure.

At the 31st January the forecast outturn expenditure for 2015/16 was £7.75 Million. The confirmed RRL of £6.84 Million added to our forecast other income of £930K gives us a total forecast income outturn of £7.77 Million leading to a forecast underspend of £21K.

Following the production of this financial position in February an exercise was performed by the Finance Team to estimate the impact of any movement in the annual leave accrual on our year-end financial position. This exercise showed a reduction in the estimated leave days carried forward which thereby reduced the accounting accrual required. The impact of this is to improve the financial position by a further £30K moving the financial position to a projected underspend of £51K.

A further non recurrent easement has been made to the department for £51K.

Capital Resource Limit (CRL)

RQIA's CRL was increased by £10,557 on the 23rd of February bringing the total approved CRL for 2015/16 to £259,299. This increase was to facilitate the roll out of the 2015/16 ICT hardware refresh project.

The total CRL funding can be itemised as follows:

Capital Project	£
Website Replacement	40,473
iConnect (Project Management & Enforcement Module)	142,701
ICT Refresh (including roll out)	76,125
	259,299

A further bid totalling £7,056 in relation to the creation of an iConnect Concerns Module has been approved by the HSCB with CRL confirmation to follow.

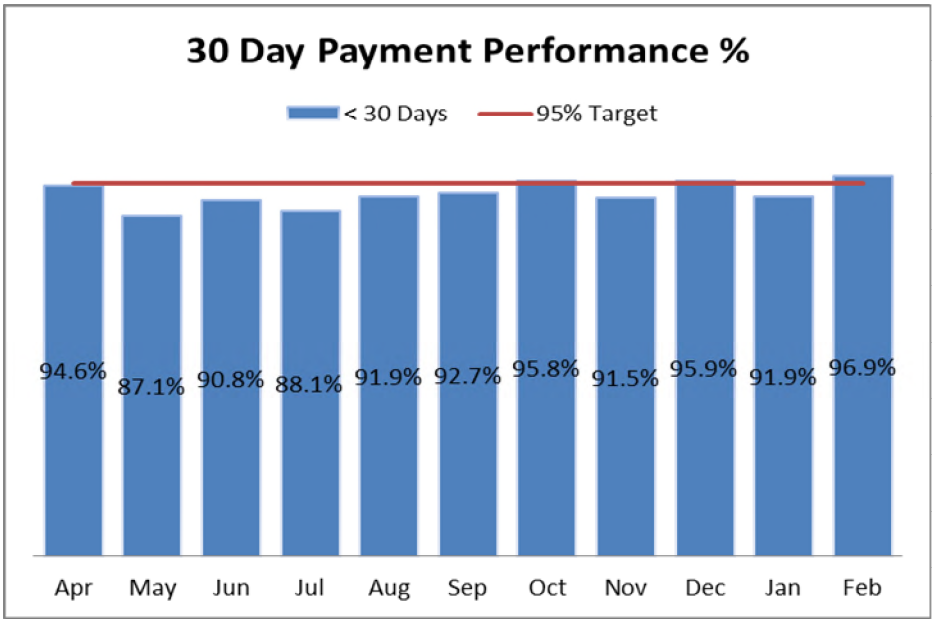
This CRL allocation is sufficient to meet our capital requirements in 2015/16 in relation to the iConnect and ICT refresh projects. The CRL allocation in relation to the Website replacement project is also sufficient however a challenging delivery plan over the remainder of March could lead to a small underspend if the project slips into April.

Prompt Payment Compliance

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

From April to February BSO Shared Service's (SS) made 1263 payments on RQIA's behalf, of which 1171 were processed within the 30 day target. Therefore cumulatively to February our prompt payment percentage equals 92.7%.

The following graph summarises the monthly 30 day performance as reported by BSO:

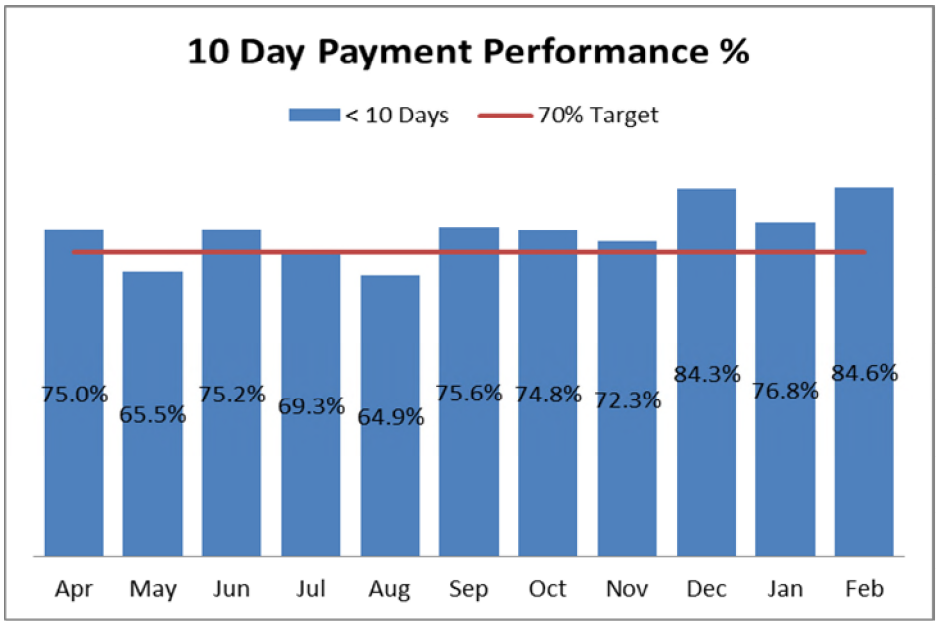


RQIA Finance continues to work internally to improve procurement performance and invoice turnaround times with Managers while also liaising with BSO Accounts payable to improve payment performance.

Although our performance remains below target the current cumulative position of 92.7% represents a much improved position from 2014/15 which on a monthly basis generally scored in the low eighties.

Of the 1263 invoices paid by SS's over April to February 947 were paid within 10 days. This equates to a cumulative 10 day prompt payment performance of 75.0% exceeding the required cumulative target. This position also represents a marked improvement from 2014/15.

The following graph summarises the monthly 10 day performance:



Outstanding Annual Fees (Debtors)

Annual Fee invoices for 2015/16 were issued in Quarter 1. As at the 29th of February 97.2% of Annual Fee income had been received leaving £22K still to be recovered.

Of the £22K outstanding £14,628 relates to The Northern HSC Trust. Payment by this Trust is being delayed due to an ongoing dispute regarding 8 places totalling £368. RQIA Finance have repeatedly requested that the Trust makes an urgent payment in relation to the undisputed places (Est. 310 places equalling £14,260) while their query is resolved. However, BSO who administer payments on behalf of the Trusts are unwilling to make part payments against these invoices.

The residual £7K is spread across 28 establishments with an average debt of £251 each. Therefore the commercial risk to RQIA of non-payment is relatively low and I expect to fully recover all legitimate outstanding fees.

Annual Fees from previous financial years have been fully recovered.

Recommendation

It is recommended that the Board **NOTE** the Finance report including Procurement Assurance.

Maurice Atkinson
Director of Corporate Services

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	24 March 2016
Title of Paper	Audit Committee Business
Agenda Item	12
Reference	J/03/16
Author	Katie Symington
Presented by	Denis Power
Purpose	The purpose of this paper is to update the RQIA Board on the recent Audit Committee meetings.
Executive Summary	The Audit Committee has met on one occasion since the last Board meeting. At the meeting on 3 March 2016, the minutes of the meeting of 22 October 2015 were approved and these are attached for noting by the Board. The Committee Chairman will verbally update the Board on the meeting of 3 March 2016.
FOI Considerations	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** the update from the Committee Chair.
Next steps	The Audit Committee is scheduled to meet again on 28 April 2016.

MINUTES

RQIA Audit Committee Meeting, 22 October 2015
Boardroom, 9th Floor, Riverside Tower, Belfast, 2.30pm

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

Apologies
Tomas Wilkinson (NIAO, External Audit)
Donna Ruddy (DHSSPS)
Richard Ross (NIAO, External Audit)
Craig Morrow (NIAO, External Audit)
Catherine McKeown (Business Services Organisation, Internal Audit)
Brian Clerkin (ASM)

In attendance
Glenn Houston (Chief Executive)
Maurice Atkinson (Director of Corporate Services)
Stuart Crawford (Planning and Corporate Governance Manager)
Jonathan King (Head of Finance)
Hayley Barrett (Board & Executive Support Manager)
Jennifer McCaw (Business Services Organisation, Internal Audit)
Christine Hagan (ASM)

1.0 Welcome and Apologies

1.1 The Chair welcomed all members and officers to the Audit Committee meeting. The Chair welcomed Jennifer McCaw and Christine Hagan to the meeting. Apologies were noted from Tomas Wilkinson, Richard Ross, Craig Morrow, Catherine McKeown, Brian Clerkin and Donna Ruddy.

2.0 Declaration of Interests

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

3.0 Chairman's Business

3.1 The Chair advised that audit committee members met at 1.00pm to discuss the risk management strategy and to complete the audit committee self-assessment. The Chair informed members that the DHSSPS had not issued the audit committee self-assessment in the year under report. Audit Committee undertook completion of the self-

assessment as it was referred to in the Mid-Year Assurance Statement

3.2 The Chair congratulated the Chief Executive on his appointment to the Historical Child Abuse Inquiry in Scotland.

3.3 The Chair advised that the bi-lateral meeting with Internal and External audit will be scheduled in the near term.

3.4 <u>Resolved Action (307)</u>
The Board and Executive Support Manager will arrange a bi-lateral meeting with the Chair of Audit Committee, Internal and External Audit.

3.5 The Chair informed members that he will be attending the audit committee Chair's Forum on 1 December 2015.

4.0 Chief Executive Update on key risks

4.1 The Chief Executive informed members that he attended the Assembly Health Committee in respect of the Committees consideration of the Commissioner of Older People Northern Ireland Report which made 13 proposals in relation to care standards, inspection systems, whistleblowing arrangements and enforcement.

4.2 The Chief Executive advised members that the Director of Regulation and Nursing and the Communications Manager were in attendance from RQIA.

4.3 The Chief Executive informed members that the BSO draft corporate services service offering has been received from BSO. The service offering affects information governance, finance, health and safety and premises management. A final corporate services offering is expected to be tabled in November 2015.

4.4 The Director of Corporate Services informed members that there is a meeting on 22 October 2015 of all arms-length bodies with BSO to further discuss the draft Service Offering. Sandra McElhinney, Head of Information is attending on behalf of the Director of Corporate Services.

4.5 In discussion, Audit Committee members expressed grave concerns as to the impact on RQIA as an Independent Regulator, if transfer of corporate services proceeded as indicated. Members requested that they be kept appraised of developments.

4.6 The Director of Corporate Services advised that the communications function had been removed from the original scoping study. However, the DHSSPS are initiating a parallel scoping study of communications functions across Health and Social Care.

4.7 The Chief Executive advised that RQIA has received a letter from DHSSPS to undertake a further scoping exercise in consideration of a reduction in baseline funding by 5%, 10% and 15% in 2016-17. He further advised that there may be an opportunity to bid for funds to utilise the Voluntary Exit Scheme (VES).

4.8 Audit Committee members **NOTED** the Chief Executives Update on Key Risks.

5.0 Minutes of previous meeting (AC/Min15/June)

- **Matters Arising**
- **Notification of AOB**
- **Action List Review**

5.1 Committee members **APPROVED** the minutes of the meeting of 25 June 2015 for onward transmission to the Board on 12 November 2015.

5.2 <u>Resolved Action (308)</u>
Board & Executive Support Manager to bring the Audit Committee minutes of 25 June 2015 to the November meeting of the Board for noting.

5.3 The Chair advised there was no other business for discussion.

5.4 The Chair went through the action list and advised that all actions are now completed.

6.0 Update on Audit Action Plan 2014/15 (AC/01/15)

6.1 The Planning and Corporate Governance Manager introduced the Update on Audit Action Plan and noted the delay in the contracts management policy and procedure. The Planning and Corporate Governance Manager advised that guidance has been received and the policy is currently being written.

6.2 The Planning and Corporate Governance Manager advised that one action from NIAO has not been actioned, however RQIA is dependent on BSO for full compliance.

6.3 The Planning and Corporate Governance Manger informed Committee members that the outstanding action from 2012/13 is that reports and dashboards are still not developed.

6.4 <u>Resolved Action (309)</u>
The Director of Corporate Services will contact BSO in relation to HRPTS Reports and Dashboards and will provide an update at the next audit committee meeting.

6.5 Committee members requested that a RAG rating system is introduced to the audit action plan. It was suggested that if any outstanding actions are red an exception report should be made.

6.6 <u>Resolved Action (310)</u>
The Planning and Corporate Governance Manager to amend status column of the Audit Action Plan with a RAG rating system.

6.7 Audit Committee members raised a concern in relation to the timelines for implementation of audit recommendations within the Regulation Directorate.

6.8 Committee members **NOTED** the Update on the Audit Action Plan as at October 2015.

7.0 Internal Audit Update (AC/02/15)

7.1 Jennifer McCaw, Internal Audit presented the Progress Report to Audit Committee members. Internal Audit advised that two audits have taken place in RQIA since April 2015.

7.2 The Board Effectiveness Audit received satisfactory assurance with four priority two recommendations. All recommendations have been accepted by RQIA management. Internal audit advised that there is a future risk to RQIA that too many non-executive directors will be leaving the organisation at one time. Consideration should be given by the Department to a phased retirement of Non-Executive Directors.

7.3 The Mental Health and Learning Disability audit received satisfactory assurance, with one priority one recommendation and three priority three recommendations. The Priority 1 recommendation relates to the need to develop an iConnect business case for the MHLD Directorate for approval by DHSSPS. All recommendations have been accepted by RQIA management.

7.4 Internal Audit advised Committee members that 61% of previous recommendations are fully implemented.

7.5 Internal Audit presented the Mid-Year Assurance Statement from Internal Audit which covers the period from April 2015 to date.

7.6 Internal Audit advised that three shared service audits have been completed. Payroll Shared Service audit has received limited assurance, with five priority one recommendations, Payments Shared Service audit received satisfactory assurance, with one priority one recommendation and Business Services Team received satisfactory assurance, with two priority one recommendations.

7.7 Internal audit informed Committee members that a follow up and an additional audit of these three areas will be completed between January – March 2016.

7.8 Committee members **NOTED** the Internal Audit Update

8.0 External Audit Update (AC/03/15)

- **Final Report (2014-2015) to those Charged with Governance**

8.1 Christine Hagan, ASM presented the final Report to those Charged with Governance and advised that there have been no changes to the report.

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

9.0 RQIA Mid-Year Assurance Statement (AC/04/15)

9.1 The Chief Executive presented the RQIA Mid-Year Assurance Statement to audit committee members and advised that it follows a template provided by the DHSSPS.

9.2 Audit committee members suggested a number of amendments for consideration. The final copy will be endorsed by the Chair of the Audit Committee.

9.3 <u>Resolved Action (311)</u>
The Planning and Corporate Governance Manager will consider and amend the RQIA Mid-Year Assurance Statement for endorsement by the Chief Executive and Chair of Audit Committee.

9.4 The Chair of Audit Committee advised that he will present the RQIA Mid-Year Assurance Statement to the Board at the meeting in November 2015.

9.5 <u>Resolved Action (312)</u>
The Board and Executive Support Manager will bring the RQIA Mid-Year Assurance Statement to the meeting of the Board on 12 November 2015.

9.6 Committee members **APPROVED** the RQIA Mid-Year Assurance Statement following amendments.

10.0 Controls Assurance Standards: Reporting Requirements for 2015-16 (AC/05/15)

10.1 The Planning and Corporate Governance Manager advised audit committee members that there are no major impacts to RQIA on the

Controls Assurance Standards for 2015-16.

10.2 The Planning and Corporate Governance Manager informed members that substantive compliance remains at 75% and that RQIA currently operate above this.

10.3 Committee members **APPROVED** the Controls Assurance Standards: Reporting Requirements for 2015-16.

11.0 Risk Management Strategy and Corporate Risk Assurance Framework Report (AC/06/15)

11.1 The Planning and Corporate Governance Manager introduced the Risk Management Strategy and advised that following the previous meeting three areas have been reviewed and amended including; roles and responsibilities, financial impact and risk appetite.

11.2 The Planning and Corporate Governance Manager advised that risks have been categorised into five headings used within the corporate risk assurance framework report.

11.3 The Chief Executive thanked the Chair of Audit Committee, the Director of Corporate Services and the Planning and Corporate Governance Manager for their retrospective inputs to the completion of this document.

11.4 Audit Committee **ENDORSED** the Risk Management Strategy for presentation to the Board on 12 November 2015 for approval.

11.5 <u>Resolved Action (313)</u>
The Director of Corporate Services will present the Risk Management Strategy at the Board meeting on 12 November for approval.

11.6 Corporate Risk Assurance Framework Report

11.7 The Planning and Corporate Governance Manager presented the Corporate Risk Assurance Framework Report to Committee members.

11.8 The Planning and Corporate Governance Manager advised Committee members that there are four new risks added to the Corporate Risk Assurance Framework Report.

11.9 Committee members suggested further proposals for the Executive Management Team to consider and agreed that the Corporate Risk Assurance Framework Report is presented to the Board on 12 November 2015. Committee members suggested that consideration should be given to a number of other risks in the next iteration of the Corporate Risk Assurance Framework Report i.e. Chief Executive

vacancy; Priority 1 MHLD audit recommendation; and financial outlook (5/10/15% scenarios).

11.10 **Resolved Action (314)**
The Corporate Risk Assurance Framework Report will be presented to the Board at the meeting on 12 November 2015.

11.11 Audit Committee **NOTED** the Corporate Risk Assurance Framework Report.

12.0 Review of Standing Orders (AC/07/15)

- **Audit Committee Terms of Reference**
- **Review of Proposed Amendments (Appendix 1) to Standing Orders**

12.1 Committee members proposed some minor amendments to the Audit Committee Terms of Reference.

12.2 Following amendments, committee members **APPROVED** the Audit Committee Terms of Reference.

12.3 **Resolved Action (315)**
The Board and Executive Support Manager will amend the Audit Committee Terms of Reference for noting by the Board.

12.4 The Director of Corporate Services advised Committee members that the proposed amendments to (Appendix 1) to Standing Orders are retrospective changes, as RQIA no longer has a role in 'Complaints Investigations'; reference Complaints in Health and Social Care Standards & Guidelines for Resolution & Learning; 1 April 2009.

12.5 Committee members proposed further amendments for consideration.

12.6 Committee members **ENDORSED** the proposed amendments (Appendix 1) to Standing Orders.

12.7 **Resolved Action (316)**
The Board and Executive Support Manager will bring the proposed amendments to Standing Orders to the meeting of the Board on 12 November 2015.

13.0 Landscape Review – Progress Report (AC/08/15)

13.1 The Chief Executive informed Committee members that the report provided is the progress report from April to September 2015, following the RSM McClure Watters Landscape Review in 2014.

13.2 The Chief Executive advised that 12 recommendations are completed or are ahead of schedule, 9 recommendations are in

progress and 2 recommendations are behind schedule.

13.3 The Chief Executive provided an update in relation to the two recommendations behind schedule; action 20: the enforcement policy and procedure is currently under review and will be completed by December 2015. Action 25 (additional resources for new workstream); the outcome is dependent on DHSSPS approval of a Business Case.

13.4 The Chair of the Audit Committee will present the Landscape Review – Progress Report at the meeting of the Board on 12 November 2015.

13.5 <u>Resolved Action (317)</u>
The Chair of Audit Committee will present the Landscape Review – Progress Report to the meeting of the Board on 12 November 2015.

13.6 Committee members **NOTED** the Landscape Review – Progress Report

14.0 Single Tender Actions & External Consultancy (AC/09/15)

14.1 The Head of Finance informed Committee members that there is one single tender action in relation to the iConnect Project Manager.

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

15.0 Update on DHSSPS Circulars (AC/10/15)

15.1 The Head of Finance informed Committee members that there have been two circulars in relation to Public Accountability Process and Revised DFP Guidance on value for money, these have been noted and shared appropriately.

15.2 Committee members **NOTED** the update on DHSSPS Circulars.

16.0 Any Other Business

16.1 As there was no further business the Chair of the Audit Committee brought the Audit Committee meeting to a close at 4.45pm.

Date of Next Meeting:
Thursday 3 March 2016 at 11.00am, RQIA Boardroom

The Regulation and Quality Improvement Authority

ACTION LIST

RQIA Audit Committee Meeting 22 October 2015

Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
307	3.4	The Board and Executive Support Manager will arrange a bi-lateral meeting with the Chair of Audit Committee, Internal and External Audit.	Board and Executive Support Manager	3 March 2016	
308	5.2	Board & Executive Support Manager to bring the Audit Committee minutes of 25 June 2015 to the November meeting of the Board for noting.	Board and Executive Support Manager	12 November 2015	
309	6.4	The Director of Corporate Services will contact BSO in relation to HRPTS Reports and Dashboards and will provide an update at the next audit committee meeting.	Director of Corporate Services	3 March 2016	
310	6.6	The Planning and Corporate Governance Manager to amend status column of the Audit Action Plan with a RAG rating system.	Planning and Corporate Governance Manager	3 March 2016	

311	9.3	The Planning and Corporate Governance Manager will consider and amend the RQIA Mid-Year Assurance Statement for endorsement by the Chief Executive and Chair of Audit Committee.	Planning and Corporate Governance Manager	12 November 2015	
312	9.5	The Board and Executive Support Manager will bring the RQIA Mid-Year Assurance Statement to the meeting of the Board on 12 November 2015.	Board and Executive Support Manager	12 November 2015	
313	11.5	The Director of Corporate Services will present the Risk Management Strategy at the Board meeting on 12 November for approval.	Director of Corporate Services	12 November 2015	
314	11.10	The Corporate Risk Assurance Framework Report will be presented to the Board at the meeting on 12 November 2015.	Director of Corporate Services	12 November 2015	
315	12.2	The Board and Executive Support Manager will amend the Audit Committee Terms of Reference for noting by the Board.	Board and Executive Support Manger	12 November 2015	

316	12.7	The Board and Executive Support Manager will bring the proposed amendments to Standing Orders to the meeting of the Board on 12 November 2015.	Board and Executive Support Manger	12 November 2015	
317	13.5	The Chair Audit Committee will present the Landscape Review – Progress Report to the meeting of the Board on 12 November 2015.	Board and Executive Support Manager	12 November 2015	