

AGENDA

RQIA Authority Board Meeting Virtual Meeting via Zoom Thursday 3 February 2022, 11:30am

PUBLIC SESSION

	Item	Paper Ref	
1	Welcome and Apologies		11.30am
2	Minutes of the meeting of the Authority held on 4 November 2021 and matters arising	Min/Nov21/ public	11.35am APPROVE
3	Declaration of Interests		11.40am
4	Interim Chair's Business		11.45am NOTE
5	Members Activity Report Interim Chair	G/02/22	11.55am NOTE

Chief Executive's Update

6	Chief Executive's Report Chief Executive		12.00pm NOTE
7	Strategic Intent and Management Plan: Process and Timetable Chief Executive	Presentation	12.15pm NOTE

Authority Committee Updates

8	Business, Appointments and Remuneration Committee	H/02/22	12.30pm NOTE
	<ul style="list-style-type: none"> • Verbal Update: Meeting of 22 January 2022 • Minutes of Meeting: 25 November 2021 • IIP Re-Accreditation Report and Next Steps • Update on Re-Structuring: Engagement Sessions • Professional Advisory Roles: Options • Performance Activity Report (PAR): Q3, 2021/2022 • 2021/2022 Management Plan: Stocktake Paper on Projections • 2021/2022 Management Plan: Monitoring (Q3) • Process / Timeline for Developing 2022/2023 Management Plan 		NOTE APPROVE APPROVE APPROVE APPROVE APPROVE APPROVE APPROVE
	Committee Chairman		
9	Audit and Risk Assurance Committee	I/02/22	12.50pm NOTE
	<ul style="list-style-type: none"> • Verbal Update: Meeting of 22 January 2022 • Minutes of Meeting: 10 December 2021 • Finance Report (Month 8) • Principal Risk Document (PRD) • External Audit Strategy 		NOTE APPROVE APPROVE APPROVE
	Committee Chairman		
10	Any Other Business		1.10pm

Date of Next Meetings:

- **Authority Board Workshop:** Thursday 10 February 2022, 12:00 noon (Corporate Planning)
- **Authority Board Meeting:** Thursday 3 March 2022, 9:30 am

RQIA Authority Meeting

Date of Meeting	3 February 2022
Title of Paper	Members Activity Report
Agenda Item	5
Reference	G/02/22
Author	Authority Members
Presented by	Christine Collins MBE
Purpose	To inform the Authority of external engagements and key meetings since 4 November 2021
Executive Summary	External engagements and key meetings since 4 November 2021
FOI Exemptions Applied	None.
Equality Impact Assessment	Not applicable.
Recommendation/Resolution	The Authority is asked to NOTE this report.
Next steps	Not applicable.

MEMBERS ACTIVITY REPORT

Meetings attended by Authority Members

Audit and Risk Assurance Committee	Date
Neil Bodger Bronagh Scott Prof. Stuart Elborn (Apologies on 20 January 2022)	2 December 2021 20 January 2022

Business, Appointments and Remuneration Committee	Date
Christine Collins Suzanne Rice Jacqui McGarvey	20 January 2022

Part II / SOADs Panel	Date
Christine Collins	10 December 2021 21 January 2022

Authority Meetings	Date
Christine Collins MBE Neil Bodger Bronagh Scott Jacqui McGarvey Suzanne Rice Alan Hunter	4 November 2021
Christine Collins MBE (Interim Chair) Suzanne Rice Bronagh Scott Jacqui McGarvey Prof. Stuart Elborn Alan Hunter	2 December 2021
Christine Collins MBE (Interim Chair) (CC) Suzanne Rice (SR) Bronagh Scott (BS) Alan Hunter (AH)	16 December 2021

Authority Workshop	Date
Christine Collins MBE Neil Bodger Bronagh Scott Jacqui McGarvey Suzanne Rice Prof. Stuart Elborn	13 January 2022

Other Meetings:	Date
Christine Collins MBE and Alan Hunter with Briege Donaghy	6 January 2022

RQIA Authority Board Meeting

Date of Meeting	3 February 2022
Title of Paper	Authority Committee Update Business, Appointments and Remuneration Committee (BARC)
Agenda Item	8
Reference	H/02/22
Author	Office of the Chief Executive and Chair Business Support Unit
Presented by	Committee Chair, Business, Appointments and Remuneration Committee (BARC)
Purpose	To provide Authority Members with an update on the BARC meeting of 25 November 2021 and the meeting of 20 January 2022 and associated papers.
Executive Summary	<p>The following papers were presented and discussed in detail at the BARC meeting of 20 January 2022 and are being presented to the Authority Board for Noting / Approval:</p> <ul style="list-style-type: none"> • Minutes of Meeting: 25 November 2021 • liP Re-Accreditation Report and Next Steps • Update on Re-Structuring: Engagement Sessions • Professional Advisory Roles: Options • Performance Activity Report (PAR): Q3, 2021/2022 • 2021/2022 Management Plan: Stocktake Paper on Projections • 2021/2022 Management Plan: Monitoring (Q3) • Process / Timeline for Developing 2022/2023 Management Plan
FOI Exemptions Applied	Not applicable
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to NOTE and APPROVE the update and associated papers.
Next steps	

MINUTES

RQIA Extraordinary Meeting of the Business, Appointments and Remuneration Committee

Virtual Meeting, via Zoom, 10.00am – 10.40am

Present

Alan Hunter (AH) (Chair)
Jacqui McGarvey (JMcG),
Committee Member
Suzanne Rice (SR),
Committee Member

In attendance

Briege Donaghy, (BD), Chief Executive
Audrey Murphy (AM), Assistant Director

1.0 Agenda Item 1 - Welcome and Apologies

1.1 The meeting commenced at 10.00am

1.2 AH welcomed all members and RQIA staff to the Business, Appointments and Remuneration Committee meeting. There were no apologies.

2.0 Agenda Item 2 - Declaration of Interests

2.1 AH asked Committee members if, following consideration of the Agenda items, any interests were required to be declared in line with Standing Orders.

2.3 No declarations of interests were made.

3.0 Agenda Item 3 – Annual Equality Report

3.1 AH reported that he had met with the Chief Executive (BD), Jacqui Murphy (JM) (Acting Head of Business Support Unit) and Malachy Finnegan (MF) (Communications Manager) to discuss the Annual Equality Report.

3.2 AH referred to the need for RQIA to proactively take account of equality obligations and that this should be integral to the organisation's culture when developing policies.

3.3 BD advised that she had received information relating to the diversity of RQIA staff and that she would report on this and her recommendations to BARC.
(ACTION)

3.4 AH remarked that BARC had been sighted on the Annual Equality Report relatively recently and close to the date of its submission the Equality Commission. AH added that he had found the document to be passive and that further work would be necessary prior to future submissions to ensure clarity on the Authority Board's commitment to actively develop a robust approach to our Equality obligations.

- 3.5 AH enquired about the equality screening of policies. BD agreed to bring a paper to BARC setting out how the organisation's equality forum would be re-established and further developed to promote ownership of the equality agenda across the directorates. BD also noted that the terms of reference and membership of the policy committee would be reviewed and that processes are in place to ensure that policies are screened and report on same to be provided as required. **(ACTION)**
- 3.6 BD advised that during the earlier stages of the pandemic, ad hoc arrangements for policy development were in place that didn't always include equality screening. BD added that engagement with stakeholders wasn't sophisticated enough to take account of ethnicity, sexuality.

AH referred to the needs of the regulated population. SR commented on migrant communities in Northern Ireland. SR also commented on the wording of the Equality Annual Report and made some suggestions regarding how RQIA could demonstrate its plans to take forward some of the actions required. BD agreed to make some final revisions to the report, both in terms of language used and commitment to an active approach hereafter, and submit to BARC week beginning 29 November. **(ACTION)**

4.0 Agenda Item 4 – Appointment of Directors

- 4.1 AH referred to BARC's role in ensuring that the appointments process is robust and to be satisfied that there is good governance in place.
- 4.2 BD advised that all three candidates had accepted their offers of appointment and that two directors (Lynn Long and Emer Hopkins) would take up their new positions on 1 December 2021. BD further advised that Karen Harvey will continue in her role as Interim Director of Assurance and Professional Social Work Advisor throughout December and Elaine Connolly will take up her position as Director of Adult Social Care on 1 January 2022.
- 4.3 BD outlined the Senior Executive Pay scale which is to be applied to all three appointments and that she has no discretion with regard to remuneration.
- 4.4 AH advised that BARC members will need to be sighted on the training and development plans for the new directors. This will provide assurance that the new directors are equipped to fulfil their corporate responsibilities. BD agreed to provide updates to BARC. **(ACTION)**
- 4.5 AH advised that he will report to the Authority on 2 December 2021 that the Committee is content with the recruitment process and has endorsed BD's recommendation that three directors are appointed. AH will also advise the Authority of the pay scale that will be applied.

5.0 Any Other Business





None

Date of Next Meeting: **Thursday 20 January, 12pm via Zoom**

ACTION LIST

RQIA Extraordinary Meeting of the Business, Appointments and Remuneration Committee

Virtual Meeting, via Zoom, 10.00am – 10.40am

Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
13	3.3	Chief Executive to report on diversity of Authority staff and recommendations.	Chief Executive	20 January 2022	
14	3.5	Chief Executive to report on outcome of the review of the equality forum and the terms of reference and membership of the policy committee	Chief Executive	20 January 2022	
15	3.6	Chief Executive forward revised version of Equality Annual Report to BARC prior to its submission to the Equality Commission	Chief Executive	30 November 2021	
16	4.4	Chief Executive to forward to BARC members the training and development plans for the newly appointed directors.	Chief Executive	?	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	

Status Report for Business Appointments and Remuneration Committee (BARC)

Review of 2021/22 Management Plan as at Nov/Dec 21

(Paper dated 17 December 2021)

BARC requested a review of the status and projected position on the in-year Management Plan in order to consider a reprioritisation of in-year delivery. This report sets out the current position and projected position by end of March 2022.

SUMMARY OF REVIEW

Position at end of September 2021

21 Actions in the Management Plan had been achieved
18 Actions expected to be achieved by Sept had not been
28 More actions were planned to be achieved by year end.

67 Total Actions (progress on each of the 46 (18+28) actions follows in Table1)

Projected Out-turn by March 2022

48 = 21 already achieved (at end Sept), 27 further actions achieved/planned to be achieved in-year
3 = Actions removed (no longer applicable)
3 = May be partially achieved / pending resources/ continue next year (amber)
4 = Will need to be extended into next year (red)
9 = Inspections: PAR related (will refer to out-turns in PAR)

67 Total Actions

7 = Additional Actions were prioritised by Authority and added, and achieved, during year

Summary of Key Issues (see following report for details on each – Table 1)

3 Actions removed

- Appoint a PPI lead (*paused pending creating Office of Chair and CEx- will not progress in-year*)
- Develop business case for upgrade of RQIA web site (*Business Case not required*)
- Develop a business cases for handling Complaints if required (*Business Case not required at this stage*)

3 Actions we may be able to complete but pending resources (amber)

- Define resources needed and associated Business Case for statutory number inspections to mental health wards
- Mental Capacity Act – procedures for authorities to hold in excess of £20k for those who lack capacity
- Develop system of QA related to Deprivation of Liberty activity and prepare options paper for DoH

4 Actions will extend into next year (red)

- Engage DoH and Stakeholders in developing the Review Programme for next and subsequent years
- Internal Audit 20/21 - Implement recommendations from Information Governance Review
- Internal Audit 20/21- Intelligence Monitoring – complete implementation actions
- Develop Digital specification for an Electronic Document Management system

In summary, 7 Actions of the 67 Actions will not or may not complete in-year. In addition 9 actions are reported in Performance Activity Report (PAR) relating to delivery of inspections.

Additional Actions Added (as at Dec 2021)

7 Additional Actions have been achieved against material areas of work that had not been included in the original Management Plan but were prioritised in-year by Authority:

Respond to public Consultation on Duty of Candour (submitted end August 2021)

Develop and implement an Action Plan relating to Nicholl Report and Governance Overview (see table 2 end of this report re 10 point Action Plan which is being implemented – includes Standing Orders Review, establish Office Chair/CEx, Nicholl Workshop)

Establish a Team, prepare for and respond to the Muckamore Public Inquiry

Establish a Team to investigate a whistleblowing allegation in HSC Trust

Workforce – refresh and expand our bank staff pool and create additional flexible capacity

Workforce – develop and implement a bespoke wellbeing programme for RQIA staff

Workforce – develop / engage on a Recognition and Appreciation Strategy

Management Plan 2021/22

Table 1: Update on Delayed actions and Consider Ability to Complete Delayed Actions In-year

Section 1 – Management Plan Actions required by end September 2021 and had not been achieved at that time						
Count	Ref	Brief Description	Was due date	Comment	EMT/SMT Lead	Now expected?
1	2.2	Design an Engagement Plan to develop new Assurance Framework	End Sept 21	Simplification of Framework required to support effective engagement. Engaging Leadership Centre Associate to facilitate the subsequent engagement – commencing mid Jan 22	Briege Donaghy/ Associate	Will complete before year end
2	2.4	Test and Evaluate lay assessors within inspection activity	End Sept 21	Pilot being planned with involvement of Patient Client Council	Karen Harvey	Will complete before year end
3	2.6	Commission mapping exercise to link regulation framework to Human Rights Act (1998)	End Aug 21	We have engaged an external body with expertise to develop and deliver Human Rights training and link this directly to work of RQIA Inspectors in their regulatory role through mapping	Julie Ann Walkden	Will complete before year end
4	4.1	Engage DoH and Stakeholders in develop Review Programme for next and subsequent years	End Aug 21	Engagement re Review Programme commenced late Nov 21 but Authority Board discussion determined best to not complete this during the high pressure period this winter – start Jan/Feb and extend into April	Emer Hopkins	Will partially complete in-year but may need to roll partly into next year WILL NEED CARRIED FORWARD to 22/23
5	4.5	Publish the Review of SAI processes	End June 21	Has been delayed due to need to await factual accuracy checks back from DoH	Emer Hopkins	Due to be published final qtr
6	4.7	Complete phase 2 of the Deceased Patient Review (Neurology Inquiry)	End June 21	This has been subject to completion of Family Liaison and other aspects of clarification	Emer Hopkins	Will complete before year end (DoH considering next stage/ options)
7	5.3	Define resources needed and associated Business Case for	End Sept 21	Do not have capacity to complete this work. Have submitted a Business Case	Briege Donaghy (secure	Dependent on potential for external

		statutory number inspections to mental health wards		to DoH to enable RQIA to engage external Consultants in year to do Workforce Strategy and Business Case – this will not progress in-year	Independent Consultants)	Management Consultant capacity / expertise – Business Case submitted to DoH for approval to engage MAY NEED CARRIED FORWARD to 22/23
8	6.2	Appoint a PPI lead	End Aug 21	Authority have agreed to pause this – prioritising Office of Chief Exe and Chair role		Remove from plan Temp head of Office is in place from 1 Sept 21
9	6.3	Develop Comms and Engagement Strategy co-produced	End Aug 21	First meeting of the Comms and Engagement Collaborative – with Stakeholders took place on 30 Sept 21 Procurement at present via PALS for expert external support, closing date 15 Dec – should allow for co-produced Strategy over Jan to Mar		Expect Strategy document tabled for approval before year end
10	6.4	Develop business case for upgrade of RQIA web site	End Sept 21	Have commissioned this via existing web site Company in first instance for young people with involvement of NIYCC – no business case needed.		A business case is not required Remove from plan
11	7.1	Provide update to Authority Board example of Partnership working with other regulators	End June 21	CEx gave update on ‘business diary’ during Sept at Oct Authority Board meeting. RQIA co-delivered a training event on Mental Capacity Act. RQIA co-joined GMC and other regulators at UUP Conference mid-October.		Completed
12	7.2	Update Memos of Understanding with professional regulators and others	End July 2021	Most of these are completed. The final one with CJINI is being resolved.	Julie Ann Walkden/ Jacqui Murphy	Will be completed before year end

13	8.3	Realign resources , organisational restructuring	End Jul 2021	When Directors appointed, reengagement will start to realign the admin and teams, and discuss proposals for Business and Corporate services	Francis Rice/ Jacqui Murphy	Will be completed before year end
14	9.3	Develop a business cases for handling Complaints if required	End Sept 21	A business case is not required at this point. We are undertaking a significant review of resources/ spend/ slippage to determine further opportunity to fund internal resource needs		A business case is not required Remove from plan
15	10.1	Define structure for Information Team	End June 2021		Jacqui Murphy	Will be completed before year end
16	10.2	Business Case for upgrade of iConnect	End June 2021	Presented at ARAC and Authority Board Dec. Also a DAC.	Jacqui Murphy	Will be completed before year end
17	12.3	Internal Audit 20/21 - Implement recommendations from Information Governance Review	End Sept 21	Report on progress given at ARAC	Julie Ann Walkden	WILL NEED CARRIED FORWARD to 22/23
18	13.1	Internal Audit 20/21 – Intelligence Monitoring – complete actions	End Sept 21	2 actions implemented 11 partially	Lynn Long	WILL NEED CARRIED FORWARD to 22/23

Section 2 – Management Plan Actions required during Oct/Nov/Dec 2021

19	1.2	Complete review of on-line providers who are not registered in UK	End Nov 21	Meeting of members of ARAC to be planned to consider		Date will extend into last quarter – will complete in-year
20	2.7	Human Rights Training and Induction Programme commissioned	End Oct 21	Commissioned of Bristol University – delivery over Jan to Mar		Commission Achieved
21	3.5	Establish QI project related to out of hrs inspections in Care Homes	End Dec 21	Assessment of out of hour's inspections completed. Will feature in Stock Take re 'Home Truths' report		On track to be achieved
22	5.2	Mental Capacity Act – identify resources needed and submit business case	End Oct 21	Business Case submitted and further proposed approach / paper followed up to DoH		Achieved

23	8.5	Secure IIP reaccreditation with increased achievement	End Dec 21	IIP reaccreditation underway		On track
24	10.3	Digital specification for an Electronic Document Management system	End Dec 21	Part of Digital Strategy – needs expert capacity and associated need for Business Case		Dependent on potential for external Management Consultant capacity / expertise WILL NEED CARRIED FORWARD to 22/23
25	11.2	Commence identification of Outcome Measures to demonstrate impact of our work	End Dec 21	Work has commenced – will be presented at Authority Workshop (possibly Jan)		Yes underway
26	12.4	Evaluate BSO services provided under SLA	End Oct 21	On-going process- improvements achieved so far include full time Accountant now present on site 2 days per week and review of HR capacity available to us being considered by BSO		Ongoing – some positive outcomes achieved
27	13.2	Implement Recruitment and Absence management actions	End Nov 21	4 of 6 fully implemented and 2 partially to be completed		On track to be achieved
Section 3 – Management Plan Actions required during final quarter Jan/ Feb/Mar 2022						
28	1.3	Implement improvement in registration and identify resources needed	End March	Project Modernisation of Registration underway and progress tracking improvement		On track to be achieved
29 to 37	3.1a to 3.1i	Delivery of statutory minimum inspections (with some COVID) caveats	End March	Refer for all of these to PAR Report		See PAR Report
38	3.4	Complete inspections in MH and LD wards across region	End March	30 wards inspected year to date from a total of 52 wards – further progress may be achieved before year end pending impact of COVID and other issues re staff availability		Progress being made
39	5.1	Mental Capacity Act – procedures for authorities to hold in excess of	End March	Pilot may be possible in last quarter- pending resources – seeing to engage		Status Being considered

		£20k for those who lack capacity		additional capacity if possible		
40	5.4	Develop system of QA related to Deprivation of Liberty activity and prepare options paper for DoH	End March	Paper likely to be possible to submitted in last quarter – as above. Will test QA system as far as possible/ pending capacity		Status/ being considered
41	6.5	Redesign our web site pending funding	End March	Will be achieved in part – young people access to web site redesigned – completing this within our existing resources		Web site will be partially redesigned in year
42	6.6	Increase our social media presence	End March	On track – increased activity		On track
43	7.4	Develop ‘Emerging Concerns ‘ model in collab with professional regulators	End March	Being taken forward via Joint Regulators Forum – RQIA involved		Involved / Joint Exercise
44	8.6	Move to Victoria House and prepare for 2 nd move to James House next year	End March	Completed first move – second move planned		On track
45	9.2	Use Complaints and Intelligence effectively and ensure feedback to those who have raised concerns on actions taken (linked to CPEA and to Home Truths)	End March	The Complaints Policy is with policy sub group for final sign off. The Concerns are being addressed through the intelligence audit recommendation’s group		Being progressed
46	13.3	Have a robust Internal Audit Programme to identify and improve	End March	In place		In place

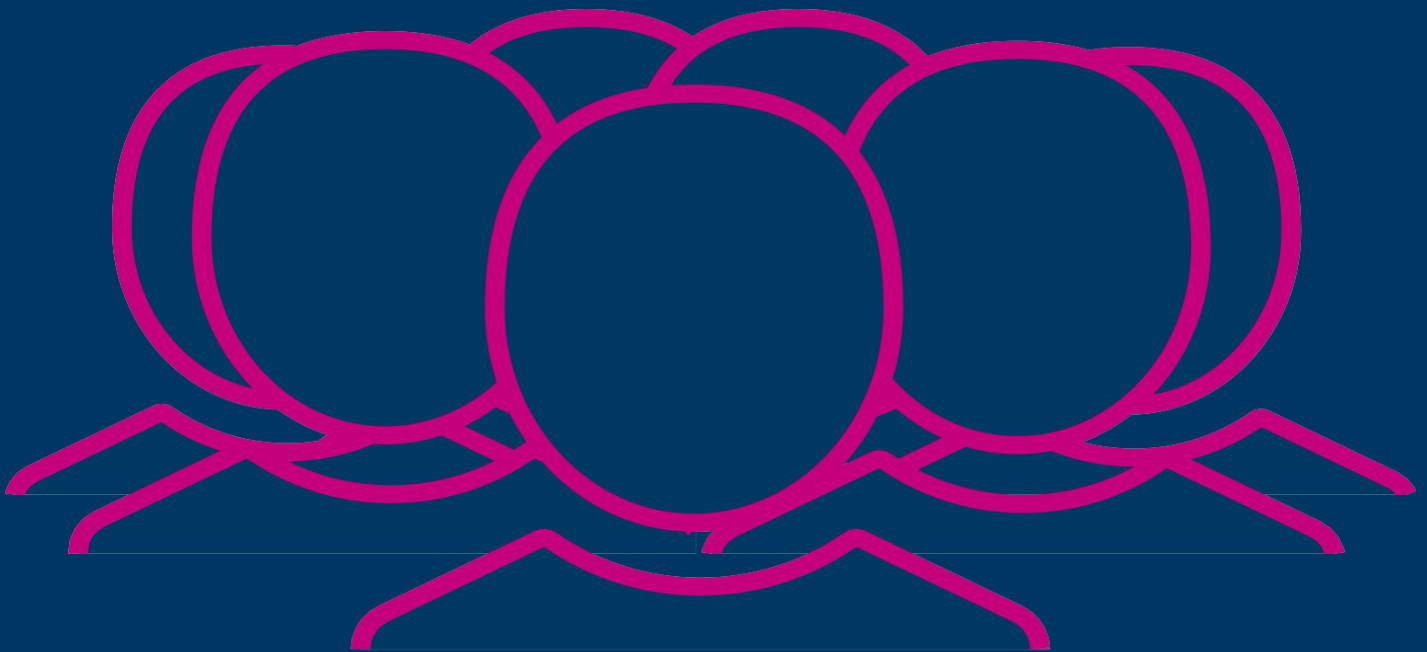
Additional Priorities that emerged AFTER the Management Plan approved

1		Respond to Consultation on Duty of Candour	Apr to Aug 21	Consultation response submitted end Aug 21 – several workshops hosted by Chief Executive including meeting with Mr Quentin Oliver		Complete
2		Nicholl Report and Authority Board lead Governance review/OD plan	July 21 ongoing	Established tentative Office of Chair Chief Executive Developed an implementation plan (see Gantt chart at end of report) setting out 10 actions to strengthen governance		In place

				Complete review of Standing Orders, Workshops and Action Plan taken forward		
3		Muckamore Abbey Hospital Public Inquiry	Oct 21 ongoing	Establish response Team Redirect staff from other functions Need for corporate knowledge Take on Associate support Made first response to Inquiry Solicitor		Commenced and progress made
4		Investigate Whistleblowing allegations – Belfast Trust	Aug 21 ongoing	Request, collate and review large amount of information Commission CHKS national and regional benchmarking exercise Evaluation of evidence Engaged expert from Leadership Centre Will set out next steps Authority Board workshop in Jan 22		Ongoing
5		Workforce – refresh and expand bank and peripatetic staffing	Sept 21 ongoing	Need to secure flexible staffing to support workforce capacity Recruitment exercise – over 90 applicants Shortlist/Interview/ Induction Manage bank staff allocated to Teams		Being implemented
6		Workforce – wellbeing, develop bespoke Inspire programme	Oct 21 ongoing	Priority in winter plan Staff Well Being – have developed and commissioned bespoke programme from ‘Inspire’ – have made provision / raised awareness / encouraged uptake – will Evaluate		Being delivered
7		Workforce – develop / engage on Recognition and Appreciation strategy	Sept 21 ongoing	Develop Briefing Paper for Authority Board Engaged expertise via Leadership Centre Plan staff engagement post IIP work		In place

INVESTORS IN PEOPLE™

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Feedback Report

Regulation & Quality Improvement Authority

Project Number: NI-21-00192

Practitioner: Stephanie McCutcheon

Date: 13th December 2021



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Congratulations!

You have achieved **We invest in people** SILVER accreditation.



Detailed feedback inside:

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Key dates

Accreditation date	12-month meeting	24-month meeting	Accreditation expiry
01/12/2021	By 01/12/22	By 01/12/23	25/06/2024

Your ambition and priorities...

Who are you?

The Regulation & Quality Improvement Authority (RQIA) is an independent health and social care regulatory body, accountable to the Department of Health.

Your purpose is to work across health and social care to measure and assure the standards of care offered and to encourage continuous improvement in that care, providing independent assurance to the Department. Your vision is to be a driving force for improvement in the quality of health and social care in Northern Ireland.

What is your future ambition?

Your Statement of Strategic Intent sets out your direction, underpinned by a Management Plan that outlines the operational arrangements for delivery, centred around three core themes:

- Safe and Effective Care;
- People and Communities; and
- Operational Excellence.

These strategic themes are underpinned by three frameworks for Assurance and Inspection, Governance, and Performance. The Management Plan identifies clear aims and key deliverables, accompanied by a suite of performance measures.

The organisation has been on a journey of modernisation and improvement for several years; and the preparation of the current management plan takes account of recommendations and actions arising from a number of service reviews. The overarching commitment is to modernise regulation and work in partnership with patients, service users, families and carers.

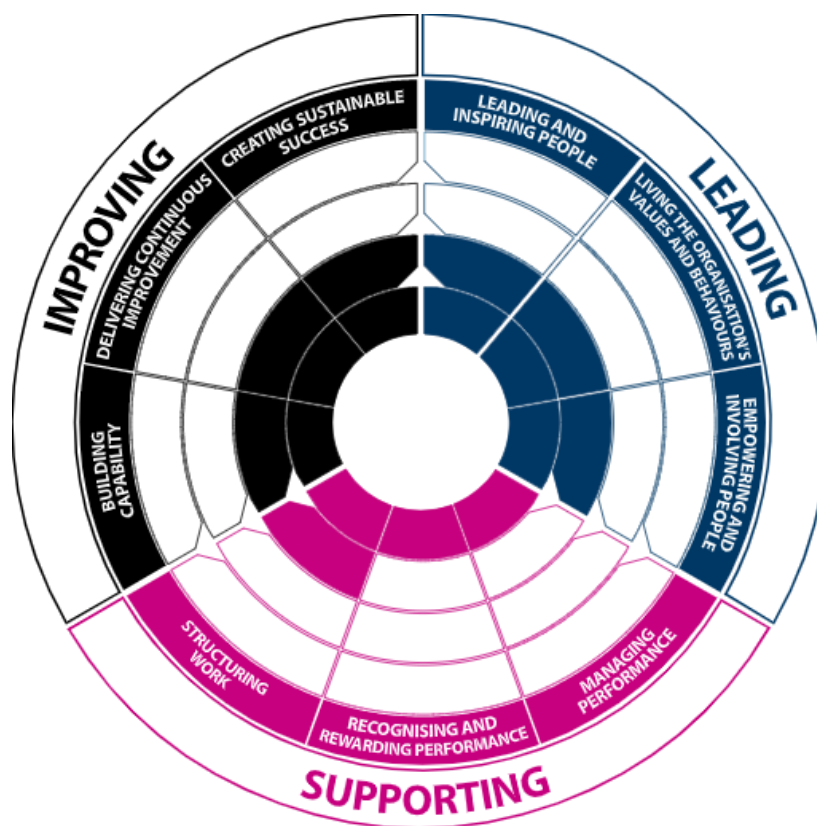
What are your people goals?

The COVID-19 pandemic has been uncharted territory. Your staff faced unprecedented upheaval due to the crisis, with the disruption of familiar work and personal routines. They are continuing to respond to the demands of COVID-19. You aim to support them to adjust and thrive in a post-pandemic operating environment, as well as review and learn from the changes made during the pandemic so you can embed these into business as usual where it is right to do so.

Your Management Plan therefore places emphasis on your people agenda; which is essential both in terms of post-COVID recovery and also to ensure the continued and successful modernisation of services. It is in this context that you have created a Winter and Service Pressures Resilience Plan. One of the priorities in this plan is staff wellbeing so that they can effectively do their work and look after the safety and experience of service users and patients.

This assessment provides a framework to re-evaluate your current approaches to people management and development. The outworking presents an analysis of current strengths and how the RQIA can build on these to create and sustain a culture of strong engagement, where staff feel cared for, listened to and professionally equipped to fulfil their role to the highest possible standards.

This is your Accreditation Outcome Wheel



- You have attained **Established in seven indicators** and **Developed in two indicators**. This equates to SILVER accreditation.

Who was involved in the assessment...

- **7** senior leaders were involved in context discussions.
- **3** members of the Authority Board attended an assessment meeting.
- **123** people were given the opportunity to participate through an assessment survey.
- **93** people took part in the survey giving a response rate of **76%**.
- **16** people were engaged in 1-1 discussions by video call.

A big thank you...

Thanks to all the staff who participated in this **We invest in people** assessment by completing the survey or through attending meetings or individual discussions. The conversations were interesting and it was a pleasure to talk to members of your team about their work.

Particular thanks to Jacqui Murphy and Hayley Barrett for the hard work that went into preparing, organising and coordinating this assessment; their support was invaluable.

Achieving SILVER accreditation during a time of unprecedented challenge is a significant achievement. It demonstrates that the RQIA has not only sustained a purpose-values-driven culture but is evolving in the most difficult of circumstances, creating a strong platform for the future as the organisation continues to adapt, transform and thrive.

What you can be proud of...

Key to the successful delivery of strategic priorities is a flexible, motivated, and well-managed workforce, with the skills, knowledge and attitudes to provide services confidently, competently and in partnership. Here's a summary of the strengths we identified from this assessment process:

- **Leaders and managers are focused on balancing what needs to be done today with preparing for the future.** They use their knowledge and insight to make the organisation better. They are working hard to get the best out of people by providing positive and encouraging messages about priorities, objectives, expectations and progress.
- **Strategies and plans outline commitments and priorities as you navigate an increasingly complex environment.** A mix of operational, financial, staff performance, stakeholder feedback and contextual information is used to build a picture of progress against objectives. You are developing and improving systems and processes to identify risk and ensure you have a strong, reliable and consistent framework for data, analysis, evaluation and reporting.
- **Your core values help define who you are, what you believe, and how you will work.** People said values and behaviours are evident in day-to-day team working. They talked about being professional, objective, accountable, and working collaboratively to achieve the best results in all that they do.
- **People feel empowered to carry out their jobs.** They said they have a clear understanding of their own role and skills and where these fit in with others, enabling them to work effectively with their colleagues. Teams share a collaborative spirit, where people are trusted to do their job, have clarity about their responsibilities and believe they are able to make improvements in their area of work.
- **You offer opportunities for all staff to learn, develop and grow.** Collaboration is actively promoted and encouraged through opportunities, both internally and externally, for people to work together, share and learn.
- **Health and wellbeing has been high on your agenda.** You readily acknowledge that staff can only give their best if they are personally feeling fit and healthy, look after themselves and feel looked after. The wellbeing programme is a good example of your commitment to improve support for people.
- **Your people demonstrated steadfast professionalism and commitment throughout the pandemic.** They used their knowledge and skills to innovate, quickly finding new ways to make a difference. They have learned new skills, utilised new technology and worked in different environments. You are continuing to review and learn from the changes made during Covid-19 to ensure that positive transformation is not lost and you are able to lock-in these improvements.
- **Continuous improvement efforts are widespread.** You have been communicating and engaging on a regular basis to ensure you involve everyone in delivering priorities and transformation. There are forums and opportunities to forward views and input suggestions for improvement. You have been using surveys, focus groups and consultation exercises to listen to key issues and concerns, and act on these. Here's a few quotes that typify the views:

"There is a good positive vibe and optimism about the future ... We're feeling reassured"

"They are working to make it better ... Being proactive and open to change; we can see it"

"It's a very, very different place than it was a year ago"

"It feels like a new organisation now ... It feels different; like a fresh start"

Everyone was asked to use a few words that best describe the RQIA as a place to work. The word cloud below has been created to visualise what people said:



What you need to work on...

The results of this assessment acknowledge that people are fundamental to the RQIA achieving its ambitions therefore the importance of leadership, engagement, motivation, development and being duly recognised for their contribution cannot be underestimated.

We acknowledge that you already have the core foundations in place, or have already started working your way through a range of actions. The points below are therefore designed to help you to continue to improve and develop over the next three years by winning hearts and minds to drive success and creating a great environment for your people to perform. Rather than present prescriptive recommendations, several questions and considerations have been posed under each indicator in the main body of this report. These are centred on:

1. **Stabilising your leadership structure, and clarifying and promoting the desired leadership culture** by creating a coherent framework that describes ‘*what good looks like*’ in terms of expectations and behaviours for leaders and managers at all levels.
2. **Using your core values to enhance your culture** by ensuring that the associated behaviours are embedded and by placing more emphasis on celebrating achievements and your values in action, sharing success, stories and moments of pride.
3. **Continuing to strengthen employee engagement** so everyone pulls together and has a shared understanding of what is needed to achieve strategic outcomes, future vision and ambitions.
4. **Ensuring that all staff receive good quality feedback** and are engaged in conversations about performance and development to help them improve, giving equal weight to achievements and behaviours.
5. **Continuing to develop reward and recognition strategies** ensuring that staff are rewarded fairly and feel their work is valued, achievements are celebrated, and they are motivated to maintain or improve their commitment to the organisation.
6. **Continuing to invest in a collaborative culture** through effective communication structures, improvement agenda and knowledge sharing; and by learning from positive innovations and changes in ways of working brought about by your Covid-19 response.
7. **Enhancing how you build capability for the future** by focusing on effective skills and knowledge development, workforce planning and resourcing, and talent management.
8. **Facilitating engagement, communication and support initiatives aimed at affecting change and service development**; involving your people in the formation and delivery of improvement plans and continuing to engage with them to reflect on and adapt priorities.
9. **Equipping all leaders and managers with the tools to support change**; encouraging your people to be resilient and optimistic as you make further changes to practices and culture to address opportunities and challenges as you plan for the future.

What's next?

When you've had a chance to read this report, we'll explain your results in our **feedback meeting**.

This will be arranged for some time in January 2022.

Together, we'll discuss any **queries arising** from this report and consider **potential areas for development** to **support action planning** for continuous improvement.

To keep your accreditation, you need to:

- continue to meet (or exceed!) the **requirements** of your award.
- engage with us **12 and 24 months** down the line. We won't be assessing you again, but it'll give us the chance to **chat through progress** against your action plan.
- be **reassessed** no more than three years later.

Don't forget to celebrate!

Let your people know how you did. **Acknowledge them** for their hard work and **include them** in the journey you're on.

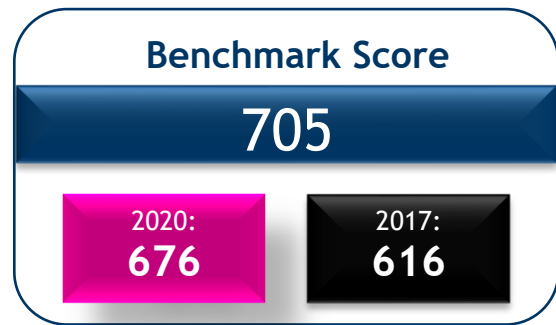
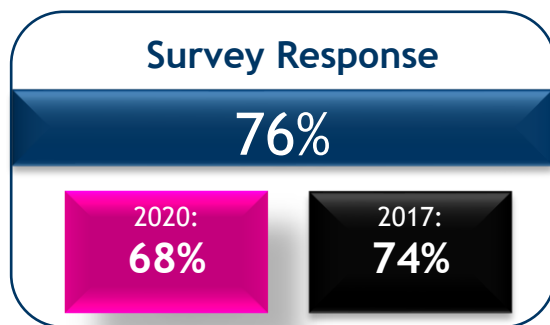
Assessment result

Your level by theme

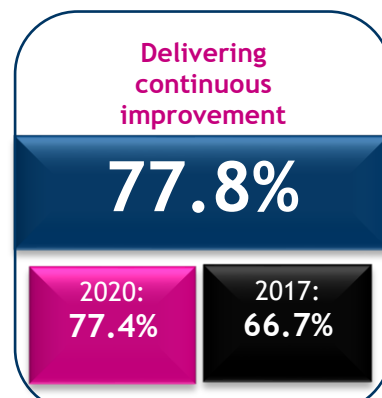
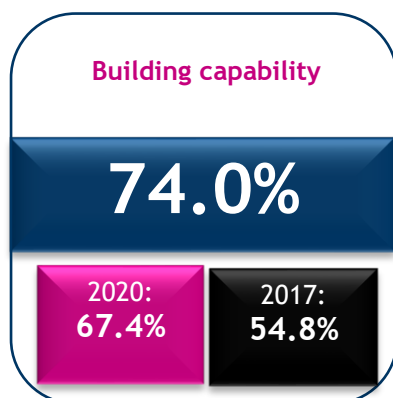
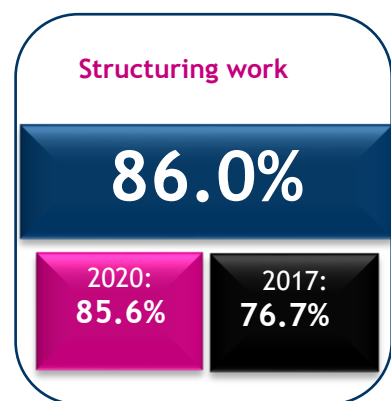
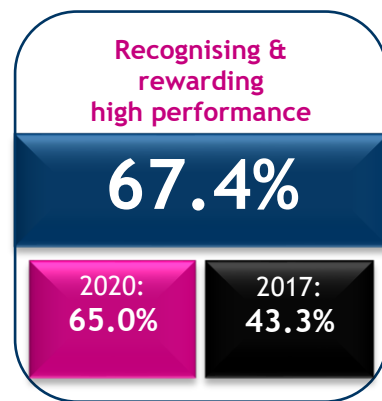
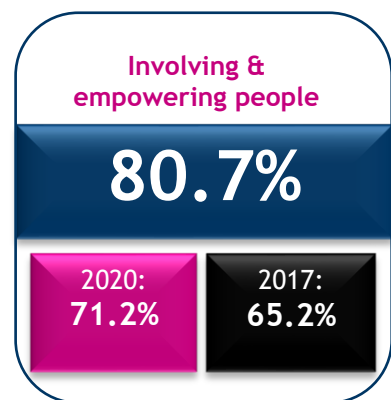
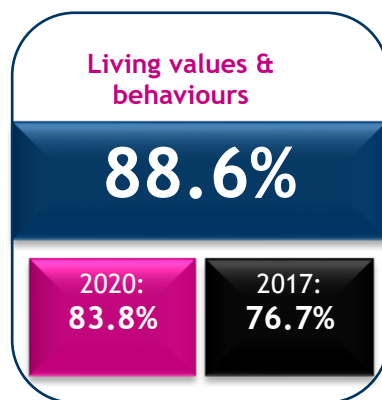
This table shows the levels attained for the 27 themes within the framework. Remember that the performance level for each indicator defaults to the lowest performing theme in that indicator.

		Developed	Established	Advanced	High Performing
Indicator	Theme				
1. Leading and inspiring people	Creating transparency and trust				
	Motivating people to deliver the organisation's objectives				
	Developing leadership capability				
2. Living the organisation's values and behaviours	Operating in line with the values				
	Adopting the values				
	Living the values				
3. Empowering and involving people	Empowering people				
	Participating and collaborating				
	Making decisions				
4. Managing performance	Setting objectives				
	Encouraging high performance				
	Measuring and assessing performance				
5. Recognising and rewarding high performance	Designing an approach to recognition and reward				
	Adopting a culture of recognition				
	Recognising and rewarding people				
6. Structuring work	Designing roles				
	Creating autonomy in roles				
	Enabling collaborative working				
7. Building capability	Understanding people's potential				
	Supporting learning and development				
	Deploying the right people at the right time				
8. Delivering continuous improvement	Improving through internal and external sources				
	Creating a culture of continuous improvement				
	Encouraging innovation				
9. Creating sustainable success	Focusing on the future				
	Embracing change				
	Understanding the external context				

Survey summary - agreement level



The percentages below relate to the level of agreement (strongly to somewhat agree) in the 2021 survey for each indicator and the difference between the total level of agreement in the 2020 and 2017 surveys.



Survey comparators (average ratings for the three surveys)

Indicator	Average Ratings		
	2021 Survey	2020 Survey	2017 Survey
1. Leading & inspiring people	5.4	4.9	4.4
2. Living the organisation's values & behaviours	5.9	5.7	5.3
3. Empowering & involving people	5.4	5.1	4.8

Indicator	Average Ratings		
	2021 Survey	2020 Survey	2017 Survey
4. Managing performance	5.7	5.3	5.3
5. Recognising & rewarding high performance	5.0	4.9	4.0
6. Structuring work	5.8	5.6	5.2

Indicator	Average Ratings		
	2021 Survey	2020 Survey	2017 Survey
7. Building capability	5.3	5.0	4.4
8. Delivering continuous improvement	5.4	5.4	4.8
9. Creating sustainable success	5.7	5.4	5.1

Survey summary - themes (highs and lows)

High scoring themes (average ratings for the three surveys)

Indicator	Average Ratings		
	2021 Survey	2020 Survey	2017 Survey
Adopting the values	6.2	5.8	6.0
Enabling collaborative working	6.0	5.9	4.7
Understanding the external context	6.0	5.9	5.8
Living the values	5.8	5.7	5.2
Motivating people to deliver the organisation's objectives	5.8	5.4	4.4

Lowest scoring themes (average ratings for the three surveys)

Indicator	Average Ratings		
	2021 Survey	2020 Survey	2017 Survey
Participating and collaborating	5.1	4.8	4.7
Recognising and rewarding people	5.0	4.9	3.6
Deploying the right people at the right time	4.8	4.5	3.8
Developing leadership capability	4.8	4.4	3.9
Designing the approach to recognition and reward	4.6	4.5	3.9

Survey summary - highest and lowest scoring questions

% totals for strongly agree, agree and somewhat agree ratings - base questions

95.7%

My organisation has clear values

93.6%

My behaviour reflects the organisation's values

93.5%

I share my organisation's values

92.6%

My role enables me to work well with others

89.3%

My organisation has a plan for the future

89.2%

My organisation has a positive impact on society

88.2%

I feel encouraged to perform to the best of my abilities

87.1%

Management communicates the organisation's ambition

50.6%

I am rewarded in ways that match my motivations

59.1%

People are selected for roles based on their skills and abilities

59.2%

My organisation develops great leaders

67.7%

I am consistently recognised when I exceed expectations

70.0%

I know how my organisation invests in learning and development

73.1%

I am responsible for improving the way we do things

74.2%

My organisation is a great place to work

74.2%

I get appropriate recognition for the work I do

Your survey benchmark scores

The visuals below depict your results compared with the Average Benchmark taken from all organisations that have used the **We invest in people** survey. The Average Industry Benchmark is based on the results from 61 organisations within the sector defined as *public administration and defence* and specified size band (50-249 staff). You'll find your ranking from this 61 organisations on page 55.

Image 2: 2021 Survey Benchmark

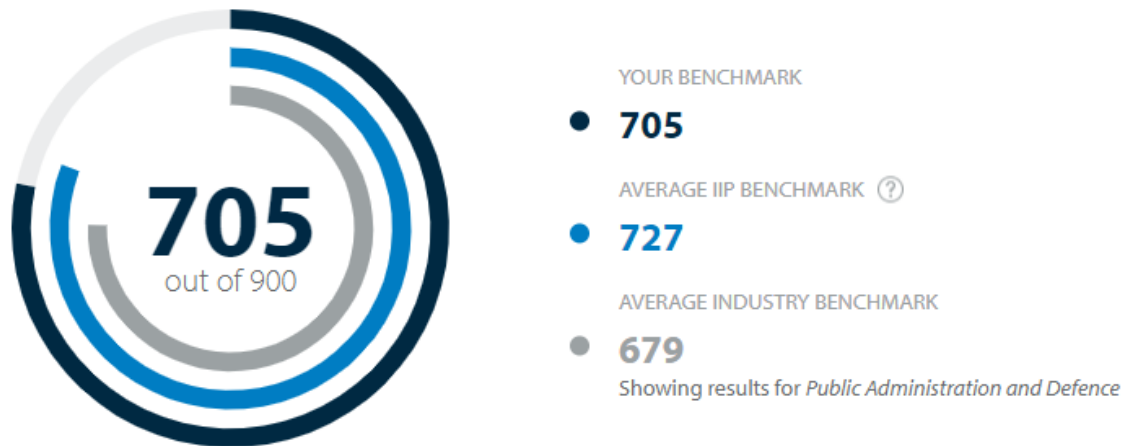


Image 2: 2020 Survey Benchmark

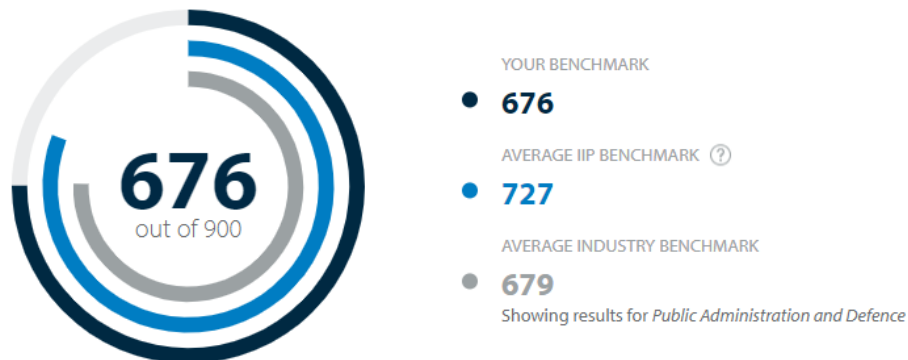
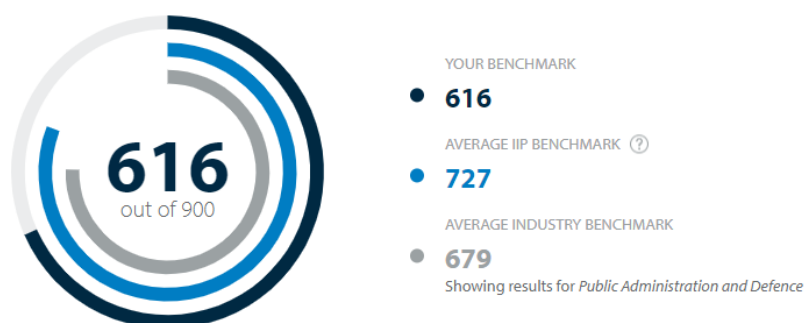


Image 3: 2017 Survey Benchmark



Your 2021 survey results by indicator

This overview provides a summary of your survey results at an indicator level. Your people were asked to rate agreement with statements aligned to the Framework's nine indicators. Their ratings were categorised from Strongly Disagree (1) to Strongly Agree (7). We then calculated an average score for each indicator. We have provided a comparator with your 2017 previous survey.

Indicator summary

		Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Indicator Score	Previous surveys
INDICATOR 1										
Leading and inspiring people	▼	19.9%	37.4%	21.2%	11.3%	4.8%	3.0%	2.4%	5.4	+1.0
INDICATOR 2										
Living the organisation's values and behaviours	▼	33.3%	40.2%	15.1%	6.5%	1.5%	2.8%	0.6%	5.9	+0.6
INDICATOR 3										
Empowering and involving people	▼	18.0%	42.5%	20.2%	7.0%	5.6%	3.0%	3.8%	5.4	+0.6
INDICATOR 4										
Managing performance	▼	28.0%	44.6%	10.8%	5.9%	4.3%	4.3%	2.2%	5.7	+0.4
INDICATOR 5										
Recognising and rewarding high performance	▼	16.1%	26.6%	24.7%	17.2%	6.7%	5.6%	3.0%	5	+1.0
INDICATOR 6										
Structuring work	▼	29.6%	43.5%	12.9%	6.7%	3.8%	2.4%	1.1%	5.8	+0.6
INDICATOR 7										
Building capability	▼	21.5%	35.7%	16.8%	13.3%	4.9%	5.2%	2.6%	5.3	+0.9
INDICATOR 8										
Delivering continuous improvement	▼	19.4%	42.5%	15.9%	11.3%	3.8%	4.3%	3.0%	5.4	+0.6
INDICATOR 9										
Creating sustainable success	▼	29.6%	35.8%	18.3%	9.4%	2.2%	3.8%	1.1%	5.7	+0.6

You'll find visuals of responses for each statement in the survey at pages 44-53.

What your people told us...

Leading

LEADING AND INSPIRING PEOPLE

The three themes in this indicator focus on transparency and trust, motivation to deliver, and leadership capability.

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Indicator Score [?]	IIP Online Assessment - Regulation and Quality Improvement Authority (NI-16-00660) - 19/05/2017
INDICATOR 1 Leading and inspiring people [^]	19.9%	37.4%	21.2%	11.3%	4.8%	3.0%	2.4%	5.4	+1.0 [?]
THEME Creating transparency and trust ^v	17.7%	41.4%	25.8%	8.1%	2.7%	2.2%	2.2%	5.5	+0.9 [?]
THEME Motivating people to deliver the organisations objectives ^v	34.4%	39.8%	10.8%	6.5%	4.3%	2.2%	2.2%	5.8	+1.4 [?]
THEME Developing leadership capability ^v	9.7%	26.9%	22.6%	22.6%	9.7%	5.4%	3.2%	4.8	+0.9 [?]

You have set out your vision, purpose, values and strategic themes that guide the organisation's work as you continue to evolve and meet the needs of stakeholders. Your previous three-year Corporate Strategy has been replaced by a Statement of Strategic Intent, with a refreshed vision and direction to guide priorities and actions as you continue to operate during the pandemic.

People explained that your Management Plan sets out activities and performance measures against which progress is monitored. They said that priorities and objectives are communicated and translated through a variety of mechanisms including targeted planning sessions, management and team meetings, circulation of documents, senior leader-led briefings, task allocation, appraisals and supervision.

The last 12-months has brought change to forward planning in an inclusionary and focused way. People said that there has been greater openness, transparency, involvement and engagement, which in turn has increased understanding of the future direction, as well as helped to build trust and confidence at all levels of the organisation. New senior leaders and Authority Board members have been using their knowledge and insight to make the organisation better.

"We were told no more secrets ... Openness and transparency has really improved"

"Communication has improved; there is more involvement and more openness with staff on how things are going and what the plans are ... They are consulting a lot more"

"There is mutual respect amongst them all now ... There is a calmness that we haven't had before"

"The Board is really engaged; willing to listen and to hear"

"Given us a real sense of direction ... Appreciates the work we are doing ... Has a clear path for moving forward"

- The survey quantified the perception of *transparency and trust*, with results showing that **84.9%** of respondents agreed with this theme.
- There were two statements used to measure this. Firstly, we asked people if the organisation's ambition has been communicated; **87.1%** agreed (**62.4%** strongly agreed or agreed).
- Secondly, we asked your people if they trust leaders; **82.8%** agreed that they do. From this total **55.9%** strongly agreed or agreed.

You encourage a range of different methods to involve and engage staff in planning. There were examples of senior leader-led presentations, away days and discussion groups; engagement activities within teams; creation of aligned delivery plans in distinct areas of service; and at an individual level objective setting through appraisals.

People reflected on how line managers work well with their teams and treat them fairly and consistently. They described how managers listen to what others have to say and are open to new ideas; give feedback so everyone knows what's going well and what could be improved; develop individuals by providing opportunities; and provide time and space to reflect and learn from setbacks.

"Their leadership throughout has been stellar; they listened"

"They have been really great with me; I couldn't be more positive about them"

"Has great drive and is personable ... More approachable and really making an effort with staff"

"So professional and calm; always has time to talk to people"

"Well respected, dedicated and committed"

- The theme of *motivating people to deliver on objectives* was measured in the survey by asking if managers motivate people to achieve their best; **85%** agreed (**74.2%** strongly agreed or agreed). The average rating for this theme shows a significant increase of **+1.4** since 2017, rising from **4.4** to **5.8**.
- An optional statement under this theme asked people if they feel motivated to achieve their best; **83.9%** agreed that they do (**66.7%** strongly agreed or agreed).

Your leadership structure is evolving. Job descriptions and a suite of policies and procedures outline the key functional responsibilities for leaders and managers. People reflected on changes in leadership, including structures, new roles and appointments which they say has brought different styles and ways of working. Whilst the most senior tiers within your new structure have been populated there is still more to do to finalise your restructuring plans.

"More open honest and transparent; this builds confidence"

"Using the knowledge and expertise of the Board to rebuild ... Interim CEO was instrumental ... Strong, refreshing leadership"

"The new Chief Executive has been very visible and makes a point of talking to staff"

"Very knowledgeable and experienced ... The right person for the RQIA"

In terms of leadership development, you provided a programme for 21 senior leaders last year, and there are other examples of formal leadership qualifications and management-related courses. Staff surveys, input into organisational reviews, focus group and engagement activities are all ways that views on leadership effectiveness have been sought. That said, the desired leadership culture is not easily explained at this stage.

- The theme of *developing leadership capability* was measured in the survey by asking people if they believe the organisation develops great leaders. Results produced an agreement total of **59.2%**, with just over one third (**36.6%**) choosing to strongly agree or agree. Although **22.6%** neither agreed nor disagreed. The average rating for this theme has increased by **+0.9** since 2017.



So, what next?

The RQIA is on an improvement journey and that includes leadership. To drive and support transformation, it is vital that leaders are role models, who promote a working environment that nurtures mutual respect, understanding, collaboration, partnership and employee wellbeing. As you move forward:

- 1.1 Should you create a leadership charter (*when your restructuring is finalised*) to summarise and promote the desired leadership behaviours and expectations for the future aligned to your core values? (*This could be drawn from your planned competency framework*).
- 1.2 Will the post-pandemic operating environment, and potential of managing hybrid, non-co-located teams, impact on the role of leaders and managers and open the door for more targeted development such as performance management, remote communication, wellbeing, collaboration and relationship building?
- 1.3 How can you guarantee that all new leaders and team managers have access to a comprehensive induction and essential learning programme to develop their skills, knowledge and behaviours in people management?

LIVING THE ORGANISATION'S VALUES AND BEHAVIOURS

This indicator comprises three themes that centre on people operating, adopting and living the values.

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Indicator Score [?]	IIP Online Assessment - Regulation and Quality Improvement Authority (NI-16-00660) - 19/05/2017
INDICATOR 2 Living the organisation's values and behaviours ^	33.3%	40.2%	15.1%	6.5%	1.5%	2.8%	0.6%	5.9	+0.6 [?]
THEME Operating in line with the values v	22.6%	33.3%	24.7%	8.6%	5.4%	3.2%	2.2%	5.4	+0.5 [?]
THEME Adopting the values v	40.3%	44.6%	9.7%	2.7%	0.5%	2.2%	0.0%	6.2	+0.2 [?]
THEME Living the values v	31.7%	39.2%	15.6%	9.1%	0.5%	3.2%	0.5%	5.8	+0.6 [?]

Your core values represent and underpin the work of the RQIA. People said there are strong links between your values and policies, procedures and practices; because just as important as what people do is why and how they do it. They said that these values are central to the way they operate, shaping how they engage with stakeholders and make a real difference. Your people understand the ethos that underpins the values and said that they are relevant and exemplify a common sense of purpose and identity.

"The values are not just words on paper ... We are there to keep people safe ... We work together; it's very open"

"I'm here for the patients and residents and to drive improvement"

"We can't tell others in this sector what to do if we don't live the values ourselves"

- The survey statement aligned to the theme of *operating in line with the values* centres on whether people feel that your values guide the way the organisation works. This produced an **80.6%** agreement total, with an average rating of **5.4**, which is **+0.5** higher than in 2017.
- One optional statement asked people if they understand the organisation's values; **93.5%** agreed.
- Another optional statement asked people if they believe that the organisation makes decisions in line with the values. Agreement totalled **79.6%**; with **58.1%** choosing to strongly agree or agree.

There is strong connection with your purpose, vision and core values. The consensus of opinion is that your core values reflect the ethos that the RQIA is built upon; and therefore implicitly influence ways of working that are true to what the organisation stands for, and in turn, behaviours and attitudes.

"People work so hard; this is part of the values"

"It's all about professional judgements and balance of risk and outcomes for patients"

"We believe in what we do ... At our core is our principles and belief in what we do"

Your people could link the values to practical examples in their working lives. Their explanations highlighted that the very nature of the work in the RQIA places a high level of importance on the ethos behind your stated core values. People undoubtedly understand this ethos and what the organisation is committed to achieve and are therefore motivated by these intrinsic principles in their job roles.

Generally, people described a work environment that is inclusive and supportive, where the contribution that each person brings to a team is appreciated; and where they work collaboratively to share knowledge and support consistency in making decisions. Some people reflected that this has been more important than ever during the pandemic and broader change agenda.

“This organisation is caring and compassionate”

“No matter what, there is an underlying tone of compassion”

“This is a very compassionate organisation ... Look after each other”

- The theme of *adopting the values* attracted agreement ratings of **94.6%**; making this your highest rated theme.
- Further analysis of specific statements that were combined to provide this measure show that **95.7%** of respondents agreed that you have clear values; and **93.5%** agreed that they share these values.

Your people are passionate about making a positive difference. The examples given emphasised closely-knit teams behind a common cause to get the job done, positive engagement, and ensuring everyone has a voice. In discussions there were common threads in the examples provided of how people show trust in the teams they work with; and recognise and act when others need support. There is a range of mechanisms to encourage teams to listen to each other, understand all perspectives, and offer guidance and help.

“I’m passionate about the work I’m doing ... The RQIA is one of the good guys by protecting some of the most vulnerable people in society”

“Our staff were agile, flexible and resilient ... It brought the best out of our staff; they really pulled together”

- In the survey, the theme of *living the values* attained an agreement total of **86.5%**. This is your fourth highest scoring theme that used two statements to determine perceptions.
- One tested if your people believe that their own behaviour reflects the values. Agreement ratings total **93.6%**.
- The agreement total for the second statement that asked if your people challenge behaviours which are not in line with your values reached **79.6%**; with just over half (**53.8%**) of respondents choosing to strongly agree or agree.



So, what next?

Your values set out what is important and should guide what people do and how they do it; they should drive recruitment, inform decision-making, and influence how people treat each other and stakeholders. To continue to enhance your approach:

- 2.1** Is there more to do to strengthen focus on a *speak-up, listen-up, follow-up* culture internally as an opportunity to learn, develop and improve?
- 2.2** Should you review the data that is being collected that tests core values alignment to ensure the right information is being captured and evaluated? How can you communicate this so everyone understands how you measure this fundamental aspect of your culture?

EMPOWERING AND INVOLVING PEOPLE

The three themes for this indicator include empowerment, participation and collaboration, and decision-making.

		Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Indicator Score [?]	IIP Online Assessment - Regulation and Quality Improvement Authority (NI-16-00660) - 19/05/2017
INDICATOR 3 Empowering and involving people	^	18.0%	42.5%	20.2%	7.0%	5.6%	3.0%	3.8%	5.4	+0.6 [?]
THEME Empowering people	∨	18.8%	41.9%	21.5%	4.8%	7.0%	2.7%	3.2%	5.4	+0.7 [?]
THEME Participating and collaborating	∨	14.0%	36.6%	23.7%	9.7%	5.4%	4.3%	6.5%	5.1	+0.3 [?]
THEME Making decisions	∨	20.4%	49.5%	14.0%	8.6%	3.2%	2.2%	2.2%	5.6	+0.7 [?]

Managers empower others by encouraging their contribution and giving them autonomy, support and freedom to deliver their objectives. People talked about a variety of communication and engagement channels. There were examples of staff meetings, email updates and bulletins; attendance at management, team-based meetings and safety briefings; as well as consultation activities, working groups, committees, and forums to share experiences and address issues. A new Partnership Agreement has recently been approved to provide a framework for partnership working between the organisation and the Trade Unions.

Training sessions and development opportunities make sure that people maintain knowledge and skills. IT-based systems are used for recording and providing access to information. There is a general view that communication and engagement has improved, driven by changes in leadership style, as well as new ways of working, with references to What's App Groups and Jabber.

The nature of the work helps ensure that your people enjoy a high degree of autonomy and derive satisfaction from the scope within their jobs. Throughout discussions, there were many examples of how they can exercise autonomy and discretion, within articulated boundaries, to respond to challenges, work collaboratively and maximise the effectiveness of their role, team or specific area of work.

"The work is interesting; it can be challenging at times; I have learned so much in terms of my personal development"

"I can present to them what I'm proposing; I feel quite empowered"

"It's an open-door policy so we can address any concerns we might have"

"We are open and honest with each other in our team"

- For the theme of *empowering people*, you attained agreement ratings totalling **82.2%**. Two statements were used as determinants.
- When people were asked if they have all the information they need to do their job well, **78.5%** agreed (**52.7%** strongly agreed or agreed).

- They were then asked if they are encouraged to take initiative in their role, **86%** chose to agree, **68.8%** of whom rated strongly agree or agree.
- An optional survey statement asked people if their manager supports them to achieve stretching goals; **85%** agreed that they do, two thirds (**66.7%**) strongly agreed or agreed.

Your people are increasingly being given the space and support they need to speak up and share their views, ideas, and concerns. They described being engaged through various forms of communication such as meetings and sessions to give them the opportunity to ask questions and get answers directly. Employee engagement is also evidenced in decision making and continuous improvement activities within working groups and forums, and through surveys and action planning processes. Team managers are viewed as very accessible and there were many examples of people exploring ideas and decisions that have an impact on them with their own managers or other senior leaders.

“They say here’s the ideas what do you think ... People are being listened to ... We can be open and honest with each other”

“I’ve always felt listened to and never shut down ... There is real encouragement”

“Very good; excellent support ... We can have honest and frank conversations ... If we don’t agree we will say”

“I feel I have an open relationship with my manager and I can say it as it is, and it’s respected ... There’s always a conversation around it”

It was explained that if an issue arises or a change is required, efforts are made to engage with those impacted. Some people were keen to emphasise that the approach to consultation is changing, describing recent restructuring. Although, it’s fair to say that not everyone feels that they are listened to, or that their views are welcomed or taken into account. It was also highlighted that there is a wide range of activities and initiatives, and that communication around decisions and planned actions does not always reach everyone. These perceptions are quantified to some degree in the survey results.

- Under the theme of *participating and collaborating*, your people were asked if they believe they have a say in decisions that affect their role; **74.3%** agreed (**50.6%** strongly agreed or agreed). The average rating in 2017 was **4.8** it’s now **5.1**.

Your people know what is expected of them, what they are responsible for and how they are going to be held accountable. They referred to comprehensive procedures and guidance available; and explained that management planning, induction and training, appraisals and supervision, are all used to establish, monitor and support individuals to make decisions in line with parameters and levels of responsibility. They reflected that this has been further strengthened during the pandemic, with what they see as greater level of trust and flexibility to juggle the many demands.

“It’s been refreshing coming here ... Autonomy to make decisions and bring things forward”

“We all come together in one meeting and hear what’s happening in the organisation; we can give our opinions”

“There are inspection decision-making meetings ... We have debriefings and spend time reflecting on things”

“We have monthly team meetings ... Caseload is discussed and organisational changes ... We can share concerns”

- To create a measure for the theme of *making decisions*, we asked your people if they believe they are trusted to make decisions in their role; **83.9%** strongly agreed or agreed (**69.9%** strongly agreed or agreed). The average rating in 2017 was **4.9** it’s now **5.6**.



So, what next?

You readily acknowledge the importance of a committed, resilient and flexible workforce; and understand the importance of ensuring that people are engaged, and listened to, and know at every level how they are contributing and why it matters. To strengthen engagement as a tool for organisational success:

- 3.1 How can you make sure that staff engagement is a constant process with closed feedback loops so that your people know what they have said has been listened to and acted upon, or if not acted upon they understand why?
- 3.2 Could you establish Leadership Listening Rounds, where senior leaders gather together representative groups of staff (below manager level) to listen to issues that concern them and discuss possible solutions?

Supporting

MANAGING PERFORMANCE

The three themes that make up this indicator include objective setting, encouraging high performance, measuring and assessing performance.

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Indicator Score	IIP Online Assessment - Regulation and Quality Improvement Authority (NI-16-00660) - 19/05/2017
INDICATOR 4 Managing performance	28.0%	44.6%	10.8%	5.9%	4.3%	4.3%	2.2%	5.7	+0.4
THEME Setting objectives	28.0%	44.1%	7.5%	6.5%	6.5%	6.5%	1.1%	5.6	-0.1
THEME Encouraging high performance	25.3%	46.8%	14.0%	5.9%	3.2%	2.2%	2.7%	5.7	+0.8
THEME Measuring and assessing performance	33.3%	40.9%	7.5%	5.4%	4.3%	6.5%	2.2%	5.7	-0.0

Planning is inclusive, enabling your people to understand their contribution and impact. Your Management Plan sets out clear aims and key deliverables whilst transforming as an organisation, in a way that supports delivery of the outcomes defined in your Statement of Strategic Intent. You have been strengthening performance management, monitoring, accountability and governance arrangements. People referred to the establishment of new performance frameworks, information, data and analysis to inform service planning and delivery.

A bottom-up planning process enables managers and teams to identify the opportunities and threats in their area and work towards agreed objectives. People explained that team planning, task allocation, project work, meetings, performance appraisals and 1-1s ensure that they are engaged in discussing job and team priorities. Everyone is involved in monitoring and reporting activities; confirming that managing performance is a continual process of review and feedback.

- To create a quantitative measure for the theme of *objective setting*, your people were asked in the survey if they had agreed objectives with their line manager within the last 12-months; **79.6%** of respondents agreed.

Managers encourage and seek to get the best out of their people through setting appropriate objectives and having regular discussions about performance. Managers talked about being responsible for creating and delivering team plans, monitoring and managing performance, and supporting their teams to deliver objectives.

Appraisal involves a twelve-monthly cycle of performance review and personal development which culminates in structured discussions. This cycle also incorporates a six-month review along with frequent supervision, 1-to-1s or informal meetings to discuss progress on objectives. Although, there appears to be a degree of inconsistency in application of the formal appraisal process in some areas; and not everyone believes the system is valuable.

“Appraisals are really important in the first few years ... It’s still important to set tasks and talk about what’s coming down the line”

“Appraisals align to the management plan and gets filtered down ... It’s not always timely but people know what they should be doing”

“There is a panic to get them done; people dread them”

- The survey tested the theme associated with *encouraging high performance*, which attained an agreement total of **86.1%**. Two statements were used to determine this measure.
- When your people were asked if they feel encouraged to perform to the best of their abilities, **72.1%** strongly agreed or agreed; another **16.1%** somewhat agreed.
- When asked to consider if their manager helps them to improve, **83.9%** agreed (**72.1%** strongly agreed or agreed).
- An optional statement focused on whether people believe that poor performance is addressed by managers. Two thirds (**65.6%**) agreed that it is; although **22.7%** disagreed.

Your feedback culture works well and blends formal appraisal, supervision and meetings with less formal mechanisms such as daily discussions, peer support and open access to managers. People said that appraisals are not a substitute for day-to-day management, describing regular and ongoing opportunities for discussion, coaching and feedback to encourage and enable them to sustain or improve their performance.

People recognise the value of effective supervision, in the areas where this applies, as one of the most valuable engagement activities. These were described as essential checking in points throughout the year, providing opportunities to gain the necessary clarity on expectations, gain direction and ensure that people feel encouraged and supported. This is accompanied by regular, constructive team meetings and briefings where everyone is encouraged to contribute and share information and ideas.

“Supervision is a good, confidential 1-1 environment ... I can talk about anything that’s bothering me as an individual”

“I have supervision monthly but I can go to any of the seniors at any time”

“Supervision has always been a priority, it’s all about caseload and development, we talk about wellbeing too”

“Supervision is a valuable tool to keep on top of everything”

“There’s lots of check-ins; we are never left on our own”

“If I’m struggling I won’t wait until an appraisal ... We have weekly check-ins and updates”

A series of organisational reviews, stakeholder feedback, staff surveys, and reviewing and reporting on compliments and complaints yield feedback on staff behaviours that underpin the core values. Interestingly though, whilst not everyone feels that the core values form an implicit part of performance discussions; the vast majority believe the values are implicit in how they work, and that planning, team engagement, standards and ways of working take account of how they approach their work and therefore their behaviour.

- In the survey theme of *measuring and assessing performance*, **81.7%** agreed that they had discussed performance with their manager in the last six months.
- An optional statement asked people if they take responsibility for monitoring their own performance against objectives; **93.6%** agreed that they do.



So what next?

You place great importance on effective two-way conversations so that everyone has a contribution in shaping, planning and delivering services; and have an agreed set of priorities and objectives for their work. Moving forward:

- 4.1 Should your appraisal process be updated to provide an explicit focus on your core values and on health, safety and wellbeing?
- 4.2 Is there additional training, guidance and support needed for managers to enhance skills for objective setting, ensure that performance is fairly and consistently measured and recognised, and that underperformance is addressed effectively?
- 4.3 How can you extend efforts to help people understand the range of ways that performance data and evidence of behaviours is captured along with the associated outcomes?

RECOGNISING AND REWARDING HIGH PERFORMANCE

The themes in this indicator test the approach to designing reward and recognition strategies, how these are adopted and implemented.

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Indicator Score	IIP Online Assessment - Regulation and Quality Improvement Authority (NI-16-00660) - 19/05/2017
INDICATOR 5 Recognising and rewarding high performance	16.1%	26.6%	24.7%	17.2%	6.7%	5.6%	3.0%	5	+1.0
THEME Designing an approach to recognition and reward	10.8%	18.3%	21.5%	29.0%	8.6%	8.6%	3.2%	4.6	+0.6
THEME Adopting a culture of recognition	20.4%	36.6%	20.4%	11.8%	4.3%	4.3%	2.2%	5.4	+0.6
THEME Recognising and rewarding people	16.7%	25.8%	28.5%	14.0%	7.0%	4.8%	3.2%	5	+1.4

You have established structures in place to ensure that reward policies are consistent, systematic and transparent. Salary (basic pay, band-related increments, pension, allowances, terms and conditions), attractive annual and special leave entitlements make up the reward package. Other aspects reflect wider good employment practices aimed at cementing the psychological contract, including access to an employee assistance programme and wellbeing activities; and support for training and role related qualifications.

There is no doubt that reward is a challenging area of your people agenda. It's clear to see that reward and recognition comes in many forms, not just pay, although not everyone sees it in this way. Feedback also highlights that staffing resources, workloads, and impact of change is influencing how people feel, which goes some way to explaining the survey responses for this theme.

All that said, you have conducted some research and have been working on a recognition policy to provide transparent and timely acknowledgement of staff performance, behaviour and personal achievements. This work is ongoing but has the potential to really strengthen your approach to recognition.

- In the survey, the theme for *reward and recognition design* is the lowest scoring from the 27 tested. From all responses, **50.6%** agreed that they are rewarded in ways that match their motivations. Strongly agree and agree totals reached **29.1%** which matched the level of neutrality (**29%**). That said, the average rating has increased by **+0.6** since your previous survey, rising from **4.0** to **4.6**.

Managers play a crucial role in recognising staff for the work they do. Individuals described appraisals, supervision, 1-1's and team meetings as ways to recognise what has been achieved as far as deliverables. Most people believe that their efforts are recognised and that they are valued for their hard work within their teams. They demonstrated passion for their work, believe in what the RQIA does, are motivated to put discretionary effort into their jobs; many have stayed in the organisation long-term. Individuals were quick to acknowledge flexibility and job satisfaction in knowing they are making a positive contribution to health and social care.

People appreciate the increased efforts to communicate and keep them updated on what is being achieved; and there were some references to greater engagement and openness from the Authority Board which is welcomed. Other examples, such as recently negotiated discounts in a local coffee shop, and prize draw for afternoon tea, are helping put a spotlight on staff appreciation.

“Some people are very appreciative”

“I get a lot of good feedback and a lot of praise”

“I see that people are really dedicated and in staff meetings they are acknowledged for what they have done; successes are highlighted and shared”

“I do feel valued; they value the experience I bring”

“I love the flexibility that working here gives me”

“They are very good at recognising a job well done, such as work on a challenging report”

“This job comes with high levels of satisfaction”

- The survey results are more positive when measuring the theme of *adopting a culture of recognition*. Your people were asked if they feel appreciated for the work they do; **77.4%** agreed (**57%**) strongly agreed or agreed.
- An optional statement then asked people if their manager thanks them for a job well done. Agreement reached **92.5%**.

You communicate reward and recognition strategies in open and accountable ways. These efforts help ensure that there is clarity around terms, conditions and benefits. Information is provided at recruitment stage and then at appointment, during induction, and in your employment documentation.

People commented positively on the recognition they receive from their line manager and colleagues which is felt to be personal and genuine. There were also examples of senior managers acknowledging efforts at a time of increased pressures or extenuating circumstances; or sharing compliments and positive comments from stakeholders. People reflected on the value they place on flexibility with working hours, and throughout Covid flexibility about where and how they work generally.

Some individuals also explained how they had been supported by the organisation in time of personal difficulties. Restructuring has opened opportunities for progression or to do new things which people feel is recognition of their knowledge and expertise. The approach to health and wellbeing is also appreciated.

“There is more emphasis on staff health and wellbeing; it’s genuine and not a tick-box”

“There has been a focus on wellbeing, mindfulness and resilience ... We are encouraged to take the time to do this”

“There is a huge emphasis on staff wellbeing ... This comes across more strongly than it has ever done and from the most senior levels”

- The theme of *recognising and rewarding people* was tested in the survey through two statements, giving a combined agreement total of **71%**. The average rating for this theme shows a significant increase of **+1.4**, increasing from **3.6** to **5.0**.
- Firstly, results show that from all responses three quarters (**74.2%**) agreed that they get appropriate recognition for the work they do; **43%** strongly agreed or agreed.
- The second survey statement measured if there is consistent recognition for exceeding expectations; with **67.7%** of respondents agreeing, **41.9%** of whom strongly agreed or agreed.



So, what next?

Motivation, the extent to which people look forward to work, and are enthusiastic about and absorbed in their jobs, is an important part of engaging teams. As recognition is one of the most powerful motivators, staff need to know not only that they have achieved their objectives or carried out their work but also that their achievements are appreciated and valued. Taking this into account:

- 5.1 What needs to be done to reach agreement on a way forward with your recognition strategy? How can you make sure that people are recognised for what they achieve as well as their behaviours aligned to your core values? Will any of the suggested approaches need to be adjusted or adapted in light of at-home and hybrid working?
- 5.1 Would an infographic summarising your approaches for rewarding and recognising staff help to *market* your offering and build awareness and understanding of total reward?
- 5.2 Can you heighten emphasis on wellbeing and a commitment to a healthy working environment that is conducive and beneficial to your people as part of the reward and recognition strategy?

STRUCTURING WORK

The three themes for this indicator are focused on role design, autonomy, and collaboration.

		Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Indicator Score	IIP Online Assessment - Regulation and Quality Improvement Authority (NI-16-00660) - 19/05/2017
INDICATOR 6 Structuring work	^	29.6%	43.5%	12.9%	6.7%	3.8%	2.4%	1.1%	5.8	+0.6
THEME Designing roles	v	30.1%	39.8%	14.0%	8.1%	4.3%	2.2%	1.6%	5.7	+0.4
THEME Creating autonomy in roles	v	25.8%	45.2%	12.9%	6.5%	4.3%	4.3%	1.1%	5.7	+0.4
THEME Enabling collaborative working	v	32.3%	49.5%	10.8%	4.3%	2.2%	1.1%	0.0%	6	+1.3

Your people are very committed to the services they provide; they apply their skills and experience with passion and motivation to do their jobs well. They described personal and professional accountability so that each staff member and team can perform effectively within roles that have defined decision-making authority and autonomy. They also talked about communication within teams to ensure everyone is clear of expectations and goals, what is happening and what needs to be prioritised or actioned.

“There are senior huddles at least twice a week; these are invaluable ... Weekly safety briefs cover high level concerns”

“Weekly safety briefings for staff to hear about the key issues”

“The monthly bulletins have been very important”

Management and team planning, appraisals and personal development planning, supervision and 1-1's are used to explore how staff can grow their skills and experience. In terms of career development, people talked about temporary positions, deputising, secondments, involvement in projects, committees and external networks, and more recently opportunities for career progression.

“The job has given me so much experience ... It has opened doors for me”

“I have been given opportunities to develop my skills ... I get guidance, support and encouragement”

“It's great to have opportunities and to gain experience”

Your ongoing journey of change and transformation is wide-spread, impacting structures, processes and staffing required to fulfil new directorates, corporate services and other functions. This will involve revised job descriptions, changes to line management arrangements, as well as training for individuals with role changes. Some work has also been done on a draft competency framework. Whilst the transformation agenda has been challenging, most people acknowledged genuine efforts to consult, involve and engage, and to be honest and transparent in communications.

- To measure the theme of *designing roles*, survey participants were asked if their work is interesting and if they believe they can develop their skills for progression.
- A commendable **87.2%** of your people agreed they do interesting work.
- When asked about skills for progression agreement ratings present at **80.7%**.

Standards, policies, procedures and guidance provide the framework within which your people are expected to work. They said that along with these, job roles have defined decision-making authority, linked overtly to team and functional objectives. There was positive feedback in relation to levels of autonomy, with people keen to emphasise that there are always routes for escalation and sources of help. Teamwork is an essential element in the various areas of provision; and in this regard, the peer network was mentioned frequently.

“I know if I need help or I need training I can just ask and I will be guided and supported... If I do something wrong I can hold up my hand and it will be fixed”

“People can discuss their concerns with their peers ... There is a weekly safety huddle where we discuss risks and support decision making”

“We want teams to feel there is a supportive culture”

“I have never worked in an organisation that has been so supportive from day one”

The agility in response to Covid-19 was mentioned many times, with the need for whole teams to work from home for the first time. The challenges with the organisation being re-purposed and staff redeployments in the early stages of the pandemic were also mentioned. People said they adapted to new digital and collaboration tools, and new ways of working and communicating with co-workers, managers and stakeholders. For some, this has led to an increase in freedom and autonomy; which in turn has positively impacted on the feeling of trust. Some people explained how it's now easier than ever to host meetings and interact with colleagues; whilst others reflected on slower or increased formality to decision making. Individuals new to teams also face difficulties.

- When asked in the survey if they have the right level of responsibility to do their jobs, **83.9%** agreed (**71%** strongly agreed or agreed). This statement is used to measure the theme of *creating autonomy in roles*.

The spirit of collaborative working with colleagues is crucial in the context of peoples' work. They referred to a series of management and staff meetings; and a variety of committees, forums and working groups. They described 'all staff' emails, surveys, open discussions, involvement and consultation on change. Access to information on technical and procedural matters was mentioned; as was staff bulletins, safety briefings, policies, procedures and general information available on IT systems and intranet; although there is a view that the latter could be used to better effect.

There is no doubt that people have adapted in response to COVID-19. They talked positively about working with colleagues to develop new protocols and ways of working; and reflected on extra efforts to make sure people are connected when working at home, using virtual tools for scheduled meetings and updates, or virtual social interactions. Nonetheless, some find video meetings more intense, and feel that there are some downsides to home working, with examples related to collaboration, team and social connections.

“Cross-team working is happening more and more in the RQIA now”

“A lot of barriers have been broken down due to Covid ... People value and understand the different roles ... There's been a lot of cross-team working”

- To assess the theme of *enabling collaborative working*, people were asked in the survey if their roles enable people to work well together; **92.6%** agreed that they do. This is a commendable result and your second highest scoring theme. The average rating has increased by **+1.3** since your previous survey, increasing from **4.7** to **6.0**.



So, what next?

The past 20-months has undoubtedly brought massive, unforeseen and unavoidable changes to ways of working; balancing an increased pressure to meet service demand with supporting staff welfare. This has been an intensive stress-test for management practices. As you move into a post-pandemic operating environment you have already started to consider what challenges and opportunities exist. Moving forward:

- 6.1 How will you bring in perspectives from all levels for input on what comes next as you develop and implement policies to guide and support staff and managers in the transition to longer term remote/blended working, as well as what in-office work should look like?
- 6.1 Will you need to keep communication methods and the frequency and format of staff meetings under review to ensure high levels of engagement and maximise opportunities to transfer learning and knowledge across teams?
- 6.2 Can technology be more effectively used for sharing information and collaborating with colleagues in the future; and how will you ensure that your people are skilled and have access to the right technology to support their role?

Improving

BUILDING CAPABILITY

This indicator comprises three themes that focus on understanding peoples' potential, supporting learning and development, and effective deployment of staff.

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Indicator Score [?]	IIP Online Assessment - Regulation and Quality Improvement Authority (NI-16-00660) - 19/05/2017
INDICATOR 7 Building capability [^]	21.5%	35.7%	16.8%	13.3%	4.9%	5.2%	2.6%	5.3	+0.9 [?]
THEME Understanding peoples' potential [^]	22.0%	39.2%	18.3%	11.3%	5.4%	2.7%	1.1%	5.5	+1.1 [?]
THEME Supporting learning and development [^]	25.8%	34.9%	15.1%	9.7%	4.3%	7.0%	3.2%	5.3	+0.7 [?]
THEME Deploying the right people at the right time [^]	11.8%	30.1%	17.2%	24.7%	5.4%	6.5%	4.3%	4.8	+1.0 [?]

Learning and development is targeted to build the capability of your people so they can achieve objectives. Appraisals and personal development planning, along with work planning and supervision involves managers meeting with their staff, discussing and documenting their learning and growth needs. They said that development is directed primarily to meet service priorities; providing access to structured induction and peer support, on-the-job development, mandatory and essential job skills, and accredited programmes.

The range of opportunities is designed to meet the needs of all those working within the RQIA, from staff starting out in their careers, to those with a wealth of experience and knowledge. It is however clear to see that formal learning programmes have been supported by more informal, social learning to harness experience and help staff learn from each other; although some people reflect that this has suffered to some degree throughout the pandemic. As part of your Transition Plan, an external consultant conducted some work on a skills mix review. This project has been temporarily paused, but will be revisited.

"I learn every day in my job; in what I do and what I get exposed to"

"Every day is a learning day here ... I can ask questions and can have good conversations if I'm stuck with something"

"There is a mix of experience in the team ... I can draw on the knowledge and experience within the team"

"New inspectors come out to observe and assist then they are asked to take the lead and we give feedback"

"We do a lot of shadowing and showing how to do things; I can always ask if I'm doing it right"

One area of focus identified through feedback is induction, with comments highlighting lack of structure, although there is an acceptance that this has been impacted by Covid-19, and work has already started on enhancing the approach. This will help ensure new staff at all levels receive the information and support they need to perform, that they understand what is expected of them and know where they can find the guidance and resources they need.

- The theme of *understanding people's potential* was measured in the survey through two statements which gave a combined agreement total of **79.5%**.
- When your people were asked to consider if they have opportunities to learn at work, **78.5%** agreed (**60.2%** strongly agreed or agreed).
- They were then asked if they make use of learning and development opportunities; **80.7%** agreed (**62.4%** strongly agreed or agreed).
- An optional statement centred on whether people feel that their skills are well used in their role; **81.8%** agreed that they are, two thirds (**66.7%**) strongly agreed or agreed.

You have flexible approaches for delivery of training, learning and development. Your people provided examples of a wide range of learning methods including coaching, e-learning, secondments and project work. Traditional solutions such as training courses, seminars, workshops and conferences are also made available.

Individuals talked about information on training activities being circulated, highlighted at staff meetings, or by direct email. They said that appraisals and personal development planning are designed as a formal interaction that involves managers meeting with their staff and formally discussing and documenting their learning needs. Although, it appears that the content of development discussions tends to vary greatly from manager to manager, with some people feeling that identifying learning needs is more self-driven, rather than line manager-guided.

"There is a list of mandatory training ... There's lots of opportunities open to us in our role"
"There is mandatory training for everybody ... there's a lot on offer; it's very good and very varied"
"Quality improvement courses have been offered"
"There has been quite a bit of training and courses have been offered"
"The training is very good ... Tell us when opportunities are coming up ... Very, very supportive"
"They send round emails with information on opportunities for teams; we get links to webinars or they encourage us to read up on something"
"Very willing to support people on their learning journey"

- The theme centred on *supporting learning and development* attained an agreement total of **75.8%**, which we determined by using two statements.
- Firstly, we asked if your people believe that their manager thinks it is important that they develop, **81.8%** of respondents agreed.
- Secondly, we asked if they know how the organisation invests in learning and development; **70%** agreed (**46.3%** strongly agreed or agreed).

Workforce and resource planning is high on your improvement agenda. There are formal policies and procedures that govern the approach to attracting applicants, appointing new entrants and selecting existing staff for other posts. In terms of resource planning, there were examples of internal expressions of interest for temporary appointments, as well as utilisation of secondments, agency staff and bank inspectors. Other elements of the resourcing strategy includes volunteer lay assessors; with this approach currently subject to review for improvement.

- The theme of *deploying the right people at the right time* was measured by asking survey participants to rate if they believe that individuals are selected for roles based on their skills and abilities. Results show that **59.1%** agreed (**41.9%** strongly agreed or agreed). One quarter (**24.7%**) neither agreed nor disagreed. That said, the average rating has increased from **3.8** to **4.8**.



So, what next?

Developing internal talent and providing long-term careers will improve resilience and ability to meet organisational ambitions, whilst providing development opportunities and rewarding careers. As you continue to further strengthen practice in this area:

- 7.1 What part will your new competency framework, and focus on skills mix, play in learning and development planning so that people can see the needs of their current roles, plus the competencies they need to develop for the future?
- 7.2 How can you enhance workforce and succession planning to assess risks posed through the loss of key staff and ensure development plans are in place to mitigate these risks as far as possible, as well as inform a view of current talent and any gaps that exist?
- 7.3 What training, learning and development metrics would help demonstrate that your provision is effective and impacting on organisational performance; and in turn can be used to communicate to staff what is being achieved as well as inform future planning, design and delivery?

DELIVERING CONTINUOUS IMPROVEMENT

This indicator has three themes that centre on improving through internal and external sources, a culture of continuous improvement and innovation.

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Indicator Score [?]	IIP Online Assessment - Regulation and Quality Improvement Authority (NI-16-00660) - 19/05/2017
INDICATOR 8 Delivering continuous improvement [^]	19.4%	42.5%	15.9%	11.3%	3.8%	4.3%	3.0%	5.4	+0.6 [?]
THEME Improving through internal and external sources [∨]	28.0%	46.2%	8.6%	11.8%	2.2%	3.2%	0.0%	5.8	+0.4 [?]
THEME Creating a culture of continuous improvements [∨]	17.2%	40.9%	17.7%	11.3%	4.3%	4.8%	3.8%	5.3	+0.2 [?]
THEME Encouraging innovation [∨]	15.1%	41.9%	19.4%	10.8%	4.3%	4.3%	4.3%	5.2	+1.5 [?]

Continuous improvement has been focused on how you reform and modernise to maximise efficiency, effectiveness, and respond to external influences. People described a range of team-level monitoring and reporting activities that help identify and understand when things have gone wrong, to determine risk reduction measures and to monitor the effectiveness of improvement activities. Priorities are actioned and monitored via projects or workstreams; a range of indicators are tracked through the structured accountability and governance framework, and integrated performance reporting, which has been enhanced.

Board and stakeholder reporting, appraisals and supervision conversations, staff surveys, consultation activities, focus groups and project teams, are all ways that investment in people is evaluated and provide opportunities to consider ideas and ways to improve. An Annual Quality Report highlights examples of key achievements and impact of initiatives.

“There has been a massive strengthening of governance and assurance ... Openness and transparency around finances, we now have devolved budgeting”

“There is performance activity reporting to the Executive Team and Authority Board”

You have brought in external consultancy and advisory support to help with consultation exercises and assist with design and implementation of a range of projects. This change agenda is driven by recommendations from organisational reviews, as well as transition planning in response to significant challenges in 2020. Following a baseline capability assessment in 2019, a quality improvement strategy was developed to enhance capacity and capability; although progress has been hampered due to the pandemic.

- When testing the theme of *improving through internal and external sources*, an agreement total of **82.8%** was attained when people were asked if they look for improvement ideas from their colleagues.

People said that they can share their experience of what works well and what could be improved. They described how they work collaboratively, sharing ideas, listening, and responding to the needs of stakeholders. They also mentioned how they pool their knowledge, skills and experience to work on projects or to tackle problems; as well as contributing at planning sessions, various meetings and working groups, and through 1-1s, appraisals, supervision and everyday work.

“We look at what can be improved, updated or have an impact on the work the inspectors do”

“We are working at ways to do things better”

“We developed a new inspection methodology ... Remote approach that has moved to a blended approach”

“There have been workstreams that fall from the Transition Plan”

“We gave feedback on what we thought; it was listened to and they did make changes”

COVID-19 presented challenges that required a swift response to rapidly changing threats and opportunities. Learnings are being taken on board; engagement with staff and stakeholders will continue to inform activities, with references to the evolution of the Guidance Team and blended approach to inspections. It's no surprise that a frequent theme in conversations was hybrid or blended working. How you meet this new employee demand, and what will need to be in place in order for these new ways of working to be effective long-term is obviously high on the agenda.

- In the survey, the theme focused on *creating a culture of continuous improvement* attained an agreement total of **75.8%**. Two statements were used to measure this.
- When we asked people to consider if they are encouraged to improve the way they do things, **78.6%** of respondents agreed that they are (**63.5%** strongly agreed or agreed).
- When they were then asked if they are responsible for making improvements, **52.7%** strongly agreed or agreed, another **20.4%** somewhat agreed.
- An optional statement asked people to confirm that they are not blamed if they make an honest mistake; **79.6%** agreed that this is the case.

The interest your people have in their work drives them to consider improvements. They described how they engage with others to generate new ideas or solutions. There were practical examples of supporting change through research and evaluation activities, addressing challenges and coming up with solutions, or embedding learning as people work on projects or issues that are presented. Training on quality improvement techniques also form part of your plans; and a Service Improvement Officer role in the Assurance Directorate provides additional structure for continuous service improvement.

“We have SBAR meetings ... We share with each other and learn ... This is a very good way to do it”

“There's a peer review process ... One in four reports are reviewed by another inspector and one in ten by a senior inspector or assistant director ... It's good to get other views and opinions for consistency and get ideas for improvement”

“There's a social work forum and a nursing forum; they are very good for sharing ideas”

“We have an away-day planned for January to look ahead and see what needs to be factored in”

There is no doubt COVID-19 has required innovation in response. People talked about engaging with colleagues to adjust ways of working; saying that collaboration has been key to helping them continue to deliver in new and innovative ways. Nevertheless, some people believe that leaders can be too quick to dismiss feedback or suggestions rather than really listening to what is being said. Although, they do acknowledge that efforts are being made to engage with staff and consult on aspects of change; and are keen for this to continue.

- To measure the theme of *encouraging innovation*, your people were asked to consider if they are trusted to try new approaches in the way they work; **76.4%** of respondents agreed that they are. Strongly agree and agree ratings present at **57%**. The average rating for this theme has increased significantly by **+1.5**; it was **3.7** in 2017 it's now **5.2**.



So, what next?

Your improvement activities have been widespread, focusing on structures, processes and systems. This sort of culture change can be challenging, but the ultimate return is far greater than any isolated improvement project. It requires a mindset shift which is not a quick fix but a journey which requires commitment, investment and persistence. To further strengthen your approach:

- 8.1 Are there more effective ways to capture, promote and disseminate the best improvement suggestions to trigger ideas for similar improvement opportunities elsewhere and demonstrate commitment to innovation and change?
- 8.2 Would it be worthwhile summarising projects and improvement activities in a Continuous Improvement Register to monitor progress, compliance, effectiveness, and impact; and in turn provide updates on what is being achieved so everyone can see the bigger picture?
- 8.3 Should you design and introduce regular pulse surveying to measure what your people think about their workplace culture and whether they feel motivated and supported? *(This will help to fully understand the issues that affect staff morale and in turn performance).*

CREATING SUSTAINABLE SUCCESS

The three themes for this indicator include a focus on the future, embracing change and understanding the external context.

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Indicator Score [?]	IIP Online Assessment - Regulation and Quality Improvement Authority (NI-16-00660) - 19/05/2017
INDICATOR 9 Creating sustainable success [^]	29.6%	35.8%	18.3%	9.4%	2.2%	3.8%	1.1%	5.7	+0.6 [?]
THEME Focusing on the future [^]	24.2%	34.9%	22.6%	10.8%	2.2%	3.8%	1.6%	5.5	+0.8 [?]
THEME Embracing change [^]	28.0%	37.6%	16.1%	9.7%	2.2%	6.5%	0.0%	5.6	+0.7 [?]
THEME Understanding the external context [^]	41.9%	35.5%	11.8%	6.5%	2.2%	1.1%	1.1%	6	+0.2 [?]

Strategic goals help bring your purpose and vision to life; they focus on the things that are important. Goals underpin how you deliver services, strategy, priority action areas and ambitions; measurement of which is captured within your management plans and performance reports. People talked about a variety of opportunities to discuss progress made, impact and challenges. Your people certainly have clarity around their personal contribution so that they understand how their role and work fits into the bigger picture. You have also prepared a Winter and Service Pressures Resilience Plan so that the vital work of the organisation can continue; at the heart of this is staff wellbeing.

“Having a plan for how we will move forward is important to people ... We have all been part of the Transition Plan and we now have a Statement of Intent”

“The Transition Plan is the catalyst for where we are today ... it became our Statement of Strategic Intent and now our Management Plan”

“We had clear direction on what was going to happen”

“Managers are now more involved in strategic discussions about the future direction”

There is no doubt that the dedication and commitment of staff from every part of the RQIA ensures success; with individuals demonstrating pride and satisfaction in the work they do.

“The atmosphere in the team is very, very good”

“It’s an enjoyable place to work ... What we do is important to people”

“There is a really good culture of supporting each other”

“I don’t know what would entice me away ... It’s about how well I’m treated as an employee ... Managers are really supportive”

“I love the job I do ... I genuinely believe we make a difference through the work we do”

- In the survey, two statements provided a measure for the theme of *focusing on the future*.
- Firstly, people were asked if they believe the organisation has a plan for the future; with **89.3%** agreeing that it has.
- The second statement asked if the organisation is a great place to work. In total, **74.2%** agreed that it is; **44.1%** of whom strongly agreed or agreed.

People demonstrated a strong awareness of change in their areas of work. For many change has therefore been a key feature, focusing on maximising efficiency, effectiveness, and responding to external influences. You encourage involvement in planning and implementing change enabling people to have an input and raise concerns. This is managed through staff meetings and briefings, consultation exercises, project teams, working groups and piloting activities. Organisational reviews and subsequent recommendations, along with more recent transition plans, have led to a wide-ranging change agenda. Some people reflected that there have been genuine efforts to communicate, involve, engage and importantly listen to what they have to say.

“They laid out the options for the organisation design; it has reduced silos and is supportive of what we are trying to do”

“They kept us informed on what they have been looking at before they made a decision; they have been very open”

“We were always made aware of what was going on; this meant we could get on and do our work”

“How we have adapted and changed things has helped integrate us more into the sector”

“It has been very challenging ... We were re-purposed and it’s been hard to find our feet again ... Staff were anxious but there is more confidence now”

“Generally the plans look good, although restructuring won’t solve all the issues; but we know it can’t be addressed overnight”

The COVID-19 pandemic has been uncharted territory. Everyone has faced unprecedented upheaval due to the crisis, with the disruption of familiar work and personal routines. The shift to remote working has been successful and the crisis has seen a leap forward in the use of collaborative technologies. After an extensive period of remote working, you will want to retain its advantages going forward; this will therefore feature heavily on your change agenda.

- The theme of *embracing change* was measured in the survey, with results producing a strongly agree and agree total of **65.6%** in response to the statement that the organisation embraces change. Another **16.1%** somewhat agreed. This theme produced an increase in average ratings from **4.9** to **5.6**.

Coordinated, responsive and proactive stakeholder engagement is crucial to your reputation and success. You have an extensive bank of intelligence and insight to help understand how the world in which the organisation operates is changing and to consider how it needs to evolve. The workforce is diverse, incorporating a number of different professional groups and roles. You therefore acknowledge the expertise, experience, personal strengths and diversity which people bring to work. The use of bank staff and volunteer lay assessors bring fresh insight.

You look back over the previous year and report on activities, progress, performance and outcomes, building credibility and reputation through demonstrating impact. As part of your Transition Plan, the Governance Framework was refreshed; as was the approach to the identification and management of risks. A new Assurance Framework will help consolidate and strengthen best practice.

- When testing the theme of *understanding the external context*, a strongly agree and agree total of **77.4%** was attained in the survey when people were asked if the organisation has a positive impact on society. Agreement increases to **89.2%** when somewhat agree ratings are factored in.
- The final optional statement asked people if the organisation values and respects individual differences; **81.7%** agreed that it does (**60.2%** strongly agreed or agreed).



So, what next?

Organisations don't just change because of new systems, processes or structures. They change because the people within adapt and change too. Vision and leadership are fundamental to helping people understand future strategic direction, with focused and capable leaders at all levels being fundamental to success. Looking ahead:

- 9.1 Should your leadership development programme include elements to build capacity, capability and skills for the management of change and in turn strengthen the approach to give clarity, obtain commitment and ultimately enable change to be delivered?
- 9.2 What more can be done to strengthen outcome planning and evaluation to evidence the impact of the RQIA's work and change strategies?

Survey responses by staff group



By Team



Your 2021 survey results with sector comparators

This overview provides a summary of your survey results at an indicator level, with sector (*public administration*) average rating comparators, based on results from 194 organisations, all size bands.

Indicator summary

		Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Indicator Score	Industry
INDICATOR 1										
Leading and inspiring people	▼	19.9%	37.4%	21.2%	11.3%	4.8%	3.0%	2.4%	5.4	+0.3
INDICATOR 2										
Living the organisation's values and behaviours	▼	33.3%	40.2%	15.1%	6.5%	1.5%	2.8%	0.6%	5.9	+0.3
INDICATOR 3										
Empowering and involving people	▼	18.0%	42.5%	20.2%	7.0%	5.6%	3.0%	3.8%	5.4	-0.1
INDICATOR 4										
Managing performance	▼	28.0%	44.6%	10.8%	5.9%	4.3%	4.3%	2.2%	5.7	+0.2
INDICATOR 5										
Recognising and rewarding high performance	▼	16.1%	26.6%	24.7%	17.2%	6.7%	5.6%	3.0%	5	+0.3
INDICATOR 6										
Structuring work	▼	29.6%	43.5%	12.9%	6.7%	3.8%	2.4%	1.1%	5.8	+0.2
INDICATOR 7										
Building capability	▼	21.5%	35.7%	16.8%	13.3%	4.9%	5.2%	2.6%	5.3	+0.2
INDICATOR 8										
Delivering continuous improvement	▼	19.4%	42.5%	15.9%	11.3%	3.8%	4.3%	3.0%	5.4	+0.1
INDICATOR 9										
Creating sustainable success	▼	29.6%	35.8%	18.3%	9.4%	2.2%	3.8%	1.1%	5.7	+0.2

Survey responses by indicator and statements used

The following visuals illustrate the total responses in the assessment survey, combining ratings from all your staff that participated. These are presented by indicator and statement tested.

Indicator 1: Leading and inspiring people

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
Base Questions							
I trust the leaders of my organisation	18.3%	37.6%	26.9%	7.5%	4.3%	3.2%	2.2%
Management communicates the organisation's ambition	17.2%	45.2%	24.7%	8.6%	1.1%	1.1%	2.2%
My manager motivates me to achieve my best	34.4%	39.8%	10.8%	6.5%	4.3%	2.2%	2.2%
My organisation develops great leaders	9.7%	26.9%	22.6%	22.6%	9.7%	5.4%	3.2%
Optional Questions							
I feel motivated to achieve my best	28.0%	38.7%	17.2%	7.5%	4.3%	2.2%	2.2%

Indicator 2: Living the organisation's values and behaviours

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
Base Questions							
The values at my organisation guide the way we work	22.6%	33.3%	24.7%	8.6%	5.4%	3.2%	2.2%
My organisation has clear values	38.7%	41.9%	15.1%	1.1%	0.0%	3.2%	0.0%
I share my organisation's values	41.9%	47.3%	4.3%	4.3%	1.1%	1.1%	0.0%
I challenge behaviours which don't match the organisation's values	18.3%	35.5%	25.8%	11.8%	1.1%	6.5%	1.1%
My behaviour reflects the organisation's values	45.2%	43.0%	5.4%	6.5%	0.0%	0.0%	0.0%
Optional Questions							
I understand the values at my organisation	33.3%	50.5%	9.7%	1.1%	2.2%	2.2%	1.1%
At my organisation, we make decisions in line with our values	22.6%	35.5%	21.5%	9.7%	6.5%	3.2%	1.1%

Indicator 3: Empowering and involving people

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
Base Questions							
I am encouraged to use initiative in my role	26.9%	41.9%	17.2%	4.3%	5.4%	1.1%	3.2%
I have all the information I need to do my job well	10.8%	41.9%	25.8%	5.4%	8.6%	4.3%	3.2%
I have a say in decisions that affect my role	14.0%	36.6%	23.7%	9.7%	5.4%	4.3%	6.5%
I am trusted to make decisions in my role	20.4%	49.5%	14.0%	8.6%	3.2%	2.2%	2.2%
Optional Questions							
My manager supports me to achieve stretching goals	31.2%	35.5%	18.3%	9.7%	0.0%	3.2%	2.2%

Indicator 4: Managing performance

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
Base Questions							
I have discussed my performance with my manager in the last 6 months	33.3%	40.9%	7.5%	5.4%	4.3%	6.5%	2.2%
I have agreed my objectives with my line manager within the last 12 months	28.0%	44.1%	7.5%	6.5%	6.5%	6.5%	1.1%
I feel encouraged to perform to the best of my abilities	23.7%	48.4%	16.1%	2.2%	4.3%	3.2%	2.2%
My manager helps me improve my performance	26.9%	45.2%	11.8%	9.7%	2.2%	1.1%	3.2%
Optional Questions							
I take responsibility for monitoring my performance against my objectives	31.2%	52.7%	9.7%	3.2%	2.2%	1.1%	0.0%
At my organisation, poor performance is addressed by managers	11.8%	31.2%	22.6%	11.8%	9.7%	6.5%	6.5%

Indicator 5: Recognising and rewarding high performance

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
Base Questions							
I feel appreciated for the work I do	20.4%	36.6%	20.4%	11.8%	4.3%	4.3%	2.2%
I get appropriate recognition for the work I do	16.1%	26.9%	31.2%	12.9%	7.5%	2.2%	3.2%
I am consistently recognised when I exceed expectations	17.2%	24.7%	25.8%	15.1%	6.5%	7.5%	3.2%
I am rewarded in ways that match my motivations	10.8%	18.3%	21.5%	29.0%	8.6%	8.6%	3.2%
Optional Questions							
My manager thanks me for a job well done	39.8%	41.9%	10.8%	2.2%	3.2%	1.1%	1.1%

Indicator 6: Structuring work

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
Base Questions							
I am able to develop the skills I need to progress	23.7%	39.8%	17.2%	8.6%	4.3%	4.3%	2.2%
My work is interesting	36.6%	39.8%	10.8%	7.5%	4.3%	0.0%	1.1%
I have the right level of responsibility to do my job effectively	25.8%	45.2%	12.9%	6.5%	4.3%	4.3%	1.1%
My role enables me to work well with others	32.3%	49.5%	10.8%	4.3%	2.2%	1.1%	0.0%

Indicator 7: Building capability

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
Base Questions							
I make use of my organisation's learning and development opportunities	19.4%	43.0%	18.3%	12.9%	4.3%	1.1%	1.1%
I have opportunities to learn at work	24.7%	35.5%	18.3%	9.7%	6.5%	4.3%	1.1%
My manager thinks it is important that I develop my skills	32.3%	43.0%	6.5%	9.7%	3.2%	3.2%	2.2%
I know how my organisation invests in learning and development	19.4%	26.9%	23.7%	9.7%	5.4%	10.8%	4.3%
People are selected for roles based on their skills and abilities	11.8%	30.1%	17.2%	24.7%	5.4%	6.5%	4.3%
Optional Questions							
My skills are well used in my role	23.7%	43.0%	15.1%	7.5%	4.3%	4.3%	2.2%

Indicator 8: Delivering continuous improvement

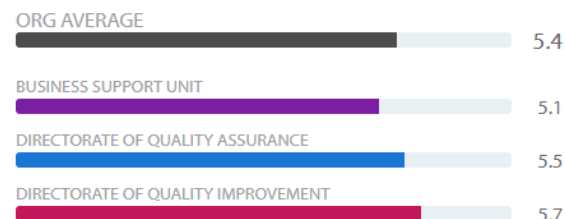
	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
Base Questions							
I look for improvement ideas from my colleagues	28.0%	46.2%	8.6%	11.8%	2.2%	3.2%	0.0%
I am responsible for improving the way we do things	19.4%	33.3%	20.4%	11.8%	4.3%	6.5%	4.3%
I am encouraged to improve the way I do things	15.1%	48.4%	15.1%	10.8%	4.3%	3.2%	3.2%
I am trusted to try new approaches in the way I work	15.1%	41.9%	19.4%	10.8%	4.3%	4.3%	4.3%
Optional Questions							
I am not blamed if I make an honest mistake	17.2%	53.8%	8.6%	11.8%	1.1%	3.2%	4.3%

Indicator 9: Creating sustainable success

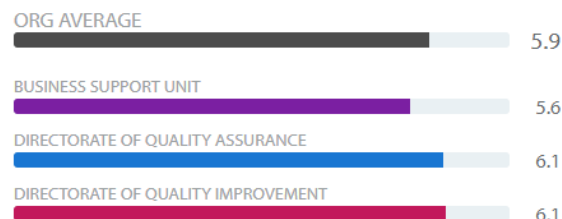
	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
Base Questions							
My organisation has a plan for the future	29.0%	45.2%	15.1%	7.5%	2.2%	0.0%	1.1%
My organisation is a great place to work	19.4%	24.7%	30.1%	14.0%	2.2%	7.5%	2.2%
My organisation embraces change	28.0%	37.6%	16.1%	9.7%	2.2%	6.5%	0.0%
My organisation has a positive impact on society	41.9%	35.5%	11.8%	6.5%	2.2%	1.1%	1.1%
Optional Questions							
My organisation values and respects individual differences	21.5%	38.7%	21.5%	10.8%	2.2%	4.3%	1.1%

Average survey ratings by indicator and staff group

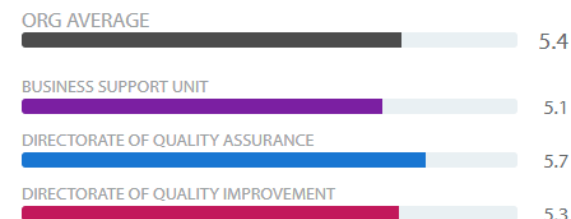
Indicator 1 : Leading and inspiring people



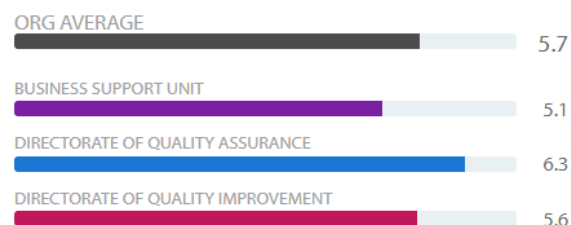
Indicator 2 : Living the organisation's values and behaviours



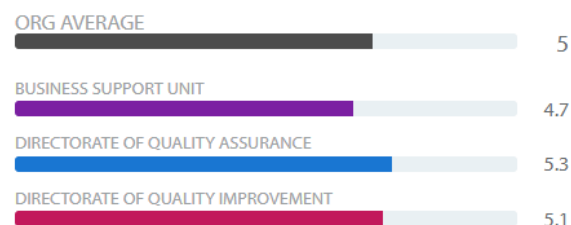
Indicator 3 : Empowering and involving people



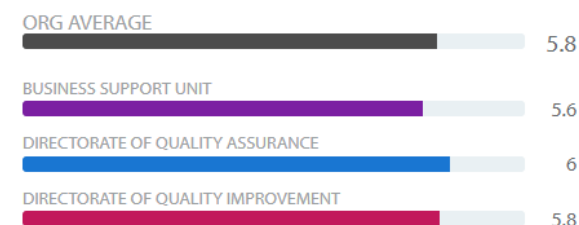
Indicator 4 : Managing performance



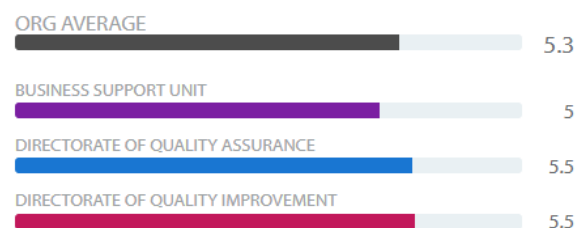
Indicator 5 : Recognising and rewarding high performance



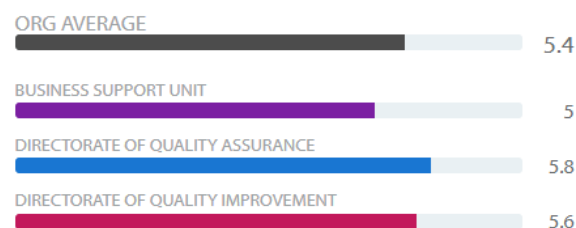
Indicator 6 : Structuring work



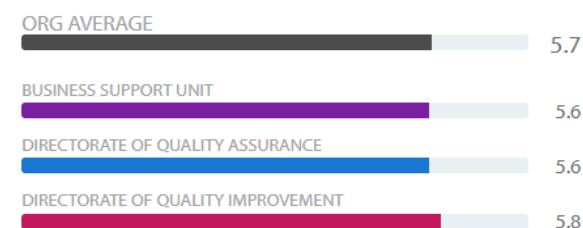
Indicator 7 : Building capability



Indicator 8 : Delivering continuous improvement



Indicator 9 : Creating sustainable success



Your Benchmark Position

The **We invest in people** benchmark for your assessment survey is provided on page 15. The table below shows RQIA results and ranking against 61 organisations within a defined size band (50-249) and sector.

Position	IIP Benchmark	Organisation	Public Administration and Defence	Number of Employees
1	817	bec3164d-d652-e511-940f-005056a15fdf	Public Administration and Defence	68
• • •				
22	713	8254874f-c4b8-e311-93f6-005056a15fdf	Public Administration and Defence	232
23	712	8690f873-7afb-e311-93f6-005056a15fdf	Public Administration and Defence	79
24	709	0f168b6f-c4b8-e311-93f6-005056a15fdf	Public Administration and Defence	240
25	705	aea57ec3-cfb5-e311-93f6-005056a15fdf	Public Administration and Defence	98
26	705	Regulation and Quality Improvement Authority	Public Administration and Defence	122
27	699	467e2750-85b9-e311-93f6-005056a15fdf	Public Administration and Defence	130
28	699	266d97c8-1afb-e311-93f6-005056a15fdf	Public Administration and Defence	83
29	698	ea64d31f-c59a-e511-9411-005056a15fdf	Public Administration and Defence	120
30	695	4fa56a35-45b4-e311-93f6-005056a15fdf	Public Administration and Defence	166
• • •				
61	609	a3d92809-e8f9-e611-8130-02164e45f277	Public Administration and Defence	222

2021 survey average ratings by AGE

Exploration of group and theme: Age	16-24	25-34	35-44	45-54	55-64	Prefer not to say
Creating transparency and trust	5.88	4.50	5.36	5.68	6.14	5.48
Motivating people to deliver the organisations objectives	6.50	5.50	5.61	5.97	6.57	5.43
Developing leadership capability	5.75	3.80	4.83	4.81	5.57	4.61
Operating in line with the values	6.25	4.60	5.06	5.58	6.14	5.43
Adopting the values	6.38	5.55	5.86	6.39	6.71	6.11
Living the values	5.88	5.40	5.50	5.92	6.57	5.83
Empowering people	6.12	5.20	5.03	5.50	6.21	5.26
Participating and collaborating	5.25	3.30	5.00	5.39	5.86	5.13
Making decisions	5.25	5.30	5.17	5.74	6.29	5.74
Setting objectives	6.50	5.20	5.28	5.81	6.71	5.13
Encouraging high performance	6.50	5.40	5.44	5.68	6.57	5.57
Measuring and assessing performance	6.25	5.50	5.50	5.97	6.86	4.96
Designing an approach to recognition and reward	5.75	3.50	4.39	4.81	5.86	4.17
Adopting a culture of recognition	6.75	4.60	5.00	5.55	6.29	5.17
Recognising and rewarding people	6.12	4.35	4.81	5.21	5.79	4.87
Designing roles	6.50	5.50	5.56	5.82	6.86	5.26
Creating autonomy in roles	6.50	5.40	5.22	5.65	6.71	5.61
Enabling collaborative working	6.50	6.10	5.83	6.03	6.71	5.83
Understanding peoples' potential	6.38	5.30	5.25	5.47	6.57	5.30
Supporting learning and development	6.25	4.95	5.14	5.44	6.57	5.02
Deploying the right people at the right time	6.25	4.20	4.78	5.13	5.43	4.26
Improving through internal and external sources	5.75	5.50	5.72	5.77	6.43	5.70
Creating a culture of continuous improvements	5.12	4.50	5.11	5.61	6.14	4.98
Encouraging innovation	5.75	4.50	4.72	5.26	6.14	5.52
Focusing on the future	6.12	4.85	5.47	5.55	6.50	5.35
Embracing change	6.50	4.30	6.06	5.65	6.43	5.35
Understanding the external context	6.50	5.20	6.22	6.10	6.71	5.78

2021 survey average ratings by EMPLOYMENT TYPE

Exploration of group and theme: Employment Type	Full time	Part time	Fixed term or contract	Temporary	Prefer not to say
Creating transparency and trust	5.46	5.75	6.00	6.25	5.32
Motivating people to deliver the organisations objectives	5.73	6.17	7.00	6.50	5.73
Developing leadership capability	4.73	5.50	6.00	6.00	4.18
Operating in line with the values	5.42	5.83	6.00	6.00	4.91
Adopting the values	6.17	6.25	6.00	6.50	5.91
Living the values	5.84	5.50	6.50	6.00	5.68
Empowering people	5.38	5.92	5.50	6.25	5.05
Participating and collaborating	5.04	5.50	6.00	6.00	4.64
Making decisions	5.62	5.50	6.00	5.50	5.55
Setting objectives	5.67	5.67	4.00	6.50	4.82
Encouraging high performance	5.67	6.17	6.00	6.50	5.27
Measuring and assessing performance	5.75	5.17	4.00	6.50	5.27
Designing an approach to recognition and reward	4.59	5.50	4.00	6.00	3.55
Adopting a culture of recognition	5.33	6.33	6.00	7.00	4.64
Recognising and rewarding people	5.05	5.75	5.00	6.50	4.32
Designing roles	5.68	6.08	6.00	6.50	5.45
Creating autonomy in roles	5.68	6.17	6.00	7.00	4.82
Enabling collaborative working	6.07	6.33	7.00	6.50	5.36
Understanding peoples' potential	5.45	5.33	5.00	6.25	5.77
Supporting learning and development	5.30	5.83	5.50	6.25	5.18
Deploying the right people at the right time	4.88	5.50	5.00	6.00	3.82
Improving through internal and external sources	5.79	5.33	5.00	6.50	5.73
Creating a culture of continuous improvements	5.34	5.50	5.00	5.25	4.59
Encouraging innovation	5.23	5.83	5.00	6.00	4.73
Focusing on the future	5.51	6.17	6.00	6.00	5.00
Embracing change	5.53	6.33	6.00	7.00	5.36
Understanding the external context	5.96	6.33	6.00	7.00	6.00

2021 survey average ratings by GENDER

Exploration of group and theme: Gender	Male	Female	Prefer not to say
Creating transparency and trust	5.29	5.55	5.48
Motivating people to deliver the organisations objectives	5.88	5.83	5.59
Developing leadership capability	4.82	4.96	4.18
Operating in line with the values	5.41	5.50	5.18
Adopting the values	5.91	6.31	5.93
Living the values	5.62	5.89	5.75
Empowering people	5.32	5.56	5.05
Participating and collaborating	4.94	5.24	4.68
Making decisions	5.65	5.69	5.36
Setting objectives	5.65	5.78	5.00
Encouraging high performance	5.68	5.81	5.36
Measuring and assessing performance	5.82	5.76	5.27
Designing an approach to recognition and reward	4.47	4.85	3.86
Adopting a culture of recognition	5.35	5.44	5.14
Recognising and rewarding people	4.85	5.24	4.68
Designing roles	5.68	5.81	5.48
Creating autonomy in roles	5.76	5.85	5.05
Enabling collaborative working	6.18	6.15	5.59
Understanding peoples' potential	5.50	5.58	5.25
Supporting learning and development	5.47	5.46	4.95
Deploying the right people at the right time	4.88	5.06	4.18
Improving through internal and external sources	5.29	5.98	5.59
Creating a culture of continuous improvements	4.91	5.50	4.93
Encouraging innovation	4.88	5.37	5.14
Focusing on the future	5.44	5.68	5.14
Embracing change	5.41	5.72	5.45
Understanding the external context	5.88	6.02	6.09

2021 survey average ratings by LENGTH OF SERVICE

Exploration of group and theme: Length of Service	Less than 6 months	Less than 1 year	1-3 years	3-5 years	More than 5 years	Prefer not to say
Creating transparency and trust	6.17	5.31	5.71	5.50	5.38	5.48
Motivating people to deliver the organisations objectives	6.67	6.38	5.47	5.75	5.90	5.48
Developing leadership capability	5.67	4.88	4.94	5.50	4.78	4.24
Operating in line with the values	6.33	5.50	5.41	5.50	5.30	5.43
Adopting the values	6.67	5.69	6.18	6.12	6.19	6.17
Living the values	6.83	5.69	5.79	5.50	5.75	5.88
Empowering people	5.83	6.00	5.38	5.38	5.38	5.17
Participating and collaborating	6.67	5.38	5.18	3.75	5.03	4.90
Making decisions	6.67	5.88	5.59	4.50	5.67	5.43
Setting objectives	5.67	5.88	6.06	6.00	5.60	4.90
Encouraging high performance	6.67	6.38	5.50	5.38	5.69	5.45
Measuring and assessing performance	6.00	6.38	5.88	6.00	5.67	5.05
Designing an approach to recognition and reward	5.67	5.12	4.88	5.00	4.38	4.14
Adopting a culture of recognition	6.67	5.38	5.53	5.50	5.22	5.24
Recognising and rewarding people	6.00	5.56	5.38	5.38	4.76	4.88
Designing roles	6.67	6.25	5.65	5.88	5.65	5.48
Creating autonomy in roles	6.67	6.25	5.65	5.25	5.62	5.38
Enabling collaborative working	7.00	6.38	6.06	6.00	6.12	5.52
Understanding peoples' potential	6.17	6.25	5.53	5.25	5.36	5.36
Supporting learning and development	6.33	6.00	5.35	5.25	5.31	5.02
Deploying the right people at the right time	6.33	5.88	5.06	5.25	4.50	4.52
Improving through internal and external sources	6.00	6.00	5.88	5.25	5.75	5.67
Creating a culture of continuous improvements	6.33	5.31	5.24	4.38	5.42	4.95
Encouraging innovation	5.33	5.12	5.24	4.75	5.35	5.10
Focusing on the future	6.67	5.56	5.59	5.75	5.47	5.26
Embracing change	6.33	5.75	5.29	6.25	5.62	5.52
Understanding the external context	6.33	5.75	5.82	6.50	6.03	6.10

2021 survey average ratings by MANAGERIAL LEVEL

Exploration of group and theme: Managerial level	Senior Manager	Manager	I am not a manager	Prefer not to say
Creating transparency and trust	6.04	5.56	5.41	5.34
Motivating people to deliver the organisations objectives	6.00	6.00	5.91	5.43
Developing leadership capability	5.83	4.78	4.75	4.29
Operating in line with the values	5.75	5.44	5.45	5.18
Adopting the values	6.33	6.44	6.11	6.04
Living the values	6.33	6.06	5.77	5.55
Empowering people	5.96	5.00	5.38	5.32
Participating and collaborating	5.67	5.00	5.07	4.79
Making decisions	6.00	5.33	5.50	5.68
Setting objectives	6.17	5.33	5.91	4.86
Encouraging high performance	6.08	5.56	5.76	5.41
Measuring and assessing performance	6.33	5.78	5.89	4.96
Designing an approach to recognition and reward	5.58	4.33	4.75	3.86
Adopting a culture of recognition	6.00	5.11	5.41	5.07
Recognising and rewarding people	5.71	4.67	5.18	4.64
Designing roles	6.71	6.00	5.64	5.29
Creating autonomy in roles	6.33	5.44	5.70	5.32
Enabling collaborative working	6.42	6.00	6.14	5.68
Understanding peoples' potential	6.50	5.67	5.40	5.14
Supporting learning and development	6.38	5.44	5.41	4.77
Deploying the right people at the right time	5.83	4.78	5.05	4.04
Improving through internal and external sources	6.67	6.33	5.59	5.46
Creating a culture of continuous improvements	6.46	5.33	5.12	4.93
Encouraging innovation	6.17	5.00	5.09	5.11
Focusing on the future	6.17	5.67	5.56	5.09
Embracing change	6.50	5.67	5.52	5.32
Understanding the external context	6.75	6.22	5.80	5.96

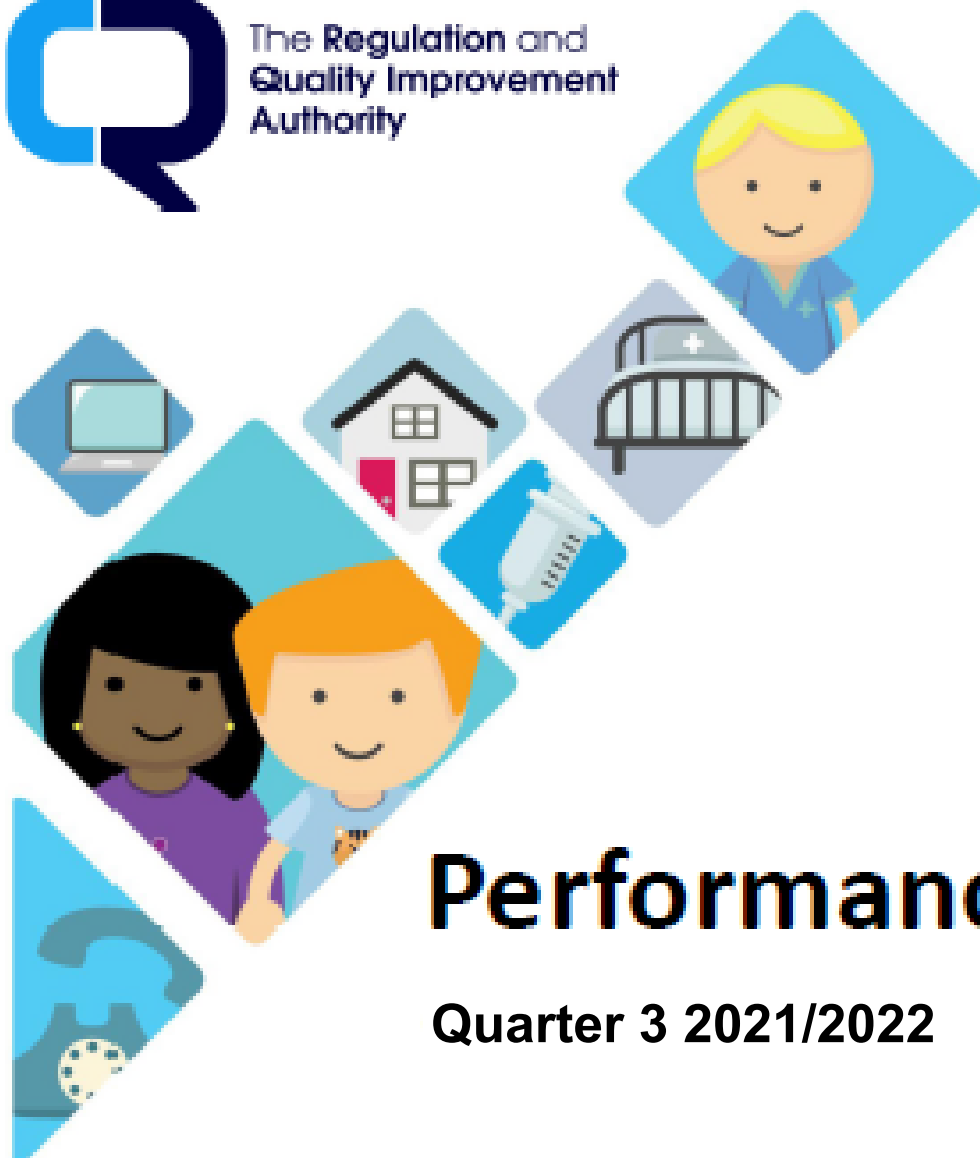


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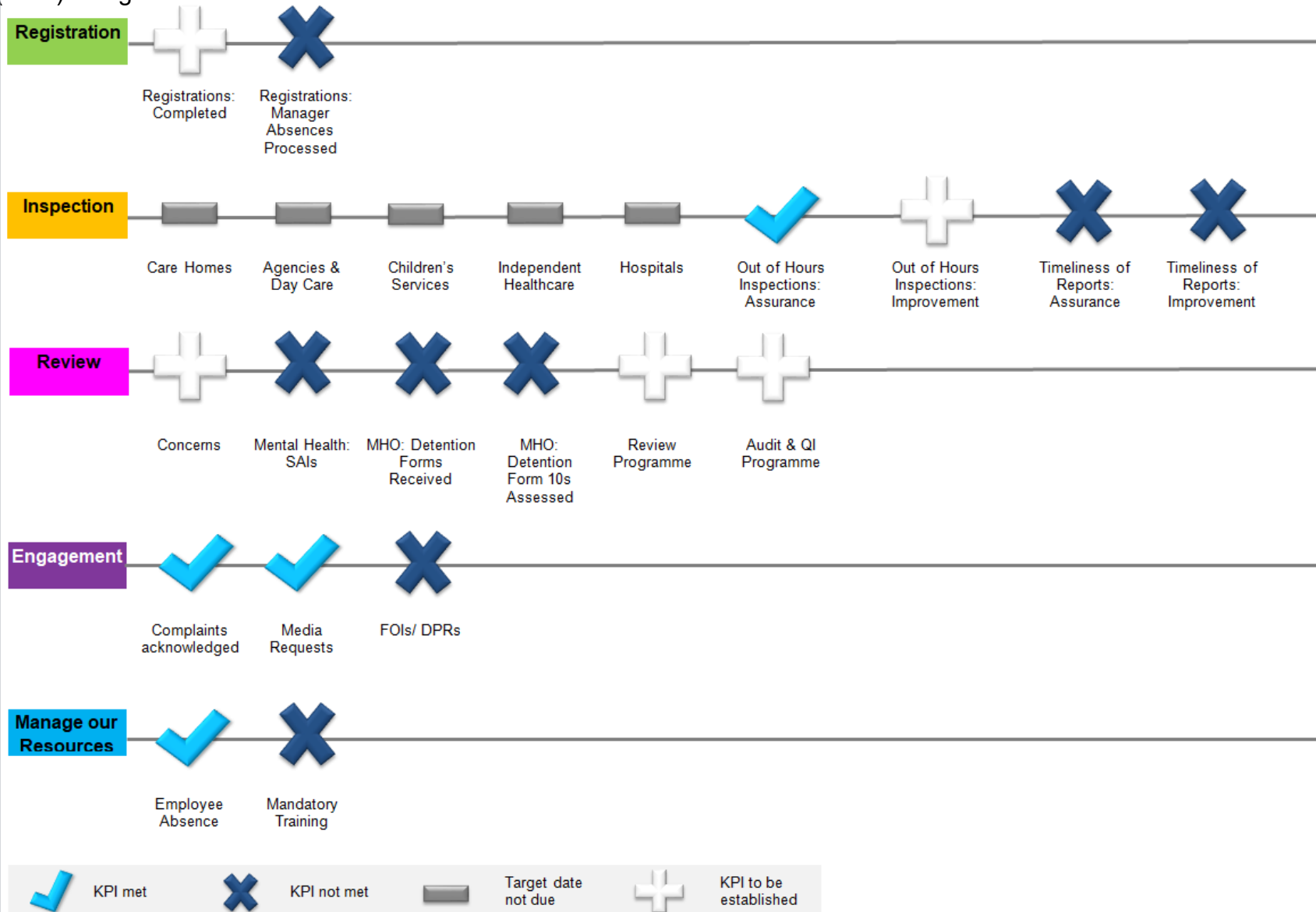
Performance Activity Report

Quarter 3 2021/2022

Reporting our Performance

This is the RQIA Performance Activity Report (PAR), based on activity and performance during 2021/2022.

This report forms a key component of RQIA's Performance Framework. The PAR continues to be developed, with Key Performance Indicators (KPIs) being established.



Reporting our Performance

The PAR is based on the six areas of RQIA's activity

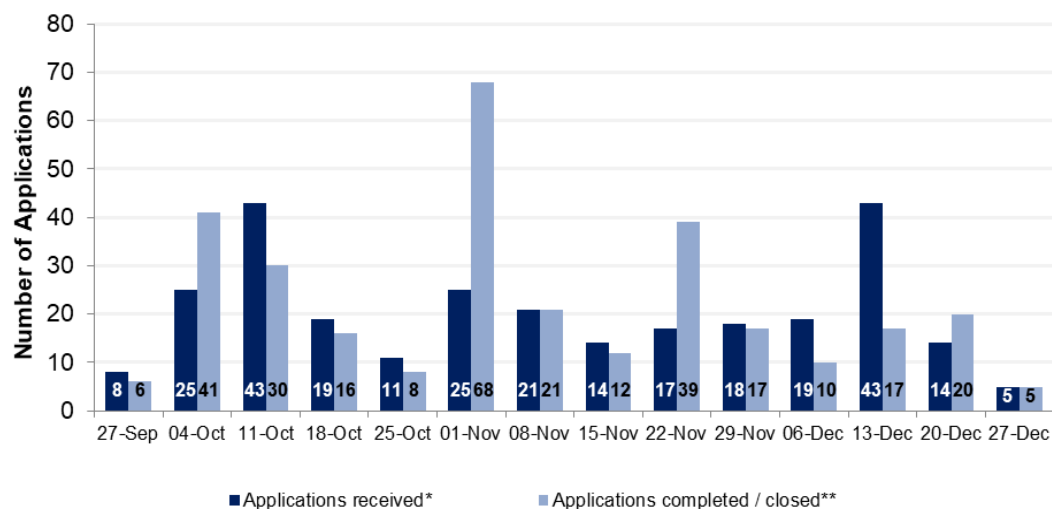


Service Type	Count	Change since Q2
Agencies & Day Care	536	-1
Adult Placement Agencies	4	0
Domiciliary Care Agencies	301	0
Nursing Agencies	64	-1
Day Care Settings	167	0
Care Homes	476	-5
Nursing Homes	245	-1
Residential Care Homes	231	-4
Children's Services	53	0
Children's Homes	49	0
Vol. Adoption Agencies	3	0
Res. Family Centres	1	0
Independent Healthcare	463	2
Independent Clinics	7	0
Independent Hospitals	73	1
Dental Practices	375	1
Ind. Medical Agencies	8	0
Grand Total	1528	-4

At the end of Quarter 3 (31 December 2021) 2021/2022, **1,528** services were registered with RQIA.

Figure 1: Number of Registered Services at 31 December 2021

Registrations Received and Processed



Notes: Registration applications are received in respect of Services, Responsible Persons, Managers, Variations, Manager Absences and Registration Cancellations.

*as per Date Application Received

**as per Date of Outcome

Weekly counts of applications received and completed/closed are as reported on a week by week basis to the Registration Manager. These totals may not include applications retrospectively inputted.

January 2022 ongoing application figures includes 51 responsible persons applying across 174 services, and 175 managers across 202 services.

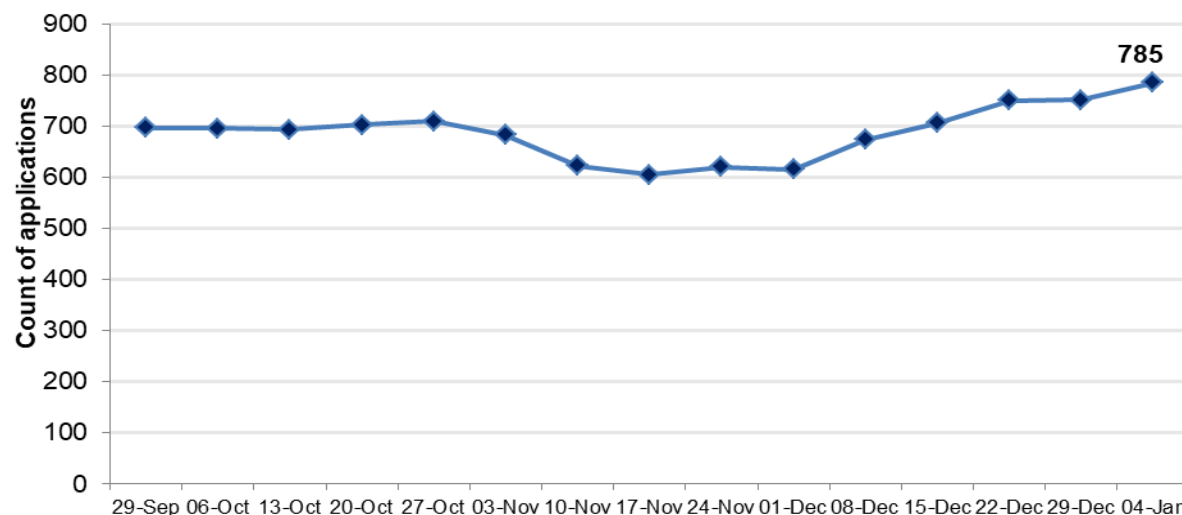


Figure 2: Registration applications received and completed in quarter

Registrations Processed



Explanatory Note:

A total of 449 applications were received and a total of 353 were completed in Q3.

Following the initial increase in caseload at the beginning of the improvement project in April 2021, the overarching caseload is in equilibrium.

Approximately a third of the caseload requires the work of the registration administrators to manage, a third for inspectors to review, and a third where the provider is required to supply supportive material before progress can be made. There are also a number of cases within the overall caseload where the applications are 'on hold' e.g. the applicant has asked for a case suspension; there are several reasons for this, such as the applicant's facility is still to be built. Consideration will be given as to how such cases can be better managed. Therefore, there are cases where completion by RQIA is not possible.

Action Plan:

The Registration Project, being taken forward as part of the RQIA Management Plan 2021/2022, moved to the Business Support Unit to manage in November 2021. The Registration Team has now been strengthened as new administrative staff joined the team. This has supplemented the additional Bank Inspectors. Efforts have been focused on validating cases, with the result that we are able to estimate that around a third of cases require applicants to supply supportive material.

A Project Plan is in place and reviewed by Project Board, chaired by the Chief Executive.

Emails from 2018-2021 in the central repository are being reviewed to establish a check for quality assurance purposes and Guidance on the Management of the Mailbox has been developed, supplemented by training for all of the Team. A rota is now in place. Customer service principles, along with FAQs for customer telephone calls, are under development.

A new electronic certificate has been designed and all outstanding certificates issued. Data validation checklists for the electronic iConnect System are being produced, with dashboards and quality indicators revised. This will be followed by possible automatic data completion via the Web Portal for providers.

Baseline KPIs are already being established in relation to the time taken to process applications for both the administrative Registration Team and Inspectors. A range of Standard Operating Procedures (SOPs), with process maps, will be put in place for the Registration Team to enable any outstanding applications to be completed.

Registrations: Manager Absences

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of manager absences to be processed within 6 weeks' of receipt

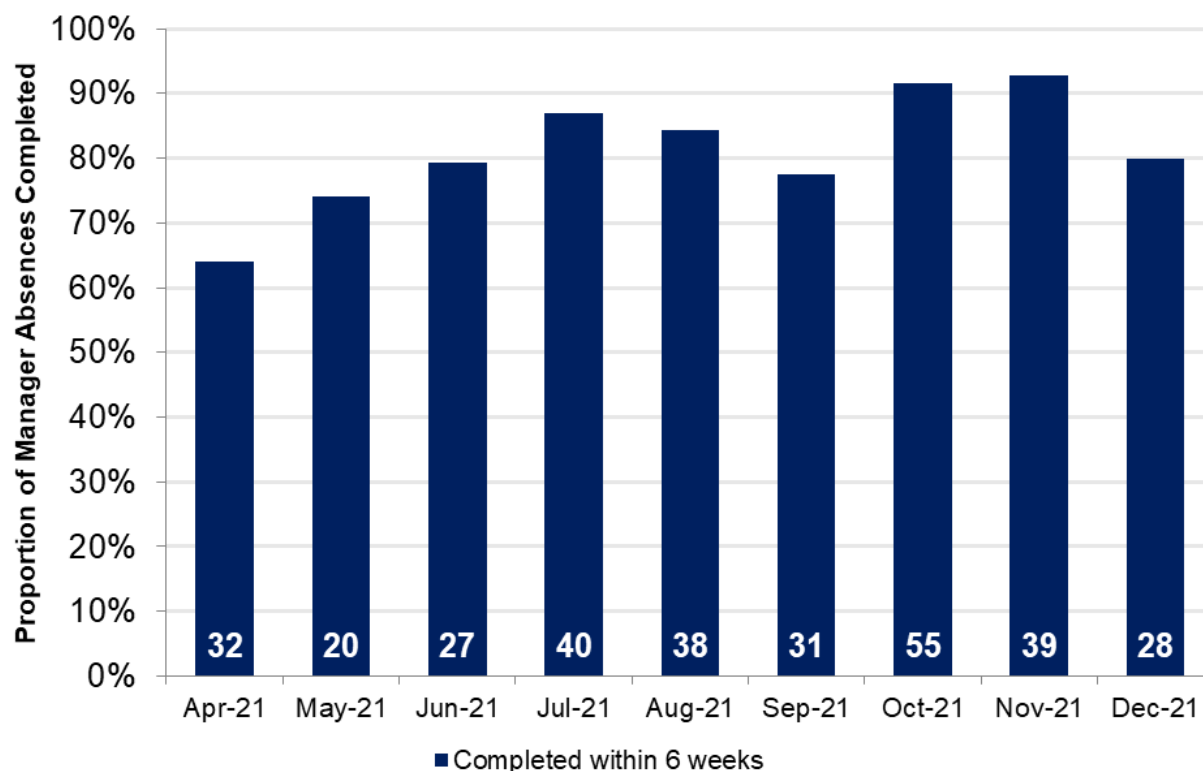


Figure 3: Proportion of manager absences processed within 6 weeks

Explanatory Note :

89% of manager absences completed during Q3 2021/2022 were processed within the 6 week target. Manager absences contribute circa 3% of the caseload. The administrative processing of this is prompt but most effort, including the assessment of the alternative manager arrangement, rests with the aligned inspector.

There is a pressure within operational inspector services and so the deficit in capacity is limiting time to approve; the inspector resource is focused upon the highest priority work to give assurance that services comply with regional standards and regulations, and take action as required.

Action Plan:

As part of the Registration Improvement Project, KPIs are being established for both the administrative and Inspector elements.

The Bank Inspectors recently secured, are focusing their efforts on the most complex and time consuming cases, which are the new agency service applications. As these cases start to clear, these inspectors will assist with manager absence and variations to reduce the overall processing time.

Inspection: Assurance Directorate (Care Homes)

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspections completed in year in respect of Care Homes

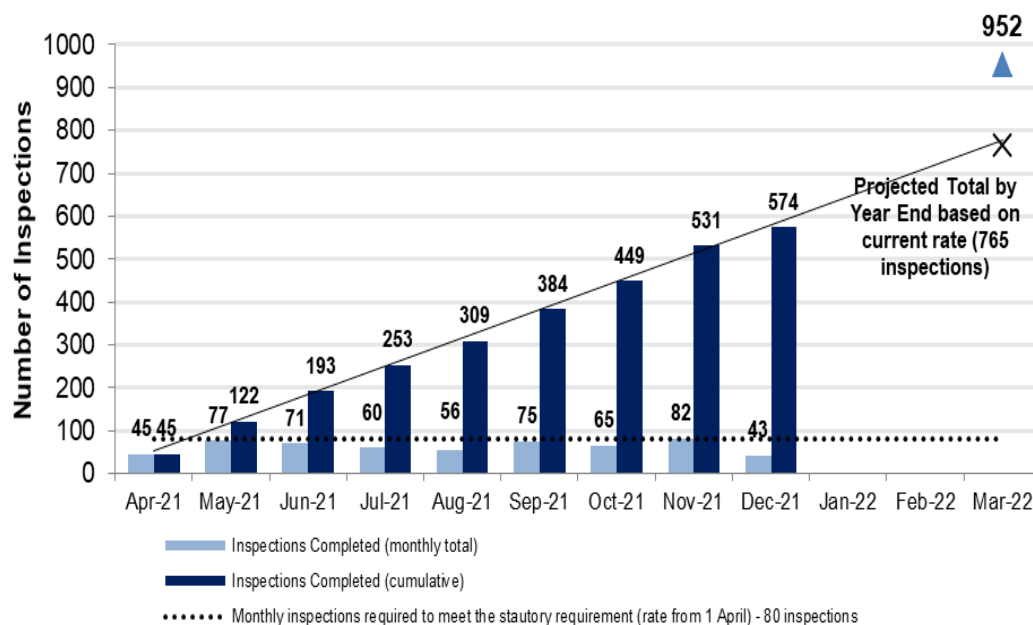
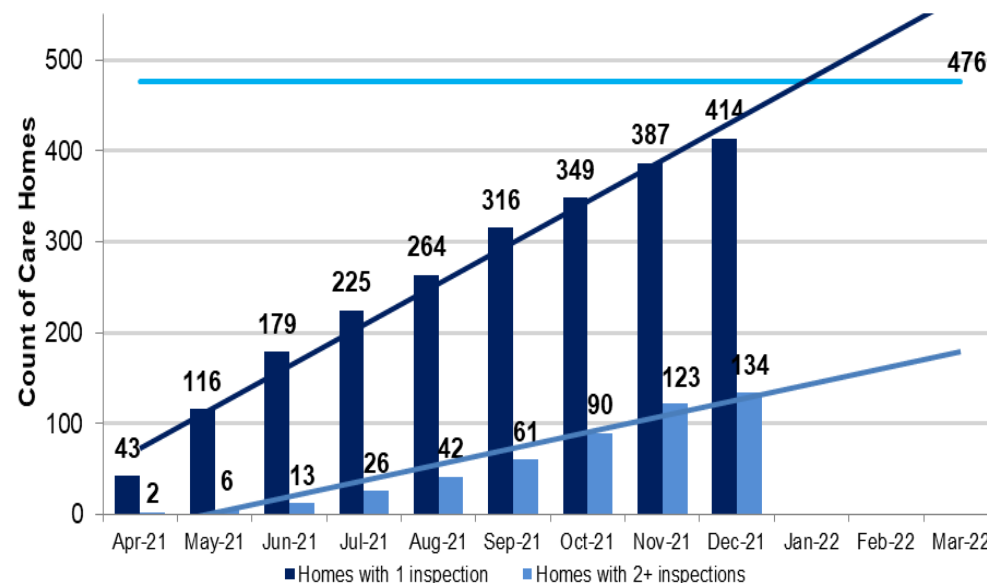


Figure 5: Number of inspections completed in Nursing and Residential Care Homes

Figure 4: Count of Nursing and Residential Care Homes with more than 1 inspection.

87% care homes had been inspected at least once and 28% had received the statutory minimum of inspections (2+) by the end of Q3.



Inspection: Assurance Directorate (Care Homes)

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspections completed in year in respect of Care Homes

Explanatory Note:

This KPI has not been met due to reduced capacity in the Care Homes Team as a result of vacancies; resource for COVID-19 related activities such as the Guidance Team, which has resulted in increased caseloads for each inspector. Other activities such as increased complex enforcements, notifications, concerns and assessments required for new registrations have also impacted this situation. As a result of this, some services will not be inspected.

Action Plan:

Additional resource is being secured by way of 2 bank inspectors who will be used for inspections pre and post the Christmas period and a new bank inspector to support the Guidance Team and other related duties will undergo induction shortly. The Team is also recruiting for 2 additional inspectors. Overtime has also been offered to the current Teams.

Workloads are under review and inspectors advised to limit attendance at external meetings and involvement in internal working groups is also being monitored in order to prioritise core work.

Prioritisation of the highest risk services (based on intelligence, regulatory history and length of time since last inspection (due to COVID-19 and staff resource) is being undertaken. Those care homes requiring their first inspection will be prioritised and, in addition, specialist colleagues will review those homes already inspected.

Senior Inspectors will respond to registration requests and are carrying out a regular stock-take of meetings planned to review monthly contingency arrangements and to validate information.

Following a recent review, the format for inspection reports has been refined, which will help to reduce the time taken to produce a report.

Inspection: Assurance Directorate (Agencies / Day Care)

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspections completed in year in respect of Agencies and Day Care Services

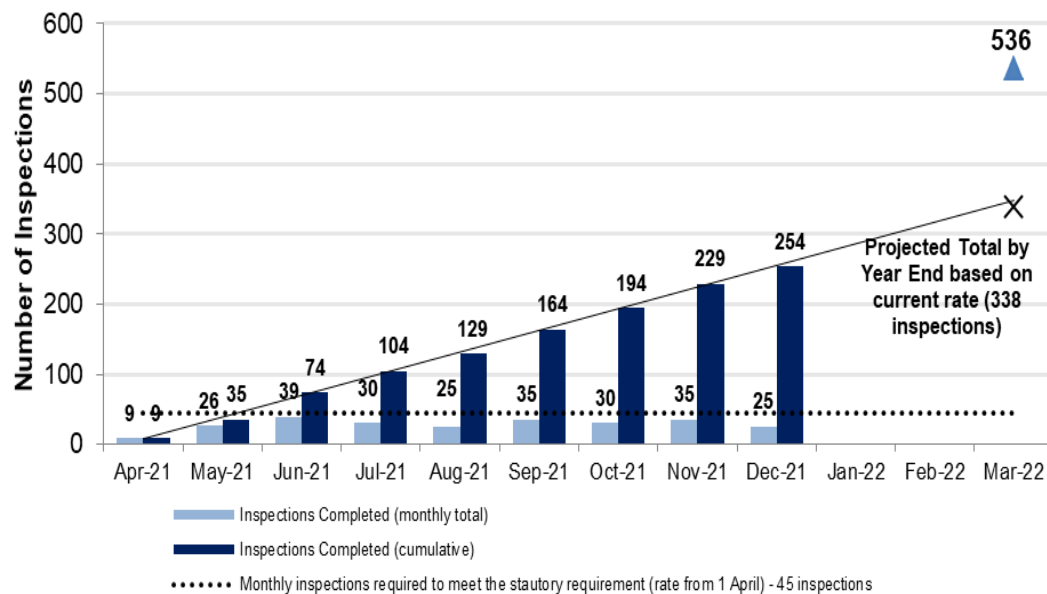
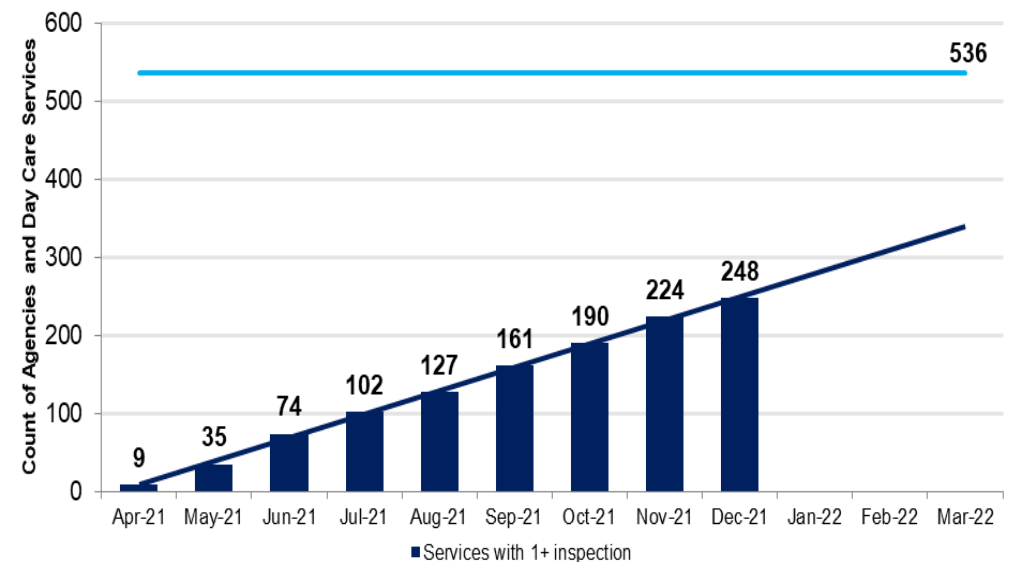


Figure 6: Number of inspections completed in Domiciliary Care Agencies, Nursing Agencies and Day Care Settings

Figure 7: Number of Domiciliary Care Agencies, Nursing Agencies and Day Care Settings with 1+ inspections.



Inspection: Assurance Directorate (Agencies / Day Care)



Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspections completed in year in respect of Agencies and Day Care Services

Explanatory Note:

This KPI has not been met due to reduced capacity in the Agencies Team as a result of vacancies; resource for COVID-19 related activities such as the Guidance Team, which has resulted in increased caseloads for each inspector. Other activities such as increased complex enforcements, notifications, concerns and assessments required for new registrations have also impacted this situation. As a result of this, some services will not be inspected.

Action Plan:

Additional resource is being secured by part-time bank inspectors who will be used for inspections pre and post the Christmas period. A part-time inspector will increase their hours from 2 days to 4 days per week. Active recruitment is underway, with estimated appointment dates in February and April 2022 (1 inspector in November and 3 inspectors currently). Overtime will be used for existing staff, both inspectors and the Senior Inspector is covering a small caseload, with the Assistant Director undertaking additional Senior Inspector tasks.

Prioritisation of the highest risk services (based on intelligence, regulatory history and length of time since last inspection (due to COVID-19 and staff resource) is being undertaken.

Workloads are under review and dedicated Bank Inspectors are being utilised to deal with Agency Registration assessments, with cross-directorate support for enforcement, where possible.

Inspection: Assurance Directorate (Children's Services)

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspections completed in year in respect of Children's Homes

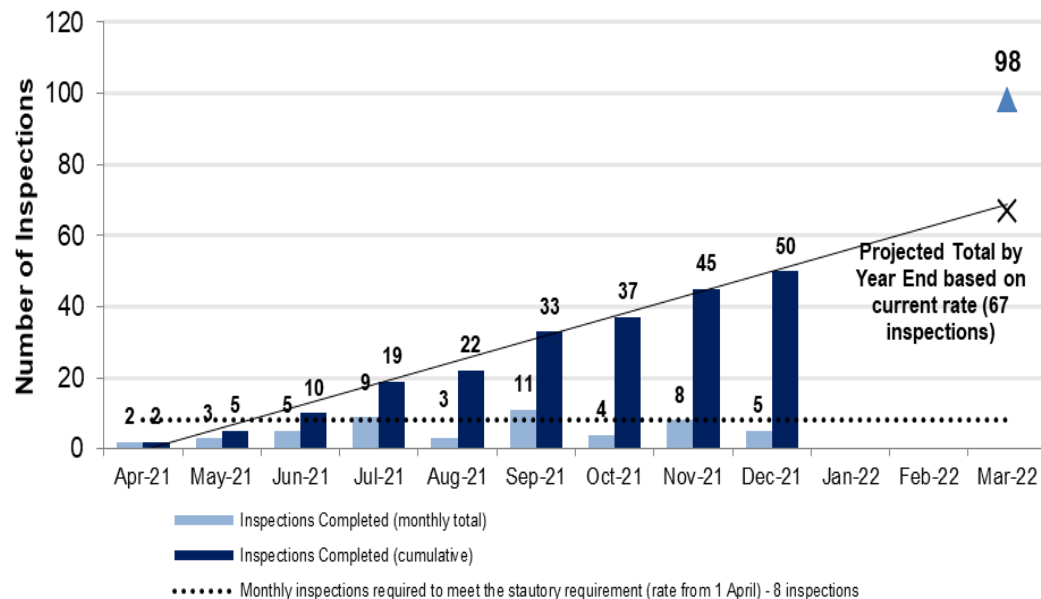
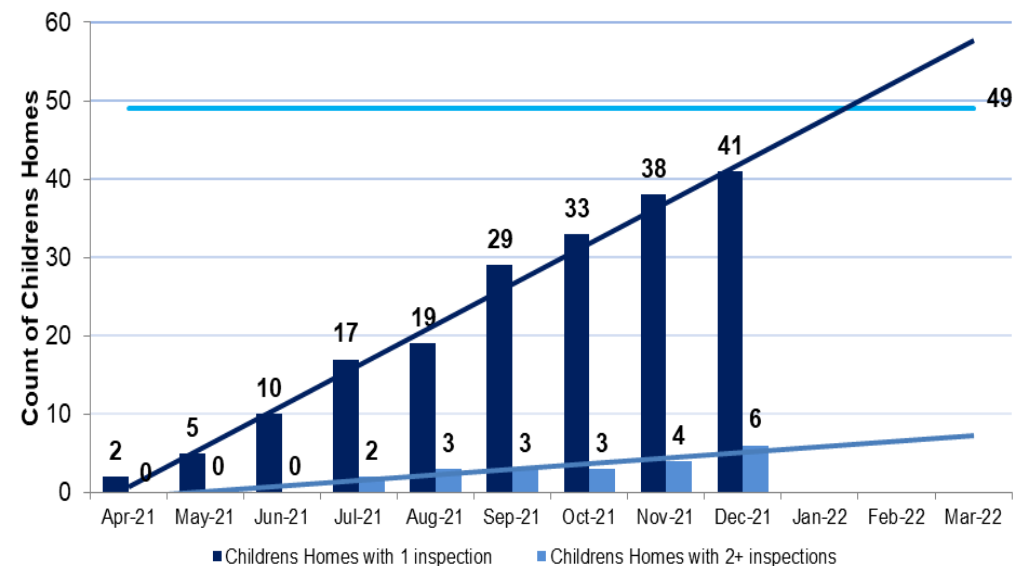


Figure 8: Count of inspections conducted in Children's Homes

Figure 9: Number of Children's Service with 1+ inspections.

84% children's homes had been inspected at least once and 12% had received the statutory minimum required inspections (2 or more) by the end of Q3.



Inspection: Assurance Directorate (Children's Services)



Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspections completed in year in respect of Children's Homes

Explanatory Note:

The statutory requirement of 2 inspections also applies to one nursing home inspected by the team. This home has not yet been inspected. Other children's services (3 Mental Health & Learning Disability CAMHS wards, 3 voluntary adoption agencies, 1 residential family centre and 1 children's hospice require one inspection each (n=8). The children's hospice was inspected during April 2021, and 1 CAMHS unit and 1 voluntary adoption agency have also received inspections. Boarding Schools and YASA are not registered and so do not currently have statutory requirements for 2021/2022. 6 Young Adult Supported Accommodation Services have been inspected to date (end Q3).

This KPI has not been met due to reduced capacity in the Children's Team as a result of vacancies (deficit of 1 Senior Inspector due to long-term sickness absence and 2.1 WTE inspector posts); resource for COVID-19 related activities such as the Guidance Team, which has resulted in increased caseloads for each inspector. Other activities such as increased complex enforcements, notifications, concerns and monthly monitoring reports have also impacted this situation. As a result of this, there is no capacity in the Children's Team to carry vacant or absent Team Member's caseloads and monitor incidents, intelligence received, etc.

Action Plan:

Additional resource is being secured by use of 1 available bank inspector undertaking one inspection per month from December 2021 onwards. The new Bank Inspector will support the Guidance Team, Monthly Monitoring reports, notifications / concerns, etc, from vacant caseloads.

Active recruitment has resulted in a new inspector being offered a post from the waiting list. Overtime is being used for existing staff, both inspectors and the Assistant Director covering a small caseload until the end of March 2021.

All services are considered high risk and the schedule will be updated to ensure all services receive an inspection at least once in 2021/2022, with increased inspections of homes / establishments subject to enforcement and/or emerging concerns.

Specialist Pharmacy and Estates Inspectors will review the list of second inspections outstanding and endeavour to undertake these, if current capacity enables this.

Improvement Directorate (IHC Services)

Registration

Inspection

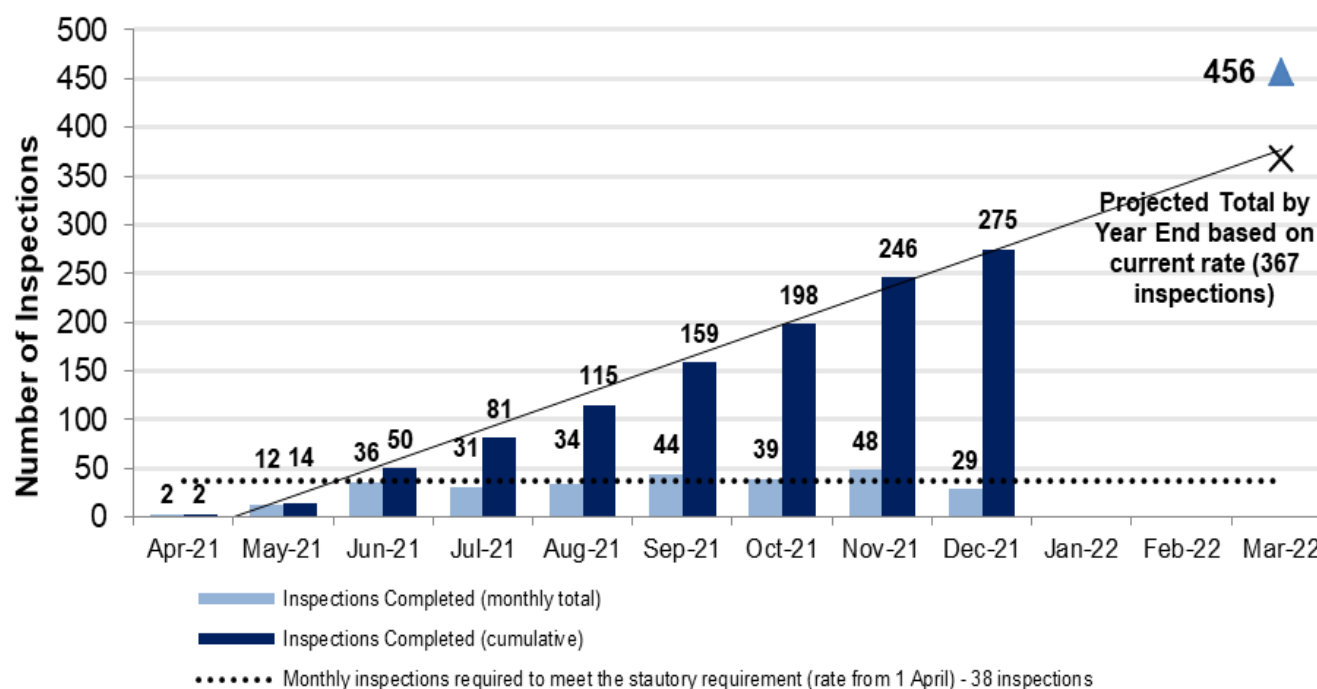
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspections completed in year (Independent Health Services)



Explanatory Note:

The projected year-end total currently falls short of 456 as a result of a lower number of inspections in Q1, due to a large number of services remaining closed due to COVID-19 regulations and shortages in the team staff. These inspections have been rescheduled for Quarters 3 and 4.

Action Plan:

All services are currently open and are being inspected. In order to recover performance and strive to achieve the statutory target, bank staff capacity has been secured and additional inspections are now scheduled for the remainder of the year.

All independent health care traditional services will be inspected this year and the team are on target to achieve 80% statutory function for dental practices.

Notes: Count of inspections of Dental Practices, Independent Clinics, Independent Medical Agencies and Independent Hospitals excluding Children's Hospice (inspected by the Children's team) and six acute Independent Hospitals (inspected by the Reviews Team). As at 31/12/2021, four of the six acute hospitals had received their stat minimum inspection for 2021/22. The Children's Hospice was inspected in Q1.

Figure 10: Inspections Conducted in Independent Health Care Services

Improvement Directorate (IHC Services)

Registration

Inspection

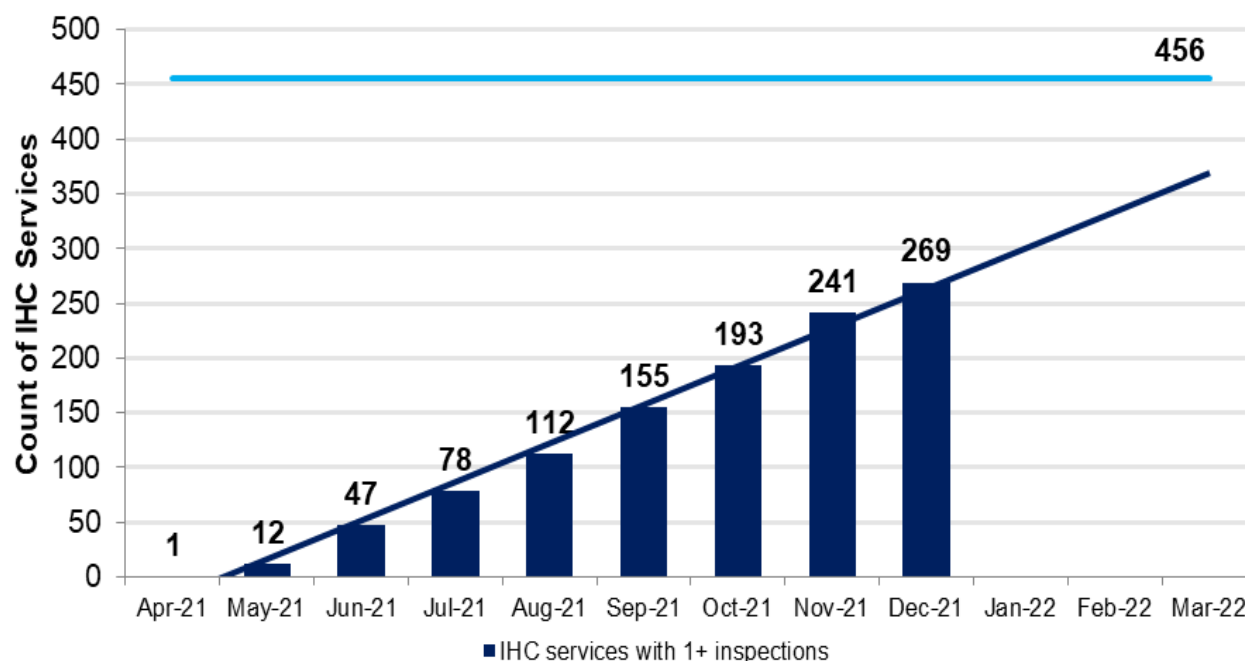
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of Independent Healthcare Services to receive at least one inspection



Explanatory Note and Action Plan:

59% independent health care services had received their statutory minimum number of inspections (end Q3).

As at 31/12/2021, four of the six acute hospitals had received their statutory minimum inspection for 2021/2022.

The Children's Hospice was inspected in Q1.

Figure 11: Independent Health Care Services Inspected

Notes: Count of Dental Practices, Independent Clinics, Independent Medical Agencies and Independent Hospitals excluding Children's Hospice (inspected by the Children's team) and six acute Independent Hospitals (inspected by the Reviews Team) which have received their statutory minimum number of inspections (1 or more).

Inspection: Improvement Directorate (MHLD Wards)

Registration

Inspection

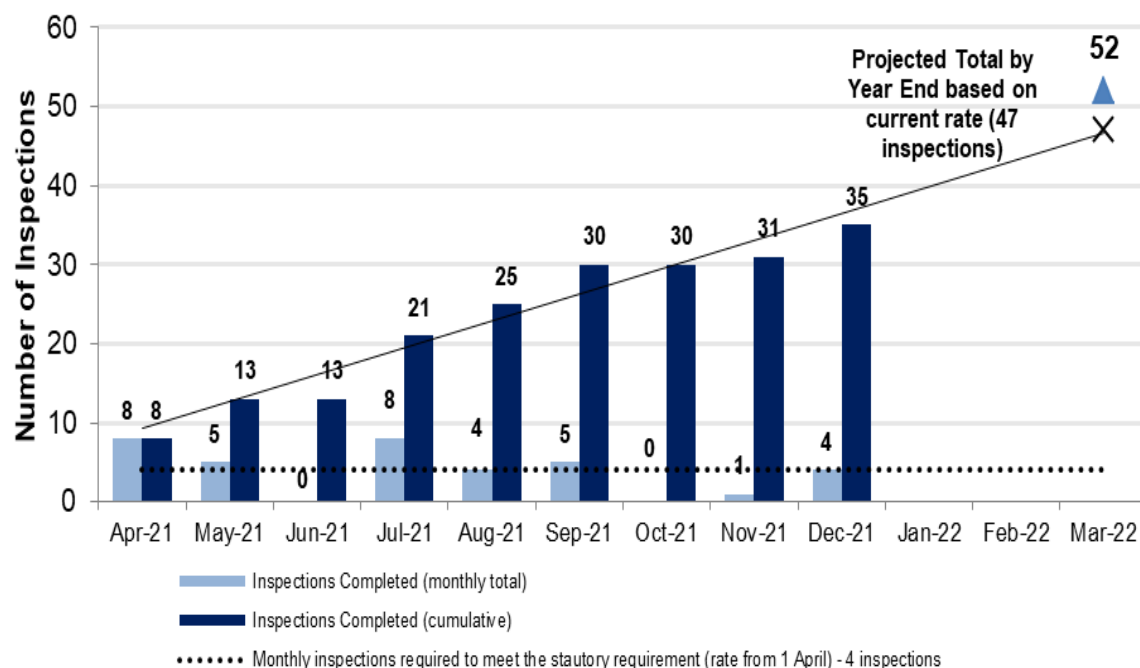
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of Mental Health and Learning Disability (MHLD) Ward to receive at least one Inspection



Notes: Count of inspections of MHLD Hospitals excluding the 2 CAMHS wards

Explanatory Note:

Due to unforeseen staff absence and therefore reduced capacity, the KPI to inspect 100% of MHLD wards in-year will not be met. Given the specialist skills required for these inspections, it may not be possible to recover this position.

The MHLD Team is currently not resourced to meet all MHLD activity, for example, increased scrutiny through analysis of SAs, increased enforcement and the introduction of more robust methodology. This has also been exacerbated with the partnership work with CJINI, inspecting prison healthcare and policy custody suites.

Action Plan:

Active management of staff absence is in place, with regular contact with those staff on long-term absence.

Recruitment of 2 additional inspectors to the Bank is underway and will be realised in Q4. There is also recruitment of an inspector vacancy, which will create a waiting list. All recruitment will be for staff with specialist MHLD skills.

As part of the Workforce Strategy, demand, capacity and skills mix will be examined for the longer term. Workloads continue to be re-prioritised to ensure risk is responded to appropriately.

Figure 12: Count of Inspections to MHLD Wards

Inspection: Improvement Directorate (Acute HSC Hospitals)

Registration

Inspection

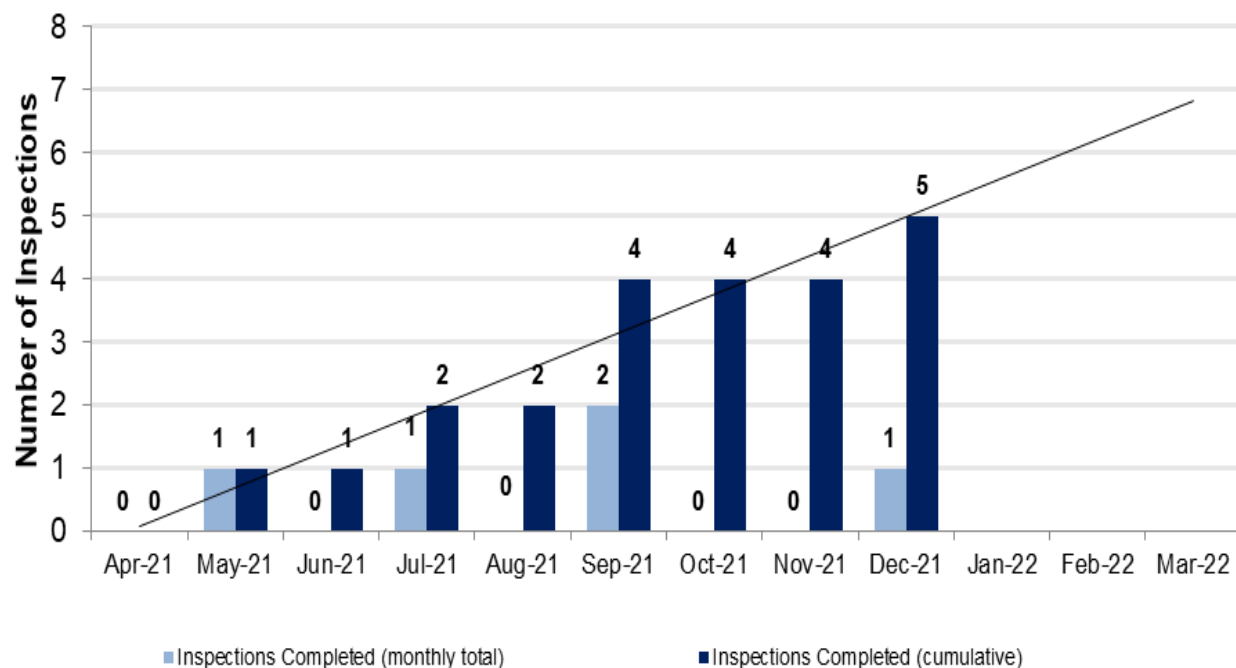
Enforcement

Review

Engagement

Manage our Resources

KPI to be established



Explanatory Note:

The Acute Hospitals Programme has been impacted by the demands on the acute sector by the Coronavirus Pandemic.

5 Acute HSC Hospitals (excluding the MHL D Hospitals) were inspected up to the end of December 2021.

The current Acute Hospitals Programme this year has focused on augmented care and other areas of risk, led by intelligence.

Inspections of Outpatients across the 4 HSC Trusts were originally planned; however, the appropriateness of this work is under discussion with the DoH, given the changing situation as a result of COVID-19.

Action Plan:

Workloads continue to be re-prioritised to ensure we are responding to risk appropriately across inspection and non-inspection related work.

Re-prioritisation of inspections across acute hospitals and MHL D wards is also carried out according to risk and in accordance with current restrictions in place due to the Pandemic.

Figure 13: Number of Inspections to Acute HSC Hospitals (excluding MHL D Wards)

Inspection: Improvement Directorate (IR(ME)R)

Registration

Inspection

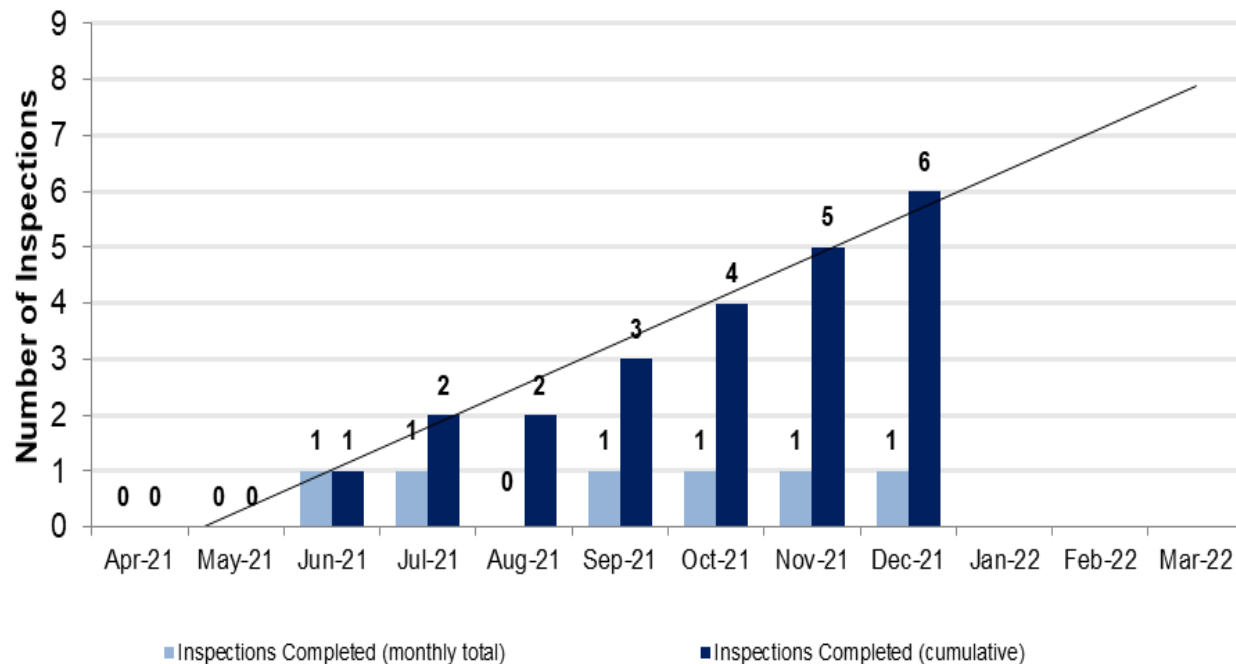
Enforcement

Review

Engagement

Manage our Resources

KPI to be established



Explanatory Note:

Inspections to those units falling under the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) are underway, with 10 inspections planned.

One inspection to Southern HSC Trust Craigavon Area Hospital Cathlab had been postponed to the 2022/2023 inspection year due to the Trust staffing issues as a direct result of the COVID-19 Pandemic.

By the end of December 2021, 6 inspections had been completed.

All inspections are scheduled in-year and all are on track to be met by the end of March 2022.

Figure 14: Inspections to Units falling under IR(ME)R Legislation

Inspection: Out of Hours

Registration

Inspection

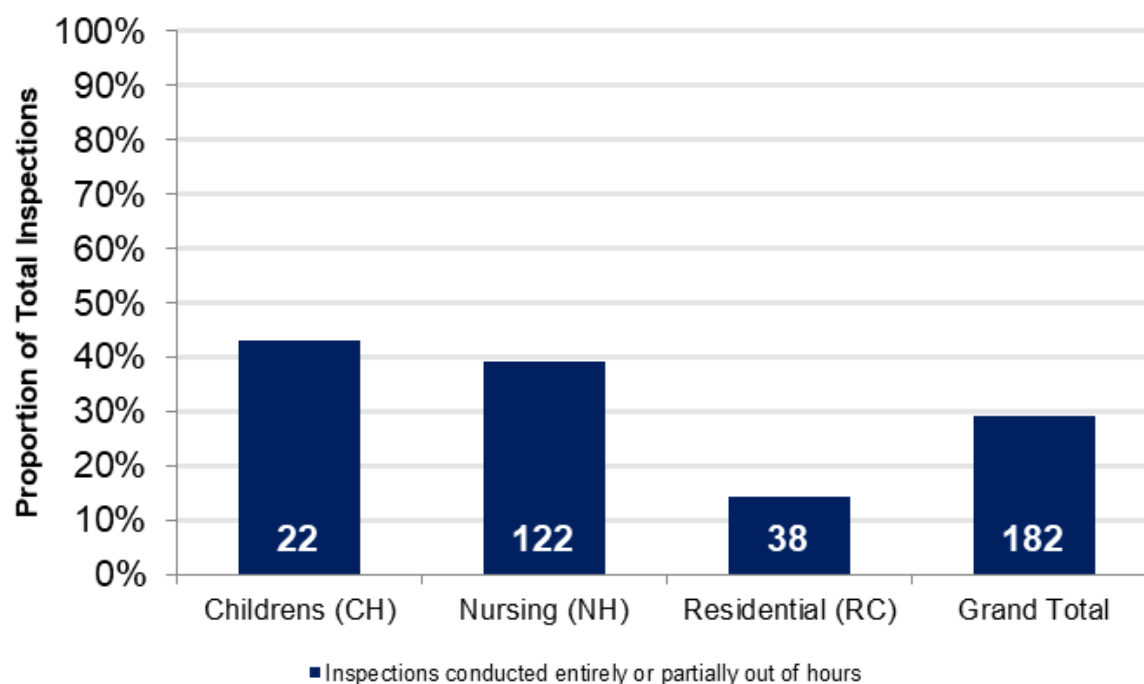
Enforcement

Review

Engagement

Manage our Resources

KPI: 10% of on-site inspections completed to care homes and children's homes to be conducted partially or entirely out of hours



Out of hours defined as after 17:00, Monday to Friday and/or at weekends/public holidays

Explanatory Note:

Children's team inspections often end after 5pm because that is when inspectors can speak to children and young people. Reports reflect this however out of hours has only recently been defined as after 5pm.

The team will ensure all future inspections that run past 5pm are noted on iConnect for this report. Children's inspectors also undertake out of hours inspections when this is identified as required to gather the evidence required.

The Care Homes Team are on track with achieving 10% of OOH inspections to Care homes. The decision to undertake OOH inspections is linked to the risk based approach and so the team are undertaking OOH inspections to homes where these are needed.

Action Plan:

The Senior Inspectors and Assistant Directors currently undertake a "stocktake meeting" fortnightly, as part of the teams recovery plan, to review inspection activity. This includes reviewing out of hours inspections undertaken.

Figure 15: Count and proportion of on-site inspections out of hours in Care and Children's Homes

Inspection: Out of Hours

Registration

Inspection

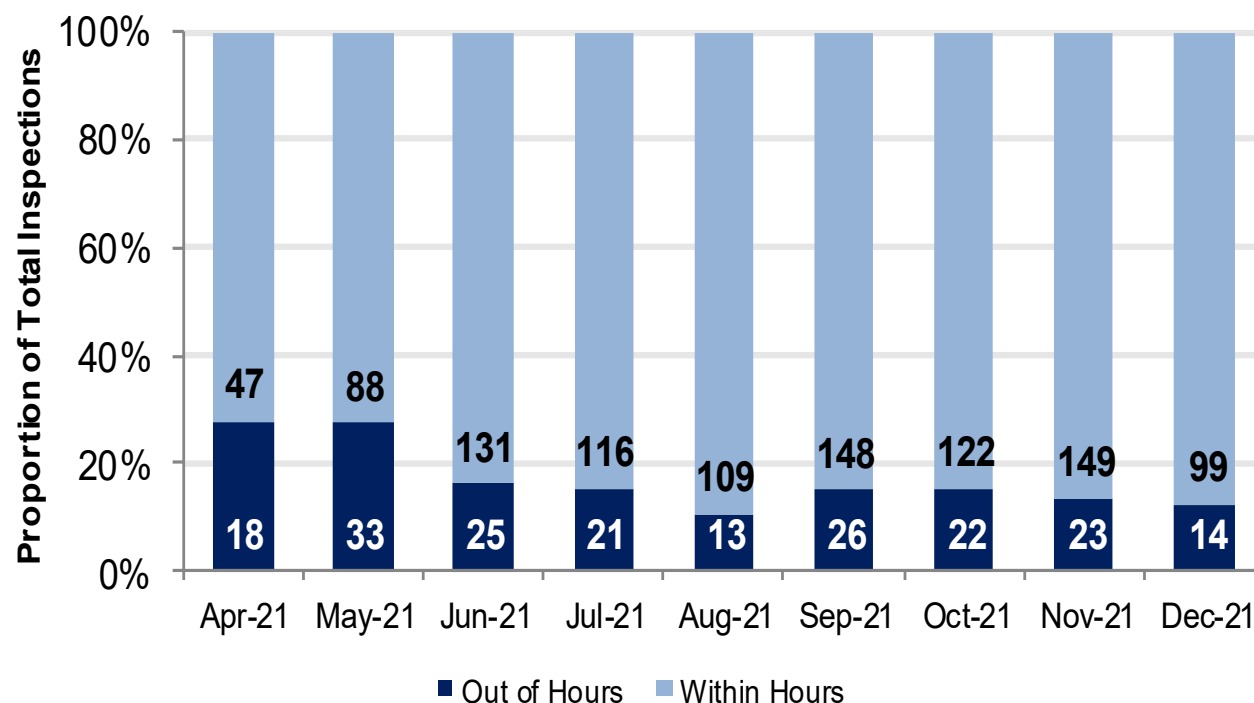
Enforcement

Review

Engagement

Manage our Resources

**KPI: 10% of on-site inspections completed to care homes and children's homes to be conducted partially or entirely out of hours
(To be determined, as part of the Assurance Inspection Framework)**



Explanatory Note :

16.2% of all inspections in both directorates were completed out of hours by the end of Q3.

Action Plan:

While there is no KPI for out of hours inspections in the Improvement Directorate, appropriate inspections will take place in response to intelligence or risk.

Notes: Out of hours defined as after 17:00, Monday to Friday and/or at weekends/public holidays

Figure 16: Count and proportion of inspections conducted out of hours

Inspection: Timeliness of Reports: Assurance Directorate

Registration

Inspection

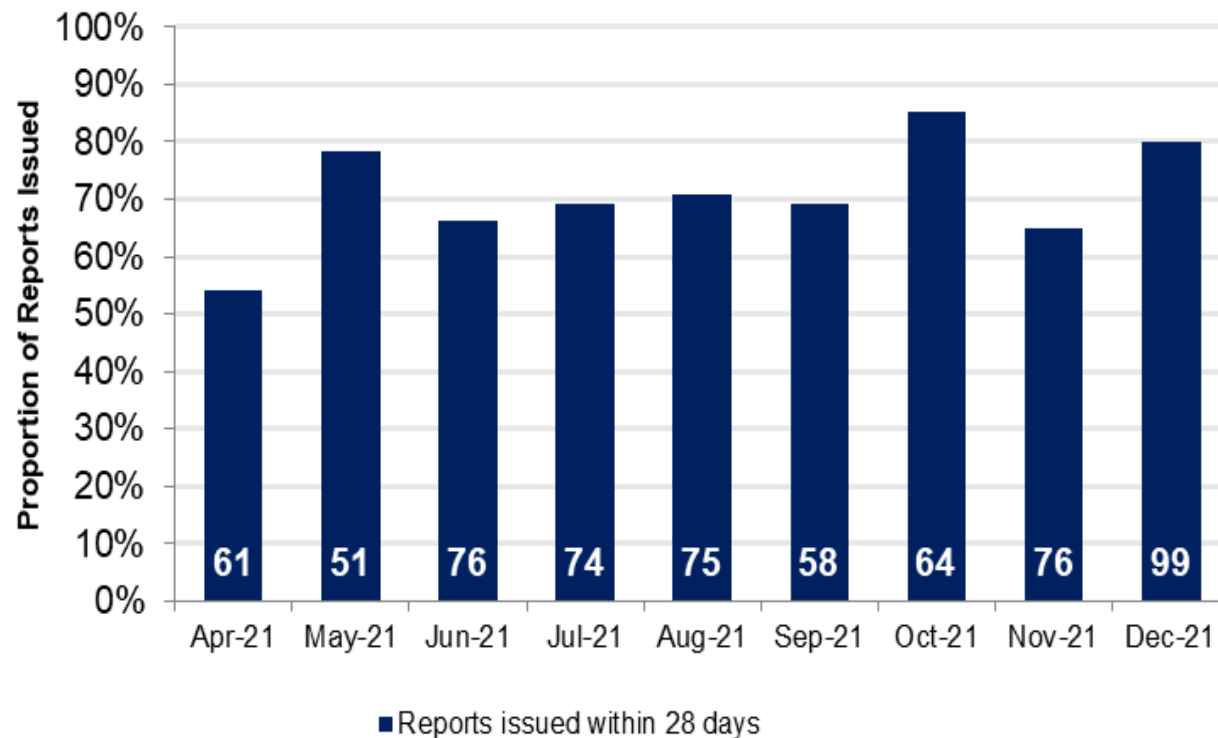
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspection reports should be issued no later than 28 days' after completion of inspection



Explanatory Note:

This KPI has been challenging to meet in the Assurance Directorate due to increased workload for the teams and lack of capacity.

Managing vacancies, the requirements for participation in the Guidance Team and associated high volume of notifications /concerns received means that there is a limited ability of inspectors to meet the KPI. Enforcement and registration activity has also impacted upon this. Teams are focusing on ensuring efforts are deployed to best effect.

Action Plan:

Progress and achievement of the target will continue to be managed at team and directorate levels on a monthly basis. Daily monitoring via the iConnect electronic system has been put in place.

The KPI 100% target is under review and likely to be reduced to 80%.

Figure 17: Count and proportion of draft reports issued within 28 days (Assurance Directorate)

Inspection: Timeliness of Reports: Improvement Directorate

Registration

Inspection

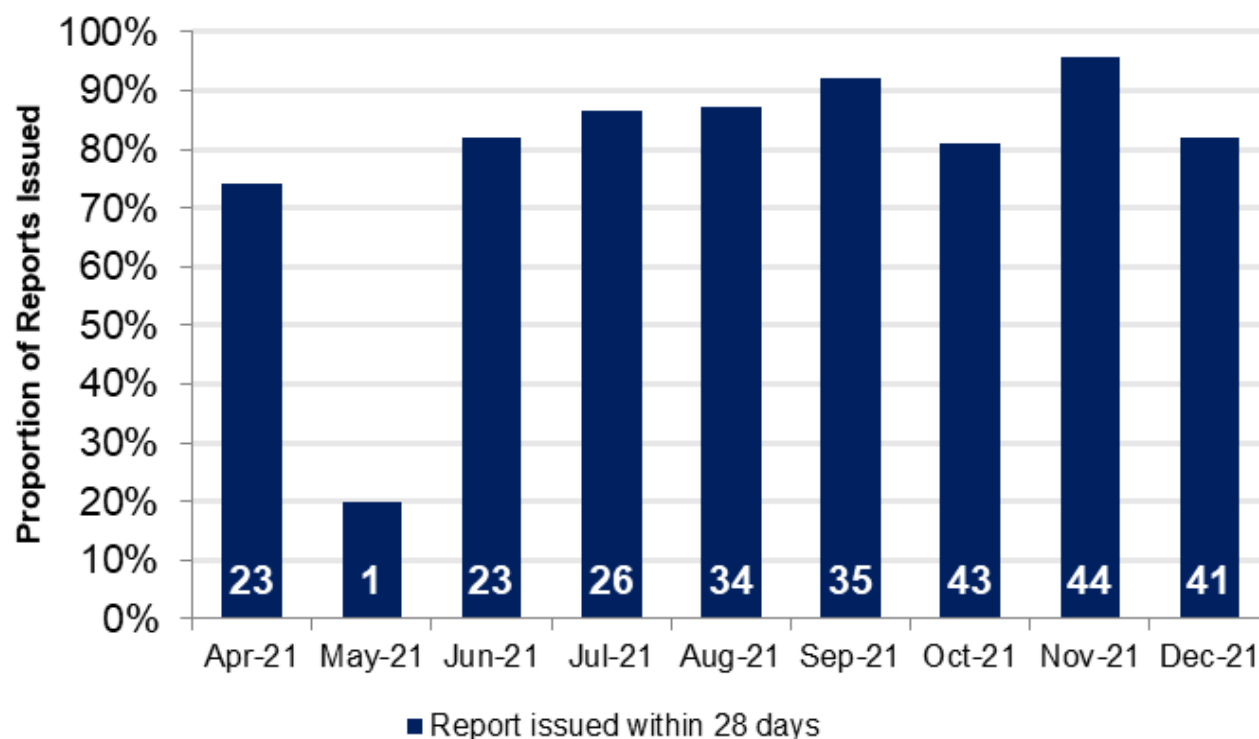
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of inspection reports should be issued no later than 28 days' after completion of inspection



Explanatory Note

There has been a steady improvement in this KPI during the year to date.

The Improvement Directorate typically undertakes multidisciplinary, larger, and more complex inspections. Due to the requirement to compile information from multiple contributors, it is therefore challenging to achieve the 28 day target.

Action Plan:

Steps are being taken to refine the process of developing reports, with drafting now commencing during each inspection.

All inspection reports in HSC hospitals and Independent hospitals are peer reviewed at Assistant Director level as a minimum, given the degree of public interest in this work.

Progress and achievement of the target will continued to be managed at team and directorate levels on a monthly basis. Daily monitoring via the iConnect electronic system has been put in place.

The KPI 100% target is under review and likely to be reduced to 80%.

Figure 18: Count and proportion of draft reports issued within 28 days (Improvement Directorate)

Enforcement: Volume

Registration

Inspection

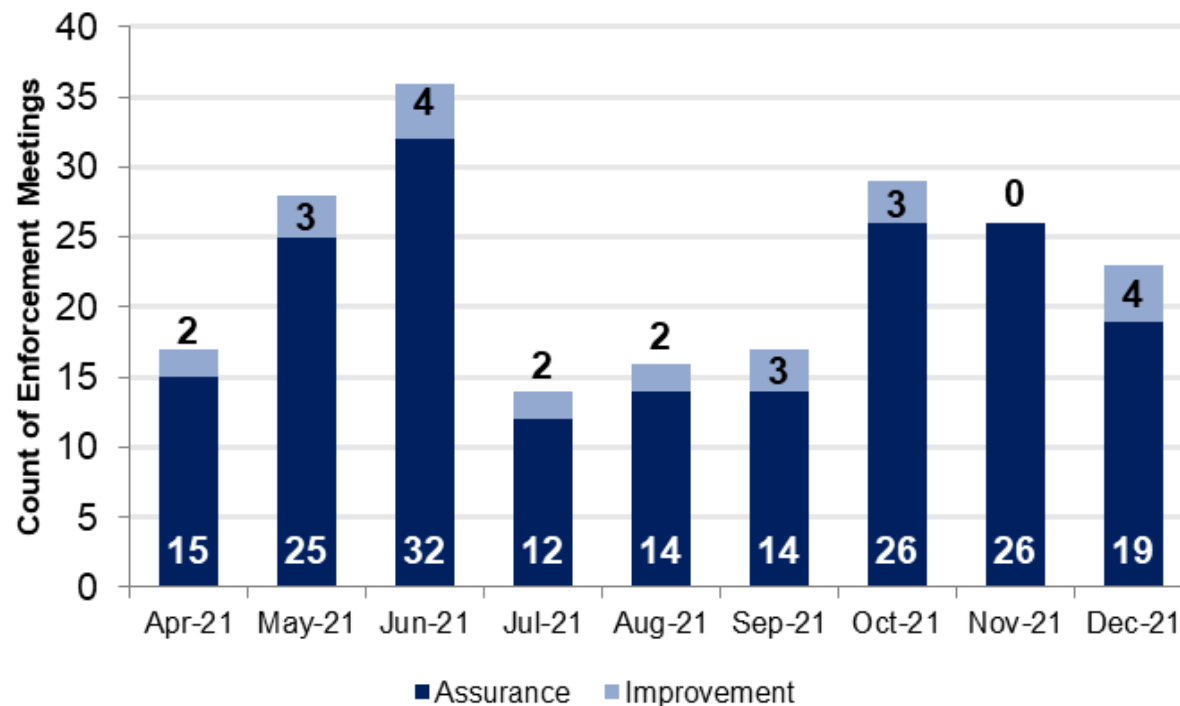
Enforcement

Review

Engagement

Manage our Resources

Volume of Enforcement Meetings



Explanatory Note:

206 enforcement meetings were held by both the Assurance and Improvement Directorates up until the end of December 2021.

The continued volume of enforcement across the directorates, whilst reduced during the most recent three months, continues to impact upon the ability of Teams to deliver the statutory programme of inspections.

Enforcement can often take up to one week of an inspectors' time depending on the level of enforcement undertaken.

Figure 19: Number of Enforcement meetings by Directorate

Enforcement: Meeting Type

Registration

Inspection

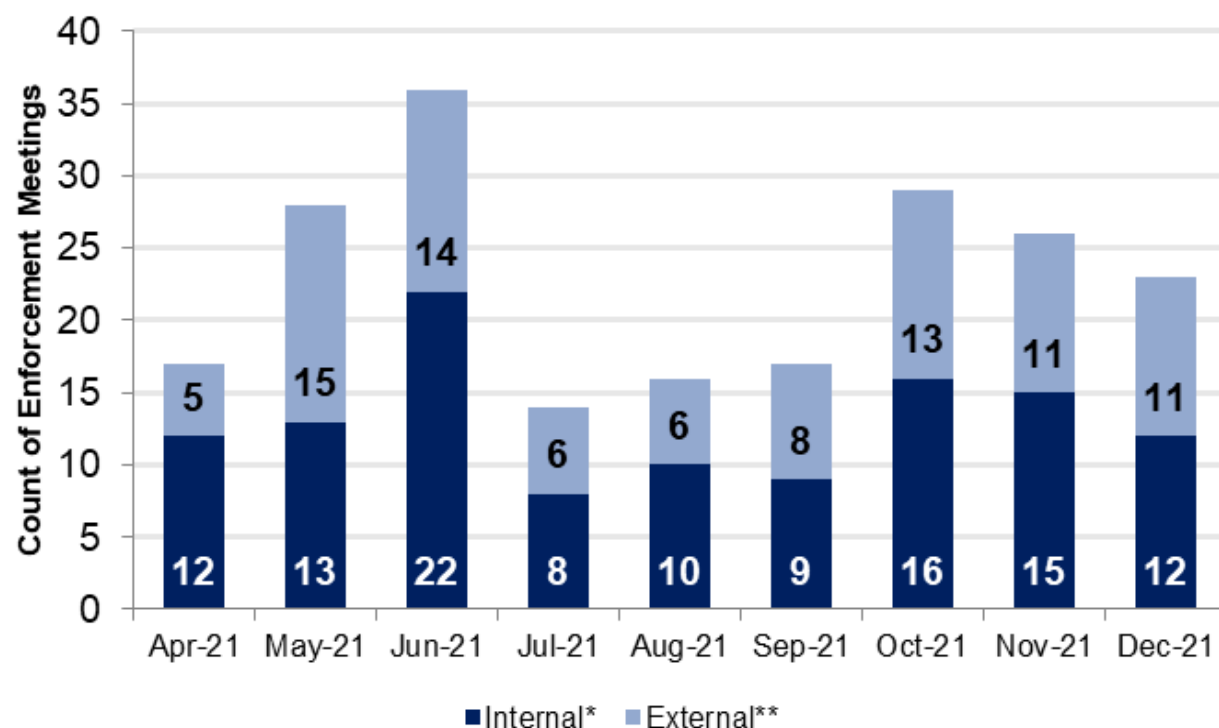
Enforcement

Review

Engagement

Manage our Resources

Type of Enforcement Meetings



Explanatory Note:

During the first Quarter of the year, inspections are generally scheduled to target those services assessed as higher risk.

This will usually result in a higher volume of enforcement and escalation activity earlier in the year. This bar chart illustrates this pattern and indicates that the volume of enforcement activity has stabilised.

Internal Enforcement Type involves RQIA staff only (Enforcement Decision Making Meetings and Decision Making Panel Meetings).

External Enforcement Type involves both RQIA staff and Providers (Serious Concerns, Failure to Comply Intention, Notice of Proposal Intention, Improvement Notice Intention and Escalation Meetings).

Figure 20: Number of Enforcement meetings by Type of Meeting

Enforcement: Linked to Percentage of Inspections

Registration

Inspection

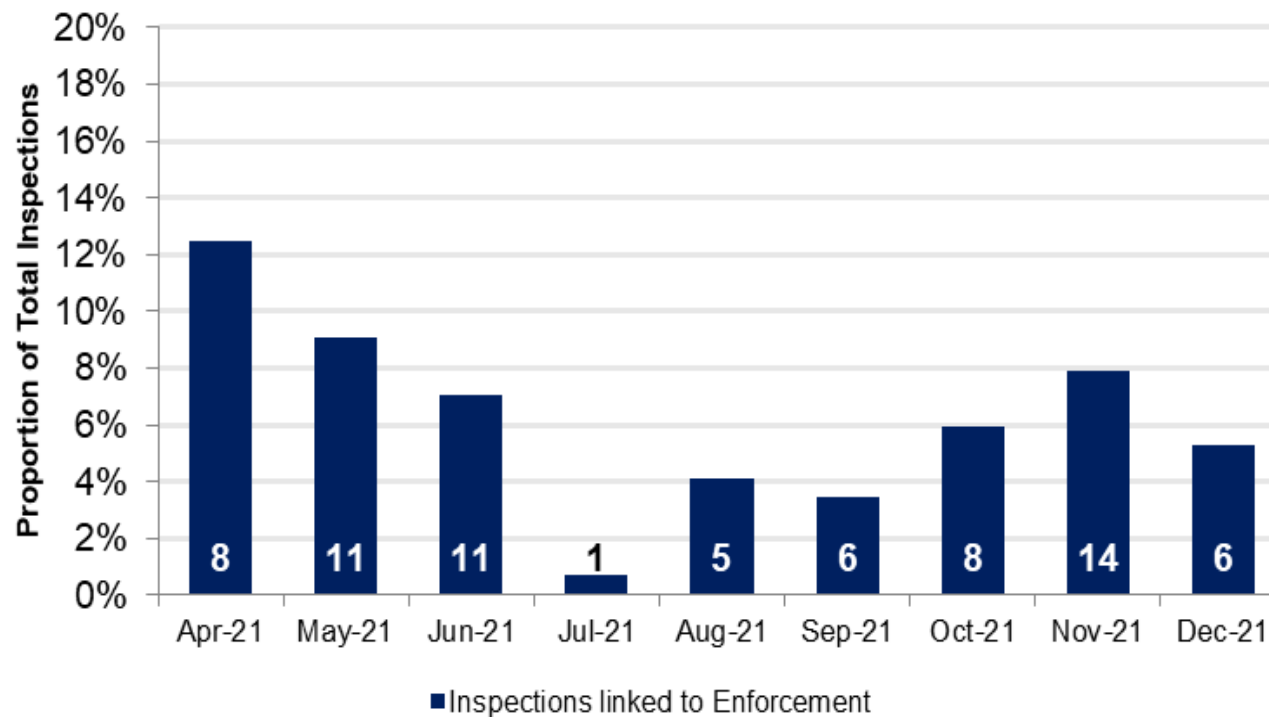
Enforcement

Review

Engagement

Manage our Resources

% of Inspections resulting in Enforcement Action



Explanatory Note:

During 2021/2022 Q1-3, there have been 70 inspections which resulted in enforcement action (ie: the number and percentage of inspections recorded on iConnect with a linked enforcement record).

Those services which have been subject to enforcement will require follow-up inspection(s) which may affect normal inspection activity in line with statutory targets.

Figure 21: Proportion and Number of Inspections Completed which have been Linked to Enforcement Action

Concerns

Registration

Inspection

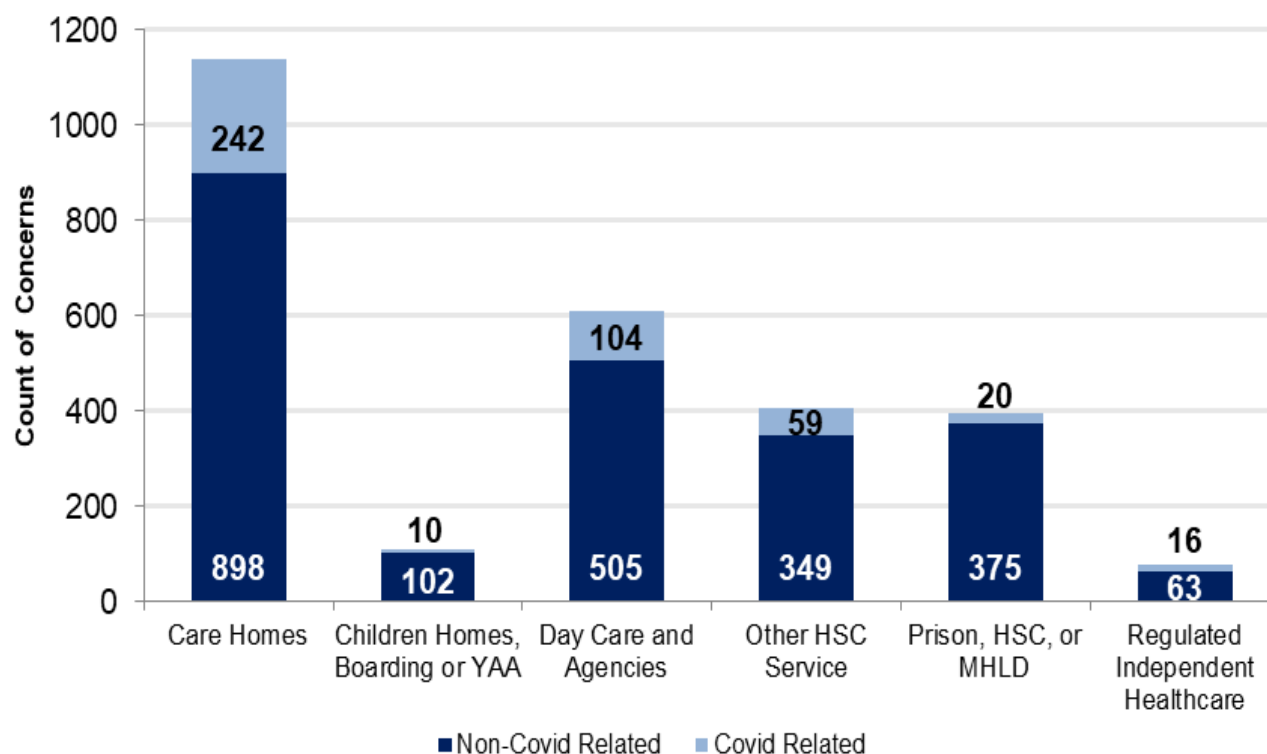
Enforcement

Review

Engagement

Manage our Resources

KPI to be established



Explanatory Note:

There have been 2,743 contacts and concerns recorded and case managed on iConnect (excluding calls initiated by RQIA) since April 2021 (to end Q3). COVID-19 related contacts accounted for 16% (n=451), with non-COVID-19 related contacts totalling 84% (n=2,292).

Over the past number of years there has been a significant increase in the number of concerns related to HSC Hospitals, Prison or MHL.

For example in 2018/2019 there were around 20 concerns received related to HSC services and currently (2021/2022) over 400 concerns are received in a typical year.

Action Plan:

The figures outlined support an increased volume of Guidance Team work, and actions have been taken to ensure this is supported by a skills mix of inspectors and Band 5 Support Officers, as opposed to the previous inspector only model covering Duty Desk.

Directors will monitor Guidance Team activity to ensure contacts are being dealt with appropriately.

Figure 22: Number of COVID-19 and non-COVID-19 related contacts and concerns recorded on iConnect

Mental Health: Serious Adverse Incidents (SAI's)

Registration

Inspection

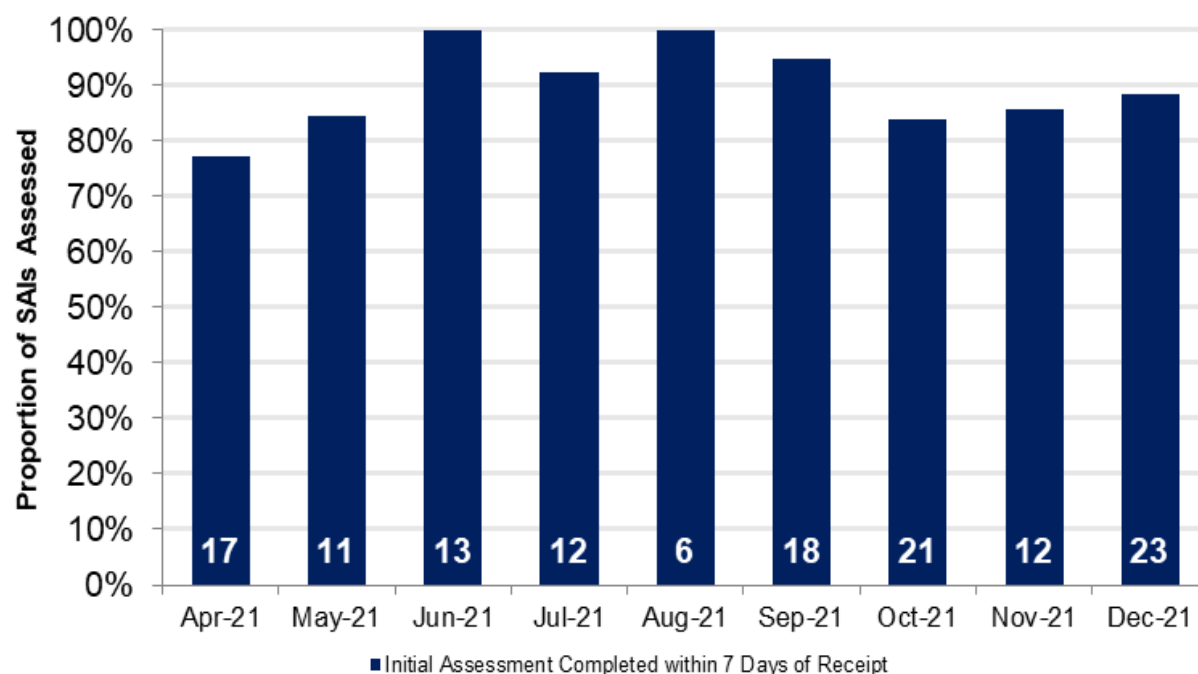
Enforcement

Review

Engagement

Manage our Resources

100% of Serious Adverse Incident (SAI) reports screened within 7 days' of receipt



Explanatory Note:

RQIA receives reports in relation to MHLD SAI's. Up to the end of December 2021, 88% of SAI's were reviewed within 7 days' of receipt.

Despite significant and ongoing staffing challenges, this work is prioritised. Over time, the MHLD Team has increased its focus and scrutiny of SAI's and taken regulatory action, where required.

During Q3, there has been a slight decrease in this performance with regard to the timeliness of reviewing these reports. This has been due to competing demands on the MHLD Team's resource, such as the Muckamore Abbey Hospital (MAH) Public Inquiry Project and increases in safeguarding referrals for MAH.

Action Plan:

Improvements in caseload management across the Team will continue to be made.

As part of the Workforce Strategy, demand, capacity and skills mix will be examined in the longer term for the MHLD Team.

Figure 23: Proportion and Number of SAI Reports Screened within 7 Days of Receipt

Mental Health Order: Detention Forms: Received

Registration

Inspection

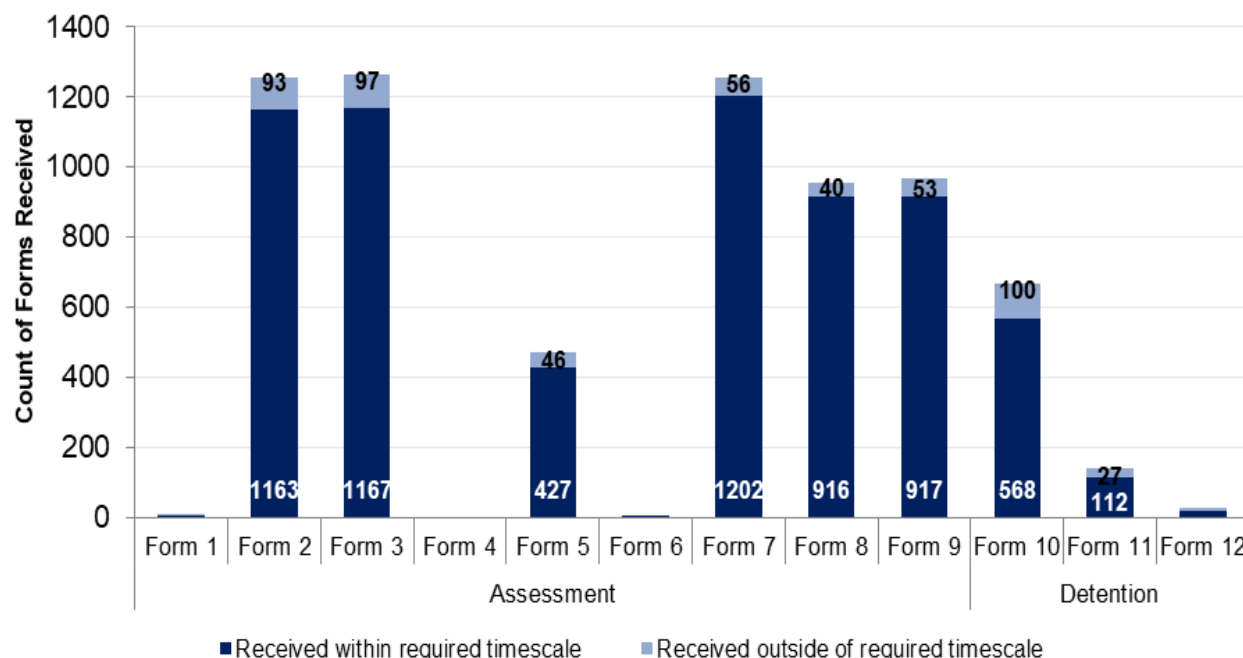
Enforcement

Review

Engagement

Manage our Resources

Volume of detention forms received by RQIA within 4 working days' of sign off by the relevant medical / healthcare professional within the HSC Trust



Explanatory Note:

All detention forms should be received within 4 working days' of sign off by the relevant medical / healthcare professional within the HSC Trust.

88% (n = 6,185 of 7,019 forms received related to assessments (Forms 1-9) and 12% (n = 834 related to detentions (Forms 10-12).

Across the broad range of forms submitted, 94% of assessment forms and 84% of detention forms submitted were received within the 4 working days' target taking into account weekends.

Action Plan:

Having noted a particular delay in receipt of detention forms (Forms 10, 11 and 12), RQIA has contacted each of the HSC Trusts and will work in collaboration with them to assist in improving the timeliness of these returns.

Notes: Form 1 = Application by Nearest Relative for Admission for Assessment; Form 2 = Application by an Approved Social Worker for Admission for Assessment; Form 3 = Medical Recommendation for Admission for Assessment; Form 4 = Medical Certificate to extend Time Limit for conveying patient to Hospital; Form 5 = Medical Practitioner's Report on Hospital In-Patient not liable to be detained; Form 6 = Nurse's record in respect of Hospital In-Patient not liable to be detained; Form 7 = Report of Medical Examination immediately after Admission for Assessment; Form 8 = Extension of Assessment Period from 48 hours to 7 days - Medical Report; Form 9 = Medical Report to extend Assessment Period for a further 7 days; Form 10 = Medical Report for Detention for Treatment; Form 11 = Report by Responsible Medical Officer for Renewal of Authority for Detention for 6 months or one year; Form 12 = Joint Medical Report for First Renewal of Authority for Detention for one year

Figure 24: Number of Detention Forms received within and outside of the required timescales

Mental Health Order: Detention Forms: Assessed

Registration

Inspection

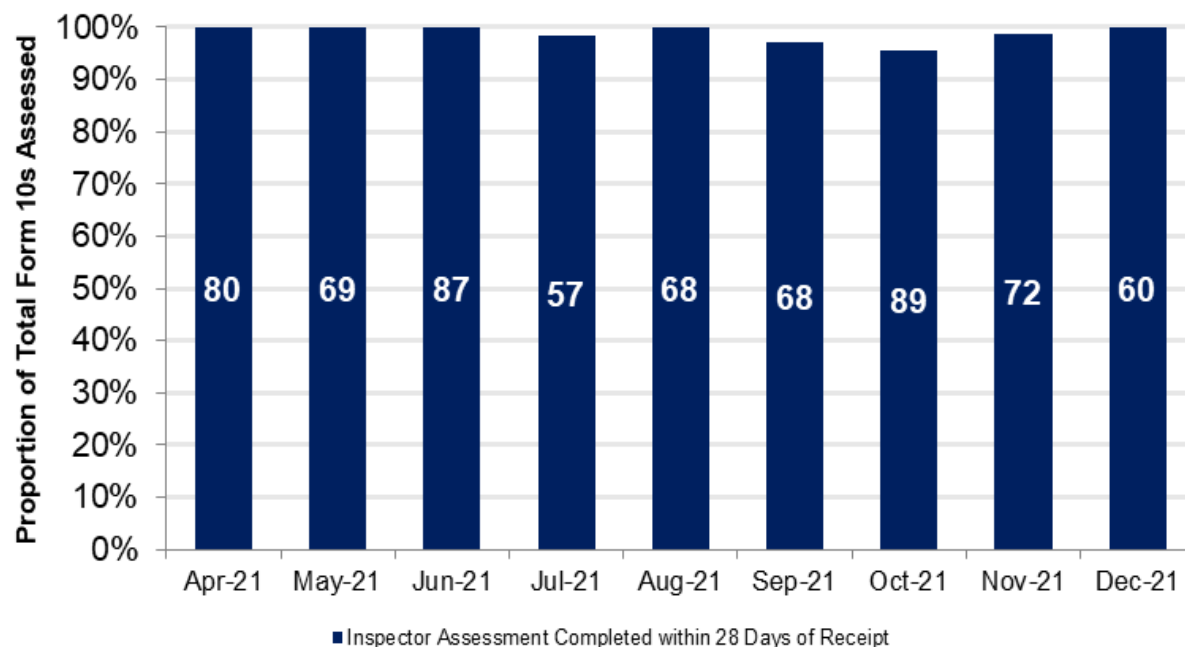
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of Patient Detention Forms (Form 10's) to be assessed by an inspector within 28 days of receipt



Explanatory Note:

Patient Detention Forms (Form 10's) are significant forms as these mark the change for a person being detained for assessment to being detained for treatment.

In view of this, an inspector will review each of these forms in addition to the quantitative checks already carried out by administrative staff, thus providing additional scrutiny in quality assuring their content.

There was a very slight decrease in performance of this KPI during Q2.

Action Plan:

The Director of MHLD is currently examining the reasons for this slight decrease in performance, which is likely to be as a result of requiring additional resource, with specialist MHLD skills, in this Team.

As part of the Workforce Strategy, the Director will explore this area to ensure adequate resourcing for the longer term. In the meantime, in order to ensure we are responding to risk appropriately, workloads across inspection and non-inspection related work are re-prioritised, as necessary.

Figure 25: Detention Form 10s assessed within 28 days of receipt

Mental Health Order: Second Opinions: Timeliness

Registration

Inspection

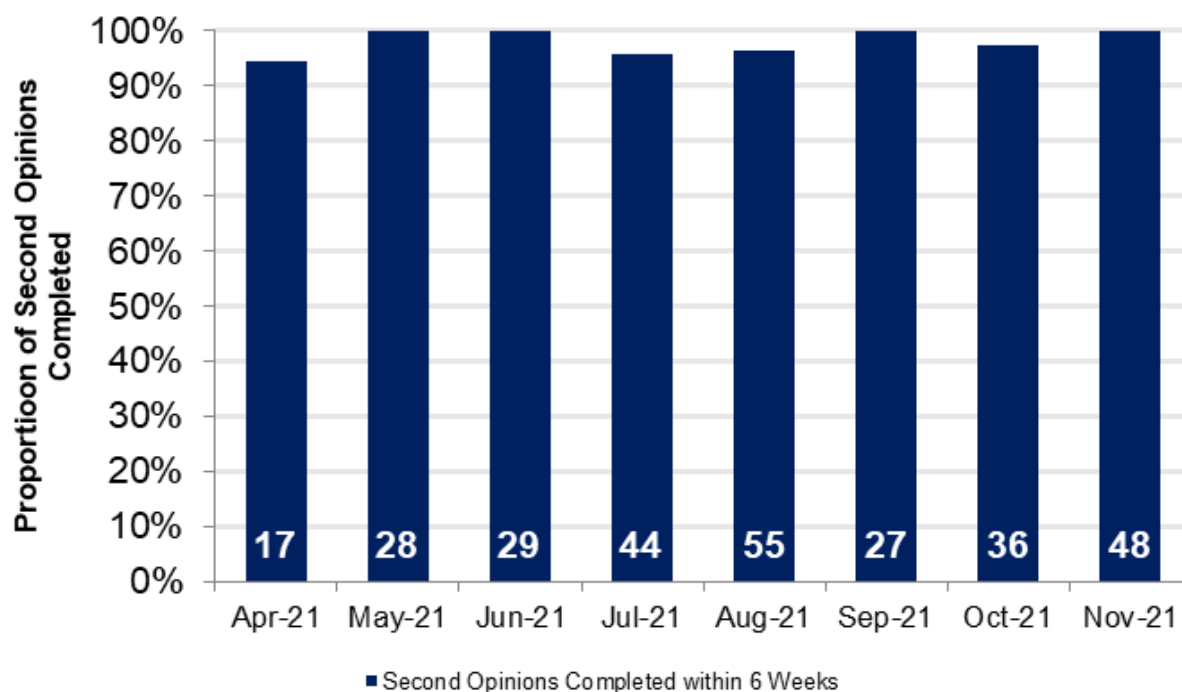
Enforcement

Review

Engagement

Manage our Resources

KPI: 90% of Required Second Opinions completed within 6 weeks



Explanatory Note:

Second opinions can be provided for medication reviews and ECT, when requested.

Performance remains strong regarding the timeliness in which second opinions are provided for these requests, with over 90% completed within 6 weeks' of receipt.

Action Plan:

RQIA is currently taking steps to increase its complement of Second Opinion Appointed Doctors (SOAD's), including liaising with the Department of Health, regarding the current payment rates.

Figure 26: Second Opinions completed within 6 weeks

Reviews

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI to be established

		KEY MILESTONES													
REVIEW	INITIATED	FIELDWORK COMPLETED			FIRST REPORT DRAFT (BY PM)			QUALITY ASSURANCE COMPLETED			REPORT SUBMITTED TO DoH			REPORT PUBLISHED	
		Plan Date	Revised Plan Date	Date Achieved	Plan Date	Revised Plan Date	Date Achieved	Plan Date	Revised Plan Date	Date Achieved	Plan Date	Revised Plan Date	Date Achieved	Date Published	
1	Expert Review of case notes of the deceased patients of Dr Watt	May-18	Apr-21	Nov-21	Sep-21	Apr-22		Jun-22			TBC			TBC	
On track to complete phase 2 of deceased patients review by Apr 22. DoH giving consideration to subsequent phases.															
2	Review of Serious Adverse Incidence	Jul-18	Nov-20	Nov-20	Feb-21	Aug-21	Aug 21	Mar-21	Jan-22		Jun-21	Feb-22		Feb-22	
Expected publication in Feb 22, subject to receipt of final accuracy check in Jan 22.															
3	Review of Implementation of Choking Recommendations	Jun-21	Oct-21	Oct-21	Nov-21	Jan-22		Dec-21	Jan-22		Jan-22	Feb-22		Feb-22	
On track to complete first draft of report by end Jan 22.															

Key:	Achieved	On target	Delayed	To be confirmed	Overdue
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Development of Review Programme 2022/2023

- Engagement on the new review programme is expected to commence in Quarter 4.

Figure 27: Key Milestones achieved in the Review Programme

Audit and Quality Improvement Projects

Registration

Inspection

Enforcement

Review

Engagement

Manage our Resources

KPI to be established

PROGRAMME OF WORK 2020/21	PROJECT START DATE	FIELDWORK (Data collection/data cleansing/PDSA cycles/ zoom on line events etc.)		REPORT FIRST DRAFT (Submitted to RQIA by)		QUALITY ASSUR- ANCE (Completed by)		REPORT SUBMITTED (Sign off and publication on RQIA website)	
Project Title	Date	Date Planned	Date Achieved	Date Planned	Date achieved	Date Planned	Date Received	Date Planned *	Est. Date to be Achieved
Process of care and outcomes for Oesophageal Squamous (and unspecified) patients and Oesophageal Adenocarcinoma patients in Northern Ireland diagnosed in 2017/18	Commenced: Oct 20	Oct 20 - Aug 21	Aug 21	Sep 21	Dec 21	Nov 21	Jan 22 - in progress	Nov 21	end Jan 22
Introduction of harm reduction resources for clinical staff in acute mental health settings	Commenced: Oct 20	Oct 20 - Aug 21	Aug 21	Sep 21	Jan 22	Nov 21	Jan 22 - in progress	Nov 21	end Jan 22
Development and implementation of Postpartum Contraception Service	Commenced: Oct 20	Oct 20 - Aug 21	Aug 21	Sep 21	Dec 21	Nov 21	Jan 22 - in progress	Nov 21	end Jan 22
The Pro-Vac Movement - a Quality Improvement & Educational Initiative	Commenced: Oct 20	Oct 20 - Aug 21	Aug 21	Sep 21	Sep 21	Nov 21	Nov 21 - completed	Nov 21	end Jan 22

* Extensions to delivery date were agreed to support staff with service delivery challenges. All reports now received and will be published in January 2022.

- The following four 2021/2023 quality improvement applications were successful: Patient engagement through the use of Digital Reminiscence Therapy (RITA); Rapid exome sequencing for unwell neonates; Streamlining Regional Urology Multidisciplinary Meetings (MDM); and Thyroid Eye Disease National Quality Improvement. Projects commenced in October 2021, with a completion date of March 2023.
- Reporting of the 2021/2023 projects will be included in the next Performance Activity Report.

Figure 28: Key Milestones achieved in the Audit and Quality Improvement (QI) Projects Programme

Complaints

Registration

Inspection

Enforcement

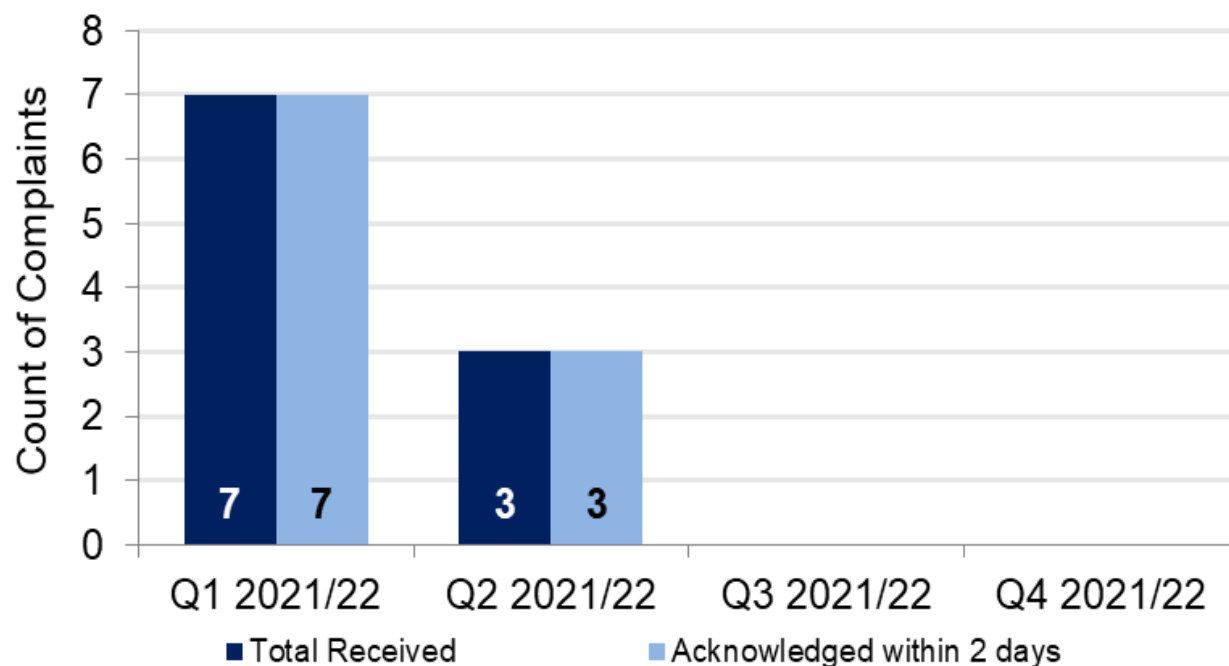
Review

Engagement

Manage our Resources

KPI: 90% of complaints acknowledged in writing within 2 working days' of complaint received

KPI: 90% of complaints completed response within 20 working days' of receipt, or updates provided to complainant at least every 20 working days' thereafter



Explanatory Note:

10 complaints about RQIA have been received since April 2021. 100% were acknowledged within 2 working days' of receipt.

During Quarter 3 (October - December 2021) no new complaints about RQIA were received.

Two complaints were carried over from Q2 - one has been responded to and closed in early November. The complainant was provided with regular updates from the Complaints Manager during this time.

One complaint remains ongoing, having been paused at the request of the complainant.

Action Plan:

The Complaints Manager will continue to ensure regular contact with complainants until resolution.

Figure 29: Complaints against RQIA Received, Acknowledged within 2 Days and Processed within 20 Days

Media Requests

Registration

Inspection

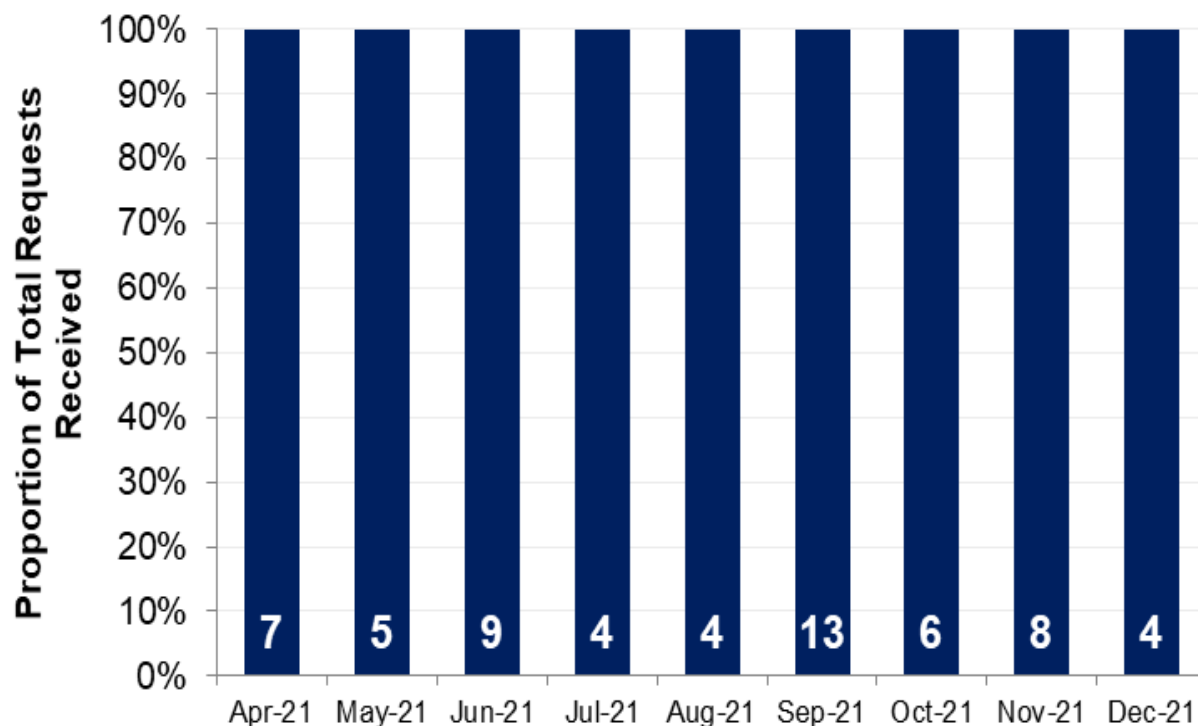
Enforcement

Review

Engagement

Manage our Resources

KPI: 90% of media requests responded to within deadline agreed with requestor



Explanatory Note:

Recent media attention has focused on a number of specific care services including Court Care Home which closed following RQIA enforcement action; Lakewood Regional Secure Children's Care Centre, Bangor; and two services operated by Kathryn Homes Ltd (City View NH and Glenabbey RCH); and Lakeview Hospital in the Western Trust area. RQIA also responded to queries in relation to the use of ECT in Northern Ireland; RQIA's Expert Review of Records of Deceased Patients of Dr Watt (2008-2018); and incidents of patient on patient assaults in care homes.

In early October, RQIA published its Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons, which generated considerable positive media coverage including an interview on UTV Live, and attracted much interest on social media.

100% of these 60 media requests throughout the year have been responded to within the KPI.

Action Plan:

The Communications Team will continue to work with requestors to ensure their deadlines are met.

Figure 30: Media requests Received and Responded to within Timescales agreed with Requestor

Freedom of Information / Subject Access Requests

Registration

Inspection

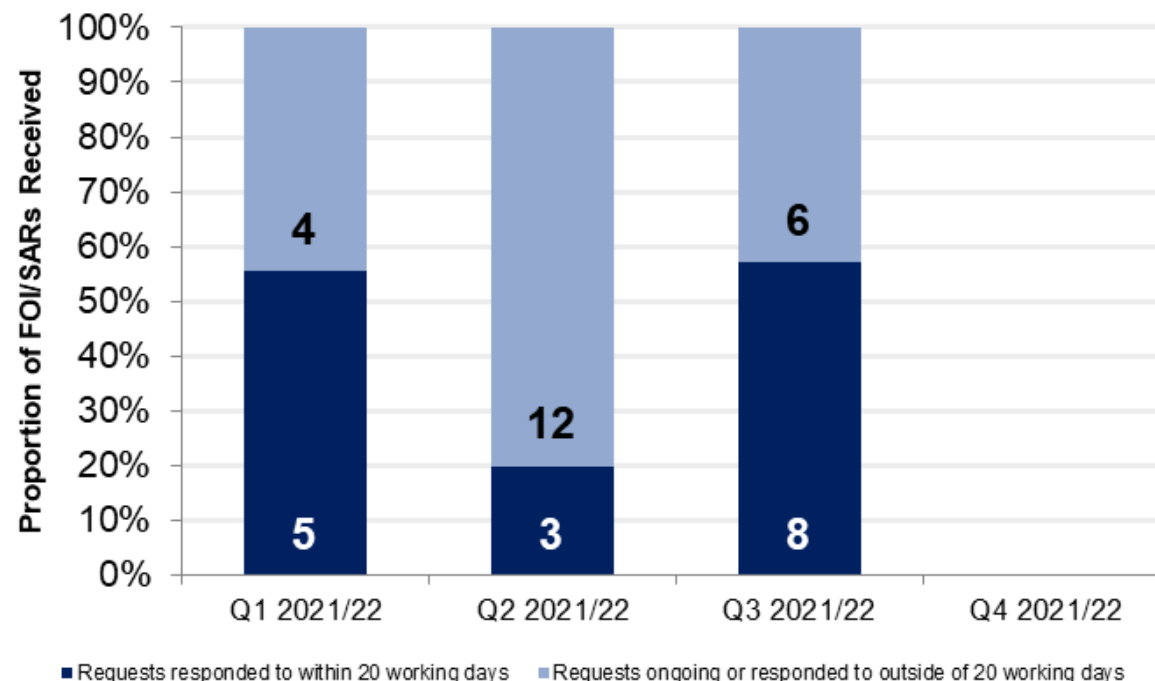
Enforcement

Review

Engagement

Manage our Resources

KPI: 100% of requests responded to within the statutory timeframe of 20 working days' from the point of a valid request being received



Explanatory Note:

During Quarters 1 - 3 of 2021/2022, RQIA received 38 Freedom of Information / Subject Access Requests.

Requests included queries about COVID-19 in care homes, the Deceased Patients Review and specific queries regarding individual care homes.

This KPI was not met due to the complexity of some requests, the sizeable volume of material being requested, and the limited capacity of senior managers across the Directorates.

Action Plan:

BSO, acting on RQIA's behalf, will continue to contact requestors to explain the reasons for any delays. Once the Office of the Chief Executive and Chair is established this will provide a central resource to be able to manage these requests.

Figure 31: Number of Freedom of Information and Subject Access Requests received

Workforce: Mandatory Training

Registration

Inspection

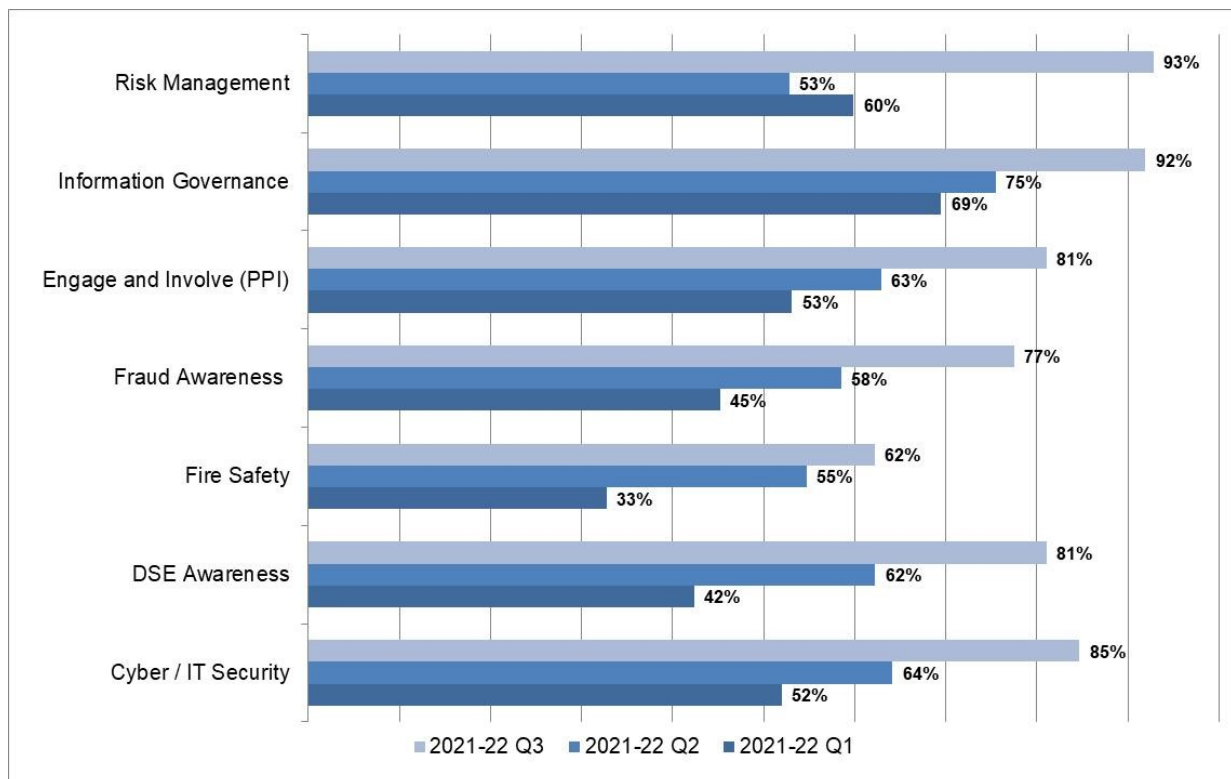
Enforcement

Review

Engagement

Manage our Resources

KPI: 95% of Mandatory Training Courses to be completed by RQIA Staff



Note: The percentage figure is based on permanent and temporary staff.

Figure 32: Percentage of staff with Up-to-date Mandatory Training on eLearning System

Explanatory Note:

Staff had been unable to complete all mandatory training as a result of the technical issues and then subsequent unavailability of courses on the eLearning Platform hosted by the HSC Leadership Centre, as the result of a fire.

With the exception of Risk Management Training, all courses had been reinstated by the end of Summer 2021. RQIA has now worked with the eLearning Team and developed a Risk Management Course in late December. Anomalies in the data were also identified and we have undertaken a data cleansing exercise to address these.

Action Plan:

Managers have been working with staff to complete training as much as possible, given the some staff are currently absent for various reasons.

Figures for each staff member are now reported to respective Directors so that full compliance is addressed as part of performance management.

Additional face-to-face training in Fire Safety took place during November/December and a mop-up session will be scheduled during Quarter 4.

Workforce: Appraisals / Vaccines

Registration

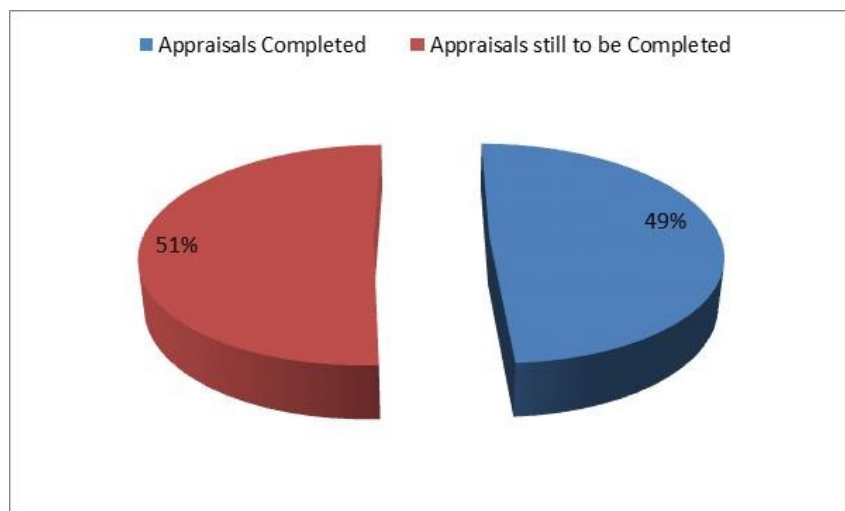
Inspection

Enforcement

Review

Engagement

Manage our Resources



Appraisals: Explanatory Note:

RQIA staff must have a robust appraisal by their line manager each year. To date in 2021/2022, 49% of staff able to have an appraisal, were appraised.

Action Plan:

Managers are working with those staff able to have an appraisal (ie: those not on career breaks, long term absence, etc) to have 2021/2022 appraisals completed.

Vaccine Uptake: Explanatory Note:

61% of RQIA staff have received the COVID-19 Booster Vaccine.
52% of RQIA staff have received the Flu Vaccine.

Action Plan:

Staff are encouraged to take up the Booster and Flu Vaccines by managers and through the regular Staff Bulletins and Team meetings.

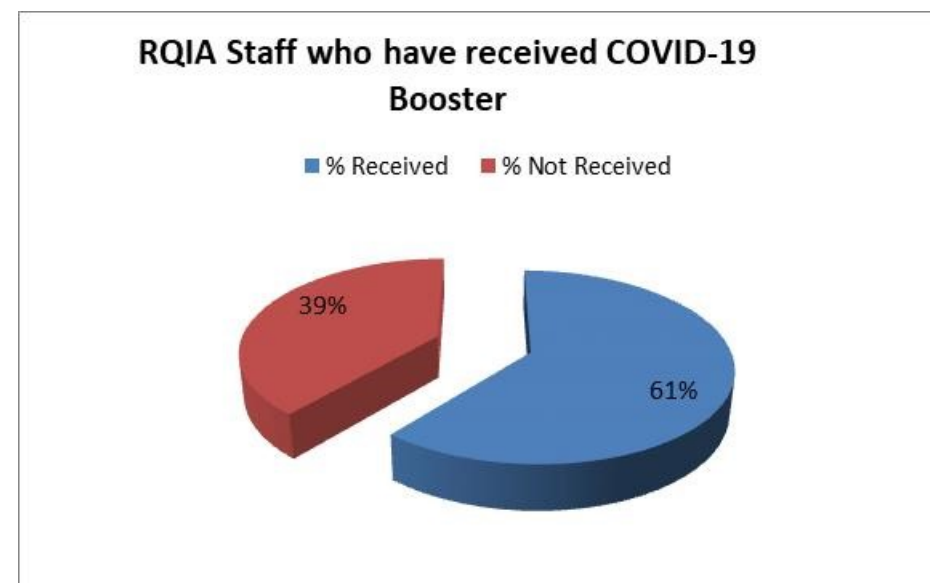


Figure 33: Percentage of RQIA Staff who have had an appraisal during 2020/2021 and Percentage of Staff who have received Vaccines

Workforce: Employee Absence

Registration

Inspection

Enforcement

Review

Engagement

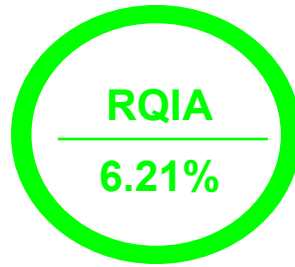
Manage our Resources

Absence target to be confirmed by DoH, currently set as 6.94%
RQIA is currently below the regional target at 6.21% at the end of November 2021



Mental Illness, incl
Stress

3,978 Hours



Acute Medical
Illness

4,282 Hours



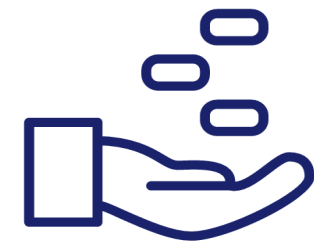
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Percentage Sickness Absence <i>Monthly</i>	4.73%	5.89%	6.81%	6.99%	4.21%	4.53%	5.21%	6.21%
Percentage Sickness Absence <i>Cumulative</i>	4.73%	5.29%	5.80%	6.10%	5.72%	5.51%	5.47%	5.57%

Explanatory Note:

Sickness absence was at its highest in July 2021, with a reduction to 6.21% in November 2021.

Action Plan:

Managers will continue to ensure regular contact with staff on long-term sickness absence, with appropriate referrals to occupational health and implementation of reasonable adjustments put in place. Options, such as Ill-Health Career Breaks, will be explored with staff, where appropriate.



£170k

Figure 34: RQIA Staff Sickness Absence

DISCUSSION PAPER: CONSIDERING OPTIONS

RQIA: Developing Professional Advisory Roles

INTRODUCTION

RQIA have developed its internal organisational management structure to create three Director roles, responsible for the planning, management and delivery of the core Regulatory functions: Adult Social Care; Mental Health, Learning Disability, Childrens and Prison Healthcare; and Hospital and Independent Hospital care, Review and Audit services. The 3 Director roles were recruited on the basis of skill, knowledge and leadership qualities and come from a number of professional backgrounds (currently Nursing and AHP). RQIA employ a number of professional staff as part of its workforce, including Social Work, Nursing , and AHP staff, as well as medical staff.

In terms of medical staff working in the Independent sector, RQIA Medical Director must also provide the Responsible Officer (RO) role for medical staff working independently/ private practice. The role of the responsible officer is to ensure processes are in place that provide a framework within which independent doctors are supported and required to maintain and improve their practice, appraisal and revalidation. This is a crucial role in improving and maintaining the quality and safety of patient care.

For other professionals working in RQIA there is a need to ensure registered Social Workers, Nurses and Midwives, and a range of other professionals (Dietitians, Physiotherapists, Speech and Language Therapists and Pharmacists) are supported to maintain their professional competence, registration and appraisal. While the 3 Directors have line management responsibility for all staff in their Directorate, there is a requirement for a senior officer suitably qualified in the identified professions (Social Work, Nursing/Midwifery, and AHP and associated services) to ensure professional guidance and development is provided.

Given the professional backgrounds of the 3 Directors do not provide the appropriate spread of professional registration required, a number of options are set out for securing the professional advisory roles required.

ROLE SUMMARY

(Job Descriptions would be specific for each of the individual roles)

- As a senior officer within the RQIA the Professional Adviser will work at a strategic level and provide professional leadership and expert advice, guidance and support to the Chief Executive and Executive Team to effectively support the professional workforce development needs and priorities of RQIA professional workforce
- As a senior officer the post holder will contribute to the setting and delivery of strategic priorities, and benchmarking (and aligning where appropriate) standards, skills frameworks, and qualifications to ensure that RQIA provides an excellent working and development environment to attract and retain competent professionals in the delivery of the functions of the Regulator
- Lead on the development and delivery of professional education and training
- Lead on professional advisory fora and groups that contribute to raising professional profile and support clinical leadership and personal development
- The post holder will have excellent knowledge of the social work/ social care sector , nursing/Midwifery professional issues, and for AHP and associated services. Post holder will have highly developed communication and networking skills and a proven ability to engage with a range of stakeholders including professional regulators, health and social care Commissioners and Providers and with service users.
- The post holder will work within the organisation's governance and accountability framework.
- A specific role description role is set out for the Medical Director/ Responsible Officer, the post holder required to both fulfil the above organisational role in addition to the RO role.

OPTIONS

Professional Advisory Roles – 3 Roles (estimate 4 to 6 days per month per post)

- **Social Work**
- **Nursing**
- **AHP (to include Pharmacy)**

OPTION 1	Secure professional advisors through HSC Leadership Centre <i>These may be secured on an annual or longer basis , and or refreshed or updated at agreed interval</i>
OPTION 2	Recruit posts through open competitive process on a permanent basis
OPTION 3	Recruit posts through open competitive process for a 3 year time limited period , option to extend for a further year and repeat recruitment
OPTION 4	Director(s) on Executive Management Team taking up advisory role where professionally qualified to do so <i>Where there are more than one Directors qualified , the advisor role can be secured on years of experience or on a rotational basis</i> Where the Directors do not hold the appropriate professional qualifications those roles can be filled via Option 1 or Option 2

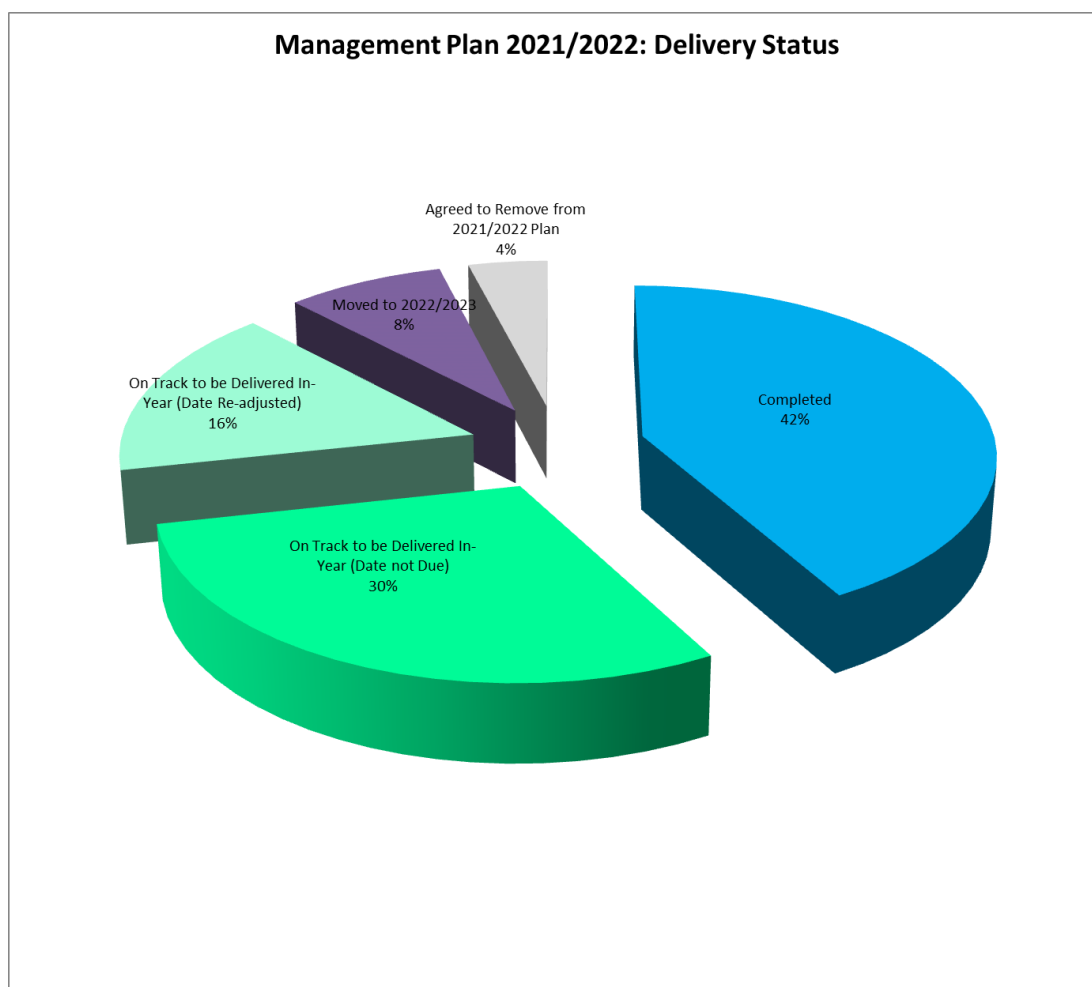
Medical Director / Responsible Officer – (estimated 8 days per month)

OPTION 1	Recruit post through open competitive process on a permanent basis
OPTION 2	Recruit posts through open competitive process for a 3 year time limited period , option to extend for a further year and repeat recruitment
OPTION 3	

Options to be considered.

RQIA MANAGEMENT PLAN 2021/2022: Progress at end of Quarter 3

- A review of the RQIA Management Plan 2021/2022 was undertaken following the mid-year point.
- 7 additional key deliverables, prioritised by the Authority Board, were added to the Plan, making a total of 74 Key Deliverables.
- At the end of December 2021, of the 74 Key Deliverables:
 - 42% (n=31) have been completed.
 - 46% (n=33) are on track to be delivered in-year (with 22 dates not due as yet and 12 dates re-adjusted in line with current situation).
 - 8% (n=6) will extend into next year and thus have been moved to 2022/2023 (*Review Programme Development; Information Governance Review Recommendations; Intelligence Monitoring Audit Recommendations; EDRMS Spec; Skill Mix Review; Resources for Inspections to Mental Health Wards*).
 - 4% (n=3) have been removed from the Plan as these were no longer required (*Appoint PPI Lead; Business Case for Website; Business Case for Handling Complaints*).



The table below illustrates the status of Key Deliverables aligned to each of the 14 Actions.

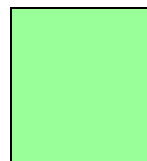
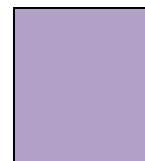
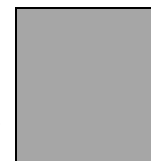
Appendix A provides a high level timeline, with updates in red text.

Action	No of Key Deliverables	Completed	On Track to be Delivered In-Year (Date not Due)	On Track to be Delivered In-Year (Date Re-adjusted)	Moved to 2022/2023	Agreed to Remove from 2021/2022 Plan	%
1 Registration	3	1	1	1	0	0	33
2 Assurance Framework	8	5	0	3	0	0	63
3 Inspection Schedules	13	1	12	0	0	0	8
4 Review and Audit Programmes	8	5	0	2	1	0	63
5 Mental Health and Learning Disability Review	4	1	2	0	1	0	25
6 Communications and Engagement	6	1	2	1	0	2	17
7 Partnership Working with Regulators	4	2	1	1	0	0	50
8 Staff Investment	6	3	0	2	1	0	50
9 Complaints Handling	3	1	1	0	0	1	33
10 Information Capability	3	1	0	1	1	0	33
11 Performance Management	2	1	0	1	0	0	50
12 Governance Framework	4	2	1	0	1	0	50
13 Internal Audit	3	1	1	0	1	0	33
14 Additional Actions Prioritised by Authority	7	6	1	0	0	0	86
Total	74	31	22	12	6	3	42

APPENDIX A: RQIA Management Plan 2021/2022: Monitoring Table

KEY:

Completed

On Track to be Delivered In-Year
(Includes Dates not Due and Dates Re-Adjusted)Moved to
2022/2023Agreed to
Remove
from
2021/2022
Plan

Key Deliverables		Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	
ACTION 1: REGISTRATION														
1.1	Relocate and integrate the Team into a Directorate.	◆												
1.2	Review systems and processes (large corporate organisations with multiple services and services where providers are not based in Northern Ireland. Meeting of members of ARAC to be planned to consider: date will extend into last quarter.											Adjusted (Nov)		
1.3	Implement areas for improvement and define resources. Modernisation Project underway; progress tracking improvement.											◆		
ACTION 2: ASSURANCE FRAMEWORK														
2.1	QUB rapid review of the draft Assurance Framework	◆												
2.2	Design an Engagement Plan to develop new Assurance Framework. Simplification of Framework required to support effective engagement. Engaging Leadership Centre Associate to facilitate the subsequent engagement – commencing mid-January 2022.											Adjusted (Sep)		
2.3	Design effective methods of engaging service users.	◆												
2.4	Test and Evaluate lay assessors within inspection activity. <ul style="list-style-type: none">Pilot being planned with involvement of Patient Client Council.Involvement of current Lay AssessorsPilot within Agencies team											Adjusted (Sep)		
2.5	Evaluate RADaR and consider how data analytics can be used to identify risk and improve inspection methodology.	◆												
2.6	Commission mapping exercise to link regulation framework to Human Rights Act (1998). University of Bristol developing and delivering Human Rights Training, linked directly to work of inspectors in regulatory role via mapping.											Adjusted (Aug)		
2.7	Develop and deliver a training and induction programme.	◆												
2.8	Test new report formats.	◆												
ACTION 3: INSPECTION SCHEDULING														
3.1a	Care Home Sector Inspections	Details in PAR Report										◆		
3.1b	General dental practice Inspections	Details in PAR Report										◆		
3.1c	Domiciliary and day care services (dependent upon full re-opening post-pandemic).	Details in PAR Report										◆		
3.1d	Nursing agencies and adult placement agencies	Details in PAR Report										◆		
3.1e	Children’s care homes, Family centres, Child and Adolescent Mental Health Services (CAMHs) and Adoption agencies	Details in PAR Report										◆		
3.1f	CAMHs hospital wards, Boarding schools, 16+ projects, Fostering agencies and Social work teams within the five HSC trusts	Details in PAR Report										◆		
3.1g	Independent medical agencies.	Details in PAR Report										◆		
3.1h	Independent hospitals and independent clinics.	Details in PAR Report										◆		
3.1i	10 inspections under IR(ME)R	Details in PAR Report										◆		
3.2	Phase 3 of the Hospital Inspection Programme (HIP) in relation to Outpatients and complete a validation of self-assessments of Augmented Care as completed in Phase 2 HIP. Engage with policy leads in DoH to define the future model of assurance for HSC services under the 2003 Order.											◆		

Key Deliverables		Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
	Awaiting response from Sponsor Branch in relation to HIP Phase 3 as COVID inspections completed in place of these. Engagement commenced regarding future of HIP programme. Validation of Augmented Care self-assessment and inspection spot checks completed.												
3.3	Programme of inspections within the Nosocomial Support Cell, as part of the Regional Covid-19 Pandemic Response.			◆									
3.4	MHLD Wards in each HSC Trust. Final inpatient acute Mental Health Unit being inspected December 2021.												◆
3.5	QI Project - out-of-hours inspections in care homes. Assessment of out of hour's inspections completed. Will feature in Stock Take re 'Home Truths' report and RQIA workforce review.									◆			

ACTION 4: REVIEW AND AUDIT PROGRAMMES

4.1	Engage DoH and Stakeholders in develop Review Programme for next and subsequent years. MOVED TO 2022/2023: Engagement commenced late November 2021 but Authority Board discussion determined best to not complete this during the high pressure period this winter – start January/February and extend into April 2022.					◆							
4.2	Identify a small number of specific rapid review areas – Follow up Governance in Independent Hospitals and Choking SAls		◆										
4.3	Deliver a collaborative funding call in partnership with HSCQI to supporting existing clinical networks and regional collaboratives to co-operate regionally to identify QI Projects regional audits within the HSC.			◆									
4.4	Publish the Review of General Practice (GP) Out of Hours Services.	◆											
4.5	Publish the Review of Serious Adverse Incidents. - Has been delayed due to need to await factual accuracy checks back from DoH. Due to be published final quarter.			◆									Adjusted (Jun)
4.6	Publish the Review of Governance Arrangements in Independent Hospitals and Hospices.			◆									
4.7	Complete Phase II of the Review of Deceased Patients' Records (DPR) and report to the Department of Health to include options for the delivery of subsequent phases. This has been subject to completion of Family Liaison and other aspects of clarification - Will complete before year end - DoH considering next stage/ options.												Adjusted (Jun)
4.8	Complete the Review of Vulnerable Prisoners.			◆									

ACTION 5: MHL D FUNCTIONS

5.1	New system for holding over £20k finances. Submitting a business case to the Department of Health. Business case for implementation lead was submitted and approved in principal. Clarity on the role and function of RQIA has been sought and provided by DoH and is being considered by DLS legal team. Internal staff member from RQIA to take on the role of implementation lead over coming months and will support the building of a team to deliver said functions.												◆
5.2	Mental health detention forms. Identify resources required and submit a business case. As below. To be included in overarching business case for workforce strategy and Business case.							◆					
5.3	Define resources for statutory number of inspections to MH Wards. Business case. MOVED TO 2022/2023: Do not have skills/ expertise/ capacity to complete this work. Have submitted a Business Case to DoH to enable RQIA to engage external Consultants in year to do Workforce Strategy and Business Case - Dependent on potential for external Management Consultant capacity / expertise – Business Case submitted to DoH for approval to engage						◆						
5.4	Develop options for a system for reporting on DoLS and Nominated Persons Notifications to RQIA. As per 5.1 above.												◆

ACTION 6: COMMUNICATIONS AND ENGAGEMENT STRATEGY

6.1	Complete a stakeholder mapping exercise and produce a report.		◆										
6.2	Appoint an Engagement Manager with responsibility for engagement and personal public involvement (PPI). REMOVED: Authority have agreed to pause this – prioritising Office of Chief Executive and Chair role					◆							
6.3	Develop co-produced Strategy.												Adjusted

Key Deliverables		Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
	First meeting of the Comms and Engagement Collaborative – with Stakeholders took place on 30 September 2021. Procurement at present via PaLS for expert external support – should allow for co-produced Strategy over January to March 2022.												(Aug)
6.4	Business Case for the upgrade or replacement of RQIA's website. REMOVED: Commissioned this via existing web site Company in first instance for young people with involvement of NICCY – a business case is not required.						◆						
6.5	Dependent upon approval of business case and funding being secured, redesign RQIA's website. Will be achieved in part – young people access to website redesigned – completing this within our existing resources.												◆
6.6	Increase RQIA generated social media content. Social media presence increased and reported to Authority Board on a weekly basis.												◆

ACTION 7: PARTNERSHIP WORKING

7.1	Provide a formal update to RQIA's Board, illustrating specific examples of partnership working with other regulators on co-ordinated responses to system concerns. CEx gave update on 'business diary' during September 2021 at October Authority Board meeting. RQIA co-delivered a training event on Mental Capacity Act. RQIA co-joined GMC and other regulators at UUP Conference mid October 2021			◆									
7.2	Update MOU's with identified professional and system regulators. Most are completed. CJINI MOUN is being resolved. Expected by year end.												Adjusted (Jun)
7.3	Bring forward plans to better align regulatory and improvement activity with NISCC.						◆						
7.4	Collaborate with Northern Ireland and national professional regulators on development of a new emerging concerns model. Being taken forward via Joint Regulators Forum – RQIA involved.												◆

ACTION 8: INVEST IN STAFF

8.1	Establish a Health, Safety and Wellbeing Group.		◆										
8.2	Complete the review of skill mix. Paused until after restructuring. MOVED TO 2022/2023				◆								
8.3	Realign our resources - organisational restructuring. Progress is made with 3 Directors appointed. Re-engagement has started to realign the admin and teams, and discuss proposals for Business and Corporate services												Adjusted (Jun)
8.4	Implement the Organisational Development Action Plan, to support liP Re-accreditation.						◆						
8.5	Secure liP Re-accreditation in 2021, with an increased level of award.								◆				
8.6	Complete interim move to temporary accommodation in June 2021 and progress the RQIA Accommodation Project for James House. Move to Victoria House completed in June 2021. Second move to James House on track.												◆

ACTION 9: COMPLAINTS HANDLING (ABOUT RQIA and ABOUT REGULATED ESTABLISHMENTS)

9.1	Complaints about RQIA: Policy for Vexatious Contacts; Training; Information and Communication					◆							
9.2	CPEA Complaints Report 2020/2021: Work in Transition Plan 2020/2021; Systems and processes for oversight of complaints handling and analysis in regulated establishments and ensure inspectors utilise complaints, concerns and intelligence effectively. The transition plan working group standardised RQIA's process for review of complaints across the organisation. Whilst variance to process was required due to different legislation all teams are now working to an agreed process of complaints review, follow up, intelligence gathering and utilisation on an ongoing basis.												◆
9.3	Develop a business case to implement the revised systems and processes in 9.2. REMOVED: A business case is not required. We are undertaking a significant review of resources/ spend/ slippage to determine further opportunity to fund internal						◆						

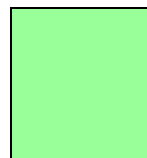
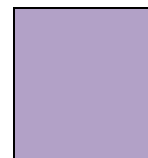
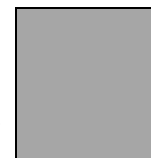
ACTION 10: INFORMATION CAPABILITY

10.1	Future structure for Information Team. Will be completed as part of Phase 2 of Restructuring.												Adjusted (Jun)
10.2	Business Case for upgrade of iConnect			◆									

Key Deliverables		Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
10.3	Requirements specification for an EDRMS. MOVED TO 2022/2023: Part of Digital Strategy and associated need for Business Case - Dependent on potential for external Management Consultant capacity / expertise												
ACTION 11: PERFORMANCE MANAGEMENT FRAMEWORK													
11.1	Continue to refine our Performance Activity Report (PAR), with quality indicators.												
11.2	Commence work to identify select indicators/ outcome measures to demonstrate how our work impacts on the quality of services we regulate and review. Work has commenced – will be presented at future Authority Board Workshop.												Adjusted (Dec)
ACTION 12: GOVERNANCE FRAMEWORK													
12.1	Review our Governance Framework to ensure it is fit for purpose												
12.2	Evaluate our new financial systems and reporting for efficacy, ensuring zero based budgeting is implemented and aligned to programmes of delivery.												
12.3	Implement the recommendations of the Information Governance Review completed in Quarter 4 of 2020/2021. MOVED TO 2022/2023: Report on progress given at ARAC.												
12.4	Support BSO to evaluate the level of effectiveness of the services provided under the Service Level Agreement for Shared Services with BSO. Ongoing process- improvements achieved so far include full time Accountant now present on site 2 days per week and review of HR capacity available to us being considered by BSO - Ongoing – some positive outcomes achieved.												
ACTION 13: INTERNAL AUDIT													
13.1	2020/2021 Audit: Intelligence Monitoring: 9 actions implemented, 5 partially. MOVED TO 2022/2023												
13.2	2020/2021 Audit: Recruitment and Absence Management. 8 of 9 recommendations fully implemented and 1 partially implemented - On track to be achieved and will be confirmed by Internal Audit at End Year Follow Up.												Adjusted (Nov)
13.3	Agree and participate in a robust Internal Audit Programme for 2021/2022												
ACTION 14: ADDITIONAL ACTIONS PRIORITISED BY AUTHORITY BOARD													
14.1	Respond to public Consultation on Duty of Candour (submitted end August 2021)												
14.2	Develop and implement an Action Plan relating to Nicholl Report and Governance Overview												
14.3	Establish a Team, prepare for and respond to the Muckamore Public Inquiry												
14.4	Establish a Team to investigate a whistleblowing allegation in HSC Trust												
14.5	Workforce – refresh and expand our bank staff pool and create additional flexible capacity.												
14.6	Workforce – develop and implement a bespoke wellbeing programme for RQIA staff.												
14.7	Workforce – develop / engage on a Recognition and Appreciation Strategy. Briefing Paper considered by Authority Board; Associate Support and HR support secured; Staff engagement via focus groups planned in January / February 2022.												

KEY:

Completed

On Track to be Delivered In-Year
(Dates not Due and Dates Re-Adjusted)Moved to
2022/2023Agreed to
Remove
from
2021/2022
Plan



Proposal to Restructure the Regulation and Quality Improvement Authority

Further Engagement

12 January 2022

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1.0 Introduction and Background

This paper has been drafted by RQIA and BSO Human Resources as a response to the further engagement exercise with staff, Authority Members and Trade Union colleagues following the Stage I of the proposed restructuring of the Regulation and Quality Improvement Authority (RQIA).

Engagement with staff and Trade Unions has taken place and this paper is part of the continuing process of engagement and consultation in line with the RQIA's values of openness and honesty.

It follows on from the full consultation and engagement process which took place from May 2021 to August 2021. This was formalised in the paper ***“Proposal to Restructure the Regulation and Quality Improvement Authority: Management Response: 26 August 2021”***, sent to all RQIA staff by Briege Donaghy, Chief Executive, on 2 September 2021.

It was agreed that the next stage (Stage II) would commence upon appointment of the new Directors. Two Directors took up position in December 2021 and the third Director (Director of Adult Care Services) in January 2022.

Further engagement with staff, organisation-wide, at team and individual levels has now taken place. This has provided an opportunity for questions, clarification, suggestions and a general update. This engagement closed on 5 January 2022.

Further Engagement Timeline

- Meeting with Authority Board on 4 November 2021;
- Meeting with Staff Side on 1 December 2021;
- Engagement Sessions from 6 December 2021 to 5 January 2022;
- Communications via the RQIA Staff Briefings and at Directorate and Team meetings; and
- Follow-up email inviting any further suggestions, comments to Mr Francis Rice - by 5 January 2022.

During the engagement period, managers were asked to share information with any staff on long-term sickness absence, those on maternity leave, or absent from work for other reasons. Those staff on secondment were contacted directly.

Alternatively, staff were able to request a 1-2-1 engagement session.

Staff were also invited to submit a written response to Francis Rice or Human Resources in the Business Services Organisation (BSO).

The engagement sessions were hosted by Francis Rice, Professional Advisor (Nursing), RQIA and Gerard O’Kane, HR Manager BSO, on behalf of RQIA, and the relevant Director / Head of Service was in attendance.

SESSION	DATE	NUMBERS ATTENDED
Organisation-wide Session	Monday 6 December 2021	3
Information Team	Monday 6 December 2021	4
Registration Team	Monday 6 December 2021	6
Personal Assistants and Facilities Teams	Monday 6 December 2021	2
Admin Team: Currently aligned to Assurance Directorate	Monday 13 December 2021	7
Admin Team: Currently aligned to Improvement Directorate and Children's Team	Monday 13 December 2021	2

Individual sessions were held on Monday 13 December 2021 and Tuesday 4 January 2022. Two staff took the opportunity to engage in these and their comments are included.

By the end of the engagement period, no written responses had been received from staff.

It should be noted that there were no formal responses from any of the recognised Trade Unions.

2.0 Key Themes / Questions / Suggestions Raised During the Engagement Process

It has been agreed to retain the confidentiality of all attendees and therefore queries, suggestions, etc have been noted as key themes.

2.1 Organisation-Wide Session

- Attendees welcomed that consideration had been given to ensure corporate functions were placed centrally, thus being able to provide a vital resource across the whole organisation. This will be examined in Phase 2 to ensure the corporate and business functions are resourced adequately.
- Attendees generally welcomed simplification of job titles, ie: Deputy and Assistant Director will be known as Assistant Director.
- Clarification was sought on whether there would be at least two Assistant Directors aligned to each Directorate. This was confirmed.
- Clarification was sought on the timelines for implementation. Implementation of Stage II will take place in three phases, Phase 1 by the end of March 2022, dependent upon Directors agreement of sub-structures and consideration of any human resource issues at the time.

2.2 Information Team

- Attendees welcomed that the Team was to be retained as a central and corporate function.
- Attendees welcomed the extended timeline for engagement and implementation of the restructuring.

Several topics were discussed:

- Systems Management;
- ICT Responsibilities, including ICT Assets, Software Assets, relationship with ITS;

- Role of the Senior Information Risk Owner (SIRO) and where it sits in the organisation;
 - Digital Strategy for the organisation;
 - Development of Information / ICT-related Business Cases;
 - Professional Career Paths within RQIA;
 - Information Governance role in RQIA; and
 - Interface and support to other Directorates.
- As part of this restructuring, a development day will be arranged to examine the current structures, roles and functionality within the Information Team to meet the needs of the organisation. This will be included in Phase 2.

2.3 Registration Team

- Attendees welcomed that the Team was to be retained as a central and corporate function.
- Attendees welcomed the ongoing work to ensure the Team is adequately resourced and the recognition that the Team plays a vital role in the organisation.
- As part of this restructuring, a development day will be arranged to examine the current structures, roles and functionality within the Registration Team to meet the needs of the organisation. This will be included in Phase 2.

2.4 Personal Assistants (PA's) and Facilities Teams

- Two PA's, who were unable to attend the session on Monday 6 December 2021, requested a further session, which was arranged and attended by one PA.
- There was a recognition that the Personal Assistant function would be directly aligned to each Directorate.

2.5 Administrative Teams aligned to the Current Assurance Directorate

Several topics were discussed:

- **Line Management** for Administrative Staff - Directors have agreed to meet with Business Support Officers to determine line management and reporting structures from Admin to Director. In the case of specific projects, administrative support and management arrangements will be considered as part of the project structures.
- Importance of **effective Cross-Directorate Working**, including communication mechanisms. As part of this restructuring, an RQIA Administrative Forum, with mandatory attendance for Administrative Managers, will be established in order to:
 - Ensure communication is effective and timely across all Admin Teams;
 - Share learning and good practice across Admin Teams;
 - Identify issues and concerns in relation to effective working;
 - Provide support and assistance to ensure resources are utilised and deployed effectively across the organisation; and
 - Consider arrangements for chairing the Forum.

- **Management of Freedom of Information Requests (FOI's)** and where this sits within the organisation. In relation to FOI's, this will be a function and responsibility within the Office of the Chief Executive and Chair, with appropriate reporting arrangements. A Senior Manager's post is currently under review for recruitment which will lead the Office of the Chief Executive and Chair.

2.6 Administrative Teams aligned to the Current Improvement Directorate

Several topics were discussed:

- **Importance of effective Directorate Working and the opportunity to get more involved with the business of the Directorate** - Directors have agreed to meet with Business Support Officers to determine line management and reporting structures from Admin to Director and Directors indicated a recognition of the need to examine the scope of the Band 5 Business Support Officer function, as a pivotal role in each Directorate. In the case of specific projects, administrative support and management arrangements will be considered as part of the project structures.
- Importance of **effective Cross-Directorate Working**, including communication mechanisms. As part of this restructuring, an RQIA Administrative Forum, with mandatory attendance for Administrative Managers, will be established in order to:
 - Ensure communication is effective and timely across all Admin Teams;
 - Share learning and good practice across Admin Teams;
 - Identify issues and concerns in relation to effective working;
 - Provide support and assistance to ensure resources are utilised and deployed effectively across the organisation; and
 - Consider arrangements for chairing the Forum.

At a separate engagement with a Senior Inspector, a general comment was made in relation to ensuring the Administrative Teams are recruited to on a permanent basis. It was also recognised that the organisation has endeavoured to do this, however, given the current workforce challenges in general, it has not been possible to fill all posts on a permanent basis at this time. RQIA will continue to pursue this.

Overall, general comments were made in relation to:

- Welcoming a structure which is properly resourced and focused, meeting the needs of the organisation, while supporting staff;
- Provision of opportunities for personal and professional development / career paths, etc through the staff appraisal process;
- Mechanisms to ensure communication is effective within and across teams; and
- Cross-Directorate Working.

3.0 Next Steps

Stage II of the restructuring will be taken forward in three phases:

Phase 1: Realignment of Existing Resources to the newly established Directorates (End of March 2022)

This will include:

- Addressing any shortfalls which may require modest investment, to ensure all Directorates have sufficient levels, particularly at Personal Assistant and Admin levels;
- Any displaced staff to be redeployed to a permanent position, utilising a management of change process;
- Realignment of budgets and positions in the OM structures under HRPTS; and
- Ensuring staff on secondment are offered an appropriate position within the organisation.

Appendix A outlines the high level structures.

Teams which will be realigned during Phase 1:

TEAM	REALIGNED FROM	TO	DATE
Pharmacy Team	Children's Team	Agencies Team	Now in place
Estates Team	Children's Team	Agencies Team	Now in place
Finance Inspector	Children's Team	Agencies Team	Now in place
Children's Team	Assurance Directorate	MHLD / Childrens Directorate	By 31 March 2021
MHLD Team	Improvement Directorate	MHLD / Childrens Directorate	By 31 March 2021
Admin Teams: Currently aligned to Assurance Directorate	Business Support Unit	Adult Care Services Directorate	By 31 March 2021
Admin Teams: Currently aligned to Improvement Directorate and Children's Team	Business Support Unit	Hospitals, IHC, Reviews and Quality Improvement Directorate AND MHLD / Childrens Directorate	By 31 March 2021
Personal Assistants	Business Support Unit	Each Directorate	By 31 March 2021

Those staff who are potentially displaced are:

1. Band 8b: Assistant Director, previous substantive post in Assurance Directorate
2. Band 8b: Deputy Director, previous substantive post in Assurance Directorate

Vacancies at Band 8b Assistant Director Level are:

1. MHLD, Children's Services and Prison Healthcare Directorate – 1 x Band 8b Vacancy at Assistant Director level (MHLD Team)
2. Adult Care Services Directorate - 1 x Band 8b Vacancy at Assistant Director level (Care Homes Teams)
3. Hospitals, Independent Healthcare, Reviews and Quality Improvement Directorate – 1 x Band 8b Vacancy at Assistant Director level

Phase 2: Meeting the Development Needs in all Divisions

This will include:

- Examination of existing workforce and identification of gaps;
- Identification of proposals and, where appropriate, any additional human resources required over the next 3-5 years;
- Submission of proposed workforce development needs for Workforce Review for:
 - Business Services and Corporate Functions and
 - Operational Directorates

Phase 3: Aligning Resource Availability to Organisational Development Needs

This will include:

- Financial Analysis;
- Income Generation; and
- Potential for any Business Cases required.

4.0 Implementation and Governance Arrangements

Implementation will be taken forward by the establishment of a **Workforce and an Organisational Development (OD) Group**, chaired by the Chief Executive.

The Workforce and OD Group will oversee work on:

- Workforce Review;
- Bank Staff; and
- Induction Arrangements and Processes.

The above work is being supported by Associates from the HSC Leadership Centre.

The Workforce and OD Group will report to the Executive Management Team (EMT), and to the Authority Board through the Business, Appointments and Remuneration Committee (BARC).

Appendix A: High Level Structures

Directorate of Adult Care Services

Director

Personal Assistant

Service Improvement Officer

Assistant Director
Agencies / Specialist

Assistant Director
Care Homes (Currently filled on a temporary basis)

Senior Insp

Senior Insp

Senior Insp

Senior Insp

Senior Insp

Senior Insp

Agencies
Team

Pharmacy /
Finance Team

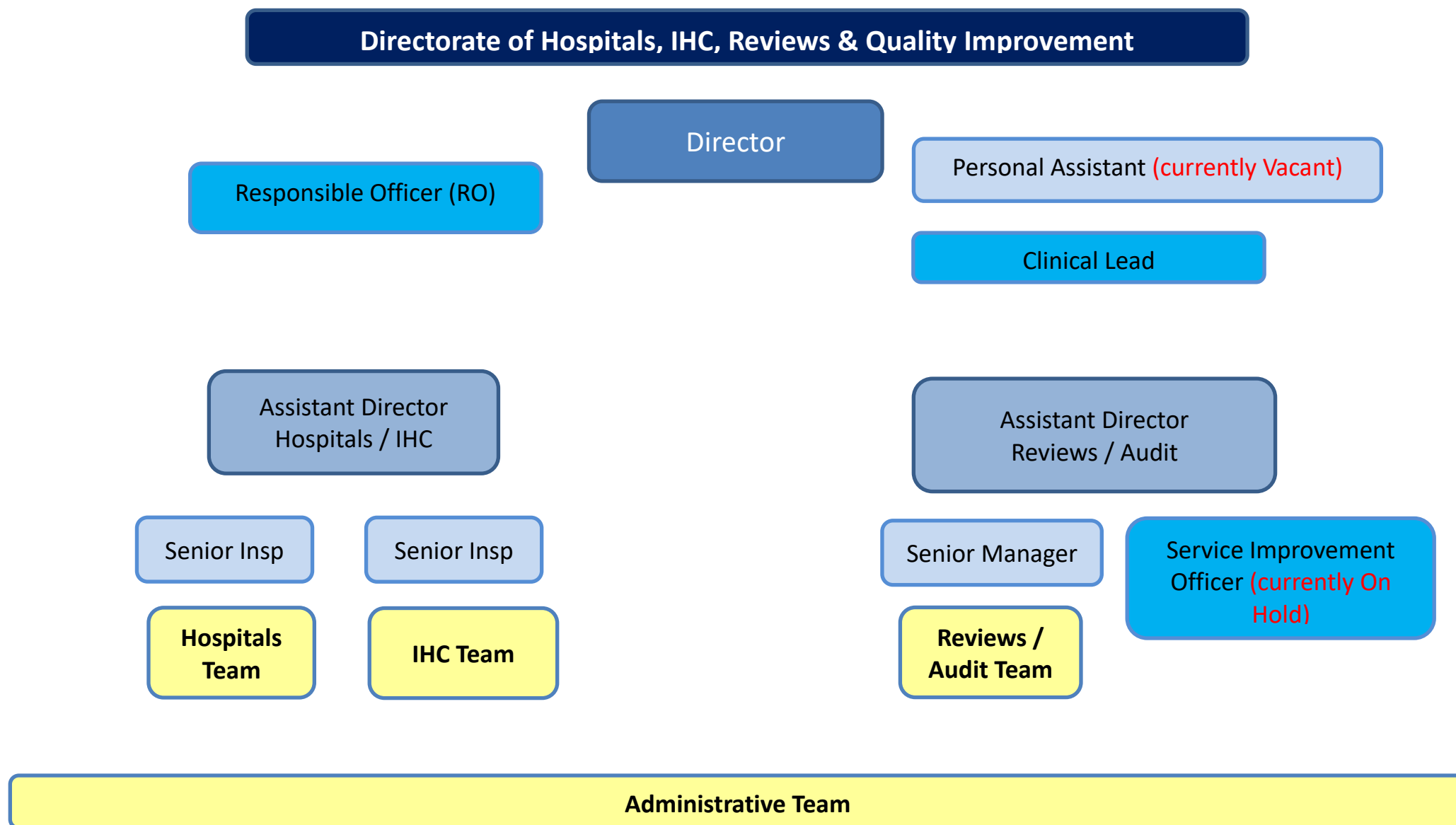
Estates
Team

Care Homes
Team # 1

Care Homes
Team # 2

Care Homes
Team # 3

Administrative Team



Note: Two Assistant Director Posts in new structure. One permanent Assistant Director aligned to Directorate currently.

Directorate of MHL, Children's and Prison Healthcare

Sessional Consultant

Sessional Consultant

Sessional Consultant

Sessional Consultant

Director

Personal Assistant (New Post)

Service Improvement Officer
(New Post)

Assistant Director
Childrens

Assistant Director
MHL (Currently filled on a temporary
basis)

Senior Insp

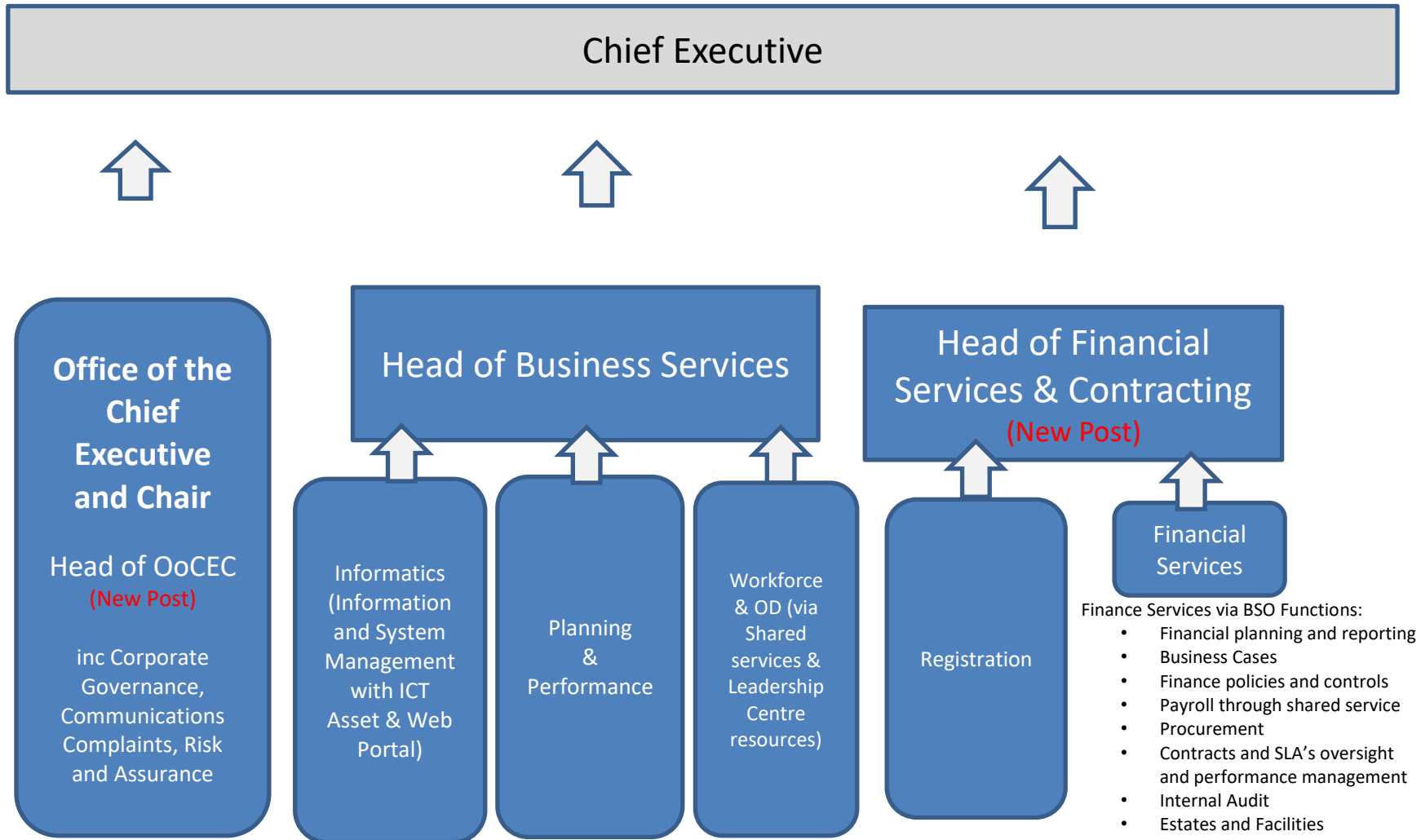
Childrens
Team

Senior Insp

MHL Team

Administrative Team

Corporate Functions



RQIA Authority Board Meeting

Date of Meeting	3 February 2022
Title of Paper	Authority Committee Update Audit and Risk Assurance Committee (ARAC)
Agenda Item	9
Reference	I/02/22
Author	Office of the Chief Executive and Chair Business Support Unit
Presented by	Committee Chair, Audit and Risk Assurance Committee (ARAC)
Purpose	To provide Authority Members with an update on the ARAC meeting of 10 December 2021 and the meeting of 20 January 2022 and associated papers.
Executive Summary	The following papers were presented and discussed in detail at the ARAC meeting of 20 January 2022 and are being presented to the Authority Board for Noting / Approval: <ul style="list-style-type: none"> • Minutes of Meeting: 10 December 2021 • Finance Report (Month 8) • Principal Risk Document (PRD) • External Audit Strategy
FOI Exemptions Applied	Not applicable
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	The Board is asked to NOTE and APPROVE the update and associated papers.
Next steps	

MINUTES

RQIA Audit and Risk Assurance Committee: Extraordinary Meeting

Friday 10 December 2021

Virtual Meeting, via Zoom, 12.00pm

Present

Neil Bodger (NB) (Chair)
Bronagh Scott (BS), Committee
Member
Prof. Stuart Elborn CBE (SE),
Committee Member

In attendance

Briege Donaghy, (BD), Chief Executive
Jacqui Murphy (JM), Acting Head of Business
Support Unit
Insa Osterhus (IO), Acting Information and
Intelligence Manager

Apologies

There were no apologies.

1.0 Agenda Item 1 - Welcome and Apologies

- 1.1 The meeting commenced at 12.04pm
- 1.2 The Chair welcomed all members and officers to the Extraordinary meeting of the Audit and Risk Assurance Committee. The Chair welcomed Insa Osterhus, Acting Information and Intelligence Manager to the meeting.
- 1.3 There were no apologies.

2.0 Agenda Item 2 - Declaration of Interests

- 2.1 The Chair 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 Agenda Item 3 – Business Case

- 3.1 The Chief Executive introduced this item, outlining the need for the Business Case being presented.
- 3.2 She explained that RQIA's electronic information system (iConnect) which enables the effective discharge of the organisation's functions in respect of registration and regulation and, more recently has provided data and information from over 480 care homes to assist with the regional response to the Coronavirus Pandemic, is operating on a non-supported software platform (MS CRM software 2011) and will require upgrading as soon as possible.
- 3.3 BD went on to advise that a Business Case was necessary to provide justification for this investment and to secure the capital funding required and the Business Case outlined the:

- Rationale for this critical upgrade to:
 - Ensure the System is secure from cyber security attack;
 - Provide a sustainable ICT solution that supports the operational needs of RQIA; and
 - Modernise the System, improving accessibility, enhancing the exchange of information across the HSC (particularly in relation to COVID-19), helping to ensure compatibility with up-to-date technology.
- Justification in terms of the:
 - Need for change; and
 - Economic, commercial, finances and management cases.
- Benefits to be realised.
- Project approach, infrastructure and reporting arrangements.

The Business Case is in line with the action in the RQIA Management Plan 2021/2022 and RQIA's Sponsor Branch has been informed of the project. RQIA has also been working closely with Digital Healthcare Northern Ireland (DHONI), on behalf of the Department of Health, to ensure a comprehensive Business Case.

- 3.4 JM further advised of the objectives, namely: to ensure potential vulnerability from a cyber security attack is mitigated as far as possible; to provide a sustainable ICT solution which meets the operational needs of the organisation; to ensure RQIA is better prepared to modernise its digital environment, remaining compatible with current ICT technology; and to maximise the use of technology within the System to facilitate the exchange of information with stakeholders.
- 3.5 JM also informed Committee Members of the options which had been considered, that is: the “do nothing” – business as usual baseline; the do minimum - upgrade to recent version (MS CRM 2016) in support on premise; upgrade to most recent version on premise (MS CRM Dynamics 365 v9 on premise); upgrade on Cloud; and a new system. Having reviewed all shortlisted options against the spending objectives, costs, benefits (monetary and non-monetary) and the risks, the preferred option was noted as Option 3 to upgrade the CRM software to the most recent version of MS Dynamics 365 v9 on premise.
- 3.6 BS advised that, given the urgency and critical nature of this upgrade as described in the Business Case and further outlined by BD and JM, she proposed that the Committee Members support this.
- 3.7 SE asked about the potential of moving to the Cloud and BSO ITS' future stance in respect of this. He felt that this could help facilitate interoperability of the system. All agreed that it is important to keep pace with technology and the 3 year lifetime of this Business Case was prudent, considering the rapid moving pace of technology, particularly with the renewed direction that the COVID-19 situation had brought. SE felt that RQIA should ensure its thoughts in relation to moving to cloud-based functionality with regard to future proofing was advised to BSO ITS.

- 3.8 BD explained that, alongside this upgrade, RQIA will be developing a Digital Strategy, which will include the future of the iConnect System in the next 3-5 years.
- 3.9 NB asked about any contracts which needed to be put in place and the monitoring / management of these. Staff advised that the majority of the Business Case was regarding software and licencing costs which would be procured under the HSC Technology Framework Agreement (TFA) already in place with Capita/Trustmarque and through BSO ITS. The upgrade work would be taken forward by the current supplier, Sysco Software Solutions, as an extension to the contract already in place and through the DAC, which had previously been approved at the Authority Board meeting of 2 December 2021 (see item 4 of this meeting).
- 3.10 NB asked about costs and how these had been obtained. IO advised that estimated costs had been supplied from a range of sources, to include BSO ITS, Sysco and Capita / Trustmarque and all are indicative based upon the current understanding of the overall project requirement. It was agreed to ensure that the permitted variation percentage should be included.

NB also asked for an explanation of NPV and NPC terms and requested a member of BSO Finance attend the Authority Board meeting on 16 December 2021 to explain this. BD agreed to apprise NB of the permitted variation percentage and the explanation of NPV (Net Present Value) and NPC (Net Present Cost) terms to enable presentation of the Business Case to the Authority Board meeting on 16 December 2021.

- 3.11 **Resolved Action (450)**
BD to apprise NB of the permitted variation percentage and the explanation of NPV and NPC prior to presentation of the Business Case to the Authority Board meeting on 16 December 2021.
- 3.12 Committee Members **APPROVED** the iConnect Upgrade Business Case, for presentation to the Authority Board meeting on Thursday 16 December 2021.

4.0 Agenda Item 4 – Direct Award Contract

- 4.1 The Chief Executive introduced this item, reminding Committee Members that the Authority Board approved the DAC at its meeting on 2 December 2021, pending minor adjustments to narrative from the Interim Chair (which have been included).
- 4.2 BD reiterated that it was vital to move this DAC and Business Case through the system as quickly as possible. At the Authority Board meeting on 2 December 2021, Paul Cummings, Finance Advisor / Associate from the HSC Leadership Centre, had advised the Authority Board of the risk associated with delaying the submission of the DAC and the risk of the Authority being awarded the funding too close to the end of the financial year and unable to spend it, given the Business Case requires to undergo approval by DHCNI.





- 4.3 As noted under item 3, BD highlighted the critical business functions associated with the iConnect System and that a two year extension to the contract held by Sysco is due to expire in 2022. BD pointed out that a review of the organisation's digital systems should have been carried out, followed by a procurement exercise. However, due to the Coronavirus Pandemic and associated loss of key members of senior staff, this had not taken place.
- 4.4 BD went on to apprise Committee Members of the rationale for Sysco Software Solutions to undertake the upgrade, alongside maintenance and support for the next two years, indicating how this represented value for money and will enable RQIA to ensure the timescales of this upgrade are not delayed any further.
- 4.5 NB queried whether the DAC should extend to three years, instead of two.
- 4.6 BD advised that the DAC was necessary only for the next two years to cover the upgrade work, which would complete in 2022/2023 and support and maintenance. BD went on to highlight the need to examine all RQIA's digital needs as part of an overarching RQIA Digital Strategy, spanning the next 3-5 years. This Strategy would include any procurement exercises necessary. JM advised that RQIA is also currently in discussions with Procurement and Logistics Service (PaLS) Compliance Team in relation to a full retendering exercise for the future support and maintenance of the System.
- 4.7 JM explained that RQIA will submit the DAC to the PaLS ICT Strategic Procurement Sub-Group for consideration before approval by the Chief Executive and Departmental Accounting Officer.
- 4.8 Committee Members **NOTED** the approved DAC for submission to PaLS and then the Department, through the Chief Executive.
- 4.9 **Resolved Action (451)**
RQIA to submit the DAC to PaLS for consideration, and to the Department, through the Chief Executive.
- 5.0 Any Other Business**
- 5.1 Following a short discussion, it was agreed that a presentation would be arranged for Authority Board in relation to the use of data and intelligence, in the context of taking forward the RQIA Digital Strategy. As there was no further business, the Chair of the Committee brought the Audit and Risk Assurance Committee meeting to a close at 12.48 pm and thanked all for their participation.

Date of Next Meeting: **Thursday 20 January 2022, via Zoom**






ACTION LIST

RQIA Audit and Risk Assurance Committee Meeting 10 December 2021

Action	Minutes Ref	Agreed Action	Responsible Person	Due date for completion	Status
447	6.14	A session on Registration to be set up for all Authority Members to gain an understanding of the Registration Progress and the risks associated.	Business Manager	24 February 2022	
449	12.3	Gifts and hospitality form and associated guidance to be shared with all Authority Members.	Business Manager	24 February 2022	
450	3.11	BD to apprise NB of the permitted variation percentage and the explanation of NPV and NPC prior to presentation of the Business Case to the Authority Board meeting on 16 December 2021.	Chief Executive	16 December 2021	
451	4.9	RQIA to submit the DAC to PaLS for consideration, and to the Department, through the Chief Executive.	Acting Head of Business Support Unit	14 December 2021	

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	



The **Regulation** and
Quality Improvement
Authority



Financial Performance Report

30 November 2021

1. FINANCIAL PLAN 2021/22

RQIA has an approved financial plan for 2021/22 that documents that the organisation plans to achieve a break-even position by the end of the year. RQIA has a legal duty to achieve a breakeven position, which is defined by the surplus/deficit not exceeding 0.25% of its RRL and/or not exceeding £20k.

The DOH has requested all organisations review their Financial Plan and year-end projection. November is the final opportunity to return any surplus funds and unused fund at year-end will prevent the organisation achieving its break-even duty. The Senior team have completed an in depth review of the current and projected financial position. Following the review £275k easements were identified and returned to the Department.

The revised financial plan is as follows:

	Revised Financial Plan as at November £000	Revised Financial Projection as at December 2021 £000	Variance £000
RRL	7,152	7,152	0
Other Operating Income	1,123	1,124	1
Total Expected Income	8,276	8,276	0
Pay	7,057	7,057	0
Non Pay	1,228	1,203	25
Total Expected Expenditure	8,285	8,260	25
Year End Forecast Surplus/(Deficit)	(9)	16	7

The Month 8 year end forecast is now a surplus of £16k; this is within the breakeven threshold and is a shift in the forecast deficit of £9k. This is due to a continuation of the underspending trend on pay and non-pay costs relating to recruitment delays and building and maintenance, travel and energy costs.

In addition a spending plan of £70,564.60 has been developed and items currently progressing have been factored into the projected expenditure. This is reviewed on a weekly basis to monitor its progress.

The above analysis is based on the following assumptions:

- RQIA will contain all costs relating to the Deceased Patients Review (Phase 2) within the allocation of £227k. This also assumes that there will be no slippage on this budget;
- £255k has been assumed in income and expenditure budgets in respect of the pay award for 2021/22.

It should be noted that it is not anticipated that RQIA will incur material costs associated with Covid19 therefore no income has been anticipated.

2. FINANCIAL POSITION AS AT 30 NOVEMBER 2021

	Full Year Budget £000	Budget YTD 30 November £000	Actual YTD 30 November £000	Variance £000
RRL	7,611	5,074,440	4,581,795	-492,645
Other Income:				0
- Annual Fee	775	516,667	485,974	-30,693
- Registration of Est. Fees	75	33,333	57,016	23,683
- Registration of Manager	35	23,333	25,518	2,185
- Variation Fees	15	10,000	11,418	1,418
- Dilapidation Compensation	0	-	-	0
- Other Income	2	1,333	237,414	236,081
Total Expected Income	8,513	5,659,106	5,399,135	-259,971
Pay Expenditure:				
Senior Executives		176,974	173,933	3041
Assurance Directorate		2,007,855	1,913,568	94287
Improvement Directorate		1,129,116	1,075,538	53578
Business Support Unit		1,038,073	1,003,644	34429
Mental Health Directorate		58,235	-	58235
Bank Staff		40,000	43,571	-3571
Staff Substitutions		82,667	67,605	15062
Other Pay Costs		20,877	164,553	-143676
Deceased Patients Review		144,667	101,382	43285
Total Pay Expenditure	7,118	4,698,464	4,543,794	154,670
Non Pay Expenditure:				
Printing, Stationery & Admin		347,583	343,861	3722
Postage and Telephones		25,942	24,435	1507
Travel Costs		69,663	36,756	32907
Catering		5,122	20	5102
Cleaning		10,623	6,575	4048
Building and Engineering		32,044	-22,500	54544
Heat, Light and Power		5,988	-5,590	11578
Rent, Rates and Insurance		222,667	215,366	7301
Furniture		2,241	469	1772
Computer Hardware & Software		59,344	72,253	-12909
Advertising		9,823	11,692	-1869
Legal Fees & Litigation		-	-	0
Staff Training		19,327	14,126	5201
General Services		92,800	65,530	27270
Other		-	3,418	-3418
Deceased Patients Review		6,667	4,881	1786
Total Non-Pay Expenditure	1,365	909,834.00	771,292	138,542
Total Expected Expenditure	8,483	5,608,298	5,315,086	293,212
Surplus/(Deficit)	30	50,808	84,049	33,241

The Month 8 financial position is reporting a year-to-date surplus of £84k against a projected budget surplus of £51k. The following are to be noted:

- The easement of £275k submitted to DoH, has been included in the year to date figures
- Pay Budgets continue to underspend (underspend to date £155k) due to increasing slippage on the recruitment of posts
- Non Pay Budgets continue to underspend by £139k primarily as a result of a reduction in travel expenditure (£33k) and Building and Engineering (£55k) and Energy costs (£12K).

3. DECEASED PATIENTS REVIEW (PHASE 2)

RQIA has undertaken Phase 2 of the Deceased Patients Review and a business case was submitted to DOH that secured £227k of non-recurring funding for this phase of the work. The following table provides an analysis of the costs incurred to date and the balance available:

	£000
DOH Allocation	227
Costs accrued to 30 November 2021	106,263
Funding available	120,737

4. KEY MESSAGES

- The financial position at 30 November 2021 is reporting a surplus of £84k, which has arisen as a result of additional income and a reduction in expenditure.
- RQIA are projecting a year-end breakeven position of £16k based on current spending commitments.
- Spending plans continue to be monitored to ensure full spend in year.
- Funding of £227k has been received from the DOH in respect of the Deceased Patients Review (Phase 2) and as at 30 November 2021 £106k has been spent.

5. GLOSSARY OF TERMS

Term	Meaning
Financial Plan	A document which is presented to the Board to outline how the organization is to meet its obligation to breakeven by the end of the year.
Breakeven	As a public body there is a requirement to breakeven each financial year, which is defined by the reported surplus/deficit not exceeding 0.25% of its RRL and/or not exceeding £20k.
RRL	This is the Revenue Resource Limit which is allocated by the Department of Health. This is the amount of funding that the organization is authorized to spend and there would be a number of RRL allocations throughout the financial year.
Other Operating Income	RQIA receives income outside of its RRL allocation from fees charged to the Independent Sector for initial registration of establishment, manager and variations to business as well as an annual fee.
BSO	This refers to the Business Services Organisation which provides a range of third-party services to RQIA including a full accounting service.



RQIA ASSURANCE FRAMEWORK: Principal Risks and Controls Document 2021/2022

PRINCIPAL OBJECTIVES: The RQIA Management Plan 2021/2022 is based on 3 Key Strategic Themes as follows:

Theme 1: Safe and Effective Care

Theme 2: People and Communities

Theme 3: Operational Excellence

Item	Principal Risk	Movement since previous PRD	
		Changes to Risk Rating	
		Previous Risk Rating (October 2021)	New Risk Rating (December 2021)
1	Health and Safety	8	6
2	Information Governance	12	No change
3	Failure to Break Even: RQIA Accounts	6	No change
4	Disruption to Business Continuity (in relation to COVID-19)	8	No change
5	RQIA Accommodation (Incorporated into ID 4 and removed)	12	Removed
6	Failure to Improve Standards in the Regulated Sector	12	No change
7	Mental Capacity Act / Mental Health Order	15	No change
8	Management Arrangements, Resources and Capacity	16	12
9	Cyber Security Attack	16	No change
10	Registration	20	16
11	NEW RISK: Muckamore Abbey Hospital: Public Inquiry Project	N/A	12

DOMAIN	IMPACT (CONSEQUENCE) LEVELS [can be used for both actual and potential]				
	INSIGNIFICANT (1)	MINOR (2)	MODERATE (3)	MAJOR (4)	CATASTROPHIC (5)
PEOPLE (Impact on the Health/Safety/Welfare of any person affected: e.g. Patient/Service User, Staff, Visitor, Contractor)	<ul style="list-style-type: none"> Near miss, no injury or harm. 	<ul style="list-style-type: none"> Short-term injury/minor harm requiring first aid/medical treatment. Any patient safety incident that required extra observation or minor treatment e.g. first aid Non-permanent harm lasting less than one month Admission to hospital for observation or extended stay (1-4 days duration) Emotional distress (days/weeks). 	<ul style="list-style-type: none"> Semi-permanent harm/disability (physical/emotional injuries/trauma) (Recovery expected within one year). Admission/readmission to hospital or extended length of hospital stay/care provision (5-14 days). Any patient safety incident that resulted in a moderate increase in treatment e.g. surgery required 	<ul style="list-style-type: none"> Long-term permanent harm/disability (physical/emotional injuries/trauma). Increase in length of hospital stay/care provision by >14 days. 	<ul style="list-style-type: none"> Permanent harm/disability (physical/emotional trauma) to more than one person. Incident leading to death.
QUALITY & PROFESSIONAL STANDARDS/ GUIDELINES (Meeting quality/ professional standards/ statutory functions/ responsibilities and Audit Inspections)	<ul style="list-style-type: none"> Minor non-compliance with internal standards, professional standards, policy or protocol. Audit / Inspection – small number of recommendations which focus on minor quality improvements issues. 	<ul style="list-style-type: none"> Single failure to meet internal professional standard or follow protocol. Audit/Inspection – recommendations can be addressed by low level management action. 	<ul style="list-style-type: none"> Repeated failure to meet internal professional standards or follow protocols. Audit / Inspection – challenging recommendations that can be addressed by action plan. 	<ul style="list-style-type: none"> Repeated failure to meet regional/ national standards. Repeated failure to meet professional standards or failure to meet statutory functions/ responsibilities. Audit / Inspection – Critical Report. 	<ul style="list-style-type: none"> Gross failure to meet external/national standards. Gross failure to meet professional standards or statutory functions/ responsibilities. Audit / Inspection – Severely Critical Report.
REPUTATION (Adverse publicity, enquiries from public representatives/media Legal/Statutory Requirements)	<ul style="list-style-type: none"> Local public/political concern. Local press < 1day coverage. Informal contact / Potential intervention by Enforcing Authority (e.g. HSE/NIFRS). 	<ul style="list-style-type: none"> Local public/political concern. Extended local press < 7 day coverage with minor effect on public confidence. Advisory letter from enforcing authority/increased inspection by regulatory authority. 	<ul style="list-style-type: none"> Regional public/political concern. Regional/National press < 3 days coverage. Significant effect on public confidence. Improvement notice/failure to comply notice. 	<ul style="list-style-type: none"> MLA concern (Questions in Assembly). Regional / National Media interest >3 days < 7 days. Public confidence in the organisation undermined. Criminal Prosecution. Prohibition Notice. Executive Officer dismissed. External Investigation or Independent Review, Major Public Enquiry. 	<ul style="list-style-type: none"> Full Public Enquiry/Critical PAC Hearing. Regional and National adverse media publicity > 7 days. Criminal prosecution – Corporate Manslaughter Act. Executive Officer fined or imprisoned. Judicial Review /Public Enquiry.
FINANCE, INFORMATION & ASSETS (Protect assets of the organisation and avoid loss)	<ul style="list-style-type: none"> Commissioning costs (£) <1m. Loss of assets due to damage to premises/property. Loss – £1K to £10K. Minor loss of non-personal information. 	<ul style="list-style-type: none"> Commissioning costs (£) 1m – 2m. Loss of assets due to minor damage to premises/ property. Loss – £10K to £100K. Loss of Information. Impact to service immediately containable, medium financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 2m – 5m. Loss of assets due to moderate damage to premises/ property. Loss – £100K to £250K. Loss of or unauthorised access to sensitive / business critical information Impact on service contained with assistance, high financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 5m – 10m. Loss of assets due to major damage to premises/property. Loss – £250K to £2m. Loss of or corruption of sensitive / business critical information. Loss of ability to provide services, major financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) > 10m. Loss of assets due to severe organisation wide damage to property/premises. Loss – > £2m. Permanent loss of or corruption of sensitive/business critical information. Collapse of service, huge financial loss
RESOURCES (Service and Business interruption, problems with service provision, including staffing (number and competence), premises and equipment)	<ul style="list-style-type: none"> Loss/ interruption < 8 hour resulting in insignificant damage or loss/impact on service. No impact on public health social care. Insignificant unmet need. Minimal disruption to routine activities of staff and organisation. 	<ul style="list-style-type: none"> Loss/interruption or access to systems denied 8 – 24 hours resulting in minor damage or loss/ impact on service. Short term impact on public health social care. Minor unmet need. Minor impact on staff, service delivery and organisation, rapidly absorbed. 	<ul style="list-style-type: none"> Loss/ interruption 1-7 days resulting in moderate damage or loss/impact on service. Moderate impact on public health and social care. Moderate unmet need. Moderate impact on staff, service delivery and organisation absorbed with significant level of intervention. Access to systems denied and incident expected to last more than 1 day. 	<ul style="list-style-type: none"> Loss/ interruption 8-31 days resulting in major damage or loss/impact on service. Major impact on public health and social care. Major unmet need. Major impact on staff, service delivery and organisation - absorbed with some formal intervention with other organisations. 	<ul style="list-style-type: none"> Loss/ interruption >31 days resulting in catastrophic damage or loss/impact on service. Catastrophic impact on public health and social care. Catastrophic unmet need. Catastrophic impact on staff, service delivery and organisation - absorbed with significant formal intervention with other organisations.
ENVIRONMENTAL (Air, Land, Water, Waste management)	<ul style="list-style-type: none"> Nuisance release. 	<ul style="list-style-type: none"> On site release contained by organisation. 	<ul style="list-style-type: none"> Moderate on site release contained by organisation. Moderate off site release contained by organisation. 	<ul style="list-style-type: none"> Major release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc). 	<ul style="list-style-type: none"> Toxic release affecting off-site with detrimental effect requiring outside assistance.

Likelihood Scoring Table			
Likelihood Scoring Descriptors	Score	Frequency (How often might it/does it happen?)	Time framed Descriptions of Frequency
Almost certain	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily
Likely	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly
Possible	3	Might happen or recur occasionally	Expected to occur at least monthly
Unlikely	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually
Rare	1	This will probably never happen/recur	Not expected to occur for years

Likelihood Scoring Descriptors	Impact (Consequence) Levels				
	Insignificant(1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	Medium	Medium	High	Extreme	Extreme
Likely (4)	Low	Medium	Medium	High	Extreme
Possible (3)	Low	Low	Medium	High	Extreme
Unlikely (2)	Low	Low	Medium	High	High
Rare (1)	Low	Low	Medium	High	High

RED: Risks added from last Principal Risk Document

BLUE: Risks to be de-escalated/removed from Principal Risk Document

ID	Risk Title	Untreated Risk Rating	Risk Rating (current)	Risk level (current)	Risk Rating (Target)	Risk Level (Target)	Opened	Date of Last Review
1	Health and Safety	20	6	MEDIUM	4	LOW	October 2020	31 December 2021
2	Information Governance	16	12	HIGH	6	MEDIUM	October 2020	31 December 2021
3	Failure to Breakeven: RQIA Accounts	16	6	MEDIUM	4	LOW	October 2020	31 December 2021
4	Disruption to Business Continuity (in relation to COVID-19)	20	8	MEDIUM	6	MEDIUM	October 2020	31 December 2021
5	RQIA Accommodation (Incorporated into ID 4 and Removed in August 2021)	16	12	MEDIUM	9	MEDIUM	October 2020	REMOVED: 20 August 2021
6	Failure to Improve Standards in the Regulated Sector	16	12	HIGH	9	MEDIUM	October 2020	31 December 2021
7	Mental Capacity Act / Mental Health Order	25	15	HIGH	9	MEDIUM	February 2021	31 December 2021
8	Management Arrangements, Resources and Capacity	20	12	HIGH	9	MEDIUM	February 2021	31 December 2021
9	Cyber Security Attack	20	16	HIGH	12	HIGH	May 2021	31 December 2021
10	Registration	20	16	HIGH	9	MEDIUM	July 2021	31 December 2021
11	NEW RISK: Muckamore Abbey Hospital: Public Inquiry	16	12	HIGH	6	MEDIUM	December 2021	31 December 2021

PRINCIPAL RISK REGISTER: ID1

ID 1: Ineffective health and safety management arrangements would increase the risk of harm to our staff and our stakeholders. Such harm could adversely impact the achievement of our objectives and undermine confidence in RQIA as an employer and a public body.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
MEDIUM	6	Moderate (3)	Unlikely (2)	LOW	4	Minor (2)	Unlikely (2)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<p>The following controls are in place:</p> <ul style="list-style-type: none"> • Policies and Procedures in relation to Health and Safety and Fire Safety Policies and Staff Handbook on Health and Safety available. • RQIA Health, Safety and Wellbeing Group established in April 2021, robust partnership arrangements with Staff Side. • Professional support on Health and Safety is provided by the Health and Safety Manager at Business Services Organisation (BSO) and RQIA's Senior Estates Inspector. • Service Level Agreement (SLA) in place with BSO, which includes: • Professional health and safety advice in relation to compliance with statutory Health and Safety requirements; • Advice on the safety of staff; • Provision of Fire Officer Safety Service; • Investigation of Accidents and Incidents, including RIDDOR; • Provision of training on Fire Awareness, Risk Assessment, First Aid at Work, Manual Handling, Evacuation Chair, Defibrillator, Work Station/DSE Assessments; 	<p>1. Fire Safety Mandatory Training: 100% target not met yet.</p>	<p>1. Fire Safety Mandatory Training on the eLearning Platform has been supplemented by mandatory face to face training. Circa 70% of staff have already attended. A mop-up session is being arranged for those staff unable to attend (28 February 2022).</p>

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> • Development of Health and Safety Policies; • Annual Inspections; • Audits; and • Servicing and Supporting the Health and Safety Committee. • SLA is managed and monitored by Business Manager, with an annual review of the SLA; Customer feedback meetings; and written assurance updates. • Accidents and incidents (including RIDDOR) are managed by RQIA and anything of a serious nature reported to BSO for further review / investigation and possible submission to the Health and Safety Executive (HSE) under RIDDOR. There have been no RIDDOR reportable accidents or incidents over the previous year. • COVID-19 (including COSHH) risk assessment completed in October 2020. • Fire Risk Assessment carried out for new premises: Victoria House. • Discussions with the Health and Safety Manager at BSO have taken place to discuss Fire Safety Training. • List of Floor Wardens and Evacuation Chair Operators reviewed in September 2021. • Additional Mandatory face-to-face training in respect of Fire Awareness arranged for November and December 2021 for all staff. • Staff survey in relation to Health and Wellbeing Support undertaken in September 2021. • Additional bespoke webinars sourced from Inspire in relation to mental health and resilience. • Display Screen Equipment Assessments are undertaken for staff who require one and adjustments made, as necessary. 		
Assurances: Internal (I) and External (E)	<ol style="list-style-type: none"> 1. Regular customer feedback meetings with BSO held (E); 2. Fire Safety inspections by BSO and Action Plans reviewed at EMT (I); 3. COVID-19 Risk Assessments by BSO (E) 	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
MEDIUM	6	Moderate (3)	Unlikely (2)	LOW	4	Minor (2)	Unlikely (2)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
October 2020	12 October 2021	2. People and Communities 3. Operational Excellence	Chief Executive

PRINCIPAL RISK REGISTER: ID2

ID 2: Ineffective information governance arrangements could contribute to a risk of the safe protection of data and service user information and RQIA's reputation. There is a secondary risk of regulatory action by the Information Commissioner's Office (ICO).

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	12	Major (4)	Possible (3)	MEDIUM	6	Moderate (3)	Unlikely (2)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Professional support in relation to Information Governance is provided by the Data Protection Officer (DPO) at Business Services Organisation (BSO) and includes: <ul style="list-style-type: none"> Management and handling of information requests under relevant legislation (Freedom of Information Act, Data Protection Act, Environmental Information Regulations); Provision of advice, expertise and on-site assistance for retrieving and reviewing information for release under DPA, EIR or FOI; Production of local / monitoring reports in relation to compliance with information requests; Management and investigation of information security incidents; Development and delivery of training on a range of information governance issues and advice; Management and assistance with information governance policies; Production and management of annual action plan to develop information governance activities; Audit of Information Governance arrangements; and Maintenance of Information Asset Registers. SLA is managed and monitored by Business Manager, 	<ol style="list-style-type: none"> The Information Governance Suite of Policies provided by BSO is due for review (May 2020). Not reviewed due to COVID-19. Information Governance Review identified recommendations for RQIA in relation to: <ul style="list-style-type: none"> Training IG Policy and Action Plan Information Flows and Information Asset Register Support from BSO Data Protection and GDPR Information Management Assurance Check indicates: <ol style="list-style-type: none"> Information Governance Mandatory Training: 95% target not met yet. An audit of corporate records held by RQIA required to be updated. 	<ol style="list-style-type: none"> The updated Information Governance Policies have been reviewed by Policy Sub Group. To be approved by Executive Management Team (EMT), before being equality screened and issued to staff (31 January 2022). 50% of Actions from the Information Governance Review have been implemented. The remaining actions are being progressed by Information Governance Group under the leadership of Personal Data Guardian (PDG) (30 June 2022). <ol style="list-style-type: none"> Mandatory training percentage has increased to 89%. Managers to follow up with the few staff who have not completed their Information Governance Training on the eLearning Platform (28 February 2022). BSO had agreed to undertake an audit of corporate records. DPO at BSO advised that, due to the high volume of FOIs being received at BSO, this has been delayed. Agreed that the audit will be taken forward

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<p>with an annual review of the SLA; Customer feedback meetings; and written assurance updates.</p> <ul style="list-style-type: none"> • Senior Information Risk Officer (SIRO) and Personal Data Guardian (PDG) in place and trained. • Suite of Information Governance Policies provided by BSO. • Mandatory Training in Information Governance for all staff available. EMT refresher training took place in June. • GDPR: Awareness materials for public on RQIA website. • GDPR: Awareness materials for staff disseminated and on RQIA intranet. • ICT Asset Register updated and checked on all assets to ensure appropriate tagging by the Web Portal / ICT Administrator. • Independent review of Information Governance completed. • New Information Governance Group established, with action plan being progressed. • Action Plan has been discussed with Chair of Audit and Risk Assurance Committee. • Data cleansing exercise on eLearning Lists completed. 		<p>by new Information Governance Group, in conjunction with DPO at BSO (31 March 2022).</p>
<p>Assurances: Internal (I) and External (E)</p>	<ol style="list-style-type: none"> 1. Monitoring of Information Governance and ICT security training compliance as part of the Performance Activity Report (PAR) for EMT and RQIA Board (I). 2. Information Incidents and complaints are reviewed when they arise by the Cases and Concerns Committee and EMT (I). 3. The Information Management Assurance Checklist (IMAC) has been completed, with all areas compliant, except for 2 (Training and Records Audit) – addressed in Actions to Close Gaps(E). 4. The Information Governance Group provides assurance to EMT (I) and PDG/SIRO provide assurances to the Audit and Risk Assurance Committee (ARAC). 	

CURRENT			
Risk Level	Risk Rating	Consequence	Likelihood
HIGH	12	Major (4)	Possible (3)

TARGET			
Risk Level	Risk Rating	Consequence	Likelihood
MEDIUM	6	Moderate (3)	Unlikely (2)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
October 2020	12 October 2021	1. Safe and Effective Care 2. People and Communities	Personal Data Guardian Senior Information Risk Owner

PRINCIPAL RISK REGISTER: ID3

ID 3: Failure to achieve a breakeven position as reported in the Annual Accounts (ie a surplus or deficit of less than £20k). This is a Departmental requirement for RQIA and would put at risk the achievement of a key corporate objective.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
MEDIUM	6	Moderate (3)	Unlikely (2)	LOW	4	Minor (2)	Unlikely (2)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Internal Audit arrangements in place recent Internal Audit for Financial undertaken in Q2, 2021/2022 provided a satisfactory status. RQIA has the appropriate processes in place to routinely consider and approve the accounts/annual report through its Board Sub-Committee (Audit and Risk Assurance Committee (ARAC)) to the Board. Monthly Financial Performance Report is presented to the Board. Financial governance arrangements in respect of the Board are appropriately organised and reflect current DoH guidance. A full accounting service is provided to RQIA by the BSO Shared Services function and includes: <ul style="list-style-type: none"> Reconciliation of Control Accounts Provision of Monthly Management Accounts Asset Management Production of Annual Accounts Cash Management (including central banking requirements) Provision of routine financial information Financial support re fraud awareness, Assembly Questions, Freedom of Information requests, Internal/External audit recommendations. An SLA with BSO is in place, with monitoring 	<ol style="list-style-type: none"> Lack of qualified financial expertise housed within RQIA. Gaps in governance processes from 2020/2021 independent financial governance review, as outlined. 	<ol style="list-style-type: none"> New position to be created "Head of Finance & Registration, as part of the revised examination of corporate/business services during Stage II of the RQIA Restructuring (31 March 2022). Remaining 4 recommendations from 2020/2021 Independent Financial Review to be taken forward when committees meet, to include: <ol style="list-style-type: none"> Scheme of Delegated Authority (SODA) being reviewed by Authority Board members - to be presented to future Board meeting (31 March 2022). Board self-assessment Governance Tool to be completed by the Chair and Board for Internal Audit – agreed with Internal Audit to take forward in Quarter 2, 2022/2023 (30 September 2022). Register of Interests reviewed at ARAC meeting of 21 October 2021. ARAC Chair to present to meeting of Authority Board (31 March 2021). Gifts and Hospitality Register to be brought to

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<p>arrangements and regular formal meetings.</p> <ul style="list-style-type: none"> • BSO Client Accountant attends the office twice per week and meets regularly with Chief Executive, Directors, Head of Business Support Unit and Business Manager. • Zero-based budgets now devolved to Assistant Director level and appropriate training received. • Centralised budget monitored by BSU Business Manager who has been identified as Finance Lead. • ARAC established. Standing reports on Whistleblowing, Fraud and Bribery, Direct Award Contracts & External Consultancy and Update on DoH Circulars considered. • External Audit arrangements are in place, with an External Audit Plan to audit the 2021/2022 accounts, discussed at ARAC. • Costs of COVID-19 response monitored and reported to the DoH, via Monitoring Returns. COVID-19 spend continues to be monitored. • Qualified Financial Accountant secured via the HSC Leadership Centre. • Gifts and Hospitality Register reviewed at ARAC meeting of 4 November 2021. 		<p>meeting of Authority Board (31 March 2022).</p>
Assurances: Internal (I) and External (E)	<ol style="list-style-type: none"> 1. RQIA maintained financial control internally through ongoing budget management processes (I). 2. SLA monitoring of BSO contract which provides accounting services. (I, E) 3. Internal and External audit which covers audit of financial processes and annual accounts. (I, E) 4. Financial reporting at DoH liaison meetings.(E) 5. Secure independent financial advisor at service level. (I) 	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
MEDIUM	6	Moderate (3)	Unlikely (2)	LOW	4	Minor (2)	Unlikely (2)
Opened	Date of Previous Review	Relates to Strategic Theme(s)		Risk Owner			
October 2020	12 October 2021	3. Safe and Effective Care		Financial Advisor / Associate			
		4. People and Communities		Acting Head of Business Support Unit			

PRINCIPAL RISK REGISTER: ID4

ID 4: The Coronavirus Pandemic has had a material impact on the way we conduct our business, on staff working arrangements and on health and safety management. The potential impact of the Pandemic on our objectives has diminished but continuing contingency and health and safety arrangements are required and are largely described in the Management Plan 2021/2022.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	8	Major (4)	Unlikely (2)	MEDIUM	6	Moderate (3)	Unlikely (2)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Winter and Service Pressures Delivery Plan approved by Authority Board and in place. Ongoing dialogue with Sponsor Branch regarding priorities in relation to inspection and review programmes. <p>All Staff</p> <ul style="list-style-type: none"> COVID Vaccine Programme in place for all staff. PPE in use, both in the office and when undertaking inspections / reviews of healthcare facilities. Risk assessment in relation to office space in Victoria House, to include COVID-19 aspect, undertaken. Process in place for those staff attending the office, with numbers limited. Where possible, the majority of staff are encouraged to work from home. Regular liaison with staff via Zoom meetings, regular staff weekly. Also, liaison with staff side reps via Joint Negotiating Forum (JNF). <p>Inspection Staff</p> <ul style="list-style-type: none"> COVID-19 Testing Programme in place for inspectors. We have re-orientated our approach from traditional on- 	<ol style="list-style-type: none"> Need for PCR and LFD COVID testing for relevant staff in RQIA. 	<ol style="list-style-type: none"> A supply of testing kits to be sourced and a process established to monitor utilisation, providing assurance to EMT on a regular basis (31 January 2022).

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<p>site inspections in care homes to virtual, desktop and blended approaches.</p> <ul style="list-style-type: none"> Revised targets (set in April 2021) in relation to achieving statutory functions / minimum requirements for regulated inspection which are reported in PAR, as part of the Performance Framework. Development of inspection schedules and Review Programme taken forward in Management Plan 2021/2022 and as part of the new Assurance Framework. The RQIA Pandemic / Emergency Response Plan was updated in December 2021, to include an Action Card and Emergency / Out of Hours Contacts during the Christmas / New Year Holiday period. It is supplemented by COVID-19 Policy and Guidance for Staff which is reflective of current situation and restrictions. 		
Assurances: Internal (I) and External (E)	Situation under weekly review via EMT (I) and through liaison with DoH Sponsor Branch and CMO (E)	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	8	Major (4)	Unlikely (2)	MEDIUM	6	Moderate (3)	Unlikely (2)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
October 2020	12 October 2021	1. Safe and Effective Care 2. People and Communities 3. Operational Excellence	Chief Executive Acting Head of Business Support Unit

PRINCIPAL RISK REGISTER: ID6:

ID6: A failure to improve standards in the regulated sector as a consequence of RQIA not creatively and appropriately responding to external reviews and reports and embedding involvement from service users and stakeholders in our inspection programme in the regulated sector. This has the potential to reduce RQIA's ability to respond to immediate safety and quality concerns in regulated services and thus drive improvement.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	12	Major (4)	Possible (3)	MEDIUM	9	Moderate (3)	Possible (3)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Implementation and embedding of Assurance /Inspection Framework as part of the Management Plan 2021/2022. Intelligence from a wide range of sources is analysed such as: early alerts, whistleblowing, regulatory history, patterns across provider groups, PHA outbreak data, complaints, RADaR, Performance Management at Trust level. Liaison with partner organisations to share and receive information and intelligence. Internal quality assurance mechanisms to support decision-making which include Enforcement Procedures, Inspection Decision-Making Meetings, use of risk analysis, peer reviews, weekly team and directorate safety briefs. A range of assurance methods which include remote, blended and onsite inspections and other means of obtaining evidence from service providers. A range of inspection tools which are continually reviewed and adapted to support our approach to inspection and identification of risk in services to improve quality. Management Plan 2021/2022 built as a response to the independent review of external reports and 	<ol style="list-style-type: none"> Gaps in involvement and participation of service users and carers in design and ongoing improvement in our inspection approach and reporting templates. Engagement and Involvement Manager not in place. Need to enhance communications and engagement with key stakeholders, using a co-production approach. 	<ol style="list-style-type: none"> Develop, test and evaluate new models to support the integration of lay assessors within assurance / inspection activities. (31 January 2022). While there was an intention to recruit a senior manager to take forward Engagement, Involvement and PPI, as part of new structure, this has been paused and an Engagement and Communications Collaborative has been established to take forward development of our PPI and involvement approach. (31 March 2022) Communications and Engagement Strategy Group and Collaborative to work in partnership with stakeholders to develop a Communications and Engagement Strategy and a range of initiatives (31 March 2022).

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<p>recommendations for RQIA.</p> <ul style="list-style-type: none"> Engagement work progressed with Care Opinion, VOYPIC, ARC, AGENI and Alzheimer's society, to focus on user friendly questionnaires. RQIA has embedded a range of regular liaison mechanisms with other agencies, professional regulators, NIMDTA, COPNI, CHASNI, interface meetings with HSC Trusts, CJNI, Police Ombudsman and the Mental Health Champion. New reporting formats have been updated and piloted. Guidance Team in place which deals with concerns from the public and providers. Arrangements in place to run Human Rights Training from January 2022, commissioned from University of Bristol. 		
Assurances: Internal (I) and External (E)	<ol style="list-style-type: none"> EMT and RQIA Board advised (I). DoH (Sponsor Branch) advised (E). 	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	12	Major (4)	Possible (3)	MEDIUM	9	Moderate (3)	Possible (3)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
October 2020	12 October 2021	<ol style="list-style-type: none"> Safe and Effective Care People and Communities 	<p>Director of Assurance</p> <p>Acting Director of Improvement</p>

PRINCIPAL RISK REGISTER: ID7

ID7: A failure by RQIA to adequately execute its oversight responsibilities for individuals deprived of their liberty and a breach of its' statutory duties. There is also a risk of failure of RQIA to execute its responsibilities for oversight and its statutory duties for individuals / detained in hospital or detained under guardianship orders in the community, which may result in deficiencies in care or improper detention. In the absence of a clear derogation of the new regulations (Article 276 Mental Capacity Act (MCA) 2016), there is an associated risk of failure by RQIA to provide oversight of authorities holding monies and valuables worth more than £20k without consent will lead a breach of statutory duty and may result in improper use of such funds. These are Statutory Functions of the Authority under either the Mental Capacity Act (2016) and/or Mental Health Order (1986).

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	15	Moderate (3)	Almost Certain (5)	MEDIUM	9	Moderate (3)	Possible (3)

POSSIBLY REDUCE THIS RATING TO

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Inspections to Mental Health wards and other registered establishments in place, which will include reviewing systems for Deprivation of Liberty and Detention under the Mental Health Order. Monitored through directorate and PAR reports. RQIA collates information relating to requests for consent to hold monies and valuables above £20K without consent under the MCA 2016. A process exists for Mental Health Order detention Form 10's to be scrutinised by healthcare professionals and outcomes shared with each Trust, with administrative checks on remaining mental health detention forms in place. Deprivations of Liberty processes and systems are reviewed as part of current inspection process regulated and mental health and learning disability settings. Where other intelligence relating to Deprivations of Liberties comes to our attention, it is responded to. Revised Business Case to implement functions has been submitted to DoH. 	<p>1. A reliable system is not currently in place to receive, consider and provide consent for the holding of funds by HSC Trusts and providers over £20k.</p>	<p>Further to the establishment of a new directorate anticipated in November, RQIA will define the necessary leadership and administrative resources required to support its mental health and learning disability functions. (1 March 2022)</p> <p>1. A senior leadership workshop is planned for January 2022 to take forward next steps following confirmation from Department of Health on 6 December 2021 of our legislative responsibilities to receive, assure and report on forms received for Deprivation of Liberty or notifications for Nominated Persons. Further clarification from DoH is being sought regarding RQIA's role in receiving considering and providing consent for holding of funds over £20k.</p> <p>Monthly meetings with DoH Mental Health Policy Leads will continue to clarify RQIA's</p>

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
	<p>2. A reliable system is not in place to receive, assure and report on forms received for Deprivation of Liberty or notifications for Nominated Persons under the Mental Capacity Act.</p> <p>Current administrative arrangements do not provide professional scrutiny of all prescribed forms under the Mental Health Order.</p> <p>3. RQIA is not currently in a position to meet the statutory target of visiting every mental health ward annually and visiting those under guardianship orders in the community.</p>	<p>position and inform decisions about future functions.</p> <p>2. Improve the level of professional oversight and scrutiny of mental health detention forms. Consideration being given to identify additional resource while we await business case approval. To be included in Workforce Review (30 June 2022).</p> <p>3. Define resources to visit those living in the community under guardianship. Consideration being given to identify adequate statutory / contractual resource as part of DoH request to identify additional resources over the next 1-3 years. (30 June 2022).</p> <p>A database of MCA information will be created and resources aligned. (1 April 2022).</p>
Assurances: Internal (I) and External (E)	Gaps in control have been notified to DoH (E)	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	15	Moderate (3)	Almost Certain (5)	MEDIUM	9	Moderate (3)	Possible (3)
Opened	Date of Previous Review	Relates to Strategic Theme(s)		Risk Owner			
February 2021	12 October 2021	1. Safe and Effective Care 2. People and Communities 3. Operational Excellence		Deputy Director of Improvement			

PRINCIPAL RISK REGISTER: ID8

ID8: RQIA's management arrangements, resources and capacity may limit the organisation's ability to modernise its services and deliver on its corporate objectives.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	12	Major (4)	Possible (3)	MEDIUM	9	Moderate (3)	Possible (3)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
Human Resources <ul style="list-style-type: none"> Interim Board with 7 members established in November 2020. Board Committees in place and functioning. Permanent Chair's position being recruited, with 3 permanent positions for Authority Members to be recruited after. Chief Executive appointed in July 2021. Head of Business Support Unit appointed in July 2021 to cover secondment arrangement. Director of Hospital Services and Director of Mental Health and Learning Disability took up post in December 2021. Director of Adult Care Services to take up post in January 2022 (currently covering Co-Director duties). Some functions covered by Transition Team (in place since October 2020): <ul style="list-style-type: none"> Director of Assurance until 31 March 2022 Professional Nursing Advisor until 31 March 2022 Responsible Officer (Medical) until 31 March 2022 Assistant Director and Admin Manager in place to take forward the establishment of the Office of the Chief Executive and Chair. Active management to reduce number of vacancies and secondments. Qualified Financial Advisor secured via Leadership 	<ol style="list-style-type: none"> Need to implement Restructuring Proposal. Over reliance on interim and temporary appointments, at Senior Manager levels. Additional posts required for Office of the Chief Executive and Business Services. Limited capacity to take forward Care Home Winter Readiness and to meet minimum statutory inspection targets and other inspection work across the HSC. Limited defined strategy agreed in relation to Workforce and Digital and Intelligence for 	<ol style="list-style-type: none"> Engagement sessions completed with staff and arrangements to agree Directorate Sub-structures with Chief Executive, Directors Designate and Head of Business Support Unit (31 March 2022). Secure permanent appointments as part of the agreement of sub-structures by the new Directors in relation to the Restructuring Proposal (31 March 2022). 3 a) Job evaluation completed for Communications Manager and recruitment commenced (31 March 2022). b) Job evaluation being refined for Manager for Office of Chief Executive: recruitment to follow (31 March 2022). Recruitment exercise completing which will add bank capacity to the organisation (31 March 2022). We have engaged HR Associates (Leadership Centre) to assist us in taking

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<p>Centre to end of March 2022.</p> <ul style="list-style-type: none"> • ICT Project Manager to take forward the Software Upgrade for iConnect secured until end of June 2022, via agency. • Additional funding obtained in relation to Phase I of the Deceased Patients Review, with staff substitution secured through the Royal College of Physicians (RCP) to undertake review of records and other members of the Team secured through Agency. • Additional resource secured for the Registration Project to reduce the backlog via use of Bank Inspectors and Agency Admin Staff. • Additional resource secured for Hospital Inspections Team via use of Bank. • Additional resource secured for Independent Healthcare Team via use of Bank. • Bank staff cleansed and those available aligned to areas of priority. • Additional resource secured from HSC Leadership Centre for an Associate to take forward preparation work in relation to the Muckamore Abbey Hospital Public Inquiry. • Additional resource implications over the next 3-5 years signalled to the DoH via financial planning unit. <p>Management Arrangements</p> <ul style="list-style-type: none"> • Management Plan 2021/2022 in place, with appropriate reporting via Business, Appointments and Remuneration Committee (BARC). • Statement of Strategic Intent developed and agreed by Authority Board - replaces Corporate Strategy 2017-2021. • Performance management framework in place. • Increased liaison with other regulators progressing. • Critical review of organisational risk ongoing. • Investors in People (IiP) Re-accreditation with 	<p>the future.</p>	<p>forward the development of our Workforce Strategy. We will be engaging with Digital Healthcare Northern Ireland (DHCNI) – via Mr Dan West – to seek support/ involvement in taking forward the Digital Strategy for a modernised regulation function (endorsed by Minister at visit with RQIA in December 2021) (31 March 2022).</p>

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
increased level of award to Silver obtained. • Business Case developed and submitted to Digital Healthcare Northern Ireland (DHCNI).		
Assurances: Internal (I) and External (E)	1. EMT and RQIA Board advised (I). 2. DoH (Sponsor Branch) advised (E).	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	12	Major (4)	Possible (3)	MEDIUM	9	Moderate (3)	Possible (3)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
February 2021	12 October 2021	2. People and Communities 3. Operational Excellence	Chief Executive

PRINCIPAL RISK REGISTER: ID9

ID9: There is a risk to the HSC network and organisations in the event of a cyber attack on a supplier or partner organisation, resulting in the compromise of the HSC network and systems, or the disablement of ICT connections and services to protect the HSC and its data. The impact and residual risk on the ability of the HSC to continue to deliver services to patients / service users / customers, compromise or loss of personal and organisational information and loss of public confidence.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	16	Major (4)	Likely (4)	HIGH	12	Major (4)	Possible (3)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Regional Information Governance and Advisory Group (IGAG) in place, with RQIA representation. Risk Management framework in place. Information Governance processes and monitoring of same. Emergency planning and business continuity plans. Disaster recovery plan. Change control processes. Data protection legislation. Trust and Regional Cyber Project Boards. <p>Technical Infrastructure - HSC security hardware (e.g. firewalls) / HSC security software (threat detection, antivirus, email & web filtering) / Server / Client Patching / 3rd party Secure Remote Access / Data & System Backups.</p> <p>Policy / Processes - Regional and Local ICT/Information Security Policies / Data Protection Policy / Change Control Processes / User Account Management processes / Disaster Recovery Plans / Emergency Planning &</p>	<ol style="list-style-type: none"> Business continuity plans need to be up to date, implemented and regularly tested. Develop and test an Information Governance Emergency Plan in response to a Cyber Attack. ICT security and data protection clauses require to be in all contracts. Partner organisations to meet security and IG standards of the HSC. Legal binding agreements are in place where contracts not required. 	<ol style="list-style-type: none"> Business Continuity Plans to be reviewed, updated and testing against the impact of a cyber incident. This will be taken forward in relation to securing additional resource from external healthcare organisations and in discussion with the Chair of the Audit and Risk Assurance Committee (ARAC) and Chief Executive (31 March 2022). Regional IGAG to develop an IG management plan in the event of a Cyber incident (31 March 2022). <p>Regional IG working group to be established to take forward the review of data flows from HSC/Partner organisations. (31 March 2022).</p> <ol style="list-style-type: none"> Supplier framework – to include Security and IG clauses, risk assessment and security management plans (31 March 2022). Consider development and use of legally

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<p>Service/Business Continuity Plans / Corporate Risk Management Framework, Processes & Monitoring / Regional & Local Incident Management & Reporting Policies & Procedures.</p> <p>User Behaviours - influenced through Induction Policy / Mandatory Training Policies / HR Disciplinary Policy / Contract of Employment / 3rd party Contracts / Data Access Agreements.</p>	<p>5. Review of existing contracts for Security and Data Protection clauses.</p> <p>6. Residual risk of non-compliance of HSC standards by supplier/partner organisation.</p> <p>7. Working effectively with partner or supplier organisation during recovery from a cyber attack/ incident (on that partner/ supplier organisation) to seek assurance of Cyber posture before re-engagement of data flows and/or services</p>	<p>binding arrangements to secure best practice. (31 March 2022).</p> <p>5. Actions to support Partner/ Supplier Cyber Incident Recovery Planning. (31 March 2022).</p> <p>6. Seek a technical report on recovery actions undertaken by the partner/ supplier and consider against known best practice.</p> <p>7. Seek written, evidenced assurances from supplier/partner organisation on the secure transfer and storage of HSC data. (31 January 2022).</p>
Assurances: Internal (I) and External (E)	<p>1. Contract Management and Reviews (I)</p> <p>2. DAA/MOU (I, E)</p> <p>3. Supplier/Partner Framework (E)</p> <p>4. Information Governance Advisory Group (IGAG) (E)</p> <p>5. Cyber Programme Board (E)</p>	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	16	Major (4)	Likely (4)	HIGH	12	Major (4)	Possible (3)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
Updated from Regional Approach: May 2021	12 October 2021	<p>1. Safe and Effective Care</p> <p>2. People and Communities</p> <p>3. Operational Excellence</p>	Chief Executive

PRINCIPAL RISK REGISTER: ID10

ID10: RQIA's management arrangements, resources and capacity in relation to its functions of registration may limit the organisation's ability to deliver on this vital function and subsequently, RQIA's corporate objectives. This could contribute to a risk to the safety and protection, as well of quality of care received by service users If providers operate while not appropriately registered and would have a subsequent negative impact upon RQIA's reputation.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	16	Major (4)	Likely (4)	MEDIUM	9	Moderate (3)	Possible (3)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Project initiated, with Project Board, chaired by Chief Executive. Regular update meetings with Project Board Function moved back to corporate oversight in Business Support Unit, with Business Manager managing Project. Project Plan in place, with milestone dates. Agency staff recruited (x 5 until end of March 2022) AND 0.5 WTE Band 7 Inspector secured using Bank. Plan in place to address Outstanding Applications. Band 4 Admin Supervisor and Intelligence Officer recruited on a temporary basis. Current Registration staff allocated to specific application types and training has been provided. Supervision and Registration Team meetings established. Training Room secured in Victoria House. Weekly Monitoring Report being produced (detailing outstanding applications). Customer Service Principles for Registration Team developed and implemented across the Team. A central repository for all actioned emails has been 	<ol style="list-style-type: none"> Skills, knowledge and experience limited in Registration Team and need identified in relation to comprehensive understanding of customer relationships. Registration Procedures and Processes out of date. Provider Guidance out of date. Recent Internal Audit completed with resulting recommendations in: <ul style="list-style-type: none"> KPIs and Timeliness of Registration Processes Quality Checks and Learning 	<ol style="list-style-type: none"> Develop FAQs for Registration Team staff when taking telephone calls from Customers (28 February 2022). Training Programme to finish with senior staff (28 February 2022). <ol style="list-style-type: none"> Existing Registration Standard Operating Procedures (SOPs) for Administrative Staff and Inspectors have been reviewed and updated. Currently with Management Plan Action Working Group for comment before issue (28 February 2022). Review / revise guidance for Providers and update Website following finalisation of review of SOPs above (31 March 2022). Address Recommendations from recent Internal Audit on Registration, with a focus on the Agencies Team in Assurance Directorate - four of 6 recommendations implemented (28 February 2022)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<p>created.</p> <ul style="list-style-type: none"> Backlog of emails from 2018 – 2020 have been reviewed, saved and actioned. Guidance on Management of Mailbox (includes templates for acknowledgement and generic responses) developed and implemented. A rota and dedicated administrative support for mailbox management established. New electronic certificate designed and operational, with template letter. All submitted manager absences have now been actioned. Existing Registration Standard Operating Procedures (SOPs) for Administrative Staff and Inspectors have been reviewed and updated. Template letters / emails have been developed for Domiciliary Care Agencies and Nursing Agencies SOPs. New KPIs being developed and reported to Executive Management Team. Triage activated for RQIA Telephone System, with dedicated option for Registration Team. 	<ul style="list-style-type: none"> Guidance for, and Communication with, Applicants <p>5. Requirement to register 4 x fostering agencies in accordance with new regulations in April 2022.</p> <p>6. Under-resourcing in relation to one inspector who is able to undertake a financial assessment for registration applications.</p>	<p>5. Establish a Short Life Working Group to determine whether a Business Case for resources required for introduction of new Regulations is required (31 March 2022).</p> <p>6. Recruitment of additional finance inspector to be considered (31 March 2022).</p>
Assurances: Internal (I) and External (E)	<p>Project Board, EMT and RQIA Board advised (I). Internal Audit (E) DoH (Sponsor Branch) advised (E).</p>	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	16	Major (4)	Likely (4)	MEDIUM	9	Moderate (3)	Possible (3)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
July 2021	12 October 2021	1. Safe and Effective Care 2. People and Communities 3. Operational Excellence	Chief Executive

PRINCIPAL RISK REGISTER: ID11 – NEW

ID11: RQIA's management arrangements, resources and capacity may limit the organisation's ability to respond comprehensively and in a timely fashion to any requests from the Muckamore Abbey Hospital Public Inquiry. Redirection of resources from the Review Programme to support the Inquiry Search may impact ability to deliver other related organisational objectives and targets. This has the potential to impact negatively on RQIA's reputation.

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	12	Major (4)	Possible (3)	MEDIUM	6	Moderate (3)	Unlikely (2)

NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<ul style="list-style-type: none"> Muckamore Abbey Hospital Inquiry (MAHI) Project established. Project Board, chaired by Chief Executive set up. In 2009 RQIA took over responsibilities discharged by the former Mental Health Commission, through a substantial and planned process for the transfer of these functions. A number of staff are working full-time and part-time on the Project: <ul style="list-style-type: none"> Deputy Director, Assurance (Band 8b) Assistant Director, OoCEX Review Programme Project Officer (Band 6) Senior Inspector (Band 8a) Solicitor (Band 8b) Business Support Officer (Band 5) P/T Information Analyst (Band 6) P/T Review Programme Project Officer (Band 6) P/T Project Officer (Band 6) Advisor from Leadership Centre secured until end of March 2022 on a part-time basis. Mental Health and Learning Disability Team in place 	<ol style="list-style-type: none"> No funding in current year's budget for any additional costs: <ul style="list-style-type: none"> Agency Staff Electronic Search Tool New Contracted Arrangements for Oasis Searches No backfill for those current staff who are working on the MAHI Project, thus negatively impacting on RQIA's ability to deliver on its statutory functions. Potential loss of data in RQIA since its inception in 2005. Inability to search considerable volume of digital data stores. Inability to digitally store relevant data and information appropriately. 	<ol style="list-style-type: none"> Secure Business Case approval from DoH and Establish budget monitoring report through to Programme board of overspend and ensure decision taken to maintain break even (31 February 2022). Communication to staff to prevent destruction of data (31 January 2022). Develop systematic search plan and engage with BSO ITS experts to design a bespoke search engine. BSO to increase server capacity to enable storage of digital images and dedicated safe electronic storage (m drive file store) and

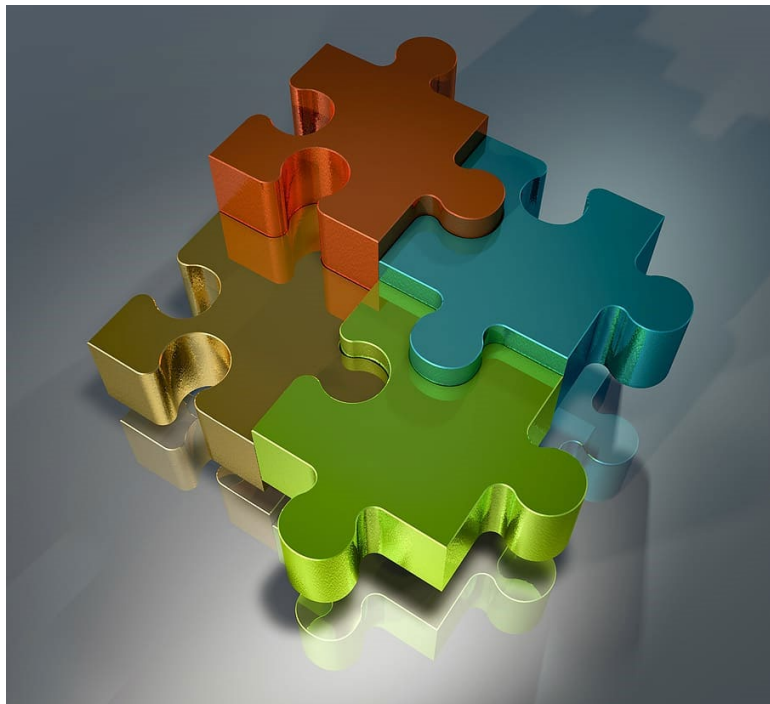
NEW AND EXISTING CONTROLS	GAPS IN CONTROLS	ACTIONS TO CLOSE GAPS
<p>to provide data and information from MHL D inspections to Muckamore.</p> <ul style="list-style-type: none"> Electronic Information System (iConnect) in place to provide access to inspection documentation, concerns, concerns, complaints, whistleblowing, untoward events, Serious Adverse Incidents, etc. Mental Health forms available via Business Support Officer (Band 5). Hardcopy documentation stored in secure off-site storage (Oasis). Programme of work packages created: <ul style="list-style-type: none"> Project Management Preparation Phase Communication & Engagement Staff Welfare & Support Data Governance Validation of evidence Reporting to Inquiry Access to appropriately trained professional practitioners and solicitors to interpret, classify and validate data now in place. 	<p>5. Limited or no access to past staff, or inability to trace and engage with past staff.</p> <p>6. Poor past practice in relation to how information was stored and/or used by RQIA.</p> <p>7. Need to establish system of monitoring impact of redirected resource on other organisational objectives.</p>	<p>inventory to be developed, with increased server capacity to enable the storage of digital images being made available (28 February 2022).</p> <p>5. Develop list of relevant past staff and make available to Public Inquiry. Develop a programme of support through a dedicated work package in the Project, supplemented by a Communication and Engagement Plan (28 February 2022).</p> <p>6. Develop an approach of openness and transparency with the Public Inquiry from outset. Proactively identify learning and seek to iteratively improve practice going forward. (28 February 2022).</p> <p>7. Impact of redirected resources to be tabled at Project Board Meeting in February 2022 and decision regarding continuation of existing arrangements made (28 February 2022).</p>
Assurances: Internal (I) and External (E)	Project Board, EMT and RQIA Board advised (I). DoH (Sponsor Branch) advised (E).	

CURRENT				TARGET			
Risk Level	Risk Rating	Consequence	Likelihood	Risk Level	Risk Rating	Consequence	Likelihood
HIGH	12	Major (4)	Possible (3)	MEDIUM	6	Moderate (3)	Unlikely (2)

Opened	Date of Previous Review	Relates to Strategic Theme(s)	Risk Owner
December 2021	N/A	2. People and Communities 3. Operational Excellence	Deputy Director of Assurance

Audit Strategy

**The Regulation and Quality Improvement Authority
2021-22**



10 January 2022

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We have prepared this report for The Regulation and Quality Improvement Authority's sole use. You must not disclose it to any third party, quote or refer to it, without our written consent and we assume no responsibility to any other person.

1. KEY MESSAGES

The purpose of this document is to highlight to the Accounting Officer and Audit Committee of The Regulation and Quality Improvement Authority (RQIA):

- how we, on behalf of the Comptroller and Auditor General (C&AG), [plan to audit](#) the financial statements for the year ending 31 March 2022, including how we will be addressing [significant risks](#) of material misstatement to transactions and balances;
- the planned [timetable, fees and audit team](#);
- relevant [changes to financial reporting](#) guidance;
- matters which we are required to communicate to you under International Standards on Auditing (ISAs), including the [scope of the audit](#), our [respective responsibilities](#), and [how we maintain independence and objectivity](#); and
- [Public Reporting](#) work undertaken by the C&AG that is relevant to RQIA.

Materiality

When setting materiality, we consider both qualitative and quantitative aspects that would reasonably influence the decisions of users of the financial statements. [The overall account materiality](#) is £166,000.

Significant Audit Risks

We plan our audit of the financial statements to respond to the risks of material misstatement to transactions and balances. We have identified the following risk which has the most significant impact on our audit approach:

- Management override of controls

Audit Team and Fee

Stephen Knox will be responsible for the overall audit. The full engagement team is presented in [Section 4](#).

Our audit [fee](#) for this year is £18,200.

Actions for the Audit Committee

The Audit Committee should discuss:

- whether our assessment of the risks of material misstatement to the financial statements is complete;
- whether management has plans in place to address the risks identified by NIAO and whether these plans are adequate;
- our proposed audit response to address these risks; and
- whether they have knowledge of any
 - actual, suspected or alleged fraud affecting RQIA; or
 - instances of non-compliance with laws and regulations that could be expected to have a fundamental effect on the operations of RQIA; or
 - actual, suspected or alleged irregularity affecting RQIA;and communicate details to the audit team.

2. MATERIALITY

Basis for overall materiality calculation	<ul style="list-style-type: none">• 2% of £8.29m total expenditure (prior year)
Overall account materiality (2%)	<ul style="list-style-type: none">• £166,000
Error reporting threshold	<ul style="list-style-type: none">• We report to you all misstatements, whether adjusted or unadjusted, above £8,300

A matter is material if its omission or misstatement would reasonably influence the decisions of the users of the financial statements. The assessment of what is material is a matter of the auditor's professional judgement and includes consideration of both the amount and the nature of misstatement.

The concept of materiality recognises that absolute accuracy in financial statements is rarely possible. An audit is therefore designed to provide reasonable, rather than absolute, assurance that the financial statements are free from material misstatement or irregularity. We apply this concept in planning and performing our audit, in evaluating the effect of identified misstatements on our audit and of uncorrected misstatements, if any, on the financial statements when forming the audit opinion. This includes the statistical evaluation of errors found in samples which are individually below the materiality threshold but which, when extrapolated, suggest material error in an overall population. As the audit progresses our assessment of both quantitative and qualitative materiality may change.

In areas where users are particularly sensitive to inaccuracy or omission, we may treat misstatements as material even below the principal threshold. These areas include:

- the remuneration and staff report;
- details of special payments, write-offs and losses;
- our audit fee;
- prior year figures;
- specific legal settlements or amounts which should be agreed to other accounts; and
- irregular income and expenditure.

3. AUDIT APPROACH

Audit Approach

The NIAO audit approach is risk-based, informed by a good understanding of the operations of RQIA and an assessment of the risks associated with the financial statements and the regularity of underlying transactions. For all significant audit areas, we will use a variety of audit techniques, including analytical procedures and sampling of transactions. We will review other accounting systems and management controls operated by the RQIA only to the extent we consider necessary for the effective performance of the audit.

Independence

We are independent of RQIA in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard. We have fulfilled our ethical responsibilities in accordance with these requirements and have developed important safeguards and procedures in order to ensure our independence and objectivity.

NIAO quality standards and independence can be found at

<https://www.niauditoffice.gov.uk/publications/niao-quality-standards-and-independence>

Management of Personal Data

During the course of our audit we have access to personal data to support our audit testing. The NIAO has appointed a Data Protection Officer and has implemented a Data Protection Policy which ensures that personal data (and other sensitive data) used in connection with the audit is requested, transferred, controlled, processed and destroyed in accordance with the UK General Data Protection Regulation.

Using the work of Internal Audit

We liaise closely with internal audit throughout the audit process and seek to take assurance from their work where their objectives cover areas of joint interest. Following our review of internal audit's plans we do not aim to take assurance from internal audit but will review their work in order to aid our testing approach.

Use of Contractors

The NIAO has appointed ASM Chartered Accountants to undertake the detailed work to support the C&AG's opinion. On a day-to-day basis the audit will be managed and the work carried out by ASM Chartered Accountants' staff, under the direction of the NIAO. The responsibility for recommending the form of audit opinion to the C&AG shall be retained by the NIAO.

Changes to financial reporting guidance

There have been, or will be, some changes to financial reporting guidance which affect the preparation of your financial statements and will impact on our audit plan. These are detailed below:

- Issue of FReM 21-22; and
- IFRS 16 Leases transition: IFRS 16 will become effective from 1 April 2022. For the year ended 31 March 2022 RQIA may be required to make certain transitional disclosures depending on the timings of the implementation of any new leases.

Audit Scope

The scope of our audit and respective responsibilities can be found at:

<https://www.niauditoffice.gov.uk/publications/scope-financial-audit-respective-responsibilities-and-other-matters>

Significant Audit Risks

A significant risk is an identified and assessed risk of material misstatement that, in the auditor's judgement, requires special audit consideration.

Under ISA (UK) 240, there is a presumed risk of fraud in revenue recognition, albeit rebuttable. We do not believe the risk of fraud in revenue recognition is material to the financial statements.

The following significant risk is a presumed risk under auditing standards.

Significant Risk 1

Management override of controls

Under ISA (UK) 240, there is a presumed significant risk of material misstatement due to fraud through management override of controls.

Audit Response

As required by ISA (UK) 240, we will:

- test the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements;
- review accounting estimates for biases and evaluate whether the circumstances producing the bias, if any, represent a risk of material misstatement due to fraud; and
- consider significant transactions that are outside the normal course of business for the entity, or that otherwise appear to be unusual.

Other risk factors

In addition to the significant risks we have identified above, we have also identified a number of other risk factors. We do not consider these to represent a significant risk of material misstatement in the financial statements but they are matters that we will continue to monitor and respond to as appropriate throughout the audit. These areas include:

Requirement to break even

It is a requirement for RQIA to ensure that it breaks even by containing its net expenditure within +/- 0.25% or £20,000 (whichever is greater) of its Revenue Resource Limit (RRL) in the financial year. There is a risk that the financial results may be manipulated to achieve a breakeven position. In addition, we note that the Deceased Patients Review and the Muckamore Public Inquiry have resulted in additional resourcing constraints and pressures and will continue to do so throughout the remainder of the financial year. We will review the impact this has on the ability to break even at year end and will review any documentation in relation to additional funding received.

Accruals, provisions and contingent liabilities

In the prior year audits, a number of issues in relation to payroll accruals were identified. In order to meet the definition of an accrual as set out in IAS 37, the liability should be agreed with reasonable certainty of both the amount to be paid and the timing of the payment. In several instances e.g. Holiday pay on overtime, these may have been more appropriately classified as provisions given uncertainties surrounding the amount or timing of payment. We understand that HSC bodies continue to seek clarity and guidance from the Department of Health to ensure appropriate and correct treatment. During the audit, we will review the treatment of payroll liabilities to ensure that they have been appropriately accounted for within the financial statements. We will also review any guidance from the Department of Health in relation to payroll liabilities.

Further last year we identified an unadjusted misstatement associated with dilapidations / rent compensation associated with the move of RQIA from BT Tower. We will review the outworking of this in the 2021-22 audit.

Other Matters

Governance Statement – we will review the Governance Statement in connection with its documentation of issues arising from the report “Independent Review Into the Circumstances of Board Member Resignations in the RQIA”

4. AUDIT TIMETABLE, FEES AND STAFFING

Timetable

The timetable comprises a final visit commencing 16th May 2022 with certification planned by 27th July 2022.

Final audit testing commences	•16th May 2022
Draft year end financial statements provided to NIAO	•16th May 2022
Draft Annual Report provided to NIAO	•16th May 2022
NIAO clearance on draft financial statements	•17th June 2022
Signed financial statements and Letter of Representation provided to C&AG	• by 22nd July 2022
Financial statements certified by C&AG	• by 27th July 2022
Provisional Report issued for management response	• by 17th June 2022
Final Report to those charged with Governance issued	•by 26th August 2022

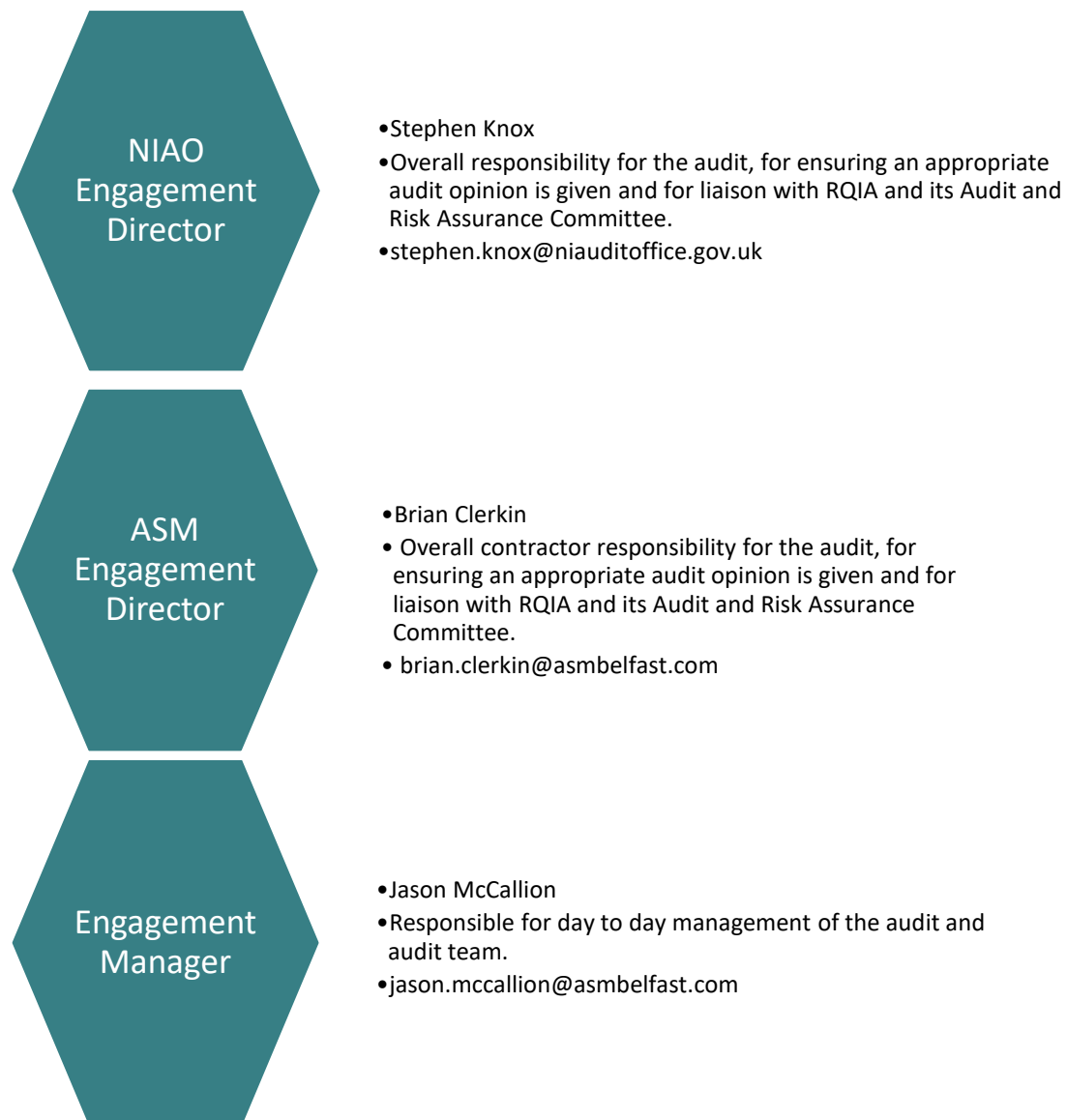
Fees

The fee for RQIA account is £18,200.

Completion of our audit in line with the timetable and fee is dependent upon:

- RQIA delivering on 16th May 2022 complete Accounts and a complete Annual Report of sufficient quality that have been subject to appropriate internal review;
- RQIA delivering good quality supporting documentation and evidence, within the agreed timetable; and
- Appropriate client staff being available during the audit.

Audit team



APPENDIX ONE: GOOD PRACTICE GUIDES

The NIAO has produced a series of good practice guides for Northern Ireland public sector bodies. The following guides have been published in the last five years:

- Grant Fraud Risks
28 October 2021
- A strategic approach to the use of public sector assets: A good practice guide for local government in Northern Ireland
21 October 2021
- Government financial reporting review: Best practice examples from 2019-20
31 March 2021
- Procurement fraud risk guide
24 November 2020
- Covid-19 fraud risks August 2020
01 September 2020
- Raising concerns: A good practice guide for the Northern Ireland Public Sector
25 June 2020
- Performance improvement in local government - learning the lessons of performance improvement: a good practice briefing
27 September 2019
- Public Reporting Standards (May 2019)
24 May 2019
- Making Partnerships Work
30 April 2019
- Performance Management for Outcomes
15 June 2018
- Managing the Risk of Bribery and Corruption
14 November 2017

These publications can be found at

<https://www.niauditoffice.gov.uk/publications/type/goodPractice>

APPENDIX TWO: PUBLIC REPORTS

Relevant Public Reports over the last three years

While the financial audit team will be mindful of value for money (VFM) throughout the audit, Public Reporting audit teams within NIAO undertake VfM studies across the public sector. VfM studies published in the last three years, which are either relevant or of interest to RQIA, are as follows:-

2020

- Capacity and capability in the Northern Ireland Civil Service (November 2020)
[Capacity and Capability in the Northern Ireland Civil Service | Northern Ireland Audit Office \(niauditoffice.gov.uk\)](https://www.niauditoffice.gov.uk/publications/capacity-and-capability-in-the-northern-ireland-civil-service-0)
- Workforce planning for nurses and midwives (July 2020)
[Workforce planning for nurses and midwives | Northern Ireland Audit Office \(niauditoffice.gov.uk\)](https://www.niauditoffice.gov.uk/publications/workforce-planning-for-nurses-and-midwives-0)
- Addiction Services in Northern Ireland
[Addiction Services in Northern Ireland | Northern Ireland Audit Office \(niauditoffice.gov.uk\)](https://www.niauditoffice.gov.uk/publications/addiction-services-in-northern-ireland-0)
- The National Fraud Initiative: Northern Ireland (June 2020)
[The National Fraud Initiative: Northern Ireland | Northern Ireland Audit Office \(niauditoffice.gov.uk\)](https://www.niauditoffice.gov.uk/publications/the-national-fraud-initiative-northern-ireland-0)

2019

- Major Capital Projects (18 December 2019)
<https://www.niauditoffice.gov.uk/publications/major-capital-projects-0>
- Management of the NI Direct Strategic Partner Project – helping to deliver Digital Transformation (14 June 2019)
<https://www.niauditoffice.gov.uk/publications/management-ni-direct-strategic-partner-project-helping-deliver-digital-transformation-0>
- Follow-up reviews in the Health and Social Care Sector: Locum Doctors and Patient Safety (9 April 2019)
<https://www.niauditoffice.gov.uk/publications/follow-reviews-health-and-social-care-sector-locum-doctors-and-patient-safety>

Current and Planned Public Reporting Activities

We are currently undertaking the following Health-specific VFM examinations:

Mental Health Services in Northern Ireland

The Department of Health in Northern Ireland has a statutory responsibility to promote a system of health and social care designed to secure improvement in (among other things) the mental health of people in Northern Ireland.

Mental health is a significant issue in Northern Ireland. Mental illness is recognised as one of the four most significant causes of ill health and disability in Northern Ireland alongside cardiovascular

disease, respiratory disease and cancer. The Northern Ireland Public Health Strategy 'Making Life Better' (2014) notes that the prevalence of mental health in Northern Ireland is 25 per cent higher than that in England. Northern Ireland is also recognised as having the highest rates of suicide and self-harm in the United Kingdom.

The overall aim of this study is to provide an overview of the scale of mental health issues in Northern Ireland and the structures, systems and services in place to support them. In doing so, we will also consider:

- the adequacy of the Department's understanding of the level of mental health problems in Northern Ireland and the level of need for support/treatment
- the level of funding for mental health services and whether this adequately reflects need
- key barriers to accessing treatment and how successful the Department has been in addressing them
- the effectiveness of mental health services in supporting recovery and improving mental wellbeing.

Personal Protective Equipment

Personal Protection Equipment (PPE) is vital for helping control the spread of infection in health and social care settings and has been crucial in attempts to manage and minimise the global spread of the COVID-19 pandemic during 2020. It is key that such equipment is readily available, of sufficient quality and supported by clear guidance governing its use.

The C&AG has committed to reporting on a range of COVID-19 topics in 2022, including the supply of PPE to the local healthcare sector during the pandemic.

Childhood vaccination

Our study will consider the outcomes of vaccination against 14 diseases for pre-school children across the United Kingdom (UK), by comparing the results in Northern Ireland over the last decade against those in the rest of the UK and World Health Organisation (WHO) targets.

Proposals for future studies specific to the HSC sector are based on gathering an understanding of the operations and identifying areas where value for money might be at risk. This requires ongoing completion of routine survey work by the Public Reporting audit team and more detailed analysis of specific areas which show potential as future study topics. The Public Reporting audit team will liaise with relevant HSC bodies when carrying out this work.