RQIA Board Meeting

Date of Meeting	11 January 2018
Title of Paper	RQIA Inspection Policy
Agenda Item	6
Reference	B/01/18
Author	RQIA Staff
Presented by	Chief Executive and Director of Regulation and Nursing
Purpose	To present and obtain approval of the RQIA Inspection Policy.
Executive Summary	This revised policy encompasses all of the functions of RQIA in relation to inspection: Regulation; MHLD; Reviews. Broad principles are set out which facilitate consistency across all inspection teams but also permits responsive inspection according to the sector. A process of Equality Screening provided the opportunity to include a statement regarding Section 75 of NI Act to comply with two statutory duties: • Equality of Opportunity Duty:- to promote equality of opportunity between the 9 categories listed in the Act • Good Relations Duty:- desirability to promote good relations between persons of religious beliefs, political opinion and racial groups. This policy will be supported by revised inspection procedures that will take account of learning from the Inspection Assessment Project and from the Risk Framework / Fees and Frequencies Project. This work will be taken forward in 2018.
FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Equality Screening completed and published.

Recommendation/ Resolution	The Board is asked to **APPROVE** the RQIA Inspection Policy
Next steps	Circulate RQIA Inspection Policy to staff

Policy for Inspection

Version control

Version	Date	Action
17.0	20 December 2017	Final Version
Review	20 December 2020	

Contents **Page**

1.0 Introduction

1.1 The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (The Order) and its supporting regulations, requires the Regulation and Quality Improvement Authority (RQIA) to inspect, monitor and drive improvement in the quality of health and social care services in Northern Ireland. For those services that fall to be registered under Part III of the Order the frequency of inspections is set out within The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005, as amended.

The Health and Social Care (Reform) Act (Northern Ireland) 2009 stipulates under section 25 the transfer of functions from the former Mental Health Commission to RQIA. Article 85 of The Mental Health Order (Northern Ireland) 1986 (MHO) specifies the duties of RQIA in relation to mental health.

85. RQIA shall exercise –

(a) such functions under this Order as are transferred to it by section 25 of the Health and Social Care (Reform) Act (Northern Ireland) 2009, and

(b) such other functions relating to or connected with mental health as the Department may by order prescribe.

The Mental Health and Learning Disability Directorate currently monitor care and treatment under the provisions of the MHO. Article 86 (2) (a) specifies the statutory duty to make enquiry into any case where it appears there may be amongst other things, ill treatment or deficiency in care or treatment or where the property of any patient may be reason of mental disorder, be exposed to loss or damage. The MHO also places a statutory duty on RQIA in Article 86 (2) (b) to visit and interview patients who are liable to be detained in hospital as often as RQIA thinks appropriate. No frequency is stipulated in the MHO.

1.2 RQIA's core purpose is to provide assurance about the quality of care, challenge poor performance, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports. We represent the public interest in making sure that health and social care services are safe, effective and compassionate and take appropriate account of peoples' human rights.

1.3 We have specific powers to conduct inspections, investigations and reviews. We hold registered providers and health and social care (HSC) bodies to account through use of formal sanctions, applied proportionately when it is necessary to bring about improvements.

1.4 The purpose of this policy is to provide the framework for the inspections undertaken by RQIA. This includes reference to the legislative framework underpinning the delivery of services and the roles and responsibilities of RQIA staff.

2.0 Scope

2.1 This policy applies to all staff involved in the regulation, inspection and monitoring of HSC and independent health and social care services in Northern Ireland.

2.2 The policy should be read in conjunction with RQIA's inspection procedures and all current associated guidance and protocols.

3.0 Policy Statement

3.1 RQIA will ensure that all inspection activity is undertaken in accordance with this policy and associated procedures, guidance and protocols.

3.2 RQIA believes in a system of right touch regulation and has adopted the principles outlined in the UK Government 'Better Regulation Framework Manual' published in March 2015.

https://www.gov.uk/government/publications/better-regulation-framework-manual

RQIA will continue to regulate and inspect using the Principles of Good Regulation (Better Regulation Task Force 1997 revised March 2015). These include:

Proportionate:	Regulators should only intervene when necessary. Remedies should be appropriate to the risk posed.
Accountable:	Regulators must be able to justify decisions, and be subject to public scrutiny.
Consistent:	Standards must be implemented fairly.
Transparent:	Regulators should be open, and keep regulations simple and user-friendly.
Targeted:	Regulation should be focused on the problem, and minimise side effects.

3.3 All inspections will be undertaken in a manner which upholds the values set out in RQIA's Corporate Strategy so as to promote a culture of best practice and continuous improvement. In order to assure service users and the public of the rigour of RQIA's assessment, inspections shall be undertaken with a transparent, evidence based, proportionate and targeted approach.

3.4 RQIA will carry out the majority of inspections on an unannounced basis. Other inspections will be announced where it is necessary.

3.5 The majority of inspections will focus on the following four domains against which services will be assessed according to the relevant regulations and standards as referred to in appendix 1.

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

RQIA will report inspection findings against the four domains as described in Appendix 2. Other inspections may be undertaken: to follow up on information and intelligence e.g. whistleblowing; to assess compliance following enforcement or escalation action; to evaluate services prior to and following registration. This may have a different focus and a different report format.

3.6 RQIA will involve lay assessors/peer reviewers on inspection, as appropriate.

3.7 RQIA will consider enforcement/escalation action when inspections identify:

- risks to the health, welfare and safety of service users
- concerns about the service
- failure to improve and/or lack of compliance

This policy should be read in conjunction with RQIA's Enforcement/Escalation Policy and Procedures.

https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

3.8 All inspections will take account of any relevant enforcement/escalation activity in the service. Where appropriate, inspection reports will describe the outcome of this activity.

3.9 All inspections will take account of any other relevant information which is brought to its attention by way of contact or communication from other sources. Where appropriate, inspection reports will describe the outcome of this.

3.10 Inspections will take account of relevant notifiable events/serious adverse incident submissions made by the service and actions taken, where appropriate.

3.11 As part of RQIA's governance arrangements, where appropriate, inspectors' caseloads will be rotated within individual inspection teams. The caseload of pharmacist, estates and finance inspectors will be rotated in consideration of the team's frequency of inspection and regulatory activity.

RQIA will consider a range of factors which may limit an inspection team's ability to rotate caseloads. These factors include the following:

- geographic location
- profile of service

- assessment of risk within the service
- resources available to inspection team

3.12 Section 75 of the Northern Ireland Act 1998 (the Act) requires RQIA for the purposes of the Act, to comply with two statutory duties.

The first duty is the *Equality of Opportunity* duty, which requires RQIA, in carrying out its functions, to have due regard to the need to promote equality of opportunity between the nine equality categories of persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; men and women generally; persons with a disability and persons without; and persons with dependents and persons without.

The second duty, the *Good Relations* duty, requires that RQIA, in carrying out its functions, has regard to the desirability of promoting good relations between persons of different religious belief, political opinion and racial group.

RQIA will give consideration to the fulfilment of both of these statutory duties in relation to the inspection process through the equality screening of the inspection policy and the commitment to screen underpinning policies and procedures over a rolling three year programme.

4.0 Legislative Framework

Registered providers/managers of regulated establishments and agencies, along with HSC Trusts are required to comply with The Order and the subordinate regulations specific to the service. They are also required to ensure that their service operates in accordance with the minimum care standards issued by the Department of Health, (DoH).

HSC trusts are also required to comply with the Mental Health (Northern Ireland) Order 1986. They are expected to ensure that their service operates in accordance with the minimum quality standards issued by the DoH in 2006, and associated best practice guidance.

The legislative framework and list of published standards are detailed in Appendix 1.

5.0 Responsibilities

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

5.2 **Executive Team** - The Chief Executive has operational responsibility to ensure that this policy is adhered to.

The inspection process will be overseen by the Director of Regulation and Nursing; the Director of Mental Health, Learning Disability and Social Work and the Medical Director/Quality Improvement Lead who are required to

ensure that all operational staff are aware of, and meet the standards and guidance set out in this document within their areas of responsibility.

The Director of Corporate Services must ensure that information in relation to the management of records, the retention of data regarding inspection activity is managed and retained in accordance with relevant legislation.

The Director of Regulation and Nursing will ensure that the RQIA register of regulated services is accurate and up-to-date to ensure that it retained in accordance with relevant legislation.

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

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

5.4 **Head of Programme** – Has a responsibility to ensure that all relevant staff are aware of and adhere to this policy and relevant procedure. It is also the responsibility of Heads of Programmes to oversee the inspection process to ensure that all inspections are undertaken as scheduled within timescales set by RQIA.

Heads of Programme will make reference to enforcement/escalation policy and associated procedures as required and when necessary. Each Head of Programme should ensure that issues or concerns relating to inspection activity or possible enforcement/escalation action within their operational team are communicated with other heads of programme as appropriate. Heads of Programme will report to their relevant director as outlined in 5.2. Heads of Programme will ensure that all reports are peer reviewed in line with RQIA's quality assurance procedures.

5.5 **Senior Inspector** – Has a responsibility to ensure that all relevant staff are aware of and adhere to this policy and relevant procedures.

5.6 **Inspector** - Has a responsibility to adhere to the policy and ensure that their contribution to the inspection process is both efficient and rigorous. Inspectors will report to the relevant senior inspector or head of programme. Staff undertaking inspections will conduct themselves in a professional manner. They will respect the rights of service users and others involved in the inspection process, upholding the values and principles set out in RQIA's Culture Charter. They will also include Lay Assessors in inspections as appropriate.

5.7 **Communications Manager –** has responsibility to ensure that:

- Information in relation to regulatory activities (registration and inspection), including RQIA's register, inspection reports and relevant

advice and guidance is published on RQIA's website in a timely manner.
- Provide advice and guidance to support inspectors in report writing and presenting written material, in line with relevant corporate guidance.

5.8 **User Consultation Officer –** will support the inspection

5.9 **Estates Support Officer**

5.10 **Other staff -**

5.11 **Lay Assessor** – will support the inspection process by assisting with the collection of information using service user questionnaires. The information provided by service users will be used to support the inspection findings and will also be included in the inspection report.

5.12 **Peer Reviewer -** will support the inspection process by assisting with the collection of information and providing feedback to the inspection team.

5.13 **Administrative Team Supervisor/Senior Administrator** - Has responsibility for implementing this policy and relevant procedures within the administrative team and for ensuring that it is understood and adhered to at all times by all members of the team.

5.14 **Administrative Team** – Has responsibility for ensuring that they adhere to this policy and relevant procedures within the administrative team.

6.0 Training

6.1 All relevant staff will be appropriately inducted and trained in the inspection process. Guidance on the implementation of this policy will be provided at induction and following change to policy or procedures. Ongoing training will address areas of specific need, to maintain and enhance knowledge and skills and promote continuous quality improvement.

7.0 Monitoring/Evaluation

7.1 The effectiveness of this policy will be monitored by the directors within RQIA as outlined in 5.2. The implementation of the policy and procedure and any deficiencies within the policy will be noted by the Chief Executive and any proposed amendments will require approval by the Chief Executive.

8.0 Equality

8.1 This policy was equality screened on 18 October 2017 and was considered to have a low impact implication for equality of opportunity, therefore the policy does not require to be subjected to a full equality impact assessment.

9.0 Review of the Policy

9.1 This policy will be reviewed in response to the evaluation of revised inspection methodology, where necessary and systematically at least every three years.

10.0 Development and Stakeholder Consultation

10.1 This policy has been developed by a Project Group within RQIA and in consultation and engagement with all members of staff including the RQIA Board and Executive Management team.

Appendix 1

Published Legislation and Standards Issued by Department of Health and Best Practice Guidance

1.1 Published Department of Health Legislation

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
The Mental Health (Northern Ireland) Order 1986

The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005
The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005
The Nursing Homes Regulations (Northern Ireland) 2005
The Residential Care Homes Regulations (Northern Ireland) 2005
The Children's Homes Regulations (Northern Ireland) 2005
The Voluntary Adoption Agencies Regulations (Northern Ireland) 2010
The Children (Secure Accommodation) Regulations (Northern Ireland) 1996
The Inspection of Premises, Childcare and Records (Children Accommodated in Schools) Regulations (Northern Ireland) 2000
The Voluntary Adoption Agencies Regulations (Northern Ireland) 2010
The Independent Health Care Regulations (Northern Ireland) 2005
The Nursing Agencies Regulations (Northern Ireland) 2005
The Domiciliary Care Agencies Regulations (Northern Ireland) 2005
The Day Care Settings Regulations (Northern Ireland) 2007
The Residential Family Centres Regulations (Northern Ireland) 2007
The Adult Placement Agencies Regulations (Northern Ireland) 2007
The Mental Capacity Act (Northern Ireland) 2016

1.2 Published Department of Health Standards

Care Standards for Nursing Homes April 2015
Residential Care Homes Minimum Standards August 2011
Nursing Agencies Minimum Standards August 2011
Domiciliary Care Agencies Minimum Standards August 2011
Minimum Standards for Dental Care and Treatment March 2011
Residential Family Centres Minimum Standards April 2011
Day Care Settings Minimum Standards January 2012
Minimum Standards for Leaving Care and Young Adult Supported Accommodation Projects September 2012
Minimum Standards for Children's Homes April 2014
Minimum Standards for Independent Health Care Establishments July 2014.

The Quality Standards for Health and Social Care, March 2006

NB: For a current list of relevant legislation and standards refer to DoH: https://www.health-ni.gov.uk/

1.3 Best Practice Guidance

A range of organisations produce best practice guidance, for example, National Institute for Health and Care Excellence (NICE) and Guidelines and Audit Implementation Network (GAIN), which are endorsed by the Department of Health and other professional and regulatory bodies.

Appendix 2

Definitions of the four domains

Equality and Human Rights Screening Template: Policy for Inspection

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

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

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

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

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

For information (evidence, data, research etc) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website: http://www.hscbusiness.hscni.net/services/1798.htm

SCREENING TEMPLATE

See Guidance Notes for further information on the 'why' 'what' 'when', and 'who' in relation screening, for background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Policy for Inspection

1.2 Description of policy or decision

What is it trying to achieve? (aims and objectives)

The aim of this policy is to ensure a consistent approach to inspections, within all directorates of RQIA, while meeting the legislative requirements which underpin the role and function of RQIA and the principles of better regulation.

Inspections will focus on four domains –"Is care safe?", "Is care effective?", "Is care compassionate?" and "Is the service well led?".

How will this be achieved? (key elements)

This will be achieved by clearly outlining

- the roles and responsibilities of all parties involved
- that all inspection activity is undertaken in accordance with associated procedures, guidance and protocols
- the legislative framework within which inspections are undertaken
- the operational arrangements to ensure robustness of the inspection system

The policy makes a clear statement as to how inspections shall be undertaken in a manner which upholds the values set out in RQIA's corporate strategy.

What are the key constraints? (for example financial, legislative or other)

Possible constraints may include:

- Equality screening of the policies and procedures underpinning this inspection policy will be resource intensive. RQIA will undertake a rolling programme of screening over a 3 year period aligned with our Equality Action Plan.

1.3 Main stakeholders affected (internal and external)

The main stakeholders that need to be considered in relation to Equality Screening are:

- Actual and potential service users of services inspected
- Relatives/representatives/carers of potential service users of service inspected
- RQIA staff
- Staff of actual and potential services inspected
- HSC Trusts and organisations
- Independent and Voluntary Sector
- General public
- Department of Health

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

- RQIAs Corporate Strategy
- The Health and Personal Social Services (Quality, Improvement Regulation) (Northern Ireland) Order 2003.
- The associated regulations made under the 2003 Order
- Enforcement/Escalation Policy and associated procedures
- The associated regulations made under the 2003 Order
- Mental Health (Northern Ireland) Order 1986
- DoH health standards
- Health and Wellbeing 2026 – Delivering Together
- DHSSPS Quality 2020: A 10 Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland
- Northern Ireland Executive – Programme for Government Framework 2016-21. Belfast NIE 2016
- All policies and procedures which underpin this inspection policy as outlined in Appendix 1 and aligned with our equality action plan

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

2.1 Data Gathering

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

- Census data from 2011
- State of Health Care and Adult Social Care in England 2015/16
- Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution
- The Luck of the Draw" – A report on the experiences of trans individuals reporting hate incidents in Northern Ireland
- OFMDM Transphobia report May 2010
- Public Health Annual Report and additional core tables recognising drivers
- Mencap article – 74 deaths and counting
- NMC – Death by indifference
- Researching Lesbian, Gay, Bisexual and Transgender Issues in Northern Ireland – Esther Breitenbach 2004
- ICM – Fear of Raising Concerns About Care Report – April 2013
- RQIA has examined best practice/equality screening by other regulators and audits of inequalities by HSC organisations and the Department of Health

2.2 Quantitative Data

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

Category	***What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	**Service Users** The estimated population of Northern Ireland at 30 June 2015 is the 50.9% female (942,500) 49.1% male (909,100). The population has increased by 11,100 people (0.6%) from mid 2014 – mid 2015. Research has highlighted that women in northern Ireland generally live longer than men due to uptake of health services, health improvement programmes and screening programmes. No reliable information is available on the number of transgender people living in Northern Ireland. In the UK, it is estimated the number of transgender people ranges from about 1 in 100 to as many as 1 in 20. Following a comprehensive estimate for transgender status, Reed et al. (2009) have estimated that the number of people who have

<table>
<tr><td></td><td>presented with Gender Identity Dysphoria in Northern Ireland is 8 per 100,000 (0.008%) of the population (aged 16 and over)[1]. This would represent approximately 120 people in Northern Ireland.

However, more recent work by McBride and Hansson (2011)[2] suggests that there are between 140 and 160 individual affiliated with the three main trans support groups in Northern Ireland: The Butterfly Club, The Purple Group and the Oyster Group.

There are 80 to 100 transgender people known to, or who are accessing, support services within Northern Ireland. However, it is widely known that transgender people remain invisible and the numbers are estimated to be much higher. Like all other people, LGBT people will need treatment for a full range of health conditions over the course of their lives.

RQIA Staff

Male: 25.61%
Female: 74.39%</td></tr>
<tr><td>Age</td><td>Service Users

The population of Northern Ireland is estimated at 30 June 2015 to be 1,851,600

<table>
<tr><th>Age</th><th>Population</th><th>% Population</th></tr>
<tr><td>Aged 0-15</td><td>385,000</td><td>20.8%</td></tr>
<tr><td>Aged 16-34</td><td>465,900</td><td>25.2%</td></tr>
<tr><td>Aged 35-64</td><td>708,700</td><td>38.3%</td></tr>
<tr><td>65+</td><td>291,800</td><td>15.8%</td></tr>
</table>
</td></tr>
</table>

[1] Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution – Reed et al, June 2009 - http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf

[2] "The Luck of the Draw" A Report on the Experiences of Trans Individuals Reporting Hate Incidents in Northern Ireland – McBride and Hasson, May 2010 - http://www.ofmdfmni.gov.uk/index/equality/equalityresearch/research-publications/esn-pubs/final_draft_transphobia_report_may_2010.pdf

RQIA Staff

Age	
<25	1.22%
25-29	3.66%
30-34	10.37%
35-39	6.10%
40-44	14.63%
45-49	19.51%
50-54	18.29%
55-59	16.46%
60-64	7.32%
65-69	2.44%

Religion

Based on the 2011 Census data, the religious background of the population of Northern Ireland was as follows:

Religion	% Population
Catholic	40.76%
Protestant (including Presbyterian, Church of Ireland, Methodist)	35.8%
Other Christian Religions	5.76%
Other Religions	0.82%
No Religion	10.11%
No Stated Religion	6.75%

RQIA Staff

Perceived Protestant	1.83%
Protestant	40.85%
Perceived Roman Catholic	2.44%
Roman Catholic	42.68%
Neither	2.44%
Perceived Neither	0.00%
Not assigned	9.76%

Political Opinion

Service Users

In 2011, 1,380,058 people were eligible to vote in the Northern Ireland Assembly elections. Approximately 48% of the eligible population of Northern Ireland voted. An approximate breakdown of the figures are as follows:

Political Opinion	Vote	% Population
Unionism	303,940	22.1%
Nationalism	272,508	19.7%
Other political opinion	85,286	6.1%
Did not vote	718,324	52.1%

RQIA Staff

Broadly Nationalist	0.61%
Other	1.22%
Broadly Unionist	1.22%
Not assigned	90.24%
Do not wish to answer	6.71%

Marital Status

Service Users

Based on the 2011 Census data, the marital status of the population of Northern Ireland was as follows:

Marital Status	% Population
Single (never married or never registered a same-sex civil partnership)	36.14%
Married	47.56%
In a registered same-sex civil partnership	0.09%
Separated (but still legally married or still legally in a same-sex civil partnership)	3.98%
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	5.45%
Widowed or surviving partner from a same-sex civil partnership	6.78%

RQIA Staff:

Divorced	2.44%
Mar/CP	59.76%
Other	0.00%
Separated	2.44%
Single	20.12%

	Unknown Widow/R Not assigned	14.63% 0.61% 0.00%
Dependent Status	Based on the 2011 Census data, the following information on dependent status was determined for the population of Northern Ireland. • 11.81% (213, 863) of the usually resident population provide unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill-health/ disabilities or problems related to old age. • 3.11% (56, 318) provided 50 hours care or more. • 33.86% (238, 129) of households contained dependent children. • 40.29% (283, 350) contained a least one person with a long-term health problem or a disability. The number of carers, including younger carers, in the UK is increasing as the population ages and disabled people with serious illnesses live longer and are more likely to live at home. Carers also use hospital services, which might be directly as a result of ill health caused by their caring responsibilities. Based on the most recent information from Carers Northern Ireland, the following facts relate to carers: • 1 in every 8 adults is a carer • There are approximately 207,000 carers in Northern Ireland • Any one of us has a 6.6% chance of becoming a carer in any year Current evidence suggests that caring is more commonly undertaken by women and is more intensive in deprived areas. **RQIA Staff** Yes 6.71% Not assigned 89.02% No 4.27%
Disability	**Service Users** Based on the 2011 Census data, the following information on disability was determined for the population of Northern Ireland. • 374,668 people (20.69% of the population) regarded themselves as having a disability or long-term health problem/ disability, which has an impact on their day to day activities. • 1, 241,709 people (68.57% of the population) did not regard themselves as having a long-term health condition/ disability.

People have been identified with one or more of the following conditions:

Condition	Population	% Population
Deafness or partial hearing loss	93,078	5.14%
Blindness or partial sight loss	30,785	1.7%
Communication Difficulty	29,879	1.65%
Mobility of Dexterity Difficulty	207,163	11.44%
A learning, intellectual, social or behavioural difficulty	40,201	2.22%
An emotional, psychological or mental health condition	105,573	5.83%
Long-term pain or discomfort	182,897	10.10%
Shortness of breath or difficulty breathing	157,907	8.72%
Frequent confusion or memory loss	35,674	1.97%
A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy	118,612	6.55%
Other condition	94,527	5.22%
No Condition	1,241,709	68.57%

Recent research carried out by the Care Quality Commission[3] suggests that :

- People with a learning disability have higher levels of health needs than most of the population and can have a poorer experience when using acute hospital services. Death by Indifference, 74 Deaths and Counting, (Mencap 2012)[4] described what had happened since Death by Indifference (2007)[5], which raised the issue of deaths of people with learning disabilities whilst in the care of the NHS.
- The Confidential Inquiry into Premature deaths of People with Learning Disabilities, (CIPOLD) was set up. Their investigation and report revealed deficiencies by the NHS and social care in treatment and care.
- People who have dementia also fall within the definition of disabled people under the Equality Act. Despite some improvements, people with dementia continue to have poorer

[3] http://www.cqc.org.uk/
[4] https://www.mencap.org.uk/news/article/74-deaths-and-counting
[5] http://www.nmc.org.uk/globalassets/siteDocuments/Safeguarding/England/1/Death-by-Indifference.pdf

outcomes in hospital compared to those without dementia. State of Care report (2012-13)[6].

- Disabled people with other equality characteristics can face multiple disadvantages. For example some ethnic groups have a higher proportion of the population who are disabled.

A HealthCare Commission Report in 2008: Not Just a Matter of Time - A review of urgent and emergency care services in England[7], reports that the provision of facilities for disabled patients by A&E departments and urgent care centres was variable. Although all patients they engaged with to inform the study stated that facilities were accessible by wheelchair users and 82% reported that signs in the unit were suitable for people with visual impairments, they found that:

- Only 54% had undertaken an audit of facilities for disabled people, that had actually involved disabled people.
- In 49% of units, less than half of the staff had received training on disability awareness.
- Only 54% of units had a hearing loop in place (and of these, a third did not test their system regularly).
- Only 41% of units produced information for patients in 'easy read' formats suitable for people with learning disabilities.
- 23% of A&E departments and urgent care centres did not have tools to help them assess the needs of people who find it difficult to communicate (for example, people with learning disabilities).

The report stated that **'**Although the number of people we spoke to was relatively small, it is a concern that people with disabilities reported many poor experiences.'

RQIA Staff

No	70.73%
Not assigned	29.27%
Yes	0.00%

[6] http://www.cqc.org.uk/content/state-care-201213
[7] http://image.guardian.co.uk/sys-files/Society/documents/2008/09/26/emergencyreview.pdf

Ethnicity

Service Users

Based on the 2011 Census data, There are 32,400 people from minority ethnic groups living in Northern Ireland (Census 2011).

The ethnic breakdown of the population of Northern Ireland was as follows:

Ethnicity	% Population
White	98.21%
Chinese	0.35%
Indian	0.34%
Irish Traveller	0.07%
Pakistani	0.06%
Bangladeshi	0.03%
Other Asian	0.28%
Black Caribbean	0.02%
Black African	0.13%
Other Black ethnicity	0.05%
Mixed ethnicity	0.33%
Other ethnicity	0.13%

The 2011 Census found that English was not the main language for 3.1% (54,500) of Northern Ireland residents aged three years and over. The most prevalent main language other than English was Polish (17,700 people). Other main languages spoken included: Lithuanian (6,300 people), Irish (4,200), Portuguese (2,300), Slovak (2,300), Chinese (2,200), Tagalog/Filipino (1,900), Latvian (1,300), Russian (1,200), Malayalam (1,200) and Hungarian (1,000)'.

The Director of Public Health Annual Report 2013[8] states that, 'In the last few decades, the Northern Ireland population has become more ethnically diverse. It is clear that net inward migration during the last decade has supplemented existing minority ethnic communities and changed the ethnic mix of many places, both urban and rural. Ethnic minorities, however, have persistent barriers to healthy living, such as language, relatively lower socioeconomic class, inferior working and living conditions, lack of cultural awareness, and lack of understanding of HSC systems.

[8] http://www.publichealth.hscni.net/publications/director-public-health-annual-report-2013-and-additional-core-tables-recognising-divers

	RQIA Staff Not assigned 89.63% White 10.37% Other 0.00% Black African 0.00% Indian 0.00% Chinese 0.00%
Sexual Orientation	The Director of Public health Annual Report 2013[9] states that, 'Although the acronym LGB is used as an umbrella term and the health needs of this community are often grouped together, each of these groups represents a distinct population with its own health concerns. Recent research concluded that: • LGB people are at significantly higher risk of mental disorders, suicidal thoughts, substance misuse and deliberate self-harm. Local evidence from Northern Ireland shows that 82% of LGB people experienced harassment and 55% have experienced homophobic violence. • LGB people's experience of healthcare suggests there are numerous barriers, including homophobia and heterosexism; misunderstandings and lack of knowledge; lack of appropriate protocols; poor adherence to confidentiality and an absence of LGB-friendly resources. The Director of Public health Annual Report 2013[10] states that, 'Compared to their heterosexual peers, LGB&T people are: • two and a half times more likely to live alone; • twice as likely to be single; • four and a half times more likely to have no children to call on in times of need. Accurate figures for the sexual orientation of people in Northern Ireland are unavailable, as this information was not included in the 2011 Census. There are no robust data on the number of lesbians, gay men and

[9] http://www.publichealth.hscni.net/publications/director-public-health-annual-report-2013-and-additional-core-tables-recognising-divers

[10] http://www.publichealth.hscni.net/publications/director-public-health-annual-report-2013-and-additional-core-tables-recognising-divers

	bisexuals in Northern Ireland. However, research in the UK estimates that around 5–7% of the population are lesbian, gay, or bisexual (LGB). This equates to about 65,000–90,000 of the Northern Ireland population[11]. **RQIA Staff** Do not wish to answer 0.61% Not assigned 90.85% Opposite sex 7.93% same sex 0.61%

2.3 Qualitative Data

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

The RQIA Inspection Policy is a high level document which sets out the strategic direction for inspections. Potential equality issues that have identified in this initial screening will be addressed in section 2.5. It is however recognised that the needs, experiences and priorities of groups within each Section 75 category may vary substantially in relation to the inspection of particular establishments. Guidance/audit tools for each area define how the inspection is carried out and what is inspected. Therefore RQIA is committed to undertaking equality screening of guidance/audit tools to fully give consideration of the needs of the Section 75 groups – see Appendix 1. This commitment is reinforced in RQIA's Equality Action Plan, which can be found on our website.

Category	***Needs and Experiences***
Gender Political Opinion Marital Status Dependent Status	In response to the identified needs of these groups, methods to ensure suitable engagement will be considered in the screening of the documents listed in Appendix 1; in line with RQIA's Equality Action Plan.

[11] http://www.publichealth.hscni.net/publications/director-public-health-annual-report-2013-and-additional-core-tables-recognising-divers

Age	We know that older people can have a poorer experience when using services. When looking at age equality, we also need to consider issues for children and younger people using services
Religion	We do know that there are many ways in which religious practices and beliefs have the potential to affect health and to have an impact on whether health services are appropriate for different religious and belief groups. The Director of Public Health Annual Report 2013[12] states that, 'There are a diverse range of religious beliefs in Northern Ireland. It is likely that these beliefs have a role in and impact on people's health. Current evidence suggests religious beliefs may have both positive and negative impacts on health and morbidity. Religious involvements may increase physical, mental and social wellbeing. On the other hand, discrimination based on religion and beliefs can contribute to poor health'. There are many ways in which religious practices and beliefs have the potential to both affect health and the appropriateness of health services: • Diet choice, and preparation of the food. • Observance of fasting times. • Orthodox Jews observance of the Sabbath. • Ethics around Blood transfusion. • Views on termination of pregnancy and contraception. • Circumcision for religious reasons and views about the link between Female Genital Mutilation and religious requirements. • Views on end of life care, withdrawal of treatment and resuscitation. • Provision of Chaplaincy and prayer facilities. • Ablution facilities where appropriate to the religious background of the patient.

[12] http://www.publichealth.hscni.net/publications/director-public-health-annual-report-2013-and-additional-core-tables-recognising-divers

Disability	Disabled people make up a significant percentage of the population and we expect that disabled people are likely to use health services more frequently than non-disabled people, although monitoring data is not yet available to confirm this. The Director of Public Health Annual Report 2013[13] states that, 'The population of disabled people is heterogeneous, not only in terms of impairments but also demographically, socially and economically. Good quality information on people in Northern Ireland with a disability is limited, especially in terms of their multiple identities and their experiences across a range of social and economic contexts. There is evidence that people with serious mental health problems are at high risk of coronary heart disease and stroke before the age of 55. Similarly, people with learning difficulties are at high risk of respiratory disease, malnutrition and obesity. Cervical and breast screening uptake rates are lower among people with learning disabilities. There is also evidence that suggests people with disabilities are more likely to be living in poverty. In addition, people with mental health problems and learning disabilities are more likely to experience social stigma and discrimination, which put them at greater disadvantage'.
Ethnicity	Ethnic groups within the Northern Ireland population bring different opportunities as well as challenges. These include: • issues around health protection (e.g. hepatitis B, hepatitis C, HIV); • vulnerability to non-communicable diseases; • experience of health care (immunisation, prevention, screening, treatment); • cultural beliefs about health/illness; • acceptability of treatments'. Migration also has significant implications for all areas of health practice. Patterns of disease, health needs and the type of health services required are different for migrant populations. There is evidence that mental and social health problems are an

[13] http://www.publichealth.hscni.net/publications/director-public-health-annual-report-2013-and-additional-core-tables-recognising-divers

	issue for many migrants. In general, the physical health of migrants is likely to be similar to the local population of the same age, but there are some differences, e.g. the smoking levels among Polish migrants in other countries were found to be higher than the local population. English is the main language in Northern Ireland and a lack of English language skills can therefore prevent or obstruct participation in society at the most basic level. Access to and knowledge of the health systems among migrant populations is reported to be limited, with language as a recurring barrier. Little or no knowledge of English is considered the most significant barrier to accessing HSC, as well as service delivery. This can lead to an over-reliance on friends, family and minority ethnic support organisations to provide information on services. Current evidence suggests that people who are not fluent in English: • have less access to healthcare; • receive fewer preventive measures; • may have poor experience of service. On the other hand, competency in English: • is linked to quality of life improvements; • enables people to secure employment; • contributes to inclusion, integration and active citizenship. Many people whose first language is not English are migrants, asylum seekers, refugees or from ethnic minorities, so it is plausible that some of the health issues faced by non-English speakers are similar to those groups. Communication barriers within HSC: • prolong appointments; • take up more staff time; • increase the risk of misdiagnosis, misunderstanding and non-consent to examination, treatment or care'.
Sexual Orientation	In relation to the content of the inspection: inspections will give consideration to how the service is meeting the needs of people from specific sexual orientation groups. In relation to the process of inspection: There were no different needs, experiences or priorities identified between the different specific sexual orientation groups.

	Local research evidence also suggests substance misuse and risky sexual behaviours are more prevalent among the LGB population. Individuals of alternate sexual orientation are over-represented among patients with sexually transmitted infections, including syphilis and HIV'. Breitenbach (2004)[14] also recognised that lesbian, gay, bisexual, and transgender (LGBT) people experience various forms of discrimination and harassment because of their sexual orientation and/or their gender. Though experience of discrimination may be common, not all experiences are the same, and reflect the different life experiences of different groups, including personal, family and social life, patterns of health, treatment at work, and treatment by providers of public services. Furthermore, LGBT communities are not necessarily a cohesive group, and may not all see themselves as having a common identity or being part of a community of interest, and there may even be tensions between different groups. The Director of Public health Annual Report 2013[15] states that, 'Compared to their heterosexual peers, LGB&T people are: • two and a half times more likely to live alone; • twice as likely to be single; • four and a half times more likely to have no children to call on in times of need. Accurate figures for the sexual orientation of people in Northern Ireland are unavailable, as this information was not included in the 2011 Census. There are no robust data on the number of lesbians, gay men and bisexuals in Northern Ireland. However, research in the UK estimates that around 5–7% of the population are lesbian, gay, or bisexual (LGB). This equates to about 65,000–90,000 of the Northern Ireland population[16]. We tried to identify any research that had been undertaken that could identify figures; however, no specific research has undertaken. All research in this area is specifically targeted at sexually orientated groups, rather than research trying to identify the prevalence of sexually orientated groups. Therefore the figures obtained from available research are not representative of the

[14] Researching Lesbian, Gay, Bisexual and Transgender issues in Northern Ireland - Esther Breitenbach, 2004 - http://www.ofmdfmni.gov.uk/research.pdf
[15] http://www.publichealth.hscni.net/publications/director-public-health-annual-report-2013-and-additional-core-tables-recognising-divers
[16] http://www.publichealth.hscni.net/publications/director-public-health-annual-report-2013-and-additional-core-tables-recognising-divers

	population of Northern Ireland. In one piece of research, Breitenbach (2004)[17] also comments that a major difficulty encountered by research on sexual orientation is that of quantifying and describing the relevant population. Whilst there are no accurate statistics on sexual orientation in the population as a whole, it is estimated that between 5-10% of people would identify as lesbian, gay or bisexual.

2.4 Multiple Identities

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

[17] Researching Lesbian, Gay, Bisexual and Transgender issues in Northern Ireland - Esther Breitenbach, 2004 - http://www.ofmdfmni.gov.uk/research.pdf

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

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
RQIA will take an initial step to promote equality of opportunity by including the following questions during all inspections in the record of inspection: 1. Do you collect any equality data on your service users? 2. How do you ensure your staff are equipped with the skills to effectively engage with the diverse range of service users and meet their diverse needs? e.g.through training. 3. What equality issues have been raised with you by service users or their relatives/carers. What did you do about them? The response from the provider to these questions will be included in each inspection report published by RQIA. Record of inspection templates, where applicable, will be updated to include the three questions. RQIA will provide written information in line with our accessible format policy. RQIA will ensure that all RQIA staff involved in inspections will have undergone HSC Equality training.	RQIA makes a commitment to equality screen the documents listed in Appendix 1 over a 3 year rolling programme as outlined in our equality action plan. When procuring new technology and/or software consideration will be given to the capture and analysis of equality data.

Good Relations

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

Group	***Impact***	***Suggestions***
Religion	None Identified	
Political Opinion	None Identified	
Ethnicity	None Identified	

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

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

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

Please tick:

Major impact	
Minor impact	X
No further impact	

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

Please tick:

Yes	
No	X

Please give reasons for your decisions.

RQIA has taken an initial step to address equality issues by including the equality questions outlined in section 2.5 in all inspections and ensuring the responses are included in inspection reports published.

RQIA has committed to screening the policies and procedures (Appendix 1) underpinning this policy over a three year period in line with our equality action plan.

If the outcome of the screening of these documents identifies a major impact then a full equality impact assessment (EQIA) will be undertaken.

(4) CONSIDERATION OF DISABILITY DUTIES

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

How does the policy or decision currently encourage disabled people to participate in public life?	*What else could you do to encourage disabled people to participate in public life?*
This will be identified through the rolling programme of equality screening of the documents in Appendix 1 over the next three years in line with our equality action plan.	

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

How does the policy or decision currently promote positive attitudes towards disabled people?	*What else could you do to promote positive attitudes towards disabled people?*
This will be identified through the rolling programme of equality screening of the documents in Appendix 1 over the next three years in line with our equality action plan.	

(5) CONSIDERATION OF HUMAN RIGHTS

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

Human rights issues will be considered through the rolling programme of equality screening of the documents in Appendix 1.

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No

Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st protocol Article 2 – Right of access to education	No

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

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

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

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

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

(6) MONITORING

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

Equality & Good Relations	Disability Duties	Human Rights
RQIA systems do not currently facilitate monitoring of equality information gathered in all inspections. We are committed to ensuring that as our technology is updated we will consider specifications that include ability to facilitate such monitoring.		

Approved Lead Officer: _____

Position: _____

Date: 18 October 2017

Policy/Decision Screened by: Jo Browne

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision. Please forward completed template to:

Equality.Unit@hscni.net

APPENDIX 1

THE EQUALITY SCREENING ACTION PLAN

To be Equality Screened:	When
1. Guidance relating to Inspection of Domiciliary Care Agencies.	2018-19
2. Guidance relating to Inspection of Nursing and Adult Residential Care Homes	2019-20
3. Guidance relating to Inspection of Independent Health Care.	2020-21
4. Guidance relating to Inspection of Day Care Settings and Adult Placement Agencies.	2020-21
5. Guidance relating to Inspection of Children's Services.	2019-20
6. Guidance relating to Inspection of Mental Health and Learning Disability Wards.	2018-19
7. Audit Tool relating to Inspection of Acute Hospitals.	2019-20

RQIA Board Meeting

Date of Meeting	11 January 2018
Title of Paper	RQIA Values
Agenda Item	6
Reference	C/01/18
Author	Kate Maguire
Presented by	Kate Maguire
Purpose	To inform the Board of the progress made in reviewing the core values of the organisation.
Executive Summary	As part of the recommendations from the IiP report to review the values of the organisation. This work has now been completed and is ready to be shared with the Board.
FOI Exemptions Applied	N/A
Equality Screening Completed and Published	N/A
Recommendation/ Resolution	That the board is advised of the new values.
Next steps	To embed the values within the organisation.

Reviewing Our Core

Board Meeting

11th January 2018

Kate Maguire

The Regulation and Quality Improvement Authority

Aims of the project

- To review our values, culture and behaviours
- To understand what values are
- What organisational culture is
- To define each of our values
- To agree behaviours

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Methodology

- Drafted a shortlist of values
- Asked all staff to vote on their top values
- 80 staff completed on line survey
- Top four selected
- Presentation at the staff meeting
- Fair, Accountable, Integrity, Respect
- Workshop with representatives from all directorates

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Value	Key words	Definition	Behaviours (Draft)
Fairness 	Consistency Equality Trustworthiness Impartial Objective Reflective practice	We will undertake all our work in a consistent, impartial and objective manner. We will establish a culture of trustworthiness with all our stakeholders and each other and will work collaboratively to improve health and social care.	To be a positive role model Trust each other Treat people the same We are all adults Share tasks , develop skills teach and train the team We will be inclusive Informal conflict Ethical Practice resolution Commitment Equal recognition
Accountability 	Responsibility Openness Professional Empowering Enabling Autonomy Knowledgeable Effectiveness Leadership Evidenced based	We will take responsibility for our decision making based on an evidence based approach. We will provide professional, knowledgeable and effective leadership. We will empower stakeholders and each other to make improvements, demonstrate creativity and introduce innovative practice to improve the lives of everyone using health and social care services.	Feedback Dependable, admit mistakes Supervision Reliable Curious Support each other To err is to be human Leaning Use coaching and mentoring techniques Effective/efficient Ownership - Less finger pointing
Integrity 	Honesty Truth Reliability Courage Professionalism Acceptance of challenge	We will be candid, and honest in how we report on health and social care services. We will demonstrate courage in our decision making. We will be a reliable and professional organisation as we support our stakeholders and each other . We will accept challenge and be prepared to reflect and learn.	Transparent reporting and communication Explain decision making especially difficult or unpopular ones Give respondents a voice *A focus on power leads to unfairness* Equal opportunity for promotion Give credit where it is due Keep your word Prevent the spread of disruptive behaviours
Respect 	Empathy Compassion Considerate of (privacy confidentiality and dignity) Self-aware	In carrying out our duties we will always demonstrate consideration for service users by putting them at the centre of our work. We will take regard for their right to privacy, dignity confidentiality and respect. We will engage with empathy and compassion and display self-awareness of the potential impact on our stakeholders and each other as we undertake our role.	To build rapport Active listening Aware of body language Tone and language Be polite courteous and kind Praise more than you criticise Encourage recognition Encourages active participation

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The components of a successful organisational

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Our New Values

Fairness

Accountable

Integrity

Respect

=

F

A

I

R

=

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Next Steps

- Rewrite the culture charter
- Embed new values into organisation
- Embed expected behaviours within organisation
- Add values to headed paper and electronic signature etc.
- Ensure decision making reflects the values

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RQIA Board Meeting

Date of Meeting	11 January 2018
Title of Paper	IIP Action Plan
Agenda Item	7
Reference	D/01/18
Author	Kate Maguire
Presented by	Kate Maguire
Purpose	To keep the Board advised of the implementation of recommendations following Investors in People report.
Executive Summary	EMT are driving the implementation and action plan and progress to be monitored through IIP steering group.
FOI Exemptions Applied	NA
Equality Screening Completed and Published	NA
Recommendation/ Resolution	To advise Board of progress.
Next steps	Continue to ensure implementation of IIP report.

IiP Steering Group

Action Plan 2017-18

Leadership and Inspiring

Action agreed	Action owner	To be supported by	Timeframe for completion
Department of Health Leadership Strategy has been published and is to be disseminated to organisation	EMT	Kate	December 2017
Map actions from corporate & leadership strategy to IiP actions (current and/or planned)	Kate	Olive	November 2017
Each directorate to discuss the new DoH leadership strategy at team meetings	All Directors	Kate (I can produce power point)	December 2017
Hold a workshop in Jan 2018 to discuss the leadership strategy and meaning/implications for us as an organisation and at team and individual level	EMT	Kate Might need admin support	January 2018
Scope leadership training potentially available through HSC Leadership Centre	Maurice	Kate Patricia Rainey	March 2018
Develop a proposal for leadership training in RQIA for 2018/19	Maurice	Kate Patricia Rainey	March 2018

Living the Organisations Values and Behaviours

Action agreed	Action owner	To be supported by	Timeframe for completion
Hold a second workshop to conclude development of core organisational values	Kate	Olive	November 2017
Sign off values as complete with workshop participants	Kate	Olive	November 2017
Present workshop product on organisational values to January Board meeting	Kate	Olive	January 2018
Include values in new stationery to be ordered/e signatures, website etc.	Kate/Malachy		January (check when new order is due to be submitted)
Support teams and groups across the organisation to discuss, reflect on and implement the refreshed organisational values	Kate	Olive	January – March 2018

Empowering and involving people

Action agreed	Action owner	To be supported by	Timeframe for completion
Introduce first edition of organisational QI/Leadership magazine CSI-Q to coincide with world quality day;	Lourda	Kate	Launched 17th November
Include section on staff achievements (courses completed, awards, qualifications, achievements) in CSI-Q magazine;	Kate	Editorial team	Launched November
Encourage staff to become involved in events for world quality day; identify people to attend Trust events; confirm list of events with Malachy;	Kate		Postponed due to attending other organisations days
Plan an RQIA organisational event for world quality day – suggestions: hold staff meeting on WQD/promote new public leaflets/promote refreshed engagement tools and methodology;	Kate	Malachy Lourda	As above
Rotate planning and leadership of 'Lunch & Learn' Sessions every 3 months, MHLD to lead Jan to Mar 18;	Kate	Theresa	January 2018 MHLD first event
Establish a log of 'small wins' and 'incremental gains' to capture our success in building engagement;	Kate		January to March 2018
Continue to actively work internally with staff teams and work groups who have lower levels of engagement in QI and leadership work across the organisation;	Kate /	EMT	Ongoing

Recognising and Rewarding Performance

Action agreed	Action owner	To be supported by	Timeframe for completion
Include a staff achievements and reward page in new QI/Leadership magazine CSI-Q;	Kate	Lourda	Achieved and ongoing
Launch new staff well-being hub, to be called CSI-Staff, on 1st December;	Kate	Health and well-being group	Has gone live but to be launched in January 2018
Agree and draft specification for expectations of organisational 'well-being champions' which they will progress over next 12 months;	Kate	Employee solutions and health and wellbeing Group	November 2017/ongoing
C Ex to discuss potential to introduce staff prize/chairman's prize (programme and categories) with Chair;	Olive	EMT	
Draft short update summary of work in this domain for C Ex to bring to next Board meeting (Mon 6th Nov);	Kate		November 2017
Develop and circulate survey monkey to capture staff feedback on how health and wellbeing can be supported and how achievements can be acknowledged and/or rewarded;	Kate		January 2018
Build on theme of 'gifts' to support staff wellbeing and reward during December – to include: launch of CSI-Staff hub, promotion of organ donation, Xmas lunch and market time, work in support of charities (shoe boxes and women's aid);	Health and Wellbeing Group Kate	EMT	December 2017

Delivering Quality Improvement

Action agreed	Action owner	To be supported by	Timeframe for completion
Develop a consensus statement on our organisation-wide approach to and perspective on quality improvement from Board to frontline services, capture in a paper for Board, EMT and Directorates	Lourda		March 2018
Undertake a baseline scoping of QI skills, capability and training to date across the organisation	Lourda	Kate Chris	March 2018
Identify areas for QI &leadership support, training and development 2018/19	Maurice / Lourda	Kate	January March 2018

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	11 January 2018
Title of Paper	RQIA Whistleblowing Policy and Procedure
Agenda Item	8
Reference	E/01/18
Author	Director of Corporate Services
Presented by	Director of Corporate Services
Purpose	To present and obtain approval of the RQIA Whistleblowing Policy and Procedure.
Executive Summary	The Department of Health (DoH), in collaboration with HSC organisations, has developed a new Whistleblowing Framework & Model Policy in response to the recommendations arising from RQIA's Review of the Operation of Health and Social Care Whistleblowing Arrangements. On 3 November 2017 DoH issued the HSC Whistleblowing Framework & Model Policy and indicated that all HSC organisations are required to adopt the Model Policy and may tailor it to take account of their individual organisation's policies and procedures. RQIA has therefore developed a Whistleblowing Policy and Procedure based on the regional template. The Policy applies to all staff. It sets out the revised arrangements by which staff can raise concerns and what they can expect from RQIA in terms of protections under the law. It provides guidance on encouraging staff to raise concerns and on how to deal effectively with those concerns in an open and transparent way. An overview of whistleblowing arrangements in RQIA was provided to staff at a recent staff meeting. The Board is asked to nominate a Board member who will have responsibility for oversight of the culture of raising concerns within RQIA.

FOI Exemptions Applied	Non-confidential
Equality Screening Completed and Published	Equality Screening completed and published.
Recommendation/ Resolution	The Board is asked to **APPROVE** the RQIA Whistleblowing Policy and Procedure and to nominate a Board member who will have responsibility for oversight of the culture of raising concerns within RQIA.
Next steps	Circulate RQIA Whistleblowing Policy and Procedure to staff.

RQIA WHISTLEBLOWING POLICY AND PROCEDURE

Policy Type:	Governance
Directorate Area:	All Directorates
Policy Author / Champion:	Maurice Atkinson, Director of Corporate Services
Date(s) Equality Screened:	14 December 2017
Date(s) Approved by Executive Team:	19 December 2017
Date (s) Approved by Audit Committee	Not applicable
Date(s) Approved by Board:	11 January 2018
Date of Issue to RQIA Staff:	**This policy supersedes RQIA's Whistleblowing Policy and Procedure for Raising Concerns at Work issued on 3 July 2012.**
Date(s) of Review:	November 2020

Contents

RQIA Whistleblowing Policy

1. Introduction

All of us at one time or another may have concerns about what is happening at work. The Regulation and Quality Improvement Authority (RQIA) wants you to feel able to raise your concerns about any issue troubling you with your managers at any time. It expects its managers to listen to those concerns, take them seriously and take action to resolve the concern, either through providing information which gives assurance or taking action to resolve the concern. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or RQIA itself, it can be difficult to know what to do.

RQIA recognises that many issues are raised by staff and addressed immediately by line managers – this is very much encouraged. This policy and procedure is aimed at those issues and concerns which are **not resolved, require help to get resolved or are about serious underlying concerns.**

Whistleblowing refers to staff reporting suspected wrongdoing at work, for example, concerns about patient safety, health and safety at work, environmental damage or a criminal offence, such as, fraud.

You may be worried about raising such issues and may think it best to keep it to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may also feel that raising the matter would be disloyal to colleagues, to managers or to the organisation. It may also be the case that you have said something but found that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Rather than wait for proof, raise the matter when it is still a concern. If something is troubling you of which you think we should know about or look into, please let us know. RQIA has implemented these whistleblowing arrangements for you to raise any concern where the interests of others or the organisation itself are at risk.

2. Aims and Objectives

RQIA is committed to running the organisation in the best way possible. The aim of the policy is to promote a culture of openness, transparency and dialogue which at the same time:

- reassures you that it is safe and acceptable to speak up;
- upholds patient confidentiality;
- contributes towards improving services provided by RQIA;
- assists in the prevention of fraud and mismanagement;
- demonstrates to all staff and the public that RQIA is ensuring its affairs are carried out ethically, honestly and to high standards;
- provides an effective and confidential process by which you can raise genuine concerns so that patients, clients and the public can be safeguarded.

Roles and responsibilities in the implementation of this policy are set out at **Appendix A.**

3. Scope

RQIA recognises that existing policies and procedures which deal with conduct and behaviour at work (Disciplinary, Grievance, Working Well Together, Harassment and Bullying, the Complaints Procedure and the Accident/Incident Reporting Procedure) may not always be appropriate to extremely sensitive issues which may need to be handled in a different way.

This policy provides a procedure for all staff of RQIA, including permanent, temporary and bank staff, staff in training working within RQIA, independent contractors engaged to provide services, volunteers and agency staff who have

concerns where the interests of others or of the organisation itself are at risk. **If in doubt - raise it!**

Examples may include:

- malpractice or ill treatment of a patient or client by a member of staff;
- where a potential criminal offence has been committed, is being committed or is likely to be committed;
- suspected fraud;
- breach of Standing Financial Instructions;
- disregard for legislation, particularly in relation to Health and Safety at Work;
- the environment has been, or is likely to be, damaged;
- a miscarriage of justice has occurred, is occurring, or is likely to occur;
- showing undue favour over a contractual matter or to a job applicant;
- research misconduct; or
- information on any of the above has been, is being, or is likely to be concealed.

This list is not intended to be exhaustive or restrictive

If you feel that something is of concern, and that it is something which you think RQIA should know about or look into, you should use this procedure. If, however, you wish to make a complaint about your employment or how you have been treated, you should follow RQIA's local grievance procedure or policy for making a complaint about Bullying and/or Harassment which can be obtained from your manager. This policy complements professional and ethical rules, guidelines and codes of conduct and freedom of speech. It is not intended to replace professional codes and mechanisms which allow questions about professional competence to be raised. (However such issues can be raised under this process if no other more appropriate avenue is apparent).

4. Suspected Fraud

If your concern is about possible fraud or bribery RQIA has a number of avenues available to report your concern. These are included in more detail in RQIA's Anti-Fraud Policy and Fraud Response Plan and are summarised below.

Suspicions of fraud or bribery should initially be raised with the appropriate line manager but where you do not feel this is not appropriate the following officers may be contacted:

- Director
- Head of Programme
- Director of Corporate Services / Fraud Liaison Office (FLO)

Employees can also contact the regional HSC fraud reporting hotline on **0800 096 33 96** or report their suspicions online to www.repporthealthfraud.hscni.net These avenues are managed by Counter Fraud and Probity Services (CFPS) on behalf of the HSC and reports can be made on a confidential basis.

RQIA's Fraud Response Plan will be instigated immediately on receipt of any reports of a suspicion of fraud or bribery.

The prevention, detection and reporting of fraud and bribery and other forms of corruption are the responsibility of all those working for RQIA or under its control. The RQIA expects all staff and third parties to perform their duties impartially, honestly, and with the highest integrity.

5 RQIA's commitment to you

5.1 Your safety

RQIA, the Chief Executive, managers and the trade unions/professional organisations are committed to this policy. If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any detriment (such as a

reprisal or victimisation). RQIA will not tolerate the harassment or victimisation of anyone who raises a genuine concern.

RQIA expects you to raise concerns about malpractices. If any action is taken that deters anyone from raising a genuine concern or victimises them, this will be viewed as a disciplinary matter.

It does not matter if you are mistaken or if there is an innocent explanation for your concerns, you will be protected under the law. However, it is not uncommon for some staff to maliciously raise a matter they know to be untrue. In cases where staff maliciously raise a matter they know to be untrue, protection under the law cannot be guaranteed and RQIA reserves the right to take disciplinary action if appropriate.

5.2 Confidentiality

With these assurances, RQIA hopes that you will raise concerns openly. However, we recognise that there may be circumstances when you would prefer to speak to someone in confidence first. If this is the case, you should say so at the outset to the member of staff to whom you are reporting your concern.

RQIA is committed to maintaining confidentiality for everyone involved in a concern. This includes the person raising the concern and the person(s) whom the concern is about. Confidentiality will be maintained throughout the process and after the issue has been resolved.

If you ask for your identity not to be disclosed, we will not do so without your consent unless required by law. You should however understand that there may be times when we will be unable to resolve a concern without revealing your identity, for example, where personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

5.3 Anonymity

Remember that if you do not disclose your identity, it will be much more difficult for us to look into the matter. It will also not be possible to protect your position or give you feedback. So, while we will consider anonymous reports in the exact same

manner as those which are not anonymised, these arrangements are not best suited to deal with concerns raised anonymously.

If you are unsure about raising a concern you can get independent advice from Public Concern at Work (see contact details under Independent Advice).

6. Raising a concern

If you are unsure about raising a concern, you can get independent advice at any stage from your trade union/professional organisation, or from one of the organisations listed in Section 7. You should also remember that you do not need to have firm evidence before raising a concern. However, you should explain as fully as possible the information or circumstances that gave rise to the concern.

6.1 Who should I raise a concern with?

In many circumstances the easiest way to get your concern resolved will be to raise it with your line manager. But where you do not think it is appropriate to do this, you can use any of the options set out below.

If raising it with your line manager does not resolve matters, or you do not feel able to raise it with them, you can contact the designated advisor / advocate i.e. the Director of Corporate Services

All these people have been trained in receiving concerns and will give you information about where you can go for more support.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies (see paragraph 7 below).

If exceptionally, the concern is about the Chief Executive, then it should be made (in the first instance) to the Chair, who will decide on how the investigation will proceed.

6.2 Independent advice

If you are unsure whether to use this policy, or if you require confidential advice at any stage, you may contact your trade union/professional organisation.

Advice is also available through the independent charity Public Concern at Work (PCaW) on 020 7404 6609.

6.3 How should I raise my concern?

You can raise your concerns with any of the people listed above, in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concerns.

7. Raising a concern externally

RQIA hopes this policy reassures you of its commitment to have concerns raised under it taken seriously and fully investigated, and to protect an individual who brings such concerns to light.

Whilst there may be occasions where individuals will wish to report their concerns to external agencies or the PSNI, RQIA would hope that the robust implementation of this policy will reassure staff that they can raise such concerns internally in the first instance.

However, RQIA recognises that there may be circumstances where you can raise a concern with an outside body including those listed below:

- Department of Health;
- A prescribed person, such as:
    - General Chiropractic Council, General Dental Council, General Medical Council, General Osteopathic Council, Health & Care Professional Council, Northern Ireland Social Care Council, Nursing

and Midwifery Council, Pharmaceutical Society Northern Ireland, General Optical Council;

- The Health and Safety Executive;
- Serious Fraud Office,
- Her Majesty's Revenue and Customs,
- Comptroller and Auditor General;
- Information Commissioner;
- Northern Ireland Commissioner for Children and Young People; or
- Northern Ireland Human Rights Commission.

Disclosure to these organisations/persons will be protected provided you honestly and reasonably believe the information and associated allegations are substantially true.

We would wish you to raise a matter with the external agencies listed above than not at all. Public Concern at Work (or your union) will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

8. The media

You may consider going to the media in respect of their concerns if you feel RQIA has not properly addressed them. You should carefully consider any information you choose to put into the public domain to ensure that patient/client confidentiality is maintained at all times. RQIA reserves the right to take disciplinary action if patient/client confidentiality is breached.

Communications with the media are coordinated by the Communications Team on behalf of RQIA. Staff approached by the media should direct the media to this department in the first instance.

9. Conclusion

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly, impartially and properly. By using these whistleblowing arrangements you will help us to achieve this.

Please note, this document has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order 1998 (the Order) which provides employment protection for whistleblowing.

The Order gives significant statutory protection to staff who disclose information reasonably in the public interest. To be protected under the law an employee must act with an honest and reasonable belief that a malpractice has occurred, is occurring or is likely to occur. Disclosures may be made to certain prescribed persons or bodies external to RQIA listed in the Order. The Order does not normally protect employees making rash disclosures for example to the media, when the subject could have been raised internally.

10. Appendices

Appendix A – Roles and Responsibilities
Appendix B – Procedure
Appendix C – Advice for Managers

11. Equality, Human Rights & DDA

This policy has been screened in accordance with the statutory requirements of Section 75, Schedule 9 of the Northern Ireland Act 1998. The conclusions show that there has been no adverse impact in terms of equality or the promotion of good relations. The policy also demonstrates no potential or significant impact on stakeholders' human rights.

12. Alternative Formats

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

13. Sources of advice in relation to this document

The Policy Author / Champion as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.

APPENDIX A

Roles and Responsibilities

RQIA

- To listen to our staff, learn lessons and strive to improve patient care;
- To ensure that this policy enables genuine issues that are raised to be dealt with effectively
- To promote a culture of openness and honesty and ensure that issues are dealt with responsibly and taken seriously
- To ensure that employees who raise any issues are not penalised for doing so unless other circumstances come to light which require this, e.g. where a member of staff knowingly raises an issue regarding another member of staff which they know to be untrue
- To share learning, as appropriate, via organisations shared learning procedures

The non-executive director (NED)

- To have responsibility for oversight of the culture of raising concerns within their organisation

Directors

- To take responsibility for ensuring the implementation of the whistleblowing arrangements

Managers

- To take any concerns reported to them seriously and consider them fully and fairly
- To recognise that raising a concern can be a difficult experience for some staff and to treat the matter in a sensitive manner if required
- To seek advice from other professionals within RQIA where appropriate
- To invoke the formal procedure and ensure the Director of Corporate Services is informed, if the issue is appropriate

- To ensure feedback / learning at individual, team and organisational level on concerns and how they were resolved

Whistleblowing adviser/ advocate (Director of Corporate Services)

- To ensure that any safety issue about which a concern has been raised is dealt with properly and promptly and escalated appropriately through all management levels
- To intervene if there are any indications that the person who raised a concern is suffering any recriminations
- To work with managers and HR to address the culture in an organisation and tackle the obstacles to raising concerns

This list is not intended to be exhaustive or restrictive

All Members of Staff

- To recognise that it is your duty to draw to the attention of RQIA any matter of concern
- To adhere to the procedures set out in this policy
- To maintain the duty of confidentiality to patients and RQIA and consequently, where any disclosure of confidential information is to be justified, you should first, where appropriate, seek specialist advice for example from a representative of a regulating organisation such as the Nursing & Midwifery Council or the General Medical / Dental Council.

Role of Trade Unions and other Organisations

All staff have the right to consult and seek guidance and support from their Professional Organisations, Trade Union or from statutory bodies such as the Nursing & Midwifery Council, the General Medical Council, Health Professional Council and the Social Care Council for Northern Ireland.

APPENDIX B

PROCEDURE FOR RAISING A CONCERN

Step one (Informal)

If you have a genuine concern about what you believe might be malpractice and have an honest and reasonable suspicion that the malpractice has occurred, is occurring, or is likely to occur, then the matter should be raised in the first instance with your Line Manager. This may be done verbally or in writing.

You are entitled to representation from a trade union / fellow worker or companion to assist you in raising your concern.

Step two (informal)

If you feel unable to raise the matter with your Line Manager, for whatever reason, please raise the matter with our designated adviser / advocate, the Director of Corporate Services.

This person has been given special responsibility and training in dealing with whistleblowing concerns. They will:

- treat your concern confidentially unless otherwise agreed;
- ensure you receive timely support to progress your concerns;
- escalate to the board any indications that you are being subjected to detriment for raising your concern;
- remind the organisation of the need to give you timely feedback on how your concern is being dealt with;
- ensure you have access to personal support since raising your concern may be stressful.

If you want the matter dealt with in confidence, please say so at the outset so that appropriate arrangements can be made.

Step three (formal)

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact the Chief Executive or Chairman.

Step four (formal)

You can raise your concerns formally with the external bodies listed at paragraph 7:

What will we do?

We are committed to listening to our staff, learning lessons and improving patient care. On receipt, the concern will be recorded and, where possible, you will receive an acknowledgement within three working days.

A central register will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback. While your identity may be included within the allegation or report, the register will not include any information which may identify you, nor should it include any information which may identify an individual or individuals against whom an allegation is made.

Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your Line Manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of).

Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident). The investigation will be objective and evidence-based, and will produce a report that

focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process: for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

We will advise you, where possible, and those identified as the subject of a concern, of the process, what will be investigated and what will not, those who will be involved, the roles they will play and the anticipated timescales

Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

Where an Agency worker raises a concern then it is the responsibility of RQIA to take forward the investigation in conjunction with the Agency if appropriate

For the purposes of recording, if the concern is already, or has previously been, the subject of an investigation under another procedure e.g. grievance procedure it will not be appropriate to categorise it under the RQIA Whistleblowing Policy.

Communicating with you

We welcome your concerns and will treat you with respect at all times. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will endeavour to provide a response within 12 weeks of the concern being received. We will provide an update on progress by week 6 and again by week 10 of the investigation. We will share the outcome of the investigation report with you (while respecting the confidentiality of others).

How we will learn from your concerns

The focus of the investigation will be on improving our services. Where it identifies improvements that can be made, we will track them to ensure necessary changes

are made and are working effectively. The final outcome and 'lessons learned' will be documented and approved as final by the responsible Director. In addition the relevant professional Executive Director will independently assess the findings and recommendations for assurance that the matter has been robustly considered and appropriately addressed.

Board oversight

The RQIA Board and the Department of Health will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The board supports staff raising concerns and want you to feel free to speak up. The Chair has nominated a non-executive director with responsibility for the oversight of the organisation's culture of raising concerns.

Review & Reporting

We will review the effectiveness of this policy and local processes at least annually, with the outcome published and changes made as appropriate.

We will provide regular reports to senior management and to our Audit Committee on our whistleblowing caseload and an annual return to the Department of Health setting out the actions and outcomes.

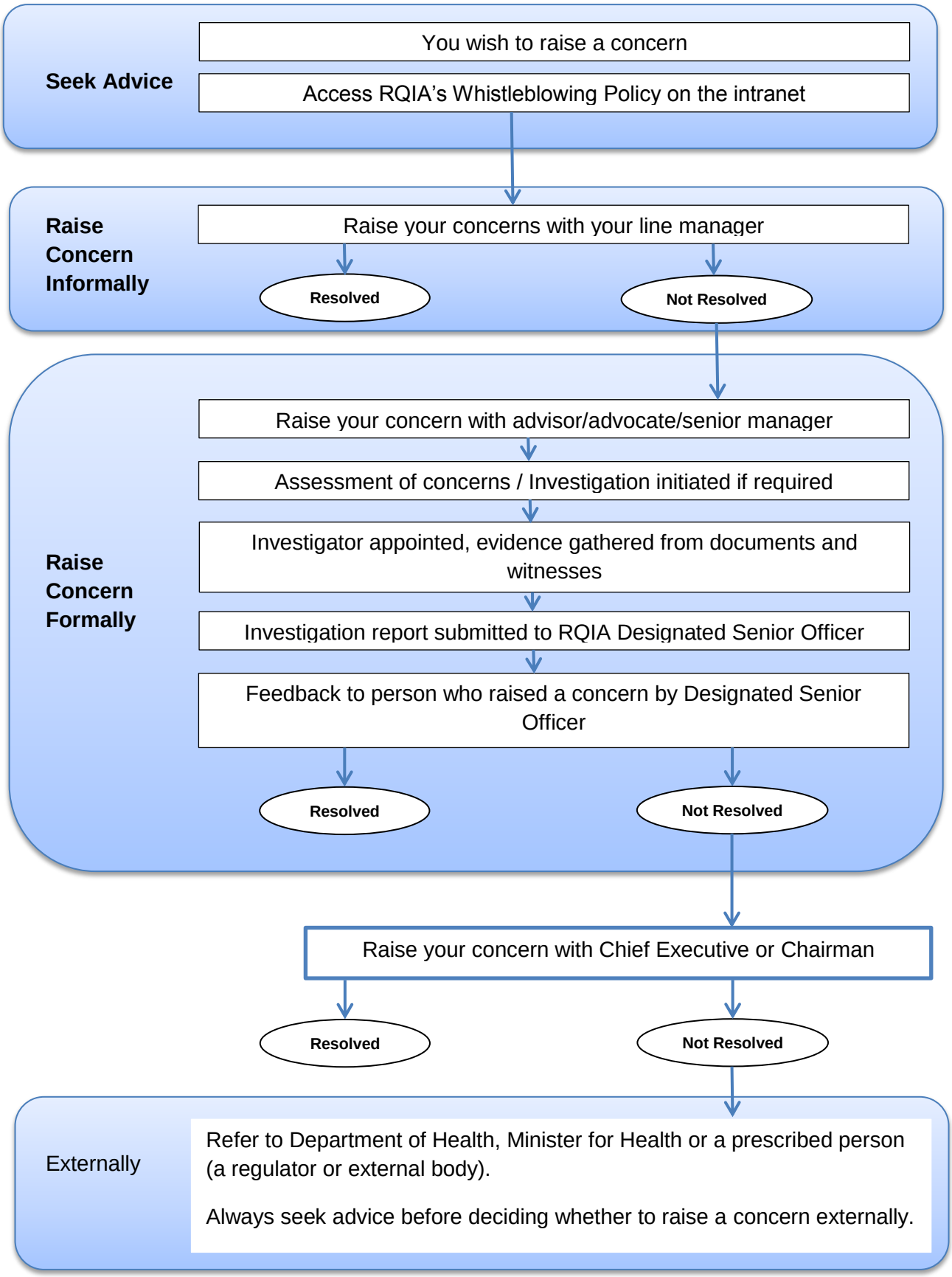
See Page 18 - Flowchart - Raising Concerns & Whistleblowing Process.

APPENDIX C

ADVICE FOR MANAGERS RESPONDING TO A CONCERN

1. Thank the staff member for raising the concern, even if they may appear to be mistaken;
2. Respect and heed legitimate staff concerns about their own position or career;
3. Manage expectations and respect promises of confidentiality;
4. Discuss reasonable timeframes for feedback with the member of staff;
5. Remember there are different perspectives to every story;
6. Determine whether there are grounds for concern and investigate if necessary as soon as possible. Where appropriate alert those identified as the subject of the concern. If the concern is potentially very serious or wide-reaching, consider who should handle the investigation and know when to ask for help. If asked, managers should put their response in writing;
7. Managers should ensure that the investigator is not connected to the concern raised and determine if there is any actual, potential or perceived conflict of interest which exists prior to disclosing full details of the concern. Should a conflict of interest arise during the investigation the investigator must alert the manager. (Note: Any such conflict must be considered, and acted on, by the manager);
8. Managers should bear in mind that they may have to explain how they have handled the concern;
9. Feed back to the whistleblower and those identified as the subject of a concern (where appropriate) any outcome and/or proposed remedial action, but be careful if this could infringe any rights or duties which may be owed to other parties;
10. Consider reporting to the board and/or an appropriate regulator the outcome of any genuine concern where malpractice or a serious safety risk was identified and addressed; and
11. Record-keeping - it is prudent to keep a record of any serious concern raised with those designated under the policy, and these records should be anonymous where necessary.

FLOWCHART
Raising Concerns & Whistleblowing Process



The Regulation and Quality Improvement Authority

Equality and Human Rights Screening Template

The RQIA is required to address the 4 questions below in relation to all its policies.

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

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

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

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

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website:
http://www.hscbusiness.hscni.net/services/1798.htm

For advice and support on screening contact:
Sandra Rafferty
Equality Unit
Business Services Organisation (BSO)
2 Franklin Street
Belfast BT2 8DQ

Tel: 028 9536 3813
email: Sandra.rafferty@hscni.net

SCREENING TEMPLATE

See Guidance Notes for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

(1) INFORMATION ABOUT THE POLICY OR DECISION

RQIA Whistleblowing Policy and Procedure

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**

Whistleblowing refers to staff reporting suspected wrongdoing at work, for example, concerns about patient safety, health and safety at work, environmental damage or a criminal offence, such as, fraud. This policy and procedure provides guidance to staff about how to raise those issues and concerns which are not resolved by their line manager, require help to get resolved or are about serious underlying concerns.

- **how will this be achieved? (key elements)**

This will be achieved by following the procedure outlined in Appendix B of the Policy.

- **what are the key constraints? (for example financial, legislative or other)**

The policy and procedure has been developed in the context of Public Interest Disclosure (Northern Ireland) Order 1998. The Order gives significant statutory protection to employees who disclose information reasonably and responsibly in the public interest. To be protected under the law an employee must act in good faith with an honest and reasonable belief that a malpractice has occurred, is occurring or is likely to occur. The Order does not normally protect employees making rash disclosures for example to the media, when the subject could have been raised internally.

1.3 Main stakeholders affected (internal and external)

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

All RQIA Staff

RQIA Board and Audit Committee

DoH

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

- **what are they?**
  - RQIA Anti-Fraud Policy and Fraud Response Plan
  - HR Policies e.g. Grievance, Working Well Together

- **who owns them?**
  - Director of Corporate Services
  - RQIA's Executive Management Team and Board

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

2.1 Data gathering

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

- A copy of the draft policy document was signed off by the Chief Executive of RQIA and the Executive Management Team. It was then taken through RQIA's Board for approval.

2.2 Quantitative Data

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

Category	*What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?*	
	RQIA Baseline Data 2016-2017	
Gender	Male Female	25.61% 74.39%
Age	16-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 >=65	1.22% 3.66% 10.37% 6.10% 14.63% 19.51% 18.29% 16.46% 7.32% 2.44%
Community Background	Perceived Protestant Protestant	1.83% 40.85%

	Perceived Roman C Roman Catholic Neither Perceived Neither Not assigned	2.44% 42.68% 2.44% 0.00% 9.76%
Political Opinion	Broadly Nationalist Other Broadly Unionist Not assigned Do not wish to answer	0.61% 1.22% 1.22% 90.24% 6.71%
Marital Status	Divorced Mar/CP Other Separated Single Unknown Widow/R Not assigned	2.44% 59.76% 0.00% 2.44% 20.12% 14.63% 0.61% 0.00%
Dependent Status	Yes Not assigned No	6.71% 89.02% 4.27%
Disability	No Not assigned Yes	70.73% 29.27% 0.00%
Ethnicity	Not assigned White Other Black African Indian Chinese	89.63% 10.37% 0.00% 0.00% 0.00% 0.00%
Sexual Orientation	Do not wish to answer Not assigned Opposite sex same sex	0.61% 90.85% 7.93% 0.61%

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both. Also give consideration to multiple identities (such as single parents for example).

Category	***Needs and Experiences***
Gender	None in relation to this particular policy.
Age	As above
Religion	As above
Political Opinion	As above
Marital Status	As above
Dependent Status	As above
Disability	Issues relating to accessible information for people with disabilities are considered in our Accessible Formats Policy
Ethnicity	Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy
Sexual Orientation	None in relation to this particular policy.

2.4 Multiple Identities

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

N/A

2.5 Making Changes

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

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
N/A	N/A

2.6 Good Relations

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

Group	***Impact***	***Suggestions***
Religion	N/A	
Political Opinion	N/A	
Ethnicity	N/A	

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

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

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

Please tick:

Major impact	
Minor impact	
No further impact	X

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

Please tick:

Yes	
No	x

Please give reasons for your decisions.

This policy is technical in nature and has no impact on equality of opportunity and/or good relations for people within the equality and good relations categories.

(4) CONSIDERATION OF DISABILITY DUTIES

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

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

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

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

(5) CONSIDERATION OF HUMAN RIGHTS

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

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

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

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

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

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

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

N/A

(6) MONITORING

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

Equality & Good Relations	Disability Duties	Human Rights
Any cases which involve the use of the policy will be examined/reflected upon to identify any opportunities to better promote equality of opportunity.	Any cases which involve the use of the policy will be examined/reflected upon to identify any opportunities to better promote equality of opportunity.	Any cases which involve the use of the policy will be examined/reflected upon to identify any opportunities to better promote equality of opportunity.

Approved Lead Officer: Maurice Atkinson

Position: Director of Corporate Services

Date: 14 December 2017

Policy/Decision Screened by: Maurice Atkinson

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

Please forward completed template to:
Equality.Unit@hscni.net

Any request for the document in another format or language will be considered. Please contact Hayley Barrett

RQIA, 9th Floor, Riverside Tower, Belfast, BT1 3BT;
Email: hayley.barrett@rqia.org.uk Phone: 028 9051 7511

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	11 January 2018
Title of Paper	Chief Executive's Update
Agenda Item	9
Reference	F/01/18
Author	Chief Executive
Presented by	Chief Executive
Purpose	The purpose of the paper is to update the Board on strategic issues which the Chief Executive and EMT has been dealing with since the Board meeting in November and to advise Board members of other key developments or issues.
Executive Summary	This paper provides an update to the Board of the key developments for RQIA since the last board meeting.
FOI Exemptions Applied	None
Equality Impact Assessment	Not applicable
Recommendation/ Resolution	It is recommended that the Board should **NOTE** the Chief Executive's Update.
Next steps	A further update will be provided at the March Board meeting.

Corporate Issues

1. Inspection Assessment Framework

The Inspection Assessment Framework Project completed with the production of the QUB/RQIA Systematic Review. It is intended to publish the Systematic Review.

Findings from the project will be used to inform RQIA's inspection framework in the future, aligned to the new organisational structure, as well as other ongoing initiatives such as the review of the 2003 Order and the Fees and Frequencies Project.

2. RQIA's Online Presence

RQIA's Twitter account @RQIANews continues to attract significant interest. By year end over the account had over 2,100 followers, an increase of over 700 during the year.

During this period RQIA posted around 170 tweets, providing information on our latest news, statements, publications; events; training and learning opportunities; and staff news and accolades.

3. Publications/about to be Published

RQIA continued to provide regular online updates on newly published reports, and since the last board meeting some 400 inspection reports have been published for regulated services, mental health and learning disability wards, and hospitals.

4. Media Interest

During November and December, RQIA received significant coverage in relation to the impact of nursing shortages on hospital, mental health and regulated services. RQIA is due to meet the Chief Nursing Officer in January 2018 to discuss these concerns. In December, RQIA published its reports of its acute hospital inspections of the Mater and Lagan Valley hospitals and the Royal Belfast Hospital for Sick Children. The report on the children's' hospital attracted significant print media coverage, with an editorial in the Irish News linking the issues highlighted within this report to staff shortages.

5. Political Engagement

In November, RQIA's Chief Executive and Communications Manager met with Roy Beggs, MLA, Ulster Unionist Party health spokesperson to discuss RQIA's responsibilities and our ongoing activities. Also in November, RQIA's Communications team attended the DUP and Sinn Fein party conferences, in partnership with the General Medical Council, Pharmaceutical Society of Northern Ireland, NI NHS Confederation, Patient and Client Council and the NI Social Care Council. These events provided RQIA an opportunity to raise its profile and to engage with party members and political representatives at all levels.

6. Current Legal Actions

None.

7. Workforce Review

The five week consultation period ended on Friday 10 November 2017.

8. ISO9001

Following our ISO assessment visit on 6, 7 & 8 December, ISO auditor, has confirmed that he is recommending RQIA for certification to ISO9001:2015. Formal certification is likely to take around eight weeks.

The ISO auditors feedback was very positive, and he advised that this is an excellent outcome for RQIA and was very impressed with our strategic direction, leadership and quality objectives, which are aligned to our Business Plan and core operational functions. He was also impressed with how we identify and manage risk at a corporate and operational level through PESTLE analysis and risk registers.

Our next visit from ISO will be a surveillance visit six months after the issue of our certificate.

9. IiP Accreditation

The report has been disseminated within the organisation and the recommendations have been drafted into an action plan. EMT have formed a steering group and will now take responsibility of ensuring that the recommendations arising from the IiP are implemented.

Work in many areas is well underway; the review of values is almost complete and will be presented to the January Board. Developing leadership around the collective leadership strategy will be the priority for the last quarter as we scope current leadership skills and identify gaps. Discussions with the leadership centre will be progressed in the design of bespoke development training for the organisation.

The ongoing progress of the workforce review will directly impact on many of the other recommendations including engagement, structured workloads and performance management. Quality improvement initiatives are continuing across the organisation and a new QI magazine was published for the first time and evidences a wide range of activities happening throughout the organisation.

10. Measuring What Matters

The third regional meeting of the Measuring What Matters (healthier workplaces) group took place at Greenmount College. The meeting was well attended by a number of health organisations from Trusts and ALBs, with presentations from local areas. Regionally a working group will be established to develop a regional well and wellbeing charter rather that each organisation developing its own. RQIA will be represented on this group. There was also discussion around measuring the health and wellbeing of the health and social care workforce. There is to be a HSC workforce survey in 2018 questions relating to health and well-being may be included in this survey.

RQIA have their own health and wellbeing hub which will be launched in January and in December we signed up 11 health and well-being champions. There will be many more activities and events organised around health and well-being.

11. JNCF Update

The five week consultation period ended on Friday 10 November 2017. RQIA and BSO Human Resources have met with the Royal College of Nursing in relation to their consultation response. A meeting is to be scheduled with NIPSA.

12. Revised and Updated MOU

No update since the last Board meeting.

Regulation Directorate

13. Registration

Residential Care Beds in Nursing Homes

Position as at 8 December 2017	
Services still undecided (4 providers)	**7**
Application forms issued and still to be returned	**14**
Application forms received and being processed	**29**
Certificates issued	**62**
Applications withdrawn (homes closed)	**2**

- This position reflects a 72% increase in certificates issued from the last update in November.

- To date 81% of services have completed the registration process
- All service provides who are 'undecided' have been contacted to provide advice and guidance

Grenfell Tower: Fire Safety in Premises

Following the tragedy of the fire at Grenfell Tower, the Cabinet Office in London communicated with Northern Ireland Adverse Incident Centre In July 2017 to coordinate a Northern Ireland response to communicating a fire safety message. NIAIC requested that RQIA would communicate this message to private healthcare providers. In June 2017, we had issued a letter out to all registered services drawing their attention to a range of fire safety information and advice including RQIA updated and reissued *Guidance on Service Users Smoking in Residential Care and Nursing Homes.* We therefore deferred the issue of a further letter on Fire Safety to later in the year so as to be a reinforcing message and a letter was issued December 2017 to all registered establishments and agencies including HSC Trusts. With particular consideration to the risks associated with the height and external fabric of registered premises and the status of fire safety training for staff.

Risk Assessment Framework / Fees and Frequency of Inspection

A small working group met with Professor Taylor and further work is ongoing to develop a risk assessment tool to assist in scheduling inspections.

14 Inspection

General

- Contingency measures are in place across inspection teams to provide additional support to achievement of the statutory target
- RQIA inspection policy is presented to Board meeting today for approval

Audit

As part of our ongoing programme to improve our systems and processes, two audit processes have recently been completed of our inspection process for nursing homes.

1 – Internal audit review on Nursing Home Inspections

The objectives of the audit were to ensure:

- the Authority has robust governance arrangements, and policies and procedures in place for inspections carried out by the Nursing Home Team
- appropriate planning systems are in place to ensure that RQIA can meet its statutory function in relation to inspections of Nursing Homes
- robust inspection processes and systems are in place and also robust follow up processes for areas for improvement - (requirements and recommendations)
- robustness of report quality review process
- robustness of enforcement action and compliance with corresponding policy and procedures
- key performance targets for inspection services are identified, monitored and reported.

The draft audit report advises that RQIA have received a satisfactory level of assurance of the system of governance, risk management and control.

2 - Peer review of Inspection Process

RQIA invited Care Inspectorate Scotland to undertake a peer review of our inspection process.

Terms of reference included:

- To describe the process for review, analysis and decision making of inspection findings to include why, how and when we escalate.
- To review the mechanisms whereby RQIA discharges our statutory responsibilities as a regulator in respect of the review of information and intelligence and inspection findings in order to bring about improvement
- To prepare a report which identifies good practice and makes recommendations for improvement, as necessary

Conclusion

- Information gathering and recording was thorough and was used to inform decision making about when to take action. The organisation has capacity to be responsive to concerns by inspecting services more frequently if required.
- With regards to the case study, immediate regulatory action was taken following inspection, resulting in enforcement activity and ultimately service improvement. The organisation took into account a range of factors in their decision making and utilised the principle of the least punitive and therefore most proportionate response they could.

Recommendations for improvement were made which will be incorporated into the review of inspection methodology.

Four Seasons Healthcare

FSHC continue to provide regular update to RQIA in respect of their process of refinancing of debt which has received ongoing media attention. CQC who have a market oversight function, continue to closely track progress with the ongoing restructuring discussions until such time that they are satisfactorily concluded. CQC market oversight regulatory responsibility is to advise local authorities if they believe that services are likely to be disrupted as a result of business failure. RQIA are included in the list of organisations to be notified if this were to be likely. Andrea Sutcliffe, Chief Inspector at CQC has stated "I would like to confirm at this point in time we do not believe that services are likely to be disrupted as a result of business failure."

Competition and Markets Authority (CMA) – Care homes market study, summary for Northern Ireland

See summary report.

Enforcement

All enforcement action (except children's services) is published on our website. Recent enforcement included:

- **Failure to Comply Notices issued**
- Assessment of patient needs at Redburn Clinic Nursing Home
- Management arrangements at Lisadian Nursing Home
- Compliance was achieved at Knockmoyle Nursing Home on recruitment issues

- **Serious concerns meetings**
- Six meetings were held to discuss issues arising from inspection and assurances were received from the registered providers on their action plan to deliver improvement. This included three Nursing homes, one Residential Care Home, one Children's Home and one Domiciliary Care Agency

- **Appeal to the Care Tribunal**
- An appeal was lodged by Runwood Homes Ltd against a decision to cancel registration. This appeal is progressing through the Care Tribunal.

15 Representations and Decision Making Panels

No other representations have been received and no Enforcement Review Panels or Decision Making Panels have been held.

16 Prosecution:

- 7 successful prosecutions of cosmetic laser services operating without registration was achieved.
- BSO legal team continue to pursue serving summons and the IHC Team gathering evidence in respect of 6 historical laser services. To date, 2 of the establishments are no longer providing cosmetic laser services and evidence in respect of the other 4 services continues to be pursued.

Reviews Directorate

17 Healthcare Inspections

- 68% of inspections completed with the remainder planned and on schedule for 2017/18.

Acute Hospital Inspection Programme:

- Causeway Hospital was inspected in November 2017. Issues identified were in relation to ward rounds; patient reviews; staffing levels and skills-set availability to deliver care / services appropriate to clinical need.
  Action: A Letter of concern was issued to the Trust on 8 December 2017.
- Royal Belfast Hospital for Sick Children was re-inspected in December 2017. Issues identified in Barbour Ward and Short Stay Assessment Unit were in relation to leadership; governance and accountability; systems of communication; stability and skill of nursing workforce.

Action: A meeting with the Belfast HSC Trust has been scheduled for February 2018 to monitor improvements.

- Reports for Lagan Valley Hospital, Mater Hospital and Royal Belfast Hospital for Sick Children were published on 14 December 2017.
- Northern Ireland Ambulance Service (NIAS) Inspections: 2 Improvement Notices relating to safe and effective care (1 each in Bangor and Broadway stations) lifted; 2 Improvement Notices relating to corporate leadership and organisational accountability extended until end of January 2018.

Independent Healthcare Team

- 66% of inspections completed with the remainder planned and on schedule for 2017/18.
- Potential Commissioned Review of Governance Arrangements within Private/Independent Hospitals is under discussion with DoH. Initial scoping exercise to be considered mid-January.

18 Reviews

- 3 reviews underway with terms of reference and methodologies being finalised and Expert Review Teams established:
    - Review of the Out-of-Hours (OOH) General Practitioner (GP) Service (RQIA Initiated)
    - Review of Service Frameworks (DoH Commissioned)
    - Review of Implementation of Clinical Guideline CG174 Intravenous Fluid Therapy in Adults in Hospital (DoH Commissioned)
- 2 reviews undergoing factual accuracy checking with those organisations subject to review.
- 3 reviews reporting.
- Plans are also underway to provide opportunities for stakeholders, to include service users and the general public, to inform and input into the design of the September 2018-September 2019 programme. This is being taken forward in conjunction with the Communications Manager, as part of the RQIA Engagement Strategy.

Clinical Audit & Guidelines Programme

- 2017/2018 Funded Programme: 6 audits and 1 guideline in progress
- Audit of tension-free vaginal tape (TVT) for stress urinary incontinence (SUI) in Northern Ireland: Publication planned for mid to end of January 2018. This topic continues to attract significant media interest.
- Audits: 2018/2019 Funded Audit Programme:
- A total of 14 applications received
    - 9 for quality improvement work,
    - 4 for audit work and;
    - 1 to develop local guidelines.
- Initial assessment of applications has taken place on December 2017.
- Interviews with potential Project Leads to take place on 1 February 2018.

MHLD Directorate

19 MHLD Services

Outline Business Case

The MHLD Information System Outline Business Case was approved by DoH on 22 November 2017. RQIA has made a bid to the HSCB e-Health Programme Board for capital monies in 2017-18 and 2018-19 to fund this initiative. A formal PRINCE2 project will be initiated, subject to the allocation of funding to allow the new information system to be implemented in 2018-19.

Prison Healthcare

An announced joint CJI, ETI and RQIA inspection of Woodlands Youth Agency took place in November 2017. A draft report will be completed and issued for factual accuracy in January 2018.

The inspection report of Magilligan Prison was published in December 2017. This report has highlighted the positive work ongoing regarding prisoner rehabilitation and progress made at the facility since it was last inspected. The Inspection team welcomed the innovative work undertaken to improve provision for disabled and older prisoners and improvements in relation to health care.

20 Letter of Serious Concern Issued

One letter of serious concern was issued in relation to lack of progress in implementing areas for improvement regarding risk assessments and policies and procedures. As these have been restated for the third time a follow up meeting has been arranged with the Trust to discuss their quality improvement plan.

21 Early Alert – Safeguarding Muckamore Abbey Hospital

RQIA continue to participate in the Adult Safeguarding (ASG) Strategy Meeting as well as Strategic Multi-Agency Group Meeting in response to recent safeguarding concerns. RQIA visited Muckamore Abbey Hospital in December 2017 to follow up whistleblowing allegations regarding staffing levels, observation of patients and management of incidents. RQIA found that the staffing issue has been resolved. RQIA found that the observation policy was appropriately adhered to and patients were supervised appropriately. An analysis of incidents showed that reporting and follow up by staff was complaint with the Trust policy and procedure.

22 Financial Planning Scenarios 2018-19 and 2019-20

In November 2017 the DoH Director of Finance wrote to RQIA confirming that financial planning for 2018-19 and 2019-20 had commenced. The Director of Finance has indicated that it is unlikely that any budget settlement will be sufficient to meet all the increasing demands facing health and social care services. RQIA has therefore been asked to develop a range of savings proposals to provide for a reduction of up to 5% of the 2017-18 opening budget in 2018-19 increasing to 10% in 2019-20.

In financial terms this would indicatively mean:

RQIA	2018-19 5% reduction (£k)	2019-20 10% reduction (£k)
17/18 Opening allocation	6,707	6,707
Saving	**335**	**671**
Allocation after reduction	**6,372**	**6,036**

Costs pressures such as pay uplifts are to be absorbed within existing baseline budget allocations.

RQIA's Financial Scenario Plan 2018-19 and 2019-20 was submitted to DoH by the deadline of 13 December 2017.

23 Voluntary Exit Scheme (VES)

RQIA await the formal notification from DoH of ring-fenced Voluntary Exit Scheme (VES) funding for 2017-18.

24 Corporate Strategy 2017-21

The revised version of RQIA's Corporate Strategy 2017-21 has been approved by DoH and uploaded to RQIA's website.

25 General Data Protection Regulations (GDPR)

The EU Parliament adopted GDPR in April 2016, coming into force on May 2016, with a 2 year transition period for EU member states. In effect, this means that the existing Data Protection Act (1998) (DPA) will be repealed in May 2018 and organisations are required to be compliant with GDPR by this date. The Information Governance Manager (BSO) attended the Executive Management Team in December 2017 to present a Paper which:

(i) provided an overview of the key elements of GDPR, including differences with DPA; and
(ii) included an action plan to address potential gaps in compliance.

The Information Governance Manager (BSO) will attend the Board workshop in February to provide the Board with an overview of GDPR and actions being taken to ensure compliance.

26 Contributed to / responded to

Nothing new to note.

27 Workshops/Stakeholder Engagements

Learning lessons from Trusts who have demonstrated significant improvement through CQC Inspections
NISCC Social Care Symposium

28 Department of Health (DoH) Update

Draft minutes of the bi-monthly and accountability meeting shared with RQIA for factual accuracy; final minutes will be shared with Board members.

The Regulation and Quality Improvement Authority

RQIA Board Meeting

Date of Meeting	11 January 2018
Title of Paper	Finance Report
Agenda Item	10
Reference	G/01/18
Author	Lesley Kyle / Maurice Atkinson
Presented by	Maurice Atkinson
Purpose	To present RQIA's summary financial position as at 30 November 2017.
Executive Summary	The implementation of the Workforce Review has necessitated holding a number of vacant posts unfilled in order to ensure flexibility in re-structuring the organisation and achieving the benefits of the Review. This has created slippage in the pay budget which, coupled with non-pay slippage, will result in RQIA having a significant underspend at the year-end. A non-recurring easement £300k has been confirmed by Department of Health and a further surrender will be required to achieve a break-even position at the year-end.
FOI Exemptions Applied	None
Equality Screening Completed and Published	Not applicable
Recommendation/ Resolution	The Board is asked to **NOTE** this update.
Next steps	The Chief Executive to confirm a further non-recurring easement in January 2018 with the Department of Health.

FINANCE REPORT

Funding – Revenue Resource Limit (RRL) and other Income

The Department of Health (DoH) advised of an indicative Revenue Resource Limit (RRL) amount of £6,706,866 representing a recurrent reduction of £136,875 (2%) from the opening 2016/17 position. A non-recurring easement has been confirmed by DoH of £300,000. The revised RRL is £6,406,866.

Annual fee income generated through the charging of registered establishments has been estimated at £762k for the year. This is a reduction of £5k against budget. Pro-rata invoices to be raised in quarter 3 and quarter 4 are estimated at £7.3k and have been included in the year end forecast. Registration fee income is a variable income stream and the year-end forecast has been estimated at £118k, a £5k reduction against budget.

RQIA has submitted a bid for Voluntary Exit Scheme (VES) ring-fenced funding in 2017-18 to assist with the implementation of the workforce review. This amount has yet to be confirmed.

Financial Position Year-to-Date and Year-End Estimate

The table below summarises the financial position at November 17 and the year-end forecast position. There is a forecast £166,458 underspend at the year end.

	Year to Date			Year End Estimate		
	Actual	Budget	Variance	Forecast	Budget	Variance
	£	£	£	£	£	£
Revenue Resource Limit	3,758,065	4,471,244	(713,179)	6,706,866	6,706,866	0
Non Recurring Easement				(300,000)		(300,000)
HSC Voluntary Exit Scheme			0			0
Annual Fees	754,303	759,632	(5,330)	761,640	766,987	(5,347)
Registration Fees	73,171	82,000	(8,829)	117,757	123,000	(5,243)
Other	26	-	26			0
Total Income	**4,585,565**	**5,312,876**	**(727,312)**	**7,286,263**	**7,596,853**	**(310,590)**
Pay	3,761,457	4,036,176	274,719	5,715,043	6,078,263	363,220
Pay	**3,761,457**	**4,036,176**	**274,719**	**5,715,043**	**6,078,263**	**363,220**
Non Pay	824,108	1,012,393	188,285	1,404,762	1,518,590	113,828
Non Pay	**824,108**	**1,012,393**	**188,285**	**1,404,762**	**1,518,590**	**113,828**
Total Expenditure	**4,585,565**	**5,048,569**	**463,004**	**7,119,805**	**7,596,853**	**477,048**
Surplus/(Deficit)	**-**			**166,458**		

- **Other Income**

To date Annual Fee invoices have been issued to a value of £754k. Several pro-rata batches will be raised between now and the year end, the Annual fee forecast position is £762k. Registration fee income received to date is £73k. This income stream is subject to sector movement and out of the control of RQIA. The Registration fee income forecast position has been estimated as £118k.

- **Pay**

The year-to-date pay underspend of £275k and forecast pay underspend of £363k is a result of a number of factors:

- Vacant Posts held in the context of the Workforce Review

  The implementation of the Workforce Review has necessitated holding a number of vacant posts unfilled in order to ensure flexibility in re-structuring the organisation and achieving the benefits of the Review.
- Leavers

  There are 5 staff members resigning from RQIA leaving in December 2017.
- Temporary reduction in individuals' wte off-set against pay cost pressures

The forecast expenditure includes an estimate of 1% in respect of 2017/18 pay award. The DoH has recently confirmed the 1% uplift and BSO will be making the necessary arrangements to implement the award before the financial year end.

- **Non Pay**

The non-pay budget has been profiled evenly for the year; however the actual expenditure to date has not been incurred on the same basis.
It has been assumed Staff Course /Conference will have slippage of £14k and Audit (GAIN) will have slippage of £41.7k. Slippage of £16.6k has been identified against the ICT budget. It has also been assumed that the Review budget will be fully utilized by year end.

The table below details expenditure to date and the remaining balance against the budget headings noted above. It has been assumed that £138k of future expenditure has been identified and will be incurred. This amount has been included in the year end forecast.

Budget Discription	Budget	In Year Slippage	Revised Budget	Expenditure April - Nov 17	One off Additional Costs	Bal funding available to spend Dec - March 18
ICT (Exc Phone Rentals)	100,626	(16,612)	84,014	33,679	5,000	**45,335**
Staff Course & Conferencing	39,003	(14,000)	25,003	12,170		**12,834**
Audit /GAIN	144,278	(41,710)	102,568	31,490		**71,078**
Reviews	20,400		20,400	11,330		**9,070**
Total	**304,307**	**(72,322)**	**231,985**	**88,668**	**5,000**	**138,317**

There is a forecast non-pay underspend of £(114)k. The significant underspends are in the following areas

- Printing and Stationary £(9)k
- General Services e.g. Part IV Doctors, Communications, Membership Fees, RQIA Clinical Audit Team £(45)k
- Rent, Rates & Property solutions £(20)k (Rent increase less than original quote, credit note demised electricity)
- Travel Costs £(25)k
- Staff Training £(14)k
- ICT £(11.6)k

Included within the forecast are several one off expenditure items £10k. Operational assumptions have been included in both the pay and non-pay forecast and will be reviewed monthly.

RQIA operates within a breakeven tolerance, a deficit is not permissible and a surplus cannot exceed £20k. The Nov 17 Monitoring Return submitted to DoH reported a forecast surplus of £166k. It was noted that a further non-recurrent easement would be required in order for RQIA to achieve a yearend breakeven position.

Capital Resource Limit (CRL)

There has been no capital expenditure incurred to date.

Prompt Payment Compliance

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

The position as at 30 Nov 17 was as follows:

	Number Invoices			In Month		Cum	
	Total	10 Days	30 Days	10 Day %	30 Day %	10 Day %	30 Day %
Target				**70%**	**95%**	**70%**	**95%**
April	117	105	116	89.74%	99.15%	89.74%	99.15%
May	117	78	106	66.67%	90.60%	78.21%	94.87%
June	85	68	83	80.00%	97.65%	78.68%	95.61%
July	66	58	65	87.88%	98.48%	80.26%	96.10%
Aug	105	88	100	83.81%	95.24%	81.02%	95.92%
Sept	91	74	86	81.32%	94.51%	81.07%	95.70%
Oct	82	61	78	74.39%	95.12%	80.24%	95.63%
Nov	**75**	**59**	**67**	**78.67%**	**89.33%**	**80.08%**	**94.99%**
Total	**738**	**591**	**701**				

Outstanding Annual Fees (Debtors)

The Annual fee 2016-17 debt £136.49 has been received.

At the end of November £687k (91%) of fee income has been received leaving £67k still to be recovered. This amount is currently being pursued and it is anticipated the full amount will be recovered in advance of the yearend.

Recommendation

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

Maurice Atkinson
Director of Corporate Services